

EPSDT

Funny Name, Fundamental Program



June 29, 2011



EPSDT is a unique program

- Range and depth of the periodic health exams
- Explicit requirements to assess growth and development
- Unparalleled coverage of diagnostic and treatment services.
- Unlike private insurance, EPSDT does not distinguish between acute, curable conditions and lifelong or chronic conditions that can be “ameliorated” through health care.
- EPSDT governed by special necessity standard whose scope derives directly from statutory terms “early” and “ameliorate.”
- Federal agencies and courts have interpreted this to require interventions at the earliest possible time.



Required Screening Services

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Appropriate immunizations
- Laboratory tests, including mandatory lead screening
- Vision, hearing, and dental screening
- Health education and anticipatory guidance
- Refer to the Alabama Medicaid Provider Manual, Appendix A



EPSDT Screenings



Who performs screenings?

- Physicians
- Nurse Practitioners
- RNs
- Physician Assistants



When are screenings performed?

- Based on periodicity schedule
- Year 1: 1, 2, 4, 6, 9 and 12 months
- Year 2: 15, 18 and 24 months
- Years 3 - 20: Annually



Screening Types

- Initial
- Periodic
- Interperiodic
- Vision
- Hearing
- Dental



Screening Types

Initial

- First-time screening of recipient by a new EPSDT screening provider

Periodic

- Well-child checkups performed on periodicity schedule

Interperiodic

- Problem-focused screening performed when medically necessary (outside of periodicity schedule)



Screening Types

Vision

- Procedure Code : 99173-EP
- History + Subjective (observation) evaluation of children birth through age 2 (included in EPSDT screening)
- Objective testing begins at age 3
 - Must document objective measurements
 - Must be referred out if not performed by the screening provider
 - Limited to one annually at the time of the EPSDT screening
 - May bill 99173-EP
 - Make referral at any time if necessary



Screening Types

Hearing

- Procedure Code: 92551-EP
- History + Subjective (observation) evaluation of children birth through age 4 (included in EPSDT screening)
- Objective testing begins at age 5 and should be recorded in decibels
 - Test failure requires complete audiogram
 - Limited to one annually at the time of the EPSDT screening
 - May bill 92551-EP
 - Make referral at any time if necessary



Screening Types

Dental

- History + Subjective (observation) evaluation of children birth through age 2 (included in EPSDT screening)
- Beginning age 3, recipient must be under the care of a dentist or referred to a dentist for dental care
 - Be under the care of a Dentist
 - Make referral if necessary
 - Please refer to the Alabama Medicaid Provider Manual, chapters 13, 28 and Appendix A for the 1st Look Dental Varnishing Program for pediatricians with specialized training



Periodic vs. Interperiodic?

Periodic Screenings are a comprehensive history, unclothed examination, developmental, lab, immunization, check-up and assessment that should closely follow the periodicity schedule. These visits do not count against the child's allotment of yearly office visits.

Interperiodic Screenings are problem focused and abnormal. They do not count against a child's allotment of yearly office visits.



Critical Components of Screenings



Documentation Requirements for Initial or Periodic Screenings

- Unclothed physical exam
- Comprehensive Family/Medical History
- Immunization Status
- Lab results of age appropriate tests
- Developmental Surveillance and Assessment
- Objective Developmental Screenings at doctor's discretion
- Nutritional Status Screening
- Health Education and anticipatory guidance
- Vision, hearing and dental assessment
- Referrals and follow-up



Referrals



Important

- A Medicaid eligible child who has received an EPSDT screening may receive additional medically necessary health care when the condition has been identified in the screening.
- These services require an EPDST referral from an EPSDT screening provider and Patient 1st PMP, if applicable.
- Some services may require a prior authorization from the Alabama Medicaid Agency.



