

Texas Health Steps program overview for providers

Coding disclaimer

The information in this presentation does not guarantee reimbursement, benefit coverage or payment for services.

Coding guidance in this presentation is not intended to replace official coding guidelines or professional coding expertise.

Wellpoint providers are expected to ensure that documentation supports all codes submitted for conditions and services.

If you have questions regarding billed claims and reimbursement, call Provider Services at **833-731-2162**.



Overview

- The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit 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 [tmhp.com](https://www.tmhp.com).

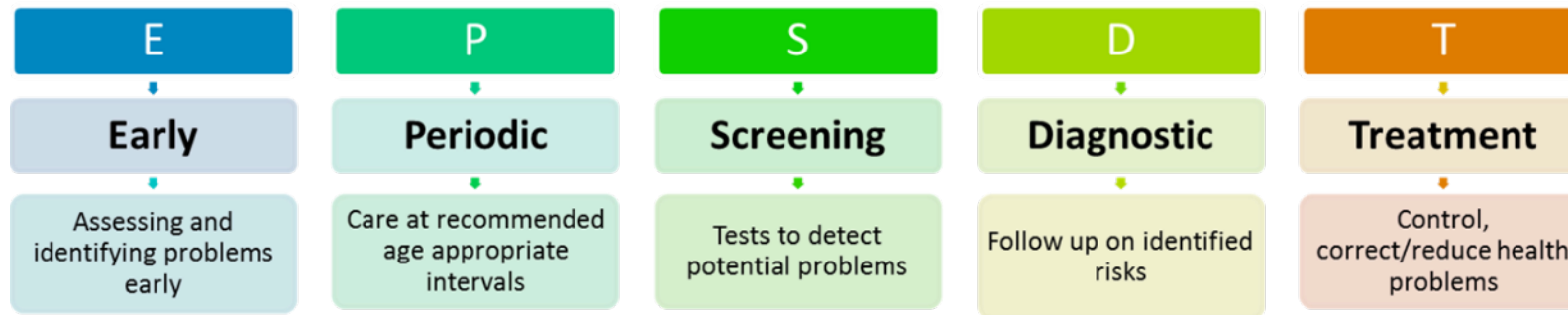
THSteps checkups provide:

- 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.



Texas Vaccines for Children program

The 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.



Case Management for Children and Pregnant Women

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.

Wellpoint 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 a Wellpoint case manager for all other case management services.

Providers should call Provider Services at **833-731-2162**.



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.



Wellpoint 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 Wellpoint. 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.



Who can administer THSteps checkups?

- Physicians or physician group
- Physician assistants¹
- Clinical nurse specialists
- Nurse practitioners¹
- 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.
1 : 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 includes but is 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:

- 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.



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.

Wellpoint 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 Wellpoint at **833-731-2160 (TTY 711)**.



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**.



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>.

How many checkups does a child need?

Age range allowed	Number of checkups
Birth through 11 months (does not include the newborn or 12-mo. 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



Nutritional Screening

Dietary practices should be assessed to identify unusual eating habits such as pica, extended use of baby bottle feedings, or eating disorders in older children and adolescents. For nutritional problems, further assessment is indicated.



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.

