

# CONNECTIONS



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### Texas Health Steps Branch

Health Screening & Case Management Unit  
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## What's New?

### *East Texas Community Health Needs Assessment*

New information about the East Texas Community Health Needs Assessment, Newborn Screening expansion and the Texas Hurricane Conference is available on the [Department of State Health Services \(DSHS\) web site](#). DSHS and several local health departments are assessing community health needs in East Texas. The East Texas Community Health Needs Assessment will gather information on public health, mental health, substance abuse, and medical care that can be used to improve community education, prevention, care, and treatment.

### *HHSC Civil Rights Brochures and Posters Now Available*

The mission of the Health and Human Services Commission Civil Rights Office is to promote a diverse environment free of discrimination in employment, programs, and services. To help us be more responsive to the needs of our customers, the [Civil Rights Office website](#) now provides downloadable brochures and posters in PDF and MS Word formats for use in Texas Health and Human Services (HHS) programs and offices and by HHS customers, vendors, and contractors.

At a minimum, offices must post English and Spanish versions of all posters. In addition to English and Spanish, brochures are available in Vietnamese. Please note some of the posters require special sized paper for printing. If you have any questions regarding our brochures or posters, call us WHO IS US?? Toll-free at (888) 388-6332 or our TTY line at (877) 432-7232 or email us at [hhscivilrightsoffice@hhsc.state.tx.us](mailto:hhscivilrightsoffice@hhsc.state.tx.us).

## Upcoming Events

### *2007 Diversity in Health Professions Regional Conferences*

Six regional conferences in Dallas, Lubbock, Austin, El Paso, Houston, and McAllen are scheduled during 2007. The conferences focus on increasing the number of underrepresented students entering health related academic programs, and embracing regionally reflected issues and solutions. In addition, conference tracks will promote collaboration of multiple sectors on all aspects of becoming a health care professional, including students, practitioners, employers, faculty, and community organizations.

Interested in presenting? Contact Lynn Heimerl 512/472-8921 For more information or to register visit the [2007 Health Workforce Diversity web site](#).

For registration information, contact Center for Health Promotion & Disease Prevention Research in Underserved Populations (CHPR) at [chpr@utexas.nur.mail.edu](mailto:chpr@utexas.nur.mail.edu) or call 512-471-9910. To view the brochure, visit the [University of Texas Center for Health Promotion](#) web site. See the links below for the remaining four sessions for details:

- Austin-April 19, 2007
- El Paso-May 2007
- Houston-June 12, 2007
- McAllen-July 12-13, 2007

### *Regional Monthly Conference Call*

The next regional monthly conference call is scheduled for, Thursday, April 5, 2007 at 10:00 a.m. CST. Please submit agenda items to Marty Darnell, ([marty.darnell@dshs.state.tx.us](mailto:marty.darnell@dshs.state.tx.us)) Program Specialist, THSteps Central Office, by the 5:00 p.m., April 2, 2007.



# Medicaid & CHIP

## Updated CHIP enrollment statistics available

CHIP Enrollment, Renewal, and Disenrollment Statistics have been updated recently and are available on the [CHIP Enrollment Statistics web page](#).

## CMS-1500 revisions effective April 2, 2007

On the CMS-1500, Block 24J is being identified as the place to identify the referring provider. Currently, Block 24J is for the condition indicator that allows THSteps to report the federally required information on referrals. The edit requiring the condition indicator was enabled recently so claims will deny without the ST, S2, or NU. The COB block is to be removed. The new instructions say to put the condition indicator in block 24C, which is the new EMG block. This is a change for providers and one that will result in claims denying if not correctly entered. New forms are available for viewing on the [National Uniform Claim Committee \(NUCC\) web site](#).

## New version of "A Consumer Guide to Better Health"

HHSC recently released it's 2007 edition of "A Consumer Guide to Better Health Care." This guide is mailed monthly to newly enrolled Medicaid clients and is a "primer" on Medicaid in Texas. A copy of the newest edition is available in pdf format for viewing or downloading in English and Spanish at [HHSC's Medicaid/CHIP Division Customer Services Resources web page](#).

## Final Report of the Medicaid Commission

In May 2005, the Secretary of the Department of Health and Human Services, Michael O. Leavitt, established, through the American Enterprise Institute (AEI) for Public Policy Research, the Medicaid

Commission. The Commission was charged with advising the Secretary on ways to modernize the Medicaid program so that it can provide high-quality health care in a financially sustainable way. The final report issued on December 29, 2006, can be viewed in pdf format on the [AEI web site](#).

Caseworkers to healthcare professionals and (2) to develop a healthcare delivery model and medical passport for children in foster care.

DFPS recently posted new information on its [DFPS Renewal Initiatives web page](#) regarding the agency's response and progress in improving health care

## Dental Questions and Answers

**Question:** Some providers are billing for comprehensive orthodontic services and having their claims denied. What is the correct method of billing?

