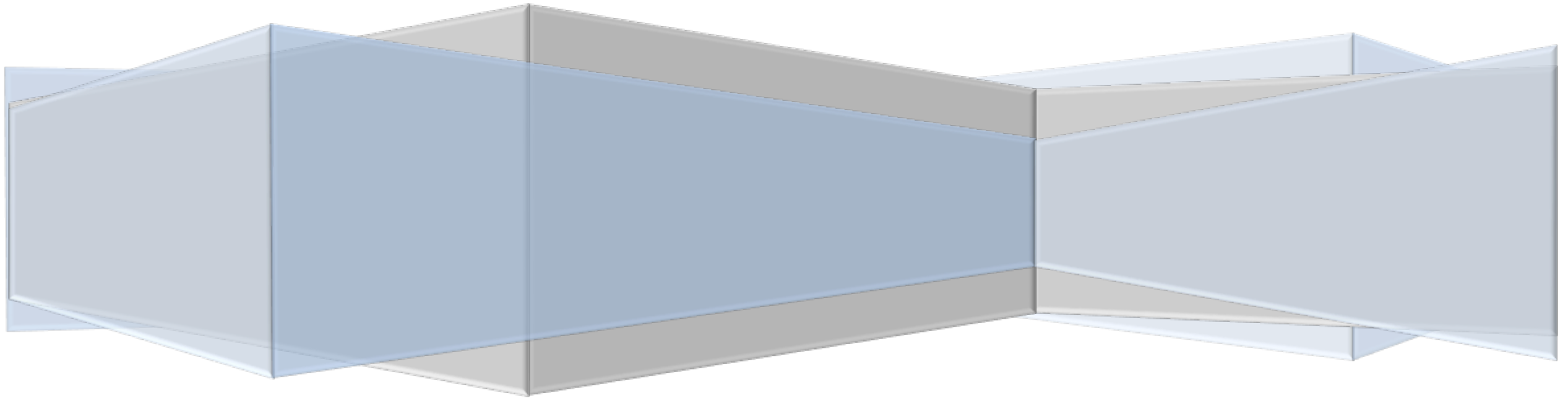


Early and Periodic Screening, Diagnosis and Treatment Provider Toolkit



<https://medproviders.anthem.com/ky>

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Revised 2018

EPSDT Provider Tool Kit

Thank you for choosing to be an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provider for our Anthem Blue Cross and Blue Shield Medicaid members.

You are a vital part to the health and wellbeing to thousands of children in our area. The intent of this toolkit is to provide valuable information to assist you as you perform preventive services for the children and adolescents you see in your practice.

Please note: Health care is ever-changing, and while the material in this toolkit is the most current at the time of production, it is always wise to make sure you are using the most up-to-date information possible.

Once again, thank you for taking care of Kentucky's kids.

Any member who has not had the recommended services should be brought up-to-date as soon as possible. A billing code directory and helpful hints are provided.

A visit should be scheduled for all new Anthem Blue Cross and Blue Shield Medicaid members within 60 days. Subsequent visits should be scheduled based on the recommended guidelines:

3 to 5 days	12 months
1 month	15 months
2 months	18 months
4 months	24 months
6 months	30 months
9 months	3 to 21 years, annually

Helpful hints:

- Use the member listing provided to you by the health plan to verify filing of a claim and/or to contact members due or overdue for EPSDT services.
- Maximize every visit by making sure the child is current on EPSDT services.
- Be sure your office uses the correct coding for proper tracking of services.

ESPDT Billing Codes						
CPT	New Patient	CPT	Established Pt.	Other Coding Tips	Codes	Description
99460	Initial hospital or birthing center care, per day, for E/M of normal infant				Z68.51	BMI, pediatric less than 5 th percentile
99461	Initial care per day, for E/M of normal newborn infant seen in other than hospital or birthing center				Z68.52	BMI, pediatric 5 th to less than 85 th percentile
99463	Initial hospital or birthing center care, per day, for E/M of normal newborn infant admitted and discharged on the same date.				Z68.53	BMI, pediatric 85 th percentile to less than 95 th percentile
99381	Preventive visit, Age < 1 year	99391	Preventive visit, Age < 1 year	Z00.129 most often used as primary	Z68.54	BMI, pediatric greater or equal to 95 th percentile
99382	Preventive visit, Age 1-4	99392	Preventive visit, Age 1-4		97802-97804	Counseling for nutrition
99383	Preventive visit, Age 5-11	99393	Preventive visit, Age 5-11	ICD.10: If a problem is found, use appropriate code as the secondary diagnosis – do not change the coding from a well visit to a sick visit; see modifier 25	96110	Developmental screening, limited
					96111	Developmental screening, extended
					90471-90474	Immunization administration codes
99384	Preventive visit, Age 12-17	99394	Preventive visit, Age 12-17	Use antigen codes along with immunization administration codes	Modifiers	
99385	Preventive visit, Age 18-21	99395	Preventive visit, Age 18-21	Referral codes must be included	EP	To be used with each ESPDT code
					25	Evaluation & management services by the same provider on the same day, and for filing a same-day sick and well-care visit.
					TS	Referral or follow-up services.

