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November 3, 2021

MEMORANDUM

MEMO NO.
QI-2164

TO: Medicaid Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) Providers and QUEST Integration (QI) Health Plans

FROM: Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: HAWAII MEDICAID EPSDT UPDATE

The Med-QUEST Division (MQD) is issuing this memo to update providers on three (3) changes related to the Hawaii Medicaid EPSDT periodicity schedule, forms, and procedures. Medicaid EPSDT visits are also sometimes referred to as well child checks or annual physical exams.

1. The EPSDT schedule has been updated to be consistent with the current American Academy of Pediatrics (AAP) guidelines as outlined in the AAP Bright Futures.

2. The EPSDT form has been simplified to include fewer fields and includes a prompt for a health coordinator from the QUEST plan to assist with coordination of a case when applicable.

3. The EPSDT submission process now has new options including the option to fill out and submit the form online or mail in of a hard copy.

New Periodicity Schedule and Form Changes

MQD pays an enhanced reimbursement of $120 for EPSDT visits and is expanding the number of visits that qualify for this enhanced EPSDT reimbursement. Beginning January 1, 2022, the Hawaii

Medicaid EPSDT Periodicity Schedule will be adding eight (8) visits to directly align with the current 4th edition of the AAP Bright Futures Periodicity Schedule.

While several periodicity age visits have been added, several fields on the EPSDT form have been eliminated or simplified to decrease administrative burden for providers. The EPSDT form also has the option to request Health Coordination Services (case management) to assist with the care of medically and/or socially complex patients. In addition, there is a case management agency for dental care, Community Case Management Corporation (CCMC), that can assist with finding a Medicaid dentist to access dental care. When indicated, the QI health plans and/or CCMC can assist to coordinate care of the patient.

Options to Submit EPSDT Visit Data Beginning January 1, 2022

MQD is adding the option to submit EPSDT forms online or continuing the option of submitting a hard copy of the EPSDT form. The fillable PDF will be available for download and print at MQD's website medquest.hawaii.gov/EPSDT.

Submission options are:

1. **Online submission**: Hawaii Medicaid enrolled providers will be able to access the new MQD partner portal and submit EPSDT visit data online. Providers submitting data on the partner portal will also be able to submit EPSDT visit claims electronically. When enrolling, clinics and providers will have the option to include portal access for support staff to help providers in submitting EPSDT visit data online. Further details and instructions are available at medquest.hawaii.gov/EPSDT.

Or

2. **Fillable PDF Mail-in submission**: The fillable PDF can be accessed online. Providers have the option of using a fillable form online or printing an EPSDT form and signing by hand. Providers who opt to mail in the form will still need to attach the CMS 1500 form.

MQD's EPSDT webpage will provide more detailed instructions for each of the new options covered previously. The website will include a frequently asked questions (FAQ) section and have phone contacts to access live support for EPSDT providers. QI health plans will also be available to assist providers through the transition to new processes.

EPSDT Visit Requirements

1. The bundled reimbursement ($120 for FFS in 2021*) for comprehensive EPSDT exams is applied under the following conditions:

    A. Submission of a completed DHS 8015 form either online or hard copy.

B. Attach CMS 1500 form to hard copy or submission of electronic claim for online submission.

C. An eligible code listed in Attachment 3 is used.

2. The EPSDT catch-up/follow-up (form DHS 8016) allows for a reimbursement of $30 (for FFS in 2021*). This is typically for vaccinations and/or screenings that were not able to be completed on the same day. For example, a child who returns on a different day from the EPSDT visit for a nursing visit to catch up on immunization not rendered on day of EPSDT visit. A completed DHS 8016 is required and includes the following:

   A. Submission of EPSDT catch-up visit follows the same processes as outlined previously for comprehensive EPSDT visits.

   B. No more than two (2) follow-up visits for screening attempts will be reimbursed.

   C. For example, an unsuccessful audiogram can be billed no more than twice under EPSDT follow-up visit.

   D. An eligible code in Attachment 3 is used.

For any questions or clarifications on the content of this memorandum, contact HCSBInquiries@dhs.hawaii.gov

*Reimbursement rates in this Attachment are specific to the FFS fee schedule as of 2021, which is subject to change. The current fee schedule should always be consulted. Please check with the QI health plans for specific health plan rates.

