

EPSDT

EARLY, PERIODIC, SCREENING, DIAGNOSIS, TREATMENT



July 2007

OVERVIEW

- Goals of Program
- Types of Screenings
- Documentation Requirements
- Follow-up Visits
- Verifying Eligibility
- Metabolic Newborn Screening
- Early Intervention
- Vaccines For Children

GOALS OF PROGRAM

- Find Children With Actual or Potential Health Problems, Screen, Diagnose, & Treat
- Offer Preventive Health Services To Medicaid Eligibles Under 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

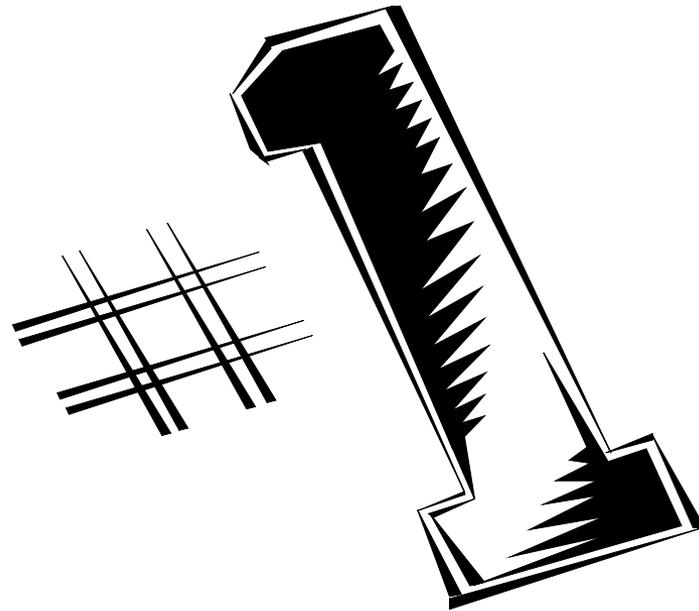
TYPES OF SCREENINGS

- Initial
- Periodic
- Interperiodic
- Vision
- Hearing
- Dental



INITIAL

The First Time an EPSDT Screening is
Performed at Your Facility



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 Check-Ups)

Performed at Scheduled Intervals:

1 Month	6 Months	15 Months
2 Months	9 Months	18 Months
4 Months	12 Months	2 Years

Annually After 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) |

DOCUMENTATION FOR CRITICAL COMPONENTS OF SCREENINGS



DOCUMENTATION REQUIREMENTS FOR INITIAL OR PERIODIC 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

- Office Visit & EPSDT Screening Not Billable On The Same Day For Same Provider
- Hemoglobin and/or Hematocrit & Urine Dipstick For Sugar & Protein Are Included In The Screening Reimbursement - Not To Be Billed Separately
- No Co-pay 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 Birth date

INTERPERIODIC

- Outside the Periodicity Schedule
- Considered **Problem-focused and Abnormal**
- Performed When Medically Necessary
- Used for Undiagnosed Medically Necessary Conditions
- Performed Also for Suspected Problems That Need Further Diagnosis/Treatment
- Can Occur at Any Age

DOCUMENTATION REQUIREMENTS FOR INTEPERIODIC SCREENINGS

- Consent
- Medical-Surgical History Update
- Problem-Focused Physical Exam
- Anticipatory Guidance/Counsel Related to Diagnosis
- Evaluation and Management level of care billed

Effective 1-1-07

New Interperiodic Codes

Outpatient (Physician office, clinic, etc.)

- 99211-EP
- 99212-EP
- 99213-EP
- 99214-EP
- 99215-EP

Inpatient Interperiodic Code

- 99233-EP

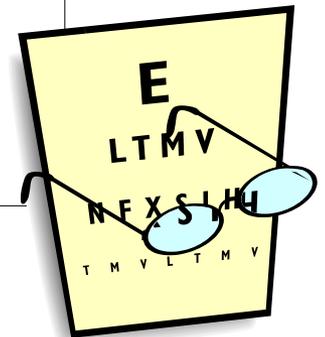
VISION

- **Birth Through Age 2**

- Subjective Based on Observation and History

- **Age 3**

- Objective
- Requires Performance of Visual Acuity Screening Through the Use of the Snellen Test, Allen Cards, Photo Refraction, or Their Equivalent
- Must be Referred out if not Performed by the Screening Provider.
- Limited to One Annually



HEARING

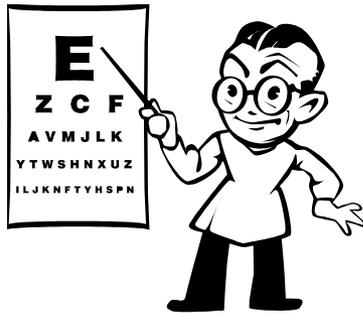
- **Birth Through Age 4**
 - Subjective Based on Observation and History
 - Document as Grossly Normal or Abnormal.
- **Age 5**
 - Objective
 - Should be Recorded in Decibels
 - Test Failure Requires Complete Audiogram
 - Limited to One Annually

PROCEDURE CODES



Hearing

92551 – EP



Vision

99173 – EP

DENTAL

- **Birth Through Age 2**
 - By Observation and History
 - Focus on Education/Anticipatory Guidance

- **By Age 3**
 - Be Under the Care of a Dentist
 - Make Referral if Necessary



Follow-Up Visits

**Follow-up Visits Should be Billed Using
Appropriate Office Visit Codes (ex. 99211-99215)
With the Appropriate Diagnosis Code(s) and
Utilizing the Appropriate EPSDT Indicator on the
Claim Form.**

Please refer to Chapter 5, Filing Claims, for detailed information.