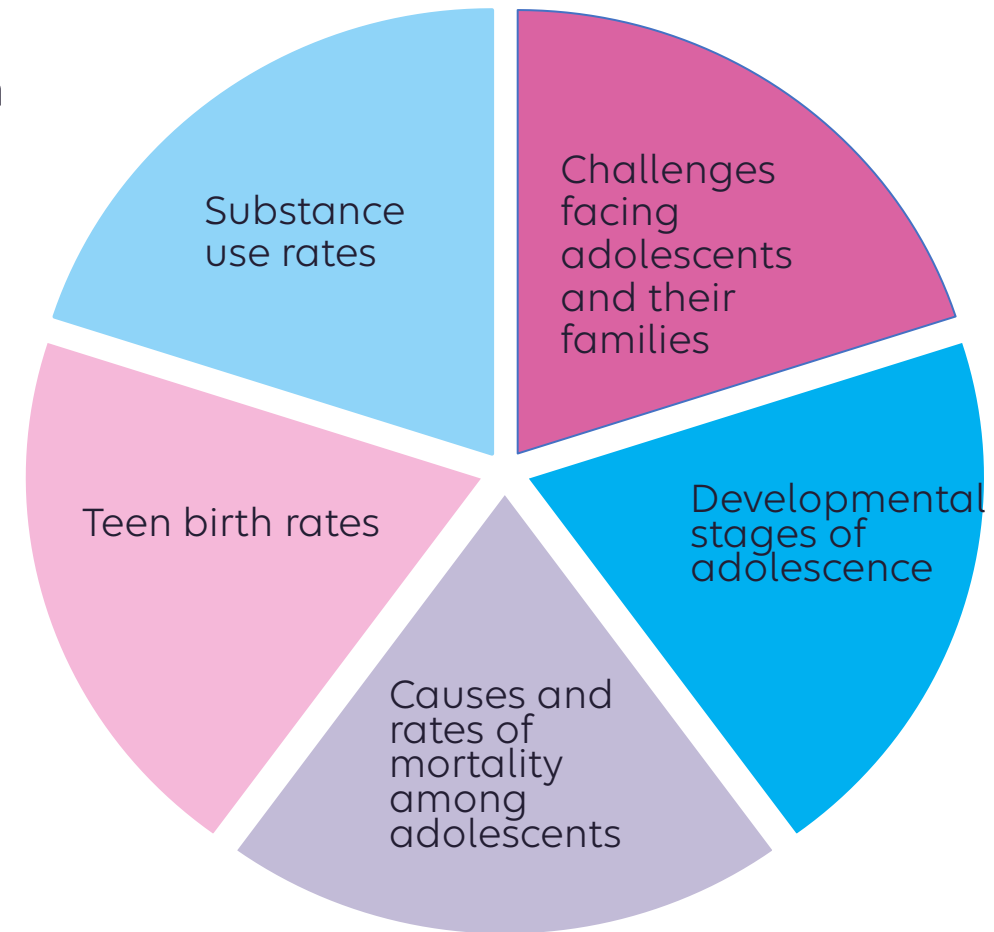


Adolescent screening

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:



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 use)
- Rapid Assessment of Adolescent Preventive Services (RAAPS)



Download forms at hhs.texas.gov/providers/health-services-providers/texas-health-steps/medical-providers/th-forms.

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.



Mental health/substance use disorders

Wellpoint will coordinate care for members with mental health needs or substance use disorders.

Authorizations:

- Phone: **833-731-2162**
- Fax (inpatient): **844-430-6805**
- Fax (outpatient): **844-442-8010**

PCPs providing behavioral health services must have screening and evaluation procedures for detection and treatment of, or referral for, any known or suspected behavioral health problems and disorders.

Screening and assessment tools to assist with the detection, treatment, and referral of behavioral healthcare services are found on our website, provider.wellpoint.com/tx/.



Tuberculosis screening

The Tuberculosis Questionnaire must be administered annually beginning at 12 months of age. A Tuberculin Skin Test (TST) is to be administered when the screening tool indicates a risk for possible exposure. Providers may receive separate reimbursement, in addition to reimbursement for the checkup, when administering a TST as part of the checkup.

Resources:

- [TB Questionnaire PDF](#) | [Word](#)
- [TB risk levels by county](#)
- [Information related to children in foster care](#); scroll down to *TB Policies and Procedures* and select **Tuberculin Skin Testing Guidelines for Children in Various Settings**.



Comprehensive unclothed physicals examination and measurements

A complete physical examination is required at each visit. A comprehensive unclothed physical examination includes all the components listed below.

Measurements

Requires documentation of measurements and percentiles as appropriate:

- Length or height and weight
- Fronto-occipital circumference (birth through 24 months of age)
- Body Mass Index (BMI) beginning at 2 years of age
- Blood pressure beginning at 3 years of age

THSteps recommends that healthcare providers:

- Use the [World Health Organization \(WHO\) growth charts](#) for infants and children birth to 2 years of age.
- Use the [Centers for Disease Control and Prevention \(CDC\) growth charts](#) for children who are 2 years of age or older.



Sensory screening, vision services, and hearing services

Vision services: Subjective and acuity screening at various ages is required.

Hearing services: Subjective and audiometric screening at various ages is required.

View periodicity schedule for additional details:

[Texas Health Steps Periodicity Schedule \(PDF\)](#)

Vision and hearing screenings are not covered when completed to meet day care, Head Start, or school program requirements unless completed during an acute care visit in a clinic setting.

Documentation of test results from a school vision or hearing screening program may replace the required screening if conducted within 12 months of the checkup. A vision and hearing screening must be completed according to the requirements of the *Texas Health Steps Periodicity Schedule*.



