



superior  
healthplan™

# Texas Health Steps Medical Checkup

*Components and Provider  
Reference Guide*

# TEXAS HEALTH STEPS

Superior HealthPlan strives to provide support to providers to ensure the delivery of quality health care to Medicaid (STAR, STAR Health, STAR Kids and STAR+PLUS) members. The Texas Health Steps Components and Provider Reference Guide was created to help providers with a summary of the federal and state mandated components of Texas Health Steps Medical Checkup, which must be documented in the medical record as a condition for reimbursement. Annually, Superior's goal is for members from birth through 20 years of age, to receive timely completion of Texas Health Steps Medical Checkups based on the Periodicity Schedule. This guide will assist providers in understanding the age-appropriate requirements for each checkup.

## WHAT IS TEXAS HEALTH STEPS\*?

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service 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, which includes the preventive care components, or early and periodic screening, of the total EPSDT service. Texas Health and Human Services (HHS) administers Texas Health Steps under funding from Title XIX of the Social Security Act for EPSDT services for children from birth through 20 years old who have Medicaid. Texas Health Steps operates under provisions in the Social Security Act, § 1905, and the Consent Decree requirements resulting from *Frew, et al. v. Smith, et al.* Several additional legislative requirements affect Texas Health Steps and the participating providers.

For more information, please visit the [HHS Texas Health Steps webpage](#).

**Note:** *This resource guide is designed for Texas Health Steps Medical Checkup components only. For information on Texas Health Steps Dental please refer to the [HHS Texas Health Steps Dental Providers webpage](#).*

# DOCUMENTING STATE MANDATED COMPONENTS

All Texas Health Steps Medical Checkups and other services require documentation within the members medical record to support the service provided. Texas Health Steps Medical Checkups, are subject to retrospective review and recoupment if documentation within the members medical record does not support the service claim submitted for payment.

## Retrospective Reviews:

Superior's Quality Improvement Department conducts annual retrospective review to ensure compliance with required components of the Texas Health Steps Medical Checkup and timely completion. This includes the review of provider medical record data that is reported to Superior by claim/encounter for a Texas Health Steps Medical Checkup.

## SUPERIOR'S GOAL

Superior's goal is to provide information on the required components of the Texas Health Steps Medical Checkup and their due dates. Providers and other health-care staff should document to the highest specificity with the most correct coding choice.

This guide was created based on information from Texas Medicaid & Healthcare Partnership (TMHP). TMHP is the claims administrator for Texas Medicaid under contract with the HHS and is subject to change.

For more information, visit the [TMHP Texas Health Steps webpage](#).

## QUESTIONS AND RESOURCES

For any questions, please call:

- **Superior Provider Services:** 1-877-391-5921
- **TMHP Contact Center:** 1-800-925-9126
- **Texas Health Steps Medical:** 1-800-757-5691
- **Texas Health Steps Dental:** 1-800-568-2460
- **Texas Health Steps at HHS:** 1-877-847-8377

For additional resources, visit the Texas Health Steps section of Superior's Provider Resources webpage at [SuperiorHealthPlan.com/ProviderResources](https://SuperiorHealthPlan.com/ProviderResources)

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# TEXAS HEALTH STEPS MEDICAL CHECKUPS AND DUE DATES

## PERIODICITY SCHEDULE

Members are due for a Texas Health Steps Medical Checkup based on their date of birth and the ages indicated on the Texas Health Steps Periodicity Schedule. A new member enrolled with Superior is due for a Texas Health Steps Medical Checkup as soon as practicable, but in no case later than 14 Days of enrollment for newborns, and no later than 90 Days of enrollment for all other eligible members.

Members younger than three years of age are due for checkups at frequent intervals. For members three years of age and older, they are considered due for a checkup on their birthday and should be scheduled for yearly checkup.

Children of Traveling Farmworkers may need a checkup prior to the recommended Texas Health Steps Periodicity Schedule. The Texas Health Steps Fee-for-Service (FFS) policy creates this flexibility by allowing a total number of checkups at each age range.

