



EPSDT

Reimbursement Policy ID: RPC.0094.6400

Recent review date: 7/2024

Next review date: 07/2025

AmeriHealth Caritas Florida 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 Florida 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
- Evaluation of maternal postpartum depression

Florida's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix link is included below in the Edit Sources.

The appropriate preventive medicine CPT codes, diagnosis codes, modifiers 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
- Z00.00 - routine exam without abnormal findings (Adult 18-20)
- Z00.01 - routine exam with abnormal findings (Adult 18-20)
- Z38.00 - single liveborn infant, delivered vaginally
- Z38.01 - single liveborn infant, delivered by cesarean
- Z38.1 - single liveborn infant, born outside of the hospital
- Z38.2 - single liveborn infant, unspecified as to place of birth
- Z38.30 - twin liveborn infant, delivered vaginally
- Z38.31 - twin liveborn infant, delivered by cesarean
- Z38.4 - twin liveborn infant, born outside the hospital
- Z38.5 - twin liveborn infant, unspecified as to place of birth
- Z38.61 - triplet liveborn infant, delivered vaginally
- Z38.62 - triplet liveborn infant, delivered by cesarean
- Z38.63 - quadruplet liveborn infant, delivered vaginally
- Z38.64 - quadruplet liveborn infant, delivered by cesarean
- Z38.65 - quintuplet liveborn infant, delivered vaginally
- Z38.66 - quintuplet liveborn infant, delivered by cesarean
- Z38.68 - other multiple liveborn infant, delivered vaginally
- Z38.69 - other multiple liveborn infant, delivered by cesarean
- Z38.7 - other multiple liveborn infant, born outside the hospital
- Z38.8 - other multiple liveborn infant, unspecified as to place of birth
- Z76.1 - encounter for health supervision and care of foundling
- Z76.2 - encounter for health supervision and care of other healthy infant and child

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

CPT Codes

New patient

99460 Newborn Care (during admission)

99381 Age < 1 year

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 year

99392 Age 1-4 years

99393 Age 5-11

99394 Age 12-17

99395* Age 18-20

*Requires modifier EP

Maternal Depression Screening

96161 - Administration of caregiver-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standard instrument. (non-reimbursable)

Lead Screening

83655 - Lead screening

Modifiers

EP – Complete EPSDT screen

Referral Codes

AV - Available — not used (recipient refused referral)

NU - Not used (no EPSDT recipient referral given)

S2 - Under treatment (recipient currently under treatment for referred diagnostic or corrective health problem)

ST - New service requested (recipient referred to another provider for diagnostic or corrective treatment or scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service, not including dental referrals)

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?_ga=2.200744683.497448781.1681932534-1538500141.1676037106
- VI. <https://www.amerhealthcaritasfl.com/provider/resources/epsdt-child-health-check-up-visits.aspx>
- VII. <https://www.amerhealthcaritasfl.com/pdf/provider/resources/epsdt-quick-reference-guide.pdf>
- VIII. Florida Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

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