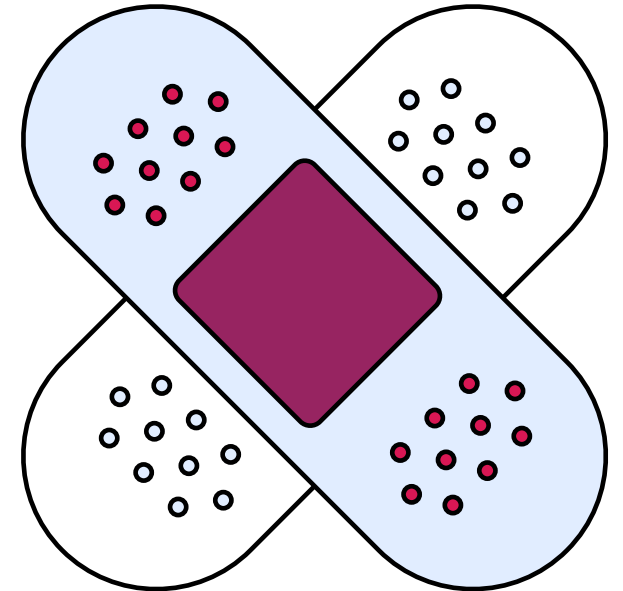
Immunizations

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 ImmTrac2, the Texas Immunization Registry, at <https://bit.ly/TXimmtrac>.



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 THSteps services may be sent to the state laboratory or Wellpoint-contracted vendors. Visit provider.wellpoint.com/tx for a complete list 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**

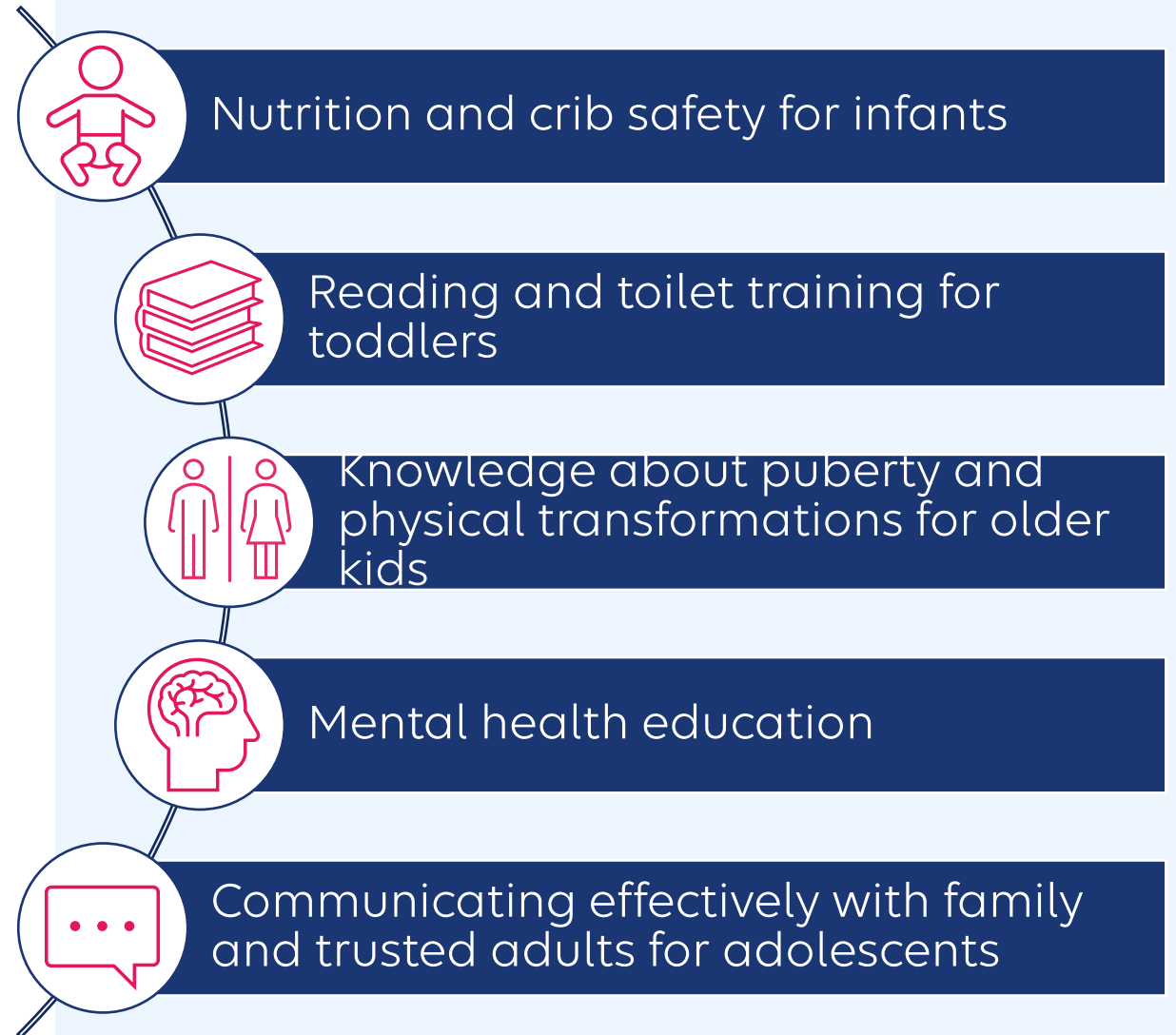
Email: containerprepgroup@dshs.texas.gov