The Periodicity Schedule specifies screening procedures required at each stage of the member's life to ensure that health screenings occur at age-appropriate points in a member's life.

The table below lists the number of visits allowed at each age range:

Age Range	Number of Visits
Birth through 11 months of age (does not include 12 month 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

## ACUTE CARE VISITS

Providers may bill a new member's Texas Health Steps Medical Checkup for the same date of service as a new acute care visit, if no other acute care visits or preventative care Texas Health Steps Medical Checkup has been billed in the past three years. For details, please refer to:

- [Acute Care Visit on the Same Day as a Texas Health Steps Preventive Visit Checkup](#)

- [Texas Health Steps Preventive Visit Checkup with Immunization and Vaccine Administration](#)

For a claim form example, please visit the resources on the [TMHP website](#).

*\* Note: If documentation does not support acute medical necessity for the Evaluation and Management (E/M) visit and the Texas Health Steps Medical Checkup, the claim is subject to recoupment.*

## EXCEPTION TO THE PERIODICITY SCHEDULE

Texas Health Steps Medical Checkups completed outside the timeframes listed in the Periodicity Schedule may be allowed as an exception-to-periodicity schedule if it is medically necessary.

- Medically necessary such as:
  - Member with developmental delay.
  - Suspected abuse.
  - Other medical concerns.
  - Member in a high-risk environment, such as living with a sibling with elevated blood lead.
- Required to meet state or federal exam requirements for Head Start, day care, foster care or preadoption.
- Needed before a dental procedure requiring general anesthesia.

If a member is due for a Texas Health Steps Medical Checkup, and it is outside of the regular Periodicity Schedule it must be billed as a regular checkup rather than an exception-to-periodicity.

**Note:** *A sports physical is not a reason for an exception-to-periodicity checkup.*

When billing for an exception-to-periodicity Texas Health Steps Medical Checkup visit, provider must also include the most appropriate exception-to-periodicity modifiers to prevent denial. See modifiers in table below:

Modifier	Description
SC	Medically necessary service or supply.
23	Unusual Anesthesia: Occasionally, a procedure that usually requires either no anesthesia or local anesthesia must be done under general anesthesia because of unusual circumstances. This circumstance may be reported by adding the modifier "23" to the procedure code of the basic service.
32	Mandated Services: Services related to mandated consultation or related services (e.g., PRO, third party payer, governmental, legislative or regulatory requirement) may be identified by adding the modifier "32" to the basic procedure.

Providers submitting a claim for a Texas Health Steps Medical Checkups exception-to-periodicity schedule service must bill with the same procedure codes, provider type, modifier and condition indicators as a medical checkup. Additionally, providers must use modifiers 23, 32 and SC to indicate the exception.

## FOLLOW-UP VISIT

A follow-up visit may be required to complete necessary procedures related to a Texas Health Steps Medical Checkup or exception-to-periodicity checkup, such as:

- Reading the Tuberculin Skin Test (TST).
- Administering immunizations in cases where the client's immunizations were not up-to-date, medically contraindicated or unable to be given during the checkup.
- Collection of specimens for laboratory testing that were not obtained during the Texas Health Steps Medical Checkup or the original specimen could not be processed.
- Completion of sensory or developmental screening that was not completed at the time of the checkup due to the client's condition.

If the parent or guardian did not give consent for a component during the initial checkup, and supporting documentation is provided, no follow-up visit is necessary.

A return visit to follow up on treatment initiated during a Texas Health Steps Medical Checkup or to make a referral is not considered a follow-up visit.

Provider must use procedure code 99211 with the provider identifier and the Texas Health Steps benefit code when billing for a follow-up visit.

*For additional information, please refer to [TMPPM, subsection 6.4.1, "NCCI Guidelines" in "Section 6: Claims Filing \(Vol. 1, General Information\).](#)*

## TEXAS HEALTH STEPS MEDICAL CHECKUP COMPONENTS

### MANDATED COMPONENTS

Texas Health Steps Medical Checkups include regularly scheduled examinations and screenings of the general physical and mental health, growth, development and nutritional status of infants, children and youth.

