



Presentation



Today's orientation will cover:

- Background
- Texas Health Steps Medical
 - Scheduling
 - Checkup Components
 - Laboratory
 - Special circumstances
 - Documentation and Billing
- Texas Health Steps Dental
- Related Programs and Resources



What is Texas Health Steps?

Early and Periodic Screening,
Diagnosis, and Treatment
(EPSDT)

- Federal Law in 1989 – Omnibus Budget Reconciliation Act (OBRA)
- Social Security Act (SSA)
- Comprehensive Care Program (CCP)

Statutory Requirements

- Communicable Disease Reporting
- Early Childhood Intervention (ECI) referrals
- Parental Accompaniment
- Newborn Blood Screen
- Newborn Hearing Screen
- Abuse and Neglect Reporting



TMHP
TEXAS MEDICAID
&
HEALTHCARE PARTNERSHIP

A STATE MEDICAID CONTRACTOR

**Texas Medicaid Provider Procedures Manual
(TMPPM)**

Children's Services Handbook

**Appendix D: THSteps Statutory State
Requirements**

Compliance with Federal Legislation

HHSC complies with HHS regulations that protect against discrimination.

All contractors must agree to comply with the following:

- Title VI of the *Civil Rights Act of 1964* (Public Law 88-352), Section 504 of the *Rehabilitation Act of 1973* (Public Law 93-112), *The Americans with Disabilities Act of 1990* (Public Law 101-336), Title 40, Chapter 73, of the TAC.
- *Health and Safety Code 85.113* as described in “Model Workplace Guidelines for Businesses, State Agencies, and State Contractors” on page G-2.

Scope of THSteps Services

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



Texas Health Steps Medical Checkup



THSteps Checkup Scheduling

Selecting a provider

- Checkups - In traditional Medicaid, clients have freedom of choice when choosing a THSteps checkup provider. In managed care, a client needs to contact his/her plan to determine how to access THSteps checkups.
- **Treatment- If non PCP** – Referral required through PCP for evaluation/management of conditions identified during THSteps medical checkup.

THSteps Checkup Scheduling

New Medicaid Clients

- For FFS - Should receive a THSteps checkup within 90 days of receiving their Medicaid eligibility.
- For managed care should receive a THSteps checkup within 90 days of enrollment in MCO.
- Provider has documentation of a previous checkup and client is current/not due for a checkup.

THSteps Checkup Scheduling

- Checkups should be scheduled based on the ages indicated on the THSteps Periodicity Schedule.
- Families should be encouraged to schedule as soon as the child becomes due for a checkup.

THSteps Checkup Scheduling

Age Range Allowed	Number of Checkups
Birth through 11 months <i>(does not include the newborn or 12 months)</i>	6
1 through 4 years of age	7
5 through 11 years of age	7
12 through 17 years of age	6
18 through 20 years of age	3

THSteps Checkup Scheduling

This allows:

- More flexibility in scheduling a client's yearly THSteps medical checkup.
- Scheduling more than one child for a checkup at the same time.
- Avoiding a checkup during flu season.
- Scheduling a checkup prior to or after returning to their home communities for children of migrant workers.

THSteps Checkup Timeliness for Managed Care

New Members-

- Newborns within 14 days of enrollment.
- No later than within 90 days of enrollment for all other eligible child members.

Existing Members-

- For children 36 months and older, a checkup is defined as timely if it occurs within 364 calendar days after the child's birthday in a non-leap year or 365 calendar days after the child's birthday in a leap year.
- For children under age 36 months, a checkup is defined as timely if received within 60 days beyond the periodic due date based on their birth date.
- Checkups received before the periodic due date are not reportable as timely medical checkups.

THSteps Checkup Timeliness

Clients less than 12 months of age

- Checkups in this age group occur within two weeks of due date based on client's date of birth.

Clients 12 months of age or older

- Clients are encouraged to have a yearly checkup as soon as they become due.
- May be completed anytime after the birth day (timely).
- Will not be considered late unless the child does not have the checkup prior to their next birthday.

Medical Home

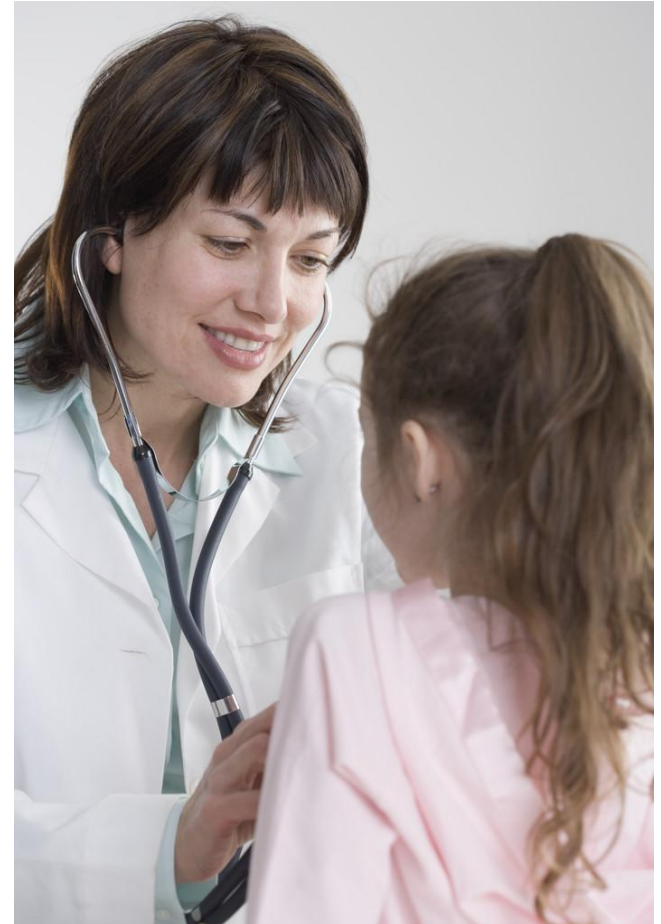
THSteps encourages the medical checkup to occur in the medical home to provide family-centered health care.

- Accessible
- Continuous
- Comprehensive
- Coordinated
- Compassionate
- Culturally Competent



THSteps Checkup

Required Components



Medical Checkup Requirements

Federally Mandated Components-

- Comprehensive Health and Developmental History
- Comprehensive Unclothed Physical Examination
- Immunizations
- Laboratory Screening
- Health Education/Anticipatory Guidance

State Requirement-

- Dental referral every 6 months until a dental home is established.

THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

COMPREHENSIVE HEALTH SCREENING* BIRTH THROUGH 10 YEARS OF AGE

* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for further detail at: www.dshs.state.tx.us/thsteps/providers.shtm.

