# Texas Health Steps Provider Training



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# Texas Health Steps – Training Objective

## **Objective:**

Assist providers in having a basic understanding of Texas Health Steps (THSteps) checkups and the claims process.

### Who will benefit from this training?

- Physicians/Providers
- Office Managers
- Coding and Billing Staff
- Nurses







# What is THSteps?

## What is THSteps?

- THSteps, formerly known as Early and Periodic Screening, Diagnosis and Treatment, is a program for children from birth through 20 years of age who are enrolled in Medicaid.
- THSteps provides regular medical and dental checkups and case management services to babies, children, teens, and young adults at no cost.

### What are THSteps services?

- Periodic preventive care medical checkups (THSteps medical checkups)
- Dental checkups and treatment
- Comprehensive Care Program (CCP) including Private Duty Nursing (PDN)



# THSteps – Providers

#### Selecting a Provider:

- Checkups In fee-for-service (FFS) Medicaid, clients have freedom of choice when choosing a THSteps checkup provider. In managed care, a client needs to contact their health plan to determine how to access THSteps checkup providers.
- Treatment (if non-Primary Care Physician(PCP) Referral may be required through PCP for evaluation and/or management of conditions identified during a THSteps medical checkup.

#### **THSteps Eligible Providers:**

- Physician (MD/DO) currently licensed in the state where the service is provided
- Health Care Provider or Facility (public or private) capable of performing the required medical checkup procedures under a physician's direction
- Physician Assistants
- Advanced Practice Registered Nurses (APRN) recognized by the Texas Board of Nursing (BON) and nationally certified in at least one of the following:
  - Pediatrics
  - Family practice
  - Adult health (adolescents only)
  - Women's health (adolescent females only)
- Certified Nurse Midwife (CNM) enrolled as a provider of THSteps medical checkups for newborns younger than 2 months of age and adolescent females
- Rural Health Clinics and Federally Qualified Health Centers
- Dental Providers



# THSteps – Scheduling

#### Timely THSteps Medical Checkup:

- New RightCare 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 RightCare members should have a checkup based on their age range as indicated below:
  - Existing member checkups for children birth through 35 months of age are considered timely if conducted within 60 days of the periodic due date.
  - Existing members 36 months of age and older should get a checkup on the child's birthday. It is considered timely if it occurs within 364 calendar days of the child's birthday.

#### Medical Periodicity:

 Children from birth through 20 years of age enrolled in Medicaid are due for THSteps medical checkups based on his or her date of birth and the ages indicated on the Texas Health Steps Periodicity Schedule. Children younger than 3 years of age are due at frequent intervals. Children 3 years of age and older should get checkups every year ideally on their birthday.



# THSteps – Periodicity Schedule

#### Texas Health Steps Periodicity Schedule

#### **COMPREHENSIVE HEALTH SCREENING\* - BIRTH THROUGH 10 YEARS**

\*Comprehensive Health Screening is defined as: both objective screening with use of standardized procedures or screening tools and subjective screening of those components when a standardized procedure or screening tool is not required, for example, visits when audiometric hearing screening is not required. Screening must be age-appropriate and based on recognized national standards such as the National Center for Education in Maternal and Child Health (NCEMCH) Bright Futures. <u>The absence of a symbol indicates that subjective screening is appropriate unless the provider determines an objective screen or test is necessary.</u> Refer to the Texas Medicaid Provider Procedure Manual (TMPPM) for further detail.

