Texas Health Steps Telemedicine Guidance for Providers: Answers to Common Questions

On May 8, 2020, in response to COVID-19, HHSC issued guidance permitting remote delivery of certain components of Texas Health Steps medical checkups for children over 24 months of age (starting after the "24-month" checkup). Medicaid health plans are encouraged to proactively collaborate with providers to work through operational aspects of this guidance. These answers to commonly asked questions augment the information in the original provider notice. This guidance also applies to well-child visits provided through the Children's Health Insurance Program (CHIP).

1. What reasons might a provider be unable to complete the in-person components of a Texas Health Steps checkup within the 6-month timeframe?

There are a variety of reasons why the checkup would not be able to be completed within 6 months. Such reasons include, but are not limited to:

- Child moves to a different service delivery area
- Child moves out of state
- Child changes PCP
- Child changes product service lines, for example, STAR Medicaid to CHIP
- Child changes health plans
- Child loses eligibility
- Child is deceased

- Child has a birthday in-between the date of the telemedicine encounter and the follow-up visit
- Child was not able to attend scheduled appointment
- Parent or caregiver refuses to return for in-person visit
- It remains unsafe to conduct an in-person visit within the 6-month timeframe

2. What is the expectation for providers and health plans to conduct outreach to ensure that children return for completion of the follow-up visit within 6 months?

Health plans are strongly encouraged to work closely with the provider community to facilitate appointments. This includes working to identify families who may experience challenges in scheduling and keeping appointments.

3. If a follow-up visit is not completed within 6 months, will health plans attempt to recoup payments for incomplete checkups?

HHSC has directed the health plans to not implement any new audit processes specific to the Texas Health Steps telemedicine guidance. Health plans have been instructed to rely on already existing routine monitoring procedures to monitor compliance.

4. What E/M code should providers use for the follow-up visit within the 6-month timeframe?

The Evaluation and Management (E/M) code 99211 is already approved as the code to identify Texas Health Steps follow-up visits. HHSC is aware that this code has generally been used for services delivered by a non-physician provider. For the purposes of Texas Health Steps checkup completion, this code should be used by all approved Texas Health Steps provider types for the follow-up visit.

5. Does HHSC permit concurrent billing in Texas Health Steps?

Providers may also bill for an acute care Evaluation and Management (E/M) code (e.g., 99213 for an ear infection) at the time of the initial telemedicine checkup or at the 6-month follow-up visit. Modifier 25 must be submitted with the additional acute care E/M procedure code and diagnosis code which signify that a distinct, separately identifiable service was rendered. Modifier 95 must be submitted to indicate remote delivery. Providers must bill the acute care visit on a separate claim without benefit code EP1. Documentation in the client's medical record must be sufficient to justify billing for the separately identifiable service.

6. Does this guidance eliminate the need for in-person visits entirely?

Flexibility provided by this guidance and the use of telemedicine visits is another tool to help providers ensure patient access to needed health care services during the public health emergency. It is not intended to suggest that in-person visits should be avoided entirely or to undermine the importance of ensuring continued administration of age-appropriate, clinically indicated immunizations. Furthermore, HHSC does not permit Texas Health Steps checkups to be conducted remotely for clients receiving their first "newborn" checkup through the "24-month" checkup. This guidance also allows for provider clinical judgement in determining which checkups for older children should be completed in-person.

7. Are home visits permitted in Texas Health Steps?

A patient's home is an acceptable Texas Health Steps place of service. For Texas Health Steps visits conducted in a child's home, the place of service code (POS) would be "2 – home". If POS 2 is used, the visit would no longer be a telemedicine visit and subject to this policy guidance.

8. What place of service (POS) code should be used for telemedicine delivery of Texas Health Steps?

The provider would submit a POS code referent to where he or she was located while performing the telemedicine visit. If the provider was conducting telemedicine visits from the office, the POS would be "1 – office".

Use the following codes for POS identification where services are performed:

POS	2-Digit Numeric Codes (Electronic Billers)	1-Digit Numeric Codes (Paper Billers)
Office	02, 11, 15, 17, 20, 49, 50, 60, 65, 71, 72	1
Home	12	2
Inpatient hospital	21, 51, 52, 55, 56, 61	3
Outpatient hospital	19, 22, 23, 24, 57, 62	5
Birthing center	25	7
Other location	01, 03, 04, 05, 06, 07, 08, 16, 18, 26, 34, 41, 42, 53, 99	9
Skilled nursing facility or intermediate care facility for individuals with an intellectual disability or related conditions	13, 31, 32, 54	4
Extended care facility (rest home, domiciliary or custodial care, nursing facility boarding home)	14, 33	8
Independent lab	81	6
Destination of ambulance	Indicate destination using above codes	Indicate destination using above codes

Note: *Family planning and THSteps medical services performed in a rural health clinic (RHC) are billed using national POS code 72.*
See TMPPM, Volume 1: Claims Filing, subsection 6.3.1.1 Place of Service (POS) Coding for references to local codes.

9. Does this telemedicine guidance apply to CHIP?

Yes, this guidance applies to well-child visits provided through the Children's Health Insurance Program (CHIP).