

# Texas Health Steps program provider presentation

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Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

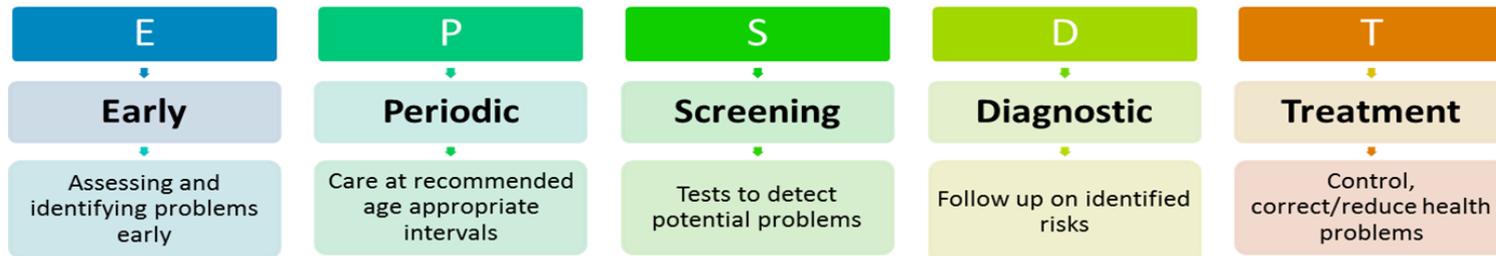
# Overview

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health service for individuals from birth through 20 years of age.
  - In Texas, EPSDT is known as Texas Health Steps (THSteps) and is currently overseen by the Texas Health and Human Services Commission (HHSC).
  - Providers must be enrolled in the THSteps program to administer THSteps services. Providers can enroll with Texas Medicaid & Healthcare Partnership (TMHP) at [www.tmhp.com](http://www.tmhp.com).
- THSteps checkups provide:
    - Vaccines.
    - Periodic medical checkups.
    - Dental checkups and treatment services.
    - Diagnosis of medical conditions.
    - Medically necessary treatment and services.

# What are the benefits of EPSDT?



- THSteps benefits cover members from birth through 20 years of age.
- THSteps provides a full program of health checkups and health care services for children.
- Services include comprehensive, periodic evaluations of a child's health, development and nutritional status.



# Amerigroup responsibilities

- We attempt to contact all newly enrolled members under 21 years of age to educate them about obtaining a THSteps medical checkup within 90 days of enrollment with Amerigroup. We will assist with arranging an appointment if needed.
- We send preventive health screening notices to members.
- We distribute reminders of upcoming THSteps and past due health screenings to providers.
- We make appropriate, aggressive efforts to identify and reach children of migrant farm workers and accelerate the delivery of services.



# New member report

Name	Address	City	State	ZIP
Doctor A	123 North St. #111	Austin	TX	78745

Members below may be seen at any of the current addresses for this provider:

First name	Last name	Date of birth	Age	Eligibility start date	Phone
Member C	XXXXX	6/17/2009	1	1/1/2010	<b>1-512-995-1112</b>
Member C	XXXXX	7/18/2009	1	2/1/2010	<b>1-512-995-1113</b>
Member C	XXXXX	5/19/2009	1	3/1/2010	<b>1-512-995-1114</b>
Member C	XXXXX	6/11/2009	1	1/1/2010	<b>1-512-995-1115</b>
Member C	XXXXX	8/12/2009	1	2/1/2010	<b>1-512-995-1116</b>

Outreach to new members to obtain THSteps checkup within 90 days.

# Children of migrant farm workers

- HHSC defines a migrant farm worker as:
  - A migratory agriculture worker whose principal employment is in agriculture on a seasonal basis.
  - Who has been employed in the last 24 months.
  - Who establishes a temporary abode for the purpose of such employment.
- Amerigroup assists children of migrant farm workers in receiving accelerated services while they are in the area.

If you identify children of migrant farm workers, call Amerigroup at **1-800-600-4441**.

