

## **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) billing guide**

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services are federally mandated services intended to provide preventive health care to children and young adults (under the age of 21) at periodic intervals which are based on the recommendations of the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC). All primary care providers (PCPs) who provide services to Members under the age of twenty-one (21) are required to provide comprehensive health care, screenings, and preventive services. GHP Family requires Participating PCPs to provide all EPSDT services in compliance with federal and state regulations and periodicity schedules.

EPSDT screens for any new Member under the age of twenty-one (21) must be scheduled within forty-five (45) days from the effective date of Enrollment unless the child is already under the care of a PCP and the child is current with screens and immunizations.

GHP Family will make quarterly lists available to each PCP that identify Members who have not had an encounter during the first six (6) months of enrollment or Members who have not complied with EPSDT periodicity and immunization schedules for children. It is the PCP's responsibility to contact all Members who have not had an Encounter during the previous twelve (12) months or within the MA appointment time frames. These EPSDT Member lists are also available upon request from GHP Family.

These screenings offer a unique opportunity to perform a comprehensive evaluation of a child's health and provide appropriate and timely follow-up diagnostic and treatment services. To encourage providers to perform complete EPSDT screens, support the additional time needed to perform such screens, and increase the number of screens performed, EPSDT rates have been established.

To be considered a complete visit, all required components listed on the Department of Human Services (DHS) Periodicity Schedule must be completed. See the latest [EPSDT Program Periodicity Schedule Update](#).

If the visit is considered incomplete, the provider will receive the incomplete visit rate. Incomplete EPSDT screens are office visits during which the provider did not complete all the required components listed on the Periodicity Schedule for the child's screening period. This may include the use of applicable modifiers, diagnosis codes, and required referral codes.

### What services are included in an EPSDT exam?

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Appropriate immunizations according to age and health history
- Appropriate laboratory tests including lead toxicity screening
- Health education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)

After completion of a comprehensive screen, members are entitled to all services included in the approved DHS State Plan for diagnosing and treating a discovered condition. These services include:

### Vision services

At a minimum, diagnosis and treatment for defects in vision, including eyeglasses. Vision services must be provided according to a distinct periodicity schedule developed by the state and at other intervals as medically necessary. Coding is as follows:

Patient Age	Procedure Code	Modifier
Required at ages 3, 4, 5, 6, 8, 10, 12, 15	99173, 99174, 99177	EP
Risk Assessment at ages 7, 9, 11, 13, 14, 16, 17, 18, 19 and 20	99173, 99174, 99177	EP

### Dental services

At minimum, dental services include relief of pain and infections, restoration of teeth, and maintenance of dental health. Dental services may not be limited to emergency services.

**Dental risk assessment has been added to the EPSDT requirement for patients 6-8 months of age and again between the ages of 9-11 months of age.**

GHP Family dental benefits are administered by SKYGEN. Use our [dental provider search](#) to find SKYGEN participating dental providers for eligible members.

### Hearing services

At a minimum, hearing services include diagnosis and treatment for defects in hearing, including hearing aids. Coding is as follows:

Patient Age	Procedure	Code Description	Modifier
Required at the following ages: Newborn Screen (If not completed as part of the newborn screen, must be done at 3-5 day, 1 month or 2-3 months)	Appropriate CPT code		EP
Required at the following ages: a) Ages 4, 5, 6, 8 and 10 Once during ages 11-14, once during ages 15-17 and once during ages 18-20.	92551	Screening test, pure tone, air only	EP
	92552	Pure tone audiometry (threshold); air only	EP
Risk Assessment at ages 3, 7 and 9.	92551	Screening test, pure tone, air only	EP
	92552	Pure tone audiometry (threshold); air only	EP

## Immunizations

During these visits, vaccines are administered. The immunization recommendations have been updated to specify that providers should refer to recommended schedules by nationally recognized medical associations such as AAP, AAFP, ACOG, and ACIP.

Providers who see Medicaid or uninsured patients, should utilize the Vaccine for Children Program (VFC) offered by the Department of Health. Providers would receive the vaccine directly from the VFC program with **no** cost to them. If a VFC vaccine is given during the visit, the provider is reimbursed for the administration of the vaccine. The provider should submit a claim to GHP Family reporting the appropriate CPT code for the vaccine given. This process affects children from birth through age 18 (until their 19<sup>th</sup> birthday) whether they have only Medicaid or Medicaid as a secondary carrier. More information regarding this program can be found on the Department of Health's [website](#).