The following federal and state mandated components must be documented in the client's medical record for the checkup to be considered complete:

- Comprehensive health and developmental history, including physical and mental health development.
- Comprehensive unclothed physical examination.
- Immunizations appropriate for age and health history.
- Laboratory test appropriate to age and risk, including lead toxicity at specific federally-mandated ages.
- Health education, including anticipatory guidance.
- Dental referral.

If a component is not completed, providers must document in medical record rationale for not completing, and a plan to complete the component(s) if not due to parent or caregiver concern or reasons of conscience, including religious beliefs.

## Required Screenings and Tools

Texas Health Steps provides optional clinical records and screening tools to assist providers in documenting the required components. To receive reimbursement for a Texas Health Steps Medical Checkup, providers are required to use a validated tool. Providers can access screening tools by visiting the [HHS Texas Health Steps Forms webpage](#).

## COMPREHENSIVE HEALTH AND DEVELOPMENT HISTORY

A comprehensive health and developmental history is a federally mandated component of a Texas Health Steps Medical Checkup, and must be completed at every checkup. A comprehensive health and developmental history must include the child's physical, developmental, mental health, nutritional and tuberculosis health histories.

### Initial and Interval History

New Patient:

- Document a complete a comprehensive personal and family history at initial Texas Health Steps Medical Checkup.

Established Patient:

- An interim history must be performed at each subsequent Texas Health Steps Medical Checkup.



## Nutrition Screening

Dietary practices must be assessed at each Texas Health Steps Medical Checkup to identify unusual eating habits such as pica, extended use of baby bottle feedings, or eating disorders in older children and adolescents.

## Developmental Surveillance and/or Screening

Developmental surveillance or screening is a required component of every Texas Health Steps Medical Checkup for member's at birth through six years of age.

Standardized screening includes:

- Autism screenings, required at 18 months of age and 24 months of age.
  - If not completed at 24 months of age, or if there is a particular concern, it should be completed at 30 months of age.
- Standardized developmental screening is required at the ages listed in the "Required Screening Ages and Recommended Tools" table below.

A standardized developmental screen is not required at other checkups up to and including the six-year checkup; however, a development surveillance and the review of milestones at these checkups. Developmental Surveillance and Review of Milestones include the following:

- Gross and fine motor skills.
- Communication skills.
- Speech-language development.
- Self-help/care skills.
- Social, emotional and cognitive development, and mental health.

**Note:** *Review of milestones is not considered a separate service.*

Providers must use one of the validated, standardized tools listed in the table below when performing a standardized developmental or autism screening. Providers may be reimbursed separately when using one of these screening tools with the developmental screening in addition to the Texas Health Steps Medical Checkup visit at specific age visits.

Required Screening Ages and Recommended Tools		
Screening Age	Developmental Screening Tools	Autism Screening Tools
9 months	Ages and Stages Questionnaire (ASQ), Parents' Evaluation of Development Status (PEDS) or Survey of Well-being of Young Children (SWYC)	N/A

18 months	ASQ, PEDS or SWYC	Modified Checklist for Autism in Toddlers (M-CHAT) or M-CHAT Revised with Follow-Up (M-CHAT R/F)
24 months	ASQ, PEDS or SWYC	M-CHAT or M-CHAT R/F
3 years	ASQ, Ages and Stages Questionnaire: Social-Emotional (ASQ:SE), PEDS or SWYC	N/A
4 years	ASQ, ASQ:SE, PEDS or SWYC	N/A

**Additional Provider Guidance:**

- Mandatory developmental screenings not completed in the Required Screening Ages and Recommended Tools table or if the member is being seen for the first time, standardized developmental screening must be completed through six years of age.
- Standardized and validated developmental screenings administered at ages other than at the recommended ages, must document the rationale.
- Developmental screenings completed without the use of one of the required standardized screening tools is not a separately payable benefit, and the Texas Health Steps Medical Checkup will be considered incomplete.
- Standardized developmental screening administered on a routine medical checkup and outside for ages other than required on the periodicity schedule is not covered when completed for the sole purpose of meeting day care, Head Start, or school program requirements.
- Standardized developmental screening may be performed outside a Texas Health Steps Medical Checkup as part of development and neurological assessment testing.