# What other services are available through THSteps?

- Our help line can assist with:
  - Finding a dentist.
  - Finding a case manager.
  - Contacting members about missed appointments.
  - Finding a ride to a THSteps checkup or for other medical care.
- Medicaid-specific benefits include:
  - Eye exams.
  - Hearing test and hearing aids.



# Who can administer THSteps checkups?

- Physicians (for example, a doctor of medicine [MD] or doctor of osteopathy [DO]) or physician group
- Physician assistants<sup>1</sup>
- Clinical nurse specialists
- Nurse practitioners<sup>1</sup>
- Certified nurse midwives
- Federally qualified health centers
- Rural health clinics
- Health care providers or facility with physician supervision



Note: All providers must be enrolled in the THSteps program

1 Note: NP, CNS, and PA providers who are enrolled in Texas Medicaid as THSteps providers may receive 92% of the rate paid to a physician for THSteps services.

# Who can administer THSteps checkups? (cont.)

- A health care provider or facility with physician supervision including but not limited to a:
  - Community-based hospital and clinic.
  - Family planning clinic.
  - Home Health agency.
  - Local or regional health department.
  - Maternity clinic.
  - Migrant health center.
  - School-based health center.

In the case of a clinic, a physician is not required to be present at all times during the hours of operation unless otherwise required by federal regulations. A physician must assume responsibility for the clinic's operation.

# Statutory requirements

Several specific legislative requirements affect THSteps and the providers participating in the program. These include but are not limited to the following:

- Communicable disease reporting
- Early childhood intervention referrals
- Parental accompaniment
- Newborn blood screen
- Blood lead level screen
- Abuse and neglect reporting
- Newborn hearing screen



Please refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for more information.

# Medical home

Providers are encouraged to provide THSteps checkups within the medical home.

Family centered health care is:

- Accessible
- Continuous
- Comprehensive
- Coordinated
- Compassionate
- Culturally competent
- Family-centered



# Major components

These federally mandated components provide a comprehensive health and developmental history:\*

- Nutritional screening
- Developmental screening
- Mental health screening
- Tuberculosis (TB) screening
- Comprehensive unclothed physical examination
- Measurements
- Sensory screening
- Vision services
- Hearing services
- Immunizations
- Laboratory screening
- Health education/anticipatory guidance

State requirement — a dental referral every six months until a dental home is established.

\* Follow the *Periodicity Schedule* at <http://bit.ly/TXperiodicityschedule>.

# Lab services

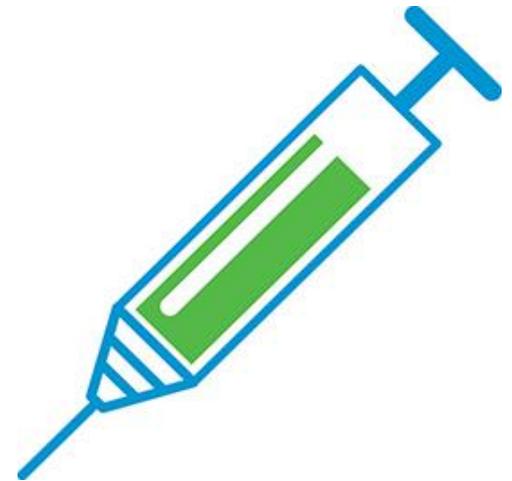
- Follow the THSteps *Periodicity Schedule*.
- Tests for hemoglobin/hematocrit, chlamydia and gonorrhea must be sent to a Department of State Health Services (DSHS) lab.
- Initial lead testing may be performed using a venous or capillary specimen and must either be sent to the DSHS laboratory or performed in the provider's office using point-of-care testing.
- Laboratory services related to Texas Health Steps services may be sent to the state laboratory or Amerigroup-contracted vendors. Visit <https://providers.amerigroup.com/TX> for a complete listing of participating vendors.
- Information about supplies, shipping and test results can be found on the DSHS lab page at <http://bit.ly/labtestserviceforms>.