|        |         |          |          |           | MEASUR   | EMENTS   |                                |                |                                |                              |                               |                       | DEVELOPMENTAL<br>SCREENING |                         |                         |   | LABORATORY TESTS                         |                      |         |                               |                                 | TB SCR                 | EENING                                 |                 | dance                                  |
|--------|---------|----------|----------|-----------|----------|----------|--------------------------------|----------------|--------------------------------|------------------------------|-------------------------------|-----------------------|----------------------------|-------------------------|-------------------------|---|--|----------------------|---------|-------------------------------|---------------------------------|------------------------|--|-----------------|--|
|        | GE      | History  | Length   | Height    | Weight   | BMI      | Fronto-Occipital Circumference | Blood Pressure | Unclothed Physical Examination | Vision Screening (objective) | Hearing Screening (objective) | Nutritional Screening | ASQ or PEDS                | Autism Screening: MCHAT | Mental Health Screening | Screen/Administer Immunizations<br>according to ACIP Guidelines | Newborn Hereditary/<br>Metabolic Testing | Blood Lead Screening | Anemia  | Hyperlipidemia (as indicated) | Diabetes Type II (as indicated) | TB risk screening tool | TB Skin Test<br>(as indicated by risk) | Dental Referral | Health Education/Anticipatory Guidance |
|        | vborn   | •        | •        |           | •        |          | ٠                              |                | •                              |                              | •                             | •                     |                            |                         | •                       | •   | •  |                      |         |                               |                                 |                        |  |                 | •                                      |
|        | days    | •        | •        |           | •        |          | •                              |                | •                              |                              |                               | •                     |                            |                         | •                       | •   |  |                      |         |                               |                                 |                        |  |                 | •                                      |
| 2 w    | reeks   | •        | •        |           | •        |          | •                              |                | •                              |                              |                               | •                     |                            |                         | •                       | •   | •  |                      |         |                               |                                 |                        |  |                 | •                                      |
|        | 2       | •        | •        |           | •        |          | •                              |                | •                              |                              |                               | •                     |                            |                         | •                       | •   |  |                      |         |                               |                                 |                        |  |                 | •                                      |
|        | 4       | •        | •        |           | •        |          | •                              |                | •                              |                              |                               | •                     |                            |                         | •                       | •   |  |                      |         |                               |                                 |                        |  |                 | •                                      |
|        | 6       | •        | •        |           | •        |          | •                              |                | •                              |                              |                               | •                     | •                          |                         | •                       | •   |  |                      | _       |                               |                                 |                        |  | •               | •                                      |
| Months | 9<br>12 | •        | •        |           |          |          |                                |                | •                              |                              |                               |                       | •                          |                         | •                       | •   |  | •                    | •       |                               |                                 |                        |  |                 | •                                      |
| -M     | 15      |          |          |           |          |          |                                |                |                                |                              |                               |                       |                            |                         |                         |   |  |                      |         |                               |                                 |                        |  |                 |  |
| _      | 15      |          |          |           |          |          |                                |                | •                              |                              |                               |                       | •                          | •                       | •                       | •   |  |                      |         |                               |                                 |                        |  |                 | •                                      |
|        | 24      |          |          |           |          | •        | •                              |                |                                |                              |                               |                       |                            |                         |                         | •   |  | •                    | •       |                               |                                 |                        |  |                 | •                                      |
|        | 30      |          |          |           |          | •        | -                              |                | •                              |                              |                               |                       | -                          |                         | •                       | •   |  |                      | -       |                               |                                 | _                      |  |                 | •                                      |
|        | 3       | •        |          | •         | •        | •        |                                | •              | •                              | •                            |                               | •                     | •                          |                         | •                       | •   |  |                      |         |                               |                                 |                        |  | •               | •                                      |
|        | 4       | •        |          | •         | •        | •        |                                | •              | •                              | •                            | •                             | •                     | •                          |                         | •                       | •   |  |                      |         |                               |                                 |                        |  | •               | •                                      |
|        | 5       | •        |          | •         | •        | •        |                                | •              | •                              | •                            | •                             | •                     |                            |                         | •                       | •   |  |                      |         |                               |                                 |                        |  | •               | •                                      |
| 2      | 6       | •        |          | •         | •        | •        |                                | •              | •                              | •                            | •                             | •                     |                            |                         | •                       | •   |  |                      |         |                               |                                 |                        |  | •               | •                                      |
| Years  | 7       | •        |          | •         | •        | •        |                                | •              | •                              |                              |                               | •                     |                            |                         | •                       | •   |  |                      |         |                               |                                 |                        |  | •               | •                                      |
|        | 8       | •        |          | •         | •        | •        |                                | •              | •                              | •                            | •                             | •                     |                            |                         | •                       | •   |  |                      |         |                               |                                 |                        |  | •               | •                                      |
|        | 9       | •        |          | •         | •        | •        |                                | •              | •                              |                              |                               | •                     |                            |                         | •                       | •   |  |                      |         |                               |                                 |                        |  | •               | •                                      |
|        | 10      | •        |          | •         | •        | •        |                                | •              | •                              | •                            | •                             | •                     |                            |                         | •                       | •   |  |                      |         |                               |                                 |                        |  | •               | •                                      |
| •      | Ind     | icates a |          |           |          |          |                                |                |                                |                              | mponen                        | t is not (            | complete                   | ed at the               | require                 | d age, th   | ien the p                                | orovider             | must co | mplete                        |                                 | ***                    |  | Te              | xas                                    |
|        | TB :    | screenir | ng: Admi | nister th | e DSHS a | approved | d questio                      | onnaire a      | annually                       | beginni                      | ng at 1                       | year of a             | age and                    | adminis                 | ter TB sl               | kin test i  | f indicat                                | ed.                  |         |                               |                                 | ₩.                     | EXAS<br>opartment of<br>ate Health Ser | ices 1          | xas<br>lealth<br>Steps                 |

