



**CareSource®**  
**Network Notification**

**Notice Date:** August 27, 2018  
**To:** Health Partners  
**From:** CareSource®  
**Subject:** Well-Child Care  
**Effective Date:** August 27, 2018

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This notification outlines requirements for Early and Periodic Screening, Diagnosis and Treatment (EPSDT), as well as quality measures and coding guidance.

**Caring for Members New to CareSource®**

CareSource values you as a provider and we value the relationship you have with CareSource members. We are continually working to make it easier for you to deliver quality care and improve the health and well-being of the people who trust CareSource with their health care.

Members new to our plan may have experienced a change in primary care provider. We understand the importance of performing an initial assessment of a new patient. If a CareSource member is new to our plan please perform the appropriate care for your patient; if that includes a well-child visit, CareSource will pay for the well-child visit even if the patient had a well-child visit under their previous plan.

**The Importance of Well-Child Care**

CareSource is committed to caring for our members. CareSource the guidelines by Bright Futures in partnership with the [American Academy of Pediatrics \(AAP\)](#) to inform and guide care provided to CareSource pediatric and adolescent members.

CareSource supports the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) protocols for CareSource EPDST members enrolled in Medicaid. The EPSDT benefit is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of the EPSDT benefit is to assure that individual children get the health care they need, when they need it. The EPSDT benefit also covers medically necessary diagnostic services.

**EPSDT Screening Requirements:**

<ul style="list-style-type: none"><li>• A comprehensive health, psycho-social and developmental history</li><li>• Documentation of vital signs</li><li>• An unclothed comprehensive physical exam, which includes pelvic exam and Pap test for sexually active females</li><li>• Assessment of growth and nutritional status</li><li>• Appropriate immunization according to age and health history</li><li>• Laboratory tests, including blood lead screening</li></ul>	<p>Health education, including anticipatory guidance; an evaluation of age appropriate risk factors should be performed at each visit; Primary Healthcare Provider must provide counseling or guidance to members, parents, or guardians, as appropriate:</p> <ul style="list-style-type: none"><li>• Dental assessment</li><li>• Tuberculosis screening</li><li>• Sensory screening (vision and hearing)</li></ul>
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CareSource monitors pediatric and adolescent member quality of care and health outcomes through the collection, analysis and annual review of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS)\* pediatric and adolescent measures, including the HEDIS AM-EXCP-0212

well-child and adolescent well-care visit measure. Well visits have proven to be the keystone to providing complete medical services to the pediatric and adolescent population. The HEDIS measures look for annual well visits for defined ages. Services specific to the assessment or treatment of an acute or chronic condition do not count toward the well-child or adolescent well-care visit measure.

While the American Academy of Pediatrics recommends common components included during an annual wellness visit such as, health histories, physical exams and lab services, (NCQA) HEDIS® requirements include the documentation in the medical record of the following components:

• A health history
• A physical development history *
• A mental developmental history *
• A physical exam
• Health education/anticipatory guidance

**\*Psychosocial/Behavioral Assessment and Developmental Surveillance**

**Required for all ages:** Psychosocial/Behavioral Assessment and Developmental Surveillance should occur with each clinical encounter with the child or adolescent. Comprehensive childhood surveillance of development includes activities that will document social, emotional, communication, cognitive and physical development concerns (this content is listed at each health supervision visit in Bright Futures Guidance under Surveillance of Development).

If an abnormality is encountered or a preexisting problem is addressed during the EPSDT Periodic visit, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M (evaluation and management) service, then the appropriate Office/Outpatient code 99211 or 99212 should also be reported.

If the member is a new patient, defined as one who has not received any EPSDT services (face-to-face services reported with a CPT code) from a practitioner or any practitioner within the same group practice of the exact same specialty or subspecialty within the past 3 years, code the EPSDT preventive visit using the 9938x codes.

If the member is an established patient, defined as one who has received an EPSDT service from a practitioner or any practitioner within the same group practice of the same specialty or subspecialty within the past 3 years, code the EPSDT preventive visit using the 9939x codes. Use the 99211 or 99212 code for the office visit component.

Modifier EP and 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable Evaluation and Management service was provided by the same EPSDT provider on the same day as the EPSDT Periodic visit. The appropriate EPSDT Periodic visit code is additionally reported. If an abnormality is encountered use the appropriate HIPAA diagnosis code which relates to the medical service(s) provided.

**The 25 modifier must be included when a vaccine is administered during the preventive visit.**

Please remember to submit claims with the appropriate codes for the well-child visits that were completed. Please see the table below for more information.

Age	Birth to 11 months	12 months to 4 years	5 years to 11 years	12 years to 20 years		
<b>ICD-10</b>	Z00.110 (0 – 7 days) Z00.111 (8 – 28 days) Z00.121 Z00.129 Z02 Z02.89	Z00.121 Z00.129 Z02 Z02.89	Z00.121 Z00.129 Z02 Z02.89	Z00.00 Z00.01 Z00.121 Z00.129 Z00.5 Z00.8 Z02.0	Z02.1 Z02.2 Z02.3 Z02.4 Z02.5 Z02.6 Z02.71	Z02.79 Z02.81 Z02.82 Z02.83 Z02.89 Z02.9
<b>Well Care CPT</b>	99381 99391	99382 99392	99383 99393	99384 99394 99385 99395		
<b>HCPCS</b>	G0438 G0439	G0438 G0439	G0438 G0439	G0438 G0439		

[\\*https://www.aap.org/en-us/Documents/coding\\_preventive\\_care.pdf](https://www.aap.org/en-us/Documents/coding_preventive_care.pdf)

### Preventive Care

Well-child visits present a great opportunity to offer immunizations, perform recommended screenings and provide other preventive care. Children should be immunized during medical checkups according to the current Advisory Committee for Immunization Practices (ACIP) schedule. The most up to date recommendations for kids up to 18 years old can be found at: [www.cdc.gov/vaccines/schedules](http://www.cdc.gov/vaccines/schedules). It is recommended providers enroll in the Vaccines for Children (VFC) program.

Lead exposure is a known risk for long-term learning and behavioral problems. For children enrolled in Medicaid, federal law requires a blood lead level measured at 12 and 24 months of age. Children between the ages of 3 and 6 years of age must receive a blood test immediately if they have not previously been tested for lead poisoning. The most up to date lead screening information can be found at: <https://www.medicaid.gov/medicaid/benefits/epsdt/lead-screening/index.html>.

\* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).