


ISSUE DATE August 1, 2018	EFFECTIVE DATE August 1, 2018	NUMBER 99-18-13
SUBJECT Updates to Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule	BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs	

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe™ to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:

http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to issue an update to *Pennsylvania's 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 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 recognizes the EPSDT screening period as an important and unique opportunity for providers to perform a comprehensive evaluation of a child's health and provide appropriate follow-up diagnostic and treatment services. Pennsylvania's EPSDT periodicity schedule reflects recommendations for pediatric care at intervals established by the American Academy of Pediatrics' (AAP) *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (found at: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>). The EPSDT periodicity schedule also includes recommendations from other nationally-recognized medical organizations including the Centers for Disease Control and Prevention (CDC) and the United States Preventive Services Task Force.

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.pa.gov/provider/healthcaremedicalassistance/index.htm>

Beginning in 2018, the Department will issue the EPSDT periodicity schedule each year to reflect the current trends in pediatric care, incorporate any coding updates or changes resulting from the annual Healthcare Common Procedure Coding System updates, and provide clear guidance for MA providers rendering EPSDT services. This year, the Department updated Pennsylvania's EPSDT periodicity schedule to improve presentation and clarity of information. The updates are as follows:

Formatting Updates

- The key, which defines symbols used on the periodicity schedule, was moved to a footer at the bottom of each page of the periodicity schedule.
- The dot (●) was replaced by the diamond (◆) for Oral Health (formerly Dental) services to represent referral to a dental home. The use of the dot (●) and star (★) is now consistent with all other uses of those symbols on the periodicity schedule.

Content Updates

- Text was added to the "Complete Screen" line to indicate that all Current Procedural Terminology codes associated with a periodicity must be completed and reported for a complete screen.
- Under Services, "Newborn Metabolic Hemoglobin Screening" was replaced with "Pennsylvania Newborn Screening Panel". The range symbol was replaced with a dot (●) in the "Newborn (Inpatient)" column to indicate this service is to be performed prior to the infant's discharge from the hospital. A second dot (●) was added to the "3-5 d" column with an arrow extending to the "2-3 mo" column to indicate the timeframe for verification of results and appropriate follow up.
- On the line for "Tobacco, Alcohol or Drug Use Assessment", the shaded area with text stating "Through risk assessment" was removed and replaced by a star (★) in each periodicity from 11 through 20 years of age to indicate that a risk assessment for substance use or abuse should be performed at each of those visits as recommended in AAP's *Bright Futures*.
- "Venous Lead" was changed to "Lead". MA providers may use capillary samples to test for the presence of lead. Elevated blood lead results obtained from a capillary sample are presumptive and must be confirmed with a venous blood sample.
- A star (★) was added in the "6-8 mo" periodicity for "Lead" to encourage providers to begin assessing children for lead poisoning risk at six months, as supported by the AAP in *Bright Futures*.
- Text was added to "Immunizations" to remind providers to use each visit as a chance to bring immunizations up to date and to provide a link to the CDC's Advisory Committee on Immunization Practices' 2018 Recommended Childhood and Adolescent Immunization Schedule, found at: <https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>.
- "Dental" was changed to "Oral Health" to more accurately reflect the services that may be provided by non-dentists.