Check regularly for updates to this schedule: dshs.state.tx.us/thsteps/providers\_components.shtm For free online provider education: txhealthsteps.com





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# THSteps – Periodicity Schedule

#### COMPREHENSIVE HEALTH SCREENING\* - 11 THROUGH 20 YEARS

\*Comprehensive Health Screening is defined as: both objective screening with use of standardized procedures or screening tools and subjective screening of those components when a standardized procedure or screening tool is not required, for example, visits when audiometric hearing screening is not required. Screening must be age-appropriate and based on recognized national standards such as the National Center for Education in Maternal and Child Health (NCEMCH) Bright Futures. The absence of a symbol indicates that subjective screening is appropriate unless the provider determines. an abjective screening rest is necessary. Refer to the Texas Medicaid Provider Procedure Manual (TMPPM) for further detail.

|     |   |         |        | MEASUR | EMENTS |                | Unclothed Physical Examination | Vision Screening (objective) | Hearing Screening (objective) | Nutritional Screening | Mental Health Screening | Screen/Administer Immunizations<br>according to ACIP Guidelines | LABORATORY TESTS (as indicated)                           |                |  |               |          | TB SCI                 | REENING                                   |                 | idance                                 |
|-----|---|---------|--------|--------|--------|----------------|--------------------------------|------------------------------|-------------------------------|-----------------------|-------------------------|---|---|----------------|--|---------------|----------|------------------------|---|-----------------|--|
| AGE |   | History | Height | Weight | BMI    | Blood Pressure |                                |                              |                               |                       |                         |   | Anemia (for females only once<br>between 12 and 16 years) | Hyperlipedemia | Diabetes Type II                         | STD Screening | HIV test | TB risk screening tool | TB Skin Testing<br>(as indicated by risk) | Dental Referral | Health Education/Anticipatory Guidance |
| 11  |   | ٠       | •      |        |        | •              | ۲                              |                              |                               |                       |                         | ۰   |   |                |  |               |          |                        |   | ٠               |  |
| 12  |   | •       | •      | •      | •      |                | •                              | ۰                            |                               |                       | •                       | •   |   |                |  |               |          |                        |   | ٠               | •                                      |
| 13  |   | •       | •      | •      | •      | •              | ۲                              |                              |                               | •                     | •                       | ٠   |   |                |  |               |          | *                      |   | •               | •                                      |
| 14  |   | •       | •      | •      | •      | •              | •                              |                              |                               | •                     | •                       | ۰   |   |                |  |               |          |                        |   | •               | •                                      |
| 15  |   | •       | •      | •      | •      | •              | ۲                              | •                            | •                             | •                     | ۰                       | •   |   |                |  |               |          |                        |   | •               | ۰                                      |
|     |   | ٠       | •      | •      | •      | •              | ٠                              |                              |                               |                       |                         | ۰   |   |                |  |               |          |                        |   |                 | •                                      |
| 17  |   | •       | •      | •      | •      | •              | •                              |                              |                               | •                     | •                       | •   |   |                |  |               |          |                        |   | •               |  |
| 18  |   | •       | •      | •      | •      | •              | ۰                              | •                            |                               | •                     | •                       | •   | (   |                | () () () () () () () () () () () () () ( |               |          |                        |   | •               | •                                      |
| 19  |   | •       | ۰      | •      | •      | ۰              | •                              |                              |                               | •                     | •                       | •   |   |                |  |               |          |                        |   | •               | •                                      |
|     | 0 |         |        |        |        |                |                                |                              |                               | •                     |                         | •   |   |                |  |               |          |                        |   |                 |  |



