Medicaid-eligible children are entitled to receive a comprehensive package of preventive health care. This includes all well child care recommended by the American Academy of Pediatrics (AAP) and the Early Periodic Screening, Diagnostic and Treatment (EPSDT) child health requirements, known as Healthchek in Ohio.

Responsibilities of Primary Care Practitioners:
- Provide or arrange for well child check-ups according to the AAP recommendations for preventive pediatric care
- Document the care provided
- Arrange or refer for other preventive health care and medically necessary services based on identified risks and conditions
- Bill for Healthchek - EPSDT services using the appropriate preventive medicine CPT codes
- Bill for all services provided

Well Child Visit Components:
- Screening Services
  - Comprehensive health and developmental history
  - Comprehensive unclad physical examination
  - Developmental screening (including physical and mental health development)
  - Nutritional screening
  - Vision screening
  - Hearing screening (includes newborn screening)
  - Immunization screening using the standard immunization schedule in rule 5101:3-4-12 of the Ohio Administrative Code
  - Lead toxicity screening
- Appropriate laboratory tests based on medical and nutritional history, age, physical condition, ethnic background and home environment, including blood lead screening, hemoglobin and/or hematocrit, sickle cell test, pap smears, tuberculosis test
- Dental screening
  - Relief of pain and infection
  - Restoration of teeth
  - Maintenance of dental health
- Refer children, beginning at the age of two years, to a dentist
- Diagnosis
  - Order medically necessary diagnostic tests based on needs identified during the examination
  - Provide for immediate referral when indicated
  - Follow up to ensure services are received
- Treatment
  - Coordinate treatment for all the child’s health care needs
  - Provide medically necessary treatment or other measures to correct or ameliorate defects, physical and mental illnesses or any other condition(s) discovered through the screening process
- Health Education
  - Counseling to assist the parent/guardian in understanding what to expect relative to their child’s development
  - Anticipatory guidance regarding safety, nutrition, exercise and physical and mental development
  - Risk factor reduction intervention by providing information on healthy lifestyles and practices and accident and disease prevention
Well Child Visiting Billing Guidelines: The following includes some of the most common provider services that are payable when medically necessary and performed as part of a periodic Healthcheck - EPSDT exam (please see OAC 5101:3-4-03 for the periodicity schedule). Please note this is not an all inclusive list of all covered services. Interperiodic examinations will be covered when medically necessary to determine the existence of suspected physical or mental illnesses.

The following code set was in effect as of January 2010 and is subject to change. Please refer to the Ohio Administrative Code for the most current information.

Preventive Medicine
ICD-9-CM Diagnosis codes
The following are the age appropriate codes to be billed with a Healthcheck - EPSDT exam

92567 Hearing test to check the eardrums conducted through the patient’s facial bones
92553 Includes 92552 with the addition of sounds to verbally respond to sounds
92552 Hearing test, using earphones and an audiometer, more extensive
92551 Hearing test, limited study using headphones to verbally respond to sounds
V70.3 Medical exam for administrative purposes
V70.5 Medical exam for students, preschool children, occupational or pre-employment exams, armed forces, etc
V70.1 Medical exam for survey
V70.2 Other Medical exam

New Patient Service
99381 Initial Well child visit, younger than one year old
99382 Initial Well child visit, age 1-4
99383 Initial Well child visit, age 5-11
99384 Initial Well child visit, age 12-17
99385 Initial Physical exam, age 18-39

Established Patient Service
99391 Yearly Well child visit, younger than one year old
99392 Yearly Well child visit, age 1-4
99393 Yearly Well child visit, age 5-11
99394 Yearly Well child visit, age 12-17
99395 Yearly Physical exam, age 18-39

Preventive medicine – Individual Counseling
99402 Counseling and risk reduction intervention, 30 minute discussion
99403 Counseling and risk reduction intervention, 45 minute discussion
99404 Counseling and risk reduction intervention, 60 minute discussion

Vision Services
A vision screening is a required component of the Healthcheck - EPSDT visit. Providers are encouraged to refer children for a comprehensive vision examination, when medically necessary.

Hearing Services
All covered hearing services in accordance with OAC 5101:3-10 and payable per Appendix DD, OAC 5101:3-1-60
92501 Hearing test, limited study using headphones to verbally respond to sounds
92502 Hearing test, using earphones and an audiometer, more extensive
92503 Includes 92502 with the addition of sounds conducted through the patient’s facial bones
92506 Hearing test to check the eardrums

Dental Services
Providers are encouraged to refer children, beginning at the age of two years, to a dentist.

Developmental Screening
96110 Limited Developmental Testing

Immunizations
All covered immunization services in accordance with OAC 5101:3-4-12 and payable per Appendix DD, OAC 5101:3-1-60
90638 Hepatitis A, pediatric/adolescent, two dose schedule
90634 Hepatitis A, pediatric/adolescent, three dose schedule
90645 Hib Vaccine
90646 Hib Vaccine for booster only
90647 Hib Vaccine
90648 Hib Vaccine
90649 Human papilloma virus (HPV), three dose schedule
90653 Influenza, six to thirty-five months of age
90655 Influenza, five years of age and above
90656 Influenza, split virus, six to thirty-five months of age
90658 Influenza, split virus three years of age and above
90660 Influenza, intranasal
90669 Pneumococcal conjugate, polysaccharid, children under five years of age
90665 Rotavirus vaccine
90690 Rotavirus vaccine, live, oral
90680 DTaP-IPV
90698 DTaP/IPV
90700 DTaP/IPV for individuals younger than seven years of age
90702 DTaP/IPV for individuals younger than seven years of age
90703 Tetanus immunization
90704 MMR immunization
90710 Measles, mumps, rubella, and varicella vaccine
90713 Poliovirus, inactivated, oral
90715 Tetanus, diphtheria toxoids and acellular pertussis, for individuals seven years or older
90716 Varicella (chickenpox), live
90717 Varicella (chickenpox), live
90718 Tet ad/ser, for individuals seven years or older
90719 DTaP-IPV
90721 DTaP-IPV
90723 HEPV-IPV inactivated
90724 Pneumococcal immunization
90733 Meningococcal immunization
90734 Meningococcal Vaccine M
90740 Hepatitis B Vaccine; Under age 11
90746 Hepatitis B vaccine, adult (nineteen years or older)
90747 Hepatitis E vaccine, oral, diagnosis or immunosuppressed patient dosage (four dose schedule)

Active immunizations identified with a double asterisk (*) are covered only if determined medically necessary.

Other Physician Services
All covered physician services in accordance with OAC 5101:3-11 and payable per Appendix DD, OAC 5101:3-1-60

Ohio’s Care Coordination Plans
Amerigroup Community Care Ohio
Buckeye Health Plan Care
Catharina
Molina Healthcare of Ohio, Inc.
Paramount Advantage
Union Health Plan of Ohio, Inc.
WellCare of Ohio