Patient 1st and/or EPSDT REFERRAL or FOLLOW-UP VISIT BILLING INSTRUCTIONS

Professional Claims

- **CMS 1500**

- Block 17 – Name of Patient 1st or Screening Provider
- Block 17a – Patient 1st or Screening Provider’s Ten-Digit NPI Medicaid Provider Number
- Block 24H – “1” to Indicate EPSDT Referred Service (no PMP assignment)

– **or -**

- Block 24H- “4” to Indicate Patient 1st/EPSDT Referred (assigned to PMP)

- **Electronic (PES)**

- Header 2 Tab - Referring Provider ID (Patient 1st/Screening Provider’s Ten- Digit NPI Medicaid Provider Number)
- Service 1 Tab - EPSDT Field – “Y” for EPSDT Related Service

VERIFY ELIGIBILITY

- Provider Electronic Solutions Software
- Software Developed by the Provider's Billing Service, Using Specifications Provided by EDS
- Automated Voice Response System (AVRS) at 1 (800) 727-7848
- Contacting the EDS Provider Assistance Center at 1 (800) 688-7989
- Web Server <https://almedicalprogram.alabama-medicaid.com/secure>

PROGRAM ENHANCEMENT

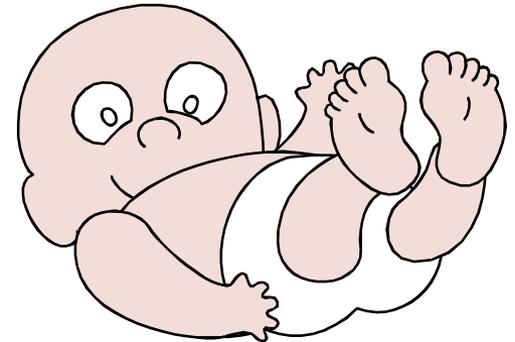
EPSDT Care Coordinators - designed to assist and support your personnel such as:

- Identify, contact, coordinate, and provide follow up for visits with your office
 - Behind on screenings and immunizations
 - Identify frequent users of emergency room
 - Abnormal blood work
 - Follow up on referrals and missed appointments
 - Identify children at greatest risk
 - Newborn hearing screenings, teen pregnancy, transportation, medically at risk, etc.

ALABAMA METABOLIC NEWBORN SCREENING PROGRAM

Metabolic Screening That Tests For Six Disorders:

- Biotinidase
- PKU
- Hypothyroidism
- Galactosemia
- Congenital Adrenal Hyperplasia
- Abnormal Hemoglobin for Sickle Cell



ALABAMA METABOLIC NEWBORN SCREENING PROGRAM

Effective Sept 2004, Analytes Tested Are:

- Maple Syrup Urine Disease
- Homocystinuria
- Tyrosinemia
- Citrullinemia
- Medium Chain Acyl-coa Dehydrogenase Deficiency (MCAD)
- Propionic Acidemia
- Methylmalonic Academia
- Carnitine transport defect.

ALABAMA METABOLIC NEWBORN SCREENING PROGRAM

To Access Results of Newborn Screening Program (at No Charge):

- Providers Must Register With Family Health Services at 334-206-2971
- Then Call 1-800-566-1556 with Mother's SS#, Child's Name & Date of Birth

Note: If No Verifiable Results Available, Tests May be Repeated for Children 6 Months and Under

EARLY INTERVENTION

- Qualify for Services If Under 3 years of Age
- Must Have Either:
 - 25% Delay In Any One Of Five Developmental Areas
 - or
 - Diagnosed Physical or Mental Condition with Increased Probability of Developmental Delay
- Referral Form Located in Appendix A of the Medicaid Provider Manual
- For Local Resources Call Toll Free (1-800-543-3098)

VACCINES FOR CHILDREN

- Implemented by Medicaid & Dept. of Public Health in 1994 to Increase Rate of Immunizations
- Provides Free Vaccines For Children Who Are:
 - 18 & Under and Enrolled in Medicaid
 - American Indian or Alaskan Native
 - Underinsured
 - No Insurance
- Administration Fee \$8/dose in Addition to Screening Fee
- Enroll by Calling **VFC Coordinator** at **1-800-469-4599**

Contact Information



- **Provider Assistance Center** **800-688-7989**
- **Recipient Call Center** **800-362-1504**
- **Recipient Call Center Fax** **334-215-4140**
- **Web Site** – www.medicaid.alabama.gov
- For Additional Information, Select the Programs Tab From the Top Menu Bar