

Benefit Changes for Texas Health Steps Preventive Medical Checkups Effective December 1, 2011

Information posted October 28, 2011

Effective for dates of service on or after December 1, 2011, the benefit criteria for Texas Health Steps preventive medical checkups will change for Texas Medicaid.

A new checkup and a new evaluation and management visit performed on the same day may both be reimbursed as new patient visits if the client meets the requirements as a new patient.

In accordance to the National Corrective Coding Initiative (NCCI) guidelines, procedure code 99211 will not be separately reimbursed when billed with a vaccine administration code.

Dental referrals must be made starting at six months, and every six months afterward until the parent confirms a dental home has been established.

Registered nurses (RNs) without clinical nurse specialist (CNS), nurse practitioner (NP), or certified nurse midwife (CNM) certification may provide medical checkups only under direct physician supervision, meaning the physician is either on site during the checkup or immediately available to furnish assistance and direction to the RN during the checkup.

Texas Health Steps Periodicity Schedule

The Texas Health Steps periodicity schedule has been revised to reflect the following policy changes and is available on the Department of State Health Services (DSHS) website at www.dshs.state.tx.us/thsteps/forms.shtm and on the Texas Health Steps website at www.dshs.state.tx.us/thsteps/default.shtm.

- The ages for anemia screening
 - 12 months of age
 - Once between 18 and 24 months of age
 - For females, once between 12 and 16 years of age
- Hemoglobin type is now included in the newborn screening rather than listed separately on the periodicity schedule. The newborn screening should be obtained up to 12 months of age if not previously obtained, the results are not available, or in special circumstances, such as adoption, if there is no record of previous test results.
- Hearing screening - additional audiometric screening at 15 years of age
- The checkup previously listed on the periodicity schedule as “3-5 days” will now be listed as “discharge to 5 days,” or “DC, to 5 days.”

Newborn Examination

A newborn examination is considered a Texas Health Steps newborn checkup when a claim is submitted for procedure codes 99460, 99461, or 99463. Procedure codes 99460, 99461, and 99463 should not be billed with modifier 52. The descriptions of these newborn exam codes reflect the completion of all the Texas Health Steps checkup components.

Screenings

Additional parental or guardian consent may be required if online or web-based screening tools are used, which could result in client data being stored electronically in an outside database other than the provider's electronic medical record system, or if the data is used for purposes other than Texas Health Steps screening. The provider should seek legal advice regarding the need for this consent.

If a condition has been identified and the client is currently receiving treatment, the associated screening tool(s), such as for developmental screening or objective sensory screening, may be omitted with proper documentation.

Hearing Screening

Due to the implementation of the state-mandated newborn hearing screening, the Hearing Checklist for Parents is no longer required. If providers choose to continue to use the checklist, it is available in the forms section of the DSHS website at www.dshs.state.tx.us/thsteps/forms.shtm.

Tuberculosis (TB) Screening

The TB risk screening tool must be administered annually to all clients who are 12 months of age and older. The TB risk screening tool is available in the forms section of the DSHS website at www.dshs.state.tx.us/thsteps/forms.shtm.

Providers must administer a TB skin test if the screening tool indicates that there is a risk for possible exposure, rather than at the specific ages previously required in certain counties.

Providers must obtain their own supply of purified protein derivative (PPD). The state Infectious Disease Control Unit will no longer be providing PPD to providers.

A TB skin test (procedure code 86580) may now be submitted for reimbursement when it is performed as part of a Texas Health Steps medical checkup visit.

TB screenings are part of the encounter rates for federally qualified health centers (FQHCs) and rural health clinics (RHCs) and are not reimbursed separately.

Lead Poisoning

Blood lead testing must be performed during the 12- and 24-month checkups, as indicated on the periodicity schedule.

Blood lead testing (procedure code 83655) may be reimbursed to Texas Health Steps medical providers when it is performed in the provider's office using point-of-care testing.

Blood lead testing is part of the encounter rates for FQHCs and RHCs and is not reimbursed separately.

Environmental lead risks may be addressed during other visits using the Risk Assessment for Lead Exposure Questionnaire, Form Pb-110. Use of the form, which is available in the forms section of the DSHS website at www.dshs.state.tx.us/thsteps/forms.shtm, is optional. Providers may use an equivalent form of their choice.

The initial lead testing may be performed using a venous or capillary specimen, and the specimens must either be sent to the DSHS lab or the test must be performed in the provider's office using point-of-care testing. If the client has a blood lead level of 10mcg/dL or greater, the provider must perform a confirmatory test using a venous specimen. The confirmatory specimen may be sent to the DSHS lab, or the client or specimen may be sent to a lab of the provider's choice.

Providers who perform point of care lead testing must be Clinical Laboratory Improvement Amendments (CLIA)-certified. Procedure code 83655 is a CLIA-waived test and must be submitted with modifier QW.

Laboratory Testing

To meet the laboratory testing requirement(s), providers can use documented laboratory results that are obtained within the preceding 30 days for clients who are birth through 2 years of age, and the preceding 90 days for clients who are 3 years of age and older. The results must include the date(s) of service and one of the following:

- Clear reference to the previous visit by the same provider
- Results obtained from another provider

Either amplified probe technique (procedure codes 87491 and 87591) or direct probe technique (procedure codes 87490 and 87590) may be used for chlamydia and gonorrhea testing. These tests must be submitted to the Women's Health Laboratory (WHL) for processing. Supplies may be obtained from the WHL as well.

Providers should provide information to clients that testing for Human Immunodeficiency Virus (HIV) is routinely available, confidential, and may be completely anonymously if the client so chooses.