

Ch. 9 Additional Medicaid Programs and Services

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

PCPs are expected to adhere to the EPSDT periodicity schedule for all members (including women who are pregnant) under age 21. EPSDT screening includes immunizations, hearing, vision, speech screening, nutritional assessment, dental screening, growth and development tracking.

EPSDT and Physician and Provider Coding

We are required to report compliance with EPSDT standards to the state using information from claims data and on occasion, information retrieved during chart review. When submitting EPSDT claims, use appropriate ICD-9 codes (for dates of service prior to 10/1/15) or ICD-10 codes (for dates of service 10/1/15 forward), to the highest level of specificity. If a member presents for a preventive or well visit, the codes are as shown in the chart below.

If the member also has a medical diagnosis addressed at the visit, use the appropriate ICD-10 code in addition to one of the below noted “Z” code.

Whenever one of the below-listed codes is used, UnitedHealthcare will assume that an EPSDT exam for a given age category has been performed. We may periodically audit a sample of medical records, either by site visit or mailed report from sampled offices, to confirm that the appropriate services were provided.

Childhood immunizations should be provided in accordance with the Rhode Island Department of Health Immunization Guidelines and should be billed with the correct vaccine-specific CPT codes.

EPSDT Reporting and Member Outreach

The Medicaid program places a strong emphasis on primary and preventive care. General tracking, follow-up and outreach is necessary to ensure that members comply with initial and preventive visit schedules and preventive screening recommendations.

UnitedHealthcare will educate members about the importance of EPSDT for all children from birth to age 21 who are covered under the UnitedHealthcare Community Plan, Rlte Care and Rhody Health Partners ACA Adult Expansion. Education will occur through member enrollment packets, welcome calls, member newsletters and other outreach efforts.

UnitedHealthcare will identify and resolve member barriers to preventive care through direct contact with the members, as well as with physicians and providers. Both Member Services and Health Services are available to members who have questions regarding care.

	Procedure Codes	ICD-9 Diagnosis Codes
Newborn:	99431-99433	Z00.209 Routine infant or child health check, development testing of infant or child. Z38.00-Z38.7
Child:	99381-99384, 99391-99394	Z00.209 Routine infant or child health check, development testing of infant or child.
Adult:	99385 and 99395	Z70.00 Routine general medical exam at health care facility, health checkup or Z70.008 Undesired general medical exam.

FOOTNOTES

- 1-Every infant should have a newborn evaluation at birth. Breastfeeding should be encouraged, with instruction and support offered.
- 2-Every infant should have an evaluation within 3 to 5 days of birth and within 72 hours after discharge, with instruction and support offered. For infants discharged less than 48 hours after delivery, the infant must be examined within 48 hours of discharge.
- 3-At each visit, an age-appropriate physical examination should be performed. Infants should be totally unclothed. Older children should be undressed and suitably draped.
- 4-Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3.
- 5-If the patient is uncooperative, rescreen within 6 months. See American Academy of Pediatrics Policy Statement, Eye Examination in Infants, Children, and Young Adults by Pediatricians. *Pediatrics*. 2003; 111(4):902-907. Available at: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902>
- 6-Universal newborn hearing screening is required by RI Law.
- 7-Developmental surveillance consists of five components: eliciting and attending to parents' concerns about their child's development, documenting and maintaining a developmental history, making accurate observations about the child, identifying protective and risk factors, maintaining an accurate record and documenting the process and findings. Any concerns raised during developmental surveillance should be promptly addressed. For additional information, see references in footnote #8.
- 8-Use a standardized tool to identify children at risk of a developmental disorder. See American Academy of Pediatrics Policy Statement, Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. *Pediatrics*. 2006; 118:405-420. Available at: <http://pediatrics.aappublications.org/cgi/content/full/118/1/405>
- 9-Use a validated autism-specific standardized screening tool. See American Academy of Pediatrics Clinical Report, Identification and Evaluation of Children With Autism Spectrum Disorders. *Pediatrics*. 2007; 120(5):1183-1215. Available at: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1183>
- 10-Procedures may be modified, depending on a patient's entry point into the schedule and his/her individual needs.
- 11-Newborn Screening for metabolic, endocrine, and hemoglobin conditions is required by RI Law. The Rhode Island Newborn Screening Program will notify the primary care provider if repeat screening and follow-up is needed. For screening results or to confirm screening, call the Rhode Island Department of Health Information Line at 800-942-7434.
- 12-Assess immunization status at each visit and vaccinate according to the most current immunization schedule, available at <http://www.health.ri.gov/immunization>
- 13-Screen according to the RI Lead Screening & Referral Guidelines, available at <http://www.health.ri.gov/lead/pdf/LeadGuidelines.pdf>
- 14-Tuberculin testing should be done upon recognition of high-risk factors.
- 15-All sexually active girls should be screened for cervical dysplasia as part of a pelvic examination. Screening should start within 3 years of the onset of sexual activity or age 21, whichever comes first.
- 16-All sexually active patients should be screened for sexually transmitted infections (STIs).
- 17-Refer to dental home. Inform parents of Rite Smiles program for access to dental services, as needed. For information on Rite Smiles, visit <http://www.dhs.ri.gov>. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
- 18-At visits at ages 3 and 6, again stress importance of dental home. Inform parents of Rite Smiles program, as appropriate. For Rite Smiles program information, see footnote #17. Consider oral fluoride supplementation if primary water source is deficient in fluoride.
- 19-Anticipatory Guidance refers to age-appropriate guidance to parents, adolescents, and children on topics such as injury and illness prevention, developmental surveillance and milestones, sexuality and substance abuse.
- 20-Transition Planning refers to equipping an adolescent and his/her family for the transfer from pediatric to adult health care by age 21. For healthcare transition resources, visit <http://www.health.ri.gov/family/specialneeds/transition>