

EPSDT Quick Reference Guide



Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Screens

Under EPSDT, state Medicaid agencies must provide and/or arrange for the promotion of services to eligible children under age 21 that include:

- Comprehensive, periodic, preventive health assessments.
- All medically necessary immunizations.
- Age-appropriate screenings as defined on the state's periodicity schedule.
- Additional examinations to treat/address health issues.

Treatment for all medically necessary services discovered during an EPSDT screening is also covered.

EPSDT requirements

Under Pennsylvania and federal laws, the EPSDT program must provide the following services according to a periodicity schedule developed by the Department of Human Services (DHS) as recommended by the American Academy of Pediatrics:

- A comprehensive health and developmental history, including both physical and mental health development.
- A comprehensive unclothed exam.
- Appropriate immunizations according to age and health history.
- Appropriate laboratory tests, including blood lead-level assessment.
- Health education, including anticipatory guidance.

For screening eligibility information and services required for a complete EPSDT screen, please consult the EPSDT Program Periodicity Schedule and Coding Matrix Recommended Childhood Immunization Schedule which may be found on our website at

www.amerhealthcaritaspa.com/Providers/Resources/EPSDT. For a complete EPSDT program description, please consult your AmeriHealth Caritas Pennsylvania Provider Manual.

The following ICD-10 diagnosis codes should be used in conjunction with EPSDT claims submitted:

Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z00.110	Encounter for health examination for newborn under 8 days old
Z00.111	Encounter for health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z38.01	Encounter for single live born infant, delivered by cesarean
Z38.1	Encounter for single live born infant, born outside hospital
Z38.3 – Z38.8	Encounter for range of codes for multiple births
Z76.1	Encounter for health supervision and care of foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child

Exception: When billing for newborns in an inpatient setting (Place of Service 21), please use diagnosis code Z38.00, Z38.01, Z38.1, Z38.2, or Z38.30-Z38.8 in the primary field with Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, or Z76.2 in the secondary field when submitting an EPSDT screen performed in an inpatient hospital setting.

EPSDT resources:

www.amerhealthcaritaspa.com
www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/early-and-periodic-screening-diagnostic-and-treatment.html
www.dhs.pa.gov

CPT	
New patient	Established patient
99460 Newborn Care (during admission)	99463 Newborn (same day discharge)
99381 Age <1 year	99391 Age <1 year
99382 Age 1–4 years	99392 Age 1–4 years
99383 Age 5–11 years	99393 Age 5–11 years
99384 Age 12–17 years	99394 Age 12–17 years
99385 Age 18–20 years	99395 Age 18–20 years

EPSDT modifiers (must be included on the claims line for all)	
Modifier	Definition
EP	Complete EPSDT screen
52	Incomplete screen
90	Outpatient lab
U1	Autism

Referral codes (must be included on the claim)	
Referral codes	Definition
YD	Dental referral
YM	Medical referral
YV	Vision referral
YH	Hearing referral
YB	Behavioral health referral
YO	Referral to CONNECT, the Pennsylvania Early Intervention program, at 1-800-692-7288*

*If the screening provider suspects a developmental delay and the child is not already receiving early intervention services at the time of screening, the provider is required to refer the child (birth to age 5) to Pennsylvania's CONNECT Early Intervention Helpline at 1-800-692-7288. Document the referral in the child's medical record and submit your claim with the YO modifier. This modifier is used by the Plan's Integrated Healthcare Management department to track and follow members who may need additional services and resources. The Plan has dedicated Care Managers who are eager to assist with developmental needs for our pediatric population.

Maternal depression screens
96161 Administration of caregiver-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standard instrument.

Providers are encouraged to perform developmental screens (CPT 96110) at regular intervals, in addition to the scheduled Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screens, as frequently as necessary and up through age 21.

The 96110 should be billed at \$6.99 in order to receive full payment for the service. There are no limits on the frequency this service is offered.

EPSDT billing guide				
UB-04	CMS 1500	Item	Description	C/R*
37	10d	Reserved for local use EPSDT referrals	Enter the applicable two-character EPSDT. Referral code for referrals made or needed as a result of the screen. YD – Dental referral (required for age 3 and over) YM – Medical referral YV – Vision referral YH – Hearing referral YB – Behavioral referral YO – Referral to CONNECT, the Pennsylvania Early Intervention program, at 1-800-692-7288	C*
18	N/A	Condition codes	Enter the condition code A1 EPSDT.	R
67	21	Diagnosis or nature of illness or injury	When billing for EPSDT screening services, diagnosis codes Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, Z76.2, Z00.00 or Z00.01 (Routine Infant or Child Health Check) must be used in the primary field (21.1) of this block. Additional diagnosis codes should be entered in fields 21.2, 21.3, and 21.4. An appropriate diagnosis code must be included for each referral. Immunization V-codes are not required. Exception: When billing for newborns in an inpatient setting (Place of Service 21), please use diagnosis code Z38.00, Z38.01, Z38.1, Z38.2, or Z38.30-Z38.8 in the primary field with Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, or Z76.2 in the secondary field when submitting an EPSDT screen performed in an inpatient hospital setting.	R
42	N/A	Revenue code	Enter revenue code 510.	R
44	24D	Procedures, services, or supplies CPT/HCPCS modifier	Populate the first claim line with the age-appropriate E and M codes along with the EP modifier when submitting a “complete” EPSDT visit, as well as any other EPSDT-related services (e.g., immunizations).	R
N/A	24H	EPSDT/family planning	Enter visit code 03 when providing EPSDT screening services.	R

*Key: C — Conditional; must be completed if the information applies to the situation or service provided.

R — Required; must be completed for all EPSDT claims.

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