Reimbursement Policy

Subject: **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**	
Policy Number: **G-06049**	Policy Section: **Prevention**
Last Approval Date: **06/09/2023**	Effective Date: **05/01/2020**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **https://providers.anthem.com/kentucky-provider/claims/reimbursement-policies**. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Blue Cross and Blue Shield Medicaid (Anthem) covered the service for the member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

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Policy

Anthem allows reimbursement of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program services unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate.

The following EPSDT component services are included in the reimbursement of the preventive medicine Evaluation and Management (E/M) visit (unless they are appended with Modifier 25 to indicate a significant, separately identifiable E/M service by the same physician on the same date of service):

- Comprehensive health history.
- Comprehensive unclothed physical examination.
- Health education.
- Nutritional assessment.
- Dental screening.

The following component services are separately reimbursable from the preventive medicine E/M visit:

- Developmental screening using a standardized screening tool.
- Hearing screening with or without the use of an audiometer or other electronic device.
- Immunization and administration.
- Urinalysis.
- Vision screening.
- Laboratory tests:
    - Newborn metabolic screening test.
    - Tuberculosis test.
    - Hematocrit and hemoglobin tests.
    - Lead toxicity screening.
    - Cholesterol test.
    - Pap smear, for sexually active members.
    - Sexually transmitted disease (STD) screening, for sexually active members.

Providers should follow periodicity guidelines established by the American Academy of Pediatrics and the Centers for Disease Control.

If a provider performs EPSDT services in conjunction with a sick visit, all services are subject to our Preventive Medicine and Sick Visits on Same Day policy.

Claims Requirements

Provider claims for EPSDT services should include all of the following items:

- EPSDT Special Program Indicator.
- EPSDT Referral Indicator Codes, if applicable.
- Appropriate diagnosis code(s).
- Appropriate HCPCS code identifying the completed EPSDT service (list in addition to code for appropriate E/M service).
- Appropriate E/M codes for new or established members.
- Appropriate procedure code for the component services.
- Applicable modifier(s)

Related Coding
Standard correct coding applies

Policy History	
06/09/2023	Review approved: updated policy template; removed modifier EP (well child checkup) and modifier U1 (autism) as a requirement
12/16/2020	Review approved
12/21/2018	Review approved 12/21/2018 and effective 05/01/2020: policy language updated to include hearing and vision screenings as separately reimbursable.
06/06/2016	Review approved
01/01/2014	Initial approval an effective

References and Research Materials
This policy has been developed through consideration of the following: • American Academy of Pediatrics • Centers for Disease Control • CMS • State contract • State Medicaid

Definitions
General Reimbursement Policy Definitions

Related Policies and Materials
Modifiers 25 and 57
Modifier Usage
Preventive Medicine and Sick Visits on the Same Day
Vaccines for Children Program