When reporting immunizations for Members not included in the Vaccine for Kids program, as defined by DHS, providers should report both the applicable immunization and administration code **without the use of the EP modifier** and will receive separate reimbursement for both codes. **NDC codes for vaccines should be present on all EPSDT claims.**

## Other necessary health care services

### Diagnostic services

When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services must be provided. Necessary referrals should be made without delay and there should be follow-up to ensure the enrollee receives a complete diagnostic evaluation.

### Treatment

Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.

### Tobacco, alcohol, or drug use assessment

For patients 11 through 20 years of age a tobacco, alcohol, or drug use risk assessment is to be performed at each of these visits.

### Autism screening

Autism - or more precisely the autism spectrum disorders (ASDs) - represents a broad group of developmental disorders characterized by impaired social interactions, problems with verbal and nonverbal communication, and repetitive behaviors, or severely limited activities and interests. Coding is as follows:

Patient Age	Procedure Code	Code Description	Modifier – 1 <sup>st</sup> Position	Modifier – 2 <sup>nd</sup> Position
Required at ages 18 and 24 Months	96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	EP	U1**

\*\* The U1 modifier distinguishes the autism screening from the developmental screening.

### Developmental screening

Developmental delay is defined as a condition which represents a significant delay in the process of development. More precisely children may have skills deficits including specific delays in language, perception, meta-cognition, and social, emotional and/or motor development. Early identification and quality early intervention services can improve outcomes for children, families, and communities. Coding is as follows:

Patient Age	Procedure Code	Code Description	Modifier
Required at 9-11 months, 18 months and 30 months	96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	EP

## Reporting developmental screening

When a child is referred to another practitioner as a result of the developmental delay screen, the YO EPSDT referral code must be populated in block 10d of the CMS-1500 form. In addition, Members with suspected developmental delays under the age of five (5):

- **Are required to be referred by their PCP to local Early Intervention Program services through the CONNECT Helpline at (800) 692-7288.**
- **And should be referred to the GHP Enhanced Member Supports Unit (EMSU) for additional comprehensive management.**

## Resources for developmental screening

Several resources are available to assist providers in educating themselves about surveillance and structured screening and in remaining up to date on validated screening tools. Providers may refer to the following resources for additional information:

The National AAP Policy Statement: Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening may be found online at <http://pediatrics.aappublications.org/content/118/1/405>.

The 2017 Bright Futures Guidelines may be found on the AAP Bright Futures web site on-line at: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

The Centers for Disease Control and Prevention Child Development Web site online at: <https://www.cdc.gov/ncbddd/childdevelopment/facts.html>

The Pennsylvania Medical Assistance Bulletin (MAB) 99-09-07 *Structured Screening for Developmental Delays and Autism Spectrum Disorder* may be found online at: <http://www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn=99-09-07>

## Anemia screening

Anemia is a condition that develops when your blood lacks enough healthy red blood cells or hemoglobin. Coding is as follows:

Patient Age	Procedure Code	Code Description	Modifier
Required at age 9-11 months. (If not completed at 9-11 months, must be done at 12 months)	85013	Blood count; spun microhematocrit	EP
	85018	Blood count; hemoglobin	
If indicated by Risk assessment and/or symptoms ages 15 months thru 20 years	85013	Blood count; spun microhematocrit	EP
	85018	Blood count; hemoglobin	

### Dyslipidemia

Dyslipidemia screening is now required for children between the ages of 9 and 11 years of age. Coding is as follows:

Patient Age	Procedure Code	Code Description	Modifier
Required at age 9 years (If not completed at 9 years, must be done at next screening opportunity of 10 or 11 years) and 17 years (If not completed at 17 years, must be done at next screening opportunity of 18, 19 or 20)	80061	Lipid Panel	EP
Risk Assessment at 6, 8, 12 thru 16 years	80061	Lipid Panel	EP

### Lead screening

Protecting children from exposure to lead is important to lifelong good health. Even low levels of lead in blood have shown to affect IQ, ability to pay attention, and academic achievement. Effects of lead exposure cannot be corrected. All GHP Family children are considered at risk for lead toxicity.

Risk questions should be asked at every visit. Coding is as follows:

Patient Age	Procedure Code	Code Description	Modifier
Required at age 9-11 months (If not completed at 9-11 months, must be done at next screening opportunity of 12, 15 or 18 months) and 24 months (If not completed at 24 months, must be done at next screening opportunity of 30 months, 3, 4, 5 or 6 years)	83655	Lead	EP

### Maternal depression screening

Providers are to use a standardized health risk assessment instrument when screening for maternal depression. Providers may use a standardized screening instrument that is the most suitable tool for the provider's practice. Coding is as follows:

Patient Age	Procedure	Code Description	Modifier
Required by 1 month and at months 2, 4 and 6.	96161	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	EP

