

# EPSDT Preventive Health Screen

*Presented by Medicaid Managed Care Services (MMCS),  
A Division of AFMC*

## Rural Health Clinic Boot Camp

March 27, 2013



Medicaid Managed  
Care Services  
A Division of AFMC<sup>SM</sup>  
[www.afmc.org/mmcs](http://www.afmc.org/mmcs)

# Medicaid Managed Care Services (MMCS) Information Sheet

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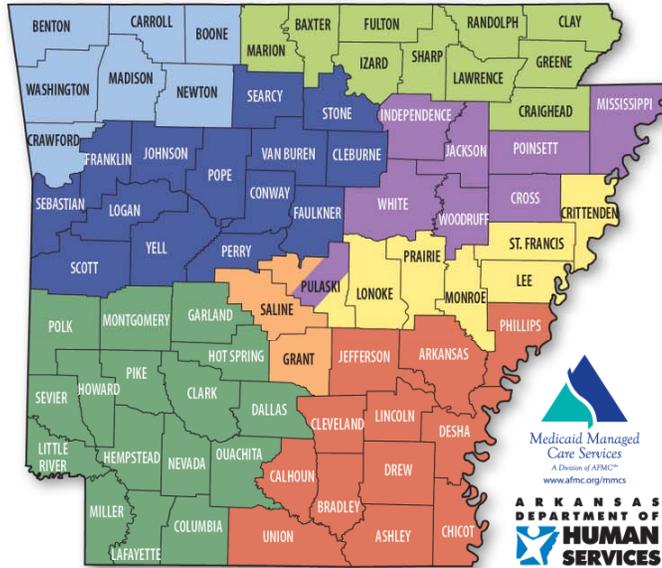
## MMCS PROVIDER RELATIONS

- Manager**  
 Tereasa Holmes .....501-212-8676  
 tholmes@afmc.org
- Senior Provider Relations Rep.**  
 Amelia Elam.....501-212-8674  
 aelam@afmc.org
- Program Coordinator**  
 Penni Ingle .....501-212-8686  
 pingle@afmc.org

## PROVIDER RELATIONS REPRESENTATIVES

Refer to the map to find your representative.

-  Shawna Branscum...501-212-8633  
 sbranscum@afmc.org
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1/16/13

## HP ENTERPRISE SERVICES PROVIDER RELATIONS (Claims Processing)

500 President Clinton Avenue, Suite 400 • Little Rock, AR 72201

- Operator** ..... 501-374-6608
- Automated** ..... 501-374-6609
- Service Relations Supervisor**  
 Jessie Smith ..... 501-374-6609, ext. 398
- Voice Response System** ..... 1-800-805-1212
- Manager, Provider Relations**  
 David Jarnagin ..... 501-374-6608

STATE OF ARKANSAS  
 ARKANSAS DEPARTMENT  
 OF HUMAN SERVICES,  
 DIVISION OF MEDICAL SERVICES

## ARKIDS FIRST / MEDICAID MEDICAL ASSISTANCE

P.O. Box 1437, slot 1101  
 Little Rock, AR 72203  
[www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)  
 • ARKids First Enrollment Information ..... 888-474-8275

## SPECIAL PROJECTS

- Central Arkansas ..... 501-682-8297
- Toll free ..... 800-482-1141

## CONNECTCARE

- Toll free ..... 800-275-1131

## PROVIDER ENROLLMENT

- HP Enterprise Services  
 P.O. Box 8105, Little Rock, AR 72203-8105  
 Central Arkansas ..... 501-376-2211  
 Fax ..... 501-374-0746

## OTHER HELPFUL NUMBERS

- Transportation Helpline** ..... 888-987-1200
- EDI Helpline**  
 • In state toll free: ..... 800-457-4454  
 • Local or out of state ..... 501-376-2211



# What is an EPSDT?

## ARKids A

- The Child Health Services (CHS) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a **federally mandated child health component** of Medicaid. It is designed to bring comprehensive health care to individuals eligible for medical assistance from birth to age 21.
- A comprehensive medical screening program for all eligible Medicaid children requires the medical provider to assume overall responsibility for detection and treatment of conditions found among these young patients.

# What is a Preventive Health Screen?

## ARKids B

- ARKids First-B beneficiaries receive preventive health care screens and treatment options **within covered benefits**. ARKids First-B beneficiaries are not entitled to the same benefits as children under the Arkansas Medicaid Child Health Services (EPSDT) Program and **may not be billed as an EPSDT screen**.

# Documentation

## Section 212.2000 (EPSDT)

- **No standard service logs or documentation forms are required.** The documentation must be maintained according to the requirements of Sections 142.300 and 212.100 of this provider manual.

# Referrals

## Section 214.000 (EPSDT)

- The primary care physician (PCP), the PCP entity (e.g., FQHC), or a medically qualified member of the PCP's staff must administer the periodic complete medical screen, or the PCP may make a referral to another qualified Medicaid provider to administer the screen. Qualified Medicaid providers to whom referrals may be made include Medicaid-enrolled nurse practitioners and school based providers certified as comprehensive screening providers. Routine newborn care, dental screens, visual screens, hearing screens and immunizations for childhood diseases are exempt from this referral requirement.