AGE	History	Nutritional Screening	DEVELOPMENTAL SURVEILLANCE			Mental Health- Psychosocial/ Behavioral Health Screening	TB Questionnaire with skin test if risk identified	Unclothed Physical Examination	MEASUREMENTS					VISION		HEARING			Dental Referral	Screen/Administer Immunizations according to ACIP Guidelines	LABORATORY TESTS					Health Education/Anticipatory Guidance				
			Review of Milestones	ASQ, ASQ:SE, or PEDS	M-CHAT				Length	Height	Weight	BMI	Fronto-Occipital Circumference	Blood Pressure	Visual Acuity	Subjective Vision	Newborn Hearing Test (OAE or ABR)	Audiometric Screening			Subjective Hearing	Newborn Screening Panel	Blood Lead Screening	Anemia	Hypertipidemia		Type 2 Diabetes			
Newborn	█	█	█			█	█	█								█	█							█						█
D/C to 5 days	█	█				█	█	█																█						█
2 weeks	█	█				█	█	█																█						█
Months	2	█				█	█	█																█						█
	4	█				█	█	█																█						█
	6	█				█	█	█																█						█
	9	█				█	█	█																█						█
	12	█				█	█	█																█						█
	15	█				█	█	█																█						█
Years	18	█				█	█	█															█						█	
	24	█				█	█	█															█						█	
	30	█				█	█	█															█						█	
	3	█				█	█	█																█					█	
	4	█				█	█	█																█					█	
	5	█				█	█	█																█					█	
	6	█				█	█	█																█					█	
	7	█				█	█	█																█					█	
	8	█				█	█	█																█					█	
	9	█				█	█	█																█					█	
10	█				█	█	█																█					█		

LEGEND OF SYMBOLS

- █ Mandatory at this age.
- █ If a component is not completed at the required age, it is mandatory for the provider to complete at the first opportunity if age-appropriate.
- █ When symbols appear at the same age for developmental, vision, or hearing screening, perform the most appropriate level screen.
- █ Risk-based.

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: www.dshs.state.tx.us/thsteps/providers_components.shtm. For free online provider education: www.txhealthsteps.com.

THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

COMPREHENSIVE HEALTH SCREENING * 11 THROUGH 20 YEARS OF AGE

* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for further detail at: www.dshs.state.tx.us/thsteps/providers.shtm.

AGE		History	Nutritional Screening	Mental Health: Psychosocial/Behavioral Health Screening	TB Questionnaire with Skin Test if Risk Identified	Unclothed Physical Examination	MEASUREMENTS				VISION		HEARING		Dental Referral	Screen/Administer Immunizations According to ACIP Guidelines	LABORATORY TESTS					Health Education/Anticipatory Guidance					
							Height	Weight	BMI	Blood Pressure	Visual Acuity	Subjective Vision	Audiometric Screening	Subjective Hearing			Anemia ♀	Hyperlipidemia	Type 2 Diabetes	STD/STI Screening	HIV Test						
Years	11	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█		
	12	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█		
	13	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
	14	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
	15	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
	16	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
	17	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
	18	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
	19	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
	20	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█

LEGEND OF SYMBOLS

█	Mandatory at this age.
█	If a component is not completed at the required age, it is mandatory for the provider to complete at the first opportunity if age-appropriate.
█	When symbols appear at the same age for developmental, vision, or hearing screening, perform the most appropriate level screen.
█	Risk-based.
♀	Females screened once between 12 and 16 years of age.

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: www.dshs.state.tx.us/thsteps/providers_components.shtm. For free online provider education: www.txhealthsteps.com.

Complete THSteps 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 clients who are two years of age and younger.
- Preceding 90 days for clients who are three years of age and older.

Comprehensive Health History

- Nutritional Screening
- Developmental Surveillance and Screening
- Mental Health Screening
- Tuberculosis (TB) Screening

Nutritional Screening

- Review of measurements/BMI and laboratory screening
- Infants: feeding schedules
- Children and Adolescents: dietary practices
- Special Diets/Food Allergies
- Restaurant/Fast Food



Developmental Surveillance

Review of Milestones

- *Subjective* review of milestones by observation and parent report.

Screening

- *Objective* screening using a standardized screening tool (CPT code 96110).
- Standardized autism screening (CPT code 96110 U6).
- Required at specific checkups.

Developmental Screening Required Screening Tools

Screening Age	Developmental Tool	Autism Tool
9 months	Ages and Stages Questionnaire (ASQ) or Parents' Evaluation of Developmental Status (PEDS)	
18 months	ASQ or PEDS	Modified Checklist for Autism for Toddlers (M-CHAT)
24 months	ASQ or PEDS	
3 years	ASQ or ASQ:SE, or PEDS	
4 years	ASQ or ASQ:SE, or PED	

Developmental Screening

The provider must complete a standardized developmental or autism screening:

- If missed at an earlier checkup and still age appropriate.
- For new clients 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.

Developmental Screening

Referrals - If delay or suspected delay is identified:

- Birth through 35 months: The providers must refer to Early Childhood Intervention (ECI), 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.

Mental Health Screening

- Mental Health Screening for
 - Behavioral,
 - Social, and
 - Emotional Development.
- Required at each visit.



TB Screening

Administer TB Risk Screening Tool annually beginning at 12 months of age.

The questionnaire is available at:

www.dshs.state.tx.us/thsteps/forms.shtm

Administer TB skin test (CPT code 86580) if risk for possible exposure is identified.

A follow-up visit (CPT code 99211) is required to read all TB skin tests.

TB Screening

- Positive Skin Test:
 - Further evaluation is required to diagnose either latent TB infection or active TB disease.
 - Report a diagnosis of latent TB infection or suspected TB disease to your local or regional health department.
- Contact the TB Services Branch
1-512-533-3000 for further information.