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC HEALTH CARE

For Bright Futures visit assessment check lists and screening tools go to:
<https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>.

References:

Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. ELK Grove Village, IL: American Academy of Pediatrics; 2017)

For complete information, see the *American Academy of Pediatrics (AAP) Periodicity Schedule* at (https://brightfutures.aap.org/clinical_practice.html) and *American Academy of Pediatric Dentistry (AAPD) Caries Risk Assessment* at (www.aapd.org).

For immunization information, please see the see the Advisory Committee on Immunization Practices (<https://www.cdc.gov/vaccines/acip/recs/index.html>), AAP (www.aap.org), the American Academy of Family Physicians (www.aafp.org), the Department of Health and Human Services, and the Centers for Disease Control and Prevention.

Anthem's EPSDT program supports:

- Providing a repository to house EPSDT data.
- Mailing annual preventive care recommendations to members.
- Mailing reminders to members to schedule appointments.
- Mailing letters to providers with a listing of members who may have missed services.

Anthem's EPSDT program includes additional member outreach activities, case management and a provider pre-service report. For additional questions, you may also contact Provider Services at **1-855-661-2028**.

Additional training and EPSDT information, including Anthem's EPSDT policy can be found at: <https://mediproviders.anthem.com/ky>.

Payment will be made for medically necessary diagnostic or treatment needed to correct or ameliorate illnesses or conditions discovered through screening. This will apply whether such diagnostic or treatment services are covered under the plan or not.

Note: Any medically necessary non-covered service will need to be preauthorized.

To submit electronic claims, visit www.anthem.com/kymedicaidoc or call Provider Services at **1-855-661-2028** to initiate filing.

EPSDT Screening and EPSDT Special Services

It helps to understand the difference between EPSDT screenings and EPSDT Special Services.

EPSDT Screenings include all well-child examinations, including health screenings such as hearing, vision, dental and lead screenings. EPSDT will also cover lab testing, immunizations and any other necessary health care, including diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered during the screening process.

If there is medical necessity for additional services, including but not limited to, diagnostic testing and treatment and those services are not covered by standard Medicaid benefits, they would be covered under **EPSDT Special Services**. This includes dental, vision (eyeglass replacement), hearing and other auxiliary services. All EPSDT Special Services require prior authorization.

EPSDT Notes:	
All well visits should include, at a minimum, an unclothed physical exam, health history, developmental (mental and physical) assessment, anticipatory guidance, age-appropriate screenings and immunizations as indicated.	
Health education should include counseling for diagnoses and treatments provided. Anticipatory guidance should include information about the benefits of a healthy lifestyle, safety practices/accident avoidance and disease prevention based on the age of the child/adolescent.	
Screenings are as recommended by AAP and AAPD. An initial screening may be done at any time, even if the patient's age does not correspond with the periodicity schedule.	
Well-child visits may be completed during a sick visit under proper circumstances. If a member is seen for a problem/sick visit and well-care visit during the same date of service, the problem/sick visit can be billed separately using modifier 25 (separate significantly identifiable evaluation and management). The problem/sick visit requires additional moderate-level evaluation to qualify as a separate service on the same date.	
If you are not receiving the monthly listing containing your paneled members who have upcoming EPSDT services due, contact Anthem below.	
Anthem Blue Cross and Blue Shield Medicaid 13550 Triton Park Blvd. Louisville, KY 40223	1-502-619-6800, ext. 26739

Quality Documentation Tips: Children/Adolescent Health

To make the most of your office visits toward meeting quality HEDIS® measures, please document the following criteria as applicable.

Please note: All well-child visits (0 to 20 years of age) must be performed by a PCP or OB/GYN and must show evidence of all of the following as indicated below.

