

## Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

### Background

Since 1989, the federal government has required state Medicaid programs to cover Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for categorically eligible Medicaid recipients under age 21. It is the responsibility of Missouri Care Health Plan and the network of PCPs to ensure that these services are provided to all eligible children. The State of Missouri also refers to this program as Healthy Children and Youth (HCY).

### Periodicity Schedule

The State of Missouri follows the American Academy of Pediatrics schedule for preventive pediatric health care as a minimum standard for screening frequency (see schedule below). Missouri Care Health Plan strongly recommends annual exams for all children over the age of two and will reimburse PCPs for annual screening. In addition, children receiving ongoing therapy must have a current EPSDT screen in order for continuation of services to be authorized.

#### **Well-Child Checkups Schedule**

Newborn	7 years
By one month	8 years
2 – 3 months	9 years
4 – 5 months	10 years
6 – 8 months	11 years
9 – 11 months	12 years
12 – 14 months	13 years
15 – 17 months	14 years
18 – 23 months	15 years
24 months	16 years
30 months	17 years
3 years	18 years
4 years	19 years
5 years	20 years
6 years	

### Components of a Full Screening

- Interval History
- Unclothed Physical Exam
- Anticipatory Guidance
- Lab/Immunizations (when indicated)
- Lead Assessment and Testing
- Developmental Screening
- Fine Motor/ Gross Motor Skills
- Hearing
- Vision
- Dental

**Billing**

Full EPSDT Screenings must be billed with V20.2 as the primary diagnosis.

The following code set must be used for full or partial EPSDT screenings:

Full Screening Procedure Codes (New or Established Patient)

Procedure Code (use age appropriate code*)	Modifier
99381, 99391	EP
99382, 99392	EP
99383, 99393	EP
99384, 99394	EP
99385, 99395	EP

\*Modifier UC should be used if child was referred for further care as a result of screening. UC must always appear as the last modifier.

Partial Screenings (New or Established Patient)  
Unclothed Physical and History

Procedure Code (use age appropriate code*)	Modifier 1	Modifier 2
99381, 99391	52	EP
99382, 99392	52	EP
99383, 99393	52	EP
99384, 99394	52	EP
99385, 99395	52	EP

\*Modifier UC should be used if child was referred for further care as a result of screening. UC must always appear as the last modifier.

Partial Screening - Dental

Procedure Code (use age appropriate code)	Modifier 1	Modifier 2
99429		
99429	UC	

Partial Screening - Developmental/ Mental Health

Procedure Code (use age appropriate code)	Modifier 1	Modifier 2
99429	59	
99429	59	UC

Partial Screening - Hearing

Procedure Code (use age appropriate code)	Modifier 1	Modifier 2
99429	EP	
99429	EP	UC

Partial Screening - Vision

Procedure Code (use age appropriate code)	Modifier 1	Modifier 2
99429	52	
99429	52	UC

Note: A provider cannot bill for a office visit and an HCY screen on the same date of service for a patient unless documentation in the medical record indicates a medical need for the office visit.

**School Physicals**

A physical examination may be necessary in order to obtain a physician's certificate stating that a child is physically able to participate in athletic contests at school. When this is necessary, diagnosis V20.2 should be used with the billing codes for an EPSDT screen with 52 EP as the modifiers. This also applies for other school physicals when required as conditions for entry into or continuation of education. Use the appropriate Preventative Medicine codes and modifiers as listed in the tables above. Missouri Care encourages providers to offer a full EPSDT exam when Member has not had a full EPSDT exam in the last 12 months.

**Well Woman Exams**

A well woman exam for Members 18-20 years of age can be billed using the age appropriate preventative medicine code (99381-99385; 99391-99395) with a diagnosis code V72.31.

**Lead Screening and Testing**

Lead Screening is a mandatory component of a full EPSDT exam. The State of Missouri has developed a mandatory HCY Lead Screening Guide to be used by providers for all children between the ages of 6 months and 72 months (6 years) of age. In addition, blood lead testing must be done at 12 months, 24 months, and when indicated from the lead screening assessment. Screening is mandatory for refugees ages 6 months to 16 years at entry into the United States.

For questions regarding childhood lead poisoning prevention and treatment, please contact Missouri Care Health Plan's Lead Case Manager at 1-800-322-6027 or the Department of Health and Senior Services at 573-751-6102.

**Screening Forms**

The Healthy Children and Youth [HCY Screening] and the HCY Lead Risk Assessment Guide are both mandatory screening tools. Both forms must be signed and dated by the screener and retained in the medical record. The State of Missouri supplies the tools at no cost to the provider. The forms can be downloaded from the Division of Medical Services web site at <http://manuals.momed.com/manuals/presentation/forms.jsp>. In addition, the forms can be ordered with your other claim forms and labels from Verizon, PO Box 5600, Jefferson City, MO 65102.

**Immunizations**

Medicaid providers must enroll in the Vaccines for Children (VFC) program, which is administered by the Department of Health and Senior Services. The program provides vaccine at no charge to public and private providers for Medicaid and MC+ eligible children. To enroll in the VFC program, please contact the Department of Health and Senior Services at 1-800-219-3224. Missouri Care reimburses providers a \$5 administration fee per biologic. The following is a list of VFC Administration Codes:

**VFC Administration Codes**

<b>CPT</b>	<b>Medicaid Allowable</b>	<b>Vaccine Name</b>	<b>Product Name</b>
90633 SL	\$5.00	Hepatitis A	Havrix / VAQTA
90636 SL	\$10.00	Hepatitis A/Hepatitis B	Twinrix
90645 SL	\$5.00	Hib	HibTITER
90647 SL	\$5.00	Hib	PedvaxHIB
90648 SL	\$5.00	Hib	ActHIB
90649 SL	\$5.00	HPV	Gardasil
90655 SL	\$5.00	Influenza (Injectable)	Influenza, Preservative Free
90656 SL	\$5.00	Influenza (Injectable)	Influenza, Preservative Free (3 yo +)
90657 SL	\$5.00	Influenza (Injectable)	Influenza
90658 SL	\$5.00	Influenza (Injectable)	Influenza
90660 SL	\$5.00	Influenza, live attenuated	FluMist
90669 SL	\$5.00	Pneumococcal 7-valent (Conjugate)	Prevnar
90680 SL	\$5.00	Rotavirus	RotaTeq
90681 SL	\$5.00	Rotavirus	Rotarix
90696 SL	\$20.00	DTaP/IPV	KINRIX
90698 SL	\$25.00	DTaP/Hib/IPV	Pentacel
90700 SL	\$15.00	DTaP	Infanrix/ DAPTACEL/ Tripedia
90702 SL	\$10.00	DTaP	
90707 SL	\$15.00	MMR	MMRII
90710 SL	\$20.00	MMRV	ProQuad
90713 SL	\$5.00	EIPV	IPOL
90714 SL	\$10.00	Td, Preservative Free	DECAVAC
90715 SL	\$15.00	Tdap	BOOSTRIX / ADACEL
90716 SL	\$5.00	Varicella	Varivax
90718 SL	\$10.00	Td	
90723 SL	\$25.00	DTaP / HB / IPV	Pediarix
90732 SL	\$5.00	Pneumococcal 23-valent (Polysaccharide)	Pneumovax 23 / Pnu-Immune 23
90734 SL	\$5.00	Meningococcal	Menactra
90744 SL	\$5.00	Hepatitis B	Engerix B / Recombivax
90748 SL	\$10.00	Hepatitis B / Hib	COMVAX