Check regularly for updates to this schedule: dshs.state.tx.us/thsteps/providers\_components.shtm For free online provider education: txhealthsteps.com



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# THSteps – Outside of Periodicity

### Checkups outside of the Texas Health Steps Periodicity Schedule:

- Checkups provided when a THSteps checkup is not due must be billed as an exception to the periodicity schedule.
- The claim must be submitted with the appropriate modifier.
- Payment will be made for these exceptions if the services are provided under the following categories:
  - Medically necessary, such as developmental delay or suspected abuse
  - Environmental high risk, such as a sibling of a child with elevated blood lead
  - Required to meet state or federal exam requirements for Head Start, day care, foster care, or pre-adoption
  - Required for dental services provided under general anesthesia
  - Migrant Farm Worker children needing THSteps exams prior to leaving the area



# THSteps – Required Components

### Components of a THSteps Medical Checkup:

- A comprehensive medical checkup must include the following ageappropriate services as set out in the Texas Health Steps Periodicity Schedule:
  - Comprehensive health and development history, including developmental and nutritional assessment
  - Comprehensive unclothed physical examination, including measurements
  - Appropriate immunizations as indicated in the recommended Childhood and Adolescent Immunization Schedule – United States
  - Laboratory tests as indicated on the Periodicity Schedule, including lead blood-level assessment appropriate for age and risk factors, anemia, and newborn screening

- Health education, including anticipatory guidance
- Vision and hearing screening
- Referral to dental checkups beginning at 6 months of age



# THSteps – Completeness

### **Complete THSteps Medical Checkup:**

- Complete only if it includes all required components or documentation of why a particular component could not be completed.
- Previous results may be used to meet the checkup requirements if completed within:
  - Preceding 30 days for children who are 2 years of age and younger

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- Preceding 90 days for children who are 3 years of age and older



# THSteps – Screening & Referrals

#### **Developmental Screening:**

- A standardized developmental or autism screening must be completed:
  - If missed at an earlier checkup and still age appropriate
  - New patients 9 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

#### **Referrals:**

- If delay or suspected delay is identified:
  - Birth through 36 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.



# THSteps – Mental Health

### Mental Health Screening:

- Required once per lifetime between the ages of 12 through 18 years using one of the four validated and standardized mental health screening tools listed below (use procedure codes 96160 and 96161):
  - Pediatric Symptom Checklist (PSC-35)
  - Pediatric Symptom Checklist (PSC-17)
  - Pediatric Symptom Checklist (Y-PSC)
  - Personal Health Questionnaire (PHQ-9)
  - Car, Relax, Alone, Friends, Forget, Trouble (CRAFFT)
- Download forms from the Bright Futures Materials & Tools page at: <u>https://brightfutures.aap.org/materials-and-tools/tool-and-resource-</u> <u>kit/Pages/Developmental-Behavioral-Psychosocial-Screening-and-</u> <u>Assessment-Forms.aspx</u>



\***Note:** Effective for dates of service on or after January 1, 2017, procedure code 99420 will be discontinued by CMS in accordance with the 2017 annual HCPCS update. Procedure code 99420 will be replaced by 2 new procedure codes, 96160 and 96161.

- Procedure Code 96160 must completed for the adolescent
- Procedure Code 96161 must be used if the screening tool is completed by parent or caregiver.
- Only one procedure code, either 96160 OR 96161 may be reimbursed for the mental health screening, per client, per lifetime.
- 96160 & 96161 will not be reimbursed for the same client for any date of service.
- Codes must be submitted with the same date of service by the same provider as procedure code 99384, 99385, 99394 or 99395.

