

Texas Health Steps

Provider Training



Texas Health Steps Training Objectives

Goals:

- Define Texas Health Steps (THSteps)
- Assist providers and their staff with basic understanding and importance of THSteps
- Gain a better understanding of when services are due (“timeliness” of visits)
- Common billing and claims issues
- Where to obtain additional resources

Who will benefit from this training:

- Physicians/ Healthcare Providers
- Office Managers, Nursing Staff
- Coding and Billing Staff



What is Texas Health Steps (THSteps)?

THSteps is Texas' version of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). It is a program that provides medical and dental preventive care and treatment, case management services, and personal care services to infants, children, teens, and young adults through age 20 that are enrolled in Medicaid at no cost to them.

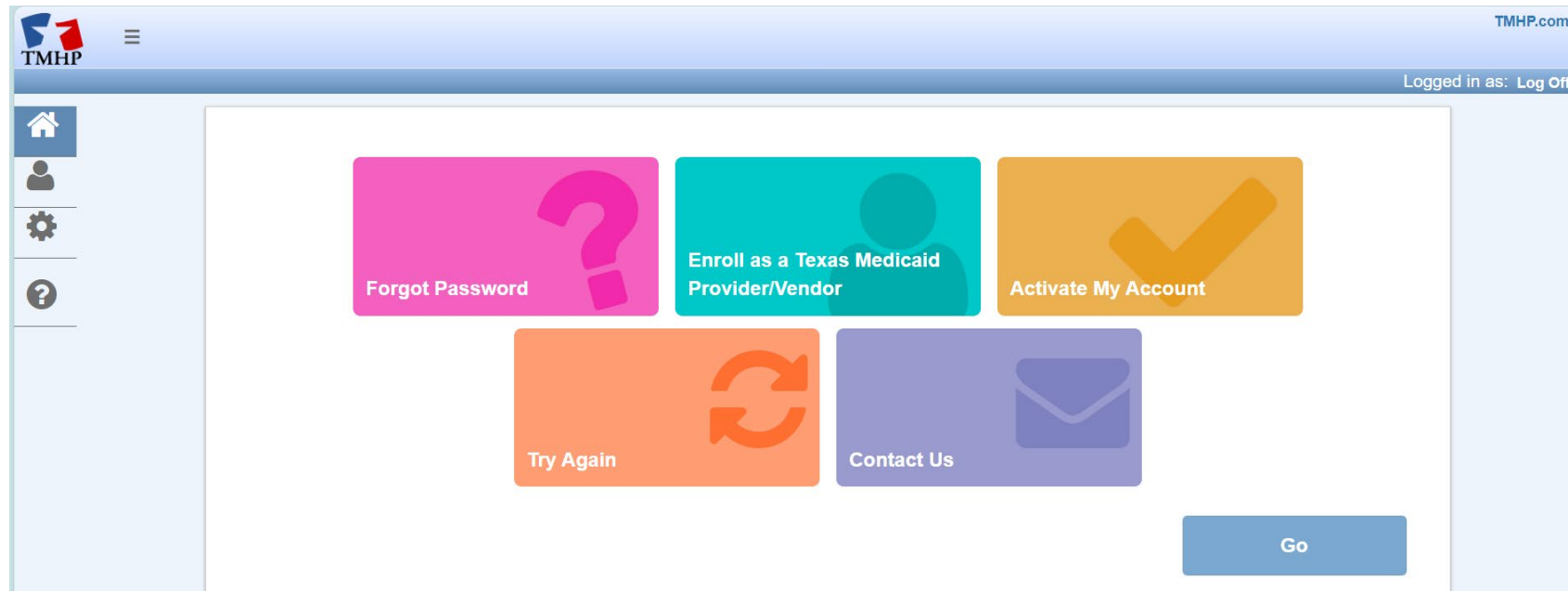
What are THSteps services?

- Periodic Medical Checkups
- Dental Checkups and Treatment Services
- Diagnosis of Medical Conditions
- Medically Necessary Treatment and Services

Texas Health Steps Provider Enrollment

Providers performing medical, dental, and case management services who wish to be eligible for reimbursement for providing Medicaid and Texas Health Steps services must enroll in these programs through the [Texas Medicaid and Healthcare Partnership](#).

- Providers enroll electronically through the online Provider Enrollment and Management System (PEMS) tool on the TMHP website at www.tmhp.com



THSteps: Timeliness

Timely THSteps Medical Checkups:

- **New** ABHTX members are due a checkup **within 90 days** of enrollment for eligible child members. Newborns must have a checkup no later than **14 days of enrollment**.
- **Existing** ABHTX members should have a checkup based on their age range as indicated below:
 - Existing members checkup for children birth through 35 months of age are considered timely if conducted within 60 days of the periodicity due date.
 - Existing members 36 months of age and older should get a checkup on, or shortly after the child’s birthday. It is considered timely if it occurs within 364 calendar days of the child’s birthday.

Age Range Allowed	Number of Checkups	Specific Ages
Birth through 11 months (Does not include 12 months)	7	<ul style="list-style-type: none">• Birth• Discharge• 2 weeks• 2 months• 4 months• 6 months• 9 months
1 through 4 years of age	7	<ul style="list-style-type: none">• 12 months• 15 months• 18 months• 24 months• 30 months• 3 years• 4 years
5 through 11 years of age	7	Annually on birthday
12 through 17 years of age	6	Annually on birthday
18 through 20 years of age	3	Annually on birthday

Medical Periodicity:

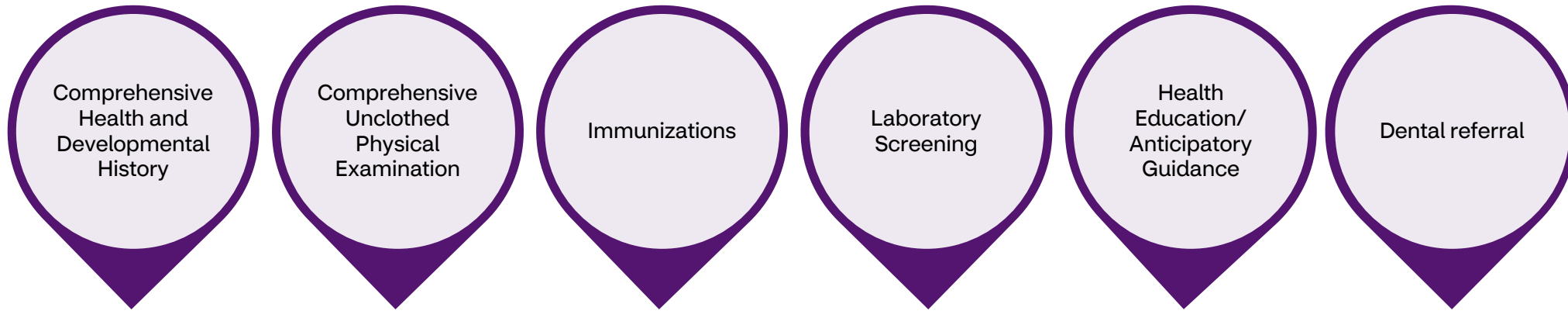
Children from birth through 20 years of age enrolled in Medicaid are due for THSteps medical checkups based on their date of birth and ages indicated on the Periodicity Schedule. Children under the age of 3 are due at more frequent intervals (to monitor growth and development, early detection, keep them up to date on vaccines). Children 3 years of age and older should get checkups every year, near their birthday, or as soon as practical.