# Laboratory information

- The DSHS laboratory performs testing for THSteps and Newborn Screen Program clients for the state of Texas. See the contact information below for ordering laboratory supplies, inquiries on collection, submission and shipping of specimens, and obtaining test results.
- Requests for THSteps laboratory supplies should be made on *Form G399* and can be submitted to the DSHS laboratory.
  - Email: [ContainerPrepGroup@dshs.state.tx.us](mailto:ContainerPrepGroup@dshs.state.tx.us)]
  - Fax: **1-512-776-7672**
  - Phone: **1-512-776-7661** or **1-888-963-7111 ext. 7661**
  - Specimen shipping questions, call: **1-512-776-7569** or **1-888-963-7111 ext. 7569**

# Immunizations

- Providers must assess immunization status at each checkup and provide necessary vaccines at this time. Providers may not refer clients elsewhere for immunizations.
- Providers must follow the *Advisory Committee on Immunization Practices Schedule* at <http://bit.ly/TXImmunizeSchedules>.
- Administered vaccines/toxoids must be reported to DSHS. DSHS submits all vaccines/toxoids reported with parental consent to a centralized repository of immunization histories for clients younger than 18 years of age. Visit ImmTrac, the Texas Immunization Registry, at <http://bit.ly/TXimmtrac>.



# Texas Vaccines for Children program

- Provides free, recommended vaccines according to the *Recommended Childhood and Adolescent Immunization Schedule*.
- Medicaid does not reimburse for vaccines/toxoids that are available from Texas Vaccines for Children (TVFC). THSteps providers must enroll in TVFC at DSHS to obtain free vaccines for clients who are aged birth through 18 years old.
- A fee for administering TVFC vaccine to TVFC-eligible children may be charged. The maximum administration fee for TVFC vaccine is \$14.85 per dose.



# How many checkups does a child need?

Age range allowed	Number of checkups
Birth through 11 months (does not include the newborn or 12-month checkup)	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 child's 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 traveling farmworker children.



# Exception-to-periodicity

- Exception-to-periodicity checkups are complete medical checkups which are medically necessary and might cause the total number of checkups to exceed the number allowed for the member's age range if the member were to have all regular scheduled checkups.
- THSteps medical exception-to-periodicity services must be billed with the same modifier, procedure codes, provider type and condition indicators as a medical checkup.

# Exception-to-periodicity checkup

## An exception-to-periodicity checkup is allowed when:

- **It is medically necessary.** For example, a member with developmental delay, suspected abuse or other medical concerns; or a member in a high-risk environment, such as living with a sibling with elevated blood lead level (modifier SC).
- **It is required to meet state or federal exam requirements** for Head Start, day care, foster care, children of migrant farm workers or pre-adoption (modifier 32).
- **It is necessary for unusual anesthesia.** For example, a procedure which usually requires either no anesthesia or local anesthesia may be done under general anesthesia because of unusual circumstances.

# Follow-up visits

- Use procedure code 99211 with the THSteps provider identifier and THSteps benefit code when billing for a follow-up visit.
  - *Texas Medicaid no longer allows the reimbursement of 99211 on the same date of service as vaccine administration (National Correct Coding Initiative guideline).*
- A follow-up visit (procedure code 99211) is required to read all tuberculosis skin tests. The provider may bill the follow-up visit with an NPI number and THSteps benefit code.

# Comprehensive Care program

The Comprehensive Care program provides medically necessary, federally-allowable treatment for THSteps members from birth through 20 years of age.

Services include:

- Comprehensive outpatient rehabilitation.
- Durable medical equipment.
- Occupational, physical and speech therapy.
- Personal care and private duty nursing.
- Psychiatric hospital.
- Early childhood intervention.
- Licensed dieticians.

# Case management for children and pregnant women

A component of THSteps available to children, teens, young adults (through age 20) and pregnant women who are Medicaid eligible and are at-risk for health problems. A case manager will:

- Assess and determine needs.
- Find services close to their home.
- Teach them how to find and get other services.
- Make sure they get the services they need.
- Help them get medical and dental care, supplies or equipment.
- Help them with school or education issues.

Providers or members can call **1-877-847-8377** or visit [www.dshs.state.tx.us/caseman](http://www.dshs.state.tx.us/caseman).

