



Early and Periodic
Screening, Diagnostic, and
Treatment **Provider Toolkit**



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What is EPSDT?

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive health program for individuals under the age of 21. EPSDT was defined by law as part of the *Omnibus Budget Reconciliation Act of 1989* and requires states to cover all services within the scope of the federal Medicaid program. The intent of the EPSDT program is to focus on early prevention and treatment. Requirements include periodic screening, vision, dental, and hearing services.

Services include:

- Screening.
- Diagnosis and treatment.
- Transportation and scheduling assistance.

Screening must include:

- Comprehensive health and developmental history (inclusive of both physical and mental health).
- Comprehensive unclothed physical exam.
- Appropriate immunizations.
- Laboratory tests.
- Lead toxicity screening.
- Health education, including anticipatory guidance.
- Vision services.
- Dental services.
- Hearing services.
- Developmental and behavioral screenings.
- Other necessary healthcare — diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services.



If you have questions, contact your local Customer Care Center at **800-782-0095**.

Schedules used to determine when services are due:

- Bright Futures/ American Academy of Pediatrics *Recommendations for Preventive Pediatric Health Care*
- The Centers for Disease Control and Prevention Advisory Committee on Immunization Practices *Immunization Recommendations Schedule*.

EPSDT program supports the individual state plans by:

- Providing a repository to house EPSDT data.
- Mailing annual preventive care recommendations to members.
- Mailing reminders to members to schedule appointments.
- Mailing letters to providers with a listing of members who may have missed services.

EPSDT program includes additional member outreach activities and case management, as well as a provider pre service report.

EPSDT Quick Reference Guide

Children's preventive guidelines

Children's preventive guidelines	Birth	3 to 5 days	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years	5 years	6 years	7 to 21 years
History	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Height or length/weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Head circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Body mass index (percentile if < 16 years)											✓	✓	✓	✓	✓	✓	Yearly
Blood pressure ¹	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Nutrition assessment/counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Physical activity assessment/counseling ²													✓	✓	✓	✓	Yearly
Vision exam	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Hearing exam	✓	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	Yearly
Developmental assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Autism screening											✓	✓					
Psychological/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Alcohol/drug use assessment																	Yearly
Physical exam (unclothed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Oral/dental assessment	*	*	*	*	*	✓	✓	✓	*	✓	✓	✓	✓	✓	✓	✓	Yearly
Dental referral ³													✓			✓	Refer
Immunization assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Hematocrit or hemoglobin					*			✓	*	*	*	*	*	*	*	*	Yearly
Lead screening						*	*	✓	*	✓	*	*	*	*	*	*	
Tuberculin test if at risk			*		*		*		*	*	*	*	*	*	*	*	*
Dyslipidemia screening ⁴										*			*				9 to 11 & 18 to 21
Sexually transmitted infection (STI) screening ⁵																	11 to 21*
Cervical dysplasia screening																	21
Anticipatory guidance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Counseling/referral for identified problems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly

- Children with specific risk factors should have their blood pressure taken at visits before age 3.
- HEDIS® measure added to chart.
- Referrals for dental care should be given for any problem identified or if there is no dental home. AAPD recommends a dental exam every six months after tooth eruption.
- Dyslipidemia screening is recommended once between 9 to 11 years old and between 18 to 21 years old.
- STI screenings should be conducted on all sexually active females 11 to 21 years of age.

* Conduct a risk assessment. If high-risk conditions exist, perform screening.

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Notes:

- All well visits should include, at a minimum, an unclothed physical exam, developmental assessment, anticipatory guidance and age-appropriate screenings, and immunizations, as indicated.
- Health education should include counseling for issues and risk factors, as well as informing patients about the benefits of a healthy lifestyle, safety practices/accident avoidance, and disease prevention.
- Screenings are as recommended by the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD). An initial screening may be done at any time, even if the patient's age does not correspond with the periodicity schedule.
- If you are not receiving the monthly listing containing your paneled members who have upcoming EPSDT services due, contact us at the address below.

Wellpoint

WVQualityManagement@ad.wellpoint.com
Quality Management Department
200 Association Drive STE 200, Charleston, WV 25311

Use this chart to be sure your practice is following the appropriate age specific guidelines.

Recommended Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Periodicity Schedule

A visit should be scheduled for all new Wellpoint members within 60 days. Subsequent visits should be scheduled based on the recommended guidelines:

- 3 to 5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 to 21 years, annually

• Any member who has not had the recommended services should be brought up to date as soon as possible.

Helpful hints:

- Use the listing of members due or overdue for EPSDT services provided to you by Wellpoint and contact the member for an appointment.
- Maximize every visit by making sure the child is current on EPSDT services.
- Be sure your office uses the correct coding.

For complete information, see the *AAP Periodicity Schedule* at <https://brightfutures.aap.org/clinical-practice> and the *AAPD Guidelines* at <https://dhhr.wv.gov/HealthCheck/providerinfo>

EPSDT Quick Reference Guide (cont.)