**Note:** Providers can access information on *Developmental Surveillance or Screening* by visiting the [HHS Texas Health Steps Checkup Components webpage](#).

**Referral Guidance for an in-depth developmental evaluation:**

- When a provider performing a Texas Health Steps Medical Checkup determines that a referral for diagnosis or treatment is necessary for a condition, that information must be discussed with the parents or guardians.
- Referral for an in-depth developmental evaluation is determined by the criteria of the specific tool, at the provider's discretion, or when parents express concern about member's development, regardless of medical diagnosis or a confirmed developmental delay.

- If referral is required member must be referred to a provider who is qualified to perform the necessary diagnosis or treatment services.

**Note:** Providers that need assistance finding a specialist who accepts clients with Medicaid coverage can call the THSteps toll-free helpline at 1-877-847-8377, or they can find one using the [Online Provider Lookup](#) on the [TMHP website](#).

In addition to referrals for conditions discovered during a Texas Health Steps Medical Checkup, the following referrals may be used:

- Case management for children and pregnant women.
- Hearing services.
- Routine dental.
- Dental treatment.
- Emergency dental.
- Family planning and genetic services.
- ECI.
- WIC.

For more information about referrals, please visit: [Section, "Table of Contents" in the Medicaid Managed Care Handbook \(Vol. 2, Provider Handbooks\)](#).

## Mental Health Screening

A Mental Health Screening for behavioral, social and emotional development is required at each Texas Health Steps Medical Checkup. A Mental Health Screening is recommended annually for all clients who are 12 to 18 years of age. Providers may receive separate reimbursement, in addition to reimbursement for the checkup, when using a validated screening tool.

Validated, standardized mental health screening tools include:

- 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 (PHQ-9) Modified for Adolescents (PHQ-A [depression screen]).
- Car, Relax, Alone, Forget, Family, and Trouble Checklist (CRAFTT).
- Patient Health Questionnaire (PHQ-A [anxiety, eating problems, mood problems and substance use])
- Assessment for Adolescent Preventive Services (RAAPS).

Provider documentation must include:

- Tool used.
- Screening results.
- Referrals made.

Mental Health Screening in adolescents with the use a standardized mental health screening tools above should be reported using procedure code 96160 or 96161. These procedure codes should be reported on same date of Texas Health Steps Medical Checkup by the same provider with the corresponding procedure code from table below. Reimbursement is limited to one procedure code (96169 or 96160) per calendar year and must include the use of a standardized mental health screening tool.

Procedure Codes			
99384	99385	99394	99395

## Postpartum Depression Screening

Maternal Postpartum Depression Screening is restricted to members of birth to 12 months of age and must be submitted under the infant’s Medicaid member number. Postpartum screening should occur at least once during the postpartum period.

Screening using a validated screening tool is required to receive separate reimbursement in addition to the reimbursement for the Texas Health Steps Medical Checkup.

Validated tools include:

- Edinburgh Postnatal Depression Scale.
- Postpartum Depression Screening Scale.
- Patient Health Questionnaire 9.

Positive Screening Follow-Up:

- Review screening results with the mother.
- Provide education and anticipatory guidance.
- Complete referral for mother.
- Coordinate services for support in the interim.
- If appropriate, schedule a return visit for member sooner than next scheduled visit.

Documentation Requirement:

- Screening tool used and date the screening was completed.
- Referral plan.
- Health education or anticipatory guidance, and follow-up instructions.

Procedure codes G8431 or G8510 must be submitted on the same claim as the Texas Health Steps Medical Checkup visit using one of the procedure codes on table below.

Procedure Codes				
99211	99381	99382	99391	99392

## TUBERCULOSIS (TB) SCREENING

Tuberculosis screening must be completed annually, beginning at 12 months of age, using the TB risk-screening tool.

