

EPSDT Provider Toolkit



Table of Contents

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- YouthCare Provider Contact
- CPT/Immunization Billing Codes
- EPSDT Quick Reference Guide
- Preventive Care Resources
- Transition from Pediatrics to Adulthood

Early and Periodic Screening, Diagnostic and Treatment



What is EPSDT?

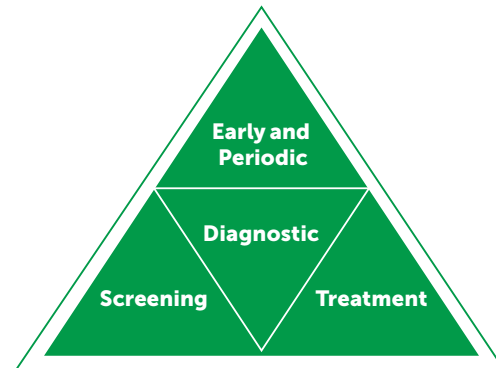
The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive health program for individuals younger than 21 years old. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program. The intent of the EPSDT program is to focus on early prevention and treatment. Requirements include periodic screening, vision, dental and hearing services.

Screening must Include:

- Comprehensive health history
- Mental developmental history
- Physical developmental history
- Comprehensive unclothed physical exam
- Health education, including anticipatory guidance
- Appropriate immunizations
- Laboratory tests
- Lead toxicity screening
- Vision services
- Dental services
- Hearing services
- Other necessary healthcare—diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and/or conditions that were discovered by the above screening services

Services Include:

- Preventive screening
- Diagnostic and treatment
- Transportation and scheduling assistance
- Follow-up care with specialists



Provider Contact

YouthCare HealthChoice Illinois Member and Provider Services:

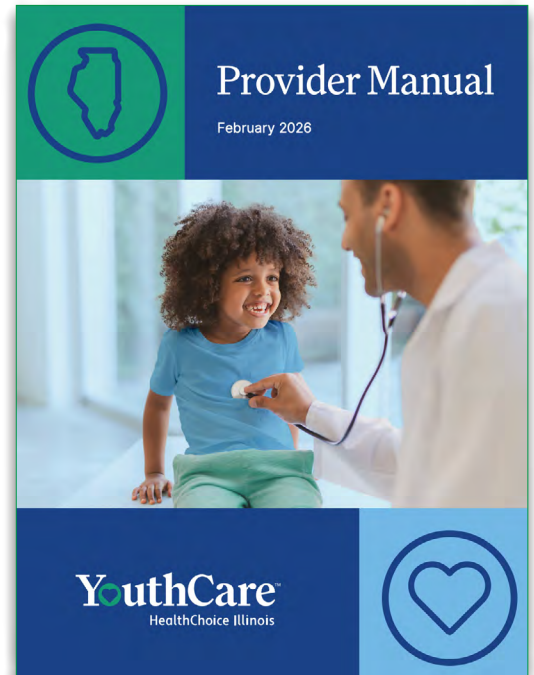
Phone: **844-289-2264** TTY: 711

Monday–Friday, 8 a.m. to 6 p.m. (CST)

Email: YouthCare Rapid Response Team:

ILYouthcare@centene.com

Website: **ILyouthcare.com/providers.html**



CPT/ Immunization Codes



CPT Codes

Codes	New Patient	Codes	Established Patient
99381	Preventive visit, Age < 1 year	99391	Preventive visit, Age < 1 year
99382	Preventive visit, Ages 1-4	99392	Preventive visit, Ages 1-4
99383	Preventive visit, Ages 5-11	99393	Preventive visit, Ages 5-11
99384	Preventive visit, Ages 12-17	99394	Preventive visit, Ages 12-17
99385	Preventive visit, Ages 18-20	99395	Preventive visit, Ages 18-20

Codes	Description
Z68.51-Z68.54	BMI percentile (use for 2-19 years of age)
97802-97804	Medical nutrition therapy
Z68 family	Adult BMI
Z02.5	Encounter for examination for participation in sport
Z71.84	Exercise Counseling

CPT Codes

A Note on Modifiers and Early and Periodic Screens

Modifier 25

Modifier 25 is used to describe a significant and separately identifiable E/M service above and beyond the other service provided. When a standardized screen or assessment is administered along with any E/M service (e.g., preventive medicine service), both services should be reported and modifier 25 (significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service) should be appended to the E/M code to show the E/M service was distinct and necessary at the same visit.

Modifier 59

A 59 modifier is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. For example, when a maternal depression screen and a health risk assessment are performed in the same visit, the 59 modifier should be appended to CPT 96161.

EP Modifier

An EP modifier is used to identify Early and Periodic Screens, and services provided in association with an Early and Periodic Screen, therefore any service provided in an Early and Periodic Screen should have an EP modifier. It is important to append an EP modifier to these services, as some of these CPT codes are also used for services provided to adults.

Immunization Billing Codes

CPT	Description
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472+ (add-on-code)	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) each additional vaccine (single or combination vaccine/toxoid) List separately in addition to code for primary procedure
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)

Please Note:

- Currently, 90474 cannot be billed with 90473 as there are no two oral and/or intranasal vaccines or combination of an oral and intranasal vaccine that would be given to a recipient.
- 90461 is an add on code for 90460-90461-immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure).
- Always append EP modifier to all vaccine codes.

