

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Required Services (Cont'd.)

- American Academy of Pediatrics:
<http://www.aap.org/compeds/dochs/oralhealth/screening.cfm>

Note: Documentation in the patient's medical record must reflect both required and elective services.

Screening Frequency

Periodic Screenings – EPSDT beneficiaries are eligible to receive 29 screenings in 21 years of life. Screening ranges are determined according to the age of the child and, in some circumstances, when last screened. The total number of periodic screenings allowed is determined by the child's age at the time Medicaid eligibility begins. The following is a general guide for the ranges in which screenings should occur (refer also to the Screening Age Guidelines chart at the end of the "Pediatrics and Neonatology" Heading):

- Neonatal exam (identified from hospital claim and not billable as an EPSDT screening)
- Birth to 1 month
- 1 month through 2 months
- 3 months through 4 months
- 5 months through 7 months
- 8 months through 11 months
- 12 months through 14 months
- 15 months through 17 months
- 18 months through 20 months
- 21 months through 24 months (when the child passes age 2, another screening is not due until age 3)
- 3 years of age through month of 21st birthday (19 screenings are allowed one year apart)

Interperiodic Screenings – A child may receive an "interperiodic" screening outside the normal screening schedule if a suspected problem or condition exists. The provider must indicate the diagnosis code of the problem to justify the medical necessity for performing an interperiodic screening. The interperiodic screening must include all the required screening components appropriate to the child's age. Individual screening components or follow-up treatment cannot be billed as an interperiodic screening. Reimbursement for an interperiodic screening is the same as a periodic screening.

Note: Sports physicals are non-covered.