

EPSDT Provider Toolkit

What is EPSDT?

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive and preventive child health services for individuals under the age of 21. EPSDT includes periodic screening, vision, dental and hearing services.

EPSDT includes coverage for immunizations, well child visits, lead investigations, private duty nursing, personal care and other services and therapies that treat or make a condition better. It will also cover services that keep a child's condition from getting worse. EPSDT can provide coverage for medically necessary services even if these are not normally covered by Medicaid.

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 services goals

The goal of EPSDT is to ensure health problems are diagnosed and treated as early as possible, before the problem becomes complex and treatment more costly for children and adolescents. It provides a way for children to get medical exams, checkups, follow-up treatment and special care they need to make sure they enjoy the benefits of good health. Each screening follows its own unique guidelines.

The EPSDT screening has many parts which 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)
- Anemia screening
- Lead screening and testing
- Tuberculin test (if indicated)
- Dyslipidemia screening
- Sexually transmitted infection
- 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
- Scheduling of next EPSDT screening appointment

Diagnostic services

When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services must be provided. Necessary referrals should be made without delay and there should be follow-up to ensure the member receives a complete diagnostic evaluation.

Screening services

Periodic comprehensive child health assessment screenings are regularly scheduled examinations and evaluations of the general physical and mental health, growth, development and nutritional status of infants, children and youth.

Vision services

At a minimum, vision services include diagnosis and treatment for defects in vision, including eyeglasses. Vision services must be provided according to a distinct periodicity schedule developed by the state and at other intervals as medically necessary. You can find the Virginia vision periodicity schedule here: <https://dmas.virginia.gov/media/1452/epsdt-screening-reimbursement-for-developmental-vision-hearing-screenings.pdf>.

Dental services

At a minimum, dental services include relief of pain and infections, restoration of teeth and maintenance of dental health. Dental services may not be limited to emergency services. Virginia has developed a dental periodicity schedule in consultation with recognized dental organizations involved in child health. Find the Virginia dental periodicity schedule here: <https://dmas.virginia.gov/media/1456/dental-visit-schedule-periodicity-chart.pdf>

Hearing services

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

EPSDT billing guidelines

To receive proper payment for EPSDT services, you must use the appropriate preventive medicine CPT codes, diagnosis codes and EPSDT referral indicators. Molina Complete Care (MCC) requires the referral field indicator (field 24h) be populated on EPSDT claims. Claims missing this information will be denied. Find the EPSDT screening procedure codes here: <https://dmas.virginia.gov/media/1456/dental-visit-schedule-periodicity-chart.pdf>.

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 an 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 “N”, use NU (Not Used). If response to CRC02 is “Y”, use one of the following:

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

Paper claims

Report the referral field indicator in field 24h for EPSDT 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 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)

Note: Use the following diagnosis as well as any specific condition related diagnosis codes, as applicable.

Preventive medicine
Diagnosis
Age appropriate codes to be billed with an 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, armed forces, etc.
Medical exam for surveys
Other medical exam

Preventive medicine—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, three to 10 minutes
99407 Behavior change smoking, >10 minutes
97802 Medical nutrition individual, initial, each 15 minutes
97803 Medical nutrition individual, subsequent, each 15 minutes
97804 Medical nutrition, group (two or more individuals), each 30 minutes
New patient 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)
Established 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 12 to 17
99395 Yearly physical exam, age 18 to 39
Hearing Services
All covered hearing services in accordance with Ohio Administrative Code (OAC) 5160-10-01 and payable per Appendix DD, OAC 5160-1-60
92551 Hearing test, limited study using headphones to verbally respond to sounds
92552 Hearing test, using earphones and an audiometer, more extensive
92553 Includes 92552 with the addition of sounds conducted through the patient's facial bones
92567 Hearing test to check the eardrums (tympanometry)
92568 Acoustic reflex testing
92570 Acoustic immittance testing
Developmental Screening
96110 Limited developmental testing
96111 Developmental testing, extended

Dental Services
Providers are encouraged to refer children to a dentist starting at 2-years-old
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.
Other Physician Services
All covered physician services in accordance with OAC 5160-4-01, 5160-5-01 or 5160-6-01
Laboratory Services
All covered lab services in accordance with OAC 5160-11-01 and payable per Appendix DD, OAC 5160-1-60
Immunizations
All covered immunization services in accordance with OAC 5160 as of April 2014
90471 Vaccine administration, IM, SQ, ID
90472 Vaccine administration, each additional vaccine
90473 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 HIB, vaccine for booster only (covered by VFC only)
90647 HIB vaccine prp,omp
90648 HIB vaccine prp-t
90649 Human papilloma virus (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
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 IVP (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
90715 TDAP, 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)
90664,66,67,68 Flu vaccines, pandemic (covered by VFC only)