Anthem

New York | Medicaid

# Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program

## Medicaid Well-Child Visit

# Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) basics

**What is EPSDT?**

It is a set of comprehensive and preventive health examinations provided on a periodic basis for infants, children, and adolescents.

Some states have different names for their EPSDT Program (such as Health Check, Healthy Children and Youth, Kan Be Healthy, Child Health Checkup, Healthy Kids).

**Who is eligible?**

Children/adolescents under 21 who are enrolled in Medicaid.

| | |
|---|---|
| **Early** | Assessing and identifying problems early, starting at birth or at onset, to address long-term health concerns. |
| **Periodic** | Checking children's health at periodic, age-appropriate intervals. |
| **Screening** | Conducting comprehensive physical, mental, developmental, dental, hearing, vision, and other screenings to detect potential problems early. |
| **Diagnostic** | Performing diagnostic tests to follow up when a risk is identified. |
| **Treatment** | Control, correct, or reduce health conditions found. |

# History of EPSDT: Key milestones

**1965 — Medicaid established**

Medicaid was created under Title XIX of the Social Security Act to provide health coverage for certain low-income populations.

**1967 — EPSDT added for children**

EPSDT was established as Medicaid's comprehensive child health benefit for children under the age of 21.

**1989/1990 — OBRA strengthened EPSDT**

The Omnibus Budget Reconciliation Act of 1989 expanded EPSDT and led to annual EPSDT reporting requirements, including the Form CMS-416 and participation goals.

**Today — EPSDT remains the Medicaid child health standard**

EPSDT supports preventive, dental, mental health, specialty, diagnostic, and treatment services for Medicaid-enrolled children and adolescents.

# Medicaid Well-Child Visit

A Well-Child Visit can be completed at other times if necessary.

Some states follow a different periodicity schedule.

# EPSDT services

**The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.**

EPSDT is made up of the following screening, diagnostic, and treatment services.

| Screening services | | Components |
|---|---|---|
| **Comprehensive health history** | Identifies risks early and guides appropriate screening, referral, and treatment | • Past medical history<br>• Family history<br>• Social history<br>• Interim history/review of systems<br>• General questions and concerns |
| **Comprehensive *unclothed* physical exam** | Assesses physical health, growth, development, and nutrition to identify concerns requiring follow-up | • Measurements: Length/height, weight, head circumference (until 24 months), weight for length or BMI<br>• BP (beginning at 3 years)<br>• Full physical exam<br>• The term “unclothed” does not need to be documented; however, the exam should reflect assessment of areas that would be typically covered by clothing (genitalia, chest, and Tanner stage). |

# EPSDT services (cont.)

**The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.**

| Screening services | | Components |
|---|---|---|
| **Developmental/ behavioral history** | Helps identify delays early, when intervention is most effective | • Maternal depression screening (1 month through 6 months)<br>  – EPDS<br>  – PHQ-9, PHQ-2<br>  – SWYC<br>• Developmental screening (9 months, 18 months, and 30months)<br>  – ASQ<br>  – Peds Tools<br>  – SWYC<br>• Autism Spectrum Disorder screening (18 months, 24 months)<br>  – M-CHAT<br>  – STAT<br>• Developmental surveillance<br>• Behavioral/social/emotional screening<br>  – ASQ-SE-2<br>  – HEADSS<br>  – PSC<br>• Tobacco, alcohol, or drug use (beginning at 11 years)<br>  – AUDIT C<br>  – CAGE-AID<br>  – CRAFFT<br>• Depression and suicide screening (beginning at 12 years)<br>  – PSC<br>  – HEEADSSS<br>  – PHQ-9, PHQ-2<br>• General questions: Do you have any concerns about your child's learning, development, or behavior? |

# EPSDT services (cont.)

**The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.**

| Screening services | | Components |
|---|---|---|
| **Appropriate immunizations** | Immunizations are a core EPSDT service that prevent disease and protect children from serious complications. | • Review immunization status at every visit<br>• Address catch-up immunizations, as indicated<br>• Document vaccines given, refused, deferred, or referred *with reasoning* |
| **Laboratory tests, including lead toxicity screening** | Laboratory screening detects hidden health risks and supports timely intervention.<br>Some laboratory screenings are age-based, while others are driven by risk or clinical concern. | • Newborn Metabolic Screen<br>• Newborn Bilirubin<br>• Anemia (at 12 months)<br>• Lead (at 12 and 24 months)<br>• Tuberculosis<br>• Dyslipidemia (once between 9-11 years and 17-21 years)<br>• STI<br>• HIV (once between 15-21 years) |
| **Health education/ anticipatory guidance** | Health education reinforces age-appropriate prevention, safety, healthy development, and early identification of concerns. | • Age-appropriate health education<br>• Child development<br>• Healthy lifestyles<br>• Accident and disease prevention |

