

ISSUE DATE September 18, 2008	EFFECTIVE DATE September 1, 2008	NUMBER 99-08-13
SUBJECT Updates to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule	 Michael Nardone, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this Bulletin is to notify providers of updates to Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Periodicity Schedule and Coding Matrix (Periodicity Schedule) and billing instructions for EPSDT screens, effective September 1, 2008; and to announce associated fee increases for complete EPSDT screens.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program who provide EPSDT screens for MA recipients in the Fee-for-Service (FFS) (including ACCESS Plus) and managed care delivery systems, except that providers rendering services in the managed care delivery system should address any payment-related or coding questions to the appropriate MA Managed Care Organization (MCO).

BACKGROUND:

The Department of Public Welfare (Department) recognizes the EPSDT screening period as a unique opportunity to perform a comprehensive evaluation of a child's health and provide appropriate and timely 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 most recent update to Pennsylvania's EPSDT Periodicity Schedule was issued with a MA Bulletin in October 2005 to support the early intervention and prevention of pediatric overweight and obesity.

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 www.dpw.state.pa.us/omap

The AAP published its third edition of *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* earlier this year. The 2008 Bright Futures Guidelines reflect the current recommendations of the AAP and the organizations, agencies and other members of the Bright Futures Project Advisory Committees for preventative pediatric screening and health supervision.

The 2008 Bright Futures Guidelines recommend that children receive structured developmental screening, not just developmental surveillance, and screening for Autism Spectrum Disorders (ASDs) as components of a complete EPSDT screen at certain periodicities. Developmental surveillance is the process of observing children to determine whether they may be at risk of developmental delays. Screening for developmental delays and ASDs is defined as the use of standardized screening tools to identify and refine that observed risk.

The 2008 Bright Futures Guidelines and the Centers for Medicare and Medicaid Services also recommend that the preventative oral health component of the screen include a referral to a dental home. According to the AAPD, a dental home is an ongoing relationship between a dentist and patient that includes all aspects of oral health care, including referral to dental specialists when appropriate, delivered in a comprehensive, continuously accessible, coordinated and family-centered way. Ideally, a dental home should be established no later than 12 months of age.

To encourage providers to perform complete EPSDT screens and support the additional time needed to perform such screens and increase the number of screens performed, several years ago the MA Program established a higher fee of \$65.00 for complete EPSDT screens. A complete EPSDT screen is one that includes all of the components listed on the Department's Periodicity Schedule.

DISCUSSION:

Effective September 1, 2008, the Department has updated the EPSDT Periodicity Schedule and billing instructions for EPSDT screens and has increased the fees for complete EPSDT screens.

EPSDT Periodicity Schedule

The key updates to the EPSDT Periodicity Schedule are the following:

- Addition of newborn metabolic and hemoglobinopathy screenings, performed according to State law, as a required component of the periodic screen for newborns;
- Addition of periodic screens at 30 months, seven years and nine years of age;
- Addition of developmental surveillance as a required component of all periodic screens, newborn through 20 years of age, except where structured developmental screenings are required;

- Addition of a structured developmental screening as a required component of the periodic screen at nine to 11 months, 18 months and 30 months of age;
- Addition of anemia screening as a required component of the periodic screen at 12 months of age, unless performed at an earlier periodic screen;
- Addition of a structured screen for Autism Spectrum Disorders as a required component of the periodic screens at 18 months and 24 months of age;
- Addition of the dental risk assessments or referral to a dental home as a required component of the periodic screens at 12 months, 18 months, 24 months and 30 months of age;
- Addition of referral to a dental home as a required component of every periodic screen, beginning at 3 years of age;
- Removal of urinalysis testing as a required component of the periodic screen at five years of age. If the provider determines a need for this screen at any periodic screen, the provider should order the test as a laboratory or diagnostic procedure;
- Addition of dyslipidemia screening as a required component of the periodic screen at 18 years of age or, if not performed then, dyslipidemia screening is a required component of the periodic screen at 19 or 20 years of age;
- Addition of psychosocial and behavioral assessment as a required component of all periodic screens, newborn through 20 years of age;
- Addition of alcohol and drug use risk assessment as a required component of every periodic screen beginning with the screen at 11 years of age.