**Answer:** The detailed description for billing for orthodontic services begins in Section 19.22.7 of the 2007 Texas Medicaid Provider Procedures Manual (TMPPM). In summary, providers must receive prior authorization for all orthodontic services (except for D8660, pre-orthodontic treatment visit), and all service codes are global. The prior authorization request must include all procedures required to complete the full treatment (such as, extractions, orthognathic surgery, upper and lower appliances, monthly adjustments, appliance removal if indicated, special ortho appliances, etc.).

Comprehensive Orthodontic Treatment of Adolescent Dentition (D8080) includes the diagnostic work-up and the upper and lower ortho appliances. D8080 is the ortho code that is used to bill (whether electronically or on paper claim) for all three of these services. However, the "D8080" must appear on each detail separately and must be accompanied by the old local dental service codes for these three services. The old local codes must appear in the "Remarks" field of electronic claims or "Block 35" of the paper claims. These codes are Z2009 for Diagnostic work-up, Z2011 for Ortho Appliance Upper, and Z2012 for Ortho Appliance Lower. (See page 19-43 of the TMPPM).

If the client needs special orthodontic appliances, these require prior authorization as well. There are only 2 ortho codes that can be used: either D8210 for Removable Appliance or D8220 for Fixed Appliance. Similarly, when either of these codes are requested, the provider must indicate which of the old local dental appliance codes they want to use and must place the old local code in the "Remarks" field of electronic claims or "Block 35" of the paper claims. The list of available old local codes to use begins on page 19-45 of the TMPPM.

If the old local codes do not accompany the new codes described above, the claim will be denied.

**Question:** How should a provider bill for replacement of a retainer?

**Answer:** Orthodontic services must be prior authorized, except for D8660 (pre-orthodontic treatment visit). If replacement of a retainer is authorized, the provider should use D8680 for Orthodontic Retention--removal of appliances, construction and placement of retainer(s). The appliance/retainer may be replaced once because of loss or breakage. (See 19.22.3 page 19-41 of the TMPPM).

## Senate Bill 6 Renewal Initiatives

Senate Bill 6, passed by the 79th Legislature, directs the Department of Family and Protective Services (DFPS) and HHSC to implement a medical services initiative (1) to improve access by Child Protective Services (CPS)

for children in foster care. This web site provides information on the various components of the DFPS Medical Services Initiative. It also provides a list of medical resources available to the children and families of Texas.

### Questions and Answers

**Question:** What plans does THSteps have about training RNs to perform the THSteps checkup, since TNA no longer provides the Pediatric Assessment training? Will the additional educational requirements be waived? What is current THSteps' policy regarding RNs performing THSteps checkups?

**Answer:** Currently, no TNA-sponsored training courses are planned. THSteps met with TNA a few months ago to discuss helping and facilitating TNA's ability to continue conducting this training in the future. The outcome of those discussions is pending. Remember that neither THSteps rules nor the consent decree require that RNs receive training of any type from any one source. For example, the University of Texas at Arlington (UTA) offers a Pediatric Assessment course that is scheduled for July 10-13, 2007. For more information, contact UTA at 817-272-2778 in May for a brochure. THSteps does not endorse or sponsor such courses, but will let you know about them as we receive information. It is the participant's responsibility to ensure that all of the required Pediatric Assessment components are included in a given training course. Currently, THSteps is not planning to change its training policy and waive existing educational requirements. RNs must meet the additional education requirements before conducting THSteps checkups. DSHS is working to identify opportunities to provide this training in the future. We also encourage anyone needing the training to contact TNA and express his/her interest in taking the training should TNA offer it in the future.

**Question:** Can the LVN's or MA's do part of the developmental screens, i.e. observe the child hop on one foot, stack blocks, for the doctor before he comes into the room to examine the child? They would have to have received the training on how to do the screening. Is the person doing the exam, MD, PA, or RN, the only one who can do the developmental screen, or can someone in his or her office assist with this?

**Answer:** The physician may delegate various parts of the medical check-up, including the developmental screening, vision screening etc. The manual has language noting that if the screening tool selected by the physician requires training, then the staff that conducts the screening must have had the corresponding training.

**Question:** The periodicity schedule requires blood lead level testing at ages 12 and 24 months with questionnaires required for other ages thru age 6. For example, for a child, who is 4 years old, entering a Head Start program, did not have a blood lead level test done at age 24 months, and only recently became eligible for Medicaid, would a THSteps provider automatically perform the blood lead screen? Would the screening be paid for as an exception to periodicity or would this fall under bringing child up to date?

**Answer:** The provider should complete a lead screen if there is no documentation of a screen at a previous visit. This does fall under the policy to bring a child up to date and would not be an exception to periodicity.

**Question:** Regarding the memo and list of high volume providers that regional staff received on November 17, 2006, the memo indicates the providers on this list began receiving the 1.9% in Jan. 2006. Is that correct or did they start receiving it in Jan. 2007?

**Answer:** Per Michelle Long at HHSC, providers began receiving the 1.9% beginning January 1, 2006. Please refer to the article entitled, *Additional Payments to High-Volume Providers*, on page 5 of the [January/February 2006 Texas Medicaid Bulletin #192](#).

