



## **PROVIDER UPDATE!**

### **NEW BILLING REQUIREMENTS FOR EPSDT SCREENING SERVICES (Effective March 1, 2010)**

In an effort to simplify administrative procedures for our network providers Gateway Health Plan® (Gateway) will align its EPSDT billing requirements with those issued in The Pennsylvania Department of Public Welfare's Medical Assistance Bulletin (99-08-13). To facilitate this change the following EPSDT billing requirements will go into effect **March 1, 2010**:

- Use of the national standard code (S0302) for EPSDT screening will end **February 28, 2010**. (Note: In order to receive reimbursement for EPSDT screens rendered through February 28, 2010 continue to bill the S0302 in conjunction with the age-appropriate evaluation and management code.)
- Beginning **March 1, 2010** EPSDT screening services must be reported with the age-appropriate evaluation and management code (99381-99385, 99391-99395, 99431 and 99435) along with the EP modifier. (Discontinue billing S0302.)
- The EP modifier must follow the evaluation and management code in the first position on the claim form. Claims will be paid at the provider's EPSDT rate only if the appropriate evaluation and management code and EP modifier are submitted.
- Diagnosis code V20.0, V20.1 or V20.2 must be notated as the primary diagnosis in Box 21. When applicable, you may enter up to three additional diagnosis codes.
- A screen is complete when codes from each service area required for that age including the appropriate evaluation and management codes are documented on the claim.

Enclosed with this notice are complete billing guidelines for submission of EPSDT screens either on a CMS-1500, UB-92 or the corresponding 837P or 837I format for EDI claims; along with the current Periodicity Schedule. This notice and the enclosed documents are available at [www.gatewayhealthplan.com](http://www.gatewayhealthplan.com), choose Pennsylvania Medicaid then select Providers to view Provider Updates. If you would like to speak to someone regarding the new billing requirements please contact your Provider Relations Representative directly or Gateway's Provider Services Department at 1-800-392-1145.



## EPSDT SCREENING BILLING GUIDE CMS-1500 & UB-92 Format (Effective March 1, 2010)

### EPSDT BILLING GUIDELINES

- All EPSDT screening services including vaccine administration fees should be submitted to Gateway either on a CMS-1500, UB-92 or the corresponding 837P or 837I format for EDI claims within 60 days from the date of service.
- An EPSDT screen is complete when codes from each service area required for that age, including the appropriate evaluation and management codes, are documented. Consult the current Pennsylvania Children's Checkup (EPSDT) Program Periodicity Schedule and Coding Matrix as well as the Recommended Childhood Immunization Schedule for screening eligibility information and the services required to bill for a complete EPSDT screen.
- Claims will be paid at the provider's EPSDT rate only if the appropriate evaluation and management code and EP modifier are submitted.
- With the exception of the dental component for clinics that do not offer dental services, FQHCs/RHCs may not bill for partial screens.
- Gateway uses a fully automated coding review software. The software programmatically evaluates claim payments in accordance with CPT-4, HCPCS, ICD-9, AMA and CMS guidelines as well as industry standards, medical policy and literature and academic affiliations.

### CMS-1500 and UB-92 PAPER FORMAT REQUIREMENTS

- Beginning March 1, 2010 EPSDT screening services must be reported with the age-appropriate evaluation and management code (99381-99385, 99391-99395, 99431 and 99435) along with the EP modifier. (Discontinue billing S0302.) **Both** an appropriate procedure code **and** revenue code must be used on the UB-92.
- The EP modifier must follow the evaluation and management code in the first position on the claim form. Use CPT modifiers (52 or 90) plus CPT code, when applicable.
- Diagnosis code V20.0, V20.1 or V20.2 must be noted as the primary diagnosis in Box 21. You may enter up to three additional diagnosis codes.
- Report visit code '03' in box 24(h) of the CMS-1500 when providing EPSDT screening service.
- Report Condition Code "A1" in block 24 on the UB-92.
- Report 2-character EPSDT referral code for referrals made or needed as a result of the screen in box 10(d) on the CMS-1500 or in block 57 on the UB-92. Codes for referrals made or needed as a result of the screen are:

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



## EPSDT SCREENING BILLING GUIDE

### Electronic 837P & 837I Format

(Effective March 1, 2010)