Attachment 1: DHS 8015 and DHS 8016 PDF
Attachment 2: Instructions for New Fillable DHS 8015 and DHS 8016 PDF
Attachment 3: EPSDT Visit Codes

State of Hawai'i Department of Human Services
Med-QUEST Division

Hawai'i Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Exam

* Initial/Periodic Exam ◉ EPSDT follow up ◯ Confirmation #

Select Patient's QUEST Integration plan * Aloha ◯ HMSA ◯ Kaiser ◯ Ohana ◯ United ◯

* or * denotes required field

I. PATIENT INFORMATION

* Screen Date (MM/DD/YYYY)	10/29/2021	* Birthdate (MM/DD/YYYY)		* Medicaid/QUEST ID	
* Last Name		* First Name		(MI)	

II. Indicate the EPSDT periodic screening age being reported *

<1m	1m	2m	4m	6m	9m	12m	15m	18m	24m	30m	3y	4y	5y	6y
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

7y	8y	9y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

III. Measurements

* Height (in.)	* Weight (lbs.)	BMI	BMI%
		0.00	

Unable to Obtain Measurement ◯ Blood Pressure / * Male ◯ Female ◯

IV. VACCINATIONS GIVEN TODAY AND STATUS *

HepB	◯	PCV	◯	MMR	◯	Tdap		◯
DTaP	◯	Rotav	◯	Varicella	◯	MCV4 / MPSV4		◯
IPV	◯	Influenza	◯	HepA	◯	HPV ◯	COVID-19	◯
Hib	◯	MenACWY / Men B	◯	Vaccinations up to date				◯
Other (List):								

Comments

V. SCREENING DONE TODAY

	Normal	Abnormal						Done
Vision Screening: 3y, 4y, 5y, 6y, 8y, 10y, 12y, 15y	◯	◯	Hgb/Hct 9m – 12m, Females-12y – 14y	Hgb	g/dL	Hct	%	◯
Hearing Screening: Audiometry (20-25 db screen) 4y, 5y, 6y, 8y, 10, 11y-14y, 15y-17y	◯	◯	Blood Lead Level 9 - 12m, 24m (2 levels required by 2 years)	BLL	mcg/dL			◯
Developmental Screening (see instructions) 9m, 18m, 24m - 36m (3 screenings required by 36 months)	◯	◯	Cholesterol 9y-11y, 17y-20y					◯
Autism Screening (see instructions) 18m, 24m	◯	◯	Comments for screenings:					

VI. SURVEILLANCE: AAP/Bright Futures recommended surveillance, age specific screenings and assessments must be done and documented.

VII. Request Health Coordination or Referral

Request Coordination Help ◯	Office Assistant Name	Office Direct #
Parent/Guardian Name	Comments	Parent/Guardian/Member Contact #
Relationship to member		

Programs	Early Intervention	◯	DOE Special Ed	◯	CAMHD	◯	Dentist	◯	DDD	◯	WIC	◯	DOH CSHN	◯
Specialty	Diet	PT	OT	ST	Developmental	◯	Vision	◯	Medical	◯	Comments:			
	◯	◯	◯	◯	Behavioral	◯	Hearing	◯	Surgical	◯				

Phone Numbers	Aloha Care	808-973-1650 1-800-434-1002	Kaiser QUEST	808-432-5330 1-800-651-2237	UnitedHealthcare	1-888-980-8728
	HMSA QUEST	808-948-6486 1-800-440-0640	'Ohana Health Plan	1-888-846-4262	CCMC Dental Resource	808-486-8030 1-866-486-8030

VIII. PROVIDER STATEMENT:

By signing below, I confirm that a history (initial or interval), a physical exam, age-appropriate surveillance, and anticipatory guidance were performed and documented in the patient's medical record.

