# *Network Notification*

**Date:** February 26, 2016
**To:** **Ohio Medicaid and MyCare Ohio Health Partners**
**From:** **CareSource®**
**Subject:** **Update on Billing Guidelines for Healthchek (EPSDT) Claims**

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**Attention health partners: for Healthchek/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) claims submitted on and after April 1, 2016, claims missing the enclosed billing guidelines will be rejected or denied.**

You must use the appropriate preventive medicine Current Procedural Terminology (CPT) codes, diagnosis codes and EPSDT referral indicators indicated below. CareSource requires the referral field indicator (field 24h) be populated on EPSDT claims.

## Electronic Claims

Completion of CRC02, CRC03, and SV111 are required for electronic claims.

### Loop 2300 CRC02 Segment

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 was an EPSDT and no follow-up services were required.

### Loop 2300 CRC03 Segment

Select the condition indicators in Loop 2300 Segment CRC03.

If response to CRC02 is "Y", use one of the following:

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

If response to CRC02 is "N", the only valid value is:

- NU (Not Used)

### Loop 2400 SV111 Segment

Completion of the Loop 2300 SV111 segment is *required for all applicable lines on a claim* only where CPT-4 preventative maintenance services or evaluation and management codes are present  (See "Supporting CPT-4 and Diagnosis Code Information" below for further detail):

- Enter "Y" for all lines where service was related to EPSDT applicable CPT-4 preventative maintenance services or evaluation and management (see below for each list).
- Do not enter a value if the service line is not related to EPSDT.

**NOTE:** A value of "N" is also allowable, and would be treated in the same manner as not entering a value in this field. Leaving this field blank, when not a "Y" value is not needed, is preferred however.

## Paper Claims

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

### Lower, Unshaded Area

Completion of the lower unshaded area of box 24h is *required for all applicable lines on a claim* only where CPT-4 preventative maintenance services or evaluation and management codes are present (See "Supporting CPT-4 and Diagnosis Code Information" below for further detail):

- Enter "Y" for all lines where service was related to EPSDT.
- Do not enter a value if the service line is not related to EPSDT.

**NOTE:** A value of "N" is also allowable, and would be treated in the same manner as not entering a value in this field. Leaving this portion of the box blank, when a "Y" value is not needed, is preferred however.

### Upper, Shaded Area

If "Y" is entered in the lower, unshaded area, add the appropriate condition indicator in the upper shaded area using one of the following:

- AV (Referral was offered, but the individual refused it)
- ST (New services requested)
- S2 (Under treatment)

If "N" is entered in the lower, unshaded area, add the appropriate condition indicator in the upper shaded area must be the following:

- NU (No EPSDT referral was given)

## Supporting CPT-4 and Diagnosis Code Information

The information below includes the list of CPT and/or diagnosis code combinations in which CareSource expects to receive Loop 2300 CRC02 and Loop 2300 CRC03 values for all claims, and Loop 2400 SV111 values for all lines that are related to EPSDT services only.

### CPT-4 Preventative Medicine Service Codes

Claims with the following CPT-4 preventative medicine service codes are considered an EPSDT screening service even if the procedure is billed without an accompanying "V" or "Z" code.

99381     New patient under one year of age

99382     New patient (ages 1 – 4 years)

99383     New patient (ages 5 – 11 years)

99384     New patient (ages 12 – 17 years)

99385     New patient (ages 18 – 20 years)

99391     Established patient under one year of age

99392     Established patient (ages 1 – 4 years)

99393     Established patient (ages 5 – 11 years)

99394     Established patient (ages 12 – 17 years)

| 99395 | Established patient (ages 18 – 20 years) |
| 99460 | Initial care, hospital or birthing center, normal newborn |
| 99461 | Initial care, other than hospital or birthing center, normal newborn |
| 99463 | Initial care, hospital or birthing center, normal newborn (admission/discharge on same date) |

## Claims with CPT-4 Evaluation and Management (E&M) Codes with One or More Accompanying V/Z Codes

Claims containing CPT-4 E&M codes (below) without at least one of the ICD 9 "V" or ICD 10 "Z" codes listed (below) are not considered as EPSDT services.

Claims containing CPT–4 E&M codes (below) with one or more accompanying ICD 9 "V" or ICD 10 "Z" codes (below) are considered EPSDT services.

### *CPT-4 E&M Codes*

| 99202 | New patient, office/outpatient visit |
| 99203 | New patient, office/outpatient visit |
| 99204 | New patient, office/outpatient visit |
| 99205 | New patient, office/outpatient visit |
| 99213 | Established patient, office/outpatient visit |
| 99214 | Established patient, office/outpatient visit |
| 99215 | Established patient, office/outpatient visit |

### *ICD 9 "V" Codes*

**V20, V20.1, V20.2, V20.3, V20.31, V20.32, V70.0, V70.3, V70.4, V70.5, V70.6, V70.7, V70.8, V70.9**

### *ICD 10 "Z" Codes*

| **Z76.2** | (Encounter for health supervision and care of other healthy infant and child) |
| **Z00.121** | (Encounter for routine child health examination with abnormal findings) |
| **Z00.129** | (Encounter for routine child health examination without abnormal findings) |
| **Z00.110** | (Health examination for newborn under 8 days old) and |
| **Z00.111** | (Health examination for newborn 8 to 28 days old) and/or |
| **Z00.00-01** | (Encounter for general adult medical examination without/with abnormal findings) and/or |
| **Z02.0** | (Encounter for examination for admission to educational institution) |
| **Z02.1** | (Encounter or pre-employment examination) |
| **Z02.2** | (Encounter for examination for admission to residential institution) |
| **Z02.3** | (Encounter for examination for recruitment to armed forces) |
| **Z02.4** | (Encounter for examination for driving license) |
| **Z02.5** | (Encounter for examination for participation in sport) |
| **Z02.6** | (Encounter for insurance purposes) |
| **Z02.81** | (Encounter for paternity testing) |
| **Z02.82** | (Encounter for adoption services) |
| **Z02.83** | (Encounter for blood-alcohol and blood-drug test) |

**Z02.89**    (Encounter for other administrative examinations)

**Z00.8**    (Encounter for other general examination)

**Z00.6**    (Encounter for examination for normal comparison and control in clinical research program)

**Z00.5**    (Encounter for examination of potential donor of organ and tissue)

**Z00.70**    (Encounter for examination for period of delayed growth in childhood without abnormal findings)

**Z00.71**    (Encounter for examination for period of delayed growth in childhood with abnormal findings)

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