# EPSDT services (cont.)

**The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.**

| Screening services | | Components |
|---|---|---|
| **Vision services** | Federal Medicaid guidance requires vision screening, diagnosis, and treatment, such as eyeglasses.<br><br>Early screening helps identify vision concerns and supports timely intervention. | • Vision subjective assessment — "Do you have concerns about how your child sees?"<br>• Vision objective assessment — Physical exam, red reflex, cover test, fix and follow, photo screeners.<br>• Visual acuity screen — Eye charts using symbols (LEA or HOTV or letters (Snellen or Sloan):<br>  – 3 years (if cooperative), 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 15 years, and when indicated.<br>  – Capture screening result, whether the child passed or failed, and any referral, diagnosis, treatment, or follow-up needed. |
| **Hearing services** | Federal Medicaid guidance requires hearing screening, diagnosis, and treatment, including hearing aids.<br><br>Early detection and treatment of hearing concerns are critical to speech, language, communication, and social development. | • Hearing Assessment: guardian concerns: hearing, middle ear status, risk factors: NICU > 5 days, in utero infections, craniofacial abnormalities, syndromes associated with hearing loss.<br>• Audiology:<br>  – Birth, 4 years, 5 years, 6 years, 8 years, 10 years, 11-14 years (once), 15-17 years (once), 18-21 years (once).<br>  – Document hearing screen results, referral, treatment, or follow-up needed. |

# EPSDT services (cont.)

**The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.**

| Screening services | | Components |
|---|---|---|
| **Dental services** | Dental services are a required EPSDT benefit that support prevention, early detection, referral, and treatment of oral health needs, including pain, infection, tooth restoration, dental maintenance, and medically necessary orthodontic care.<br><br>Each state must develop or adopt a dental periodicity schedule in consultation with recognized dental organizations involved in child healthcare. | • Dental home assessment (6 months–21 years).<br>• Dental risk assessment — physical exam of teeth and gums, continual bottle use, frequent snacking on sugary or sticky snacks.<br>• Fluoride varnish — fluoride varnish can be applied in primary care office or dental office (every 3-6 months) to all primary teeth for infants and child (6 months-5 years).<br>• Fluoride supplementation — assess child's primary water source and consider fluoride supplementation if indicated (6 months-16 years). |

# EPSDT services (cont.)

**The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.**

| Screening services | |
|---|---|
| **Other necessary healthcare services** | EPSDT requires coverage of medically necessary 1905(a) services to correct or ameliorate identified conditions, even when the service is not otherwise covered under the state Medicaid plan. Medical necessity is reviewed case by case. |
| **Diagnostic services** | When a screening exam indicates the need for further evaluation, diagnostic services must be provided. Necessary referrals should be made without delay, and follow-up should occur to ensure the enrollee receives a complete diagnostic evaluation. |
| **Treatment** | Necessary healthcare services must be made available to treat, correct, or ameliorate all physical and mental health conditions. |

# EPSDT visits and HEDIS® W30 and WCV

**EPSDT defines the clinical expectation:** Children and adolescents should receive age-appropriate preventive screenings, exams, immunizations, labs, health education, referrals, and follow-up.

**HEDIS** measures whether a Well-Child Visit is completed and captured.

| HEDIS Measure | Age group | What it captures |
|---|---|---|
| W30 | Birth to 30 months | Members who had the following number of Well-Child Visits with a PCP during the last 15 months:<br>• Well-Child Visit in the first 15 months (six visits)<br>• Well-Child Visit for age 15-30 months (two visits) |
| WCV | 3 – 21 years | Members who had at least one comprehensive Well-Care Visit with a PCP or an OB/GYN practitioner during the measurement year:<br>• 3 to 21 years |