Specimen shipping questions, call: **888-963-7111 ext. 7318** or **512-776-7318**



Health education

The purpose of health education is to equip parents and caregivers with the knowledge to anticipate child development stages and comprehend the advantages of adopting healthy habits and preventing diseases and accidents across all ages. It is also suggested to conduct a lead risk evaluation through proactive guidance.



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.

Use 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.



Timely checkups

New members:

- New Medicaid clients under 20 years of age require a THSteps medical checkup by their PCP of record or medical home provider.
- These services must be performed no later than:
 - 14 days from the date of enrollment for newborns.
 - 90 days from the date of enrollment for all other eligible child members.
- If there is valid documentation that the child received a THSteps checkup through a previous provider, this requirement is waived.

Existing members:

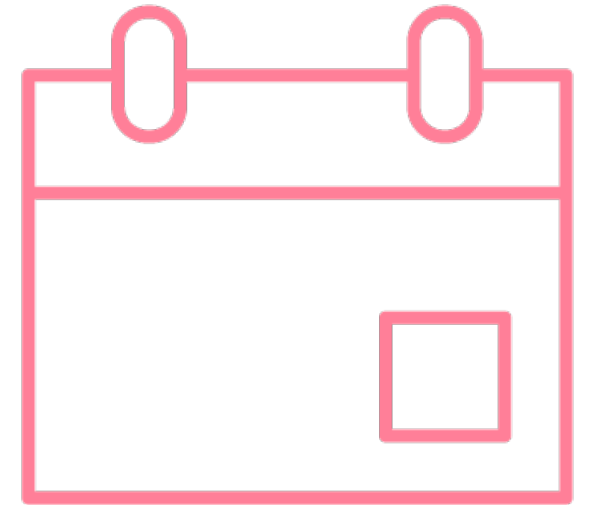
- THSteps annual medical checkup for an existing member three years (36 months) of age and older is due on the child's birthday.
- The annual medical checkup is considered timely if it occurs no later than 364 calendar days after the child's birthday.
- A checkup for an existing member from birth through 35 months of age is timely if received within 60 days beyond the periodic due date in the *Texas Medicaid Provider Procedures Manual*, based on the member's birth date.



THSteps checkup scheduling

The benefits of THSteps scheduling is that it allows for:

- 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.



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 a THSteps benefit code.



Exception-to-periodicity checkups

Exception-to-periodicity checkups are complete medical checkups, which are medically necessary and might cause the total number of checkups to exceed that 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.



An exception-to-periodicity checkup is allowed when:

- It is medically necessary. For example, a member with developmental delay, suspected use, 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 (modifier 23).

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-mo. 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-mo. 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: **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 are 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 more 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

Modifier	Description
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



Vaccine billing

Modifier	Description
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 modifier U1:

- Can only be used when the vaccine is not available through the TVFC program.
- 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 these 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	Varicella Virus Vaccine (VAR)	\$0.01
90460	One unit	\$8



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 99202 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 (99202 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.



Billing

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

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 a Wellpoint member regardless of PCP assignment.



FAQ (cont.)

Question

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. Wellpoint can be billed directly for THSteps checkups when members have private coverage.