MA fees for complete EPSDT screens:

The Department has increased the MA fees for complete EPSDT screens to support the additional time needed to perform a complete EPSDT screen due to the new screening components. Effective with dates of service on and after September 1, 2008, MA fees for complete EPSDT screens are as follows:

Screening Period	Description *	Current Fee For Complete Screen	Fee For Complete Screen Effective September 1, 2008
Newborn	Office Visit, developmental surveillance, psychosocial/behavioral	\$65.00	\$80.00

Screening Period	Description *	Current Fee For Complete Screen	Fee For Complete Screen Effective September 1, 2008
	assessment, oral health		
by 1 month of age	Office Visit, developmental surveillance, psychosocial/behavioral assessment, oral health	\$65.00	\$80.00
2-3 months of age	Office Visit, developmental surveillance, psychosocial/behavioral assessment, oral health	\$65.00	\$80.00
4-5 months of age	Office Visit, developmental surveillance, psychosocial/behavioral assessment, oral health	\$65.00	\$80.00
6-8 months of age	Office Visit, developmental surveillance, psychosocial/behavioral assessment, oral health	\$65.00	\$80.00
9-11 months of age	Office visit, structured developmental screen, psychosocial/behavioral assessment, lead screen, anemia screen, oral health	\$65.00	\$105.00
12 months of age	Office Visit, developmental surveillance, psychosocial/behavioral assessment, oral health	\$65.00	\$80.00
15 months of age	Office Visit, developmental surveillance, psychosocial/behavioral assessment, oral health	\$65.00	\$80.00
18 months of age	Office visit, structured developmental screen, structured autism screen, psychosocial/behavioral assessment, lead screen, oral health	\$65.00	\$125.00
24 months of age	Office Visit, structured autism screen, developmental surveillance, psychosocial/behavioral assessment, lead screen, oral health	\$65.00	\$105.00
30 months of age	Office Visit, structured developmental screen, psychosocial/behavioral assessment, lead screen, oral health	\$65.00	\$105.00
3 years of age and older	Office visit, oral health, age appropriate screens/surveillance	\$65.00	\$90.00

*Descriptions do not include all activities associated with each periodic EPSDT screen.

A complete listing of all activities is included on the Periodicity Schedule.

These MA fees are paid for a complete EPSDT screen performed according to the Periodicity Schedule, including all component codes listed for the screening period and appropriate modifiers, referral codes and diagnosis codes. Incomplete EPSDT screens will be paid at the MA Program Fee Schedule rates for the assessment code and for each component procedure code reported. To encourage providers to perform a complete EPSDT screen at each interval on the Periodicity Schedule, the MA fees for the complete EPSDT screens are higher than the combined fees for each component of each periodic screen. The combined MA fee for all individual service components will not equal or exceed the MA fee for a complete EPSDT screen which is assigned to the specific screening period.

The Department has developed a new desk guide (attached) to assist providers in determining the appropriate screen to perform depending on the child's age, in order to receive the appropriate payment for the screening period.

PROCEDURE:

EPSDT Periodicity Schedule:

Effective September 1, 2008, providers should use the attached EPSDT Periodicity Schedule which details the appropriate EPSDT screening periodicities and screening services.

Screening Visits Desk Guide:

Providers in the FFS delivery system (including ACCESS Plus) should use this desk guide in conjunction with the Periodicity Schedule to determine the appropriate screen to perform based on the child's age in order to be paid the appropriate fee for that screen. Example: If the child is 3 years, 8 months of age, perform the screen for 4 year olds.

Providers in the managed care delivery system should contact the appropriate MCO for all billing or payment questions including the age ranges for which payment will be made for each periodic screen.

