



EPSDT PROGRAM

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally-mandated program developed for children under the age of 21 who are Medicaid recipients. The state of Indiana calls this program HealthWatch. All HIP members ages 19 and 20 and HHW members under the age of 21 should receive HealthWatch exams at regular intervals. The purpose of these comprehensive preventive visits is to discover and treat health problems early. If a potential health problem is found, further diagnosis and treatment are covered by Medicaid.

EPSDT Exam Components

The EPSDT exam is a general health assessment and is composed of the following required screening elements:

- Medical history
- Complete unclothed exam (with parent approval)
- Developmental screening (to assess if a child's physical and mental abilities are age appropriate)
- Vision screening
- Dental screening
- Hearing assessment
- Immunization assessment (making sure child received them on time)
- Lead screening; and
- Other services or screenings as indicated by the Bright Futures Periodicity Schedule published by the American Academy of Pediatrics

EPSDT EXAM FREQUENCY

The recommended schedule for EPSDT exams is as follows:

- Birth
- 3-5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- After 30 months, one exam per year until age 21

(continued on back)

EPSDT Codes

The following billing procedures must be followed for every EPSDT/HealthWatch claim, to permit correct and prompt reimbursement:

- Providers must use the following ICD-10 diagnosis codes as the primary diagnosis:
 - **Z00.121** – Encounter for routine child health examination with abnormal findings or
 - **Z00.129** – Encounter for routine child health examination without abnormal findings as the primary diagnosis
- When patient exams are billed in conjunction with the Z00.121 or Z00.129 diagnosis code as the primary diagnosis code, the screen components must have been provided.
- Physicians are strongly encouraged to include all applicable diagnosis codes (up to four) and procedure codes for each EPSDT/HealthWatch visit.
- Exams should be coded on claim forms using CPT codes 99381 through 99395, as indicated in the following chart. Correct codes are required for proper documentation of services provided and timely and accurate claims payment.

New Patient/Initial Exam Code Description	Established Patient/Periodic Examination
99381 Infant (age under 1 year)	99391 Infant (age under 1 year)
99382 Early childhood (age 1-4 years)	99392 Early childhood (age 1-4 years)
99383 Late childhood (age 5-11 years)	99393 Late childhood (age 5-11 years)
99384 Adolescent (age 12-17 years)	99394 Adolescent (age 12-17 years)
99385 Age 18-20 years	99395 Age 18-20 years

When a member presents to a provider for a sick visit, and his or her records indicate the need for an updated EPSDT visit, physicians can include services for both visits and bill two visit codes for reimbursement of both services on the same day. Providers must maintain a complete problem-focused visit exam for the presenting problem and a complete preventive visit documenting the EPSDT components of the screening exam within the member's health records.

If a patient is evaluated and treated for a problem during the same visit as an EPSDT annual exam, the problem-oriented exam can be billed separately accompanied by the 25 modifier (separate significantly identifiable E/M service). The problem must require additional moderate level evaluation to qualify as a separate service on the same date.

Visits	CPT Code	ICD Coding	Additional Reimbursement
Sick visit plus EPSDT (two visit codes)	Preventive visit code and 99203-99215 with modifier 25	Z00.121 or Z00.129 (or V20.2 for ICD-9 claims) must be used as the primary diagnosis for the appropriate preventive visit and multiple diagnoses for presenting problem.	Sick visits depend on complexity and doctor/patient relationship (new/established)

EPSDT Special Services

EPSDT provides for medically necessary diagnosis and treatment to members under the age of 21 as the result of an EPSDT health assessment or other encounters with a licensed or certified health care professional, even if the Indiana Medicaid program does not otherwise cover the service. Services not otherwise covered by the Indiana Medicaid Program fall under EPSDT Special Services coverage.

EPSDT diagnosis and treatment services not covered by the Indiana Medicaid program are subject to prior authorization from CareSource based on medical necessity guidelines set forth in the Indiana Medicaid program guidelines.