FAQ (cont.)

Question

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.



FAQ (cont.)

Question

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.



Sports physicals

Sports physicals are a Wellpoint 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 THSteps 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.



Availity Essentials resources

Wellpoint has designated Availity Essentials to operate and service your EDI entry point (EDI Gateway) and other self-service tools. Registration for the secured content on Availity Essentials is easy.

Online claims submission

Use our free online claim submission tool at [Availity.com](https://www.availity.com). You have ability to submit claims, check claims status, dispute claim payment, use Clear Claim Connection, and so on.

Eligibility verification/authorization

You can verify member eligibility and submit authorizations by simple searching with the Wellpoint subscriber or state-issued identification number. Submit prior authorization requests online through [Availity Essentials](https://www.availity.com), by fax, or by calling Provider Services at 833-731-2162.

Interactive Care Reviewer (ICR)

Can be accessed by any staff member at any time. ICR allows users to inquire about prior authorization requests submitted via phone, fax, ICR, or other online tools.



Digital provider enrollment

Accessible through Availity, for new enrollment of providers. A demographic change received from outside of the standard independent physician association (IPA) or physician-hospital organization (PHO) process will not be processed separately.

Demographic changes

Please submit all demographic changes through Availity Provider Data Management (PDM). Also, remember to update your demographic information with Texas Medicaid Health Partnership (TMHP.) You can contact TMHP directly at 800-925-9126 for assistance.

Please visit the Availity Essentials website for additional resources.
Support: Availity Client Services is available at 800-AVAILITY (800-282-4548)
Monday to Friday, 9 a.m. to 6 p.m. CT.

Patient360

Patient360 is a tool in Availity Essentials that provides an in-depth view of the treatment and care your patient is receiving. This tool allows all providers to view information regarding patient demographic information, pharmacy details, authorizations on file, and claim summaries such as what other providers the patient is seeing. Sharing relevant case information in a timely, useful, and confidential manner is a Wellpoint requirement.

Improving provider-to-provider communication will help eliminate barriers when coordinating member care, improve the quality of care a member receives, and improve the member experience.

To access Patient360, log in to [Availity](#), and select **Wellpoint** under *Payer Spaces*. The tool will appear under the *Applications* tab on the bottom of the screen.



Healthy Rewards program

Increase your HEDIS® quality scores while members earn rewards by ensuring that your members receive health screenings, exams, and any needed tests.

Patients can inquire about the Healthy Rewards program by calling 888-990-8681 (TTY 711) or logging into their account at [Wellpoint](#) to get to the Healthy Rewards site from the *Benefits* page.



HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Nonemergency medical transportation (NEMT)

Wellpoint is responsible for coordinating NEMT services for Wellpoint members enrolled in STAR, STAR Kids, and STAR+PLUS.

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.

Wellpoint uses 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.

Access2Care
(nonemergent
transportation other
than ambulance)

Members and providers call the following number for their membership type: STAR: **833-721-8184** (TTY 711)
STAR+PLUS: **844-867-2837** (TTY 711)
STAR Kids: **844-864-2443** (TTY 711)



Pharmacy program

The Texas Vendor Drug Program formulary and *Preferred Drug List* are available on our website: <https://provider.wellpoint.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: covermy meds.com

Pharmacy prior authorization fax: **844-474-3341**

Pharmacy prior authorization form accessible at provider.wellpoint.com/texas-provider/member-eligibility-and-pharmacy/pharmacy-information/prior-authorization-forms

Phone: **833-731-2162** (Wellpoint 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 Wellpoint. Outpatient information can be found here: tmhp.com



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 Procedures Manual* to learn more.

Visit [epocrates.com](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

Wellpoint 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.
- The advocate completes the request and coordinates with the member and provider to ensure the interpreter is at the appointment.
- 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*.
- The advocate also works with the Wellpoint enrollment department on any updates regarding member enrollment barriers per feedback provided by the state enrollment broker, to ensure a PCP can see members.

