Provider Guidelines for Early and Periodic Screening, Diagnostic, and Treatment



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Overview of EPSDT

EPSDT stands for Early and Periodic Screening, Diagnostic, and Treatment.

The EPSDT benefit provides comprehensive and preventive health care services for children under 21 enrolled in Medicaid. This benefit is more extensive than that offered to adults, aiming to ensure early detection, preventive care, and medically necessary treatment services for eligible children. The objective is to prevent health issues or diagnose and treat them at the earliest possible stage.



What does each word mean?

Early: Assessing and identifying problems early, starting at birth.

Periodic: Checking children's health at periodic, age-appropriate intervals.

Screening: Providing physical, mental, developmental, dental, hearing,

vision, and other screening tests to detect potential issues.

Diagnostic: Performing diagnostic tests to follow up when a risk is identified.

Treatment: Managing, correcting, or reducing identified health issues.



The chart below indicates when a child should receive an EPSDT screening.

Infancy	Early Childhood	Late Childhood	Adolescence
1 month	15 months	5 years	12 years
2 months	18 months	6 years	14 years
4 months	2 years	8 years	16 years
6 months	3 years	10 years	18 years
9 months	4 years		20 years
12 months			

EPSDT service goals

EPSDT aims to diagnose and treat health issues early for children and adolescents to avoid complications and higher treatment costs. It offers medical exams, checkups, follow-up treatments, and special care to ensure their good health.

Each screening follows its own unique guidelines.

The EPSDT screening has many parts that **must** be documented in the medical record. They include:

- A comprehensive unclothed physical exam
- Comprehensive beneficiary and family/medical history
- Developmental history
- Measurements, including, but not limited to, length/height, weight, head circumference, body mass index (BMI), and blood pressure
- Vision and hearing screenings
- Developmental/behavioral assessment
- Autism screening
- Developmental surveillance
- Psychosocial/behavioral assessment
- Tobacco, alcohol, and drug use assessment



- Depression screening
- Maternal depression screening
- Newborn metabolic/hemoglobin screening
- Vaccine administration, if indicated
- Laboratory tests
- Urinalysis
- Anemia screening
- Sickle cell disease, sickle cell trait, and hemoglobinopathies
- Lead screening and testing
- Tuberculin test, if indicated
- Dyslipidemia screening
- Sexually transmitted infection screening
- HIV testing
- Cervical dysplasia screening
- Dental assessment and counseling
- Anticipatory guidance
- Nutritional assessment
- Supplemental Nutrition Assistant Program (SNAP) and Women, Infants, and Children (WIC) status
- Next scheduled EPSDT screening, well-baby, well-child, or annual preventive visit appointment
- Next scheduled immunization appointment

Diagnostic services

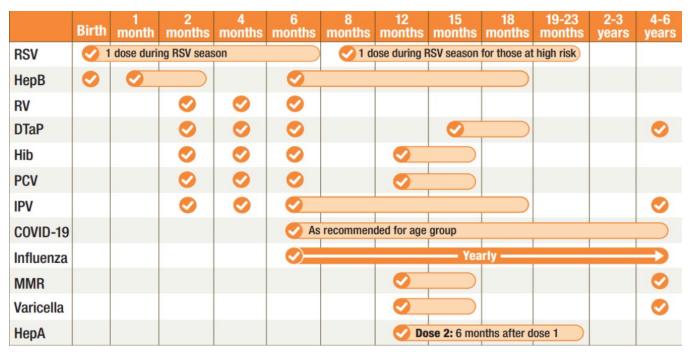
If a screening examination shows that further evaluation of a patient's health is needed, diagnostic services **must** be provided. Necessary referrals should be made promptly, and follow-up should occur to ensure the patient receives a thorough diagnostic evaluation.



What is included in screening services?

Periodic comprehensive child health assessment screenings are regularly scheduled examinations and evaluations of both physical and mental health, growth, development, a comprehensive unclothed exam (when appropriate), appropriate immunizations to be administered according to the latest annual update of the CDC's Recommended Immunization Schedule for Children and Adolescents, laboratory tests (including blood level assessment), health education, and nutritional status of infants, children, and youth.

Please reference the American Academy of Pediatrics Vaccine-Childhood-Schedule.



^{**}Two shots are needed starting at 6 months of age to protect against the flu virus

Vision services

At a minimum, diagnosis and treatment for defects in vision, including eyeglasses.

Dental services

At a minimum, dental services include relief of pain and infections, restoration of teeth, and maintenance of dental health.



Hearing services

At a minimum, hearing services include diagnosis and treatment for defects in hearing, including hearing aids.

Other medically necessary health care services

Diagnostic services, treatment, or measures to correct or ameliorate defects, physical illnesses, behavioral health needs, and conditions discovered by the screening services. EPSDT screenings and diagnostic services are key to identifying health and developmental issues, such as <u>autism spectrum disorders (ASD)</u>, as early as possible.