# THSteps Oral Evaluation and Fluoride Varnish

- Provided in conjunction with the medical checkup. Procedure code 99429 may be reimbursed for intermediate oral examination and varnish application during a medical checkup.
- Oral Evaluation and Fluoride Varnish (OEFV) is limited to THSteps medical checkup providers who have completed the required benefit education and are certified by THSteps to perform OEFV services.
- Procedure code 99429 must be billed with modifier U5 and diagnosis code Z00.121 or Z00.129 for an intermediate oral evaluation with fluoride varnish application on the same day and same provider as the THSteps medical checkup for members aged 6 to 35 months.



# Developmental and autism screening

- Providers will be required to perform an autism screening on clients at 18 months of age and again at 24 months of age, using the *Modified Checklist for Autism for Toddlers (M-CHAT)*, or the *Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F™)*.
- Autism screening with the use of the *M-CHAT* or *M-CHAT-R/F™* is reported using procedure code 96110 with U6 modifier.
- Developmental screening with use of the *Ages & Stages Questionnaires® (ASQ®)*, *Ages & Stages Questionnaires® : Social-Emotional (ASQ®:SE)* or *Parents' Evaluation of Developmental Status (PEDS)* is reported using procedure code 96110.

# Mental health screening

Mental health screenings are allowed for adolescents 12 through 18 years of age once per calendar year, during a THSteps checkup using one or more of the following validated, standardized mental health screening tools recognized by THSteps:

- *Pediatric Symptom Checklist (PSC-17).*
- *Pediatric Symptom Checklist (PSC-35).*
- *Pediatric Symptom Checklist for Youth (Y-PSC).*
- *Patient Health Questionnaire (PHQ-9).*
- *Patient Health Questionnaire Modified for Adolescents (PHQ-A [depression screen]).*
- *Car, Relax, Alone, Forget, Family, and Trouble Checklist (CRAFFT).*
- *Patient Health Questionnaire (PHQ-A [anxiety, eating problems, mood problems and substance abuse]).*

Download forms at: <http://bit.ly/ScreeningForms>.

# Mental health screening (cont.)

- Procedure codes 96160 or 96161 will be a benefit for clients who are 12 through 18 years of age when services are provided by THSteps-medically and federally qualified health center providers in the office setting.
- When claims with procedure code 96160 or 96161 are submitted for mental health screenings, one of the validated, standardized mental health screening tools recognized by THSteps must be used.
- Procedure code 96160 or 96161 must be submitted with the same date of service by the same provider as procedure code 99384, 99385, 99394 or 99395 and will be limited to once per lifetime.
- Postpartum depression screening is a benefit at the infant's THSteps medical checkup or follow-up visit, as a separately reimbursed service in the 12 months following the infant's birth.

# National codes for THSteps checkups

**New patient:** Initial evaluation and monitoring (E&M) of a healthy individual

Code	Age
99381	Birth through 11 months (does not include 12-month checkup)
99382	Age 1 through 4 years
99383	Age 5 through 11 years
99384	Age 12 through 17 years
99385	Age 18 through 20 years

# National codes for THSteps checkups (cont.)

**Established patient:** Periodic E&M of healthy individual

Code	Age
99391	Birth through 11 months (does not include 12-month checkup)
99392	Age 1 through 4 years
99393	Age 5 through 11 years
99394	Age 12 through 17 years
99395	Age 18 through 20 years

# Benefit code

- Providers must record the following on the *CMS-1500* claim form to receive reimbursement for a medical checkup, exception to periodicity checkup, or follow-up visit:
- The provider identifier and benefit code EP1 (exception: FQHC providers do not use benefit code EP1)



# Condition indicators

Condition indicator	Description	Referral indicator
NU	Not used	N — no referral
S2	Under treatment	Y — referral given
ST	New service requested	Y — referral given

- The ST Condition indicator should only be used when a referral is made or the client must be rescheduled. It does not include treatment given at the time of the checkup.
- Condition codes are entered in row 24, column C of the *CMS 1500* form.