# When do we perform screenings?

- Each of the screening procedures is based on recommendations from the federal Department of Health and Human Services and the American Academy of Pediatrics
- **Requirements for periodic medical, visual, hearing and dental screenings**
  - Distinct periodicity schedules have been established for medical screening services, vision services, hearing services and dental services
- The periodic EPSDT screening schedule has been changed in accordance with the most recent recommendations of the American Academy of Pediatrics

# EPSDT Manual

## Section 212.000

- **Periodic** means at intervals established for screening by medical, dental, visual and other health care experts. The types of screening procedures performed and their frequency will depend on the child's age and health history. In Arkansas, the medical periodic screening schedule has been established following the recommendations of the **American Academy of Pediatrics**.
- **Screening** is the use of quick, simple procedures to sort out apparently well persons from those who may have a disease or abnormality and to identify those in need of a more definitive examination.

## ARKids B: Section 222.800

- **The ARKids First – B** periodic screening schedule follows the guidelines for the EPSDT screening schedule and is updated in accordance with the recommendations of the **American Academy of Pediatrics**.

# Getting back on track

## Section 215.300 (EPSDT)

- If a child comes under care for the first time at any point on the schedule, or if any items are not completed by the suggested age, the schedule should be brought up to date at the earliest possible time.

# Vision and hearing

## Section 242.100 (EPSDT)

- A visual evaluation is required for all children receiving Child Health Services (EPSDT) screening. The age-specific procedures (Section 216.000) may be helpful to determine the necessary procedures according to the child's age. This screening does not require Titmus machine or other ophthalmological testing. Subjective testing may be provided as part of a vision screening.
- A hearing evaluation is required for all children receiving a Child Health Services (EPSDT) screening. The age-specific procedures (Section 217.000) may be helpful to determine the necessary procedures according to the child's age. This screening does not require machine audiology testing. Subjective testing may be provided as part of a hearing screening.

# Vision and hearing

## Section 216.000-217.000 (EPSDT)

- An EPSDT periodic **complete medical screen includes both hearing and vision screens**. Providers must not bill an EPSDT periodic vision or hearing screen on the same day, or within seven (7) days of an EPSDT periodic complete medical screen by the same or different providers. The above combinations represent a duplication of services.
- Vision and hearing services are subject to their own periodicity schedule; however, when the periodicity schedule coincides with the schedule for periodic complete medical screen, vision screens must be included as part of the required minimum periodic complete medical screening services.

# Lead screening

## Section 219.000 (EPSDT)

- All children from age six (6) months to six (6) years of age are considered to be at risk and **must be screened** for blood lead poisoning. Blood lead tests are required for all children at twelve (12) months of age and again at twenty-four (24) months of age, **regardless of the child's risk assessment level**. A screening blood test also is required for any Medicaid-eligible child 36 to 72 months of age who has not previously been screened for lead poisoning. The blood lead test is required when screening children for lead poisoning

# When do we bill an EPSDT or preventive health screen?

## Section 215.000 – 219.000 (EPSDT)

- All elements of the screen must be completed and documented before the screen is considered complete. This includes the evaluation of lab results and the provision of or referral for immunizations.

## Section 213.000 (EPSDT)

- All parts of the screening package must be furnished to the Child Health Services (EPSDT) participant in order for the screening to qualify as a full medical Child Health Services (EPSDT) screening service.

## ARKIDS Full Preventive Health Screen Billing Procedures

2009 PROCEDURE CODE BY AGE						MODIFIERS	
	NEWBORN	<1 YEAR	1-4 YEARS	5-11 YEARS	12-17 YEARS	MODIFIER 1	MODIFIER 2
<b>ARKIDS A - EPSDT SCREEN</b>							
New Patient		99381	99382	99383	99384	EP	U1
Established Patient		99391	99392	99393	99394	EP	U2
<i>* ARKIDS A Must Choose Special Program Code 01</i>							
Newborn in Hospital	99460-Initial hospital/birthing center care/normal newborn		99463-Initial hospital/birthing center normal NB-admitted/discharged same date of service			EP	UA
Newborn in Other Setting	99461-Initial care normal newborn other than hospital/birthing center					EP	UA
<b>ARKIDS B - PREVENTIVE HEALTH SCREEN</b>							
New Patient		99381	99382	99383	99384	NO MODIFIERS FOR ARKIDS B	
Established Patient		99391	99392	99393	99394		
Newborn in Hospital	99460-Initial hospital/birthing center care/normal newborn		99463-Initial hospital/birthing center care, normal NB admitted/discharged same date of service			<b>(Newborn Only)</b> UA	
Newborn in Other Setting	99461-Initial care normal newborn other than hospital/birthing center					UA	



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Newborn procedure codes pay \$108.16 while all other listed codes pay \$56.41.



