

**Early, Periodic, Screening and Diagnostic Treatment
(EPSDT)**

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Page Number(s):	1 of 7

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

POLICY PURPOSE

The purpose of this policy is for a reference of benefits for comprehensive and preventive health care services for individuals under age 21 who are enrolled in Medicaid. EPSDT covers not only medically necessary treatment to correct or ameliorate identified conditions, but also preventive, and maintenance services.

DEFINITIONS

Early Periodic Screening, Diagnosis and Treatment (EPSDT) – This is a federally required program for clients under the age of 21, as defined in Section 1902 of the Social Security Act and 42 CFR Part 441, Subpart B. This includes periodic comprehensive screening and diagnostic services to determine health care needs as well as the provisions of all Medically Necessary services listed in Section 1905(a) of the Social Security Act even if the service is not available under the sates Medicaid plan.

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their

health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

Promoting Optimal Mental Health for Individuals through Supports and Empowerment (Promise) – A program administered by the Division of Substance Abuse and Mental Health (DSAMH) that provides home and community-based services (HCBS) in the most integrated setting to adults meeting targeted behavioral health diagnostic and functional limitations.

POLICY POSITION

EPSDT is a child health initiative for Medical Assistance members with five different focus areas:

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified
- **Treatment:** Control, correct or reduce health problems found

COVERED SERVICES

VISION SERVICES:

EPSDT requires that vision service be provided at intervals that meet reasonable standards as determined in consultation with medical experts and at other intervals, as medically necessary, to determine the existence of a suspected illness or condition.

Vision services must include diagnosis and treatment for defects in vision, which includes eyeglasses.

Coverage for a routine eye examination and corrective lenses for members are covered for members age 20 and under. Exclusions and cost limitations apply.

DENTAL SERVICES/ORAL HEALTH

EPSDT requires that dental service include dental care needed for relief of pain, infection, restoration of teeth, and maintenance of dental health. Any emergency, preventive, and therapeutic services for dental disease that, if left untreated, may become acute dental problems or cause irreversible damage to the teeth or supporting structures are also eligible.

Current clinical guidelines recommend that a child have a first dental visit when the first tooth erupts or by age one, whichever occurs first.

Dental care must be provided at intervals indicated in the pediatric dental periodicity schedule adopted by the state after consultation with a recognized dental organization involved in child health care.

Dental services for Highmark Health Options members age 20 and under are covered by the Delaware Department of Health and Social Services (DHSS) with the exception of the removal of boney impacted wisdom teeth, which is covered under Highmark Health Options medical coverage as a surgical service.

HEARING SERVICES

EPSDT requires that hearing service be provided at intervals that meet reasonable standards as determined in consultation with medical experts and at other intervals, as medically necessary to determine the existence of a suspected illness or condition.

Hearing services must include, at a minimum, diagnosis and treatment for defects in hearing. Equipment such as hearing aids and cochlear implants are covered based on medical necessity.

OTHER NECESSARY HEALTH CARE SERVICES

EPSDT allows other services covered for children under Medicaid when medically necessary to be eligible.

Examples of other services:

- Case management services
- Incontinence supplies
- Organ transplants and any related services
- Specially adapted car seat that is needed by a child because of a medical problem or condition
- Nutritional supplements

DIAGNOSTIC SERVICES

EPSDT covers medically necessary diagnostic services. When a screening examination indicates the need for further evaluation of a child's health, the child should be appropriately referred for diagnosis without a delay

TREATMENT

Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.

INFANT LEAD SCREENING

The Delaware EPSDT program requires that all children with Medical Assistance receive a minimum of two (2) blood lead screenings regardless of the child's risk factors.

When to get lead screening test:

- At 12 months of age and
- Again at 24 months of age (2 years old)

What happens if child missed their lead test at the recommended time frame:

Although two lead tests should be completed by age 2, children can still be tested after age of 2 as children under age of 6 are at risk. If a child is not tested at their 2 year visit, the child should be tested as soon as possible after their 2 year visit, but before they turn 6 or enter into Kindergarten, whichever comes first.

*Please note that as of 6/10/2022, lead screening tests are required for children to enter daycare/school entry. Please see [lead poisoning PDF](#) for more information about lead poisoning.

MENTAL HEALTH AND SUBSTANCE USE

Treatment for mental health and substance use issues and conditions is available under a number of Medicaid service categories, such as rehabilitative services.

Depression screening – A depression screening is covered and **required** once a year when done alongside a well visit for members ages 12-20 years old.

Please reference Under 18 Behavioral Health Policy for any additional information.

PERSONAL CARE SERVICES

EPSDT requires coverage of medically necessary personal care services which are furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility.