# Diagnosis

- ICD-10-CM diagnosis codes Z00.121 and Z00.129 replaced ICD-9-CM diagnosis code V202 for medical checkups, exception-to-periodicity checkups and follow-up visits.
- ICD-10 diagnosis codes Z00.00 and Z00.01 have been added to identify clients between the ages of 18 through 20.
- Providers can refer to the *Texas Medicaid Provider Procedures Manual Children's Services Handbook*, Subsection 5.5.1, Claims Information, for additional information.

# Acute care E&M visits

- Providers must bill an appropriate level E&M procedure code with the diagnosis that supports the acute care visit. The medical record must contain documentation that supports the medical necessity and the level of service of the E&M procedure code that is submitted for reimbursement.
- An acute care E&M visit for an insignificant or trivial issue billed on the same date of service as a checkup or exception to periodicity checkup is subject to recoupment.

# Modifiers

Checkup procedure code modifiers:

- **AM:** Physician, team member service
- **SA:** Nurse practitioner rendering service in collaboration with a physician
- **TD:** Registered nurse
- **U7:** Physician assistant services for other than assistant at surgery
- **25:** Required when immunizations are billed with a THSteps visit

# When to use modifier 25 coding

**With preventive visit codes (99381 to 99395) when reported with immunization administration codes: 90460 to 90461 and 90471 to 90474.**

**With E&M codes 99201 to 99215 when reported with immunization administration**  
*(and the provider documents the E&M is significant and separately identifiable).*

**Modifier  
25**

**When there is a preventative (99381 to 99395) and a sick visit (99201 to 99215) on the same day.**

*(Append modifier 25 to sick visit CPT code with appropriate diagnosis code. Sick visit must be documented to indicate the E&M is significant and separately identifiable.)*

**National Correct Coding Initiative (NCCI) edits do not allow providers to bill 99211 with any vaccine administration codes regardless of whether the 25 modifier is appended.**



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# Vaccine billing

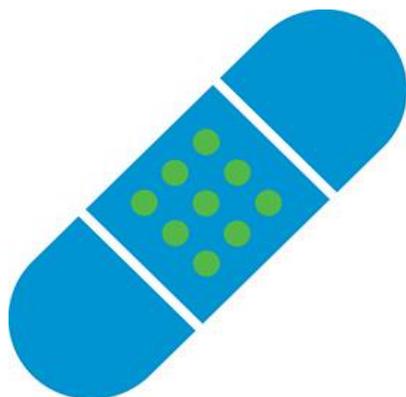
- **90471:** Immunization administration, one vaccine (injection)
- **90472:** Each additional vaccine (injection)
- **90473:** Immunization administration, one vaccine (oral/nasal)
- **90474:** Each additional vaccine (oral/nasal)
- **90460:** Immunization administration through 18 years of age via any route with counseling first or only component of each vaccine
- **90461:** Each additional vaccine or toxoid component administered

# Vaccines

## Immunization modifiers:

- **U1:** Can only be used when the vaccine is not available through the TVFC program.
- **U1:** Indicates that the vaccine was privately purchased.

This modifier is used with the vaccine code, not with the administration code.



# Vaccines (cont.)

Example one: A member receives the following immunizations by injection Hib #4, MMR #1, and Varicella.

*The provider should code as follows:*

Code	Reason	Bill amount
90648	To indicate Hib 4-dose schedule	\$0.01
90471	One unit	\$8
90707	To indicate MMR #1	\$0.01
90472	One unit	\$8
90716	To indicate Varicella	\$0.01
90472	One unit	\$8

# Vaccines (cont.)

Example two: A member receives three vaccines with counseling. One is administered nasally and the other two are injections.