Footnote Updates

- The word “Legend” was removed and the title was changed to “EPSDT Program Periodicity Schedule and Coding Matrix Footnotes”.
- The footnotes page was reformatted into two columns to improve readability. The footnotes were reordered to appear as the user reads across and down the periodicity schedule. The bullets below refer to the footnote numbers as they appear on the periodicity schedule being issued with this bulletin.
- The language in Footnote 1 was updated to list the activities that are required for a complete screen and to include a link to *Bright Futures*.
- Footnote 2 was added to provide specific information related to measurement of weight, including the age at which calculation of body mass index (BMI) replaces weight for length measurement, and the need for appropriate nutritional counseling.
- Footnote 3 was added to provide details regarding when measurement of blood pressure is done based on risk and when it is a required activity.
- The language in Footnote 6 was updated to include information that providers should confirm that the Pennsylvania Newborn Screening Panel was completed as required, verify results, and follow up as appropriate.
- Footnote 7 was added to clarify that providers should verify results from the Pennsylvania Newborn Screening Panel and provide appropriate follow up as needed.
- Information related to Critical Congenital Heart Defect Screening was moved from Footnote 2 to newly added Footnote 8.
- Language was added to Footnote 10 to indicate that the psychosocial/behavioral assessment, as it relates to social determinants of health, should address both risk factors and strengths/protective factors impacting the child and his or her family.
- The following text was removed from the end of Footnote 11: “...for ages that require vision screening or hearing screening”. If vision or hearing screening cannot be completed at the time of the screen (and is reported with a -52 modifier), that screening should be completed at the next screening opportunity even if vision or hearing screening is not a required activity for that periodicity.
- The language in Footnote 15 was updated to focus on oral health screening requirements, including the referral to a dental home, which are services performed by non-dental providers.
- The language in Footnote 16 was updated to include only information regarding the referral to a dental home and use of the YD referral code.
- The language in Footnote 18 was updated to clarify that Pennsylvania’s requirements related to screening for anemia incorporate guidance from both the CDC and the AAP.
- Footnote 19 was added to indicate that initial blood lead testing may be by capillary or venous samples and that elevated blood lead results from a capillary sample must be confirmed by a venous blood sample.
- The language in Footnotes 9, 11, 14, and 17 was updated to improve readability.

PROCEDURE:

Effective August 1, 2018, providers should use the *Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix* attached to this bulletin when providing and billing EPSDT screens, which was updated as discussed above. This periodicity schedule remains in effect until the next issuance by the Department.

For a complete listing of referral codes, modifiers and diagnosis codes that apply to the EPSDT Program, please refer to the billing guides, available online at: <http://www.dhs.pa.gov/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm>.

RESOURCES:

Centers for Disease Control and Prevention, Immunization recommendations
<https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>

United States Preventative Services Task Force (USPSTF), Recommendations for Primary Care Practice
<https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>

ATTACHMENTS:

Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix (Effective August 1, 2018)

**Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
Periodicity Schedule and Coding Matrix – August 1, 2018**

Services	Newborn (Inpatient)	3-5 d	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
Complete Screen: 1, 2, 3	A complete screen requires all codes indicated for each periodicity be completed and reported. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.													
New Patient	99460 EP ⁴ / 99463 EP ⁵	99381 EP	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	99391 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP
Pennsylvania Newborn Screening Panel	• ⁶	• ⁷ ← →												
Newborn Bilirubin	•													
Critical Congenital Heart Defect Screening ⁸	•													
Developmental Surveillance ⁹	•	•	•	•	•	•		•	•		•		•	•
Psychosocial/Behavioral Assessment ¹⁰	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol or Drug Use Assessment														
Maternal Depression Screening ¹¹			96161	96161	96161	96161								
Developmental Screening							96110			96110		96110		
Autism Screening										96110 U1	96110 U1			
Vision ¹¹	Assessed through observation or through health history/physical.													
• Visual acuity screen													99173	99173
• Instrument-based screening ¹²													99174 99177	99174 99177
Hearing ^{11, 13}	•	• ¹⁴ ← →												
• Audio Screen														
• Pure tone-air only													★	92551 92552
Oral Health ¹⁵						•	•	★		★	★	★	◆ ¹⁶	◆ ¹⁶
Anemia ^{11, 17}														
• Hematocrit (spun)					★ ¹⁸		85013 ¹⁸	85013 ¹⁴	If indicated by risk assessment and/or symptoms.					
• Hemoglobin							85018 ¹⁸	85018 ¹⁴						
Lead ^{11, 17, 19}						★	83655	83655 ¹⁴	83655 ¹⁴	83655 ¹⁴	83655	83655 ¹⁴	83655 ¹⁴	83655 ¹⁴
Tuberculin Test ¹¹	If indicated by history and/or symptoms.													
Sickle Cell														
Sexually Transmitted Infections ²⁰														
Dyslipidemia ^{11, 17}														
Immunizations	Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child's immunizations up to date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html													

Please refer to the EPSDT Program Periodicity Schedule and Coding Matrix Footnotes.