Children of Migrant Farmworkers



- Children of Migrant Farmworkers due for a THSteps medical checkup can receive their periodic checkup on an accelerated basis prior to leaving the area.
- A checkup performed under this circumstance is an accelerated service but should be billed as a checkup.
- Performing a make-up exam for a late THSteps medical checkup previously missed under the Periodicity Schedule is not considered an exception to periodicity nor an accelerated service. It is considered a late checkup.

Texas Health Steps Required Components



A comprehensive medical checkup must include the following age-appropriate services as set out in the Texas Health Steps Periodicity Schedule:

- Comprehensive Health and Developmental History, including nutritional screening and mental health screening
- Comprehensive Unclothed Physical Examination, including measurements and sensory screening (vision and hearing)
- Immunizations
- Laboratory Screening
- Health Education/ Anticipatory Guidance provided to member's parent or guardian at end of THSteps visit
- Dental referral every 6 months until a dental home is established.

Checkup Components | Texas Health and Human Services

Texas Health Steps Documentation: Medical Components

Documentation of all components must be included in client's medical record.

If a component was not completed, state a plan to complete the component (or comment if this is due to parent or caregiver concern or reasons of conscience, including religious beliefs).

THSteps Medical Components

- History
- Unclothed Physical Exam
- Immunization
- Laboratory
- Health Education/Anticipatory Guidance
- Dental Referral

NAME: _____		MEDICAID ID: _____	
DOB: _____		PRIMARY CARE GIVER: _____	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PHONE: _____	
DATE OF SERVICE: _____		INFORMANT: _____	

HISTORY		UNCLOTHED PHYSICAL EXAM																			
<p>See new patient history form</p> <p>INTERVAL HISTORY:</p> <p>NKDA Allergies: _____</p> <p>Current Medications: _____</p> <p>Visits to other health-care providers, facilities: _____</p> <p>Parental concerns/changes/stressors in family or home: _____</p> <p>Psychosocial/Behavioral Health Issues, including Post-partum Depression Screening (use of validated tool required): <input type="checkbox"/> EPDS <input type="checkbox"/> PPDS <input type="checkbox"/> PHQ-9 <input type="checkbox"/> Other <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/></p> <p>Findings: _____</p> <p><input type="checkbox"/> TB questionnaire*, risk identified: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>*Tuberculin Skin Test if indicated <input type="checkbox"/> TST (TB questionnaire, p. 2)</p> <p>DEVELOPMENTAL SURVEILLANCE:</p> <ul style="list-style-type: none"> Gross and fine motor development Communication skills/language development Self-help/care skills Social, emotional development Cognitive development Mental health <p>NUTRITION*:</p> <p><input type="checkbox"/> Breastmilk</p> <p>Min per feeding: _____ Number of feedings in last 24 hrs: _____</p> <p><input type="checkbox"/> Formula (type) _____</p> <p>Oz per feeding: _____ Number of feedings in last 24 hrs: _____</p> <p>Water source: _____ Fluoride: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><input type="checkbox"/> Solids</p> <p><small>*See Bright Futures Multidisciplinary Book for details</small></p>		<p>See growth graph</p> <p>Weight: _____ (____%) Length: _____ (____%)</p> <p>Head Circumference: _____ (____%)</p> <p>Heart Rate: _____ Respiratory Rate: _____</p> <p>Temperature (optional): _____</p> <p><input type="checkbox"/> Normal (Mark here if all items are WNL)</p> <p>Abnormal (Mark all that apply and describe):</p> <table border="0"> <tr> <td><input type="checkbox"/> Appearance</td> <td><input type="checkbox"/> Mouth/throat</td> <td><input type="checkbox"/> Genitalia</td> </tr> <tr> <td><input type="checkbox"/> Head/fontanelles</td> <td><input type="checkbox"/> Teeth</td> <td><input type="checkbox"/> Extremities</td> </tr> <tr> <td><input type="checkbox"/> Skin</td> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Back</td> </tr> <tr> <td><input type="checkbox"/> Eyes</td> <td><input type="checkbox"/> Heart/pulses</td> <td><input type="checkbox"/> Musculoskeletal</td> </tr> <tr> <td><input type="checkbox"/> Ears</td> <td><input type="checkbox"/> Lungs</td> <td><input type="checkbox"/> Hips</td> </tr> <tr> <td><input type="checkbox"/> Nose</td> <td><input type="checkbox"/> Abdomen</td> <td><input type="checkbox"/> Neurological</td> </tr> </table> <p>Abnormal findings: _____</p>		<input type="checkbox"/> Appearance	<input type="checkbox"/> Mouth/throat	<input type="checkbox"/> Genitalia	<input type="checkbox"/> Head/fontanelles	<input type="checkbox"/> Teeth	<input type="checkbox"/> Extremities	<input type="checkbox"/> Skin	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Eyes	<input type="checkbox"/> Heart/pulses	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Ears	<input type="checkbox"/> Lungs	<input type="checkbox"/> Hips	<input type="checkbox"/> Nose	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Neurological
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<p>IMMUNIZATIONS</p> <p>Up to date <input type="checkbox"/> Deferred <input type="checkbox"/></p> <p>Reason (if deferred): _____</p> <p>Given today: <input type="checkbox"/> DTaP <input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> Hib <input type="checkbox"/> IPV <input type="checkbox"/> MMR <input type="checkbox"/> PCV <input type="checkbox"/> Meningococcal* <input type="checkbox"/> Varicella <input type="checkbox"/> MMRV <input type="checkbox"/> Hib-Hep B <input type="checkbox"/> DTaP-IPV-Hep B <input type="checkbox"/> DTaP-IPV/Hib <input type="checkbox"/> Influenza</p> <p>*Special populations: See ACIP</p>		<p>HEALTH EDUCATION/ANTICIPATORY GUIDANCE (See back for useful topics)</p> <p><input type="checkbox"/> Selected health topics addressed in any of the following areas*:</p> <ul style="list-style-type: none"> Family Interactions Nutrition Setting Routines Safety Development/Behaviors <p><small>*See Bright Futures for assistance</small></p>																			
<p>LABORATORY</p> <p>Tests ordered today:</p> <p>Hgb/Hct: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Blood lead test: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Other: _____</p>		<p>ASSESSMENT</p> <p>Dental Referral: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Return to office: _____</p>																			
<p>Signature/title _____</p>		<p>Signature/title _____</p>																			

Name: _____		Medicaid ID: _____	
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Typical Developmentally Appropriate Health Education Topics