Role of Consulting Provider

- To provide specialized care for patients referred by screening provider
- To contact screening provider for approval of any and all referrals unless approval has already been noted on form



Cascading Referrals

- **Referral by consultant to other provider for identified condition**
 - After evaluation, consultant may, using screening physician's provider number, refer recipient to another specialist as indicated for the condition identified on the referral form
- **Referral by consultant to other provider for additional conditions diagnosed by consultant**
 - Consultant may refer recipient to another specialist for other diagnosed conditions without having to get an additional referral from the screening physician
- If the preceding designations are not checked by the referring physician, the consulting provider must contact the referring physician for clarification and guidance



Patient 1st vs. EPSDT referrals

- Patient 1st referrals are made by PMPs for Patient 1st recipients
- EPSDT referrals result from the EPSDT screening of a child
- Patient 1st recipients can receive EPSDT screenings and referrals
- It is possible to have a combined Patient 1st AND EPSDT referral (Form 362)



EPSDT referrals for Patient 1st recipients

- Referring PMP must indicate EPSDT screening date on form.
- PMP must complete Form 362 if referring a child for an EPSDT referral to a specialist
- The consulting provider must use the PMP's number as the referring physician on the claim form.



EPSDT referrals for Patient 1st recipients

- If the PMP is not the EPSDT screening provider, then both the PMP's number (left side) and the EPSDT screener's number (right side) must be used for an EPSDT referral OR a Patient 1st and EPSDT referral
- The PMP must be contacted and approve any and all referrals made by the specialist unless the referral indicates that cascading referral may be done.



Self-Referrals

Within the same group:

- Providers are not required to complete written referrals to other providers in the same group, provided that all documentation by all physicians in that group for a specific recipient is included in one common medical record (electronic or paper). The medical record documentation shall clearly indicate that the PMP did a screening, identified the problem, and the referral was made to self or specialist within that group.



Hospital Referrals

- Recipients referred to specialists by the ER must go back to their Patient 1st PMP to get a Pt. 1st/EPSDT referral for the specialist
- If a child is admitted to the hospital as a result of an EPSDT screening, hospital days associated with that screening will not count against the annual 16-day limit
- For EPSDT referred hospital care, physicians should obtain EPSDT referrals and bill as EPSDT referred services



Hospital Referrals

- Periodic EPSDT screening codes 99382-EP through 99385-EP and 99392-EP through 99395-EP are not billable in the hospital setting (inpatient, outpatient, ER)
- If a child requires critical care, the provider can bill an initial hospital code with modifier 25 (99221, 99222 or 99233) or an initial EPSDT screening code (99381-EP)
- Initial hospital, initial screening and a critical care code cannot be billed on the same day
- Medicaid will reimburse for ONE Standby (99360), Resuscitation (99465), or Attendance at delivery (99464) codes when billed with a NICU code



Out-of-State Providers

- Out-of-state providers must be enrolled with the Alabama Medicaid Agency to perform EPSDT screenings and bill Medicaid for services rendered
- Physicians and other providers who wish to participate in the EPSDT program must contact HP (fiscal agent) to enroll



Referrals by Covering Physicians

- If covering for another PMP, and patient requires a referral to a provider outside the group/clinic, the PMP's authorization number must be provided on the referral form and noted in the chart unless services are provided through a reciprocal arrangement
- When covering for a PMP outside of the formal group practice and services are rendered to the patient, the covering PMP must provide the Patient 1st PMP with:
 - Documentation of the nature of services rendered, and
 - Any follow-up required for placement in the patient's medical record



EPSDT Forms



EPSDT Forms

- EPSDT Agreement Form (Provider Enrollment Form)
- Alabama Medicaid Referral Form 362
 - Used to document abnormality or condition identified during screening that requires further diagnosis and/or treatment
 - Referring provider must document the condition(s) within the medical record (either in medical history or physical exam portion)
- EPSDT Child Health Medical Record Form 172 (Optional)
 - Provides screening guidelines and components for providers



EPSDT Forms – Who fills them out?

- Alabama Medicaid Referral Form 362
 - Completed by PMP office and/or screening provider when referring the recipient to other providers for services or treatment as a result of the screening
 - **Important: “Signature on file” is not accepted**
- EPSDT Child Health Medical Record Form 172 (Optional)
 - Optional form used by screening providers to document a screening visit.
 - All screening providers must maintain complete records for three years, plus the current year on all children who have received screenings or services.



