



Chapter 5

Medicaid Provider Manual

EPSDT

March 2011

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5.1 DESCRIPTION

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated program for children up to age 21 which emphasizes the importance of prevention through early screening for medical, dental and behavioral health conditions and timely treatment of conditions that are detected.

5.2 AMOUNT, DURATION AND SCOPE

5.2.1 General Program Overview

The scope of required services for the EPSDT program is broader than for the Medicaid program in general. Federal requirements imposed by the EPSDT statutory provisions of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) mandate that the State cover all Title XIX services included in Section 1905 (a) of the Act, when medically needed, to correct or ameliorate defects and physical and mental illness and conditions discovered as a result of EPSDT screening. The OBRA '89 requirements also include an annual reporting of the State's participation in and provisions of the EPSDT program's services.

The combination of each element of the EPSDT program's name makes the program unique:

- Early – A child's health is assessed as early as possible in the child's life, in order to prevent or find potential diseases and disabilities in their early stages, when they are most effectively treated.
- Periodic – Assessing a child's health at regularly scheduled intervals to assure that a condition, illness, or injury is not incipient or present.
- Screening – A comprehensive child health assessment to determine if a child has a condition, illness, or injury that should be referred for more definitive evaluation and/or treatment.
- Diagnosis – The definitive evaluation by appropriate medical practitioners to determine the nature, extent or cause of a condition, illness or injury.
- Treatment – The medical and remedial services permitted under Medicaid and determined medically necessary for problems identified during screening or diagnostic procedures.

The program's scope also includes:

- Informing EPSDT eligible clients and their families about the benefits of preventive health care, about how to obtain timely EPSDT services, and about health education and anticipatory guidance. Informing can be done either orally (on the telephone, face-to-face, or films/tapes) or written. Informing is done in non-technical language and use accepted methods for informing persons who are blind or deaf, or cannot read or understand the English language.
- Assistance with scheduling and transportation, upon request.

- Periodic screening and medically necessary diagnosis and treatment of conditions detected as a result of screenings (including but not limited to timely immunizations and tuberculosis screening, treatment of defects in vision and hearing), and diagnosis, referral, and treatment of acute and chronic medical, developmental, dental, and behavioral health conditions.
- Accountability of services. Medical records and documentation on the methods used in informing, screening, diagnosis and treatment services shall be maintained.
- Timeliness of services. Timely access to services for periodic screening, diagnosis, and treatment services shall be provided.

5.2.2 Scope of Services

EPSDT covered services include:

1. Regular comprehensive well-child exams from newborn to age 20 years. The comprehensive exam includes the following:
 - a. An initial or interval history
 - b. Measurements
 - c. Sensory screening (hearing and vision)
 - d. Developmental assessments, including general development and autism, with validated tools
 - e. Tuberculosis risk assessment
 - f. Lead risk assessment
 - g. Psychosocial and behavioral assessment
 - h. Alcohol and drug use assessment for adolescents
 - i. STI and cervical dysplasia screening as appropriate
 - j. Dyslipidemia screening as appropriate
 - k. Complete physical exam
 - l. Age appropriate surveillance
 - m. Age appropriate immunizations
 - n. Procedures such as hemoglobin, tuberculosis testing, and lead level as appropriate
 - o. Referral to a dental home
 - p. Referrals to state or specialty services
 - q. Care coordination assistance if needed
 - r. Age appropriate anticipatory guidance

2. EPSDT Screens

The EPSDT periodic screening schedule generally follows the most current American Academy of Pediatric (AAP) Guidelines for Health Supervision. The screening is a brief assessment designed to identify individuals who need a more intensive assessment; not a single instrument used at one point in time, but a set of processes and procedures used over time. If it is determined at

the time of the screening that immunization is needed and appropriate to provide at that time, then immunizations must be provided at that time.

Medical screens to assess the individual's health status include the following types:

- 1) Complete periodic screens at the following ages:
 - Infancy: By age 1 month, 2, 4, 6, 9, and 12 months
 - Early Childhood: At 15, 18, and 24 months, and at 3 and 4 years
 - Late Childhood: At 5, 6, 8, 10, and 12 years
 - Adolescence and Older: At 14, 16, 18 and 20 years.
- 2) Interperiodic screens are allowed between the complete periodicity screens.
- 3) Partial screens are allowed when additional screens for one or more specific conditions are needed
- 4) Regular dental preventive and treatment services by a dentist, including screening examinations and prophylactic treatment, every six months from age 6 months to age 20 years.
- 5) Any needed diagnostic, treatment, and other services as part of a treatment plan that is approved as medically necessary.