# Rural Health Clinic

## Section 252.102 (Rural Health Clinic)

- **RHC providers are to bill the appropriate screen codes and modifiers.** Each RHC's individual encounter rate will now be reimbursed when the RHC bills one of these medical screen procedure codes with the correct modifier(s.) However, the encounter rate will only be reimbursed if the charge for the service submitted on the claim is greater than or equal to the RHC's encounter rate. The RHC will be reimbursed the lesser of the billed amount or their encounter rate.

# Rural Health Clinic

## Section 216.000 (Rural Health Clinic)

### ***Non-Covered Service***

- Well child care, routine physical examinations or examinations for school. *(See the Child Health Services (EPSDT) Manual, Section II, for coverage of these services and for billing instructions.)*

# Screenings and sick visits

## Section 292.575 (physician manual)

### *Missed Opportunities*

- Screenings performed on the same date of service as an office visit for treatment of an acute or chronic condition may be billed as a periodic Child Health Services (EPSDT) screening, electronically or on paper using the CMS-1500 claim form.
- Effective for dates of service on and after May 1, 2006, a Child Health Services (EPSDT) screening performed during an office visit for treatment of an acute or chronic condition **may be billed as a separate visit** for the same date of service using a CPT evaluation and management procedure code. Do not use modifiers on the sick visit procedure code. The visit must be billed electronically, or on paper using a separate CMS-1500 form.

# Required Reason Code

## Section 242.310 (EPSDT)

### H. EPSDT/Family Plan

EPSDT Reason Codes are required for EPSDT services. Please enter the appropriate 2 byte reason code in the upper shaded part of the detail line.

AV – Available – Not Used (patient refused referral)

NU – Not Used (used when no EPSDT patient referral was given)

S2 – Under Treatment (patient is currently under treatment for referred diagnostic or corrective health problem)

ST – New Service Requested (Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service, not including dental referrals.)

Family Planning Indicator is not applicable for this claim type.

# Special Program Indicator

## *Rural Health Clinic*

### Section 252.102 (Rural Health Clinic)

- For ARKids First-A (EPSDT) electronic billing, medical screens will require the electronic 837P **with the special program indicator “01”** in the header, along with the appropriate certification condition indicator and code.
- For ARKids First-B (ARKids First) electronic billing, medical screens will require the 837P **without the special program indicator**

# Medically Necessary Services

## Section 214.200 (EPSDT)

- For those services that are not included in the Arkansas Medicaid State Plan, (e.g., highly technological wheelchairs and rehab equipment) the PCP must complete form DMS-693, titled Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Prescription/Referral for Medically Necessary Services/Items Not Specifically Included in the Medicaid State Plan.

# Foster children

## Section 214.300 (EPSDT)

- If the EPSDT provider who performs the screening is not the beneficiary's PCP, the intake physical examination should be billed with procedure codes **99381-99385** and modifiers **EP** and **H9**. Billing with these procedure codes and modifiers will allow the claim to be submitted for payment without a referral from the beneficiary's PCP and will alert the system not to count the screen toward the beneficiary's yearly EPSDT periodic complete medical screening limits.

# Notes

## Section 242.100 (EPSDT)

- The verbal assessment of lead toxicity risk is part of the complete Child Health Services (EPSDT) screen. The cost for the administration of the risk assessment is included in the fee for the complete screen.
- A primary care physician (PCP) may bill a sick visit and a Child Health Services (EPSDT) periodic screening for a patient on the same date of service if the screening is due to be performed. The sick visit and screening must be billed on separate claim forms.

# Vaccines for Children Program

## Section 242.140 (EPSDT)

- The Vaccines for Children (VFC) program was established to generate awareness and access for childhood immunizations. To enroll in the VFC program, contact the Arkansas Department of Health. Providers may also obtain the vaccines to administer from the Arkansas Department of Health.
- Vaccines available through the VFC program are covered for Medicaid-eligible children. Only the administrative fee is reimbursed. When filing claims for administering VFC vaccines, providers must use the CPT procedure code for the vaccine administered. Electronic and paper claims require modifiers **EP** and **TJ**.

# RSPMI

## Section 217.100 (RSPMI)

- A PCP referral is required for individuals under age 21 for RSPMI services except those listed in Section 217.111. **Verbal referrals from PCP's are acceptable** to Medicaid as long as they are documented in the beneficiary's chart as described in Section 171.410.

## Section 217.112 (RSPMI)

- A PCP referral is required. **The referral is recommended prior to providing service** to Medicaid-eligible children. However, a PCP is given the option of providing a referral after a service is provided. If a PCP chooses to make a referral after a service has been provided, the referral must be received by the RSPMI provider no later than 45 calendar days after the date of service. The PCP has no obligation to give a retroactive referral.

# RSPMI

- Eligibility
- Supplemental eligibility
- EPSDT
- Preventive health screen
- Last screen date