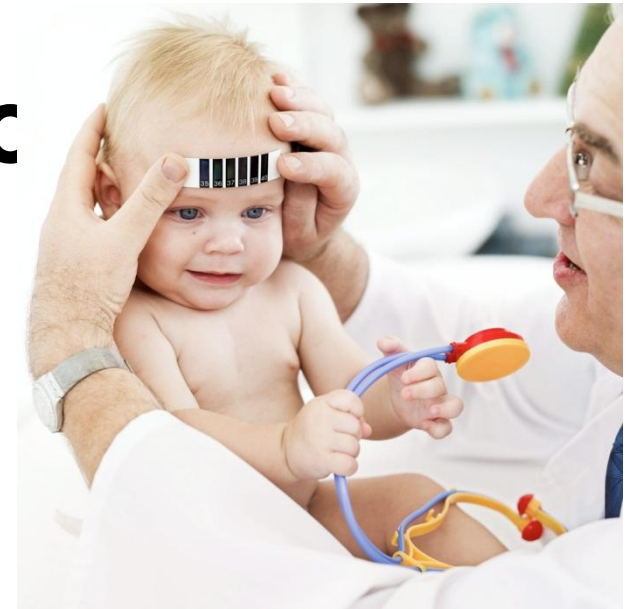
Physical Examination

- Comprehensive
- Must be unclothed
- Completed by:
 - Physician
 - PA (Physician Assistant)
 - CNS (Clinical Nurse Specialist)
 - NP (Nurse Practitioner)
 - CNM (Certified Nurse Midwife)
 - RN
 - Under direct supervision of physician
 - Completion of online education modules
 - May not provide checkups at an FQHC or RHC



Physical Examinatic

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



Use age-appropriate growth graph to identify significant deviations.

Physical Examination



Sensory Screening

VISION

- Visual acuity screening according to the periodicity schedule.
- Subjective screening at all other checkups.

HEARING

- Audiometric screening according to the periodicity schedule.
- Subjective screening at all other checkups.

Dental Referral

An oral health exam and dental referral is a key part of the Texas Health Steps exam.

A referral depends on the result of the oral exam:

- **Routine dental referral:** Beginning at 6 months.
- **Referral for dental care:** At any age if the oral exam identifies a possible concern.
- **Emergency dental referral:** If a child has bleeding, infection, excessive pain, or injury, **refer directly to the dental provider.**

Immunizations



Each medical checkup:


- Assess immunization status.
- Administer according to the ACIP recommendations unless
 - Medically contraindicated, or
 - parent's reason of conscience (including religious beliefs).

Providers **must not** refer clients to the local health department or other entity for immunizations.

Laboratory Services

G-THSTEPS (August 2012)

- Specimen submission form for **THSteps** only

 <p>TEXAS Department of State Health Services Specimen Acquisition: (512) 776-7598</p>		G-THSTEPS (Aug 2012) Specimen Submission Form CAP# 3026401 CLIA #45D0660544 Laboratory Services Section, MC-1947 P. O. Box 149347, Austin, Texas 78714-9347 Courier: 1100 W. 49 th Street, Austin, Texas 78756 (888) 963-7111 x7318 or (512) 776-7318 http://www.dshs.state.tx.us/lab		****For DSHS Use Only**** Place DSHS Bar Code Label Here			
FOR TEXAS HEALTH STEPS SPECIMENS ONLY !!!							
IS THIS LABORATORY SUBMISSION PART OF THE THSTEPS MEDICAL CHECKUP OR FOLLOW-UP VISIT? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, what is the date of service for the medical checkup or follow-up visit? DATE: ___/___/____ MM DD YYYY							
The specimen submission form <i>must</i> accompany <i>each</i> specimen. The patient's name listed on the specimen <i>must</i> match the patient's name listed on the form. If the Date of Collection field is not completed, the specimen will be rejected.							
Section 1. SUBMITTER INFORMATION – (** REQUIRED)			Section 4. ORDERING PHYSICIAN INFORMATION – (** REQUIRED)				
Submitter/TPI Number **		Submitter Name **		Ordering Physician's NPI Number **		Ordering Physician's Name **	
NPI Number **		Address **					
City **		State **		Zip Code **			
Phone **		Contact					
Fax **		Clinic Code					
Section 2. PATIENT INFORMATION – (** REQUIRED)			Section 5. PAYOR SOURCE – (** REQUIRED)				
NOTE: Patient name on specimen is REQUIRED & MUST match name on this form & Medicaid card.							
Last Name **		First Name **		MI			
Address **			Telephone Number				
City **		State **		Zip Code **			
				Country of Origin			
DOB (mm/dd/yyyy) **		Sex **		SSN		Pregnant?	
<input checked="" type="checkbox"/> THSteps (1)						Medicaid #: **	
Section 6. HL							
<input type="checkbox"/> Total Hemoglobin (Hb)							
<input type="checkbox"/> Lead testing							

Laboratory Service

Newborn Screening

- 1 – 2 weeks of age
- Up to 12 months if no record of testing
- Special circumstances such as adoption



The DSHS NBS Case Management staff will contact providers when there are significant abnormalities.

Laboratory Services

Newborn Screening

If the patient is new to your clinic, Call

512-776-7578

for results or previous testing.

Laboratory Services

Lead Screening and Testing

A blood lead level is mandatory at 12 and 24 months of age.

Initial screening:

- Venous or capillary specimen
- Send specimens to DSHS lab, or
- Provider may use point-of-care

Laboratory Services

Lead Screening and Testing

Point-of-care testing:

- Initial screening only
- Clinical Laboratory Improvement Amendments (CLIA)
- Procedure code 83655 with modifier QW
- Separate reimbursement

Laboratory Services

Lead screening and testing

Follow-up

- Blood lead level of 10/mcg/dL or greater
- Venous specimen
- Laboratory of provider's choice

Laboratory Services

Lead Screening and Testing

Risk assessment may be addressed as part of anticipatory guidance

- Using the questions on the back of the Child Health forms (*optional*).
 - Using Risk Assessment for Lead Exposure questionnaire, Form Pb-110 (*optional*).
- or
- Discussion of risk factors or other methods of education.

<http://www.dshs.state.tx.us/thsteps/forms.shtm>

Laboratory Services

Lead Screening and Testing

Follow up assistance:

- Contact MAXIMUS Special Services Unit at
1-877-847-8377

OR

- Complete THSteps Missed Appointment Referral Form

FAX 1-512-533-3867

Attn: Special Services Unit

www.dshs.state.tx.us/thsteps/forms.shtm

Laboratory Services

Lead Reporting

- Must submit results to Childhood Lead Poisoning Prevention Program (CLPPP)