Provider actions with risk for possible exposure:

- Administer a Tuberculin Skin Test.
- Use procedure code 86580 to receive separate reimbursement, in addition to the checkup.
- A follow-up visit with procedure code 99211 is required to read all Tuberculin Skin Test.

*Note: Remember to use the provider identifier and Texas Health Steps benefit code with the follow-up visit.*

## COMPREHENSIVE UNCLOTHED PHYSICAL EXAMINATION

### COMPLETE PHYSICAL EXAMINATION

An age-appropriate unclothed physical examination is required at each checkup. Providers must document required measurements and percentiles as age-appropriate, including:

- Length or height and weight.
- Frontal-occipital Circumference (FOC) through the first 24 months of age.
- Body Mass Index (BMI) beginning at two years of age.
- Blood pressure beginning at three years of age.

Providers should use the following growth charts for children:

- For birth to two years of age:
  - The World Health Organization (WHO) Growth Chart
- For two years of age and older:
  - The Centers for Disease Control and Prevention (CDC) Growth Chart

### ORAL HEALTH SCREENING

Oral screening for caries and general health of teeth and mouth is a requirement as part of the medical checkup physical examination.

Provider must document:

- A referral to a dentist at six months of age.
- Referrals every six months thereafter until a dental home is established.

## HEARING SCREENING

Providers must obtain a copy of the newborn hearing screening results within the Texas Early Hearing Detection and Intervention (TEHDI) Management Information System (MIS) if not provided by the birthing facility. Newborn hearing screening results must be reviewed and documented at the first checkup and determine if follow-up is needed. Hearing screening must be performed at each checkup for clients from birth through 20 years of age.

Providers may use the following tools to monitor developmental milestone benchmarks in newborns that pass their newborn hearing screening:

- TEHDI: A Roadmap for Families
- Hearing Checklist for Parents

Audiometric screening must be performed at ages indicated on the Periodicity Schedule, which are listed below:

Audiometric Screening by Age
4 years
5 years
6 years
8 years
10 years
15 years

Subjective screening through provider observation or informant report is required at the other checkups.

Members at high risk or with abnormal screening results must be referred to an appropriate Medicaid-enrolled provider who specializes in pediatric audiology services.

## VISION SCREENING

Vision screening must be performed at each checkup and documented in member's medical record. Members must be screened for abnormalities by history, observation, and physical exam and referred to a Medicaid-enrolled pediatric optometrist or ophthalmologist if at high risk.

A visual acuity test must be performed at ages indicated on the Periodicity Schedule, which are listed in the table below:

Visual Acuity Test by Age
3 years
4 years
8 years
10 years
12 years
15 years
18 years

Subjective screening through provider observation or informant report will be completed at the other Texas Health Steps Medical Checkups.

## AGE-APPROPRIATE SCREENING AND ADMINISTRATION OF IMMUNIZATIONS

Providers must assess the immunization status at every medical checkup. Vaccines and toxoids must be administered at the time of the Texas Health Steps Medical Checkup unless:

- Medically contraindicated.
- Medically contraindicated at the time of the screening but needs rescheduling at an appropriate time.
- Parent's or caregiver's reasons of conscience, including religious beliefs.

Providers must indicate reason for not administering a vaccine or toxoid in the member's medical record.

Please review the CDC Recommended Child and Adolescent Immunization Schedule for Ages 18 years of age or younger please visit the current [Advisory Committee on Immunization Practices \(ACIP\) Child and Adolescent Immunization Schedule](#).

Vaccines and toxoids must be administered according to the current [ACIP Recommended Childhood and Adolescent Immunization Schedule - United States](#).

If an immunization is administered as part of the preventive care medical checkup, diagnosis code Z23 may also be included on the claim, in addition to the age-appropriate diagnosis. Providers should submit only diagnosis code Z23 on the claim if an immunization is the only service provided during an office visit. When submitting claim for a preventative care medical checkup, providers must include the age-appropriate diagnosis code listed in the table below:

Member Age	Diagnosis Code
Birth through 7 Days	Z00110
8-28 Days	Z00111

29 Days through 17 years	Z00121, Z00129
18 years or older	Z0000, Z0001

Administration Procedure Code					
90460	90461	90471	90472	90473	90474

Procedure codes 90460 and 90461 are benefits for services rendered to members who are birth through 18 years of age when counseling is provided for the immunization administered by a provider.