Recommendations for preventive pediatric health care

Reference the Bright Futures/American Academy of Pediatrics Periodicity Schedule.

				INFANCY							EARLY	CHILDHOOD)	_				MIDDLE CH	HILDHOOD)						AD	OLESCENCE					
AGE1	Prenatal ²	Newborn ³			2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo		30 mo	3 y	4y	5 y		7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																\neg
Length/Height and Weight		•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																				
Weight for Length		•	•	•	•	•	•	•	•	•	•																					\neg
Body Mass Index ^a												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure®		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																
Vision ²		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	*	•	*	•	*	•	*	*	•	*	*	*	*	*	*
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DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																
Maternal Depression Screening ¹¹				•	•	•	•																									
Developmental Screening ¹²			-	_	Ť	Ť	_	•			•		•																			
Autism Spectrum Disorder Screening ¹¹											•	•																				
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Behavioral/Social/Emotional Screening™		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment ¹³		_	-	_	1	-	_			_	_	-				_	_	_	_	_	_	*	*	*	*	*	*	*	*	*	*	*
Depression and Suicide Risk Screening ¹⁶																						_	•	•		•			•	•	•	•
PHYSICAL EXAMINATION ¹²		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
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Newborn Blood		● 19	0 20.		-																											
Newborn Bilirubin ²¹		•	-																													
Critical Congenital Heart Defect ²²		•			-																											
Immunization ²¹		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
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Tuberculosis ²⁷			_	*	-		*		*			*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia ²²							_					*		_	*		*		*	<u></u>		<u></u>	*	*	*	*	*	4				<u> </u>
Sexually Transmitted Infections ²⁰			_		-														<u> </u>	_	_	*	*	*	*	*	*	*	*	*	*	*
HN®																						*	*	*	*	-	_	_		_		→
Hepatitis B Virus Infection ¹¹		*-																							_							-
Hepatitis C Virus Infection ¹²																													•-			-
Sudden Cardiac Arrest/Death ¹¹																						*-										<u> </u>
Cervical Dysplasia™																						-										•
ORAL HEALTH							● 36	● 16	*		*	*	*	*	*	*	*															Ť
Fluoride Vamishir							+									<u> </u>	-															
Fluoride Supplementation ¹⁰							*	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*					
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•		•	•	•	•		•	•	•	•	•	•	•	•	•	•	•				•	•	•	•	•
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Vaccines for Children program (VFC)

<u>The Vaccines for Children (VFC) | HFS</u> program is a federally funded, state-administered program that provides free vaccines to eligible children ages 18 and younger. Vaccines are provided at no cost to the provider or the patient. However, providers may charge an administration fee for the vaccination.

<u>The Illinois Department of Public Health (IDPH)</u> is responsible for administering the VFC program within the state, excluding the City of Chicago. <u>The Chicago Department of Public Health</u> (CDPH) is responsible for administering the VFC program within the Chicago city limits.

EPSDT billing guidelines

To receive proper payments for the Early and Periodic Screening, Diagnosis, and Treatment services, you must use the appropriate preventive medicine CPT codes, diagnosis codes, and EPSDT referral indicators. Molina Healthcare of Illinois requires the referral field indicator (box 24h) to be populated on EPSDT claims. Claims with missing information will be denied.

Molina's Availity Essentials Provider Portal

Providers are **strongly encouraged** to register and use the Availity Essentials Portal. Availity is an easy-to-use, no-cost online tool designed to reduce administrative burden and help you care for our members. Portal features:

- Search for member details, including eligibility status and covered benefits.
- Create, submit, correct, and void claims.
- Submit attachments and receive notifications of status changes.
- Check current claim status and print claims.
- Submit disputes online. Create, submit, and print preservice requests with notifications of status changes.
- View preservice request approval status.
- Track required HEDIS® services for members and compare your scores with national benchmarks.
- View a member's personal health record.
- Access account information, manage and add users, and update your profile.



Electronic claims submission

We offer two electronic claims submission options:

- 1. Submit claims via the Availity Essentials Provider Portal
 - Add attachments to previously submitted claims.
 - Void claims.
 - Check claim status.
 - Receive timely notification of change in claim status.
- 2. Submit claims through EDI clearinghouse
 - Ensure HIPAA compliance.
 - Reduce operational costs (printing, postage, etc.).
 - Increase data accuracy and efficiency of information delivery.
 - Eliminate mailing time so claims reach Molina faster.
 - Molina Payer ID: 20934.

Billing requirements and codes

Use the following diagnosis codes, as well as any specific condition-related diagnosis codes, as applicable. Counseling, hearing, and dental codes encompass, but are not strictly limited to, those referenced below.