**Question:** Some providers post notices in their offices notifying Medicaid clients that if they do not have their Medicaid Id Form 3087, they will not be seen. Some Medicaid clients find this type of notice discriminatory. Although THSteps provider relations staff work with providers to allay their concerns and offer other ways eligibility can be determined, providers continue to post these notices. What is HHSC's direction regarding the posting of such notices?

**Answer:** According to HHSC, providers are not to discriminate against Medicaid clients, and should treat all clients seen in the office the same. The provider should make all statements generic in nature, such as, "IF YOU ARE COVERED BY INSURANCE, PLEASE PRESENT YOUR INSURANCE INFORMATION AT THE TIME OF SIGN-IN," or something similar. If the Medicaid client does not provide proof of eligibility, the provider should make all possible attempts to call TMHP at 1- 800-925-9126 for eligibility information. If after all attempts to verify eligibility are exhausted, providers may charge the client for the visit. Medicaid clients are responsible for providing proof of insurance in the same way all other patients do.

**Question:** A provider recently asked whether HMOs are required to pay the new fee on vaccines with the Modifiers U2 and U3.

**Answer:** Per HHSC managed care, the MCO has flexibility in reimbursement to the provider based on the individual provider's contract. Administrative procedures such as claims filing may differ from traditional Medicaid and from MCO to MCO. The FFS policy changes the amount of reimbursement based on the modifier not the vaccine code. The modifiers U2 and U3 are used only with specific vaccine administration fee to either \$7.50 or \$10.00. See [January/February Medicaid Bulletin # 201](#) page 5. If the modifier is not used, the provider would be reimbursed \$5.00. If the provider is not using the correct modifier they may not realize that they are being paid a lesser amount. In terms of policy, the HMO has the flexibility to determine if they are using the U2 and 3 modifiers to determine reimbursement. In general, the MCO and the provider base the reimbursement from the MCO on the negotiated contract. The Provider should contact the HMO directly to determine how their system is set up.

## Use of DSHS Laboratory Forms

### Questions about use of F40-11036 and Form WHL Public500

Questions have been raised regarding the use of the F40-11036 (available on the lab’s web site) and the Form WHL Public500 (M47) (available in the Texas Medicaid Provider Procedures Manual, page C-63). Because some laboratory tests appear on both forms, such as those appearing in Sections 10 Chemistry and 13 Hematology f, how are providers to know which of the two forms to use and which would be used for THSteps Pap smear?

According to Anabel Granado of the DSHS lab, the F40-11036 found on the lab’s web site is for testing at the South Texas Lab (non-THSteps), while the WHL Public500- (M47) should be used for the Pap Screen testing conducted during the THSteps medical checkup. She added to remember, please, to submit to the DSHS Lab specimens collected during the THSteps medical checkup with the G-1B form.

## Outreach Activities

### Texas Association of Community Health Centers (TACHC)

The TACHC is a non-profit organization that serves as the primary care association for the state of Texas. TACHC members include federally qualified health centers in the state and other providers who strive to meet the health care needs of the uninsured and underserved. TACHC works on statewide outreach efforts to many different populations including children, adults, and seniors who are uninsured or underserved in Texas. TACHC produces newsletters that are available by emailing [kcoburn@tachc.org](mailto:kcoburn@tachc.org) a request to be added to their distribution list.

## The Commonwealth Fund

The Commonwealth Fund recently published a report worth noting, [Beyond Referral: Pediatric Care Linkages to Improve Developmental Health](#), written by Amy Fine and Rochelle Mayer of Georgetown University’s Project on Pediatric Care Linkages for Developmental Services, reviews the current state of pediatric linkages for developmental care. The report emphasizes the important role of pediatric health professionals in providing developmental care and linking children to needed services and resources within the broader community.

Topics include the context in which pediatric developmental care and linkage takes place, working definitions and a typology for describing linkage strategies, key linkage strategies used by exemplary practices and programs, and recommendations and next steps for improved linkages. The report summarizes key strategies at three levels: 1) practice-wide system change, 2) service provider partnerships, and 3) community-wide systems change.

## The Texas Health Institute

The Texas Health Institute (THI), an independent, non-partisan think-tank working to improve the health of Texas, recently released the results of its comprehensive study on the uninsured in Texas, [A Vision for Change: Policy Solutions for Increasing Health Coverage in Texas](#). As result of the study, the THI developed a number of policy solutions for consideration by the Texas Legislature and other policymakers. When combined, the proposed solutions in three to five years could cut approximately in half the number of Texans without health. The study also examines the corresponding economic impact of reducing the number of uninsured Texas by 50%.

**Please Note:** The primary purpose of this regular communication is to update regional and central office THSteps State staff concerning ongoing issues related to THSteps. If providers or other partners are receiving this document and have questions about the content, please contact your [local regional THSteps Provider Relations Representative](#). If others receive this document and have questions or need additional information, please contact Marty Darnell, Program Specialist, DSHS-THSteps, 1100 West 49th St, M-422 MC-1938, Austin, Texas 78756, Phone: 512/458-7111, Ext. 3034, FAX: 512/458-7256, Internet Address: [marty.darnell@dshs.state.tx.us](mailto:marty.darnell@dshs.state.tx.us).