**Note:** Documentation of counseling by the provider or other qualified health-care professional must be noted in the client's medical record.

Procedure codes 90471 and 90472 are benefits for services rendered to clients of any age when counseling is not provided for the immunization administered.

Procedure codes 90473 and 90474 are benefits for services rendered to clients who are birth through 20 years of age when counseling is not provided for the immunization administered.

Providers may use the state-defined modifier U1 in addition to the associated administered vaccine procedure code for clients who are birth through 18 years of age only if the vaccine is unavailable through Texas Vaccines for Children (TVFC). See description in table below:

Modifier	Description
U1	State-defined modifier: Vaccines/toxoids privately purchased by provider when TVFC vaccine/toxoid is unavailable*

\*"Unavailable" is defined as:

- A new vaccine approved by ACIP that has not been negotiated or added to a TVFC contract.
- Funding for new vaccine that has not been established by TVFC.
- National supply or distribution issues.

Providers are informed if a vaccine meets the definition of 'unavailable' from TVFC, and when the privately purchased vaccine may be billed with modifier U1.

Modifier U1 may not be used for failure to enroll in TVFC, maintain sufficient TVFC vaccine/toxoid inventory or for clients who are 19-20 years of age.

The following vaccines and toxoids are a benefit of Texas Medicaid:



Vaccines and Taxoids	Procedure Codes
Hepatitis A	90632 or 90633* with 90460/ 90461 or 90471/ 90472
MenB	90620* or 90621* with 90460/ 90461 or 90471/ 90472
Hepatitis	90636 with 90460/ 90461 or 90471/ 90472
Hib-MenCY	90644
Hib	90647* or 90648* with (90460/ 90461 or 90471/ 90472
HPV	90650 or 90651* with (90460/ 90461 or 90471/ 90472
Influenza	90630, 90654, 90655*, 90656*, 90657*, 90658*, 90685*, 90686*, 90687* or 90688* with 90460/ 90461 or 90471/ 90472; 90660* or 90672* with (90460/ 90461 or 90473/ 90474); 90661, 90673, 90674, 90682 or 90756* with 90471/ 90472
PCV13	90670* with 90460/ 90461 or 90471/ 90472
Rotavirus	90680* or 90681* with 90460/ 90461 or 90473/ 90474
DTaP-IPV	90696* with 90460/ 90461 or 90471/ 90472
DTaP-IPV-Hib	90698* with 90460/ 90461 or 90471/ 90472
DTaP	90700* with 90460/ 90461 or 90471/ 90472
DT	90702* with 90460/ 90461 or 90471/ 90472
MMR	90707* with 90460/ 90461 or 90471/ 90472
MMRV	90710* with 90460/ 90461 or 90471/ 90472
IPV	90713* with 90460/ 90461 or 90471/ 90472
Td	90714* with 90460/ 90461 or 90471/ 90472
Tdap	90715* with 90460/ 90461 or 90471/ 90472
Varicella	90716* with 90460/ 90461 or 90471/ 90472
DTap-Hep B-	90723* with 90460/ 90461 or 90471/ 90472
PPSV23	90732* with 90460/ 90461 or 90471/ 90472
MPSV4	90733 or 90734* with 90460/ 90461 or 90471/ 90472
Hep B	90743, 90744*, or 90746 with 90460/ 90461 or 90471/ 90472
Hib-Hep B	90748* with 90460/ 90461 or 90471/ 90472

\* Vaccine distributed by TVFC.

For additional information regarding procedure codes and modifiers, please see the [Texas Medicaid Provider Procedure Manual \(TMPPM\)](#).

## AGE-APPROPRIATE HEALTH EDUCATION AND ANTICIPATORY GUIDANCE

Anticipatory guidance is a federally mandated component of the Texas Health Steps Medical Checkup and includes health education and counseling. Health education and counseling, including anticipatory guidance, must be provided at each checkup. Documentation must include the recommended follow-up date for the next Texas Health Steps checkup.