#### EPSDT BILLING GUIDELINES

- All EPSDT screening services including vaccine administration fees should be submitted to Gateway either on a CMS-1500, UB-92 or the corresponding 837P or 837I format for EDI claims within 60 days from the date of service.
- An EPSDT screen is complete when codes from each service area required for that age, including the appropriate evaluation and management codes, are documented. Consult the current Pennsylvania Children’s Checkup (EPSDT) Program Periodicity Schedule and Coding Matrix as well as the Recommended Childhood Immunization Schedule for screening eligibility information and the services required to bill for a complete EPSDT screen.
- Claims will be paid at the provider’s EPSDT rate only if the appropriate evaluation and management code and EP modifier are submitted.
- With the exception of the dental component for clinics that do not offer dental services, FQHCs/RHCs may not bill for partial screens.
- Gateway uses a fully automated coding review software. The software programmatically evaluates claim payments in accordance with CPT-4, HCPCS, ICD-9, AMA and CMS guidelines as well as industry standards, medical policy and literature and academic affiliations.

#### 837P and 837I EDI FORMAT REQUIREMENTS

- Beginning March 1, 2010 EPSDT screening services must be reported with the age-appropriate evaluation and management code (99381-99385, 99391-99395, 99431 and 99435) along with the EP modifier. (Discontinue billing S0302.) **Both** an appropriate procedure code **and** revenue code must be used on the UB-92.
- The EP modifier must follow the evaluation and management code in the first position on the claim form. Use CPT modifiers (52 or 90) plus CPT code, when applicable.
- Diagnosis code V20.0, V20.1 or V20.2 must be noted as the primary diagnosis in Box 21. You may enter up to three additional diagnosis codes.
- Populate the SV111 of the 2400 loop with a “yes” for an EPSDT claim (this is a mandatory federal requirement)
- Populate the Data Element CLM12 in the 2300 Claim Information Loop with “01” (meaning EPSDT)
- Populate NTE01 of the NTE segment with “ADD”. This means that additional information is available in ‘field’ NTE02 (see below).
- Populate NTE02 of the NTE segment of the 2300 Claim Information Loop with appropriate referral codes:
 

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

**Pennsylvania Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program  
Periodicity Schedule and Coding Matrix  
(Effective June 14, 2010)**

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: <sup>1</sup>	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 <sup>9</sup> / 99463 <sup>10</sup>	99381	99381	99381	99381	99381	99382	99382	99382	99382	99382	99382	99382	
Established Patient		99391	99391	99391	99391	99391	99392	99392	99392	99392	99392	99392	99392	
<ul style="list-style-type: none"> <li>Newborn Metabolic Hemoglobin Screening <sup>2</sup></li> </ul>	←-----●-----→													
<ul style="list-style-type: none"> <li>Developmental Surveillance <sup>12</sup></li> <li>Psychosocial/Behavioral Assessment</li> <li>Alcohol and Drug Use Assessment</li> </ul>														
<ul style="list-style-type: none"> <li>Developmental Screening</li> <li>Autism Screening</li> </ul>						96110			96110		96110			
									96110 U1	96110 U1				
Vision <sup>3</sup>	Assessed through observation or through health history/physical.													
<ul style="list-style-type: none"> <li>Visual acuity screen</li> </ul>													99173	99173
Hearing <sup>3</sup>														
<ul style="list-style-type: none"> <li>Audio Screen</li> <li>Pure tone-air only</li> </ul>													92551	92551
												92552	92552	
Dental <sup>6, 13</sup>							• or ★ <sup>5</sup>		• or ★ <sup>5</sup>	• or ★ <sup>5</sup>	• or ★ <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	
Anemia <sup>3, 4</sup>														
<ul style="list-style-type: none"> <li>Hematocrit (spun)</li> <li>Hemoglobin</li> </ul>						85013 <sup>7</sup>	85013 <sup>11</sup>							
						85018 <sup>7</sup>	85018 <sup>11</sup>							
Venous Lead <sup>3, 4</sup>						83655	83655 <sup>11</sup>	83655 <sup>11</sup>	83655 <sup>11</sup>	83655	83655 <sup>11</sup>	83655 <sup>11</sup>	83655 <sup>11</sup>	
Tuberculin Test <sup>3</sup>	If indicated by history and/or symptoms.													
Sickle Cell														
Sexually Transmitted Infections <sup>8</sup>														
Dyslipidemia <sup>3, 4</sup> ,														
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 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program  
Periodicity Schedule and Coding Matrix  
(Effective June 14, 2010)**