<http://www.dshs.state.tx.us/lead/child.shtm>

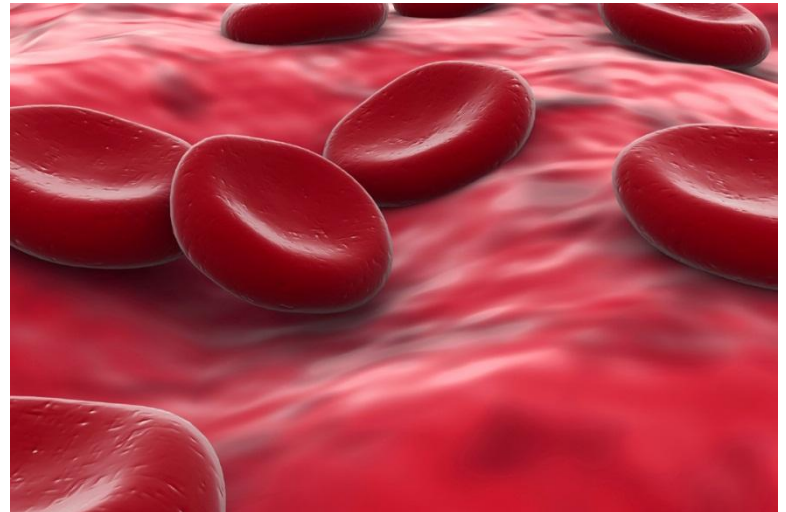
<http://www.cdc.gov/niosh/topics/ables/txables.html>

- Report all results

Laboratory Services

Anemia Screening

- Mandatory according to the Periodicity schedule
- DSHS laboratory



Laboratory Services

- **Hyperlipidemia-**
 - Risk-based test
 - Laboratory of provider's choice

- **Type 2 Diabetes-**
 - Risk-based test
 - Laboratory of provider's choice

Laboratory Services

Gonorrhea and Chlamydia Screening

- Risk-based.
- Amplified probe technique.
- Specimens must be submitted to the DSHS laboratory in Austin.
- Supplies may be obtained from the Austin laboratory.

Laboratory Services

Syphilis

- Risk-based.
- Provider may use laboratory of choice.

Laboratory Services

HIV:

For clients 13 years and older.

Information should be provided to clients that testing for HIV is

- Routinely available, confidential.
- Completely anonymous if client chooses.
- Provider may use laboratory of choice.

Completing the Checkup – Anticipatory Guidance

- Each checkup.
- Child development.
- Benefits of healthy lifestyles and practices, accident and disease prevention.
- Face-to-face is encouraged.

Optional - Oral Evaluation and Fluoride Varnish (OEFV)

During THSteps medical checkup for ages 6 through 35 months-

- Limited oral evaluation
- Fluoride varnish application
- Referral to dental home



Provided by trained and certified

- Physicians,
- Physician Assistants , and
- Advanced Practice Registered Nurses

<http://www.dshs.state.tx.us/dental/OEFV.shtm>

Exception to Periodicity

- Needed in addition to regularly scheduled checkups.
- Complete medical checkups.
- Medically necessary.

Exception to Periodicity

- The same procedure codes,
- Provider type modifier, and
- Condition indicators (NU, ST, S2)

Modifiers in table shown below indicate the reason for exception.

	Modifier
1) Medically necessary (developmental delay or suspected abuse) Environmental high-risk (sibling of child with elevated blood level)	SC
2) To meet state or federal requirements for Health Start, daycare, foster care, or pre-adoption	32
3) Dental services provided under general anesthesia	23

THSteps Follow-up Visits

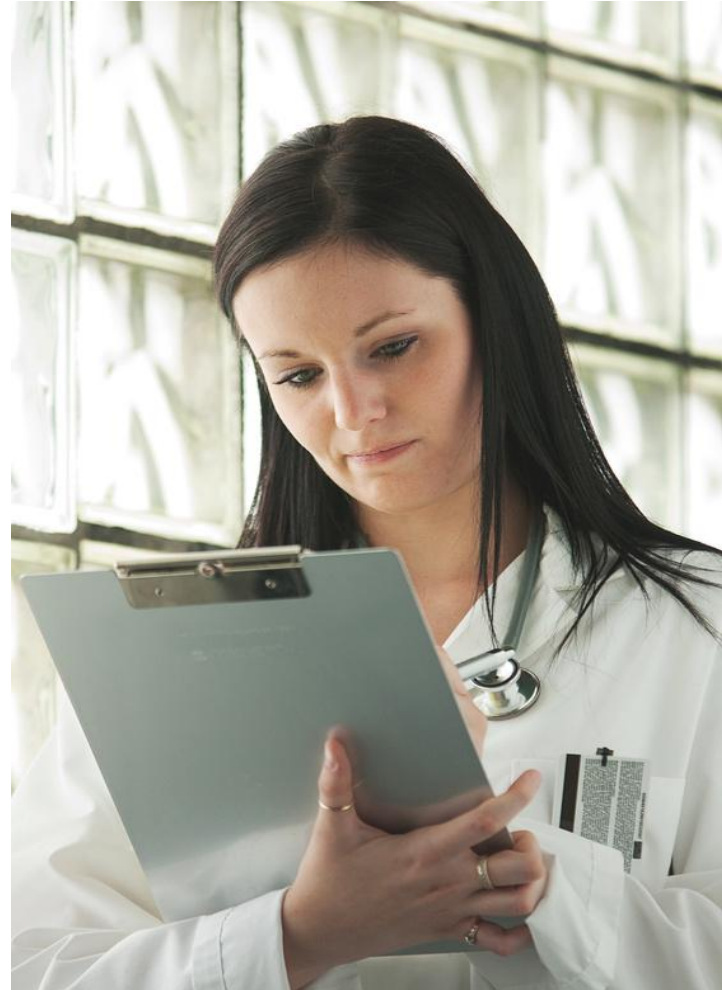
A return visit may be required to complete necessary procedures-

- Reading the (TB) skin test.
- Immunizations.
- Specimen collection for a laboratory test.
- Completion of a component.
- Separate reimbursement may not be available.

CPT code 99211 with-

- THSteps provider identifier, and
- THSteps benefit code.

THSteps Documentation



THSteps Documentation

All components must be documented in the medical record:

Quality review activities include:

- Random chart review, and
- focused studies of THSteps medical checkup completeness.

THSteps Documentation

A component may be omitted due to:

- Client's illness -or-
- Lack of cooperation -or-
- Parent's refusal to give consent.

May also omit specific screening tools if:

- a related condition has been identified,
and
- client is currently receiving treatment.

Documentation must include the rationale for the omission.

