

Background:

This updated guidance replaces the May 8, 2020 notice regarding Texas Health Steps Medicaid Checkups via remote delivery during COVID-19 restrictions.

Substantive updates include:

- Listing acceptable reasons why a Texas Health Steps Checkup might not be completed within 6 months.
- Clarifying that providers may bill for an acute care visit that happened at the same time as the Texas Health Steps Checkup as long as it is submitted on a separate claim.
- Requiring MCOs to audit and monitor timely Texas Health Steps checkups as they do today.

Key Details:

This guidance is effective from May 7, 2020 through June 30, 2020.

Texas Health Steps Checkups

Texas Health Steps (THSteps) medical checkups require the following federally-mandated components:

- (1) comprehensive health and developmental history, including physical and mental health and development;
- (2) comprehensive unclothed physical examination;
- (3) immunizations appropriate for age and health history;
- (4) laboratory tests appropriate to age and risk, including lead toxicity screening; and
- (5) health education, including anticipatory guidance.

To allow for continued provision of THSteps checkups during the period of social distancing due to COVID-19, HHSC is allowing remote delivery of certain components of medical checkups for children over 24 months of age (i.e. starting after the “24 month” checkup). Because some of these requirements (like immunizations and physical exams) require an in-person visit, providers must follow-up with their patients to ensure completion of any components within 6 months of the telemedicine visit.

Telemedicine or telephone-only delivery of THSteps checkups for children birth through 24 months of age (i.e. from the first newborn checkup through the “24-month” checkup) is not permitted.

Providers should use their clinical judgement as to what components of the checkup may be appropriate for telemedicine (audio and visual) or telephone-only delivery. Audio + visual delivery is preferred over telephone-only. Physicians (MD and DO), nurse practitioners, physician assistants, and registered nurses may perform remote delivery of these services. Non-physician provider supervision and delegation rules/regulations still apply.

Providers should bill using the appropriate THSteps checkup codes for the initial visit as is currently required. Providers may also bill for “add-on” codes (e.g. developmental screening, mental health screening, etc.) as they normally would. Modifier 95 must be included on the claim form to indicate remote delivery. Provider documentation should include the components that were not completed during the initial checkup using COVID-19 as the reason for an incomplete checkup.

When the patient is brought into the office within the 6-month timeframe to complete the outstanding components of the visit, providers should bill the THSteps follow-up visit code (99211). Reimbursement will be identical to current rates for THSteps checkup codes. Providers must document the reason the checkup was not able to be completed. Acceptable reasons for which the 6-month timeframe might not be met include, but are not limited to, the following:

- Child moves (from one service delivery area into another)
- Child switches primary care providers
- Child changes product service lines (e.g. from STAR to STAR Kids)
- Child switches MCOs
- Child moves out of state
- Child dies
- Child loses eligibility
- It is still not safe in 6 months to conduct an in-person visit

Providers *may* also bill an acute care E/M code at the time of the initial telemedicine checkup or at the “6-month” follow-up visit. Modifier 25 must be submitted with the acute care E/M procedure code to signify the distinct service rendered. Providers must bill the acute care visit on a separate claim without benefit code EP1.

This guidance applies to both new and established patients and is applicable for members in both managed care and fee-for-service Medicaid.

3-Day Medical Exam

The 3-Day medical exam required by statute for children entering DFPS conservatorship, telemedicine or telephone-only delivery will not be permitted, regardless of age, with one notable exception:

If a youth requires quarantine or isolation at the time of removal due to COVID-19 exposure or because the youth is known to be infected, remote delivery is allowed. Telemedicine, telehealth, or telephone-only will be allowed in this circumstance to avoid the risk of transmission in a health care setting, and audio + visual delivery is preferred, although telephone-only delivery will be permitted when audio + visual is not possible. Documentation should detail the circumstances which necessitated remote delivery. Providers should include modifier 95 when submitting a claim.

Action

MCOs should provide the above guidance and direction through notices to providers, remind providers to complete checkups of children to whom remote delivery of checkups were provided within 6 months of the initial visit, and assist providers with expanding their remote delivery capabilities through sharing best practices and providing necessary resources.

MCOs must use routine auditing processes to monitor complete THSteps checkups as they do today and must not implement new processes specific to this COVID-19 telemedicine guidance.

Additional Information

MCOs and providers are encouraged to explore different ways of ensuring children over 2 years of age receive age-appropriate vaccines in a timely manner. Providers may find recommended strategies at the American Academy of Pediatrics (AAP) website to include curbside/drive-through immunization clinics; <https://www.aap.org/en-us/Pages/Default.aspx>.

As a reminder, a patient's home is not excluded as a Texas Health Steps site for service for medical checkups.