12 Month Checkup

- Begin weaning from bottle/breast to cup
- Discipline constructively using time-out for 1 minute/year of age
- Encourage supervised outdoor play
- Establish consistent limits/rules and consistent consequences
- Limit TV time to 1-2 hours/day
- Praise good behavior
- Promote language using simple words
- Provide age-appropriate toys
- Provide favorite toy for self-soothing during sleep time
- Read books and talk about pictures/story using simple words
- Use distraction or choice of 2 appropriate options to avoid/resolve conflicts
- Make 1:1 time for each child in family

- No bottle in bed
- Provide nutritious 3 meals and 2 snacks; limit sweets/high-fat foods
- Empty all buckets containing water
- Home safety for fire/carbon monoxide poisoning, stair/window gates, electrical outlet covers, cleaning supplies, and medicines out of reach
- Lock up guns
- Provide safe/quality day care, if needed
- Supervise within arm's length when near water/do not leave alone in bath water
- Use of front-facing car seat in back seat of car if >20 pounds
- Establish consistent bedtime routine
- Establish routine and assist with tooth brushing with soft brush twice a day
- Maintain consistent family routine
- Provide nap time daily

TB QUESTIONNAIRE Place a mark in the appropriate box:

	Yes	Do not know	No
Has your child been tested for TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when (date) _____			
Has your child ever had a positive Tuberculin Skin Test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when (date) _____			
TB can cause fever that lasts for days or weeks, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know:			
has your child been around anyone with any of these symptoms or problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has your child been around anyone sick with TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has your child had any of these symptoms or problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for longer than 3 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, specify which country/countries? _____			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison, or has recently come to the United States from another country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEARING CHECKLIST FOR PARENTS (OPTIONAL)

	Yes	No
Points to or looks at familiar objects or people when asked to	<input type="checkbox"/>	<input type="checkbox"/>
Looks sad when scolded	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions ("Open your mouth," "Give me the ball")	<input type="checkbox"/>	<input type="checkbox"/>
Dances and makes sounds to music	<input type="checkbox"/>	<input type="checkbox"/>
Uses jargon (appears to be talking)	<input type="checkbox"/>	<input type="checkbox"/>
Uses consonant sounds like b, d, g, m, and n when talking	<input type="checkbox"/>	<input type="checkbox"/>
Jabbers in response to a human voice, changes loudness of voice, and uses rhythm and tone	<input type="checkbox"/>	<input type="checkbox"/>

EARLY CHILDHOOD INTERVENTION (ECI)

The ECI Physician Referral and Orders for Early Childhood Intervention (ECI) form is available at:
<https://hhs.texas.gov/services/disability/early-childhood-intervention-services/eci-information-health-medical-professionals>

THSteps: Comprehensive Health & Developmental History

Developmental Surveillance or Screening: must be performed at each checkup visit, birth through 6 years of age

- **Screening:** Required component at 9 months, 18 months, 24 months, 3 years, and 4 years of age per THSteps Periodicity Schedule. Must use one of the following validated, standardized tools below. Use procedure code 96110:
 - ☐ Ages and Stages Questionnaire (ASQ)
 - ☐ Ages and Stages Questionnaire (ASQ:SE)
 - ☐ Parents' Evaluation of Development Status (PEDS)
 - ☐ Survey of Well-being of Young Child (SWYC)

(Must be completed if missed earlier or provider and/or parental concerns at any visit through 6 years of age)
- **Surveillance:** Required at all other checkups and includes a review of milestones and mental health including gross and fine motor skills; communication skills; speech-language development; self-help/care skills; and social, emotional, and cognitive development.
- **Referrals** – If delayed or suspected delay is identified:
 - Birth through 35 months: The provider must refer to Early Childhood Intervention (ECI), as soon as possible, but no longer than seven days after identified, even if also referring to an appropriate specialist.
 - Ages 3 years and older: The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist

96110	Developmental and Behavioral Screening tool and testing
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THSteps: Comprehensive Health & Developmental History

Autism Screening:

- Required component at 18 months and 24 months of age per THSteps Periodicity Schedule.
- A standardized developmental screening, or autism screening (M-CHAT) must be completed:
 - If missed at an earlier checkup and still age appropriate
 - New patient 6 months through 6 years of age if no record of previous age-appropriate screening
 - If there are provider or parental concerns at any visit through 6 years of age
- Procedure Code: 96110 with Modifier U6
 - ☐ Modified Checklist for Autism in Toddlers (M-CHAT)
 - ☐ Modified Checklist for Autism in Toddlers Revised with Follow-Up (M-CHAT R/F)

96110	Developmental and Behavioral Screening tool and testing
96110 Modifier U6	Developmental and Behavioral Screening Autism Screening

THSteps: Comprehensive Health & Developmental History

Mental Health Screening:

- Required component at **every** THSteps visit, ages birth to age 20. Comment on behavioral, social, and emotional development
- Recommended (**optional**) screening for ages 12 through 18, using one of the validated and standardized mental health screening tools listed below.
 - ☐ Pediatric Symptom Checklist (PSC-17 or PSC-35)
 - ☐ Pediatric Symptom Checklist for Youth (Y-PSC)
 - ☐ Patient Health Questionnaire-9 (PHQ-9)
 - ☐ PHQ-A (Patient Health Questionnaire: depression screening; or for anxiety, eating problems, mood problems, substance use)
 - ☐ Car, Relax, Alone, Friends, Forget, Trouble (CRAFFT) Questionnaire
 - ☐ Rapid Assessment for Adolescent Preventive Services (RAAPS)

96160	Screening tool completed by the adolescent.
96161	Screening tool completed by the parent or caregiver on behalf of the adolescent.

- Only one procedure code, either 96160 or 96161 may be reimbursed per client, per calendar year. Code must be submitted with the same date of service by the same provider as procedure code 99384/99394; or 99385/99395.

THSteps: Comprehensive Health & Developmental History

Tuberculosis Screening:

The Tuberculosis Questionnaire is required to be administered **annually** beginning at 12 months of age.

- The questionnaire is available at: Texas Health Steps TB Questionnaire
- Administer a Tuberculin Skin Test (TST) using CPT code 86580 if risk for possible exposure is identified
- A follow-up visit is required to read all TSTs. At follow-up visit use CPT code 99211

Nutritional Screening:

This is a required component at **each** THSteps checkup. Dietary practices should be assessed to identify unusual eating habits such as pica, extended use of baby bottle feedings, or eating disorders in older children and adolescents. For nutritional problems, further assessment is indicated. Review and comment on appropriate items below:

- Review of measurements/BMI
- Infants: breastfed or bottle? Feeding schedules
- Children and Adolescents: dietary practices
- Special diets, food allergies, restaurants/fast food, etc

Maternal Postpartum Depression Screening:

(a benefit of infant’s THSteps Medicaid checkup visit)

- Screening for postpartum depression at the THSteps checkup visit is not a compulsory requirement. However, it is recommended once during the infant’s THSteps checkup visits for ages 12 months and younger.
- Providers may receive separate reimbursement when performing a maternal postpartum depression screening using a validated screening tool listed below. Only one postpartum screening reimbursement is allowed per infant. Maternal postpartum depression screening must be submitted under the infant’s Medicaid client number.
- Validated screening tools may include the following:
 - Edinburgh Postnatal Depression Scale
 - Patient Health Questionnaire (PHQ-9)
 - Postpartum Depression Screening Scale
- Screening alone is insufficient for improving clinical outcomes.
 - ☐ A positive screening for postpartum depression requires a referral plan with the mother
 - ☐ Provider must note that a referral plan was discussed with the mother and a referral to a provider was made.
 - ☐ Must have documentation of the screening tool used and date the screening was completed.
 - ☐ Providers may give the mother a copy of the completed screening tool to take with her to referral appointments.