* Billing Provider NPI	* Rendering Provider NPI	* Provider Name (Print)	* Signature

Hawaii Early And Periodic, Screening, Diagnosis, and Treatment (EPSDT) Exam
ADDITIONAL INFORMATION

Last Name	
First Name	(MI)

IV.VACCINATIONS GIVEN TODAY AND STATUS - Comments

V.SCREENING DONE TODAY - Comments:

VII.REQUEST HEALTH COORDINATION - Comments:

VII.REQUEST HEALTH COORDINATION - Specialty Comments:

State of Hawai'i Department of Human Services
Med-QUEST Division

Attachment 1

Hawai'i Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Follow-Up Exam

* Initial/Periodic Exam ◯ EPSDT follow up ◉ Confirmation #

Select Patient's QUEST Integration plan * Aloha ◯ HMSA ◯ Kaiser ◯ Ohana ◯ United ◯

* or * denotes required field

Use this DHS 8016 form to document completion of any screening(s) and/or vaccination(s) attempted but not done during a comprehensive EPSDT Screening visit (8015 document).

I. PATIENT INFORMATION

* Screen Date (MM/DD/YYYY)	10/29/2021	* Birthdate (MM/DD/YYYY)		* Medicaid/QUEST ID	
* Last Name		* First Name		(MI)	

II. Indicate the EPSDT periodic screening age being reported *

Initial Visit Confirmation #		Initial Visit Date	10/29/2021	Screen Age	

III. Measurements

Height (in.)		Weight (lbs.)		BMI	0.00	BMI%		Blood Pressure	/	Male ◯ Female ◯
Unable to Obtain Measurement ◯										

IV. VACCINATIONS GIVEN TODAY AND STATUS

										Comments
HepB	◯	PCV	◯	MMR	◯	Tdap	◯			
DTaP	◯	Rotav	◯	Varicella	◯	MCV4 / MPSV4	◯			
IPV	◯	Influenza	◯	HepA	◯	HPV ◯	COVID-19	◯		
Hib	◯	MenACWY / Men B	◯	Vaccinations up to date	◯					
Other (List):										

V. SCREENING DONE TODAY

	Normal	Abnormal						Done
Vision Screening: 3y, 4y, 5y, 6y, 8y, 10y, 12y, 15y	◯	◯	Hgb/Hct 9m – 12m, Females-12y – 14y	Hgb	g/dL	Hct	%	◯
Hearing Screening: Audiometry (20-25 db screen) 4y, 5y, 6y, 8y, 10, 11y-14y, 15y-17y	◯	◯	Blood Lead Level 9 - 12m, 24m (2 levels required by 2 years)	BLL	mcg/dL			◯
Developmental Screening (see instructions) 9m, 18m, 24m - 36m (3 screenings required by 36 months)	◯	◯	Cholesterol 9y-11y, 17y-20y					◯
Autism Screening (see instructions) 18m, 24m	◯	◯	Comments for screenings:					

VI. SURVEILLANCE: AAP/Bright Futures recommended surveillance, age specific screenings and assessments must be done and documented.

VII. Request Health Coordination or Referral

Request Coordination Help ◯	Office Assistant Name	Office Direct #
Parent/Guardian Name	Comments	Parent/Guardian/Member Contact #
Relationship to member		

Programs	Early Intervention				DOE Special Ed		CAMHD		Dentist		DDD		WIC		DOH CSHN	
Specialty	Diet	PT	OT	ST	Developmental		Vision		Medical		Comments:					
					Behavioral		Hearing		Surgical							

VIII. PROVIDER STATEMENT:

By signing below, I confirm that a history (initial or interval), a physical exam, age-appropriate surveillance, and anticipatory guidance were performed and documented in the patient's medical record.

