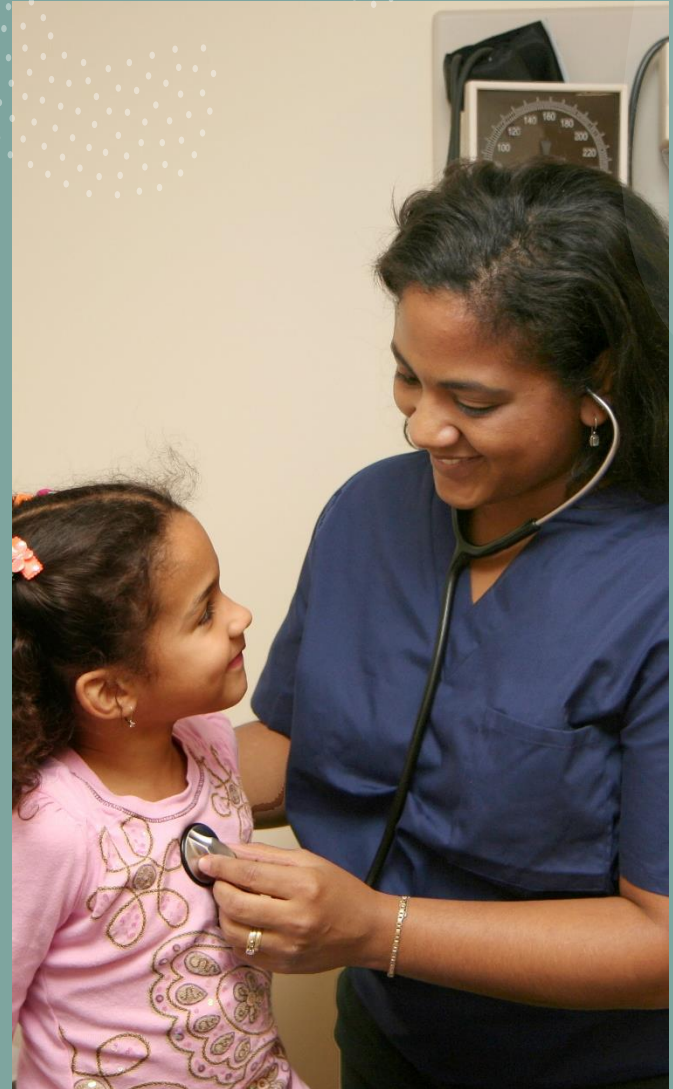# EPSDT
Early and Periodic Screening, Diagnosis and Treatment

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OVERVIEW

- Goals of Program

- Types of Screenings

- Critical Components

- Follow-up Visits

- Verifying Recipient Eligibility

- Metabolic Newborn Screening

- Early Intervention

- Vaccines For Children

GOALS OF PROGRAM

- Identify children with actual or potential health problems and screen, diagnose, and treat

- Offer preventive health services to Medicaid eligible children under the age of 21

BENEFITS OF PROGRAM

Allows for:

- Identification and treatment of problems early on

- Expansion of services to treat identified conditions

- Education of families on the benefits of preventive health

TYPES OF SCREENINGS

- Initial
- Periodic
- Interperiodic
- Vision
- Hearing
- Dental
- Emotional and Behavioral

INITIAL

The first time an EPSDT screening is performed by an EPSDT screening provider

PROCEDURE CODES

Initial

New Patient-Preventive CPT Codes

99381-EP   (Under 1 Year of Age)

99382-EP   (1- 4 Years of Age)

99383-EP   (5-11 Years of Age)

99384-EP   (12-17 Years of Age)

99385-EP   (18-20 Years of Age)

PERIODIC
(Well-Child Checkups)

Performed at Scheduled Intervals:

1 months	6 months	15 months
2 months	9 months	18 months
4 months	12 months	24 months

Annually beginning with the 3rd birthday (through age 20)

PROCEDURE CODES

Periodic

Established Patient – Preventive CPT Codes

99391-EP	(Under 1 year of age)
99392-EP	(1- 4 years of age)
99393-EP	(5- 11 years of age)
99394-EP	(12- 17 years of age)
99395-EP	(18- 20 years of age)