Preventive Medicine
Diagnosis
Age-appropriate codes to be billed with EPSDT exam
Routine infant (over 28 days old) and child well check up to age 17
Health check for child under 8 days old
Health check for child 8 to 28 days old
Routine medical exam, age 18 and older
Medical exam for administrative purposes
Medical exam for students, preschool children, occupational or pre-employment exams, etc.
Medical exam for survey



Preven	tive Individual Counseling
99401	Counseling and risk reduction intervention, 15-minute discussion
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
99406	Behavior change smoking, 3 to 10 minutes
99407	Behavior change smoking, >10 minutes
97802	Medical nutrition individual, initial, each 15 minutes
97803	Medical nutrition individual, subsequent, 15 minutes
97804	Medical nutrition, group (2 or more individuals), each 30 minutes
New Pa	tient Services
99381	Initial well child visit, younger than 1 year old
99382	Initial well child visit, age 1 to 4
99383	Initial well child visit, age 5 to 11
99384	Initial well child visit, age 12 to 17
99385	Initial well child visit, age 18 to 39
99354	Prolonged service, office (additional face-to-face care, 30 to 75 minutes)
99355	Prolonged service, office (additional face-to-face care, after 75 minutes)
Establis	shed Patient Service
99391	Yearly well child visit, younger than 1 year old
99392	Yearly well child visit, age 1 to 4
99393	
	Yearly well child visit, age 5 to 11
99394	Yearly well child visit, age 5 to 11 Yearly well child visit, age 12 to 17
99394 99395	
99395	Yearly well child visit, age 12 to 17
99395	Yearly well child visit, age 12 to 17 Yearly well child visit, age 18 to 39
99395 Hearing	Yearly well child visit, age 12 to 17 Yearly well child visit, age 18 to 39 Services
99395 Hearing 92551	Yearly well child visit, age 12 to 17 Yearly well child visit, age 18 to 39 Services Pure Tone Hearing Test, Air
99395 Hearing 92551 92552	Yearly well child visit, age 12 to 17 Yearly well child visit, age 18 to 39 Services Pure Tone Hearing Test, Air Pure Tone Audiometry, Air
99395 Hearing 92551 92552 92553	Yearly well child visit, age 12 to 17 Yearly well child visit, age 18 to 39 Services Pure Tone Hearing Test, Air Pure Tone Audiometry, Air Speech Threshold Audiometry Tympanometry Acoustic Reflex Testing
99395 Hearing 92551 92552 92553 92567 92568 92570	Yearly well child visit, age 12 to 17 Yearly well child visit, age 18 to 39 Services Pure Tone Hearing Test, Air Pure Tone Audiometry, Air Speech Threshold Audiometry Tympanometry Acoustic Reflex Testing Acoustic Immittance Testing Inc. Tympanometry & Acoustic Reflex
99395 Hearing 92551 92552 92553 92567 92568 92570 Develo	Yearly well child visit, age 12 to 17 Yearly well child visit, age 18 to 39 Services Pure Tone Hearing Test, Air Pure Tone Audiometry, Air Speech Threshold Audiometry Tympanometry Acoustic Reflex Testing Acoustic Immittance Testing Inc. Tympanometry & Acoustic Reflex pmental Screening
99395 Hearing 92551 92552 92553 92567 92568 92570	Yearly well child visit, age 12 to 17 Yearly well child visit, age 18 to 39 Services Pure Tone Hearing Test, Air Pure Tone Audiometry, Air Speech Threshold Audiometry Tympanometry Acoustic Reflex Testing Acoustic Immittance Testing Inc. Tympanometry & Acoustic Reflex



D	er	nta	15	Sei	rvi	ce	S

D0120 Periodic Oral Exam Ages 0–20

D1206 Application of Varnish

Vision Services

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

Laboratory Services

All covered physician services in accordance with the <u>HFS Practitioner Fee Schedule</u>

Other Physician Services

All covered physician services in accordance with the HFS Practitioner Fee Schedule

Imm	110172	ations
	UIIIZC	

Immun	izations experience of the second
90471	Vaccine administration, IM, SQ, ID
90472	Vaccine administration, each additional vaccine
90474	Vaccine administration, intranasal or oral
90474	Vaccine administration, each additional vaccine, intranasal or oral
90633	Hepatitis A, pediatric/adolescent, two-dose schedule
90634	Hepatitis A, pediatric/adolescent, three-dose schedule
90646	HB, vaccine for booster only (Covered by VFC only)
90647	HB vaccine prp-omp
90648	HB vaccine-prp-t
90649	Human papillomavirus (HPV) four valent
90650	HPV two-valent
90654	Flu vaccine, split virus, no preserv ID
90655	Flu vaccine, 6 to 35 months of age, no preserv ID (covered by VFC only)
90656	Flu vaccine, no preserv ID, 3 years and older
90657	Influenza, split virus, 6 to 35 months (covered by VFC only)
90658	Flu vaccine, 3 years and older
90660	Flu vaccine, live intranasal
90672	Flu vaccine quad nasal
90672	Flu vaccine quad nasal
90673	Flu vaccine trivalent IM
90686	Flu vaccine quad IM, no preserv ID 3 years and older
90688	Flu vaccine quad 3 years and older
90669	Pneumococcal Conjugate. Polyvalent, under 5 years old (covered by VFC only)