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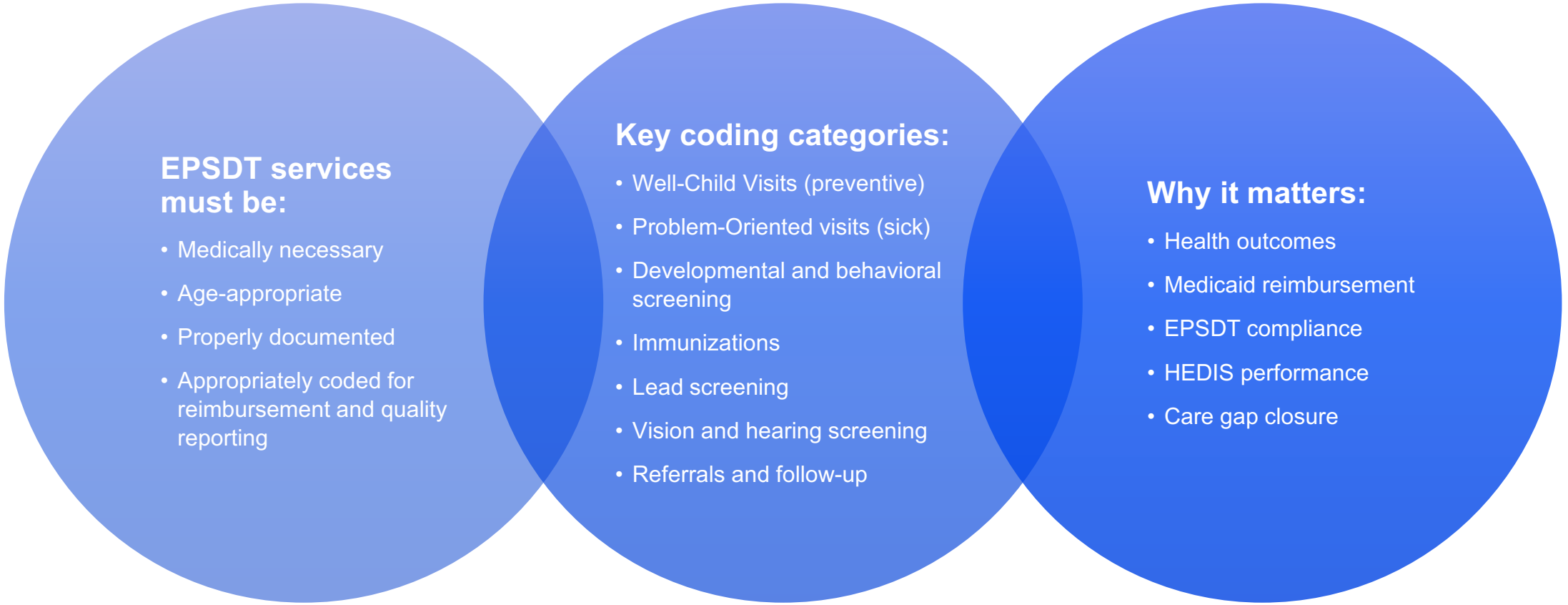
# EPSDT coding fundamentals



# EPSDT coding fundamentals (cont.)

**Preventive visits include:**

- Age-appropriate history and physical examination
- Growth and developmental assessment
- Anticipatory guidance
- Immunization review and administration, as appropriate
- Recommended EPSDT screenings

| Preventive medicine service codes | | | |
|---|---|---|---|
| **CPT® codes** | | **Age** | **ICD-10-CM codes** |
| **New patient** | **Established patient** | | |
| 99381 | 99391 | Infant < 1 year | Z00.110 Health Exam under 8 days<br>Z00.111 Health Exam 8-28 days<br>Z00.121 Routine Exam with abnormal findings<br>Z00.129 Routine Exam without abnormal findings |
| 99382 | 99392 | Early Childhood (1-4 years) | Z00.121 Routine Exam with abnormal findings<br>Z00.129 Routine Exam without abnormal findings |
| 99383 | 99393 | Late Childhood (5-11 years) | Z00.121 Routine Exam with abnormal findings<br>Z00.129 Routine Exam without abnormal findings |
| 99384 | 99394 | Adolescent (12-17 years) | Z00.121 Routine Exam with abnormal findings<br>Z00.129 Routine Exam without abnormal findings |
| 99385 | 99395 | Adult (18-39 years) | Z00.00 General Adult Exam without abnormal findings<br>Z00.01 General Adult Exam with abnormal findings |

# EPSDT coding fundamentals (cont.)

**Problem-oriented Evaluation and Management (E/M) codes:**

To ensure a preventive visit is recognized as a Well-Child Visit for quality reporting and EPSDT tracking, pair the preventive CPT code (99381–99395) with the appropriate routine child health examination diagnosis code (commonly Z00.121 or Z00.129).