These services include, but are not limited to are:

- Dressing
- Eating
- Bathing
- Transferring
- Toileting
- Preparing meals
- Managing medications

Determination of whether a child needs personal care services must be based upon the child's individual needs and provided in accordance with a plan of treatment or service plan.
(EPSDT guide for states from HHO website)

ENABLING SERVICES

LANGUAGE ACCESS AND CULTURALLY APPROPRIATE SERVICES

EPSDT provides assistance to Medicaid members who are unable to speak, understand or read the English language. This service may include providing interpreter services, including at medical appointments, depending on factors such as the number of limited English proficient individuals served by the program.

SETTINGS AND LOCATIONS FOR SERVICES

SERVICES PROVIDED IN SCHOOLS

SCHOOL BASED WELLNESS PROGRAM

Please reference School Based Wellness Reimbursement Policy for additional information.

Early intervention – Early Intervention services can help change a child's developmental path and improve outcomes for children and their families. Early intervention is intended to help provide and support children, from birth to age five, with developmental delays and disabilities. This includes building upon the natural learning opportunities that occur within the daily routines of a child and their family.

CHECKUPS, SCREENINGS AND TESTS

A child's good health starts with having regular checkups with their primary care provider (PCP). The child's PCP will complete a yearly physical exam to make sure they are growing well, as well as conduct preventive screenings based on the child's age, sex and medical history to make sure they do not have any health problems.

SPORTS PHYSICALS

A sports physical is eligible for members. A sports physical should be coded differently from a routine physical examination. For sports physical examination, it is recommended to use appropriate coding of procedure code 99212 with diagnosis code Z02.5

IMMUNIZATIONS AND VACCINATIONS

VACCINATIONS

For information regarding vaccine schedule for members 0-18, please reference the [CDC pediatric vaccine schedule](#).

For information regarding vaccine schedule for members 19-21, please reference the [CDC adult vaccine schedule](#).

For information regarding eligible screenings, please reference the [periodicity schedule](#).

For Any further questions you may have regarding vaccines, please reference our vaccine reimbursement policy.

PROVIDER RESPONSIBILITIES

Each primary care practitioner and primary care/specialist is responsible for providing the health screens for Highmark Health Options members to include the early detection of behavioral health needs, including the use of a reliable and validated screening tool prior approved by Highmark Health Options, and make appropriate referrals to address behavioral health needs, including referral to PROMISE as appropriate.

REFERRAL TRACKING

Providers are required to do Referral Tracking with members regarding EPSDT services that a member has had with them.

While doing Referral tracking, providers are to record the appropriate referral code on the claim in which a first time referral is made as a result of a concern.

Below is the chart you will use for Referral Tracking. An example of referral tracking would be if a provider suggests that a child sees a dentist for first time, they would use the code YD.

This code would go in box 19 on the paper claim CMS 1500. For Electronic claims, you would populate NTE01 of the NTE segment with "ADD". This means that additional information is available in field NTE02, where you would then populate the appropriate referral codes.

Vision	Hearing	Dental	Medical	Behavioral	Other
YV	YH	YD	YM	YB	YO

REPORTING

Highmark Health Options will process and pay Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Early Intervention Services (0-3 years old), services and prenatal visits as primary even when our records indicate Highmark Health Options is secondary, and a primary plan exists. If an EOB is attached to the EPSDT or prenatal

claim, then coordination of benefits will be applied. We will continue to coordinate benefits and require the primary explanation of benefits when submitting the delivery claim.

Claims will be paid at the providers EPSDT rate only if the appropriate evaluation and management code and EP modifier are submitted.

All EPSDT screening services must be reported to Highmark Health Options on a HIPAA-compliant claim form. Please note the following concerning EPSDT encounters:

- The appropriate diagnosis codes Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, and Z00.129 must be noted in Box 21

Completed paper claim forms must be submitted within 120 days of the date of service to:

**Highmark Health Options
 Claims Department
 P.O. Box 890402
 Camp Hill, PA 17809-0402**

PROCEDURE CODES

Code	Description
96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument.
*96110 with modifier U1	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument-Medicaid level of care 1.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem-focused history; a problem-focused examination; straightforward medical decision-making. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs usually the presenting problem(s) are self-limited or minor. typically, 10 minutes are spent face-to-face with the patient.
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures , new patient; infant (younger than age 1).
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures , new patient; infant (ages 1-4)
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient ; late childhood (ages 5-11).
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent (ages 12-17)
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination

	counseling/anticipatory guidance/risk factor reduction interventions and the ordering of laboratory/diagnostic procedures; established patient; infant (age younger than 1 year).
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of laboratory/diagnostic procedures; established patient; early childhood (age 1-4 years).
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for Medicaid billing purposes).
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16 to 30 mins time (this code is used for Medicaid billing purposes).
G0314	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the Medicaid early and periodic screening diagnostic and treatment benefit (EPSDT).
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the Medicaid early and periodic screening diagnostic and treatment benefit (EPSDT).

*= This autism screening code is billed at 9, 18 and 30 months

POLICY UPDATE HISTORY

02/2022, 09/2022	Medical Policy Governance Approval
4/6/2023	Approved in Reimbursement Policy Committee for annual review