90670	Pneumococcal vaccine 13 val IM
90680	Rotavirus vaccine (covered by VFC only)
90681	Rotavirus vaccine, live, oral (covered by VFC only)
90696	DTaP MP (covered by VFC only)
90698	DTaPipVHIB (covered by VFC only)
90700	DTaP for children younger than 7 years old (covered by VFC only)
90702	DT for children younger than 7 years old
90703	Tetanus immunization
90707	MMR immunization
90710	MMRV immunization
90713	Poliomyelitis virus, inactivated (IPV) subcutaneous (covered by VFC only)
90714	TD preservative-free, age 7 and older
90716	Varicella (chickenpox), live
90723	DTap Hepatitis B, IPV inactivated (covered by VFC only)
90732	Pneumococcal vaccine
90733	Meningococcal vaccine, SQ
90734	Meningococcal vaccine, IM
90744	Hepatitis B vaccine, under age 11 (covered by VFC only)
90748	Hepatitis B HIB, combined vaccine (covered by VFC only)

Allowable practitioner claims

A practitioner may charge only for services personally rendered by that provider, or that are provided under the practitioner's supervision in the practitioner's office by an ancillary licensed or certified staff member not eligible for individual enrollment (e.g., a vaccination administered by a registered nurse in the practitioner's employ).

A practitioner may not charge for services provided outside the practitioner's office by anyone other than the practitioner, with the following exceptions:

- A physician may submit a bill for services rendered by an advanced practice nurse (APN) or a genetic counselor, if such practice is not in conflict with the following rules and regulations:
 - o Genetic Counselor Licensing Act (225 ILCS 135)
 - Nurse Practice Act [225 ILCS 65]

Providers using private stock vaccines will be reimbursed for the unit price as noted in the <u>HFS</u> Practitioner Fee Schedule.



Exception: Providers with an OB-GYN specialty will be paid for private stock HPV vaccine.

The provider **must** bill the vaccine procedure code with the SL modifier.

The provider will be reimbursed at the lesser of provider charge or the rate found in the State Max column of the Practitioner Fee Schedule.

- Providers should still verify Title eligibility because the VFC program requires different stock to be used (IDPH policy); however, Title eligibility will **not** be used to determine reimbursement.
- Vaccines not available through VFC (e.g., rabies vaccine) are reimbursed at the lesser of provider charge or the rate found in the State Max column of the Practitioner Fee Schedule.
- Vaccinations can be administered during a sick visit when medically appropriate.
 Reimbursement will follow these same guidelines.

Providers may bill for a sick visit and an EPSDT visit on the same date of service by using a modifier 25, when it is determined that the illness or injury that led to the sick visit does not impede the ability to complete a well-child visit **and** the child is due for an EPSDT visit.





Resource table

Service Area	Resource Name	Description	Website/Contact
Vision Services	American Academy	Information on childhood	American Academy of
	of Ophthalmology	vision screening and eye health	Ophthalmology: Protecting Sight.
		nearth	Empowering Lives - American Academy of Ophthalmology
Destal	A		
Dental Services	American Academy of Pediatric	Guidelines and resources for	AAPD Home
Services	Dentistry	pediatric dental care and oral health	
Hearing	American Speech-	Resources on hearing	American Speech-Language-
Services	Language-Hearing Association	screening and hearing aids for children	Hearing Association ASHA
General	Bright	Comprehensive	American Academy of
Preventive	Futures/American	recommendations for	Pediatrics/bright-futures
Health	Academy of	preventive pediatric health	
	Pediatrics	care	
Developmental	Autism Speaks –	Information and tools for	American Speech-Language-
& Behavioral	Early Screening	early identification of autism	Hearing Association ASHA
Health		spectrum disorders	
Health	Centers for Disease	Resources for immunization	Centers for Disease Control and
Education	Control and	schedule, clinical growth	<u>Prevention</u>
	Prevention	chart, health education, and more	
Managed Care	Molina Healthcare	Provider access to the Availity	Molina Healthcare of Illinois
Health	of Illinois	portal, resources, education,	
Services		and tools for providers and	<u>Preventive Health Guidelines</u>
		members, such as rewards	
			Member Rewards
Vaccine	Vaccines for	Federally funded, state-	<u>Vaccines for Children (VFC)</u>
Program	Children	administered program that	<u>Program Manual for Providers</u>
		provides free vaccines to	
		eligible children	

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