



# 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).

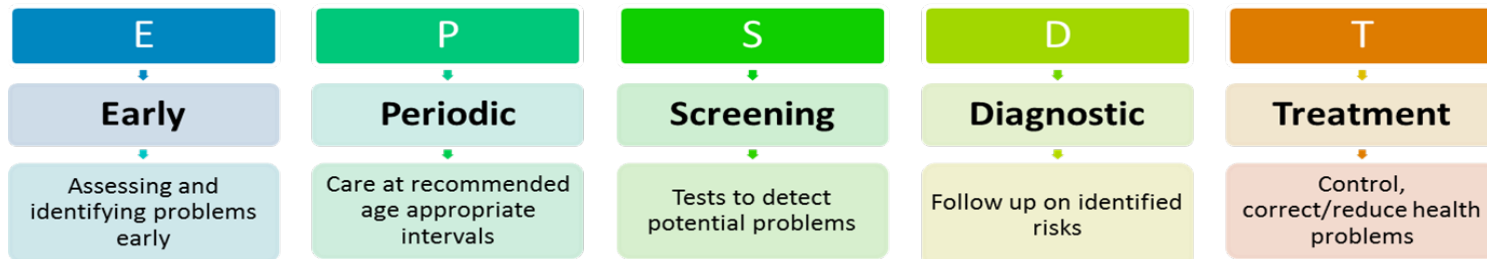
- THSteps checkups provide:
  - Vaccines.
  - Periodic medical checkups.
  - Dental checkups and treatment services.
  - Diagnosis of medical conditions.
  - Medically necessary treatment and services.



# 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 healthcare 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.



# 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 **800-600-4441**.



# 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>512-995-1112</b>
Member C	XXXXX	7/18/2009	1	2/1/2010	<b>512-995-1113</b>
Member C	XXXXX	5/19/2009	1	3/1/2010	<b>512-995-1114</b>
Member C	XXXXX	6/11/2009	1	1/1/2010	<b>512-995-1115</b>
Member C	XXXXX	8/12/2009	1	2/1/2010	<b>512-995-1116</b>

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



# Provider demographic updates

Please update us immediately concerning changes in:

- Address.
- Phone.
- Fax.
- Office hours.
- Access and availability.
- Panel status.
- Tax-identification number.

Please also remember to update your demographic information with TMHP. You can also contact TMHP directly at **800-925-9126** for assistance.

For additional information on how to update your demographic information, visit the State Communications and Resources page on the Amerigroup website

<https://provider.amerigroup.com/TX>



# 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
- Healthcare providers or facility with physician supervision



Note: All providers must be enrolled in the THSteps program

<sup>1</sup> 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 healthcare 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 healthcare 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 <https://bit.ly/Txperiodicityschedule>.





# Lab Services

- Follow the THSteps *Periodicity Schedule*.
- Tests for hemoglobin/hematocrit, 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.
- Other laboratory services related to Texas Health Steps services may be sent to the state laboratory or Amerigroup-contracted vendors. Visit <https://provider.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 <https://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 should be made on *Form-G399* and can be submitted to the DSHS laboratory.
- **Supply requests are received and filled by:**
  - Container Preparation Group
  - Phone: **512-776-7661** Fax: **512-776-7672**
  - Email: [containerprepgroup@dshs.texas.gov](mailto:containerprepgroup@dshs.texas.gov)
  - Specimen shipping questions, call: **888-963-7111 x7318** or **512-776-7318**



# 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 <https://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 <https://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 that 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

The Case Management for Children and Pregnant Women (CPW) is a Medicaid benefit that provides health-related case management services to children birth through 20 years of age with a health condition and to high-risk pregnant women of any age.

Amerigroup will contract with HHSC enrolled CPW providers to supply these services. CPW case managers assess a person's need for these services and then develop a service plan to address those needs. Case managers can help members:

- Get medical and dental services.
- Get medical supplies or equipment.
- Work on school or education issues.
- Work on other problems.

Prior authorization is not required for these services. Members will still have access to an Amerigroup case manager for all other case management services.

Providers should call Provider Services at **800-454-3730**.





# 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™)*.
- If the screening is not completed at 24 months of age, or if there is a particular concern, it should be completed at 30 months of age.
- 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.

THSteps medical checkups performed in a federally qualified health center (FQHC) or rural health clinic (RHC) setting are paid an all-inclusive rate per encounter (which includes autism screening) but should continue to bill the service if it was provided.