*The provider appropriately bills the following:*

Code	Reason	Bill amount
90698	Pentacel	\$0.01
90460	One unit	\$8
90461	Four units	\$6.85
90732	Pneumococcal	\$0.01
90716	One unit	\$8
90460	Rotavirus	\$0.01

# Billing scenario

- Scenario: A 2-year-old comes in for a THSteps checkup. This is her first visit with your office. The unclothed physical exam is completed by a physician. The checkup is normal (the child is assessed as low-risk for TB), and it has only been two months since she received her DTaP #3. The child is not presently due for any immunizations.
- Question: How should you bill?
- Answer:
  - Diagnosis code Z00.121 or Z00.129
  - 99382 with AM modifier
  - Condition code NU





- Question one: Can I perform a THSteps checkup on a member for whom I am not the PCP?
  - Answer: Yes, any THSteps provider can perform THSteps checkups on an Amerigroup member regardless of PCP assignment.
- Question two: How do I bill when the child has private health insurance?
  - Answer: THSteps medical providers are not required to bill other insurance before billing Medicaid. If a provider is aware of other insurance, the provider must choose whether or not to bill the other insurance. Amerigroup can be billed directly for THSteps checkups when members have private coverage.



- Question three: Dr. Smith performed a THSteps checkup on 6-year-old Jose in June 2019. Jose's birth month is May and he joined my panel in February 2020. Can I bill for a THSteps checkup?
  - Answer: Yes, Jose's mom changed doctors eight months after his last THSteps checkup, so we will reimburse your clinic for performing the checkup again.
- Question four: I am providing a child a THSteps checkup who is not in my member panel. I identify a need for treatment. Can I provide it?
  - Answer: No, members should be referred to the PCP for treatment.

# Adolescent screening

- Challenges experienced during adolescence can affect future endeavors and successes.
- Helping your patients and their parents understand the inherent risks to adolescence could save their lives.
- The leading causes of death among those aged 10 to 24 years old are motor vehicle crashes, homicide and suicide. An adolescent screening should cover the following:



# Timely checkups

## **New members:**

- Refers to new Medicaid clients under 20 years of age require a THSteps medical checkup within the first 90 days of plan membership to establish a medical home.
- If there is valid documentation that the child received a THSteps checkup through a previous provider, this requirement is waived.

## **Existing members:**

- THSteps checkups are due based on the periodicity schedule and are driven by the member's date of birth.

## **THSteps medical checkups:**

- For an existing member ages birth to 35 months of age, checkup is due based on dates in the TMPPM. It is considered timely if it is within 60 days of the due date based on the member's date of birth.

## **THSteps annual medical checkup:**

- For an existing member ages 3 years and older, the annual medical checkup is due on the child's birthday. It is considered timely if it is no later than 364 calendar days after the child's birthday.

# Healthy Rewards Program

- Increase your **HEDIS**<sup>®</sup> quality scores while members earn rewards by ensuring your members receive health screenings, exams and any needed test.



**Healthy Rewards incentive chart**  
(does not apply to STAR+PLUS or STAR Kids members with Medicare or CHIP Perinate members)

Program	For children	Ages	Reward	Limit
STAR, STAR Kids and CHIP	Well-child visits/Texas Health Steps checkups	0 to 15 months	\$120	Must complete a total of 6 visits during baby's first 15 months according to the well-child visit/Texas Health Steps schedule to earn reward
	Well-child visits/Texas Health Steps checkups	18 to 30 months	\$20 per visit	Must complete a timely well-child visit/Texas Health Steps checkup at 18, 24 or 30 months
	Well-child visits/Texas Health Steps checkups	3 to 18 years of age (CHIP) or 3 to 20 years of age (STAR and STAR Kids) or 18 to 20 years of age (STAR+PLUS)	\$20	Once every 12 months
	Rotavirus vaccination	42 days after birth to 24 months	\$20	Complete a full series of the rotavirus vaccinations, 2 to 3 vaccinations on different days
	Human Papillomavirus (HPV) Vaccination	9 through 12 years	\$20	Complete a full series of the Human Papillomavirus (HPV) Vaccination, 2 to 3 vaccinations on different days.