Scheduling transportation:

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

For assistance, members and providers can email the member advocate at dl-txmemberadvocates@wellpoint.com

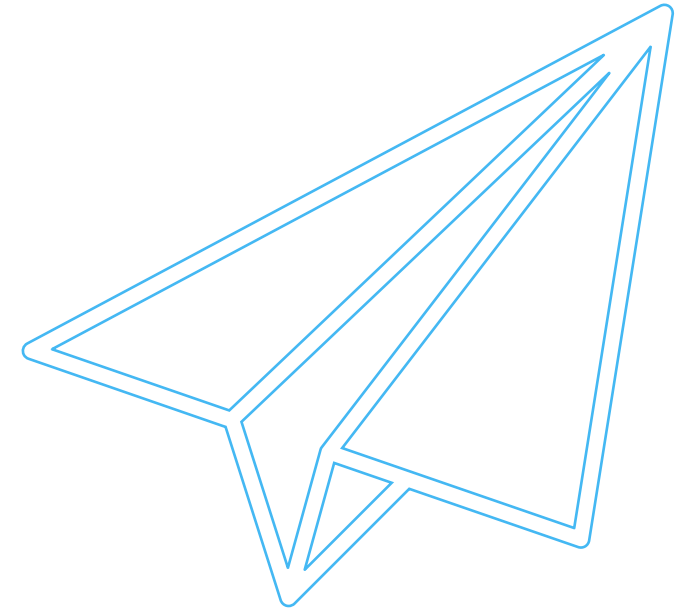


Provider updates

Email is the quickest and most direct way to receive important information from Wellpoint.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information via our online form

<https://providernews.wellpoint.com/tx/signup>



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>

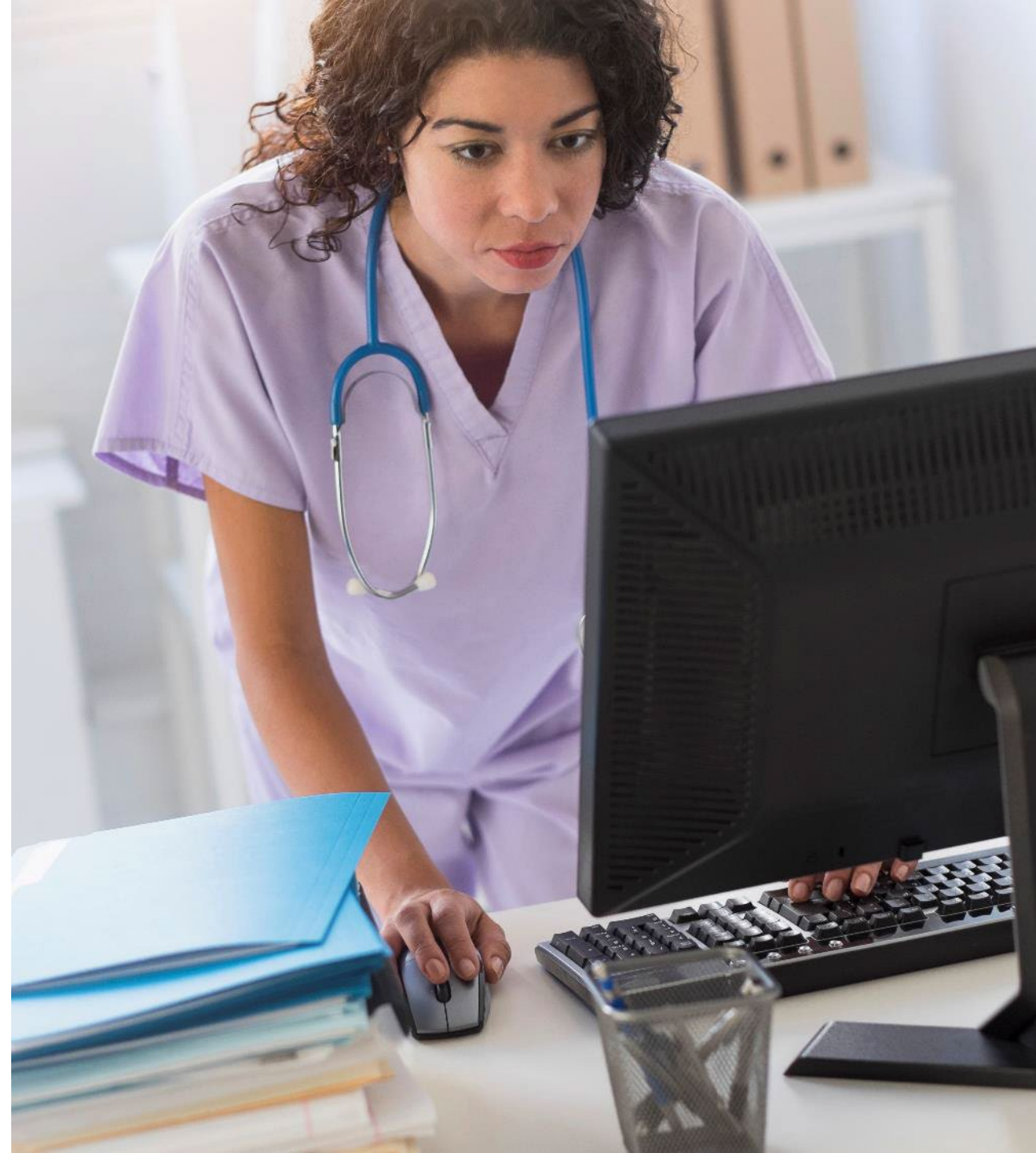
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THSteps online training

