

the checkUP

by
Texas
Children's
Health Plan
Medical
Directors



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Texas Children's
Health Plan

Grand Rounds CME Series

All Things Being Equal

Disparities in Pediatric and
Women's Health

Thursday, September 13, 2018

Event will be broadcasted.

Additional event information to come.

Stay up-to-date by checking www.TexasChildrensHealthPlan.org/CME

Save the date

Provided by **Texas Children's Hospital** and
presented by **Texas Children's Health Plan.**

Free registration for Texas Children's Health Plan Contracted Providers.

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**Texas Children's
Health Plan**

Coding change to **postpartum depression screening** during well child care

Maternal depression is a serious and prevalent condition that not only affects the mother, but may present a substantial early risk to appropriate child development, the mother-infant bond, and the family as a whole. According to the AAP, it has been estimated that 5 percent to 25 percent of all pregnant, postpartum, and parenting women have some type of depression. Mothers who have low incomes are more likely to experience some form of depression than the general population of mothers. A maternal depression screening can be considered an essential part of a risk assessment for the child, given the evidence that maternal depression can place children at risk of adverse health consequences.

Effective for dates of service on or after July 1, 2018, postpartum depression screening is a payable benefit of Texas Medicaid utilizing procedure codes G8431 and G8510. The new billing codes will replace code 96161 as a benefit for maternal depression screening conducted at a Texas Health Steps visit. **96161 will no longer be payable for maternal depression screening effective 10/1/18.**

- **G8431** = Screening for depression is documented as being positive and a follow-up plan is documented
- **G8510** = Screening for depression is documented as negative, a follow-up plan is not required

The reimbursement amount for procedure codes G8431 and G8510 covers all postpartum depression screenings provided during the infant's medical checkups or follow-up visits. Only one procedure code, either G8431 or G8510, may be reimbursed per provider in the 12 months following the infant's birth, but may be billed for tracking purposes whenever conducted.

Postpartum depression screening must be submitted under the infant's Medicaid number and will be restricted to members who are 12 months of age and younger. Screening and referral is not contingent upon the mother's Medicaid eligibility.

Procedure codes G8431 and G8510 must be submitted on the same claim, for the same date of service and provider, as one of the following Texas Health Steps medical checkup or follow-up visit procedure codes:

99211 99381 99382 99391 99392

Screening using a validated tool is required. At a minimum, screening should occur at least once during the postpartum period. Validated tools may include the following:

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

For more information on postpartum screening tools, documentation, treatment, and resources, go to TheCheckup.org/blog for the full version of this article.



Immediate postpartum long-acting reversible contraceptives (LARCs): claim processing procedure update

Long-acting reversible contraceptives (LARCs) are beneficial to subsequent maternal health outcomes as they enhance family planning and safer birth spacing. The Texas Medicaid Provider Procedures Manual was updated earlier this year to reflect new language related to immediate postpartum LARC device insertion.

Language in subsection 2.2.5.4, “Immediate Postpartum Insertion of IUDs and Implantable Contraceptive Capsules” was updated regarding immediate postpartum LARC insertion and claim processing procedures. The new language states that procedure codes for LARCs may be reimbursed in addition to the hospital diagnosis related group (DRG) payment when insertion is performed **immediately postpartum**.

“Immediately postpartum” refers to the following:

- Insertion within 10-15 minutes of placental delivery for intrauterine devices (IUDs)
- Insertion prior to discharge for implantable contraceptive capsules

For claims submitted to the Texas Medicaid and Healthcare Partnership (TMHP) for processing, hospital and facility providers must submit an outpatient claim with the appropriate procedure code for the contraceptive device in addition to the inpatient claim for the delivery services.

For claims submitted to Texas Children’s Health Plan, providers must follow the claim processing procedures for reimbursement of immediate postpartum LARC devices in addition to the rate for delivery services.

Texas Health Steps Medical Checkup Periodicity Schedule

The Texas Health Steps Medical Checkup Periodicity Schedule for infants, children, and adolescents (birth through 20 years of age) specifies when each age-specific checkup is due and which checkup components are required. The periodicity schedule is posted on the Texas Health Steps website and is updated when policy changes are made which affect checkup components or the ages at which checkup components are required. A Texas Health Steps Checkup is complete only if it documents all required components or if the reason why a particular component could not be completed is documented.

To access the Texas Health Steps Medical Checkup Periodicity Schedule, visit <http://www.dshs.texas.gov/thsteps/providers.shtm>.

The chart is titled "HEALTH STEPS MEDICAL CHECKUP PERIODICITY SCHEDULE FOR BIRTH THROUGH 10 YEARS OF AGE". It is organized into columns for different age groups: Birth to 5 Years, 6-11 Years, 12-17 Years, and 18-20 Years. The rows represent various medical components, including: History, Physical Examination, Vision, Hearing, Immunizations, Laboratory Tests, and others. Blue bars indicate when a component is required for a specific age group. For example, for children aged 12-17, components like Vision, Hearing, and Laboratory Tests (Anemia, Dyslipidemia, Type 2 Diabetes) are required.

Reimbursement code for sports and camp physicals

Effective: For dates of service beginning January 1, 2017

As a value added service to CHIP and STAR Members under 21, Texas Children's Health Plan will reimburse code 97169 – Athletic Training Evaluation, low complexity. This code is only reimbursed for sports and camp physicals when a member has also had a THSteps or well child visit within the previous 12 months. (Code 97169 will be the only code that is accepted for reimbursement, use of any other Athletic Training Evaluation code such as 97170-97172 will be denied). This replaces previous code 97005, which was discontinued 12/31/16.

Texas Children's Health Plan will continue to pay \$29.40, which is a flat rate of \$30 less than the 2% reduction that was previously paid for 97005. No other modifier will be required for this service.

If you need further clarification, please contact your Provider Relations Manager or call Texas Children's Health Plan Provider Relations at 1-800-731-8527.



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