THSteps Child Health Record Forms

- *Optional*

- Age-specific
- Reflect current Texas Health Steps policy
- Available online for use as:
 - Fillable PDF form
 - Paper form

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

HISTORY <input type="checkbox"/> See new patient history form INTERVAL HISTORY: <input type="checkbox"/> NKDA Allergies: Current Medications: Visits to other health-care providers, facilities: Parental concerns/changes/stressors in family or home: Psychosocial/Behavioral Health Issues: Y <input type="checkbox"/> N <input type="checkbox"/> Findings: <input type="checkbox"/> TB questionnaire, risk identified: Y <input type="checkbox"/> N <input type="checkbox"/> *TB skin test if indicated <input type="checkbox"/> PPD placed (See back for form) <input type="checkbox"/> DEVELOPMENTAL SURVEILLANCE: • Gross and fine motor development • Communication skills/language development • Self-help/care skills • Social, emotional development • Cognitive development • Mental health NUTRITION*: <input type="checkbox"/> Breastmilk Mn per feeding: _____ Number of feedings in last 24 hrs: _____ <input type="checkbox"/> Formula (type) _____ Oz per feeding: _____ Number of feedings in last 24 hrs: _____ Water source: _____ fluoride: Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Solids _____ *See Bright Futures Nutrition Book if needed	UNCLOTHED PHYSICAL EXAM <input type="checkbox"/> See growth graph Weight: _____ (____%) Length: _____ (____%) Head Circumference: _____ (____%) Heart Rate: _____ Respiratory Rate: _____ Temperature (optional): _____ <input type="checkbox"/> Normal (Mark here if all items are WNL) Abnormal (Mark all that apply and describe): <input type="checkbox"/> Appearance <input type="checkbox"/> Mouth/throat <input type="checkbox"/> Genitalia <input type="checkbox"/> Head/fontanelle <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 Abnormal findings: Subjective Vision Screening: P <input type="checkbox"/> F <input type="checkbox"/> Subjective Hearing Screening: P <input type="checkbox"/> F <input type="checkbox"/>
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HEALTH EDUCATION/ANTICIPATORY GUIDANCE (See back for useful topics) <input type="checkbox"/> Selected health topics addressed in any of the following areas: • Family Interactions • Nutrition • Setting Routines • Safety • Development/Behaviors *See Bright Futures for assistance	ASSESSMENT
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IMMUNIZATIONS <input type="checkbox"/> Up-to-date <input type="checkbox"/> Deferred - Reason: 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 *Special populations: See ACIP	PLAN/REFERRALS Dental Referral: Y <input type="checkbox"/> Other Referral(s): Return to office:
---	---

LABORATORY Tests ordered today: Hgb/Hct: Y <input type="checkbox"/> N <input type="checkbox"/> Blood lead test: Y <input type="checkbox"/> N <input type="checkbox"/> Other:	Signature/title
---	-----------------

<http://www.dshs.state.tx.us/thsteps/forms.shtm>

THSteps Documentation

Tuberculosis (TB) Questionnaire

The only required form

Ways to document the questionnaire:

1. Document the results of the completed tool in the checkup record, or
2. Retain or scan completed questionnaire in the record, or
3. Include and document the answers to the TB Questionnaire within a provider-created medical record.

THSteps Documentation

Other Optional Forms:

- Form Pb-110, Risk Assessment for Lead Exposure
- Parent Hearing Checklist

THSteps Documentation

For all electronic, online, or web-based tools:

Consent/ release of information may be needed for:

- Transfer of client data stored electronically in external databases, or
- if data will be used for purposes other than THSteps checkups.

THSteps Documentation

Previous results may be used to meet the checkup requirements if completed within:

- Preceding 30 days for clients who are two years of age and younger.
- Preceding 90 days for clients who are three years of age and older.

Documentation must include:

- The date(s) of service.
- Clear reference to-
the previous visit by the same provider, or results obtained from another provider.

THSteps Billing

- The Current Procedural Terminology (CPT) codes are available in the Texas Medicaid Provider Procedure Manual (TMPPM).
- Providers, including Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) should contact:
 - The appropriate medical or dental managed care plan, or
 - TMHP for clients with fee-for service coverage.
- RHCs and FQHCs receive an all-inclusive encounter rate.



Quick Reference Guide

Texas Health Steps Quick Reference Guide

Remember: Use Provider Identifier • Benefit Code EP1 • Diagnosis Code V202

THSteps Medical Checkup Billing Procedure Codes

THSteps Medical Checkups

99381	99382	99383	99384	99385
99391	99392	99393	99394	99395

THSteps Follow-up Visit

Use procedure code 99211 for a THSteps follow-up visit.

Oral Evaluation and Fluoride Varnish

Use procedure code 99429 with U5 modifier.

Developmental and Autism Screening

Developmental screening with use of the ASQ, ASQ:SE or PEDS is reported using procedure code 96110.

Autism screening with use of the M-CHAT is reported using procedure code 96110 with U6 modifier.

Immunizations Administered

Procedure Codes	Vaccine
90632 or 90633* with (90460/90461 or 90471/90472)	Hep A
90636 with (90460/90461 or 90471/90472)	Hep A/Hep B
90647* or 90648* with (90460/90461 or 90471/90472)	Hib
90649* or 90650* with (90460/90461 or 90471/90472)	HPV
90654, 90655*, 90656*, 90657*, or 90658* with (90460/90461 or 90471/90472) or 90660* with (90460/90461 or 90473/90474)	Influenza
90669 or 90670* with (90460/90461 or 90471/90472)	PCV7, PCV13
90680* or 90681* with (90460/90461 or 90473/90474)	Rotavirus
90696* with (90460/90461 or 90471/90472)	DTaP-IPV
90698* with (90460/90461 or 90471/90472)	DTaP-IPV-Hib
90700* with (90460/90461 or 90471/90472)	DTaP
90702* with (90460/90461 or 90471/90472)	DT
90703 with (90460/90461 or 90471/90472)	Tetanus
90707* with (90460/90461 or 90471/90472)	MMR
90710* with (90460/90461 or 90471/90472)	MMRV
90713* with (90460/90461 or 90471/90472)	IPV
90714* or 90718 with (90460/90461 or 90471/90472)	Td
90715* with (90460/90461 or 90471/90472)	Tdap
90716* with (90460/90461 or 90471/90472)	Varicella

* Indicates a vaccine distributed by TVFC

Immunizations Administered

Procedure Codes	Vaccine
90721 with (90460/90461 or 90471/90472)	DTaP-Hib
90723* with (90460/90461 or 90471/90472)	DTaP-Hep B-IPV
90732* with (90460/90461 or 90471/90472)	PPSV23
90733 or 90734* with (90460/90461 or 90471/90472)	Meningococcal
90743, 90744*, or 90746 with (90460/90461 or 90471/90472)	Hep B
90748* with (90460/90461 or 90471/90472)	Hib-Hep B

* Indicates a vaccine distributed by TVFC

Modifiers

Performing Provider

Use to indicate the practitioner who is performing the unclotted physical examination component of the medical checkup.

AM	SA	TD	U7
----	----	----	----

Exception to Periodicity

Use with THSteps medical checkups procedure codes to indicate the reason for an exception to periodicity.

