



# EPSDT

Reimbursement Policy ID: RPC.0094.0900

Recent review date: 07/2024

Next review date: 07/2025

*AmeriHealth Caritas New Hampshire reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas New Hampshire may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, mandated by the Centers for Medicare and Medicaid Services (CMS) for children younger than 21 (twenty-one) years who are enrolled in Medicaid, includes preventive and comprehensive health care services, and is designed to guarantee access to age-appropriate screening, preventive care, and treatment for children and adolescents.

## Exceptions

N/A

## Reimbursement Guidelines

EPSDT is made up of the following comprehensive services that are intended to find and prevent health issues:

- Screening services
  - Health and developmental history

- Physical exam
- Immunizations
- Laboratory tests
- Health education
- Vision services
- Dental services
- Hearing services
- Other necessary health care services (if coverable under the Federal Medicaid program and are found to be medically necessary to treat, correct, or reduce illnesses and conditions discovered)
- Diagnostic services, if identified by a screening examination
- Treatment for any identified physical and mental illnesses or conditions

The American Academy of Pediatrics (AAP) Preventive Pediatric Health Care Periodicity Schedule is included as part of this Reimbursement Policy.

The appropriate preventive medicine CPT codes, diagnosis codes and EPSDT referral indicators (if indicated following the preventive visit) must be included on the claim. Claims missing this information will be denied.

### **Diagnosis Codes**

Z00.110 - health exam under 8 days  
 Z00.111 - health exam 8-28 days  
 Z00.121 - routine exam with abnormal findings  
 Z00.129 - routine exam without abnormal findings (Adult 18-20)  
 Z00.01 - routine exam with abnormal findings (Adult 18-20)

Include additional diagnosis code(s) for any abnormal finding.

### **CPT Codes**

#### New patient

99460 Newborn Care (during admission)  
 99381 Age < 1 years  
 99382 Age 1-4 years  
 99383 Age 5-11 years  
 99384 Age 12-17 years  
 99385 Age 18-20

#### Established Patient

99463 Newborn (same day discharge)  
 99391 Age < 1 years  
 99392 Age 1-4 years  
 99393 Age 5-11  
 99394 Age 12-17  
 99385 Age 18-20

### **Referral Indicators**

YM – Medical Referral  
 YD – Dental Referral  
 YV – Vision Referral  
 YH – Hearing Referral

YB – Behavioral Health Referral

YO – Other Referral

## Definitions

### Modifier EP

Modifier EP is required for a service provided as part of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visit.

## Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- VI. <https://www.amerithealthcaritasnh.com/assets/pdf/provider/provider-manual.pdf>
- VII. New Hampshire Medicaid Fee Schedule(s).

## Attachments

N/A

## Associated Policies

N/A

## Policy History

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|---------|--|
| 07/2024 | Reimbursement Policy Committee Approval  |
| 04/2024 | Revised preamble   |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas New Hampshire from Policy History section   |
| 01/2023 | Template Revised <ul style="list-style-type: none"><li>• Revised preamble</li><li>• Removal of Applicable Claim Types table</li><li>• Coding section renamed to Reimbursement Guidelines</li><li>• Added Associated Policies section</li></ul> |