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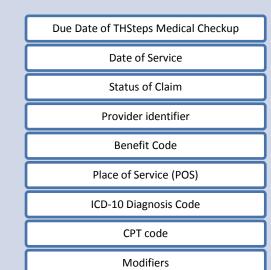
 For more information, the Texas Medicaid Provider Procedures Manual Children's Services Handbook, subsection 5.3.11.1, "Comprehensive Health and Developmental History," for additional information.



# THSteps – Claims

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

## Documentation:



## **CPT Codes:**

Younger than 1 year – 99381 or 99391

12months - 4yrs - 99382 or 99392

5yr – 11yr – 99383 or 99393

12yr - 17yr - 99384 or 99394

18yr – 20yr – 99385 or 99395

99381 thru 99385 – new patient (to provider's practice) well child exam

99391 thru 99395 – established patient (to provider's practice) well child exam

| NPI #                 |
|-----------------------|
| TPI #                 |
| Benefit Code: EP1     |
| Place of Service : 72 |
|                       |

**Identifiers:** 



# THSteps – Lab & Testing Supplies

### **THSteps Lab and Testing Supplies:**

- All laboratory tests required as part of the THSteps checkup must be submitted to the Department of State Health Services' (DSHS) laboratory with the exception of specimens related to screening for Type 2 diabetes and hyperlipidemia.
- Laboratory tests cannot be billed as a separate claim on the same date of service as a medical checkup.
- All newly enrolled THSteps providers receive a start up package of forms and supplies, included in the package are blood specimen collection supplies.
  - Additional supplies may be requested from the DSHS Laboratory Services via fax at 512-458-7672.



# THSteps – Dental Services

#### **THSteps Dental Services:**

- Routine dental exams and services are available beginning at 6 months of age.
- Dental services are covered by the Dental Managed Care Organization the member is enrolled in.
- THSteps dental providers should submit claims directly to the Dental Managed Care Organization for processing, as well as follow any prior authorization requirements with that plan.
- Anesthesia and facility claims for dental surgeries are covered by RightCare and will be processed for payment consideration by RightCare.

#### Dental Oral Evaluation and Fluoride Varnish:

- Dental oral evaluation and fluoride varnish are covered by RightCare for children from 6 to 35 months of age.
- The oral evaluation and fluoride varnish application must be performed during a THSteps medical checkup.
- A dental evaluation includes the following:
  - Intermediate oral evaluation
  - Fluoride varnish application
  - Referral to a dental home beginning at 6 months of age
- DSHS requires that physicians complete the required benefit education regarding an intermediate oral evaluation with fluoride varnish application.
- Training for certification is available at: <u>www.txhealthsteps.com</u>.

Dental MCOs: DentaQuest: 1-800-516-0165 MCNA Dental: 1-800-494-6262

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# THSteps – Online Provider Education

### **Online Provider Education:**

- The THSteps Online Provider Education System offers tutorials and modules on a variety of topics for health care providers FREE of charge.
  - Located at: www.txhealthsteps.com
  - Each online module offers continuing education credit for health professionals at no charge.
  - All courses are accredited by: Texas Medical Association (TMA), American Nurses Credentialing Center (ANCC), National Commission for Health Education Credentialing (CHES), and Texas State Board of Social Worker Examiners (TSBSWE).
  - Select courses are approved by: Accreditation Council of Pharmacy Education (ACPE), UTHSCSA Dental School Office of Continuing Dental Education (UT Dental School), Texas State Board of Examiners of Professional Counselors, Texas State Board of Examiners of Marriage and Family Therapists, Texas Academy of Nutrition and Dietetics, International Board of Lactation Consultant Examiners, Texas Department of State Health Services Promotor/Community Health Worker Training and Certification Program, and the Texas Academy of Audiology.



# THSteps – Resources

#### **Resources:**

- THSteps offers brochures, posters, and other outreach resources at no cost to medical and dental providers, schools, community-based organizations (CBOs), case managers, and other THSteps partners.
- Materials cover a variety of topics, including:
  - Medical Checkup
  - Dental Checkup
  - Newborn Hearing Screening/TEHDI
  - Medical Transportation Program
  - Case Management for Children and Pregnant Women
- Located at: <a href="http://www.dshs.state.tx.us/thsteps/THStepsCatalog.shtm">http://www.dshs.state.tx.us/thsteps/THStepsCatalog.shtm</a>