G8431	Positive Screening for depression, follow-up plan is documented
G8510	Negative Screening for depression, follow-up plan is not required

Maternal Postpartum Depression Positive Screenings:

- THSteps provider must discuss the screening results with the mother, discuss the possibility of depression, and the impact depression may have on the mother, family, and health of the infant.
- The THSteps provider and mother should discuss the mother's options so the provider can refer her to an appropriate provider.
- Screening and referral is not contingent upon the mother's Medicaid eligibility. When needed, referrals should be made regardless of the funding source, including referral to local mental health authorities and local behavioral health authorities.
- THSteps providers should refer the mother to a provider who can perform further evaluation and determine an appropriate course of treatment. Appropriate providers include but are not limited to:
 - Mental health clinicians
 - The mother's primary care provider
 - Obstetricians and gynecologists
 - Family physicians
 - Community resources such as Local Mental Health Authorities (LMHAs)
 - Referral to an emergency center may be necessary when the risk for imminent harm or danger is present, such as mothers who report suicidal thoughts or thoughts of harming themselves or the baby.
- Resources should be provided for support in the interim until the mother is able to access care.
- Scheduling a return visit for the infant sooner than the next scheduled visit may be appropriate in some cases.

THSteps: Comprehensive Unclothed Physical Examination

- **Comprehensive must be unclothed**

- **Physical Examination**

- Height or Length
- Weight
- BMI
- Fronto-occipital circumference
- Blood pressure

- **Sensory Screening**

- Vision
- Hearing

*Use age-appropriate growth charts to identify significant deviation



THSteps: Immunizations - Medicaid

- If immunizations are due, the provider must administer them as part of the THSteps medical checkup visit. Include documentation in the medical record of vaccine given. Or document why immunization was not given on that visit and state the plan of action for getting vaccine at a later date.
- Providers may NOT refer members out to local health depts or other entities for immunizations.
- Immunization schedule is set by Advisory Committee on Immunization Practices (ACIP).
- Vaccines available through Texas Vaccine for Children Program (TVFC). Reimbursement covers administration fee. Use diagnosis code Z23 to indicate immunization administration.
- www.immunizetexas.org (DSHS site: info on vaccine schedules, catch-up schedule, ImmTrac2, TVFC program, etc)
- Report immunization data to www.ImmTrac.com or call 1-800-348-9158.

THSteps: Laboratory Screening

THSteps Lab and Testing Supplies:

- All newly enrolled THSteps providers will receive a start up package with forms and supplies; included in the package are blood specimen collection supplies.
- All laboratory tests required as part of THSteps checkup must be submitted to the Department of State Health Services (DSHS) laboratory *with the exception of* the following:
 - Screening for dyslipidemia, type 2 diabetes, syphilis, and HIV may be sent to the lab of provider's choice
 - Point-of-care testing for blood lead level may be performed in the provider's office. All point-of-care blood lead level results must be reported to DSHS
- Laboratory tests cannot be billed as a separate claim on the same date of service as a medical checkup, with exception of point-of-care testing for blood lead level performed in provider's office (use CPT code 83655)

THSteps: Laboratory Screening

- Both age-appropriate and risk-based laboratory tests are required as part of the Texas Health Steps preventive medical checkup.
- Risk-based laboratory tests can be ordered at the provider’s discretion. Lab tests can be recommended due to family history, specific conditions/risks, weight, etc.

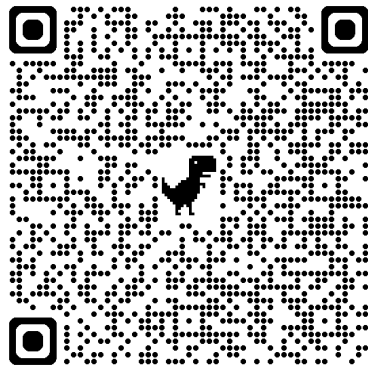
Required Laboratory Tests	Checkup Ages
Newborn Screening	Birth 2 Weeks
Blood Lead Screening	12 months 24 months
Anemia Screening	12 months
Dyslipidemia (Lipids)	9 years 18 years
HIV Screening	16 years (or up to age 20 if not done at 16)

Guidelines for Risk-Based Tests

*Risk-based Laboratory Tests	Checkup Ages
Dyslipidemia (Lipids)	Any checkup beginning at 24 months
Type 2 Diabetes	Any checkup beginning at 10 years
STD/STI	Any checkup beginning at 11 years
HIV Screening	Any checkup beginning at 11 years

THSteps: Health Education/ Anticipatory Guidance

- Health education and counseling, including age-appropriate anticipatory guidance, must be provided at each Texas Health Steps medical checkup. This component is an opportunity to strengthen providers' relationship with patients and their families.
- Health education helps parents and caregivers understand what to expect during their child's development and growth.
- Anticipatory guidance provide information on the benefits of healthy lifestyles, healthy practices, accident and disease prevention.



[THSteps Anticipatory Guidance.pdf](#)

Middle Childhood 10-Year Checkup

Family Well-Being

- Discuss with teacher any need for additional help if there are school concerns or bullying.
- Monitor computer use and ensure computer safety.

Keeping Child Safe

- Choose safe, quality after-school care.
- Place child in belt-positioning booster seat in back seat until vehicle's safety belt fits child properly, typically until child is 4 feet, 9 inches or 8-12 years. At that time, make sure child rides in back seat secured by lap and shoulder safety belts.
- Supervise when child is in or near water, even if child knows how to swim.
- Get to know child's friends and their families.
- Develop family plan for exiting house in a fire and establish meeting place after exit.
- Discuss drug/tobacco/alcohol use and peer pressure.

- Lock up guns.
- Teach self-safety including stranger danger and personal privacy.
- Teach self-safety if child feels unsafe at friend's home/car or answers the door/telephone when adult is not home.
- Require protective gear be worn at all times during sports.
- Require helmet when child uses bicycle, skates, or other mobility equipment.

Healthy Eating

- Provide nutritious meals and snacks each day.
- Help child maintain healthy weight.
- Limit sweets, sodas, and high-fat foods.
- Emphasize the importance of breakfast.
- Provide 5 servings of fruits and vegetables daily.
- Limit juice and ensure adequate calcium.