**Additional risk assessment testing to be done if indicated by history and/or symptoms:**

- Sickle Cell**  
 Sickle Cell Disease (SCD) is an inherited group of red blood cell disorders. Among people with SCD, “sickle” or abnormally shaped red blood cells get stuck in small blood vessels and block the flow of blood and oxygen to organs in the body. These blockages can cause repeated episodes of severe pain, organ damage, and serious infections, or even stroke.
- Tuberculin (TB) Test**  
 Tuberculosis (TB) is a contagious bacterial infection that usually affects the lungs. In rare cases, it may spread to other body tissues or organs (extra-pulmonary TB).
- Sexually Transmitted Diseases (STD)**  
 STDs can include gonorrhea, syphilis, chlamydia, and more. Any sexually active person can be infected with any STD.
- HIV Screening** - 15 thru 18 years of age
- Depression Screening** - 12 thru 20 years of age

## Reporting EPSDT services

**Providers submitting for a complete EPSDT screening, including immunizations, on the CMS 1500 or UB-04 claim form or the 837-electronic format must:**

Primary diagnosis code: Z00110, Z00111, Z00121, Z00129, Z761, Z762, Z0000 or Z0001

Enter visit code: 03 EPSDT Claim Modifiers:

- EP = Complete EPSDT exam
- 90 = Referred child to an outside laboratory
- U1 = Autism

### Age Appropriate Evaluation and Management Codes

(As listed on the current EPSDT Periodicity Scheduled and Coding Matrix) **Newborn Care:**

99460 Newborn care (during the admission) 99463 Newborn (same day discharge)

Patient Age	New Patient	Established Patient
Age < 1 year	99381	99391
Age 1 – 4 years	99382	99392

Age 5 – 11 years	99383	99393
Age 12 – 17 years	99384	99394
Age 18 – 20 years	99385	99395

### EP Modifier

The EP modifier is required on all portions of the EPSDT bundle of services. However, the assessment code will be the only line to receive payment. Failure to use the EP modifier on all applicable lines may cause the claim to deny or to price per component instead of at the complete screening fee schedule rate.

**Billing example 1:** A 1-month old new patient comes into the office for an EPSDT Screen. As per the Periodicity Schedule, the required components for a 1-month EPSDT screen are:

- New patient visit code – 99381
- Maternal Depression Screening – 96161
- Hearing screen (if not completed at Newborn screen) – appropriate CPT code
- Modifiers: EP (for a complete EPSDT) on visit code and each required EPSDT component

**Billing Example 2:** A 4-year old established patient comes into the office for an EPSDT Screen. As per the Periodicity Schedule, the required components for a 4-year EPSDT Screen are:

- Established patient visit code – 99392
- Visual acuity screen – 99173, 99174, and 99177
- Hearing screen – 92551 or 92552
- Venous Lead (if not done at 24 mo, 30 mo or 3yr screen) - 83655
- Referral to a dental provider – Enter YD referral code in Block 10d
- Modifiers: EP (for a complete EPSDT) on visit code and each required EPSDT component

**Billing Example 3:** A 9-month-old established patient comes into the office for an EPSDT Screen. As per the Periodicity Schedule, the required components for a 9-11-month EPSDT Screen are:

- Established patient visit code – 99391
- Developmental screen – 96110. If a developmental delay is suspected, enter YO referral code in block 10d and contact the CONNECT Helpline at (800) 692-7288
- Anemia (Hemoglobin/Hematocrit) – 85018 or 85013
- Venous Lead – 83655
- Dental assessment
- Modifiers: EP (for a complete EPSDT) on visit code and each required EPSDT component

### Note for an incomplete EPSDT:

- For providers who were unable to provide a required EPSDT service, please use the appropriate procedure code with modifier 52. Providers should make every effort possible to complete that service at the next screening opportunity.
- For all procedure codes reported with modifiers 52 or 90, a zero dollar (\$0) billed amount must be

reported.

**Referrals:**

When a Member is referred to another practitioner as a result of an EPSDT, a two-character referral code must be populated on the claim form. An appropriate diagnosis code must be included for each referral.

YM – Medical Referral

YD – Dental Referral (Required component for all children 3 years of age and above) YV – Vision Referral

YH – Hearing Referral

YB – Behavioral Health Referral YO – Other Referral

## Miscellaneous

**Coordination of Benefits**

GHP Family is almost always the payer of last resort; however, there are exceptions. GHP Family is the primary payer on the following services:

- Preventive pediatric care (including EPSDT services to children)
- Services to children having medical coverage under a Title IV-D child support order.

GHP will pay any claim submitted for these services but will, through Coordination of Benefits, investigate whether a TPL payer exists. If such payer does exist, we will notify provider and begin process to recapture GHP Family payment.