* Billing Provider NPI	* Rendering Provider NPI	* Provider Name (Print)	* Signature

State of Hawai'i Department of Human Services
Med-QUEST Division

Hawai'i Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Follow-Up Exam
ADDITIONAL INFORMATION

Last Name	
First Name	(MI)

IV.VACCINATIONS GIVEN TODAY AND STATUS - Comments

V.SCREENING DONE TODAY - Comments:

VII.REQUEST HEALTH COORDINATION - Comments:

VII.REQUEST HEALTH COORDINATION - Specialty Comments:

INSTRUCTIONS

DHS 8015 (Rev. 1/2022)

Hawaii Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) Exam

All Early and Periodic, Screening, Diagnostics, and Treatment (EPSDT) visits must follow the most current American Academy of Pediatrics (AAP) Bright Futures periodicity schedule and include all age specific AAP Bright Futures recommended surveillance, risk assessment, and anticipatory guidance. **The current AAP/Bright Futures periodicity schedule can be found here.**

Use the online portal, or fillable PDF submit button to expedite health plan review. Learn how to login, access, save, complete, submit, and track online submissions here. After submitting online, a confirmation # is provided. Save the confirmation # and include it on the 837 by indicating ADD on loop 2300 NTE 01, then enter the confirmation # in loop 2300 NTE 02. This will allow matching of claims to online submissions. If unable to submit online, **PRINT** the type filled form, sign, attach the CMS 1500 and mail to the QUEST Integration plan. No confirmation # is provided for printed forms.

Visit Information * required fields

A. Fill in the circle to indicate "Initial/Periodic Exam" OR "EPSDT Follow up visit". If completing an EPSDT Follow up visit, see the DHS 8016 Instructions.
B. Select the patient's QUEST Integration health plan.

Section I: Patient Information * required fields

C. The screen date will automatically populate. If the screen date is different, correct it. This date must match date of service on the Claim.
D. Enter the patient's birthdate.
E. Enter the 10-digit Med-QUEST ID.
F. Enter the last name, and first name. If available, enter the middle initial.

Section II: Screen Age * required fields

G. The EPSDT periodic screen age will automatically populate. If different, update it.
Note: The screen age will generally be immediately below the current age. E.g., If the child is 8 months and has not had a 6-month EPSDT exam, select 6-months. If the child is 8-months and has had a 6-month exam, either an inter-periodic exam is done, with a 9-month EPSDT exam scheduled for a later date, or a 9-month EPSDT exam is done with subsequent visits prior to the 12-month visit billed as inter-periodic exams.

Section III: Measurements * required fields If "unable to obtain measurements", click the circle and use Section IV comments (below) to provide detail.

H. Enter height (or length) and weight using pounds and inches. The BMI will auto-calculate.
I. Enter BMI percentile for ages 2y and older.
J. Enter the Blood Pressure reading beginning at age 3, or earlier at the discretion of the provider.
K. Indicate Female or Male.

Section IV: Vaccinations Given Today and Status * required fields

L. Click on the circle(s) next to all vaccinations given at this visit.
M. Indicate if vaccinations are up to date. If no vaccinations given and vaccinations are not up to date, Section IV comments must provide details.
N. Use the Comment section to indicate Vaccination catch-up schedules, refused vaccinations, or contraindicated vaccinations.

Section V: Screening Done Today Follow recommended screens for age(s) as listed. Although there are suggested screens to use, results from any validated, AAP recommended screen tool is accepted. A list of AAP Bright Futures recommended screens can be found here. Ensure all positive findings of a screen are followed with additional screening or diagnostics. If no screen done, leave the section blank.

O. Record vision screening results by clicking the appropriate circle.
P. Record hearing screening results by clicking the appropriate circle.
Q. Record developmental screening results by clicking the appropriate circle. SWYC, PEDS or ASQ screening tools are recommended.
R. Record autism screening results, by clicking the appropriate circle. The SWYC, CHAT or M-CHAT screening tools are recommended.
S. Click the circle if a Hgb/Hct blood level was ordered. If completed in the office, record the result in the field provided in this section.
T. Click the circle if a blood lead level was completed or ordered. If completed in the office, record the result in the field provided in this section.
Blood lead levels are required between 9 – 12 months and again by 2 years of age. If risk level is elevated at any age, do a blood lead level.
U. Click the circle if a cholesterol level was ordered. If completed in the office, record the results in the Section V. comments.
V. If attempted, but "unable to obtain screening or testing results", indicate this and the reason why in the Section V. comments.