CRITICAL COMPONENTS OF SCREENINGS

CRITICAL COMPONENTS OF SCREENINGS

- Comprehensive unclothed physical exam
- Comprehensive family/ medical history
- Immunization status
- Lab results of age-appropriate tests
- Developmental assessment

- Nutritional assessment
- Health education / anticipatory guidance
- Vision assessment
- Hearing assessment
- Dental assessment
- Referrals / follow-up

IMPORTANT

- Periodic screenings (well visit) & interperiodic screenings (sick visit) <u>ARE</u> billable on the same day for same provider

- Hemoglobin and/or Hematocrit is included in the screening reimbursement - <u>Not to be billed separately</u>

- <u>No</u> copay for recipients under 18

PERIODIC (CONT)

- **Missed Screenings**
  - May be performed at an "in between" age
  - Re-screenings should occur within 2 weeks (before or after) of the established periodicity schedule
  - Applies to recipients 0-24 months of age
- **Annual Screenings**
  - Beginning with age 3, Medicaid pays for 1 screening per year
  - Based on calendar year (Jan.-Dec.)
  - Should be billed after 3rd birthday

INTERPERIODIC

- Considered **problem-focused and abnormal**
- Performed when medically necessary
- Used for undiagnosed medically necessary conditions
- Outside the periodicity schedule
- Can occur at any age
- Performed also for suspected problems that need further diagnosis / treatment

DOCUMENTATION REQUIREMENTS FOR INTEPERIODIC SCREENINGS

- Consent

- Medical-surgical history update

- Problem-focused physical exam

- Anticipatory guidance / counsel related to diagnosis

INTERPIODIC CODES

Outpatient (Physician office, clinic, etc.)

For New Patient:

- 99202-EP - 99205-EP

For Established Patient

- 99211-EP - 99215-EP

Inpatient

- 99233-EP

EPSDT <u>REFERRED SERVICE</u> or <u>FOLLOW-UP</u> VISIT

Follow-up visits should be billed using appropriate interperiodic visit codes (ex. 99211-99215) with the appropriate diagnosis code(s) and utilizing the <u>appropriate EPSDT indicator on the claim form</u>

Refer to Chapter 5, Filing Claims, of the Alabama Medicaid Provider Billing Manual, for detailed information

BILLING INSTRUCTION: EPSDT <u>REFERRED SERVICE</u> or <u>FOLLOW-UP</u> VISIT

- Effective June 1, 2023, Alabama Medicaid resumed the EPSDT referral requirement for children 0-20 years of age. Adult recipients 21 years of age and older do not require a Primary Care Physician (PCP) referral to see specialists.
  - However, it may be the policy of some specialty provider clinics to require a referral from a PCP prior to rendering services for adult recipients.
  - Please verify the referral policy with your provider prior to scheduling an appointment.

- Once the child has an EPSDT screening, all subsequent visits to other providers for further diagnosis or treatment must have an EPSDT referral (Form 362) from the EPSDT screening provider. This form can be obtained by accessing Medicaid's website.

BILLING INSTRUCTION: EPSDT <u>REFERRED SERVICE</u> or <u>FOLLOW-UP</u> VISIT

Professional Claims

- **<u>CMS 1500</u>**

  - Block 17 – Name of the Referring Provider

  - Block 17b – Referring Provider's 10-Digit NPI

  - Block 24H – **"1"** to indicate EPSDT Referred Service

BILLING INSTRUCTION: EPSDT <u>REFERRED SERVICE</u> or <u>FOLLOW-UP</u> VISIT

Professional Claims

- **<u>Electronic (PES)</u>**
  - Referring Physician Field: Screening Provider's Ten-Digit NPI Number
  - EPSDT Ref Field: **"Yes"** for EPSDT Referred Service