Regular Care/Routines

- Reinforce 2 times/day teeth-brushing routine plus daily flossing.

- Establish personal hygiene routine.
- Encourage outdoor play for 1 hour a day.

Healthy Development

- Promote self-responsibility.
- Discuss puberty and physical changes/sexuality.
- Establish consistent limits, rules, and consequences.
- Increase difficulty of daily chores to develop sense of accomplishment and self-confidence.
- Limit TV/screen time to 2 hours a day.
- Show affection and praise for good behaviors.
- Encourage constructive conflict resolution and demonstrate anger management at home.
- Discuss school activities and schoolwork.
- Provide space and time for homework/personal time.

Middle Childhood 10-Year Checkup

These are areas we cover during this checkup:

- Family Well-Being
- Keeping Child Safe
- Healthy Eating
- Regular Care/Routines
- Healthy Development

What are your main concerns today?



THSteps: Dental Service

THSteps dental services are benefits of Medicaid eligible children from birth through 20 years of age:

- Routine dental referral beginning at 6 months of age, until a dental home is established.
- Instruct member or guardian to establish care with a dentist. No formal referral is needed; member may choose dentist from their Dental Plan. Provider must document this was discussed at the visit.
- Oral health exam and preventive services. Additional free CE courses and training on Oral Evaluation and Fluoride Varnish available at www.txhealthsteps.com. (Note: provider may bill for this service if completed on same date as THSteps visit)
- Referral for dental care at any age if oral exam identifies possible concerns.

Submitting Claims for Texas Health Steps

Preventing Common Billing Issues

Many of Texas Health Steps claims are denied due to incorrect diagnosis code, and/or incorrect CPT codes that were not consistent with the patient's age.

Understanding why claims are denied may help prevent future claims from being denied.

Preventing Denied Claims:

Non-covered charge(s): Medical services that are not a covered service with that patient's plan. This can also occur if an incorrect diagnosis code is used.

The procedure/revenue code is inconsistent with the patient's age: A claim denied because CPT code billed is not compatible with patient's age.

Claim/service lacks information which is needed for adjudication: There is information that is missing in order to process the claim.

Duplicate: Claims submitted for the same service for an individual on a specified date of service that was included in a previously submitted claim. Avoid this issue by indicating that the duplicate is a "corrected" claim.



THSteps Complete Checkup - Billing

- For you to be reimbursed for THSteps medical checkups, each of the six components and their individual elements must be completed and documented in the medical record.
- Any component or element not completed must be noted in the medical record, along with the reason it was not completed and the plan to complete the component or element.
- The medical record must contain documentation on all screening tools used for TB, growth and development, autism, and mental health screenings. The results of these screenings and any necessary referrals must be documented in the medical record.
- THSteps checkups are subject to retrospective review and recoupment if the medical record does not include all required documentation.
- A provider must bill for THSteps services in accordance with state standards.

Texas Health Steps: Claim Submission

All Texas Health Steps components performed during the medical checkup should be billed on the same claim form.

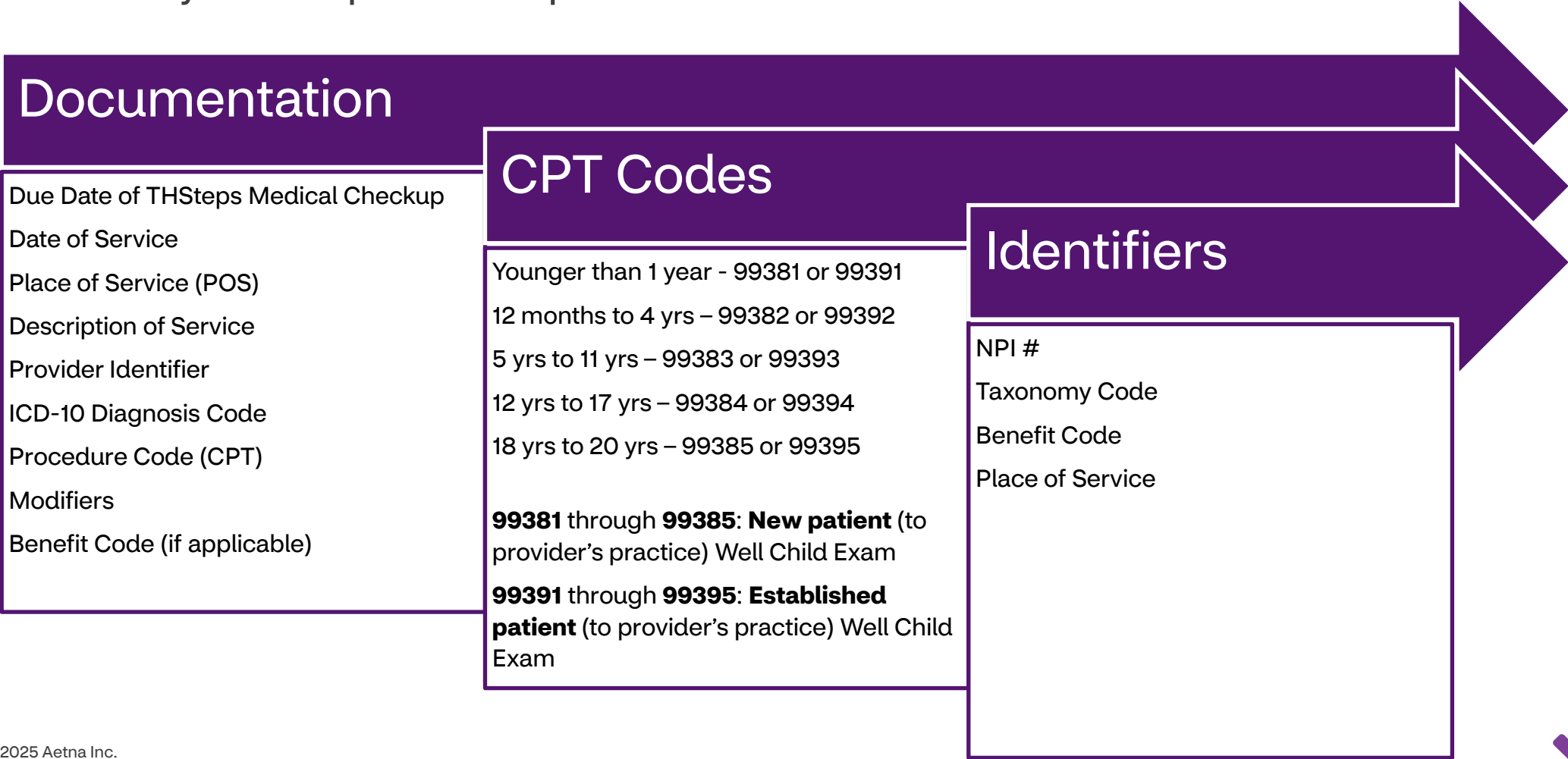
Submitting multiple claim forms for Texas Health Steps procedures may lead to overpayment and can result in audits and recoupments.