Section VI: Surveillance

All EPSDT visit components will be completed and documented in the medical record including: Maternal Depression screening, TB risk assessments, oral health assessment, lead risk assessment, psychosocial/behavioral assessments, adolescents - tobacco/alcohol/drug use assessment, depression screen and as appropriate - dyslipidemia, STI, HIV and cervical dysplasia screening. DHS also recommends screening for Social Risk Factor and referral.

Section VII: Request Health Coordination

W. If the provider needs assistance with Health Coordination, click the circle, provide a direct name and number of the staff requesting contact.
X. Record the patient or guardian's contact number. Use the comment section for any other information needed to contact the patient or caregivers.
Y. Indicate program(s) and/or specialty referrals made today by clicking the appropriate circle(s). If health plan assistance is needed with the referral, also click the circle to request Health Coordination in this section.
Note: For specialty referrals, identify the agency or individual the referral was made to in the Section VII. comments.

Section VIII: Provider Statement * required fields.

Z. The provider must:
1. Enter the billing provider's Group NPI. This must match the 837P (Loop 2010AA NM109) or CMS 1500 (FL33a).
2. Enter the rendering provider's Individual NPI number. This must match the 837P (NM109 of Loop 2420A REF) or CMS 1500 (FL24J).
3. Enter the rendering provider's name.
4. (Rendering provider) Sign to acknowledge the provider statement. Electronic signature for online submission, wet ink for print.

***All required fields **MUST** be accurate and complete. ***

INSTRUCTIONS

DHS 8016 (Rev. 1/2022)

Hawaii Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) Follow-up Exam

Use this DHS 8016 form to document completion of any required screen and/or vaccination not completed during the comprehensive Early and Periodic, Screening, Diagnostics and Treatment (EPSDT) visit and being completed at a separate follow up visit. Required sections are indicated with an *. The American Academy of Pediatrics (AAP) **Bright Futures periodicity schedule can be found here.**

Use the online portal, or fillable PDF submit button to expedite health plan review. Learn how to login, access, save, complete, submit, and track online submissions here. After submitting online, a confirmation # is provided. Save the confirmation # and include it on the 837 by indicating ADD on loop 2300 NTE 01, then enter the confirmation # in loop 2300 NTE 02. This will allow matching of claims to online submissions. If unable to submit online, **PRINT** the type filled form, sign, attach the CMS 1500 and mail to the QUEST Integration plan. No confirmation # is provided for printed forms.

Visit Information * required fields

A. Fill in the circle to indicate "EPSDT Follow up visit". If completing an EPSDT Initial/Periodic visit, see the DHS 8015 Instructions.
B. Select the patient's QUEST Integration health plan.

Section I: Patient Information * required fields

C. The screen date will automatically populate. If the screen date is different, correct it. This date must match date of service on the Claim.
D. Enter the patient's birthdate, 10-digit Med-QUEST ID, last name, and first name. If available, enter the middle initial.

Section II: Screen Age * required fields

E. Enter the initial Visit Confirmation #. Only forms submitted online will contain a confirmation #. If no confirmation #, leave this field blank.
F. Enter the Initial/Periodic visit date.
G. The EPSDT periodic screen age will automatically populate. If different, update.
   Note: This visit is a follow up to complete the Initial/Periodic visit comprehensive screen. Ensure the same periodic screen age identified on the Initial/periodic visit is the same as the follow up screen age identified.

ONLY COMPLETE THE SECTIONS WHERE FOLLOW UP IS ATTEMPTED and/or DONE.

Section III: Measurements If "unable to obtain measurements", click the circle and use Section IV comments (below) to provide detail.

H. Enter height (or length) and weight using pounds and inches. The BMI will auto-calculate.
I. Enter BMI percentile for ages 2y and older.
J. Enter the Blood Pressure reading beginning at age 3, or earlier at the discretion of the provider.
K. Indicate Female or Male.

Section IV: Vaccinations Given Today and Status

L. Click on the circle(s) next to all vaccinations given at this visit.
M. Indicate if vaccinations are up to date. If no vaccinations given and vaccinations are not up to date, Section IV comments must provide details.
N. Use the Comment section to indicate Vaccination catch-up schedules, vaccinations refused, or contraindicated vaccinations.