Key

- = to be performed
- ◆ = referral to a dental home

- ★ = risk assessment to be performed with appropriate action to follow, if positive
- ←•→ = range during which a service may be performed

Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix – August 1, 2018

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
Complete Screen: 1, 2, 3	A complete screen requires all codes indicated for each periodicity be completed and reported. 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 ⁹	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment ¹⁰	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol or Drug Use Assessment							★	★	★	★	★	★	★	★	★	★
Developmental Screening	If indicated by risk assessment and/or symptoms.															
Autism Screening																
Depression Screening								•	•	•	•	•	•	•	•	•
Vision ¹¹																
• Visual acuity screen	99173	99173		99173		99173		99173			99173					
• Instrument-based screening ¹²	99174 99177	99174 99177	★	99174 99177	★	99174 99177	★	99174 99177	★	★	99174 99177	★	★	★	★	★
Hearing ¹¹																
• Audio Screen	92551	92551	★	92551	★	92551	←		92551	→	←	92551	→	←		92551
• Pure tone-air only	92552	92552		92552		92552			92552			92552				92552
Oral Health	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶
Anemia ^{11, 17}	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																
Lead ^{11, 17, 19}	83655 ¹⁴	83655 ¹⁴														
Tuberculin Test ¹¹	If indicated by history and/or symptoms.															
Sickle Cell																
Sexually Transmitted Infections ²⁰																
HIV Screening ²¹																
Dyslipidemia ^{11, 17}		★		★	80061	80061 ¹⁴	80061 ¹⁴	If indicated by history and/or symptoms.					80061	80061 ¹⁴	80061 ¹⁴	80061 ¹⁴
Immunizations	Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child's immunizations up to date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html															

Please refer to the EPSDT Program Periodicity Schedule and Coding Matrix Footnotes.

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- ★ = risk assessment to be performed with appropriate action to follow, if positive
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EPSDT Program Periodicity Schedule and Coding Matrix Footnotes

¹ A complete screen must include the following: a comprehensive history; relevant measurements (for assessment of growth); physical examination; anticipatory guidance/counseling/risk factor reduction interventions; all assessments/screenings as indicated on Periodicity Schedule; and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines, found at: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>.

² Beginning at 2 years of age, weight for length measurement should be replaced by calculation of Body Mass Index. Age-appropriate nutrition counseling should be provided regarding promotion of healthy weight, healthy nutrition, and physical activity.

³ Blood pressure should be measured as indicated by child's risk status from infant to 3 years of age, when measurement should be universal.

⁴ 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.

⁵ 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.

⁶ Pennsylvania Newborn Screening Panel should be done according to state law, prior to newborn's discharge from hospital. Confirm screen was completed, verify results and follow up as appropriate.

⁷ Verify results of Pennsylvania Newborn Screening Panel as soon as possible and follow up as appropriate.

⁸ Newborns should be screened for critical congenital heart disease using pulse oximetry before leaving the hospital.

⁹ Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

¹⁰ Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health, including both risk factors and strengths/protective factors.

¹¹ If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculin, or dyslipidemia is not completed, use CPT code for standard testing method *plus* CPT modifier -52 EPSDT Screening Services/Components 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.

¹² Instrument-based screening may be completed to detect amblyopia, strabismus, and/or high refractive error in children who are unable or unwilling to cooperate with traditional visual acuity screening.

¹³ All newborns should receive an initial hearing screening before being discharged from hospital. If the hearing screening was not completed in hospital, the hearing screening should occur by 3 months of age.

¹⁴ Screening must be provided at times noted, unless done previously.

¹⁵ At 6-8 and 9-11 months, an oral health risk assessment is to be administered and the need for fluoride supplementation assessed. The first dental examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. At 12, 18, 24, and 30 months, determine if child has a dental home. If not, complete assessments and refer to dental home.

¹⁶ Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code.

¹⁷ When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT code *plus* CPT modifier -90 Reference Outside Lab.

¹⁸ Initial measurement of hemoglobin or hematocrit to assess for iron-deficiency anemia is recommended between 9 and 12 months of age by the Centers for Disease Control and Prevention. Additionally, the AAP recommends risk assessment for anemia at 4 months of age, 15 months of age and then each periodicity thereafter.

¹⁹ Capillary samples may be used for blood lead testing; however, elevated blood lead results based on capillary samples are presumptive and must be confirmed using a venous sample.

²⁰ All sexually active patients should be screened for sexually transmitted infections (STI).

²¹ Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.