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 [txhealthsteps.com](https://www.txhealthsteps.com).



THSteps Quick Reference Card/Periodicity Table

Texas Health Steps Quick Reference Guide

Remember: Use Provider Identifier • Use Benefit Code EPI

Texas Health Steps Medical Checkup Billing Procedure Codes

Texas Health Steps Medical Checkups		
90380	90382	90383
90384	90385	90386
90387	90388	90389

** For claim who are 18 through 20 years of age, use diagnosis code Z0000 or Z0001*

Texas Health Steps Follow-up Visit

Use procedure code 90211 for a Texas Health Steps follow-up visit.

ICD-10 Diagnosis Codes

Code	Description
Z0010	Routine medical exam, birth through 7 days
Z0011	Routine medical exam, 8 through 28 days
Z0012	Routine child exam
Z0013	Routine child exam, abnormal
Z0014	Routine adult exam
Z0015	General adult exam, abnormal

Point-of-Care Lead Testing

Use procedure code 80405 with QW modifier to report that an initial blood lead level screening that was completed using point-of-care testing.

Immunizations Administered

Use code Z23 to indicate when immunizations are administered.

Procedure Codes	Vaccine
90602 or 90607 with 90460/90461 or 90471/90472	Hep A
90602 or 90607 with 90462/90463 or 90471/90472	MM-II
90602 or 90607 with 90464/90465 or 90471/90472	Hep A/Hep B
90606 with 90460/90461 or 90471/90472	TIG-Mening
90644	MM
90647 or 90648 with 90462/90463 or 90471/90472	MMII
90650 or 90651 with 90460/90461 or 90471/90472	IPV
90650, 90654, 90657, 90658, 90659, 90660, 90661, 90662, 90663, 90664, 90665, 90666, 90667, 90668, 90669, 90670, 90671, 90672, 90673, 90674, 90682, or 90754*	Influenza
90675* with 90460/90461 or 90471/90472	PCV13
90680* with 90460/90461 or 90471/90472	Rotavirus
90680* or 90681* with 90462/90463 or 90471/90472	DTaP/IPV
90680* or 90681* with 90464/90465 or 90471/90472	DTaP/IPV/HiB
90680* or 90681* with 90466/90467 or 90471/90472	DTaP
90700* with 90462/90463 or 90471/90472	DT
90700* or 90701* with 90460/90461 or 90471/90472	MMII
90700* or 90701* with 90462/90463 or 90471/90472	MMII/IV
90700* or 90701* with 90464/90465 or 90471/90472	DT
90713* with 90460/90461 or 90471/90472	Td
90714* with 90460/90461 or 90471/90472	Tdap
90715* with 90460/90461 or 90471/90472	Tdap-IPV
90716* with 90460/90461 or 90471/90472	IPV5/23
90720* with 90460/90461 or 90471/90472	MMII/IV
90720* or 90721* with 90462/90463 or 90471/90472	MMII/IV
90730, 90734*, or 90744* with 90460/90461 or 90471/90472	Hep B
90748* with 90460/90461 or 90471/90472	HiB-Hep B

** Indicates a vaccine distributed by TVFC.*

Tuberculin Skin Testing (TST)

Use procedure code 90490 for TST. Procedure code 90490 may be reimbursed on the same day as a checkup.

Oral Evaluation and Fluoride Varnish

Use procedure code 90473 with U6 modifier.

Developmental and Autism Screening

Developmental screening with use of the ASQ, ASQ:SE or PDI-3 is reported using procedure code 90110.
Autism screening with use of the M-CHAT or M-CHAT R/F is reported using procedure code 90110 with U6 modifier.