23	32	SC
----	----	----

FQHC and RHC

Federally qualified health center (FQHC) providers must use modifier EP for THSteps medical checkups. Rural health clinic (RHC) providers must bill place of service 72 for THSteps medical checkups.

Vaccine/Toxoid

Use to indicate a vaccine/toxoid *not available* through TVFC and the number of state defined components administered per vaccine.

U1	Vaccine/toxoid privately purchased by provider when TVFC vaccine/toxoid is not available
----	--

Condition Indicator Codes

Use one of the indicators below if a referral was made.

Condition Indicator	Condition Indicator Codes	Description
N	NU	Not used (no referral)
Y	ST	New services requested
Y	S2	Under treatment

TB Skin Test

Use procedure code 86580 for TB skin testing. Procedure code 86580 may be reimbursed on the same day as a checkup.

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THSteps Quick Reference Guide

THSteps medical checkup CPT codes:

- **New Patient:**
 - 99381, 99382, 99383, 99384, 99385
- **Established Patient:**
 - 99391, 99392, 99393, 99394, 99395

Follow Up visit: 99211

Immunizations

- Diagnosis code V202 or more specific code if available.
- Appropriate immunization administration and vaccine codes.

THSteps Quick Reference Guide

Additional requirements:

THSteps Benefit Code EP1

Identify the provider completing the physical examination

- AM-Physician
- SA-Nurse Practitioner
- TD-Registered Nurse
- U7-Physician Assistant

Condition indicators

- NU-Not used (no referral)
- ST-New services requested
- S2-Under treatment

IHSteps Quick Reference Guide

Procedures which are a benefit may be reimbursed on the same day as a medical checkup-

- Developmental screening (CPT code 96110).
- Autism screening (CPT code 96110 with U6 modifier).
- TB skin test (CPT code 86580).
- Point of Care lead testing (CPT code 83655 with QW modifier).
- Immunizations administration.
- Oral Evaluation & Fluoride Varnish (CPT code 99429 with I15 modifier)

Separate Identifiable Acute Care Evaluation and Management (E/M) Visit

Acute or chronic condition that requires care in addition to the checkup:

- May be treated at the same time of the medical checkup,
or
- client may be referred.

Client's medical record must contain documentation of Medical necessity.

A separate claim is not indicated when treatment for an **insignificant or trivial problem/abnormality** does not require additional work.

Separate Identifiable Acute Care Evaluation and Management (E/M) Visit

Both the checkup and E/M visit may be reimbursed as NEW patient visits if client meets new patient requirements.

Contact the MCO or TMHP for claims filing information.

- Appropriate diagnosis code
- Appropriate evaluation and management code

Texas Health Steps Dental Checkup



THSteps Dental Services

THSteps dental services are benefits of Medicaid for clients from birth through 20 years of age with Medicaid coverage.

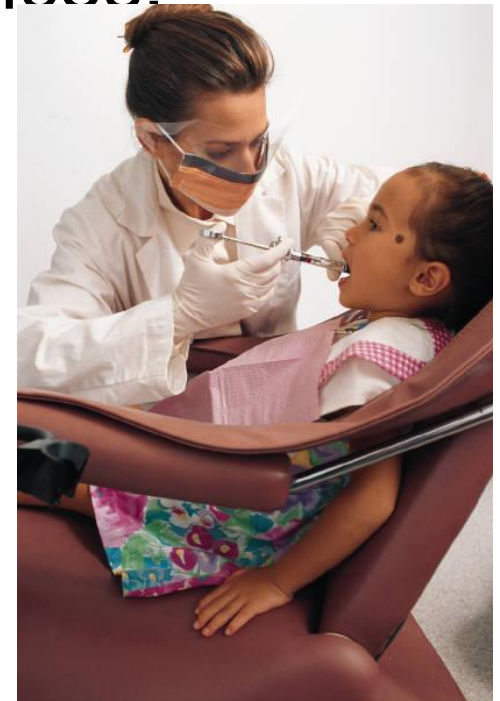
- Early detection and treatment of dental health problems.
- Oral health preventive services.



THSteps Dental

THSteps dental providers may provide medically necessary dental services:

- Emergency
- Diagnostic
- Preventive
- Therapeutic
- Orthodontic



First Dental Home

The First Dental Home aims at improving oral health of children, ages 6 through 35 months, who have Medicaid.

Goals

- Begin preventive dental services for very young children to decrease the occurrence of early childhood caries (ECC).
- Provide simple and consistent oral health messages to parents and caregivers.

First Dental Home

Clients ages 6 through 35 months of age may be referred at 6 months of age and receive services at:

- 3-month intervals based on their caries risk assessment.
- 6-month intervals thereafter through 3 years of age.



First Dental Home

Benefits

- Comprehensive oral examination.
- Oral hygiene instruction with primary caregiver.
- Dental prophylaxis.
- Topical fluoride application using fluoride varnish.
- Caries risk assessment.
- Dental anticipatory guidance.

First Dental Home

First Dental Home providers must complete training and certification from DSHS. Information can be found at:

<http://www.dshs.state.tx.us/dental/firstdentalhomeTraining.shtm>

THSteps Dental

Dental checkups and visits may be scheduled:

- At 6 months of age for preventive care.
- At more frequent intervals if in First Dental Home.
- At any age for appropriate therapeutic procedures or emergency dental services.

THSteps Dental

Exceptions to six-month periodicity for dental checkup services-

- Medically necessary.
- Required to meet federal or state requirements.
- Client requests second opinion or service provider change.

THSteps Dental

Some services may require prior authorization.

Contact-

- The appropriate dental managed care organization, or
- TMHP for further information.

THSteps Dental

Emergency and Trauma services

- Prior authorization is not required.
- Contact the appropriate dental managed care organization or TMHP for further information.

Related Programs and Resources

- Texas Vaccines for Children
- ImmTrac
- Case Management for Children and Pregnant Women
- Primary Care Services (PCS)
- Children with Special Health Care Needs program (CSHCN)
- Online Provider Education



Texas Vaccine for Children (TVFC)

- Available at no cost to providers.
- Part of the comprehensive care package to patients.



Texas Vaccine for Children (TVFC)

Children birth through 18 years of age, who meet at least one of the following criteria, are eligible to receive TVFC vaccine from any TVFC-enrolled provider.

