

Texas Health Steps Medical Checkups



UnitedHealthcare Community Plan in Texas is sharing this information from the Texas Health and Human Services Commission so you know what the state requires when billing for **Texas Health Steps checkups**.

Texas Health Steps (THSteps) is a health care program that provides medical checkups for children from birth to age 20 for Medicaid members in Texas. This guide will help you better understand Texas Medicaid billing procedures when submitting claims for THSteps medical checkups for STAR, STAR Kids and STAR+PLUS members.

What's involved in a THSteps medical checkup?

The THSteps medical checkup examines the general physical and mental health, growth, development and nutrition of infants, children and youth. You can view the required age-appropriate screenings for each checkup in the [THSteps Medical Checkup Periodicity Schedule](#). The health screenings listed on the schedule are required by federal and state guidelines. More details about required components are available at dshs.texas.gov/thsteps/texas-health-steps-checkup-components.

Children and youth ages 3 to 20 are due for an annual checkup on or before their birthday.. New members should have a medical checkup as soon as practical, but no later than 14 days after enrollment for newborns, and no later than 90 days after enrollment for all other eligible children and youth. The following table lists the number of visits allowed for each age range.

Member Age	Number of Visits
Birth – 11 months	6
1 – 4 years	7
5 – 11 years	7
12 – 17 years	6
18 – 20 years	3

Submitting THSteps Medical Checkup Claims

Services that make up a THSteps medical checkup shouldn't be billed separately on the same day as the checkup, except:

- Initial point-of-care blood lead testing
- Behavioral health screenings for adolescents
- Maternal post-partum depression screening
- Tuberculin skin test
- Developmental and autism screening
- Vaccine administration
- Oral evaluation and fluoride varnish

THSteps medical checkups, exception-to-periodicity checkups and follow-up visits are limited to once a day. A checkup and the associated follow-up visit will be denied if billed for the same date of service.

CPT® Codes

Billing for a THSteps medical checkup may involve various codes and modifiers.

CPT codes for preventive services include 99381-99385, 99382-99384 and 99391 and are determined by the member's age and whether they are an established patient. Use CPT code 99211 for an associated follow-up visit.

A physical exam outside the annual time frame may be necessary if a member participates in sports, extracurricular activities or camp. This extra exam is not a Texas Medicaid benefit and is not a replacement for a THSteps medical checkup. However, we offer this extra exam as a value-added service for our members to encourage participation in these activities. Please use code 97169, 97170 or 97171 for this extra exam.

Diagnosis Codes

Diagnosis codes also correspond to member age. Please use the following chart to determine the appropriate diagnosis code.

Member Age	Diagnosis Codes
Birth – 7 days	Z00110
8 – 28 days	Z00111
29 days – 17 years	Z00121, Z00129
18 – 20 years	Z0000, Z0001

When one or more vaccinations are given during the medical checkup, add diagnosis code Z23 (encounter for immunizations) to the visit. When a member receives a vaccine at a time other than during a THSteps medical checkup, the diagnosis code Z23 may be the only diagnosis code on the claim.

Modifiers

Always use one of the following modifiers to indicate the type of care provider who performed the unclothed physical exam component of the THSteps medical checkup.

Modifier	Care Provider Type
AM	Physician, team member
SA	Nurse practitioner rendering service in collaboration with a physician
TD	Registered nurse
U7	Physician assistant
EP	Federally Qualified Health Centers add this to provider type modifier above

Exception-to-periodicity checkups may be completed outside the timeframes outlined in the THSteps Periodicity Schedule if the checkup is:

- Medically necessary, for example, if a member is suspected of having a developmental delay, experienced abuse or is in a high-risk environment, such as lead paint
- Required for Head Start, day care, foster care or preadoption
- Necessary prior to a dental procedure requiring general anesthesia

When billing for an exception-to-periodicity checkup, include one of the following modifiers to explain the exception.

Modifier	Description
SC	Medically necessary service or supply
23	Unusual anesthesia
32	Mandated services: Services related to mandated consultations or related services

Place of Service Codes

Rural health clinic (RHC) providers should bill place of service 72 for THSteps medical checkups.

We're Here to Help

For more information about THSteps medical checkups, visit tmhp.com > Providers > THSteps > [Texas Health Steps Quick Reference Guide](#) or tmhp.com > Providers > Medicaid Provider Manual > [Children's Services Handbook](#).

For more details on Texas Medicaid care provider procedures, please visit tmhp.com > Providers > Medicaid Provider Manual > [Texas Medicaid Provider Procedures Manual](#).

If you have questions, please contact your Provider Advocate or call Customer Service at **888-887-9003**, 8 a.m. – 6 p.m., Monday – Friday. Thank you.

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Doc#: PCA-1-012866-10302018_11232018

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