Recommended childhood immunizations

	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	23 months	2 to 3 years	4 to 6 years
Hepatitis B (Hep B)	Hep B	Hep B			Hep B						
Rotavirus			RV	RV	RV						
Diphtheria, tetanus, pertussis			DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus influenzae type b (Hib)			Hib	Hib	Hib	Hib					
Pneumococcal			PCV	PCV	PCV	PCV					PPSV
Inactivated poliovirus			IPV	IPV		IPV					IPV
Influenza						Influenza yearly					
Measles, mumps, rubella						MMR					MMR
Varicella						Varicella					Varicella
Hepatitis A						Hep A, 2 dose series				Hep A series	
Meningococcal											MCV

Recommended adolescent immunizations

	7 to 10 years	11 to 12 years	13 to 18 years
Tetanus, diphtheria, pertussis		Tdap	Tdap
Human papillomavirus		HPV (3 doses)	HPV series
Meningococcal		MCV	MCV
Influenza		Influenza yearly	
Pneumococcal		PPSV	
Hepatitis A		Hep A series	
Hepatitis B		Hep B series	
Inactivated poliovirus		IPV series	
Measles, mumps, rubella		MMR series	
Varicella		Varicella series	

Key:

- Range of recommended ages for all children except certain high-risk groups
- Range of recommended ages for certain high-risk groups
- Range of recommended ages for catch-up immunization

For complete information, see:

- The Advisory Committee on Immunization Practices ([cdc.gov/vaccines/acip/index.html](https://www.cdc.gov/vaccines/acip/index.html))
- The AAP (www.aap.org)
- The American Academy of Family Physicians (www.aafp.org) — Department of Health and Human Services • Centers for Disease Control and Prevention

EPSDT billing codes

Visit CPT® and ICD-10-CM codes:

Age	New patient	Established patient	ICD-10-CM codes
Preventive visit, age < 1 year	99381	99391	Z00.110 — Health examination for newborn under 8 days old
			Z00.111 — Health examination for newborn 8 to 28 days old
			Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
Preventive visit, age 1 to 4	99382	99392	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
			Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
Preventive visit, age 5 to 11	99383	99393	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
			Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
Preventive visit, age 12 to 17	99384	99394	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
			Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
Preventive visit, age 18 to 20	99385	99395	Z00.00 — Encounter for general adult medical examination without abnormal findings Z00.01 — Encounter for general adult medical examination with abnormal findings
			Z00.00 — Encounter for general adult medical examination without abnormal findings Z00.01 — Encounter for general adult medical examination with abnormal findings
Use if abnormality/ies is encountered or a pre-existing problem is addressed during the EPSDT visit*	99202-99205	99211-99215	
Newborn codes	99460	Initial E/M normal newborn in the hospital or birthing center	Z00.110 — Health examination for newborn under 8 days old
	99461	Initial E/M normal newborn in other than a hospital or birthing center	Z00.110 — Health examination for newborn under 8 days old
	99463	Initial E/M normal newborn admitted and discharged on the same day	Z00.110 — Health examination for newborn under 8 days old

* Modifier 25 should be appended to the E/M visit, 99201-99215, when reported in conjunction with the preventive visit, 99381-99395, on the same day.

EPSDT billing codes (cont.)

Vaccine administration CPT codes:

CPT code	Description
90471	Immunization administration (percutaneous, intradermal, subcutaneous, or intramuscular); one vaccine (single or combination vaccine/toxoid)
+90472 (add-on code)	Immunization administration (percutaneous, intradermal, subcutaneous, or intramuscular); each additional vaccine (single or combination vaccine/toxoid)
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
+90474 (add-on code)	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid)

Other CPT and ICD-10-CM codes:

Description	CPT codes	ICD-10-CM codes
Interperiodic vision	99173	Z01.00 or Z01.01 or appropriate abnormal result code
Interperiodic hearing	V5008, 92551 to 92553, 92555 to 92556	Z01.10 or Z01.110, or Z01.118
Developmental screening at the following visits: 9, 18, and 30 months	96110	
Brief emotional/behavioral assessments	96127	
Tuberculin (TB) skin test	86580	Z11.1
Lead screening	83655	Z13.88

Modifiers:

Modifier	Description
-EP	Service provided as part of Medicaid EPSDT program
-25	Significant, separately identifiable evaluation and management service by the same physician or other qualified healthcare professional on the same day of the procedure or other service
-59	Distinct procedural service

EPSDT billing codes (cont.)

The preventive medicine code when billed on the same date as the immunization administration will be denied unless the 25 modifier is appended to the preventive medicine procedure code.

Email a Provider Relationship Management associate. Did you know that most questions and issues can be resolved by using the Wellpoint self-service tools? Please use Availity for inquiries like payment disputes, provider data updates, claims status, member eligibility, etc. You can also live chat with a Wellpoint associate from within the Availity website. For other issues, you can message the Provider Relationship Management team. Your Provider Relationship Management representative will respond – usually within two business days.

Email a Provider Relationship Management associate at <https://www.provider.wellpoint.com/west-virginia-provider/contact-us/email>



Payment will be made for medically necessary diagnostic or treatment needed to correct or ameliorate illnesses or conditions discovered through screening, whether or not such diagnostic or treatment services are covered under the plan.