- Can look up THSteps fee schedule on TMHP website:
<https://public.tmhp.com/FeeSchedules/Default.aspx>
- Providers should bill their usual and customary fee.

Most Medicaid providers must submit claims to the Medicaid claims administrator within 95 days from the date of service or the claims will be denied for late filing.

THSteps: Claims

A paid claim that shows a timely THSteps medical checkup is the best means of documenting that a timely checkup was completed.



Texas Health Steps Documentation: Identifiers

National Provider Identifier (NPI): is unique identification number for covered health care providers.

Taxonomy Code: A unique code designed to classify health-care providers by provider type and specialty (i.e.: Family medicine, OB/Gyn, etc).

- Providers may have more than one taxonomy code. So important to use appropriate taxonomy for THSteps
- Providers must bill the NPI and Taxonomy code as attested for THSteps with Texas Medicaid

Modifier: used to supplement the information or adjust care descriptions to provide extra details concerning a procedure or service provided by a physician.

***Claims submitted with incorrect, invalid or missing NPI and Taxonomy code combination will reject or deny**

24a. Insured's Policy/Group No.		24b. Provider Benefit Code		25. Other Insurance Pd. Amt. \$		25a. Date of Notification	
26. Name of Referring Provider		27a. Referring Other ID		28. Level of Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Mid-Level <input type="checkbox"/> Other			
		27b. Referring NPI					
29. Diagnosis Code (Relate A-L to service line 32E) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____				ICD Ind.		30. Authorization Number	
32. A		B	C	D	E	F	G
From To MM DD CCYY MM DD CCYY		Place of Service	Type of Service	Procedures, Services, or Supplies CPT/HCPCS Modifier	Ex. Ref. (29)	Units or Days (Quantity)	\$ Charges
1							Perf Prov Taxonomy
2							Perf Prov NPI
3							Perf Prov Taxonomy
4							Perf Prov NPI
5							Perf Prov Taxonomy
6							Perf Prov NPI
33. Federal Tax ID Number/EIN				34. Patient's Account No. (optional)		35. Patient Co-Pay Assessed \$	
37. Signature of Physician or Supplier Date: Signed:				38. Name and Address of Facility Where Services Were Rendered (If Other Than Home or Office) 38a. NPI 38b. Other ID		39. Physician's, Supplier's Billing Name, Address, ZIP + 4 Code & Phone No.	
36. Total Charges							

F00025

Revised Date: 07/18/2021 | Effective Date: 09/01/2021

Texas Health Steps: Modifier and Identifier

Benefit Codes:

- THSteps Benefit Code **EP1**

Modifiers

- *AM – Physician*
- *SA – Nurse Practitioner*
- *TD – Registered Nurse*
- *U7 – Physician Associate/ Physician Assistant*
- *25 – Required when immunization or other service is billed with a THSteps visit*

Condition Indicator

- *NU – Not used (no referral)*
- *ST – New Services requested*
- *S2 – Under Treatment*

THSteps: Billing Codes/Claims

When submitting claims for Texas Health Steps medical checkups, age-appropriate CPT codes and diagnosis code for these checkups must be submitted on the claim. See age-appropriate CPT codes and Diagnosis Codes below:

Texas Health Steps Age-Appropriate CPT Codes		
CODE	PROCEDURE	AGES
99391	A baby (established patient) is visited by a provider for a well-baby visit (for babies younger than 1).	Under age 1
99381	A baby (new patient) is visited by a provider for a well-baby visit (for babies younger than 1).	Under age 1
99392	A child (existing patient) between 1 and 4 years old is visited by a provider for a well patient visit.	1-4 years of age
99382	A child (new patient) between 1 and 4 years old is visited by a provider for a well patient visit.	1-4 years of age
99393	A child (established patient) between 5 and 11 years old is visited by a provider for a well patient visit	5-11 years of age
99383	A child (new patient) between 5 and 11 years old is visited by a provider for a well patient visit	5-11 years of age
99394	An adolescent (established patient) between 12 and 17 years old is visited by a provider for a well patient visit.	12—17 years of age
99384	An adolescent (new patient) between 12 and 17 years old is visited by a provider for a well patient visit.	12—17 years of age
99395	A patient (established patient) between 18 and 20 years old is visited by a provider for a well patient visit.	18 years –20 years of age
99385	A patient (new patient) between 18 and 20 years old is visited by a provider for a well patient visit.	18 years –20 years of age

ICD-10 Diagnosis Code	
CODE	PROCEDURE
Z00.110	Routine newborn exam, birth through 7 days
Z00.111	Routine newborn exam, 8 days through 28 days
Z00.129	Routine child exam
Z00.121	Routine child exam, abnormal
Z00.00	General adult exam
Z00.01	General adult exam, abnormal

THSteps: Billing Codes for Immunizations Administered

When submitting claims for Texas Health Steps medical checkups, use appropriate CPT codes for Immunizations below. Check THSteps Quick Reference Guide often for up-to-date changes: [THSteps_QRG.pdf](#)

Procedure Codes	Vaccine		Procedure Codes	Vaccine
90380* or 90381* with (96380 or 96381); 90678* with (90460/90461 or 90471/90472)	RSV		90697* or 90698* with (90460/90461 or 90471/90472)	DTaP-IPV-Hib
90619* with (90460/90461 or 90471/90472)	MenACWY-TT		90700* with (90460/90461 or 90471/90472)	DTap
90632 or 90633* with (90460/90461 or 90471/90472)	Hep A		90702* with (90460/90461 or 90471/90472)	DT
90620* or 90621* with (90460/90461 or 90471/90472)	MenB		90707* with (90460/90461 or 90471/90472)	MMR
90623* with (90460/90461 or 90471/90472)	Men ABCWY		90710* with (90460/90461 or 90471/90472)	MMRV
90636 with (90460/90461 or 90471/90472)	Hep A/ Hep B		90713* with (90460/90461 or 90471/90472)	IPV
90647* or 90648* with (90460/90461 or 90471/90472)	Hib		90714* with (90460/90461 or 90471/90472)	Td
90651* with (90460/90461 or 90471/90472)	HPV		90715* with (90460/90461 or 90471/90472)	Tdap
90655*, 90656*, 90657*, 90658*, 90685*, 90686*, 90687* or 90688* with (90460/90461 or 90471/90472); 90660* or 90672* with (90460/90461 or 90473/90474); 90661, 90673, 90674, 90682 or 90756* with (90471/90472)	Influenza		90739, 90743, 90744*, 90746 or 90759 with (90460/90461 or 90471/90472)	Hep B
90670* with (90460/90461 or 90471/90472)	PCV 13		90723* with (90460/90461 or 90471/90472)	DTap-Hep B-IPV
90671* with (90460/90461 or 90471/90472)	PCV 15		90732* with (90460/90461 or 90471/90472)	PPSV23
90677* with (90460/90461 or 90471/90472)	PCV 20		90734* with (90460/90461 or 90471/90472)	MPSV4
90684 with (90471/90472)	PCV 21		90716* with (90460/90461 or 90471/90472)	Varicella
90680* or 90681* with (90460/90461 or 90473/90474)	Rotavirus		90758 with (90471/90472)	Ebola Virus
90696* with (90460/90461 or 90471/90472)	DTaP-IPV		91320* or 91322* with (90480/ M0201)	COVID-19

Billing Same Day Visits

THSteps Medical Checkup and Immunization Administration

- Age-appropriate diagnosis code
- Diagnosis code **Z23**
- Claims submitted with an immunization administration procedure code and a preventive evaluation and management (E/M) visit, providers may append **modifier 25** to the preventive E/M visit procedure code to identify a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the immunization administration.
- Providers may only choose to submit diagnosis code Z23 on the claim if an administration is the only service provided during an office visit.