Verify Eligibility

- Provider Electronic Solution Software
- Software Developed by the Provider's Billing Service, Using Specification Provided by HP
- Automated Voice Response Systems (AVRS) at 1-800-727-7848
- Web Portal
 - www.medicaid.alabamaservices.org/alportal



Completing Referral Form 362

REQUIRED FIELDS IN RED

Today's Date DATE FORM COMPLETED

ALABAMA MEDICAID REFERRAL FORM PHI-CONFIDENTIAL

Date Referral Begins REFERRAL EFFECTIVE DATE

Important NPI Information
See Instructions

MEDICAID RECIPIENT INFORMATION

Recipient Name REQUIRED	Recipient # REQUIRED	Recipient DOB REQUIRED
Address REQUIRED	Telephone # with Area Code REQUIRED	Name of Parent/Guardian REQUIRED

PRIMARY PHYSICIAN (PMP) INFORMATION

SCREENING PROVIDER IF DIFFERENT FROM PRIMARY PHYSICIAN (PMP)

Name PMP NAME	Name EPSDT SCREENER'S NAME
Address PMP ADDRESS	Address EPSDT SCREENER'S ADDRESS
Telephone # with Area Code REQUIRED	Telephone # with Area Code REQUIRED
Fax # with Area Code REQUIRED	Fax # with Area Code REQUIRED
Email <u>Desired</u>	Email <u>Desired</u>
NPI # REQUIRED	NPI # REQUIRED
Medical Provider # REQUIRED	Medical Provider # REQUIRED
Signature Signed, stamped or electronic by PMP or designee	Signature Signed, stamped or electronic by Screener

TYPE OF REFERRAL **REQUIRED**

<input type="checkbox"/> Patient 1* <input type="checkbox"/> EPSDT Screening Date <u>EPSDT SCREENING DATE</u> <input type="checkbox"/> Case Management/Care Coordination	<input type="checkbox"/> Lock-in <input type="checkbox"/> Patient 14/EPSTD Screening Date <u>EPSDT SCREENING DATE</u> <input type="checkbox"/> Other
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Completing Referral Form 362

LENGTH OF REFERRAL **REQUIRED**

Referral Valid for _____ month(s) or _____ visit(s) from date referral begins. **Up to 12 months from screening date**

REFERRAL VALID FOR **REQUIRED**

- | | |
|--|--|
| <input type="checkbox"/> Evaluation Only
<input type="checkbox"/> Evaluation and Treatment
<input type="checkbox"/> Referral by consultant to other provider for identified condition (cascading referral)
<input type="checkbox"/> Referral by consultant to other provider for additional conditions diagnosed by consultant (cascading referral) | <input type="checkbox"/> Treatment Only
<input type="checkbox"/> Hospital Care (Outpatient)
<input type="checkbox"/> Performance of Interperiodic Screening (if necessary) |
|--|--|

Reason for referral by PMP

REQUIRED

Other conditions/diagnoses identified by PMP

Informational

CONSULTANT INFORMATION

Consultant Name **REQUIRED**

Address

REQUIRED

Consultant Telephone # with Area Code

REQUIRED

Note: Please submit written report of findings including the date of examination/service, diagnosis, and consultant signature to Primary Physician (PMP).