The screenings, assessments, surveillance, and anticipatory guidance under EPSDT are based upon the recommendations of CMS and the most current American Academy of Pediatrics (AAP) and Bright Futures guidelines. This can be found at the following website under the link for 'periodicity schedule':

http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html

Well-child visits should occur for all non-EPSDT required screening on the Bright Future guidelines.

The 2008 revision of the periodicity schedule can be found in the Appendix 6 of the MQD Provider Manual.

5.3 DESCRIPTION

DHS Form 8015 serves the purpose of guiding providers through the required components of an EPSDT exam, improving the quality of exams and through the data collected, providing a better understanding of the health and health needs of Medicaid clients.

DHS Form 8016 is used to document the completion of any screening(s) and/or immunization(s) that were attempted and not done during a comprehensive EPSDT screening visit, as well as to document any immunization or screening not captured on the 8015 or not associated with a comprehensive EPSDT screening visit.

Required elements for the EPSDT exam follow the CMS and AAP/Bright Futures guidelines. Elements for the complete visit should be reported on the 8015 form and supported by documentation in the medical record, including:

- a. Initial or interval history
- b. Measurements
- c. Sensory screening (hearing and vision)
- d. Developmental assessments, including general development and autism, with validated tools
- e. Tuberculosis risk assessment
- f. Lead risk assessment
- g. Psychosocial and behavioral assessment
- h. Alcohol and drug use assessment for adolescents
- i. STI and cervical dysplasia screening as appropriate
- j. Dyslipidemia screening as appropriate
- k. Complete physical exam
- l. Age appropriate surveillance
- m. Age appropriate immunizations
- n. Procedures such as hemoglobin, tuberculosis testing, and lead level as appropriate
- o. Referral to a dental home
- p. Referrals to state or specialty services
- q. Care coordination assistance if needed
- r. Age appropriate anticipatory guidance

The forms must be signed by the physician performing the exam or supervising the immunizations and screenings. By completing and signing the form, the provider is indicating that the history, physical exam, surveillance, screenings, immunizations, diagnoses, and treatments were performed and are documented in the medical record, as specified on the EPSDT form.

The completed and signed EPSDT exam form submitted to the State of Hawaii's Fiscal Agent, Affiliated Computer Services (ACS), by a participating provider for the Medicaid Fee-For-Service program fulfills the State's requirement for compliance with an EPSDT comprehensive periodic screening visit.

The form may be copied or printed and used to supplement, but not substitute for, the medical record. There should be sufficient documentation in the medical record to support completion of requirements for a comprehensive EPSDT exam. Results of screening tests and record of immunizations reported on forms 8015 and 8016 as being performed must be kept in the medical record.

The EPSDT exam is a comprehensive exam and viewed as a global service. Therefore, the treatment of any medical conditions discovered during an EPSDT exam is included in the exam.

Care coordination assistance, if needed, will be provided by the Community Case Management Corporation (CCMC).

Detailed instructions in completion of forms 8015 and 8016 are listed in the back of the form.

5.4 MEDICAID GENERAL INFORMATION AND BILLING INSTRUCTIONS

A global fee reimbursement for the complete medical screen includes costs associated with any mandatory or optional office procedures such as drawing blood and immunization administration. Vaccines available through the federally funded Department of Health (DOH) Vaccines for Children (VFC) Program are not eligible for reimbursement. The comprehensive EPSDT visit is documented on Form 8015.

A catch up visit is paid at a reduced global fee. The catch up visit is used to perform and document any screening(s) and/or immunization(s) that were attempted and not done during a comprehensive EPSDT screening visit, as well as to provide and document any immunization or screening not captured in a comprehensive EPSDT screening visit. The catch-up visit is documented on Form 8016.

See Chapter 2, “EPSDT Program Providers” for EPSDT Provider requirements.

