



Network Notification

Date: December 31, 2015

To: Ohio Health Partners

From: CareSource®

Subject: Healthchek (EPSDT) Claims Processing Guidelines

Effective on claims with a receipt date *after* January 31, 2016, in order to receive proper payment for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, you must use the appropriate preventive medicine CPT codes, diagnosis codes and EPSDT referral indicators. CareSource requires the referral field indicator (field 24h) be populated on EPSDT claims. **Claims missing this information will be denied.**

Electronic Claims

Completion of CRC02 and CRC03 are required for electronic claims. Select the response in Loop 2300 Segment CRC02, "Was an EPSDT referral given to the patient?" as follows:

- Enter "Y" in Loop 2300 Segment CRC02 if the service was an EPSDT, follow-up is required and a referral is made.
- Enter "N" in Loop 2300 Segment CRC02 if the service is an EPSDT and no follow-up services were required.

Select the condition indicators in Loop 2300 Segment CRC03. If response to CRC02 is "N", use NU (Not Used). If response to CRC02 is "Y", use one of the following:

- AV (Available – not used)
- S2 (Under treatment)
- ST (New services requested)

In addition, completion of SV111 is required for electronic claims to indicate EPSDT at the line level.

- Enter "Y" in each Loop 2400 Segment SV111 if the service was EPSDT.
- Enter "N" in each Loop 2400 Segment SV111 if the service was not EPSDT.

Paper Claims

Report the referral field indicator in field 24h for EPSDT services as follows:

Lower, Unshaded Area:

- Enter “E” if the service was related to EPSDT.
- Enter “F” if the service was related to family planning.
- Enter “B” if the service was related to both EPSDT and family planning.

Upper, Shaded Area:

If either “E” or “B” is entered in the lower, unshaded area, add the appropriate condition indicator in the upper, shaded area using one of the following:

- NU (No EPSDT referral was given)
- AV (Referral was offered, but the individual refused it)
- ST (New services requested)
- S2 (Under treatment)

Note: Use the following diagnosis as well as any specific condition related diagnosis codes, as applicable.

Preventive Medicine

Diagnosis

Age appropriate codes to be billed with a EPSDT (Healthchek) exam

Routine infant (over 28-days-old) and child – well check up to age 17

Health check for child under 8-days-old

Health check for child 8- to 28-days-old

Routine medical exam, age 18 and older

Medical exam for administrative purposes

Medical exam for students, preschool children, occupational or pre-employment exams, armed forces, etc.

Medical exam for surveys

Other medical exam

Preventive Medicine – Individual Counseling

99401 Counseling and risk reduction intervention, 15-minute discussion

99402 Counseling and risk reduction intervention, 30-minute discussion

99403 Counseling and risk reduction intervention, 45-minute discussion

99404 Counseling and risk reduction intervention, 60-minute discussion

99406 Behavior change smoking, three to 10 minutes

99407 Behavior change smoking, >10 minutes

97802 Medical nutrition individual, initial, each 15 minutes

97803 Medical nutrition individual, subsequent, each 15 minutes

97804 Medical nutrition, group (two or more individuals), each 30 minutes

New Patient Services

99381 Initial well child visit, younger than 1-year-old

99382 Initial well child visit, age 1 to 4

99383 Initial well child visit, age 5 to 11

99384 Initial well child visit, age 12 to 17

99385 Initial well child visit, age 18 to 39

- 99354 Prolonged service, office (additional face-to-face care, 30 to 75 minutes)
- 99355 Prolonged service, office (additional face-to-face care after 75 minutes)

Established Patient Service

- 99391 Yearly well child visit, younger than 1-year-old
- 99392 Yearly well child visit, age 1 to 4
- 99393 Yearly well child visit, age 5 to 11
- 99394 Yearly well child visit, age 12 to 17
- 99395 Yearly physical exam, age 18 to 39

Hearing Services

All covered hearing services in accordance with Ohio Administrative Code (OAC) 5160-10-01 and payable per Appendix DD, OAC 5160-1-60

- 92551 Hearing test, limited study using headphones to verbally respond to sounds
- 92552 Hearing test, using earphones and an audiometer, more extensive
- 92553 Includes 92552 with the addition of sounds conducted through the patient's facial bones
- 92567 Hearing test to check the eardrums (tympanometry)
- 92568 Acoustic reflex testing
- 92570 Acoustic emittance testing

Developmental Screening

- 96110 Limited developmental testing
- 96111 Developmental testing, extended

Dental Services

Providers are encouraged to refer children to a dentist starting at 2-years-old

Vision Services

A vision screening is a required component of the EPSDT visit. Providers are encouraged to refer children for a comprehensive vision examination, when medically necessary.

Other Physician Services

All covered physician services in accordance with OAC 5160-4-01, 5160-5-01 or 5160-6-01

Laboratory Services

All covered lab services in accordance with OAC 5160-11-01 and payable per Appendix DD, OAC 5160-1-60

Immunizations

All covered immunization services in accordance with OAC 5160 as of April 2014

- 90471 Vaccine administration, IM, SQ, ID
- 90472 Vaccine administration, each additional vaccine

90473 Vaccine administration, intranasal or oral
90474 Vaccine administration, each additional vaccine, intranasal or oral
90633 Hepatitis A, pediatric/adolescent, two dose schedule
90634 Hepatitis A, pediatric/adolescent, three dose schedule
90646 HIB, vaccine for booster only (covered by VFC only)
90647 HIB vaccine prp,omp
90648 HIB vaccine prp-t
90649 Human papilloma virus (HPV) four valent
90650 HPV two valent
90654 Flu vaccine, split virus, no preserv ID
90655 Flu vaccine, 6 to 35 months of age, no preserv ID (covered by VFC only)
90656 Flu vaccine, no preserv ID, 3 years and older
90657 Influenza, split virus, 6 to 35 months (covered by VFC only)
90658 Flu vaccine, 3 years and older
90660 Flu vaccine, live intranasal
90672 Flu vaccine quad nasal
90673 Flu vaccine trivalent IM
90686 Flu vaccine quad IM, no previous ID 3 years and older
90688 Flu vaccine quad 3 years and older
90669 Pneumococcal conjugate, polyvalent, under 5-years-old (covered by VFC only)
90670 Pneumococcal vaccine 13 val IM
90680 Rotavirus vaccine (covered by VFC only)
90681 Rotavirus vaccine, live, oral (covered by VFC only)
90696 DTaP IVP (covered by VFC only)
90698 DTaPIPvHIB (covered by VFC only)
90700 DTaP for children younger than 7-years-old (covered by VFC only)
90702 DT for children younger than 7-years-old
90703 Tetanus immunization
90707 MMR immunization
90710 MMRV immunization
90713 Poliomyelitis virus, inactivated, (IPV) subcutaneous (covered by VFC only)
90714 TD preservative free, age 7 and older
90715 TDAP, age 7 and older
90716 Varicella (chickenpox), live
90723 DTaP Hepatitis B, IPV inactivated (covered by VFC only)
90732 Pneumococcal vaccine
90733 Meningococcal vaccine, SQ
90734 Meningococcal vaccine, IM
90744 Hepatitis B vaccine, under age 11 (covered by VFC only)
90748 Hepatitis B HIB, combined vaccine (covered by VFC only)
90664,66,67,68 Flu vaccines, pandemic (covered by VFC only)

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