| **Problem-oriented E/M codes** | | | | **Common diagnosis codes for Well-Child Visits** | |
|---|---|---|---|---|---|
| New patient | Time | Established patient | Time | ICD-10-CM | Description |
| 99202 | 15–29 min | 99212 | 10–19 min | Z00.110 | Newborn exam < 8 days |
| 99203 | 30–44 min | 99213 | 20–29 min | Z00.111 | Newborn exam (8-28 days) |
| 99204 | 45–59 min | 99214 | 30–39 min | Z00.121 | Routine child health exam with abnormal findings |
| 99205 | 60–74 min | 99215 | 40–54 min | Z00.129 | Routine child health exam without abnormal findings |

If a child presents for a problem-oriented visit and is due or behind for their well-child exam, it is appropriate to perform and report a Well-Child Visit (99381-99395), in addition to the acute visit (listed above) if ALL E/M requirements are met. **Modifier 25** should be appended to the problem-oriented code (99201-99205) when reported in conjunction with the preventive visit (99381-99395) on the same day.

# EPSDT coding fundamentals (cont.)

**Additional information:**

- If an illness or abnormality is discovered, or a preexisting problem is addressed, in the process of performing the preventive medicine service, and if the illness, abnormality, or problem *is significant enough to require additional work* to perform the components of a problem-oriented evaluation and management (E/M) service (like using medical decision making or time spent), the appropriate office or other outpatient service code (**99202–99215**) should be reported in addition to the preventive medicine service code. Append **modifier 25** to the office or other outpatient service code (such as **99392** and **99213 25**).
- An *insignificant or trivial illness,* abnormality, or problem encountered in the process of performing the preventive medicine service should not be separately reported.

# EPSDT coding fundamentals (cont.)

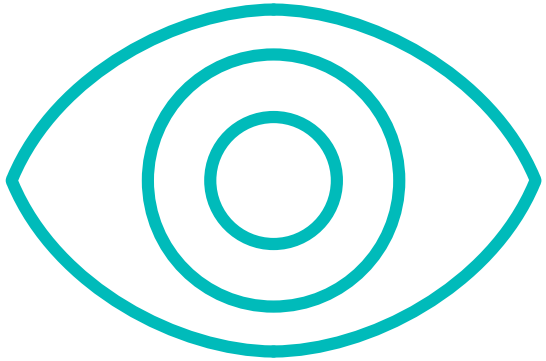
## Common EPSDT screening codes

| Service | CPT code |
|---|---|
| Developmental Screening (ASQ, PEDS) | 96110 |
| Behavioral Assessment (PSC) | 96127 |
| Vision Screening | 99173 |
| Hearing Screening | 92551 |
| Lead Screening | 83655 |

**Remember:** Abnormal screenings require referral, treatment, or additional evaluation.

**Documentation Requirements:**

- Screening application used
- Results documented
- Interpretation completed
- Follow-up plan documented



# EPSDT coding fundamentals (cont.)

## Immunization coding

| CPT code | Description |
|---|---|
| Used when the patient is **18 years or younger**, via any route, with counseling | |
| **90460** | Immunization administration (IA) through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered. |
| **+90461** | Each additional vaccine or toxoid component administered. |
| Typically reported when the patient is **over the age of 18 years** or without counseling is not performed. | |
| **90471** | Immunization administration ID, IM, subQ, one vaccine (single or combination vaccine). |
| **+90472** | Each additional vaccine, ID, IM, or subQ (single or combination vaccine). |
| **90473** | Immunization administration by oral or intranasal route; one vaccine. |
| **+90474** | Each additional oral or intranasal vaccine. |

# EPSDT coding fundamentals (cont.)

**EPSDT requires follow-up when screening identifies a concern**:

- Diagnostic evaluation must be arranged
- Referral must be documented
- Follow-up must occur

**Referral documentation:**

- Reason for referral
- Specialist referred to
- Results received and reviewed
- Treatment plan updated

| Common referral diagnosis codes | |
|---|---|
| **Condition** | **ICD-10 example** |
| Developmental delay | R62.50 |
| Speech delay | F80.9 |
| Autism disorder | F84.0 |
| Behavioral concern | R46.89 |
| Failed hearing screen | Z01.118 |
| Failed vision screen | Z01.021 |

# EPSDT coding fundamentals (cont.)

**EPSDT coding checklist:**

- Well-Child Visit coded correctly
- Screening codes captured
- Immunizations documented
- Lead Screening completed when required
- Modifier 25 used appropriately
- Referrals and follow-up documented

**Key takeaway:**

Capture all services provided. A Well-Child Visit, screening services, immunizations, and a separately identifiable sick visit may all be reported when documentation supports the services performed.