Note: Any medically necessary noncovered service will need to be preauthorized.

Paper claims must be submitted to:

Wellpoint

Attn: Initial Claims Processing

P.O.Box 91

Charleston, WV 25321-0091

Web submissions: Only participating providers have the option to use HIPAA-compliant web claim submission capabilities by registering at [availity.com](https://www.availity.com)

Caring for a Diverse Patient Population

Health equity means everyone has a fair and just opportunity to be as healthy as possible, and barriers to doing so must be removed¹. It's important for care providers to consider health equity in patient interactions and recognize barriers may exist on the part of the patient, the care provider and office staff, and the healthcare system that may impact access, utilization, and quality of care.

Health disparities disadvantage children in unique ways, hindering their ability to reach their full potential and often leading to continued problems in adulthood. Children who are especially impacted by injustices include those living in poverty, from racial minority groups, affected by drug and alcohol use, living with violence, and uninsured or without access to healthcare. Unfortunately, these factors often occur together. Those who experience multiple injustices are more likely to have their rights ignored and needs unmet.²

A number of additional factors can be influential. Insurance type can impact care utilization, as well as geographic location. Those in rural locations may encounter more challenges accessing care,

and care resources may be more limited. As a result, they may be less likely to attend well-child visits. Additionally, as rural care resources decline, doctors in urban locations may see more patients from rural areas. It's important to recognize the impact patients' rural location may have on their ability to adhere to follow up recommendations.

The ability of care providers and office staff to offer culturally and linguistically appropriate engagement with patients and families is important component to health equity. Bright Futures 4th Edition ([aap.org/en/practice-management/bright-futures](https://www.aap.org/en/practice-management/bright-futures)) provides information about the importance of addressing social determinants and health disparities in well-child visits, and the promotion of health equity is woven throughout the Guidelines and other Bright Futures tools and resources.³ This edition of Bright Futures places special emphasis on three areas of vital importance to caring for children and families:⁴

- Social drivers of health (SDoH)
- Children and youth with special health care needs
- Cultural competence



If you have any questions, please contact Availity* Client Services at **800-AVAILITY (1-800-282-4548)**.



Visit www.mydiversepatients.com for additional resources to support the needs of your diverse patients.

References:

- 1 Robert Wood Johnson Foundation. Retrieved from <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>
- 2,3 Association of Maternal & Child Health Programs. (2019, June). Opportunities From Bright Futures' Guidelines and Tools. *Bright Futures*. Retrieved from <https://amchp.org/how-well-child-visits-can-advance-health-equity/>
- 4 Bright Futures. (2021). Bright Futures Guidelines 4th Edition. American Academy of Pediatrics. Retrieved from <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

Preventive Care Resources

West Virginia Department of Health dhr.wv.gov

Prevention

- U.S. Department of Health and Human Services
<https://healthfinder.gov/healthtopics>
- Adolescent development
<https://medlineplus.gov>
- *Modified Checklist for Autism in Toddlers* autism screening tool
<https://mchatscreen.com>
- *Ages and Stages Questionnaires* (A fee may be associated.)
healthychildren.org
- American Academy of Pediatrics — assessments, patient education, forms and other information
brightfutures.aap.org
- Centers for Disease Control and Prevention (CDC) growth and BMI charts
cdc.gov/growthcharts/clinical_charts.htm
- National Domestic Violence Hotline
[thehotline.org/1-800-799-SAFE \(7233\)](https://thehotline.org/1-800-799-SAFE)
- Medicaid Early and Periodic Screening, Diagnostic and Treatment program
provider.wellpoint.com/west-virginia-provider/patient-care/epsdt
- Health Resources and Service Administration — maternal and child health
mchb.hrsa.gov/epsdt

- March of Dimes
marchofdimes.org
- American Academy of Family Physicians
aafp.org
- U.S. Departments of Health and Human Services and Education: Birth to 5: Watch Me Thrive Resources
acf.hhs.gov/ecd/child-health-development/watch-me-thrive/resources
- American Academy of Pediatric Dentistry (AAPD): State Dental Periodicity Schedules
aapd.org/research/policy-center/state-dental-periodicity-schedules
- My Diverse Patients
mydiversepatients.com

Immunizations

- CDC — immunization schedules
<https://cdc.gov/vaccines/schedules/index.html>
- CDC — National Immunization Program
cdc.gov/vaccines
- Immunization Action Coalition
immunize.org
- Institute for Vaccine Safety
vaccinesafety.edu

Please note: This document contains general screening, guidelines, and topics to assist with examination and documentation of well child exams. For more detailed information, risk assessments, forms and information contained therein, go to the following:

- American Academy of Pediatrics — <https://www.aap.org>
- Bright Futures — <https://brightfutures.aap.org>
- The Advisory Committee on Immunization Practices — <https://www.cdc.gov/vaccines/acip>
- The American Academy of Family Physicians — <https://www.aafp.org>



Learn more about Wellpoint programs
provider.wellpoint.com/wv.

