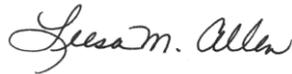




ISSUE DATE August 10, 2015	EFFECTIVE DATE August 10, 2015	NUMBER 99-15-07
SUBJECT Revisions to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule	BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to notify providers of revisions to the Pennsylvania Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program who provide EPSDT screens for MA beneficiaries in the Fee-for-Service (FFS) and managed care delivery systems. Providers rendering services in the managed care delivery system should address any payment related questions to the appropriate MA managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) recognizes the EPSDT screening period as a unique opportunity to perform a comprehensive evaluation of a child’s health and provide appropriate follow-up diagnostic and treatment services. The Department emphasizes the importance of the EPSDT screening program and covers screening services at intervals which are based on the recommendations of the American Academy of Pediatrics (AAP), American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD).

The AAP updated its recommended schedule for well-child screening and health assessments on February 24, 2014. The Department is updating the periodicity schedule as a result of the recommendations. The updated periodicity schedule reflects current AAP recommendations for preventive pediatric health care, which are explained in detail in the third edition of “Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents.” Changes are:

- Newborns should be screened for critical congenital heart disease using pulse oximetry before leaving the hospital.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
<http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/index.htm>

- A risk assessment for hematocrit or hemoglobin at ages 15 and 30 months was added.
- Cholesterol screening between ages 9 and 11 years was added.
- Screening for depression at ages 11 through 21 years was added, along with suggested screening tools.
- Information was added about a specific screening tool to assess adolescents for alcohol and drug use.
- Screening for HIV was added between age 16 and 18 years.
- Adolescents should no longer be routinely screened for cervical dysplasia until 21 years of age.

Additionally, the Department reviewed the current recommendations on the periodicity schedule for annual vision and hearing screenings beginning at 3 years of age to determine whether recommendations for annual routine vision and hearing screenings is medically indicated. It was determined that routine vision and hearing screenings should be completed at AAP recommended intervals.

PROCEDURE:

Effective August 10, 2015, providers should use the attached EPSDT Program Periodicity Schedule, which the Department is updating to include:

- Newborn screening for critical congenital heart disease using pulse oximetry before leaving the hospital.
- Risk assessment for hematocrit or hemoglobin at 15 and 30 months of age.
- Dyslipidemia screening between ages 9 and 11 years of age.
- Screening for depression at 11 through 20 years of age.
- Risk Assessment for HIV between 16 and 18 years of age.
- Deleting routine screening for cervical dysplasia prior to 21 years of age.

Additionally, to allow consistency with AAP recommendations, the Department is making the following updates to the PA Periodicity Schedule:

- Continue recommended vision screening at 3, 4, 5, 6, 8, 10, 12, 15, and 18 years of age. Remove requirement and replace as risk assessment for visual acuity screening for children 7, 9, 11, 13, 14, 16, 17, 19, and 20 years of age.
- Continue recommended hearing screening at 4, 5, 6, 8, and 10 years of age. Remove requirement and replace as risk assessment for hearing screening for 3, 7, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years of age.
- Add risk assessment to the following:
 - Dental for 6-8 months and 9-11 months of age;
 - Hematocrit and hemoglobin for 4-5, 18 and 24 months of age, as well as 3 and 4 years of age; and
 - Dyslipidemia for 6, 8, 12, 13, 14, 15, and 16 years of age.
- Add reference KEY to the EPSDT Program Periodicity and Coding Matrix Legend.

The Department does not endorse a specific screening tool to assess depression and/or drug and alcohol use by adolescents, so will not include information regarding specific screening tools on Pennsylvania's periodicity schedule.

All other guidance issued under MAB 99-08-13, effective September 1, 2008, remains in effect and providers should continue to refer to the bulletin for previous updates to the EPSDT Periodicity Schedule and Coding Matrix, billing instructions for EPSDT screens, and associated fee increases for complete EPSDT screens.

ATTACHMENT:

Pennsylvania Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
Periodicity Schedule and Coding Matrix (Effective August 10, 2015)

**Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
Periodicity Schedule and Coding Matrix
(Effective 08/10/2015)**

Services	Newborn (Inpatient)	By 1 Mo	2-3 Mo	4-5 Mo	6-8 Mo	9-11 Mo	12 Mo	15 Mo	18 Mo	24 Mo	30 Mo	3 y	4 y
Assessment: ¹	A completed screen requires a code from each service required for that age. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.												
New Patient	99460 EP ⁹ / 99463 EP ¹⁰	99381 EP	99381 EP	99381 EP	99381 EP	99381 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP
Established Patient		99391 EP	99391 EP	99391 EP	99391 EP	99391 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP
• Newborn Metabolic Hemoglobin Screening ²	←-----●-----→												
• Congenital Heart Defect Screening ²	•												
• Developmental Surveillance ¹²	•	•	•	•	•		•	•		•		•	•
• Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•
• Alcohol and Drug Use Assessment													
• Developmental Screening						96110			96110		96110		
• Autism Screening									96110 U1	96110 U1			
Vision ³	Assessed through observation or through health history/physical.												
• Visual acuity screen													
Hearing ³													
• Audio Screen													
• Pure tone-air only												★	92551
													92552
Dental ^{6, 13}					★ ⁵	★ ⁵	• or ★ ⁵		• or ★ ⁵	• or ★ ⁵	• or ★ ⁵	• ⁵	• ⁵
Anemia ^{3, 4}													
• Hematocrit (spun)						85013 ⁷	85013 ¹¹	If indicated by risk assessment and/or symptoms.					
• Hemoglobin				★ ⁷		85018 ⁷	85018 ¹¹						
Venous Lead ^{3, 4}						83655	83655 ¹¹	83655 ¹¹	83655 ¹¹	83655	83655 ¹¹	83655 ¹¹	83655 ¹¹
Tuberculin Test ³	If indicated by history and/or symptoms.												
Sickle Cell													
Sexually Transmitted Infections ⁸													
Dyslipidemia ^{3, 4}													
Immunizations	Administer immunizations according to the ACIP schedule. For children 18 years and younger, these immunization codes are collected for administration purposes to document antigens given. Because the PA Department of Health provides vaccines free of charge to providers through the Vaccines for Children Program (see MA Bulletins 01-00-10, 10-00-03, 11-00-05, 26-00-04), only a vaccine administration fee will be reimbursed.												

**Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
Periodicity Schedule and Coding Matrix
(Effective 08/10/2015)**

Services	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y
Assessment: ¹	A completed screen requires a code from each service required for that age. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.															
New Patient	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP	99385 EP	99385 EP	99385 EP
Established Patient	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP	99395 EP	99395 EP	99395 EP
• Developmental Surveillance ¹²	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Alcohol and Drug Use Assessment								Through risk assessment								
• Developmental Screening	If indicated by risk assessment and/or symptoms.															
• Autism Screening																
• Depression Screening																
Vision ³							•	•	•	•	•	•	•	•	•	•
• Visual acuity screen	99173	99173	★	99173	★	99173	★	99173	★	★	99173	★	★	99173	★	★
Hearing ³																
• Audio Screen	92551	92551	★	92551	★	92551	If indicated by history and/or symptoms.									
• Pure tone-air only	92552	92552		92552												
Dental ^{6, 13}	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵
Anemia ^{3, 4}	If indicated by risk assessment and/or symptoms. See Recommendations to prevent and control iron deficiency in the United States. <i>MMWR</i> . 1998;47(RR-3):1-36. Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.															
• Hematocrit (spun)																
• Hemoglobin																
Venous Lead ^{3, 4}	83655 ¹¹	83655 ¹¹														
Tuberculin Test ³	If indicated by history and/or symptoms.															
Sickle Cell																
Sexually Transmitted Infections ⁸																
HIV Screening																
Dyslipidemia ^{3, 4}		★		★	80061	80061 ¹¹	80061 ¹¹	If indicated by history and/or symptoms.						80061	80061 ¹¹	8006 ¹¹
Immunizations	Administer immunizations according to the ACIP schedule. For children 18 years and younger, these immunization codes are collected for administration purposes to document antigens given. Because the PA Department of Health provides vaccines free of charge to providers through the Vaccines for Children Program (see MA Bulletins 01-00-10, 10-00-03, 11-00-05, 26-00-04), only a vaccine administration fee will be reimbursed.															

Please refer to the attached EPSDT Program Periodicity and Coding Matrix Legend.

EPSDT Program Periodicity Schedule and Coding Matrix

LEGEND

¹ Included in the assessment: a comprehensive history and physical examination; counseling/anticipatory guidance/risk factor reduction interventions; age-appropriate nutritional counseling; the calculation of Body Mass Index (BMI); newborn metabolic/hemoglobin screening and follow-up; growth measurements and head circumference; an oral dental exam; blood lead (BL) risk assessment; blood pressure risk assessment; developmental and autism screenings; developmental surveillance; psychosocial/behavioral assessments; alcohol and drug use assessment; and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines.

² Newborn metabolic and hemoglobinopathy and Congenital Heart Defect (CHD) screenings should be done according to state law. According to AAP recommendations, Newborn metabolic and hemoglobinopathy screenings should take place between newborn and 2 months of age. Newborns should be screened for critical congenital heart disease using pulse oximetry before leaving the hospital.

³ Use CPT modifier -52 EPSDT Screening Services/Components Not Completed *plus* CPT code for standard testing method for objective vision/hearing testing, anemia, dyslipidemia, lead and tuberculin testing not completed. If a screening service/component is reported with modifier 52, the provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule for ages that require visual acuity screening or hearing screening.

⁴ Use CPT modifier -90 Reference Outside Lab *plus* CPT code when laboratory procedures are performed by a party other than the treating or reporting physician.

⁵ • Indicates referral to a dental home, ★ indicates administer oral health risk assessment. Assess need for fluoride supplementation. Determine whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one.

⁶ Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/susceptibility to disease.

www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

⁷ Initial measurement of hemoglobin or hematocrit is recommended between 9 and 12 months of age. Additionally, AAP recommends risk assessment for hematocrit or hemoglobin at ages 15 and 30 months of age.

⁸ All sexually active patients should be screened for sexually transmitted infections (STI).

⁹ Procedure code 99460 and modifier EP are to be used for a newborn screen performed in the hospital, but not on the same day as hospital discharge.

¹⁰ Procedure code 99463 and modifier EP are to be used for a newborn screen performed in the hospital on the same day as hospital discharge.

¹¹ Provide at times noted, unless done previously.

¹² Developmental Surveillance is required for all periods, except when developmental screenings are required.

¹³ All referrals to a dental home must be reported using the YD referral code.

Key

• = to be performed

★ = risk assessment to be performed with appropriate action to follow, if positive