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
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.
ACHN and/or EPSDT REFERRAL or FOLLOW-UP VISIT BILLING INSTRUCTIONS

Professional Claims

- **CMS 1500**
  - Block 17 – Name of ACHN Screening Provider
  - Block 17a – ACHN Screening Provider’s Ten-Digit NPI Medicaid Provider Number
  - Block 24H – “1” to Indicate EPSDT Referred Service

- **Electronic (PES)**
  - Header 2 Tab - Referring Provider ID (ACHN 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 DXC Technology 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