Dental Referral:

When the provider is conducting an EPSDT screen and the child requires a referral to a dental home according to the Periodicity Schedule, the provider must follow the procedures outlined below in order to be paid for a complete EPSDT screen:

- **Dental referrals for children in the FFS delivery system, including ACCESS Plus:**
 - 1) Advise the parent or guardian a dental referral is required according to the Periodicity Schedule.
 - 2) Notify the Department or ACCESS Plus that the child is due for a dental referral as part of a complete EPSDT screen. This notification constitutes the provider's referral to a dental home:

- If the child is enrolled in ACCESS Plus, call the following hotline to complete a referral to a dental home:
ACCESS Plus Enrollee Hotline: 1-800-543-7633 option #2
 - If the child is receiving services in the FFS delivery system but is not enrolled in ACCESS Plus, call the following to complete a referral to a dental home:
Department's Intensive Case Management Unit: 1-866-588-9819
- 3) Place the YD referral code in block 10d of the CMS-1500 claim form to indicate referral to a dental home has been completed. Absence of the YD referral code during any required screening period will indicate an incomplete EPSDT screen and therefore will be paid at the MA Program Fee Schedule rates for the screen components, as stated above.
 - 4) Document the referral to the dental home in the child's medical record.

The Department or the ACCESS Plus contractor will follow-up as appropriate with the parent or child, to confirm that the child completes the recommended visit to a participating dental provider.

- **Dental referrals for children enrolled in an MCO:**

- 1) Advise the parent or guardian a dental referral is required according to the Periodicity Schedule.
- 2) Notify the appropriate MCO that the child is due for a dental referral as part of a complete EPSDT screen. This notification constitutes the provider's referral to a dental home. Use the following MCO telephone numbers to complete a referral to a dental home:

MCO Name	Department to contact with Dental Referrals	Department telephone number	Alternate phone number (if available)
<i>Gateway</i>	Care Management	1-800-642-3550, option 4	
<i>Unison</i>	Provider Services	1-800-600-9007	
<i>UPMC</i>	Special Needs Unit	1-800-286-4242, option 2	
<i>AmeriHealth Mercy</i>	Member Services	1-888-991-7200	
<i>Keystone Mercy</i>	Member Services	1-800-521-6860	
<i>AmeriChoice</i>	Dental Department	(215) 832-4851	(215) 832-4532
<i>Health Partners</i>	EPSDT Outreach	(215) 991-4280	(215) 991-4135

- 3) Complete the electronic 837P or submit internet billing according to the billing procedures established by the MCO.
- 4) Document the referral to the dental home in the child's medical record.

The MCO will follow-up with the parent or child, as appropriate, to confirm that the child completes the recommended visit to a participating dental provider.

Use of modifier 52 for certain laboratory services:

Modifier 52 is used to identify that certain screening and laboratory services were not completed during the periodic screen, in which case the provider must complete the service at the next periodic screen. As listed on the Periodicity Schedule, certain laboratory services are to be provided at specified periodicities, unless done previously (see laboratory services 85013, 85018, 83655, and 80061, and #11 on the Periodicity Schedule Legend). For example, a provider should use the 52 modifier to indicate that hemoglobin screening (85018) was not completed for the periodic screen at 9-11 months of age. The provider must complete the hemoglobin screening during the next screening opportunity according to the Periodicity Schedule, in this case, the periodic screen at 12 months of age, for which the hemoglobin screen is also required unless done previously. If the provider also uses modifier 52 for the hemoglobin screening at the later periodic screen, that periodic screen will be considered an incomplete screen. Incomplete screens will be paid at the MA Program Fee Schedule rates for the screen components, as stated above.

If a provider is unable to perform a laboratory service in the office, the provider should make a referral to an outside lab and use modifier 90 in conjunction with the procedure code for the service to indicate the referral.

NOTE: This bulletin supersedes MA Bulletin 01-05-04, 08-05-07, 09-05-09, 31-05-10 and 33-05-03, Revisions to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Periodicity Schedule, issued October 25, 2005.

Reminder: Please refer to the CMS Billing Guide for PROMISe™ Early & Periodic Screening, Diagnosis and Treatment (EPSDT) Services, which may be found at <http://www.dpw.state.pa.us/PartnersProviders/PROMISe/003675041.htm>, for a complete listing of referral codes, modifiers and diagnosis codes that apply to the EPSDT Program.

ATTACHMENTS:

Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix (Effective September 1, 2008)

Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Age Range Requirements for Screening Visits Desk Guide (Effective September 1, 2008)