EPSDT Quick Reference Guide



EPSDT Quick Reference Guide

Children's Preventative Guidelines	Birth	3-6 Days	1 Month	2 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	3 Years	4 Years	5 Years	6 Years	7-20 Years
History	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Height or length/weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Head circumference	•	•	•	•	•	•	•	•	•	•	•	•					Yearly
Body mass index (percentile if < 16 years old)											•	•	•	•	•	•	Yearly
Blood pressure ¹	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Nutrition assessment/counseling	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Physical activity assessment/counseling ²													•	•	•	•	Yearly
Vision exam	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Hearing exam	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Developmental assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Psychological/Behavioral assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Alcohol/drug use assessment and tobacco use																	Yearly
Physical exam (un clothed)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Dental referral ³												•				•	Refer
Immunization assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Hematocrit or hemoglobin					•			•	•	•	•	•	•	•	•	•	Yearly
Lead screening						•	•	•	•	•	•		•	•	•	•	Varies
Sexually transmitted infection (STI) screening ⁴																	*11-20
Dyslipidemia screening																•	**9-11 & 17-21
Anticipatory guidance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Counseling/Referral for identified problems	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly

¹Children with specific risk factors should have their blood pressure taken at visits before age 3. ²HEDIS® measure added to chart.

³Referrals for dental care should be given for any problem identified or if there is no dental home. AAPD recommends a dental exam every six months after tooth eruption. ⁴STI and cervical dysplasia screenings should be conducted on all sexually active females 11-21 years of age.

*Conduct a risk assessment. If high-risk conditions exist, perform screening. **Dyslipidemia screening is required once between 9 and 11 years old and between 17 and 21 years.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

EPSDT Quick Reference Guide

Notes:

- All well visits should include, at a minimum, an unclothed physical exam, developmental assessment, anticipatory guidance, and age-appropriate screenings and immunizations, as indicated.
- Health education should include counseling for issues and risk factors, as well as inform patients about the benefits of a healthy lifestyle, safety practices/accident avoidance and disease prevention.
- Screenings are as recommended by AAP and AAPD but an initial screening may be done at any time.

Recommended EPSDT Periodicity Schedule

A visit should be scheduled for all new members within 60 days. Subsequent visits should be scheduled based on the recommended guidelines.

- | | | | |
|------------|------------|-------------|---------------|
| • 3-5 days | • 4 months | • 12 months | • 24 months |
| • 1 month | • 6 months | • 15 months | • 30 months |
| • 2 months | • 9 months | • 18 months | • 3-21 yearly |

Any member who has not had the recommended services should be brought up to date as soon as possible.

For complete information, see:

The American Academy of Pediatrics (AAP) periodicity schedule at brightfutures.aap.org/clinical-practice/Pages/default.aspx and the American Academy of Pediatric Dentistry (AAPD) guidelines at aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf

Preventive Care Resources

For more information click on the links below:

Adolescent Development

[healthychildren.org/English/ages-stages/teen/Pages/Stages-of-Adolescence.aspx](https://www.healthychildren.org/English/ages-stages/teen/Pages/Stages-of-Adolescence.aspx)

Ages and Stages Questionnaire (a fee may be associated)

[agesandstages.com/](https://www.agesandstages.com/)

American Academy of Family Physicians

[aafp.org](https://www.aafp.org)

American Academy of Pediatrics

[brightfutures.org](https://www.brightfutures.org)

Childhood Immunization Schedule

[cdc.gov/vaccines/](https://www.cdc.gov/vaccines/)

Dental Periodicity Schedule

[aapd.org/assets/1/7/Periodicity-AAPDSchedule.pdf](https://www.aapd.org/assets/1/7/Periodicity-AAPDSchedule.pdf)

Centers for Disease Control and Prevention (CDC) Growth Charts and BMI

[cdc.gov/growthcharts/clinical_charts.htm](https://www.cdc.gov/growthcharts/clinical_charts.htm)

Modified checklist for Autism in toddlers (M-CHAT)

[mchatscreen.com](https://www.mchatscreen.com)

Health Resources and Service Administration (HRSA), Maternal and Child Health

mchb.hrsa.gov/

Immunization Action Coalition

[immunize.org/](https://www.immunize.org/)

Institute for Vaccine Safety

[vaccinesafety.edu/](https://www.vaccinesafety.edu/)

March of Dimes

[marchofdimes.org](https://www.marchofdimes.org)

Periodicity Schedule

[downloads.aap.org/AAP/PDF/periodicity_schedule.pdf](https://www.downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)

Medicaid EPSDT Program

[medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment](https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment)

National Domestic Violence Hotline

[ncadv.org/get-help](https://www.ncadv.org/get-help)

1-800-799-7233 (SAFE) or 1-800-787-3224 (TTY)

988 Suicide and Crisis Lifeline

[988lifeline.org/current-events/the-lifeline-and-988/](https://www.988lifeline.org/current-events/the-lifeline-and-988/)

Transition from Pediatrics to Adulthood



Transition from Pediatrics to Adulthood

AAP Recommendation for Health Care Transition

Health Care Transition (HCT)

The purposeful, planned movement of adolescents and young adults from child-centered to adult-oriented health care systems.

Sources: aap.org; cdc.gov; ahrq.gov

Transition Preparation (across ages 12-21+)

Increased responsibility for health care self-management; understanding and planning for changes in health needs and adult providers.

Transition of Care (between ages 18-21+)

Concrete event; physical transfer from pediatric care to an adult provider (PCP or OB/GYN).

Successful Transition

Patients are engaged in their health care and receive on-going patient-centered adult care.

