

**MEDICAID PROVIDER BULLETIN**  
DATE

**Early and Periodic Screening, Diagnosis and Treatment referral codes**

This provider bulletin is an update about information in the Medicaid Provider Manual. For access to the latest Manual, go online to [www.anthem.com/kymedicaidoc](http://www.anthem.com/kymedicaidoc).

As a reminder, please use the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) modifiers and referral codes when performing EPSDT exams and referring members for additional services.

<b>EPSDT modifiers</b> (must be included on the claim line for all EPSDT services)	
<b>Modifier</b>	<b>Definition</b>
EP	Complete EPSDT screening
U1	Autism
<b>Referral codes</b> Must be included on the claim in Box 10d for paper and Loop 2300, segment HI for electronic claims. The loop 2300 CRC segment will contain the EPSDT referral information for EDI claims.	
YD	Dental referral
YM	Medical referral
YV	Vision referral
YH	Hearing referral
YB	Behavioral health referral
YO	Other referral

If you have questions regarding this communication, please contact your Anthem Medicaid Provider Relations representative or Provider Services department at **1-855-661-2028**.

**[www.Anthem.com/KYMedicaidoc](http://www.Anthem.com/KYMedicaidoc)**

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