# 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 preventive (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.**

# 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.



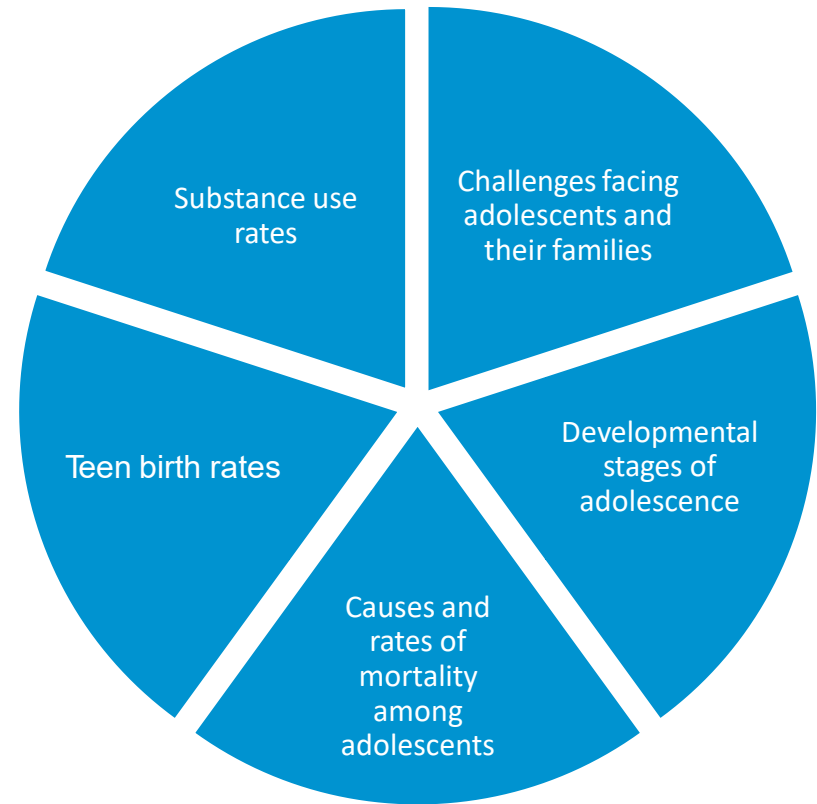


- Question three: Dr. Smith performed a THSteps checkup on 6-year-old Jose in June 2019. Jose's birth month is May, and he joined my panel in February 2020. Can I bill for a THSteps checkup?
  - Answer: Yes, Jose's mom changed doctors eight months after his last THSteps checkup, so we will reimburse 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® quality scores while members earn rewards by ensuring your patients receive health screenings, exams, and any needed tests.
- Members can inquire about the Healthy Rewards program by calling **888-990-8681 (TTY 711)** or logging into their account at **myamerigroup.com/TX** to get to the Healthy Rewards site from the *Benefits* page.



# Sports physicals

- Sports physicals are an Amerigroup value-added service for STAR and CHIP members (ages 4 to 19), STAR Kids (ages 0 to 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.



# Nonemergency medical transportation (NEMT)

- Effective June 1, 2021, MCOs became responsible for coordinating NEMT services for Amerigroup members enrolled in STAR, STAR Kids, STAR+PLUS, and Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) programs.
- The Medical Transportation Program (MTP) will remain available for members in fee-for-service only.
- This new change includes rideshare transportation services such as Lyft.
- Amerigroup will be using Access2Care (A2C)\* to coordinate travel for all NEMT needs. All NEMT services will be scheduled, completed, and managed by A2C. Members and providers can arrange transportation needs directly with A2C.
- A2C may contact you to validate that the member has an appointment with your office. Please support A2C with validating this information.





# Nonemergency medical transportation (NEMT)

Members and providers use the same numbers to contact Access2Care based upon the member's product at phone numbers listed or through the Access2Care Member Mobile App:

- STAR — **833-721-8184 (TTY 711)**
- STAR+PLUS — **844-867-2837(TTY 711)**
- STAR Kids — **844-864-2443 (TTY 711)**
- Members can schedule their own rides using the Access2Care member mobile app.
- Members are unable to use this service for emergency room visits. This service does not provide ambulance rides.
- Under the individual transportation provider (ITP) program, a member or family member with their own vehicle may be reimbursed for mileage (federal rates apply). This is only reimbursable for transportation to valid, medical necessary doctor, dentist, or another medical visit. An ITP will be required to obtain a signature from a provider in order to validate the transportation to a valid provider/visit reason.



# Children with special healthcare needs

- Must reside in Texas.
- 20 years old or younger with special 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 healthcare.
  - 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  
**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:

<https://bit.ly/PORform>

If you have 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 Relationship Management representative. Contact information can be found at: <https://bit.ly/THStepsRegionRep>.



# Pharmacy program

- The Texas Vendor Drug Program formulary and *Preferred Drug List* are available on our website = <https://provider.amerigroup.com/texas-provider/member-eligibility-and-pharmacy/pharmacy-information>
- Prior authorization is required for:
  - Nonformulary drug requests.
  - Brand-name medications when generics are available.
  - High-cost injectable and specialty drugs.
  - Any other drugs identified in the formulary as needing prior authorization.

