

# A L E R T

June 23, 2025

**TO: All Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) Providers**

**RE: Rate Increase for EPSDT Periodic Evaluation and Management (E&M) Procedure Codes**

Effective **July 1, 2025**, the Alabama Medicaid Agency (Medicaid) will increase the reimbursement rates for the following EPSDT Periodic Evaluation and Management (E&M) procedure codes. Please see the article titled *EPSDT Referred – Did You Know?* in the January 2024 Provider Insider newsletter for additional information on how to file claims with the EP modifier or as EPSDT referred. Additionally, these increases do not impact Alabama Coordinated Health Network Participation rates or Physician Bump rates.

EPSDT Periodic Procedure Codes			
E & M Procedure Codes	Procedure Code Description	Current Medicaid Reimbursement Rate	New Medicaid Reimbursement Rate <u>Effective 07/01/2025</u>
99381 EP	New Patient under 1 year of age	\$70.00	\$80.00
99382 EP	New Patient 1 year to 4 years of age	\$70.00	\$80.00
99383 EP	New Patient 5 years to 11 years of age	\$70.00	\$80.00
99384 EP	New Patient 12 years to 17 years of age	\$70.00	\$80.00
99385 EP	New Patient 18 years to 20 years of age	\$70.00	\$80.00
99391 EP	Established Patient under 1 year	\$70.00	\$80.00
99392 EP	Established Patient 1 year to 4 years of age	\$70.00	\$80.00
99393 EP	Established Patient 5 years to 11 years of age	\$70.00	\$80.00
99394 EP	Established Patient 12 years to 17 years of age	\$70.00	\$80.00
99395 EP	Established Patient 18 years to 20 years of age	\$70.00	\$80.00

Providers with billing questions should contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.