5.4.1 EPSDT Billing Procedures for the Comprehensive EPSDT Exam

The enhanced reimbursement (\$120 for FFS in 2009*) for comprehensive EPSDT exams will apply under the following conditions:

1. Submission of a completed DHS **8015**.
 - a. Attach the original completed and signed hard-copy DHS **8015** to the CMS 1500 claim, and mail to the appropriate health plan for QUEST or QExA members or to ACS for Fee- For-Service (FFS) clients. If the completed form is not attached to the claim, the claim cannot be processed as a comprehensive EPSDT visit; or
 - b. Submit electronically a completed and signed/finalized EPSDT exam through the EPSDT online tool prior to electronic submission of the claim. The health plans or MQD will match the completed electronic EPSDT form with the electronic claim.
 - c. Without a completed EPSDT form submitted in either hard-copy or electronic as described above, the claim cannot be processed as a comprehensive EPSDT exam and enhanced reimbursement will not be provided.
2. No other claim for an evaluation and management (E&M) service (99201-99255; 99304-99499) is submitted on the same day by the same provider for that patient. The EPSDT exam includes the diagnosis of abnormal conditions and appropriate treatment rendered

3. An eligible code listed in **TABLE 1** in **Section 5.4.3** is used.

5.4.2 EPSDT Billing Procedures for the EPSPDT Catch-Up/Follow-Up Immunizations and Screenings

The enhanced reimbursement (\$30 for FFS in 2009*) for EPSDT catch-up/follow-up immunizations and screenings will apply under the following conditions:

1. Submission of a completed DHS **8016**.
 - a. Attach the original completed and signed hard-copy DHS **8016** to the CMS 1500 claim, and mail to the appropriate health plan for QUEST or QExA members or to ACS for FFS clients. If the completed form is not attached to the claim, the claim cannot be processed as a catch up EPSDT visit; or
 - b. Submit electronically a completed and signed/finalized EPSDT exam through the EPSDT online tool prior to electronic submission of the claim. The health plans or MQD will match the completed electronic EPSDT form with the electronic claim.
 - c. Without a completed EPSDT form submitted in either hard-copy or electronic as described above, the claim cannot be processed as a catch-up EPSDT exam and enhanced reimbursement will not be provided.
2. No more than two (2) follow-up visits for screening attempts will be reimbursed. For example, if on the dates of the first and second follow-up visit for an audiogram, the child was unable to comply, the provider should note this on the DHS 8016 forms and the visits will be reimbursed. However, if the child is unable to comply after the second visit, the provider should not schedule a third catch-up/follow-up visit. Instead, the audiogram should be attempted at the next EPSDT comprehensive visit.
3. An eligible code in **TABLE 2** in **Section 5.4.3** is used.

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.

These are reimbursed at \$36.31, \$56.46, \$83.57 respectively for FFS in 2009*. Medical records must justify this level of E&M service. A DHS 8016 must be attached to the claim.

*Reimbursement rates are specific to the FFS fee schedule as of 2009, which is subject to change. The current fee schedule should always be consulted. Please check with the QUEST and QExA health plans for specific health plan rates.

5.4.3 EPSDT Billing Codes for Comprehensive Exams and Follow-Up Immunizations and Screenings

TABLE 1: Billing Codes for Comprehensive EPSDT 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 (DOS).
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 DOS
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 DOS.
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 DOS
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 DOS
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.
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 same DOS.
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 same DOS.
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 same DOS.
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 or 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/exam 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 same DOS.
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 same DOS.

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 same DOS.
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 or 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.

TABLE 2: BILLING CODES FOR CATCH-UP/FOLLOW-UP EPSDT 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, which 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.

5.5 EXCLUSIONS

Medicaid excludes all services that have not been determined medically necessary under EPSDT.

5.6 OTHER COVERED SERVICES WHEN MEDICALLY NECESSARY

Other services are covered under EPSDT for clients up to the age of 21 years when the client's physician has completed and submitted a prior authorization and DHS has determined that the services are medically necessary. A Request for Medical Authorization, Medicaid Form 1144e, along with supporting clinical documentation (e.g. clinical notes, hospital discharge summary, social summary) should be submitted for determination. These services may include skilled nursing services, case management, medical equipment, therapy services, and other home and community based services.