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: <sup>1</sup>	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	99383	99383	99383	99383	99383	99383	99384	99384	99384	99384	99384	99384	99385	99385	99385
Established Patient	99393	99393	99393	99393	99393	99393	99393	99394	99394	99394	99394	99394	99394	99395	99395	99395
• Developmental Surveillance <sup>12</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Alcohol and Drug Use Assessment								Through risk assessment								
• Developmental Screening	If indicated by risk assessment and/or symptoms.															
• Autism Screening	If indicated by risk assessment and/or symptoms.															
Vision <sup>3</sup>																
• Visual acuity screen	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173
Hearing <sup>3</sup>																
• Audio Screen	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551
• Pure tone-air only	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552
Dental <sup>6,13</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>
Anemia <sup>3,4</sup>	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 <sup>3,4</sup>	83655 <sup>11</sup>	83655 <sup>11</sup>														
Tuberculin Test <sup>3</sup>																
Sickle Cell	If indicated by history and/or symptoms.															
Sexually Transmitted Infections <sup>8</sup>																
Dyslipidemia <sup>3,4</sup>														80061	80061 <sup>11</sup>	80061 <sup>11</sup>
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.															

<sup>1</sup> 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.

<sup>2</sup> Newborn metabolic and hemoglobinopathy screening should be done according to state law. According to AAP recommendations, Newborn metabolic and hemoglobinopathy screening should take place between newborn and 2 months of age.

<sup>3</sup> Use CPT modifier -52 Reduced Services plus CPT code for standard testing method for objective vision/hearing testing, anemia, lead and tuberculin testing not completed.

<sup>4</sup> 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.

<sup>5</sup> ● 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.

<sup>6</sup> 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](http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf)

<sup>7</sup> Initial measurement of hemoglobin or hematocrit is recommended between 9 and 12 months of age.

<sup>8</sup> All sexually active patients should be screened for sexually transmitted infections (STI). All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (which ever comes first).

<sup>9</sup> Procedure code 99460 is to be used for a newborn screen performed in the hospital, but not on the same day as hospital discharge.

<sup>10</sup> Procedure code 99463 is to be used for a newborn screen performed in the hospital on the same day as hospital discharge.

<sup>11</sup> Provide at times noted, unless done previously.

<sup>12</sup> Developmental Surveillance is required for all periods, except when developmental screenings are required.

<sup>13</sup> All referrals to a dental home must be reported using the YD modifier.

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

(Effective September 1, 2008)

Period	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
<b>Equates to:</b>	0-16 days	0-46 days	47-107 days	108-168 days	169-260 days	261-365 days	366-412 days	413-504 days	505-641 days	1 y 9 m up to 2 y 3 m
<b>Period</b>	<b>30 Mo</b>	<b>3 y</b>	<b>4 y</b>	<b>5 y</b>	<b>6 y</b>	<b>7 y</b>	<b>8 y</b>	<b>9 y</b>	<b>10 y</b>	<b>11 y</b>
<b>Equates to:</b>	2 y 3 m up to 2 y 9 m	2 y 9 m up to 3 y 6 m	3 y 6 m up to day before 5 <sup>th</sup> birthday	5 y up to 5 y 6 m	5 y 6 m up to 6 y 6 m	6 y 6 m up to 7 y 6 m	7 y 6 m up to 8 y 6 m	8 y 6 m up to 9 y 6 m	9 y 6 m up to 10 y 6 m	10 y 6 m up to day before 12 <sup>th</sup> birthday
<b>Period</b>	<b>12 y</b>	<b>13 y</b>	<b>14 y</b>	<b>15 y</b>	<b>16 y</b>	<b>17 y</b>	<b>18 y</b>	<b>19 y</b>	<b>20 y</b>	
<b>Equates to:</b>	12 y up to 12 y 6 m	12 y 6 m up to 13 y 6 m	13 y 6 m up to 14 y 6 m	14 y 6 m up to 15 y 6 m	15 y 6 m up to 16 y 6 m	16 year 6 m up to day before 18 <sup>th</sup> birthday	18 y up to 18 y 6 m	18 y 6 m up to 19 y 6 m	19 y 6 m up to day before 21 <sup>st</sup> birthday	