- A comprehensive health and developmental **history**, including both **physical and mental health development**
- A comprehensive unclothed physical **exam**, which includes pelvic exams and a Pap test for sexually active females
- Appropriate immunizations according to age and health history
- Laboratory tests, including blood lead screening
- Health education, including **anticipatory guidance**; an evaluation of age-appropriate risk factors should be performed at each visit; PCPs must provide counseling or guidance to members, parents and guardians as appropriate:
 - Nutritional assessment
 - Dental assessment
 - Tuberculosis screening
 - Sensory screening (*vision and hearing*)
 - Documented and current immunizations

HEDIS 2018 Childhood Measures

Each HEDIS measure identified below has criteria that are required for our pediatric patient's chart review to be considered valid toward HEDIS measurement.

Please note: All well-child visits (0-20 years of age) must be performed by a PCP or OB-GYN and must show evidence of all of the following as indicated below.

W-15								
Measure	Screening and care documentation guidelines				Codes			
Well-Child (W15) Members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life:	Physical Exam	Health History	Growth and Development	Anticipatory Guidance	CPT	ICD-10		HCPCS
	<ul style="list-style-type: none"> · No well-child visits. · One well-child visit. · Two well-child visits. · Three well-child visits. · Four well-child visits. · Five well-child visits. · Six or more well-child visits. 	<ul style="list-style-type: none"> • Height • Weight • Head • Abdomen • Lungs 	<ul style="list-style-type: none"> • Birth History • Family History • Social History • Hospital/Specialist Reports 	<ul style="list-style-type: none"> • Physical development and mental development (e.g., coos, grasps, rolls, stands, follows to midline) 	<ul style="list-style-type: none"> • Patient education (not related to a sick-visit diagnosis) • Sleeping • Safety issues • Poisons • Car seat 	99381-99385 99391-99395 99461	Z00.00 Z00.01 Z00.110 Z00.111 Z00.121 Z00.129 Z00.5 Z00.8	Z02.0- Z02.6 Z02.71 Z02.79 Z02.81- Z02.83 Z02.89 Z02.9

W-34								
Measure	Screening and care documentation guidelines				Codes			
Well-Child (W34) 3 to 6 years of age	Physical Exam	Health History	Growth and Development	Anticipatory Guidance	CPT	ICD-10		HCPCS
	<ul style="list-style-type: none"> • Minimum annually 	<ul style="list-style-type: none"> • Height • Weight • BMI • Abdomen • Lungs • Heart • Abdomen 	<ul style="list-style-type: none"> • Patient History • Hospital History • Social History • Surgical History • Medical History 	<ul style="list-style-type: none"> • Must contain both physical and mental • Number of words spoken • Plays with peers • Goes up and down stairs 	<ul style="list-style-type: none"> • Safety issues • Pool fences • Bike helmet • Window guards 	99382 99383 99392 99393	Z00.00 Z00.01 Z00.110 Z00.11 Z00.121 Z00.129 Z00.5 Z00.8	Z02.0- Z02.6 Z02.71 Z02.79 Z02.81- Z02.83 Z02.89 Z02.9

HEDIS 2018 Childhood Measures

AWC								
Measure	Screening and care documentation guidelines	Codes						
Adolescent Well-Care Visits (AWC) 12 to 21 years of age • Minimum annually	Physical Exam	Health History	Growth and Development	Anticipatory Guidance	CPT	ICD-10		HCPCS
	• Height	• Immunization records	• Physical and mental growth/changes	• Safety issues	99384	Z00.00	Z02.71	G0438
	• Weight	• Allergies	• Peer relationships	• Contraception	99385	Z00.01	Z02.79	G0439
	• Heart	• Current medication list	• School achievement	• Exercise	99394	Z00.121	Z02.81	
	• Abdomen	• Past illnesses and/or past hospitalizations	• Hobbies	• Suicide prevention	99395	Z00.129	Z02.82	
• Lungs		• Sexually active or not	• Smoking		Z00.5	Z02.83		
• Blood pressure			• Nutrition and junk food		Z00.8	Z02.89		
• BMI			• Drugs			Z02.9		