VISION

- **Birth - Age 2**
  - Subjective based on observation and history

- **Age 3**
  - Objective
  - Requires performance of visual acuity screening using the Snellen Test, Allen Cards, Photo Refraction, or their equivalent
  - Must be referred out if not performed by the screening provider
  - Limited to 1 annually
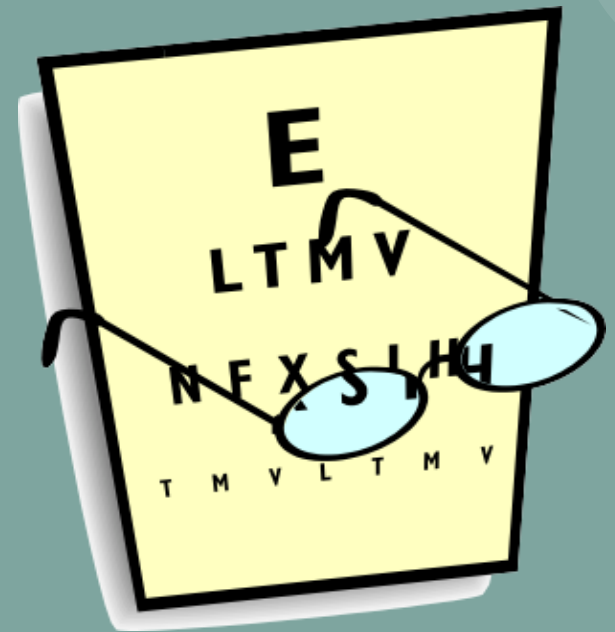
HEARING

- **Birth - age 4**
    - Subjective based on observation and history
    - Document as grossly normal or abnormal

- **Age 5**
    - Objective
    - Should be recorded in decibels
    - Test failure requires complete audiogram
    - Limited to 1 annually

PROCEDURE CODES

Hearing   92551 – EP

Vision   99173 – EP

DENTAL

- **By age 1**
  - Must be under the care of a dentist
  - Make referral if necessary
  - Focus on education / anticipatory guidance

DENTAL CODES

Patient Under Three Years of Age

- D0145

Comprehensive – New or Established

- D0150

1ST LOOK – THE ORAL HEALTH RISK ASSESSMENT AND DENTAL VARNISHING PROGRAM

- Children ages 6 months through 35 months of age at high risk for caries.
- Certified 1st Look providers may preform an oral health risk assessment, anticipatory guidance, fluoride varnish application, and refer the patient to a dental home.

1ST LOOK – DENTAL CODES

Oral Evaluation for a patient under 3 years of age

- D0145

Fluoride Varnish

- D1206

TELEMEDICINE VISITS

Office or other outpatient visits for recipients ages 0-20 billed as an EPSDT referred service: CPT 99211-99215

EPSDT interperiodic screenings for recipients ages 0-20: CPT 99211-EP – 99215-EP

VERIFY ELIGIBILITY

- Provider electronic solutions software

- Software developed by the provider's billing service, using specifications provided by Gainwell

- Automated Voice Response System (AVRS) at (800) 727-7848

- Contact Gainwell Technologies Provider Assistance Center at (800) 688-7989

- Web Portal https://www.medicaid.alabamaservices.org/ALPortal

PROGRAM ENHANCEMENT

- Alabama Coordinated Health Network (ACHN) Care Coordinators are available to assist you

- For care coordination services provided by the ACHNs, please refer to Medicaid's Provider Billing Manual, Chapter 40, page 40-2 (Some services provided may not be listed)

- ACHN Care Coordination services are available by contacting your (7) Regional ACHN entities via: https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx

ALABAMA METABOLIC NEWBORN SCREENING PROGRAM

Please refer to ADPH's Newborn Screening website at

https://www.alabamapublichealth.gov/newbornscreening/index.html

ALABAMA EARLY INTERVENTION SYSTEM (AEIS)

- Qualify for services up to 3 years of age

- Must have either:
    - 25% delay in any 1 of 5 developmental areas, or
    - Diagnosed physical or mental condition with increased probability of developmental delay

- EPSDT Referral Form (Form 362) available at www.medicaid.alabama.gov

- For local resources call (800) 543-3098

VACCINES FOR CHILDREN

- Implemented by Medicaid and ADPH in 1994 to increase rate of immunizations

- Provides free vaccines for children who are:
  - Ages 18 and under and enrolled in Medicaid
  - No insurance
  - American Indian or Alaskan Native
  - Underinsured

- Administration fee $8/dose in addition to screening fee

- Enroll by Calling **VFC Coordinator** at **(800) 469- 4599**

Contact Information

Provider Assistance Center
800-688-7989

Recipient Call Center
800-362-1504

Web Site
www.medicaid.alabama.gov

For additional information regarding ESPDT, select the *Programs* tab from the top of the webpage and select *EPSDT* from the dropdown menu