Age-appropriate health education and counseling with parents or guardians and clients are required to assist parents in understanding what to expect in terms of the client's development, and to provide information about the benefits of healthy lifestyles and practices, as well as accident and disease prevention.

*Please note: Written materials may be provided during a Texas Health Steps Medical Checkup, but this material does not replace counseling.*

For age-specific anticipatory guidance information please see [Anticipatory Guidance](#) and/or [Texas Health Steps on-line Anticipatory Guidance Provider Guide tool](#).

## LABORATORY SCREENING

Laboratory screenings are a required component of the Texas Health Steps Medical Checkup and are due in accordance with the age and frequency specified on the Texas Health Steps Periodicity Schedule.

### Laboratory Services

The Department of State Health Services (DSHS) provider laboratory services at no cost to enrolled Texas Health Steps medical providers for Texas Health Steps Medical Checkups only. DSHS laboratory services but not limited to include:

- Laboratory tests that are listed on the Texas Health Steps Periodicity Schedule may be submitted to the DSHS Laboratory if the specimen submission requirements can be met. (For criteria, refer to [DSHS Laboratory webpage](#).)
- Tests that are listed in the "Laboratory Test Procedure Codes" table must be submitted to the DSHS Laboratory.
- DSHS provides supplies for specimen collection, mailing/shipping and reporting of test results to enrolled Texas Health Steps medical providers that submit specimens to the DSHS Laboratory. (Refer to DSHS web page for [Texas Health Steps Child Health Laboratory Supplies Order Form](#)).
- Texas Health Steps enrolled Provider can obtain additional information on Laboratory and Newborn screening supplies by calling 1-512-776-7661 or 1-888-963-711, ext 7661, or online at [DSHS Laboratory Testing Services Manual - Forms and Laboratory Fee Schedule webpage](#).
- Tests that must be sent to the DSHS laboratory but are sent for processing elsewhere are not reimbursed; however, the documentation

results may be used to meet the requirements for a Texas Health Steps Medical Checkup.

## Laboratory Test Procedure Codes

The following procedure codes may not be billed separately with an office visit or consultation on the same day as a Texas Health Steps Medical Checkup either by a provider or laboratory.

Laboratory Test Procedure Codes			
83655*	85018	87491	87591

\*Provider's should contact DSHS Laboratory for the most current specimen requirements by calling 1-888-963-7111, Ext. 6236, 6237, or 2628, email [ClinicalChemistry@dshs.texas.gov](mailto:ClinicalChemistry@dshs.texas.gov), or visiting the [DSHS Laboratory Testing Services Manual - Laboratory Tests for Diseases and Agents webpage](#).

A Texas Health Steps Medical Checkup includes laboratory screenings, according to age and frequency specified on the Texas Health Steps periodicity schedule. Screenings include [HHS Required Laboratory Screenings](#) at ages noted on [Texas Health Steps Periodicity Schedule](#) or [HHS Risk-Based Screenings](#) performed related to risk assessment.

See table below with the required laboratory screening procedures for the Texas Health Steps Medical Checkup:

Required Laboratory Screening	Ages
Newborn Screening – Second Screening	Required at the two-week checkup, but no earlier than 7 Days after delivery
Blood Lead Screening	12 months and 24 months
Anemia Screening (Hemoglobin)	12 months
Dyslipidemia (Total Cholesterol/Lipid Profile)	9- through 11 years of age and once again at 19- through 20 years of age
HIV Screening	Once, 16 through- 18 years of age

See table below for Risk-based laboratory screening procedures for the Texas Health Steps Medical Checkup:

Risk-based Laboratory	Ages	Risk Factors
Dyslipidemia	2 - 20 years of age	<p>Dyslipidemia testing is recommended for anyone at increased risk for dyslipidemia, including members with a:</p> <p>Positive family history of:</p> <ul style="list-style-type: none"> <li>• Premature coronary artery disease</li> <li>• Parent with known dyslipidemia or TC &gt;240 mg/dL (6.2 mmol/L)</li> </ul> <p>Specific conditions, including:</p> <ul style="list-style-type: none"> <li>• Diabetes mellitus and familial hypercholesterolemia associated with high or moderate risk for Cardiovascular Disease (CVD)</li> <li>• Significant tobacco smoke exposure</li> <li>• Hypertension</li> <li>• Elevated Body Mass Index (BMI) <ul style="list-style-type: none"> <li>○ Children between 2 and 8 years of age with a BMI ≥95th percentile</li> <li>○ Children 9-18 years of age with a BMI ≥85th percentile</li> </ul> </li> </ul>
Type 2 Diabetes	10 years, or onset of puberty if earlier	<p>Type 2 diabetes screening is for anyone at increased risk for type 2 diabetes, including members with a:</p> <p>Overweight:</p> <ul style="list-style-type: none"> <li>• BMI &gt;85th percentile for age/gender</li> <li>• Weight for height &gt;85th percentile</li> <li>• Weight &gt;120% of ideal for height</li> </ul> <p>Plus any two of the following:</p> <p>A positive family history of:</p> <ul style="list-style-type: none"> <li>• Type 2 diabetes in first- or second-degree relative</li> </ul> <p>Race/ethnicity:</p> <ul style="list-style-type: none"> <li>• American Indian</li> <li>• African American</li> <li>• Latino</li> <li>• Asian American</li> <li>• Pacific Islander</li> </ul> <p>Signs of insulin resistance or:</p> <ul style="list-style-type: none"> <li>• Acanthosis nigricans</li> <li>• Hypertension</li> <li>• Dyslipidemia</li> <li>• Polycystic Ovary Syndrome (PCOS)</li> <li>• Small for gestational age birth weight</li> </ul>

Hepatitis C	Birth - 20 years of age	<p>Hepatitis C Virus (HCV) testing is recommended for anyone at increased risk for HCV infection, including members who:</p> <ul style="list-style-type: none"> <li>• Have injected illegal drugs, including those who injected only once many years ago</li> <li>• Have received long-term hemodialysis treatment</li> <li>• Have an HIV infection</li> <li>• Have signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)</li> <li>• Are children born to HCV-positive mothers (to avoid detecting maternal antibody, these children should not be tested before age 18 months)</li> </ul>
Human Immunodeficiency Virus (HIV)	Birth - 20 years of age	<p>HIV testing is recommended for anyone at increased risk for HIV infection, including:</p> <p>Exposure or potential exposure:</p> <ul style="list-style-type: none"> <li>• Use of intravenous drugs</li> <li>• Sexual activity or abuse</li> </ul> <p>History of a Sexually Transmitted Infection (STI) Maternal-child HIV Transmission</p>

## Point-Of-Care Lead Testing

Texas Health Steps Medical Checkups require blood lead screening at ages noted on the Texas Health Steps periodicity schedule. Initial blood lead testing specimen may be sent to DSHS laboratory or performed in the provider's office using point-of-care testing. Provider's performing initial blood lead testing using point-of-care testing may be reimbursed separately. See billing details in table below:

<b>Point-of-Care Lead Testing</b>
Use procedure code 83655 with QW modifier to report that an initial blood lead level screening test was completed using point-of-care testing.

## DENTAL REFERRAL

As a reminder, this resource guide is designed for Texas Health Steps Medical Checkup components only. In Texas, a dental home should begin at six months of age but no later than 12 months of age, including a referral to a dental specialist when appropriate. Provider's must document in medical record, at the time of the checkup, if dental referral completed or if dental home is established.

Provider documentation requirements:

- Referral to an established dental home at six months of age or earlier if trauma or early childhood caries are identified.
- Following six-month of age confirmation of established dental home and on-going treatment.
- Additional referral should be made at subsequent Texas Health Steps Medical Checkup until the legal representative confirms an established dental home.

**Note:** Legal representative of member may self-refer for dental care at any age, including 12 months of age or younger.

For information on Texas Health Steps Dental please refer to the [HHS Texas Health Steps Dental Providers webpage](#).