- Medicaid eligible
- Uninsured
- American Indian or Alaskan Native
- Underinsured
- Enrolled in CHIP

Texas Vaccine for Children (TVFC)

UNDERINSURED

A child who has commercial (private) health insurance, but:

- Coverage does not include vaccines;
- Insurance covers only selected vaccines (TVFC-eligible for non-covered vaccines only); or,
- Insurance caps vaccine coverage at a certain amount. (TVFC-eligible after amount reached)

Texas Vaccine for Children (TVFC)

New TVFC Standardized Forms
(Revised 12/2011)

- Patient Eligibility Screening Record – C110
- TVFC Patient Decision Screening Tree
- Patient Referral Form for Vaccination from local Health Department or Public Health Clinics

ImmTrac

Texas Immunization Registry

- Free Service.
- Stores child's immunization information electronically.
- One centralized system-
 - Consent is during birth registration process.
 - or**
 - Completion of consent forr

Case Management for Children and Pregnant Women

Services

- Assist eligible clients in gaining access to medically necessary medical, social, educational and other services.
- Provides health related case management services to Medicaid eligible children and pregnant women.
- A Medicaid benefit and a component of the Texas Health Steps (THSteps) services.

Case Management for Children and Pregnant Women

Eligibility

Comprehensive services are available for Medicaid-eligible:

- Children birth through age 20 with health condition or health risk.
- Women of all ages who have high-risk pregnancies.
- In need of services * to prevent illness(es) or medical condition(s), to maintain function or slow further deterioration.
- Desires case management.

***Must have needs related to health condition or health risk; needs cannot be anticipatory.**

Case Management for Children and Pregnant Women

Who are Case Management Providers?

- Registered Nurses
- Licensed Social Workers

Where do they work?

- Nonprofit agencies/organizations
- Individual Owners
- Health-care clinics
- Schools & school districts
- Rehabilitation centers

Case Management for Children and Pregnant Women

How Does Case Management Help Families?

- Identify needs of client and their family.
- Develop plan to address needs.
- Follow up with client and family to ensure needs have been addressed or resolved.



Case Management for Children and Pregnant Women

Assist with Accessing, Advocating for, and Coordinating Needed Services

- Refer to developmental and mental health services
- Advocate for education/school services/attend ARD
- Find resources to address psychosocial issues-family violence, homelessness, language barriers
- Make community referrals
- Provide resources for transition to adulthood
- Coordinate needed services by communicating with other professionals
- Assist with Medical Transportation referral
- Help obtain DME and supplies

Case Management for Children and Pregnant Women

Identify Strengths & Challenges

- Encourage family to identify their own strengths
- Identify barriers to accessing client needs

Empower Clients to Find and Access Services They Need

- Encourage clients and families to become active participants in their health care and in seeking solutions to their psychosocial, financial, or educational concerns
- Educate clients so that they are able to access services in the future

Case Management for Children and Pregnant Women

How does it differ from other CM programs/Care Coordination?

- Home Visits are usually conducted.
- Visits are Face-to-Face.
- Case Manager may attend school meetings with parent to advocate for client.
- The whole family is assessed, not just the client.
- Services are provided only if client currently has needs related to their health condition or health risk.

Making a Referral

The screenshot shows the Texas Department of State Health Services website. At the top left is the logo with the text "TEXAS Department of State Health Services". To the right is a search bar with a magnifying glass icon and the word "Advanced". Further right are links for "Inicio en español" and "Text Size: + -". Below the search bar is a navigation menu with links for "Home", "About Us", "News", "I am a...", "I want to...", "Resources", and "Find Services".

The main content area has a breadcrumb trail: "Home > Case Management for Children and Pregnant Women > Case Management for Children and Pregnant Women". The page title is "Case Management for Children and Pregnant Women".

On the left side, there is a sidebar menu with the following items: "Case Management Home", "Find out more about Case Management", "Find a Case Manager", "Make a Referral", "Find Resources", "For Providers", and "Contact Us".

The main content area contains a video player with a play button. Below the video is a caption: "Case Management for Children and Pregnant Women".

Below the video, there are several links: "Learn about Case Management", "Más información sobre la administración de casos", "Find a case manager or make a referral", and "Encontrar un administrador de casos".

Further down, there is a link: "Learn about becoming a provider".

At the bottom, there is contact information for the Department of State Health Services, Case Management for Children & Pregnant Women-MC 1938, including the address (PO Box 149347 / Austin, Texas 78714-9347; 1100 West 49th Street / Austin, Texas 78756-3199), phone number (512-776-2168), fax number (512-776-7334), toll-free number (1-800-252-8023 extension 2168), and TDD number (1-800-735-2989). There is also a link for "Contact Case Management by Email".

At the bottom right, there is a logo for "Case Management Children & Pregnant Women".

CM Referral Form-

Fax to THSteps at 512-533-3867



CM-Referral
08/12

REQUEST FOR CASE MANAGEMENT INFORMING FOR CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN

REFERRAL		
Referral Date:	Name of Referral Source (List agency/company name):	Name of Person Making Referral:
Referral Source (Please check one):		
<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Community Agency	<input type="checkbox"/> School
<input type="checkbox"/> Health Plan	<input type="checkbox"/> Individual	<input type="checkbox"/> ECI
	<input type="checkbox"/> State Agency:	<input type="checkbox"/> City or County Health Department
		<input type="checkbox"/> Other
Phone Number for Person Making Referral:	Fax Number for Person Making Referral:	
Do you Desire Information Regarding the Status of the Referral?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

CLIENT INFORMATION

Making a Referral

Call the Texas Health Steps
Outreach and Informing Hotline

1-877-847-8377

Personal Care Services (PCS)

PCS is a Medicaid benefit that assists eligible clients who require assistance with **activities of daily living (ADLs)** and **instrumental activities of daily living (IADLs)** because of a physical, cognitive or behavioral limitation **related to** their disability or chronic health condition.

Personal Care Services (PCS)

Who can receive PCS?

Individuals who are:

- Younger than 21 years of age.
- Enrolled with Texas Medicaid.
 - Fee-for-Service (FFS)
 - STAR or
 - STAR+PLUS
 - STAR Health
- Have physical, cognitive, or behavioral limitations related to a disability, or chronic health condition that inhibits ability to accomplish ADLs and IADLs.
- Have parental barriers that prevent the client's parent/guardian from assisting the client.

Personal Care Services (PCS)

ADLs

- Bathing
- Mobility
- Dressing
- Eating
- Personal Hygiene
- Positioning and
Transferring
- Toileting

IADLs

- Grocery Shopping
- Light Housework
- Laundry
- Meal Preparation
- Medication
Assistance
- Escort to Medical
Appointments

Assistance is provided by non-skilled attendants.
Nursing tasks are not covered under Personal Care Services.

Personal Care Services (PCS)

The following needs of the parent/guardian are also considered:

- The parent/guardian's need to sleep, work, attend school, meet his/her own medical needs.
- The parent/guardian's legal obligation to care for, support, and meet the medical, education, and psychosocial needs of his/her other dependents.
- The parent/guardian's physical ability to perform the personal care services.