WCC								
Measure	Screening and care documentation guidelines	Codes						
Weight Assessment and Counseling for Nutrition and Physical Activity for Children (WCC) 3 to 17 years of age	<ul style="list-style-type: none"> • BMI percentile: documented in record or on BMI graph (percentiles are required, even if values are recorded) • Nutrition: documentation of dietary habits, counseling or referral to nutritionist • Physical activity: documentation of sports participation/exercise or anticipatory guidance for activity • Engagement in discussion of behaviors • Checklist indicating counseling addressed • Counseling or referral • Educational materials given to member. 	DESC	CPT	ICD-10		HCPCS	CVX	
		BMI Percentile	90698 90700 90721 90123	Z68.51- Z68.54				
		Counseling for nutrition	97802 97803 97804	Z71.3		G0270 G0271 G0447 S9449 S9452 S9470		
		Counseling for physical activity		Z02.5		G0447 S9451		

HEDIS 2018 Childhood Measures

IMA								
Measure	Screening and care documentation guidelines							
Immunizations for Adolescents (IMA) 10 to 13 years of age	Vaccines administered by 13 years of age: <ul style="list-style-type: none"> • one meningococcal vaccine; must be administered between their 11th and 13th birthday • one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), or one tetanus and diphtheria toxoids vaccine (Td); must be administered between their 10th and 13th birthday • two HPV vaccines must be administered on different dates of service between their 9th and 13th birthday. This measure now applies to both males and females. 							
		Antigen	CPT	ICD-10	HCPCS	CVX		
		Meningococcal	90736				108 136	147
		Tdap	90715				115	
HPV	90649 90650 90651				62 118	137 165		

Lead					
Measure	Screening and care documentation guidelines				
Lead Screening in Children (LSC) [0 to 2] years of age	Lab/value and date for venous or capillary blood lead screening. Please include results in your medical records (within normal limits is acceptable). Note: A screening questionnaire alone is not acceptable.				
		CPT	LOINC		Medical Record Document
		83655	10368-9 10912-4 14807-2 17052-2 25459-9	27129-6 32325-3 5671-3 5674-7 77307-7	Results, findings and date of screening

HEDIS 2018 Childhood Measures

CIS		Screening and care documentation guidelines		Codes					
Measure	Screening and care documentation guidelines	Antigen	CPT	ICD-10		HCPCS	CVX		
Childhood Immunization Status (CIS) 0 to 2 years of age: • DTaP, IPV and HIB: completed by the child's 2nd birthday • Rotavirus: administer 42 days after birth • Influenza: administer six months after birth	Vaccines administered by [2] years of age: • 3 IPV • 4 DTaP • 3 Hib • 3 Hepatitis B • 4 Pneumococcal conjugate • 1 VZV • 1 MMR • 2 Hepatitis A • 2 Influenza • 2-3 Rotovirus1 1 You must indicate if Rotavirus is [2-dose or 3-dose] in the medical record.	Dtap	90698 90700	90721 90123				20 50 106	107 110 120
		IPV	90698 90713	90723				10 89	110 120
		MMR	90707	90710				03	94
		Measles and Rubella	90708	86762				04	
		Measles	90705		B05.0-4 B05.81	B05.89 B05.9		05	
		Mumps	90704		B26.3-3 B26.81-85	B26.89 B26.9		07	
		Rubella	90706		B06.00-02 B06.09 B06.09	B06.81-82 B06.89 B06.9		06	
		HiB	90644 90645 90646 90647	90648 90698 90721 90748				17 46- 51	120 148
		HepB	90723 90740 90744	90747 90748	B16.0-2 B16.9 B17.0 B18.0-1	B19.10-11 Z22.51	G0010	08 44	51 110
		VZV	90710 90716		B01.2 B01.81 B01.89 B01.9 B02.0-1 B01.0 B01.11-12	B02.21-24 B02.29-34 B02.39 B02.7-9		21	94
		PCV	90669 90670				G0009	100 133	152
		HepA	90633		B15.0 B15.9			31 83	85
		Rotavirus 2 or 3 dose	Two-dose 90681	Three-dose 90680				116 119 122	
		Influenza	90655 90657 90661 90662	90673 90685 90687			G0008	88 135 140 141	150 153 155 161

A Few Time Savers:

Although CPT-II codes are not currently reimbursable through Anthem, the use of these codes enables services to be captured administratively and reduces the amount and number of medical record requests sent to providers.

Additional Information

IMPORTANT IMMUNIZATION UPDATE

Starting July 1, 2018, the state of Kentucky will be requiring **ALL STUDENTS IN GRADES KINDERGARTEN-12TH GRADE** to provide proof of having received 2 doses of Hepatitis A vaccine and for **ALL STUDENTS AGE 16 YEARS AND OLDER** to have received 2 doses of Meningococcal ACWY vaccine.