Section V: Screening Done Today Follow recommended screens for age(s) as listed. Although there are suggested screens to use, results from any validated, AAP recommended screen tool is accepted. A list of AAP Bright Futures recommended screens can be found here. Ensure all positive findings of a screen are followed with additional screening or diagnostics. If no screen done, leave the section blank.

O. Record vision screening results by clicking the appropriate circle.
P. Record hearing screening results by clicking the appropriate circle.
Q. Record developmental screening results by clicking the appropriate circle. SWYC, PEDS or ASQ screening tools are recommended.
R. Record autism screening results, by clicking the appropriate circle. The SWYC, CHAT or M-CHAT screening tools are recommended.
S. Click the circle if a Hgb/Hct blood level was ordered. If completed in the office, record the result in the field provided in this section.
T. Click the circle if a blood lead level was completed or ordered. If completed in the office, record the result in the field provided in this section.
   Blood lead levels are required between 9 – 12 months and again by 2 years of age. If risk level is elevated at any age, do a blood lead level.
U. Click the circle if a cholesterol level was ordered. If completed in the office, record the results in the Section V. comments.
V. If attempted, but "unable to obtain screen or test results", indicate this and the reason why in the Section V. comments.

Section VI: Surveillance

All EPSDT visit components will be completed and documented in the medical record including: Maternal Depression screening, TB risk assessments, oral health assessment, lead risk assessment, psychosocial/behavioral assessments, adolescents - tobacco/alcohol/drug use assessment, depression screen and as appropriate - dyslipidemia, STI, HIV and cervical dysplasia screening. DHS also recommends screening for Social Risk Factors and referral.

Section VII: Request Health Coordination

W. If the provider needs assistance with Health Coordination, click the circle, provide a direct name and number of the staff requesting contact.
X. Record the patient or guardian's contact number. Use the comment section for any other information needed to contact the patient or caregivers.
Y. Indicate program(s) and/or specialty referrals made today by clicking the appropriate circle(s). If health plan assistance is needed with the referral, also click the circle to request Health Coordination in this section.
   Note: For specialty referrals, identify the agency or individual the referral was made to in the Section VII. comments.

Section VIII: Provider Statement * required fields

Z. The provider must:
   1. Enter the billing provider's Group NPI. This must match the 837P (Loop 2010AA NM109) or CMS 1500 (FL33a).
   2. Enter the rendering provider's Individual NPI number. This must match the 837P (NM109 of Loop 2420A REF) or CMS 1500 (FL24J).
   3. Enter the rendering provider's name.
   4. (Rendering provider) Sign to acknowledge the provider statement. Electronic signature for online submission, wet ink for print.

***All required fields **MUST** be accurate and complete. ***

Attachment 3: BILLING CODES FOR EPSDT EXAMS

99COMPREHENSIVE EXAMS			
Code	Modifier	Brief Description	Usage
New Patient			
99381	EP	Initial comprehensive preventive medicine E&M; infant less than 1 year of age	Initial EPSDT exam for a well infant, an infant with an acute illness, or an infant who is a child with special health care needs (CSHCN); less than 1 year of age. No other E&M can be billed for the same date of service.
99382	EP	Initial comprehensive preventive medicine E&M; age 1 through 4	Initial EPSDT exam for a well child, a child with an acute illness, or a CSHCN; age 1 through 4. No other E&M service can be billed for the same date of service.
99383	EP	Initial comprehensive preventive medicine E&M; age 5 through 11	Initial EPSDT exam for a well child, a child with an acute illness, or a CSHCN; age 5 through 11. No other E&M service can be billed for the same date of service.
99384	EP	Initial comprehensive preventive medicine E&M; age 12 through 17	Initial EPSDT exam for a well child, a child with an acute illness, or a CSHCN; age 12 through 17. No other E&M service can be billed for the same date of service.
99385	EP	Initial comprehensive preventive medicine E&M; age 18 through 20	Initial EPSDT exam for a well child, a child with an acute illness, or a CSHCN; age 18 through 20. No other E&M service can be billed for the same date of service.
Established Patient			
99391	EP	Periodic comprehensive preventive medicine E&M; infant less than 1 year of age	Periodic EPSDT exam for a well infant, an infant with an acute illness, or an infant who is a CSHCN; less than 1 year of age. No other E&M service can be billed for the same date of service.
99392	EP	Periodic comprehensive preventive medicine E&M; age 1 through 4	Periodic EPSDT exam for a well child, a child with an acute illness, or a CSHCN; age 1 through 4. No other E&M service can be billed for the same date of service.
99393	EP	Periodic comprehensive preventive medicine E&M; age 5-11	Periodic EPSDT exam for a well child, a child with an acute illness, or a CSHCN; age 5 through 11. No other E&M service can be billed for the same date of service.
99394	EP	Periodic comprehensive preventive medicine E&M; age 12-17	Periodic EPSDT exam for a well child, a child with an acute illness, or a CSHCN; age 12 through 17. No other E&M service can be billed for the same date of service.