# EPSDT interventions

## Member outreach:

- Birthday reminders (text messages or mailers)
- Overdue reminders (text messages or mailers)

## Provider outreach:

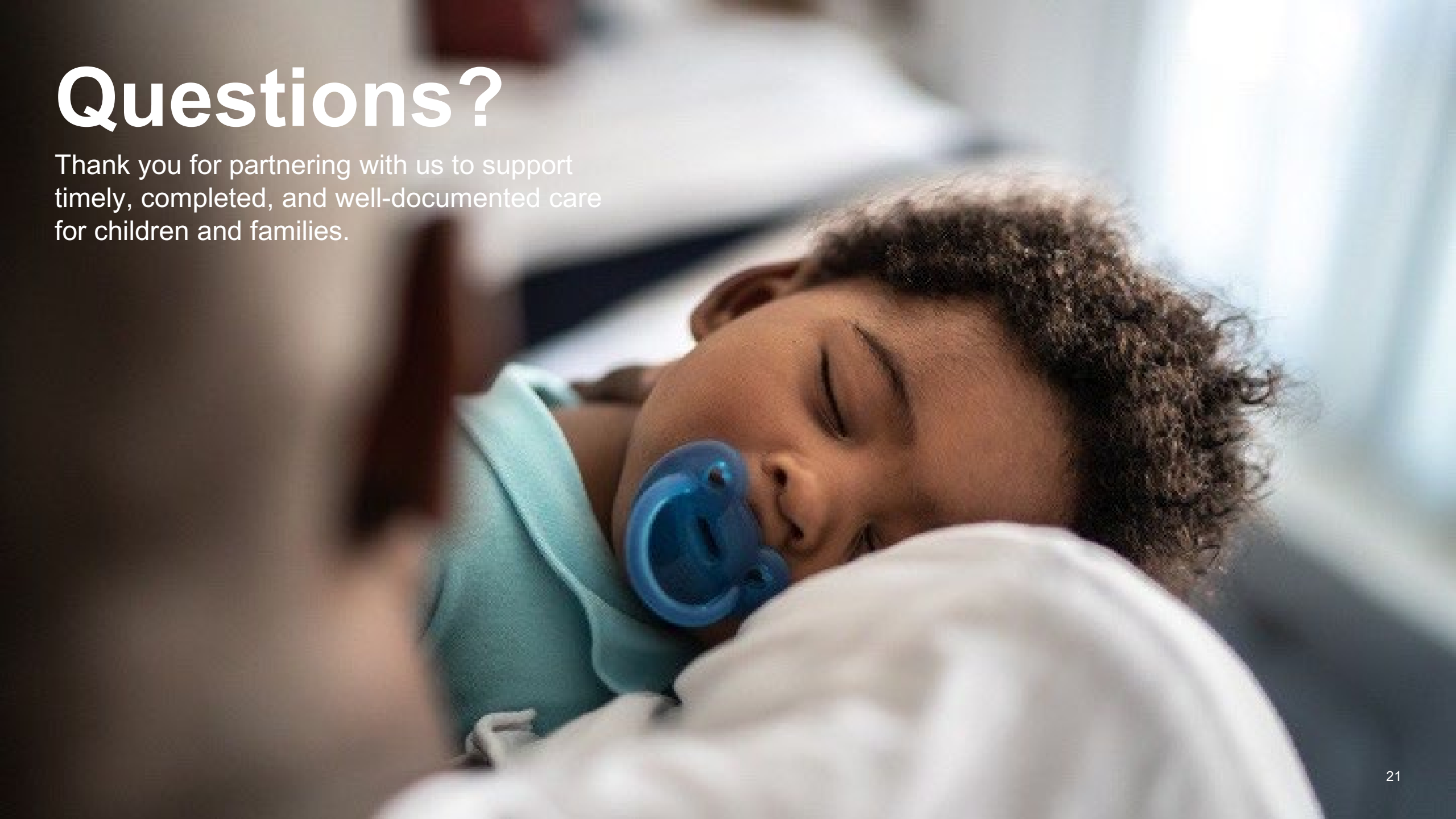
- Gap in care reports
- EPSDT education

## Care management:

- Assistance with scheduling and transportation
- Identification of care gaps
- Coordination of care

# Questions?

Thank you for partnering with us to support timely, completed, and well-documented care for children and families.

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