Since the minimum spacing between the two doses Hepatitis A vaccine is six months, please encourage all parent and guardians of school aged children to do the following:

1. Confirm that the additional Hepatitis A vaccine is given to every student.
2. Encourage parents to begin regiment as soon as possible.
3. Provide to parents an updated Kentucky Immunization Certification.

In addition **ALL STUDENTS AGE 16 YEARS OR OLDER** are required to show proof of having received two doses of Meningococcal ACWY vaccine. To ensure all children are compliant please do the following:

1. Confirm that Meningococcal ACWY vaccines have been given to every student 16 years and older.
2. If an adolescent has not previously been given a dose of the Meningococcal vaccine and is 16 years or older, give only 1 dose.
3. Provide to parents an updated Kentucky Immunization Certificate.

HEALTH DEPARTMENT SERVICES - DENTAL

Along with other providers in our network, public health departments assist with providing many necessary EPSDT services, including oral screenings and dental care (such as fluoride treatments and sealants).

These are the most commonly used codes for these services:

- D019 — Assessment of a patient
- D0602 — Caries risk assessment and documentation with a finding of moderate risk
- D0603 — Caries risk assessment and documentation with a finding of high risk
- D1120 — Prophylaxis adult
- D1120 — Prophylaxis child
- D1206 — Topical application of fluoride varnish
- D1310 — Nutritional counseling for control of dental disease
- D1330 — Oral hygiene instructions
- D1351 — Sealant — per tooth

Additionally, fluoride applications by a non-dental provider would use CDT code 99188. **Note:** Any medically necessary non-covered service will require a prior authorization. You can locate precertification information, including the necessary form, fax and phone number on our provider website at <https://mediproviders.anthem.com/ky>.

EPSDT FAQ

Who can conduct EPSDT screenings?

According to the Cabinet for Health Services, Department for Medicaid Services EPSDT manual (907 KAR 1:034 §2(2)), an EPSDT clinic or other organization qualified to provide a screening service, including a local health department, shall be under the direction of a licensed physician, pediatric advanced registered nurse practitioner or registered professional nurse. These providers must be currently licensed by the state of Kentucky, who shall be responsible for assuring that the requirements of participation are met and that the procedures established by the Medicaid program are carried out.

Can blood lead screenings be done at nine months, or do you require adherence to the periodicity schedule that indicates a screening at 12 and 24 months?

Lead screenings are recommended at 12 and 24 months; however, risk assessments should be conducted to determine if a screening should be done earlier. As always, guidelines are recommendations but it remains at the discretion and judgment of the provider to determine the appropriate course of action.

Will an annual well visit claim be paid?

Annual EPSDT visit claims beginning at three years of age are paid. Prior to three years, the frequency is based on the *AAP Periodicity Schedule*.

Does the health plan send out reminders encouraging members to seek EPSDT services? If so, how often?

Yes, members are mailed an annual reminder containing all recommended preventive services due in the coming year. Members are also mailed a reminder to make an appointment with their doctor after an EPSDT service is 90 days past due. The reminder is only mailed once for each visit missed.

Why do I get a letter with a list of patients who are past due for EPSDT services but who have already had the screening or testing?

If the patient has already had the service, simply be sure a claim has been filed. The most common reasons for members to appear on the list if they have had the service are that the report was run prior to receiving the claim, the member had the service prior to enrolling in the plan, an unacceptable HEDIS code was used for the claim or a claim has not been filed.

Why am I getting children on the list who are not my patients?

Each month, you will receive a *Timely Reporting of EPSDT Services* letter. You receive the letter if a member on your panel is 90 days past due for EPSDT services. Sometimes, it is determined the member was auto assigned upon enrollment to your panel, but seeks services from a different provider. When you reach out to those members for an appointment and find they are seeing another provider, simply remind them to call us to correct their PCP information.

Anthem does not require specific EPSDT documentation forms. Please refer to available state forms or resources below for forms and information on use:

- Kentucky Cabinet for Health and Human Services: <http://chfs.ky.gov/dms/epsdt.htm>
- American Academy of Pediatrics: http://brightfutures.aap.org/clinical_practice.html
- Advisory Committee on Immunization Practices: www.cdc.gov/vaccines/acip/index.html
- American Academy of Family Physicians: www.aafp.org
- American Academy of Pediatric Dentistry: www.aapd.org