Findings should be submitted to primary physician (PMP) by

- Mail
 E-mail
 Fax
 In addition, please telephone



Billing



Billing Instruction for Referred Services

- EPSDT Referred Services
 - Paper Claims
 - Block 17 – Enter name of screening provider
 - Block 17a – Enter the screening provider’s 10-digit National Provider Identifier (NPI)
 - Block 24H – Enter “1” to indicate EPSDT



Billing Continued

- Provider Electronic Solution Software
 - Header 2 – Enter the screening provider’s 10-digit National Provider Identifier (NPI) in the referring physician field
 - Service Tab 1 – Select Yes in the EPSDT field Web Portal
 - Referring Provider Field – Enter the screening provider’s 10 digit NPI
 - Detail Panel – Select Yes in the EPSDT field



Billing Continued

- Patient 1st and EPSDT Referred Services
 - Paper Claims
 - Block 17 – Enter the name of the PMP
 - Block 17a – Enter the PMPs 10 digit NPI
 - Block 24H – Enter “4” to indicate EPSDT
 - Provider Electronic Solutions Software
 - Header2 – Enter the PMP’s 10 digit NPI in the referring physician field
 - Service Tab 1 – Select Yes in the EPSDT field



Billing Continued

- Web Portal
 - Referring Provider Field – Enter the PMP’s 10 digit NPI
 - Detail Panel – Select Yes in the EPSDT field



Other Information

- Reason for Referral by Primary Physician
- Other Conditions/Diagnosis Identified by Primary Physician:
- Consultant Information:
- Method to Report Findings to Primary Physician
- Consultant is required to give report back to the PMP on findings



Scenario #1

A two-year old child comes into the pediatric office on 11/1/2010. A periodic EPSDT screening is performed and OM is diagnosed.

- A self-referral may be done at this time.
- Procedure code 99392-EP should be billed.
- The self referral will be valid until 11/1/2011 for the diagnosis of OM.

The child comes back in the office on 11/12/2010 for a follow-up visit for OM.

- An office visit should be billed
- Claims should indicate the referring provider is the PMP/screening provider.
- Any further visits for OM would be billed the same way.
- Indicate EPSDT referred on claim form.



Scenario #1

In January 2011, the child is referred to an ENT for OM.

- As this was diagnosed at the time of the EPSDT periodic screening on 11/1/2010, an interperiodic screening is not necessary.
- The EPSDT screening would be valid for OM until 11/1/2011.
- EPSDT referrals may be made for any treatment that is needed for the diagnosis of OM, whether it is therapy, consultants, surgery, etc.
- If the child is still having problems related to OM after 11/1/2008, then another EPSDT periodic or interperiodic screening would have to be performed.



Scenario #2

The same child, from the previous scenario, is brought back to the office on 11/28/2010 and is diagnosed with asthma at this visit.

- If it is the provider’s judgment that this is going to be a continuous problem, the provider has the option of performing an EPSDT interperiodic screening or office visit.
- Since asthma can be a long-term problem, an EPSDT interperiodic screening would be appropriate.
- If an EPSDT interperiodic screening is done, a self-referral for asthma may also be done



Contact Information - EPSDT

- Teresa Thomas – Teresa.Thomas@medicaid.alabama.gov
- Mary Timmerman – Mary.Timmerman@medicaid.alabama.gov
- Cyndi Crockett – Cyndi.Crockett@hp.com
- Visit AL Medicaid website for more HP Provider Representative contacts
 - http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6_Provider_Representatives.aspx

Website:

http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.4.0_Medical_Services/4.4.3_EPSDT.aspx

Website



Alabama Medicaid Agency

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EPSDT - Well Child Check-Up Program

Medicaid's Well Child Check-Up program is officially known as the Early, Periodic, Screening, Diagnosis and Treatment program. EPSDT is a mandated program that is designed to find children with actual or potential health problems and to screen, diagnose and treat the problems before they become permanent, lifelong disabilities. The program also offers preventive health services to Medicaid-eligible children under 21 years of age, except those who receive pregnancy-related or family planning services only.

- [Administrative Code - Chapter 11](#)
- [Billing Information - EPSDT](#)
- [Care Coordinators - EPSDT - Updated 5/31/11](#)
- [Educational Material for Patients - EPSDT](#)
- [Fact Sheet - EPSDT Program](#)
- [Provider Agreement Form - EPSDT](#)
- [Provider Manual - Appendix A](#)

Related Links

- [Forms - EPSDT](#)
- [Immunization Information and Resources](#)
- [Provider Presentation PowerPoint](#)
- [Vaccines for Children](#)