THSteps Medical Checkup and Acute Care Visit

- Providers must use **modifier 25** to describe circumstances in which an acute care E/M visit was provided at the same time as a Checkup.
- Providers must submit **modifier 25** with the E/M procedure code when the rendered services are distinct and provide for different diagnoses.
- Providers must bill an appropriate level E/M procedure code with the diagnosis that supports the acute care visit.
- If part of the checkup is completed on one day and the rest of the checkup is completed on a different day, then the service should be billed on the date the services were performed.

THSteps Medical Checkup and Sports and School Physical

- A sports and school physical is a value-added service for Community members since it is not a covered benefit for Medicaid.
- Community will pay sports and school physicals for Medicaid members ages 4 to 19 (limited one per rolling year).
- Provider must use procedure code 97169, 97170, 97171, or 97172 depending on the level of complexity when billing for sports physicals. Provider do **NOT** need to use modifier 25 when billing for sports physicals.

Sports physical exams are not a benefit of Texas Medicaid. However, Aetna Better Health offers one sports physical every 12 months to our members under 19 years of age who have completed a well-child visit. The provider may bill for completing the sports physical form using code 99080, and billing with appropriate diagnosis code for the well-child visit.

THSteps: Immunization Administration Code Example

VACCINE	INCLUDED ANTIGENS	WHAT TO BILL (W/ COUNSELING)	WHAT TO BILL (NO COUNSELING)
Pneumococcal Conjugate Vaccine 13	•PCV 13	• 90670 •90460/90461	•90670 •90471 for first shot, use 90472 for additional shots during this visit
Twinrix	•Hepatitis A •Hepatitis B	• 90636 •90460/90461	•90636 •90471 for first shot, use 90472 for additional shots during this visit
MMR	•Measles •Mumps •Rubella	• 90707 •90460/90461	•90707 •90471 for first shot, use 90472 for additional shots during this visit
FluMist	•Influenza	• 90672 •90460/90461	•90672 •90473 for first administration, 90474 for additional administrations during this visit

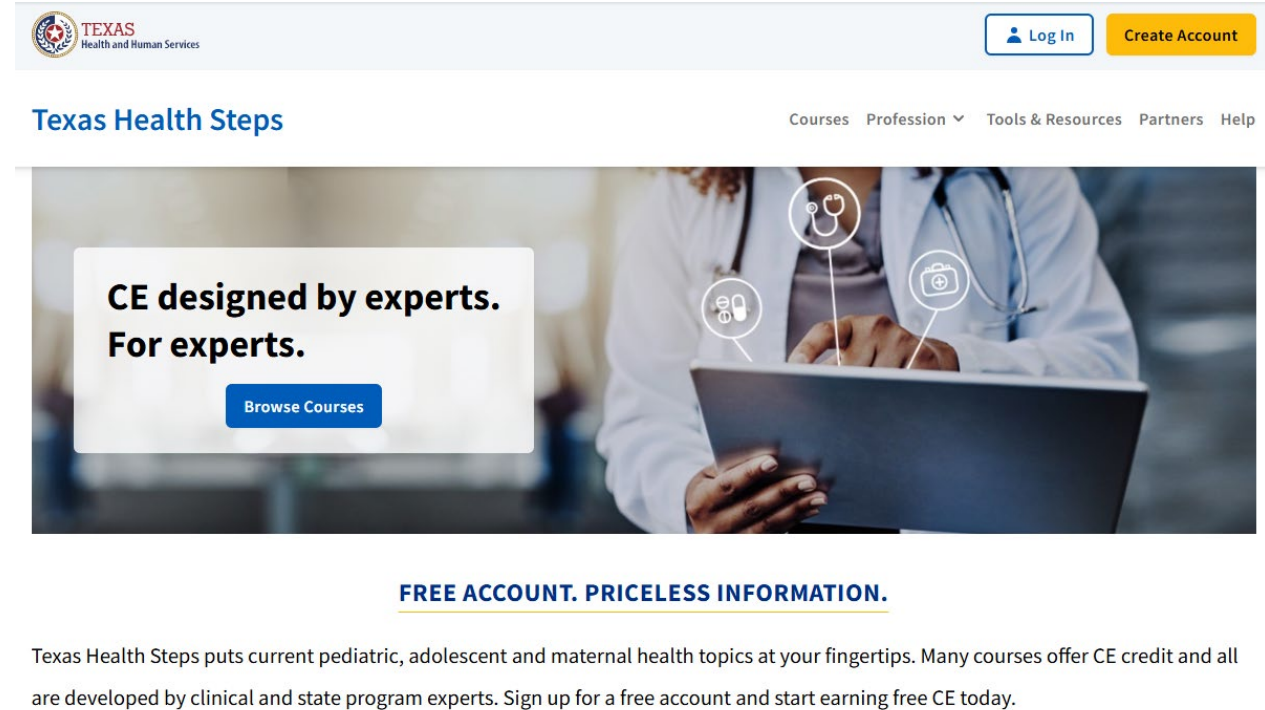
Check **THSteps Quick Reference Guide** often for up-to-date changes on vaccines or coding: [THSteps QRG.pdf](#)

Texas Health Steps Summary & Resources

THSteps: Online Provider Education

THSteps Provider Education:

- The THSteps Online Provider Education System offers tutorials and modules on various topics for health care providers at no cost
 - Located at: www.txhealthsteps.com
 - Offers FREE continuing education (CE) courses for primary care providers and other health professionals including PA, NP, Nurse, Social Worker, Pharmacist, Dentist



The screenshot shows the Texas Health Steps website. At the top is the Texas Health and Human Services logo and navigation links for 'Log In' and 'Create Account'. Below the header, the site title 'Texas Health Steps' is followed by a navigation bar with links for 'Courses', 'Profession', 'Tools & Resources', 'Partners', and 'Help'. The main banner features a doctor holding a tablet with the text 'CE designed by experts. For experts.' and a 'Browse Courses' button. Below the banner, a section titled 'FREE ACCOUNT. PRICELESS INFORMATION.' includes a paragraph: 'Texas Health Steps puts current pediatric, adolescent and maternal health topics at your fingertips. Many courses offer CE credit and all are developed by clinical and state program experts. Sign up for a free account and start earning free CE today.'