- Online pharmacy prior authorization: <https://www.covermymeds.com>
- Pharmacy prior authorization fax: **844-474-3341**

*Pharmacy Prior Authorization Form* accessible at <https://provider.amerigroup.com/TX:>

- Phone: **800-454-3730** (Amerigroup pharmacy)
- Medical injectable/infusible drugs prior authorization fax: **844-512-8995**

Prescribing providers must obtain prior authorization for outpatient drugs based on Medicaid guidelines and for applicable procedures by Amerigroup.



# Pharmacy – Online drug reference information

- Epocrates is a free subscription drug information service that can be downloaded to a computer or handheld device. In addition to listing a drug's preferred status, Epocrates includes drug monographs, dosing information, and warnings. All prescribing providers are eligible to register for Epocrates online. Refer to the Outpatient Drug Services Handbook in the Texas Medicaid Provider Procedure Manual to learn more.
- Visit <https://www.epocrates.com/> for additional information on the free subscription.



# Role of pharmacy

## **Pharmacy providers are responsible for but not limited to:**

- Filling prescriptions in accordance with the benefit design.
- Adhering to the Vendor Drug Program (VDP) formulary and *Preferred Drug List* (PDL).
- Coordinating with the prescribing physician.
- Ensuring members receive all medication for which they are eligible.
- Coordinating benefits when a member also receives Medicare Part D services or other insurance benefits.
- Providing a 72-hour emergency supply of prescribed medication when a prior authorization (PA) cannot be resolved within 24 hours for a medication on the (VDP) formulary that is appropriate for the member's medical condition or if the prescribing provider cannot be reached or is unable to request a PA because it is after the prescriber's office hours.

**Call the Pharmacy Help Desk at 833-252-0329 for more information about the 72-hour emergency prescription supply policy.**



# 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 [dlxmemberadvocates@anthem.com](mailto:dlxmemberadvocates@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

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

## Texas Medicaid & Healthcare Partnership Resources

- <https://bit.ly/TXmedicaidppm>
- <https://bit.ly/THStepsProviders>

## Mid-level reimbursement

- <https://www.tmhp.com/resources/provider-manuals/tmppm>

## Texas Vaccines for Children (TVFC)

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

## Periodicity Schedule

- <https://www.hhs.texas.gov/providers/health-services-providers/texas-health-steps/medical-providers>





# Regional THSteps contacts

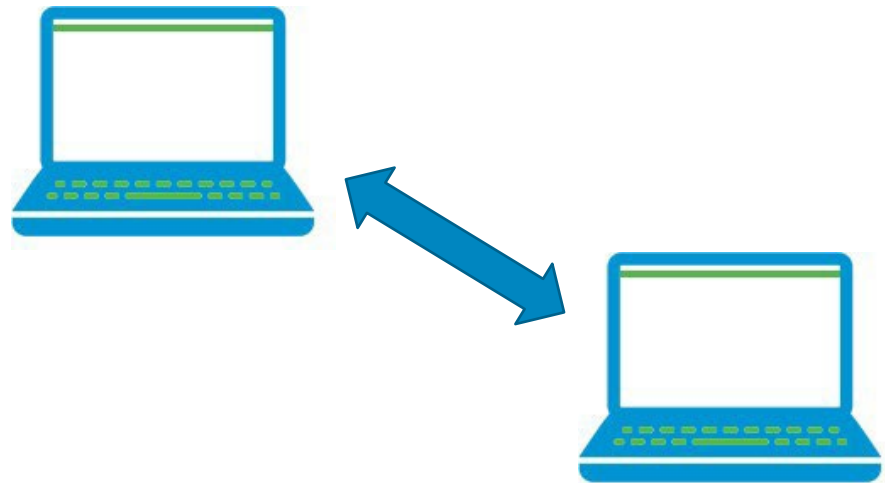
- HHSC has regional provider relations staff available to address specific questions regarding THSteps.
- By using the link below, you can identify your dedicated representative by region.



<http://bit.ly/THStepsRegionRep>

# Provider updates

- Email is the quickest and most direct way to receive important information from Amerigroup.
- To start receiving email from us (including some sent in lieu of fax or mail), submit your information via our online form [https://provider.amerigroup.com/docs/gpp/TX\\_CAID\\_SignUpToReceiveEmailFromAmerigroup.pdf?v=202106221519](https://provider.amerigroup.com/docs/gpp/TX_CAID_SignUpToReceiveEmailFromAmerigroup.pdf?v=202106221519) .



# 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.
- If you have questions regarding billed claims and reimbursement, call Provider Services at **800-454-3730**.





# Questions



<https://provider.amerigroup.com>