Personal Care Services (PCS)

Client Referrals

- A client referral can be provided by anyone who recognizes a client need for PCS including, but not limited to, the following:
 - Client or family member.
 - A primary practitioner, primary care provider, or medical home.
 - A licensed health professional who has a therapeutic relationship with the client and ongoing clinical knowledge of the client.

DSHS social workers process referrals, assess clients and submit prior authorizations to TMHP for services.

PCS Referral Line: 1-888-276-0702

Children with Special Health Care Needs Program (CSHCN)

Benefit Summary

The Children with Special Health Care Needs (CSHCN) Program serves:

- Children who have special health-care needs.
- Individuals of any age who have cystic fibrosis.

The program helps clients with their:

- Medical, dental and mental health care
- Drugs
- Special therapies
- Case Management
- Family Support Services
- Travel to health care visits
- Insurance premiums



Children with Special Health Care Needs (CSHCN)

Eligibility Summary

- The program is available to anyone who
 - lives in Texas, (includes undocumented residents).
 - is under 21 years old (or any age with cystic fibrosis).
 - has a certain level of family income.
 - has a medical problem that
 - is expected to last at least 12 months.
 - will limit one or more major life activities.
 - needs more health care than what children usually need.
 - has physical symptoms. (This means that the Program does not cover clients with only a mental, behavioral or emotional condition, or a delay in development.)

Children with Special Health Care Needs (CSHCN)

Contact the CSHCN Services Program

Mailing Address:

- Children with Special Health Care Needs Services Program
Department of State Health Services, MC 1938
P.O. Box 149347
Austin, TX 78714-9347

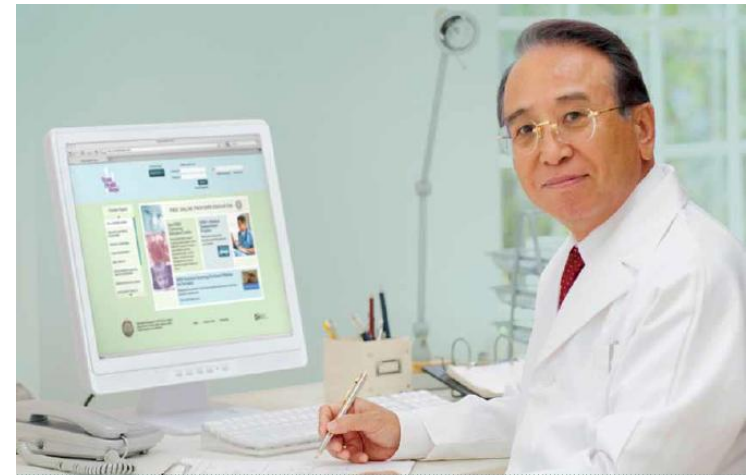
Ask questions by phone:

- CSHCN Inquiry Line toll free at 1-800-252-8023

512/776-7355 Austin
512/776-7565 Fax

Online Provider Education (OPE)

THSteps Online
Provider Education
system offers over 40
modules on a variety of
topics for health care
providers FREE of
charge at
www.txhealthsteps.com.



Free CE credits. Available 24/7.

Now you can choose the time and place to take the courses you need and want. We've made it easy to take free CE courses online. We offer 24/7 access to more than 40 courses, including when to refer to a pediatric specialist. And even when you're not taking a course, you can access the latest references and resources you need.

The CE courses were developed by the Texas Department of State Health Services and the Texas Health and Human Services Commission. All courses are comprehensive and accredited.*

*Accredited by the Texas Medical Association, American Nurses Credentialing Center, National Commission for Health Education Credentialing, Texas State Board of Social Worker Examiners, Accreditation Council of Pharmacy Education, UT HSCSA Dental School Office of Continuing Dental Education, Texas Dietetic Association, Texas Academy of Audiology, and International Board of Licensure Consultants Examiners. Continuing Education for multiple disciplines will be provided for these exams.

Taking New Steps



CE Courses Include:

- When to Refer to a Geneticist
- Children with Diabetes
- Children with Asthma
- Newborn Screening
- Case Management
- Developmental Screening
- Many others

Referral Guidelines

- Pediatric Depression
- High Blood Pressure in the Office
- Atopic Dermatitis
- Gastroesophageal Reflux in Infants
- Exercise-Induced Dyspnea
- Referral Guidelines Overview

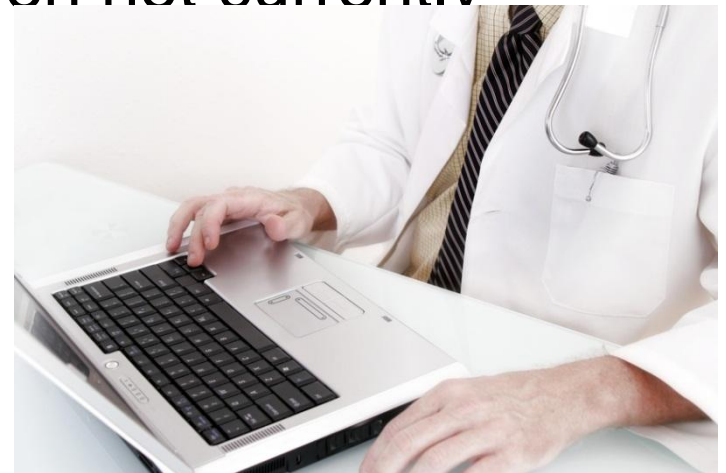
To view courses online, visit www.txhealthsteps.com.

Online Provider Education (OPE)

- Each online module offers continuing education credit for health professionals
- 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 (SW).
- Selected courses are accredited by: Accreditation Council of Pharmacy Education (ACPE), UTHSCSA Dental School Office of Continuing Dental Education (UT Dental School), Texas Academy of Audiology, Texas Dietetic Association, and International Board of Lactation Consultant Examiners.

Online Provider Education (OPE)

- Specific classes are available in face to face formats with CE credits offered. For more information, contact your Provider Relations Representative.
- Each course has a multitude of resources accessible online, even when not currently enrolled in a course.



THSteps Resource Catalog

THSteps offers brochures, posters and other outreach resources, at no cost to providers.

Materials cover a variety of topics, including:

- Medical Checkup
- Dental Checkup
- Newborn Hearing Screening
- Medical Transportation
- Case Management

<https://secure.thstepsproducts.com/default.asp>

Contact Info:

Name

Department State

Health Services

(DSHS)

Texas Health Steps

(THSteps)

Provider Relations

Phone: