Are you being fully reimbursed for Texas Health Steps services you provide? Do the medical checkups you perform count toward the goal of improving access? Amerigroup appreciates your participation in our network, and we want to help you comply with the following billing guidelines to ensure that your Texas Health Steps claims are paid in a timely manner:

- Submit on a CMS-1500 paper claim form, electronically via the 837P or online through our website, providers.amerigroup.com.
- Use appropriate Texas Health Steps medical checkup procedure codes with diagnosis V202 and appropriate national performing provider modifiers
- Include immunization administration and vaccine procedure codes if administered (all ages)
- Include the condition indicator codes (NU, ST, S2 only in Form Locator 24C of the CMS-1500)
- Include EP modifier for Federally Qualified Health Center (FQHC) providers
- Include Place of Service 72 for Rural Health Clinic (RHC) providers
- Include appropriate developmental and autism screening procedure codes at required ages

What this means to you: To help you with Texas Health Steps claims, we are providing additional information regarding these billing guidelines below.

Medical Checkup Procedure Codes, Diagnosis and Modifiers
Use Evaluation and Management (E&M) CPT codes (99381-99385, 99391-99395 or 99211) with a diagnosis code of V202 when billing Texas Health Steps services. Performing provider modifiers include:

<table>
<thead>
<tr>
<th>Performing Provider</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>AM</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>SA</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>U7</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>TD</td>
</tr>
</tbody>
</table>

Use of Benefit Code
Providers are required to denote a Texas Health Steps service has been provided by submitting:

- A benefit code of EP1 on a paper claim in Form Locator 11C of the CMS-1500 claim form
- A benefit code of EP1 on an electronic 837P claim submission in loop 2000B, Segment SBR, Data Element 03 and a value of 01 in Loop 2300, Segment CLM, and Data Element 12
- A benefit code of EP1 on a Web-submitted claim in the field labeled Benefit Code

Use of this benefit code indicates all components required for the visit have been provided and clinical documentation should support the billing. In accordance with state guidance, if the benefit code is not submitted, the visit is not considered a Texas Health Steps medical checkup.
Use of Texas Health Steps Condition Indicators
Use condition indicators to describe if a referral was made because of the checkup. Enter it on the claim with the periodic medical checkup visit procedure code. Condition indicators are required on all Texas Health Steps claims regardless of whether or not a referral was made.

<table>
<thead>
<tr>
<th>Condition Description</th>
<th>Condition Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>No referral made</td>
<td>NU</td>
</tr>
<tr>
<td>New services requested</td>
<td>ST</td>
</tr>
<tr>
<td>Under treatment</td>
<td>S2</td>
</tr>
</tbody>
</table>

Use of Modifiers for Exceptions to Periodicity
Texas Health Steps coding guidelines allow three modifiers to indicate an exception to periodicity. Amerigroup accepts two of these modifiers to indicate exception to periodicity on a Texas Health Steps/well-child exam. Modifier 23 is a non HIPAA-compliant use of the code and is not accepted. The table below summarizes the use of these modifiers:

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Texas Medicaid Guidelines</th>
<th>Amerigroup Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>Indicates a Texas Health Steps visit performed prior to unusual anesthesia</td>
<td>Amerigroup does not accept this modifier as an exception to periodicity for a Texas Health Steps visit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To denote a Texas Health Steps exam was performed as a dental preoperative checkup for an Amerigroup member, use one of the modifiers below.</td>
</tr>
<tr>
<td>32</td>
<td>Indicates a Texas Health Steps visit performed as mandated services</td>
<td>Same as Texas Medicaid program guideline. This modifier is appropriate for use with Texas Health Steps visits and should be used for children of migrant farm workers needing exception to periodicity.</td>
</tr>
<tr>
<td>SC</td>
<td>Indicates a Texas Health Steps visit performed as a medically necessary services</td>
<td>Same as Texas Medicaid program guideline. This modifier is appropriate for use with Texas Health Steps visits.</td>
</tr>
</tbody>
</table>

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

Any time a vaccine is administered, the vaccine serum and immunization administration codes must be billed. Administration codes billed without indication of the serum administered will be denied. The vaccine procedure codes must be indicated on the claim first and then immediately followed by the applicable administration procedure code. Immunization administration codes are reimbursed based on the description of the procedure code that is submitted. Refer to the Texas Medicaid and Healthcare Partnership (TMHP) provider procedure manual, NCCI Manual and CPT code reference book for coding guidelines related to immunization administration with or without counseling.
**December 2011 Texas Health Steps Changes**
The TMHP posted benefit changes to the Texas Health Steps program for dates of service on or after December 1, 2011. For a complete list of the benefits changes, visit [www.tmhp.com](http://www.tmhp.com) for the article posted on October 28, 2011.

The December 1, 2011, benefit changes related to Texas Health Steps billing include:

- A new checkup and a new E&M visit performed on the same day may both be reimbursed as new patient visits if the client meets the requirements as a new patient
- Providers must obtain their own supply of Purified Protein Derivative (PPD); the state Infectious Disease Control Unit will no longer provide 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 FQHCs and RHCs and are not reimbursed separately.)
- Blood lead testing (procedure code 83655) may be reimbursed to Texas Health Steps medical providers when 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.)

**Guideline for Billing a Sick Visit Provided on the Same Day as a Texas Health Steps Visit**
We highly encourage primary care providers to perform a Texas Health Steps checkup any time a patient is identified as due according to the periodicity schedule. If a patient is due for a Texas Health Steps checkup on the same date of service as a sick visit, both the sick visit and Texas Health Steps visit may be completed on the same day. One claim may be submitted for a sick visit and Texas Health Steps visit with the appropriate procedure and diagnosis codes for the services provided. The treatment visit must be billed with a 25 modifier indicating a separate service was provided and must be supported by documentation in the patient’s medical record.

Minor illnesses or conditions do not warrant additional billing for services provided on the same day as a Texas Health Steps checkup. Examples of conditions that would be considered incidental to the Texas Health Steps checkup include:

- Follow-up of a mild upper respiratory infection
- Treatment of diaper rash
- Ear cleaning
- A visit related to a recent surgical procedure (included as part of the global surgical package)

**Texas Health Steps Periodicity Schedule**
The Texas Health Steps periodicity schedule has been revised to reflect the December 1, 2011, policy changes and is available on the Department of State Health Services website at [www.dshs.state.tx.us/thsteps/forms.shtm](http://www.dshs.state.tx.us/thsteps/forms.shtm) and on the Texas Health Steps website at [www.dshs.state.tx.us/thsteps/default.shtm](http://www.dshs.state.tx.us/thsteps/default.shtm).

**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.