BROWSE BY PROFESSION



PHYSICIAN



NURSE



SOCIAL WORKER



PHARMACIST



DENTIST



CASE MANAGER

- Free CE
- Manage CE credits and certificates
- Personalized course recommendations
- New course notifications

THSteps: Resources

HHSC offers brochures, posters and other outreach resources at no cost to providers, schools, community-based organizations, other THSteps partners, etc. Materials cover a variety of topics, including:

- Medical Checkup, Dental Checkup
- Newborn Hearing Screening
- Medical Transportation Program
- Case Management for Children and Pregnant Women

Located at: [THSteps-catalog](#)

Other Helpful Resources:

Texas Health Steps: www.hhs.texas.gov/providers/health-services-providers/texas-health-steps

Texas Medicaid & Healthcare Partnership (TMHP): <https://www.tmhp>

TMHP Provider Procedures Manual, Children's Services handbook: [TMHP Childrens Services Handbook.pdf](#)

Availity Provider Portal to find specific information on your patients that are due for THSteps medical checkup

THSteps Provider Outreach Referral Form

(for State to assist you in reaching out to members for missed appointment, unable to reach, etc)

TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL FORM
FAX: 512-533-3867

- Complete this form and submit by fax.
- Use only ONE FORM PER HOUSEHOLD, up to 2 patients.
- You will receive notification once your referral is processed.

Provider Information				Date:	
Provider/Clinic Name:			Contact Name:		
Office Address:		City:	County:	Zip Code:	
Phone Number:			Fax Number:		
Provider Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Orthodontic <input type="checkbox"/> Case Management <input type="checkbox"/> Other:					
Parent/Guardian Information					
Parent/Guardian Name:			Phone Number:		Mobile Number:
Address:		City:	County:	Zip Code:	
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:					
Patient #1 Information					
Patient Name:			Date of Birth:		Medicaid ID:
Appointment Type:		<input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead			
		<input type="checkbox"/> Other:			
Reason for referral (check all that apply)					
<input type="checkbox"/> Patient missed appointment, date:			<input type="checkbox"/> Assistance needed scheduling appointment.		
<input type="checkbox"/> Follow-up appointment for additional lead testing.			<input type="checkbox"/> Provide updated patient address (Case Management Only)		
<input type="checkbox"/> Assist with transportation to appointment.			<input type="checkbox"/> Other, see comments.		

THSteps Provider Outreach Referral Form

THS Forms | Texas Health and Human Services

Availity Features

Access to Gaps In Care (GIC)

- Access to review members with Gaps In Care including needing prenatal and postpartum visits
- See Performance Rate with Aetna Better Health of Texas and Performance Benchmarks

Access to Texas Health Steps Report

- Access to review New and Existing patients in need of a Texas Health Steps visit
- Provides date that the THSteps visit needs to be completed
- Resources for Texas Health Checkup Periodicity Schedule for specific ages.

Business Intelligence Reports | Powered By Aetna Medicaid Business Intelligence

Home > Beta SSRS GIC TIN Level Report Report

Value Based Solutions | Gaps In Care

PCP: [dropdown] Measure (for Member Care tab): AAB_TOTAL, ABA, ADD_CONTMAINT

Care Type (for Member Care tab): Provider Education, Had Care - No

1 of 2 ? Find | Next

aetna Gaps in Care - Provider Dashboard

Go to report tab: [Provider Dashboard](#) [Member Care](#) [Member Print List](#) [Measure Descriptions](#)

Choose Benchmark: 50% 75% 90% 100%

MD PA

Data with Claims Through - 11/30/2020

MBR Measures	Denominator	Had Care	Needs Care	PCP Rate	Benchmark 50	Benchmark 75	Benchmark 90	Needed to Reach Benchmark
AAB_TOTAL	95	35	60	36.84 %	31.97 %	37.36 %	44.64 %	35
AAP_AGE2044	8	8	0	100.00 %	77.97 %	82.40 %	85.74 %	0
ABA	7	2	5	28.57 %	88.56 %	92.46 %	95.00 %	5
ADD CONTMAINT	3	1	2	33.33 %	57.09 %	63.72 %	69.14 %	2

Parameters Report

SFY: 2022 LOB: Tarrant STAR

1 of 2 ? Find | Next

aetna **FREW Timeliness** 4/6/2022 5:57:22 PM

The monthly FREW report is a detailed list of new and existing members assigned to your panel that need a Texas Health Steps (THSteps) medical checkup. New Members Visits within 90 days of enrollment and Existing 365 of Birthdate annually.

SFY: 9/1/2021-8/31/2022 Go to Report Tab --> [New Members](#) [Existing Members](#)

[Health Screening Schedule Ages 1 - 10](#)
[Health Screening Schedule Ages 11-20](#)

Existing Members	[redacted]	[redacted]	[redacted]	03/29/2023	1	0	JENNIFER M HUDMAN MD	JENNIFER M HUDMAN MD	Tarrant STAR
Existing Members	[redacted]	[redacted]	[redacted]	03/29/2023	1	0	JENNIFER M HUDMAN MD	JENNIFER M HUDMAN MD	Tarrant STAR
Existing Members	[redacted]	[redacted]	[redacted]	04/16/2023	1	0	JENNIFER M HUDMAN MD	JENNIFER M HUDMAN MD	Tarrant STAR
Existing Members	[redacted]	[redacted]	[redacted]	05/20/2023	1	0	JENNIFER M HUDMAN MD	JENNIFER M HUDMAN MD	Tarrant STAR

Provider Best Practices for Texas Health Steps

Follow Periodicity Schedule: Each age interval serves as a key checkup for a child with specific screening needs.

Provide Extended Office Hours: Offering additional appointment times helps parents and caregivers get preventive wellness checkups outside of normal office hours.

Combine a Well-Care Visit with Other Visits: Combine other visits to complete a well-child visit, such as Sports Physical and sick visit.

Expand Tools for EMR/EHR System:

- A THSteps template that follows THSteps Periodicity Schedule and State THS forms. This template helps facilitate charting efficiency, improve member outcomes, and reimbursement for completed services.

Incorporate Outreach:

- Timely patient outreach (calls, texts, emails) for well child visits from the provider's staff help get annual well visits scheduled and performed.
- Tools in EMR system can help manage and schedule patient visits or prompts SMS or reminder calls to patients for upcoming appointments.



Contact Information

You can reach out to your Provider Relations network consultant with the contact information below.

Medicaid STAR	CHIP	Medicaid STAR Kids
Bexar: 1-800-248-7767	Bexar: 1-866-818-0959	Tarrant: 1-844-STRKIDS or 1-844-787-5437
Tarrant: 1-800-306-8612	Tarrant: 1-800-245-5380	Dallas: 1-844-STRKIDS or 1-844-787-5437

Our Provider hotline is available Monday through Friday, 8:00 a.m. to 5:00 p.m. Central time, excluding State-approved holidays.

Providers also have 24/7/365 by utilizing self-service tools such as our interactive voice response (IVR) system and provider portal for eligibility and benefit questions:

www.aetnabetterhealth.com/texas/providers/index.html



Thank you!