**Healthy Rewards incentive chart (cont.)**  
(does not apply to STAR+PLUS or STAR Kids members with Medicare or CHIP Perinate members)

Program	For pregnant or new mothers	Ages	Reward	Limit
STAR, STAR+PLUS, STAR Kids and CHIP	Prenatal checkup	-	\$25	Complete a prenatal checkup in the first trimester or within 42 days of enrollment with Amerigroup
	Postpartum checkup	-	\$50	Complete a postpartum checkup 7 to 84 days after giving birth

Program	For patients with diabetes	Ages	Reward	Limit
STAR, STAR+PLUS and STAR Kids	Blood sugar test (A1C)	Age 18 years or older (STAR and STAR+PLUS) or 18 to 20 years of age (STAR Kids)	\$20	Once every 6 months
	Blood sugar (HbA1c) control < 8	Age 18 years or older (STAR and STAR+PLUS) or 18 to 20 years of age (STAR Kids)	\$20	Once every 6 months

Program	Seasonal	Ages	Reward	Limit
STAR, STAR Kids and CHIP	Flu vaccination	6 months to 24 months	\$20	Complete a full series of the flu (influenza) vaccinations, 2 vaccinations on different days
STAR, STAR+PLUS, STAR Kids and CHIP	Flu vaccination	Ages 3 and older	\$20	Once every 12 months

Program	For women	Ages	Reward	Limit
STAR+PLUS	Cervical Cancer Screening	21 to 64 years of age	\$50	Once every 3 to 5 years

Program	For behavioral health patients	Ages	Reward	Limit
STAR+PLUS	Diabetes Screening for Antipsychotic Medications (SSD)	18 to 64 years of age	\$20	Members diagnosed with schizophrenia or bipolar disorder and prescribed antipsychotic medication must complete a glucose or HbA1c test annually. Members already diagnosed with diabetes are excluded from this reward.
STAR, STAR+PLUS, STAR Kids and CHIP	Follow-Up after Hospitalization for Mental Illness (FUH)	-	\$20	Members who complete a follow-up outpatient visit with a mental health provider within 7 days of discharge from the hospital for a mental health stay, up to 4 times per year
		6 to 12 years of age	\$20	Newly diagnosed members with ADHD who have a follow-up visit with the prescribing provider within 30 days after starting their medication treatment

Patients can inquire about the Healthy Rewards program by calling 1-888-990-8681 (TTY 711) or logging into their account at [www.myamerigroup.com/TX](http://www.myamerigroup.com/TX) to get to the Healthy Rewards site from the *Benefits* page.



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# Sports physicals

- Sports physicals are an Amerigroup value-added service for STAR and CHIP members (ages 4-19), STAR Kids (ages 0-20) when performed by an in-network primary care provider and is limited to one every 12 months.
- If the member is due for a Texas Health Steps checkup or CHIP well-child checkup, the provider should complete both the sports physical and all the components required for the annual checkup.
- Providers may bill and receive reimbursement for both services. However, a sports physical is not a reason for an exception-to-periodicity checkup.
- To bill for a sports physical, use CPT code 99212 and diagnosis code Z02.5. No additional modifier is needed.



# Medical Transportation Program

- The Medical Transportation Program (MTP) provides free rides to Medicaid recipients for Medicaid benefits (for example, THSteps checkups, durable medical equipment, dental visits and prescriptions). Members should call to ensure eligibility.
- The service is provided by local contractors and travel reimbursements. Out-of-state transportation can be arranged when indicated.
- When scheduling MTP services, members should call one of the following applicable phone numbers two business days in advance, Monday to Friday, 8 a.m. to 5 p.m.:
  - Dallas/Fort Worth area: **1-855-687-3255**
  - Houston/Beaumont area: **1-855-687-4786**
  - All other areas: **1-877-633-8747**

Visit the HHSC website at <http://bit.ly/TXMTP>.

# Children with Special Health Care Needs

- Must reside in Texas.
- 20 years old or younger with special health care needs or any age with a diagnosis of cystic fibrosis.
- An income level at or below 200% of the federal poverty level.
- A medical condition that
  - Is expected to last at least one year.
  - Will limit one or more major life activities.
  - Requires a higher level health care.
  - Has physical symptoms.
    - having only a mental, behavioral or emotional condition, or a delay in development will not qualify.

For additional information please contact HHSC at  
**1-800-252-8023.**

# THSteps outreach and informing unit

The THSteps provider outreach referral service was:

- Created to help reduce missed appointments.
- Designed to assist providers with contacting members who miss appointments and removing barriers to accessing services.

