

Texas Crosswalk of HealthySteps-Aligned Services with Billing Codes and Provider Types

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About This Document

Have you ever wanted a list of the reimbursable HealthySteps (HS)-aligned services and a corresponding list of providers who can render these specific “open” codes in Texas’ Medicaid program? If so, this document will provide you with helpful guidance. Knowing the HS-aligned services open in the Texas Medicaid program, their associated billing codes, and the professionals eligible to render the service and/or receive reimbursement for each service, will assist your site in understanding potential billing opportunities available through Medicaid, and may assist you in the decision-making process when hiring a HS Specialist.

The following table outlines HS-aligned services, the service types, and the providers who can provide and/or render the services. At the bottom of the table, you will find a tally of the number of billable codes for each provider type.

In summary the top four provider types with the most opportunities to currently bill for HS-aligned services in Texas under Medicaid are:

- Licensed Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Marriage & Family Therapist (LMFT)

Disclaimer: This document is not intended to give billing advice or guidance to any specific provider or HealthySteps site and does not consider the fact that payors, providers, and sites may have their own policies and procedures that may affect or prohibit implementation of these recommendations. Additionally, billing guidance is updated often. If there are any updates you recommend, please reach out to HSPolicyandFinance@zerotothree.org.

Service Description	Service Billing Codes	Physician (MD)	Physician Assistant, Nurse Practitioner, & Clinical Nurse Specialist	Licensed Psychologist	Licensed Clinical Social Worker (LCSW)	Licensed Professional Counselor (LPC)	Licensed Marriage & Family Therapist (LMFT)
Developmental milestone survey, speech and language delay with scoring and documentation, per standardized instrument (ASQ, ASQ:SE, PEDS or SWYC) Autism (M-CHAT or M-CHAT R/F)	96110	X	X	X			
Social emotional screening	96127	Covered as part of patient's Well-Child Visit					
Depression screening	G8431 (+ screenings) G8510 (- screenings)	X	X	Verification with insurance carriers is required to determine if behavioral health professionals can bill for this service			
Psychiatric diagnostic evaluation	90791			X	X	X	X
Psychotherapy, 30 minutes with patient/45 minutes with patient/60 minutes with patient	90832/90834/ 90837			X	X	X	X
Family psychotherapy without patient present/with patient present	90846/90847			X	X	X	X
Group psychotherapy (<i>other than multiple-family group</i>)	90853			X	X	X	X
Developmental test administration; first hour/each additional 30 minutes	96112/96113	X	X	X			
Psychological testing and evaluation; first hour/each additional hour after the 1 st hour of service	96130/96131	X		X			
Health and Behavior Assessment or re-assessment/ Health and Behavior Intervention, Individual, face-to-face; initial 30 minutes/each additional 15 minutes	96156/96158/96159	X	X	X	X	X	X
Number of Billable Codes Eligible for Reimbursement		9	7	15	10	10	10

Notes

1. “Texas Health Steps” is Texas’ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit, which provides preventive health-care services to children and teens who are 20 years old or younger. Texas Health Steps Medical provides medical checkups and preventive services which are based on the Texas Health Steps Periodicity Schedule recommendations.
2. Developmental screenings (96110) should be administered at 9,18, 24, 36, and 48 months. Autism screenings (96110-U6 Modifier required) should be administered at 18 & 24 months.
3. Post-partum depression screenings (G8431(+) or G8510 (-)) are recommended to be administered from newborn – 12 months. Providers may receive separate reimbursement for postpartum depression screenings (G8431 and/or G8510) in addition to the infant’s preventive care medical checkup or follow-up visits (99381/99382/99391/99392). However, the services must be submitted on the same claim, for the same date of service, by the same provider. Only one procedure code, either G8431 or G8510, may be reimbursed per provider in the 12 months following the infant’s birth. Postpartum depression screenings must be submitted under the infant’s Medicaid client number.
4. Social emotional assessments (96127) are mandatory via the Texas Health Steps Medical Checkup Periodicity Schedule; however, the screenings are not separately reimbursed. They are covered as part of the patient’s well-child visit.
5. Outpatient behavioral health services are limited to no more than 30 encounters by all practitioners per client, per calendar year. Benefits include, but are not limited to, psychological testing, neuropsychological testing, psychotherapy, and counseling.
6. Psychotherapy procedure codes (90832, 90834, 90837, 90846, & 90847) are limited to 30 visits per calendar year and 4 hours per person, per day. Additional services require prior authorization.
7. Psychiatric diagnostic evaluations (90791 and 90792) are limited to once per day per client, any provider, regardless of the number of professionals involved in the interview. Psychiatric diagnostic evaluations count toward the 30 per calendar year limitation for outpatient behavioral health services.
8. Developmental testing procedure codes (96112 and 96113) are limited to two services per rolling year.
9. Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services should be billed with encounter rate code T1015. Additionally, to designate services are provided by a health-care professional, one of the following modifiers are required: AH (Psychologist), AJ (Social Worker), AM (Physician/Team Member Services), and SA (Nurse Practitioner, in collaboration with Physician). If more than one health-care professional is seen during the encounter, the modifier must indicate the primary contact (professional who spends the greatest amount of time with the client during that encounter).
10. FQHC and RHC providers must use modifier EP for Texas Health Steps medical checkups.
11. Any service delivered using telehealth technology must be appropriate for telehealth delivery and be of the same quality and otherwise on par with the same service delivered in person. A telehealth encounter must maintain the confidentiality and security of protected health information in accordance with applicable state and federal law. For purposes of Texas Medicaid reimbursement, telehealth is the use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment that occurs in real-time and when the member is actively participating during the transmission. Additionally, 95 modifier is required for any services delivered via secure video conferencing. FQ modifier is required for services delivered via audio only (telephone).

Sources and Helpful Links

Texas Medicaid Provider Procedures Manual. The Texas Medicaid & Healthcare Partnership (TMHP) is the claims administrator for Texas Medicaid under contract with the Texas Health and Human Services Commission. Volumes 1 & 2. December 2024.

<https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/archives/2024-12-TMPPM.pdf>

Texas Health Steps Quick Reference Guide. November 2024. https://www.tmhp.com/sites/default/files/file-library/texas-health-steps/THSteps_QRG.pdf

Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents. 2021.

<https://www.onlineordersff.com/images/pdfs/26027.pdf>

Federally Qualified Healthcare Centers (FQHCs) and Rural Health Clinics (RHCs). CSHCN Service Program Provider Manual. November 2024. https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/cshcn/2024/2024-11-november/19_fqhc.pdf