Attachment 3: BILLING CODES FOR EPSDT EXAMS

COMPREHENSIVE EXAMS			
Code	Modifier	Brief Description	Usage
Established Patient continued			
99395	EP	Periodic comprehensive preventive medicine E&M; age 18-20	Periodic EPSDT exam for a well child, a child with an acute illness, or a CSHCN; age 18 through 20. No other E&M service can be billed for the same date of service.
99232	EP	Subsequent hospital care	Initial or periodic EPSDT exam for infant/child/youth performed during an inpatient acute hospital stay. At the time of evaluation, the infant, child, or youth may be well, have an acute illness, or be a CSHCN. No other E&M service can be billed for the same date of service.
99308	EP	Subsequent nursing facility care	Initial or periodic EPSDT exam for infant/child/youth performed during a nursing facility stay. At the time of evaluation, the infant, child, or youth may be well, have an acute illness, or be a CSHCN. No other E&M service can be billed for the same date of service.
99348	EP	Established patient home visit	Initial or periodic EPSDT exam for infant/child/youth performed in the child's home. At the time of evaluation, the infant, child, or youth may be well, have an acute illness, or be a CSHCN. No other E&M service can be billed for the same date of service. The child must be homebound/bedbound for medically appropriate reasons and the physician must be able to provide all age-appropriate screening and surveillance in the home setting.
99460	EP	History and examination of a normal newborn infant (formerly code 99431)	Initial EPSDT exam of a normal infant one more or less of age in the hospital or birthing room. At the time of evaluation, the infant may be well, have an acute illness, or be a CSHCN. No other E&M service can be billed for the same date of service.
99461	EP	Normal newborn care in other than hospital or birthing room (formerly code 99432)	Initial EPSDT exam of a normal infant one more or less of age in a setting other than the hospital or birthing room. At the time of evaluation, the infant may be well, have an acute illness, or be a CSHCN. No other E&M service can be billed for the same date of service.

Attachment 3: BILLING CODES FOR EPSDT EXAMS

FOLLOW UP EXAMS			
Code	Modifier	Brief Description	Usage
99211	EP	Established patient, office or outpatient evaluation and management that may not require the presence of a physician.	Immunization catch-up, repeat screening(s), and/or screening(s) not performed during an EPSDT exam visit that do NOT require the presence of a physician.
99212	EP	Established patient, office or outpatient evaluation and management, physician performed.	Immunization catch-up, repeat screening(s), screening(s) not performed during an EPSDT exam visit, follow-up of a referral and/or follow-up on a diagnosis or treatment that require a face-to-face assessment by the physician.

If an E&M service on a catch-up/follow-up visit requires more than a problem focused history and examination and straightforward decision making, the codes 99213-99215 with an EP modifier should be used. Medical records must justify this level of E&M service. A DHS 8016 must be attached to the claim.

Code	Modifier	FFS Rate as of 2021*
99213	EP	$36.31
99214	EP	$56.46
99215	EP	$83.57

*Reimbursement rates in this Attachment are specific to the FFS fee schedule as of 2021, which is subject to change. The current fee schedule should always be consulted. Please check with the QUEST Integration health plans for specific health plan rates.