Providers should use the referral form found at:  
<http://bit.ly/PORform>.

For questions about the THSteps provider outreach referral service or technical assistance with completion and submission of the referral form, THSteps providers should contact their THSteps provider relations representative. Contact information can be found at:

<https://bit.ly/THStepsRegionRep>.

# Member Advocate support

The Amerigroup Member Advocates receive requests to assist in the coordination of THSteps from providers and others.

## Scheduling/missed appointment

- The Member Advocates assist with member appointments or missed appointments by working with the member/guardian and doctors.

## Scheduling transportation

- Scheduling transportation and providing education on the importance of attending the appointment.

## Coordinates language interpreter or American Sign Language interpreter request

- The Advocate completes the request and coordinates with the member and provider to ensure the interpreter is at the appointment.

## Compliance concerns

- If a member should be noncompliant, the provider has the option of referring the member details of noncompliance to the Advocate team for member education by emailing the *Member Education Form*.

## Enrollment barriers

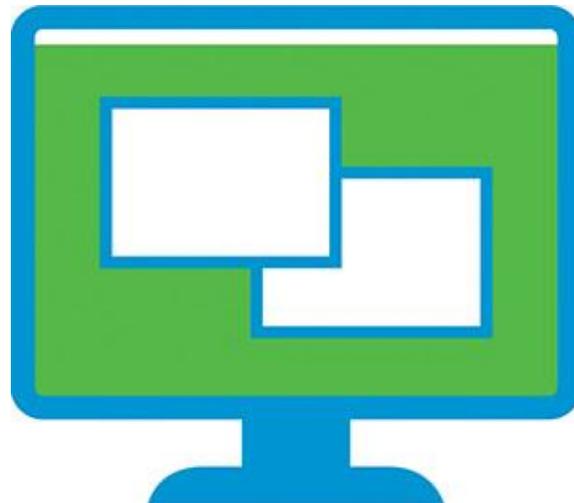
- The Advocate also works with the Amerigroup enrollment department on any updates regarding member enrollment barriers per feedback provided by the state enrollment broker, to ensure a PCP can see members.

For assistance, members and providers can email the member advocate at [dl-txmemberadvocates@anthem.com](mailto:dl-txmemberadvocates@anthem.com).

# THSteps online training

HHSC has a series of computer-based training opportunities for pharmacies to educate staff about Medicaid pharmacy benefits (particularly for children under 21 years old) and how to get reimbursed. The state is working with the University of Texas to offer continuing education credit for this online training.

Providers can access this training as well as many other useful training resources at [www.txhealthsteps.com](http://www.txhealthsteps.com).



# Resources



## Health and Human Service Commission – Texas Health Steps

- <http://bit.ly/HHStxhealthsteps>
- <https://www.txhealthsteps.com>

## Medicaid Provider Procedures Manual

- <http://bit.ly/TXmedicaidppm>
- <http://bit.ly/THStepsProviders>
- Mid-level reimbursement
- [http://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmppm/html/index.html#t=TMPPM%2F2 Childrens Services%2F2 Childrens Services.htm%23TOC 5 5 2 Reimbursementbc-343&rhtocid= 14 4 4 1](http://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmppm/html/index.html#t=TMPPM%2F2%20Childrens%20Services%2F2%20Childrens%20Services.htm%23TOC%205%205%20Reimbursementbc-343&rhtocid=14%204%204%201)

## Texas Vaccines for Children (TVFC)

- <http://bit.ly/TVFCmanual>



# Regional THSteps contacts



- HHSC has regional provider relations staff available to address specific questions regarding THSteps.
- By using the link below, you can identify your dedicated representative by region.



<http://bit.ly/THStepsRegionRep>

# Coding disclaimer

- The information in this presentation does not guarantee reimbursement or payment for services.
- Coding guidance in this presentation is not intended to replace official coding guidelines or professional coding expertise.
- Amerigroup providers are expected to ensure documentation supports all codes submitted for conditions and services.
- For questions regarding billed claims and reimbursement, call Provider Services at **1-800-454-3730**.

# Questions





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