Mental Health Screening

Mental health screening to adolescents with the use of the PSC-17, PSC-18, Y-PSC, PHQ-9, PHQ-A (depression screen), CRAFFT, and PHQ-A (Anxiety, mood, substance use) is reported using procedure code 90100 or 90101. Only one procedure code (90100 or 90101) may be reimbursed per claim per calendar year.

Postpartum depression screening with the use of a validated screening tool including the Edinburgh Postnatal Depression Scale (EPDS) or PHQ-9 or PHQ-9 (depression screening) is reported using procedure code 90100 or 90101. Only one procedure code (90100 or 90101) may be reimbursed per claim per calendar year. Modifiers Use to indicate the practitioner who is performing the unlinked physical examination component of the medical checkup. | Modifier | SA (Nurse Practitioner) | TD (Nurse Assistant) | |----------------|-------------------------|----------------------| | AM (Physician) | | | Exemptions to Periodicity Use with Texas Health Steps medical checkup procedure codes to indicate the reason for an exemption to periodicity. | Code | Description | |----------------------------|--------------------------| | 25 (Unusual Circumstances) | 22 (Medically Necessary) | FQHC and RHIC Federally qualified health center (FQHC) providers must use modifier EP for Texas Health Steps medical checkups. Rural health clinic (RHIC) providers must use modifier RP for Texas Health Steps medical checkups. Vaccine/Taxcode Use to indicate a vaccine/taxcode not available through TVFC and the number of state defined components administered per vaccine. | Code | Description | |------|---| | U1 | Vaccine/taxcode previously purchased by provider when TVFC number of state defined components not available | | U2 | Vaccine/taxcode not available | Vaccine Administration and Preventive E/M Visits Use with Texas Health Steps preventive visit checkup procedure codes to indicate a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the termination administration. Condition Indicator Codes One of the Condition Indicators below is required whether a referral was made or not. | Referral Status | Indicator Codes | Description | |-----------------|-----------------|----------------------| | N | N1 | No need for referral | | T | T1 | Referral requested | | T | T2 | Under treatment |

TEXAS HEALTH STEPS MEDICAL CHECKUP PERIODICITY SCHEDULE FOR BIRTH THROUGH 10 YEARS OF AGE

Age	History	Developmental Surveillance	Mental Health	Measurements	Vision	Hearing	Laboratory Tests
Birth	✓	✓	✓	Weight	✓	✓	✓
1-2	✓	✓	✓	Height	✓	✓	✓
3-4	✓	✓	✓	Weight	✓	✓	✓
5-6	✓	✓	✓	Height	✓	✓	✓
7-8	✓	✓	✓	Weight	✓	✓	✓
9-10	✓	✓	✓	Height	✓	✓	✓

TEXAS HEALTH STEPS MEDICAL CHECKUP PERIODICITY SCHEDULE FOR 11 THROUGH 20 YEARS OF AGE

Age	History	Mental Health	Measurements	Vision	Hearing	Laboratory Tests
11-12	✓	✓	Weight	✓	✓	✓
13-14	✓	✓	Height	✓	✓	✓
15-16	✓	✓	Weight	✓	✓	✓
17-18	✓	✓	Height	✓	✓	✓
19-20	✓	✓	Weight	✓	✓	✓

LEGEND

- ✓ Meets
- ✗ Not completed at the required age, must be completed at the first opportunity of age appropriate
- ✗ For developmental, mental health, vision, or hearing screenings, when both colors appear at the same age, perform the most appropriate-level screen.
- ✗ Not required
- ✗ Not done



Resources

Health and Human Service Commission — Texas Health Steps:

tmhp.com/resources/provider-manuals/tmppm
txhealthsteps.com

Texas Medicaid & Healthcare Partnership Resources:

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

Midlevel reimbursement:

tmhp.com/resources/provider-manuals/tmppm

Texas Vaccines for Children (TVFC):

[Texas Vaccines for Children Program - Immunizations Unit | Texas DSHS](#)

Periodicity Schedule:

[Checkup Components | Texas Health and Human Services](#)

Postpartum Health Screening CE/CME:

[Postpartum Health: Screening and Intervention | Texas Health Steps \(txhealthsteps.com\)](#)

Texas Health Steps Tools and Resources:

[Tools & Resources | Texas Health Steps \(txhealthsteps.com\)](#)



Questions





provider.wellpoint.com/tx

Medicaid coverage provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.