REQUIRED EPSDT BILLING GUIDELINES

Molina Healthcare of Ohio requires the referral field indicator (field 24h) be populated on Early Periodic Screening Diagnosis and Treatment (EPSDT) claims. Molina Healthcare is developing system changes to deny claims missing this information, which will be implemented in the upcoming months.

Providers who bill for these services should begin adding this information now to avoid claims being denied in the near future. We will update you with an effective date and additional information about this process through the Provider Bulletin and other communications.

For billing guidelines, see the Claims and Encounter Data section of the Provider Manual at www.MolinaHealthcare.com/Providers/OH.

Paper Claims

Report the referral field indicator in field 24H for EPSDT (also called “Healthcheck”) services as follows:

Lower, Unshaded Area

- Enter “E” if the service was related to EPSDT.
- Enter “F” if the service was related to family planning.
- Enter “B” if the service was related to both Healthcheck/EPSDT and family planning.

Upper, Shaded Area

If either “E” or “B” is entered in the lower, unshaded area, add the appropriate condition indicator in the upper, shaded area using one of the following:

- **NU** (No EPSDT referral was given)
- **AV** (Referral was offered, but the individual refused it)
- **ST** (New services requested)
- **S2** (Under treatment)

Electronic Claims

Completion of CRC02 and CRC03 are required for electronic claims. Select the response in Loop 2300 Segment CRC02, “Was an EPSDT referral given to the patient?” as follows:

- Enter “Y” in Loop 2300 Segment CRC02 if the service was EPSDT, follow-up is required and a referral is made.
- Enter “N” in Loop 2300 Segment CRC02 if the service is an EPSDT and no follow-up services were required.
Select the condition indicators in Loop 2300 Segment CRC03. If response to CRC02 is “Y”, use one of the following:

- **AV** (Available – not used)
- **S2** (Under treatment)
- **ST** (New services requested)

If response to CRC02 is “N” use **NU** (Not Used)

**EPSDT CPT Codes**

- **Preventive Medicine Services**
  - New patient under 1 year – 99381
  - New patient (ages 1 to 4 years) – 99382
  - New patient (ages 5 to 11 years – 99383
  - New patient (ages 12 to 17 years) – 99384
  - New patient (ages 18 to 39 years) – 99385
  - Established patient under 1 year – 99391
  - Established patient (ages 1 to 4 years) – 99392
  - Established patient (ages 5 to 11 years) – 99393
  - Established patient (ages 12 to 17 years) – 99394
  - Established patient (ages 18 to 39 years) – 99395

- **Evaluation and Management Codes**
  - New Patient 99201-99205
  - Established Patient 99211-99215

**NOTE:** These codes must be used in conjunction with current ICD-9 codes V20.2, V20.31, V20.32 and/or V70.0 and/or V70.3-70.9 until Oct 1, 2015, when they must be billed with the appropriate ICD-10 codes.

Molina Healthcare is required to comply with Ohio Department of Medicaid (ODM) regulations. ODM federally required to report how many EPSDT visits and referrals for follow-up or corrective treatment occurred with Medicaid-eligible recipients’ ages 0 to 20 years.

Your clearinghouse can work with Molina Healthcare’s clearinghouse Emdeon to ensure this information is included on your electronic claims. Emdeon’s contact number is (877) 469-3263

Providers that may bill EPSDT services and, therefore, be impacted by this process include:

- Primary care providers (family medicine, general practice, etc.)
- Obstetrics and gynecology (OB/GYN)
- Nurse practitioners
- Midwives
- Pediatrics
- Federally qualified health centers (FQHC)
- Qualified family planning providers (QFPP)
- Clinics
- Rural health clinics (RHC)
- Health departments
- Family planning

The Provider Bulletin is a monthly newsletter distributed to network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.