

Healthy Children and Youth/Early and Periodic Screening, Diagnosis, and Treatment (HCY/EPSTD)

As a reminder, Home State Health will not pay for Medicaid patient claims that do not follow MO Healthnet (MHD) EPSTD requirements outlined in the MHD Physician Manual. Please note there are three types of EPSTD as indicated in the provider manual pages 123-128 – **Full, Partial and Interperiodic services** screenings. Providers should bill according to the components completed at the time of services.

<p>A Full Screen</p> <p>A full HCY/EPSTD screen must include all 10 components to be considered a full screen. MHD requires the use of EP modifier and age-appropriate CPT and routine child examination diagnosis codes for a full EPSTD visit. <i>(please see table 1 for billing and coding guidelines)</i>. Providers can also perform a sport physical during a full screen exam and use diagnosis code Z02.5.</p> <p>Components of a full HCY/EPSTD screen</p> <ul style="list-style-type: none"> • Comprehensive health and developmental history • Comprehensive unclothed physical exam • Appropriate immunizations • Laboratory tests • Lead toxicity screening • Health education and anticipatory guidance • Vision services • Hearing services • Dental services • Other necessary health care 	<p>Partial/HCY Screen</p> <p>A partial physical happens when not all the components of a full EPSTD screen are performed but at least the below components are completed. MHD requires the use of 52 and EP modifiers and age-appropriate routine child examination diagnosis and CPT codes for all partial visits <i>(please see table 2 for billing and coding guidelines)</i>.</p> <p>Components of partial screens</p> <ul style="list-style-type: none"> • Check of growth chart • Examination of skin, head (including otoscopy and ophthalmoscopy), neck, external genitals, extremities, chest, hips, heart, abdomen, feet, and cover test • Appropriate immunizations • Laboratory tests • Lead toxicity screening
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Interperiodic Screens

Medically necessary screens outside the periodicity schedule that do not require the completion of all components of a full screen may be provided as an interperiodic screen or as a partial screen. The interperiodic screen does not eliminate the need for full HCY screening services at established intervals based on the child’s age. Providers who perform interperiodic screens may use the appropriate level of Evaluation/Management visit (CPT) procedure code, the appropriate partial HCY screening procedure code, or the procedure codes appropriate for the professional’s discipline as defined in their provider manual.

The diagnosis that led to the visit must be entered in the primary diagnosis field, and the appropriate screening diagnosis should be entered in the secondary diagnosis field. EP modifiers is not required ***(please see table 3 for billing and coding guidelines)***.

Top Issues to focus based on most common billing errors:

- **EP Modifier:** MHD requires the use of EP Modifier and age-appropriate routine child examination diagnosis codes for only full EPSTD Visits.
- **52 and EP Modifier:** MHD requires the use of the 52 and EP Modifier and age-appropriate routine child examination diagnosis codes for all partial EPSTD Visits.
- **Modifier 59:** Used when only components related to developmental and mental health are screened.
- **Modifier UC:** Used when a referral is made for further care.
- **Modifier 25:** Used on the significant, separately identifiable problem-oriented evaluation and management service when it is provided on (1) the same day as the preventive medicine service and/or (2) with administration of immunization. Please note that modifier 25 is not to be used on preventive codes and needs to be billed using office or outpatient codes (99201-99215), and that these screenings bundle administration of immunizations.

***Documentation must support the use of a modifier 25. See MO HealthNet Provider Manual.**

- **Interperiodic screen:** No modifiers are required when a reduced service is billed meaning the provider didn't complete the five or full components of the EPSDT.
 - Providers should bill diagnosis code for the reason for the encounter as primary and routine check as secondary.
- **CPT and ICD 10 code** – All EPSDT visits need to have an age-appropriate Routine examination CPT code and ICD 10 code based on the members age at time of examination.
- **ICD – 10 codes on the service line primary position** - The age-appropriate routine child examination diagnosis must be the primary diagnosis on that **service line** containing the routine examination CPT code.
- **RHC billing:** MHD requires RHC facilities to bill CPT codes T1015 and age-appropriate routine examination CPT codes.
 - RHC provider documentation should always match the age-appropriate routine examination CPT code billed.

Providers should follow the below billing reference guides when submitting claims for EPSDT. Documentation should match the services rendered at the time of service to allow proper coding and billing.

If all components of a full screen are met, providers should bill as below:

Table 1: Quick Coding and billing reference guide for a full HCY/EPSDT Screen

Determine the Age of Patient (at time of service)	Routine Examination CPT code (New Patient)	Routine Examination CPT code (Established Patient)	Routine Examination ICD-10 CM Diagnosis codes	Routine Examination ICD-10 CM Diagnosis codes
0 – 8 days	99381 EP	99391 EP	Z00.110	Z00.110 - Newborn under 8 days old
9 - 28 days	99381 EP	99391 EP	Z00.111	Z00.111 - Newborn 8 to 28 days old
29 – 364 days	99381 EP	99391 EP	Z00.121 / Z00.129	Z00.121 - Routine child health exam with abnormal findings.
1-4 years	99382 EP	99392 EP	Z00.121 / Z00.129	
5-11 years	99383 EP	99393 EP	Z00.121 / Z00.129	Z00.129 - Routine child health exam without abnormal findings.
12-17 years	99384 EP	99394 EP	Z00.121 / Z00.129	
18-20 years	99385 EP	99395 EP	Z00.121 / Z00.129 Z00.00 / Z00.01	Z00.00 - Routine adult without abnormal findings Z00.01 - Routine adult with abnormal findings

If only the partial components are met, the providers should bill as below:

Table 2: Quick Coding and billing reference guide for Partial/HCY Screen

Determine the Age of Patient (at time of service)	Routine Examination CPT code (New Patient)	Routine Examination CPT code (Established Patient)	Routine Examination ICD-10 CM Diagnosis codes	ICD-10 CM Diagnosis codes
0 – 8 days	99381 52 EP	99391 52 EP	Z00.110	If the partial HCY screen was performed for annual screening use the age-appropriate routine examination dx code or the chief complaint for the encounter.
9 - 28 days	99381 52 EP	99391 52 EP	Z00.111	
29 – 364 days	99381 52 EP	99391 52 EP	Z00.121 / Z00.129	
1-4 years	99382 52 EP	99392 52 EP	Z00.121 / Z00.129	
5-11 years	99383 52 EP	99393 52 EP	Z00.121 / Z00.129	
12-17 years	99384 52 EP	99394 52 EP	Z00.121 / Z00.129	The following 7 diagnosis codes should not be billed on the claim form Z006, Z008, Z021, Z023, Z024, Z0281 & Z0283.
18-20 years	99385 52 EP	99395 52 EP	Z00.121 / Z00.129 Z00.00 / Z00.01	The State of MO prohibits the above dx as the reason for the encounter and should not be used as an additional dx.

For medical necessity screening outside of periodicity screen providers should bill as below:

Table 3: Quick Coding and billing reference guide for an interperiodic screen

Determine the Age of Patient (at time of service)	Routine Examination CPT code (New Patient)	Routine Examination CPT code (Established Patient)	Routine Examination ICD-10 CM Diagnosis codes	ICD-10 CM Diagnosis codes
0 – 8 days	99381	99391	Providers should use the ICD-10 code for the symptoms, condition or diagnosis that led to the medical necessity of the screening.	<p>The diagnosis code for the reason for the visit must be entered as the primary.</p> <p>Providers can perform a sport physical during this time and submit dx code Z02.5.</p> <p>The following 7 diagnosis codes should not be billed on a claim form Z006, Z008, Z021, Z023, Z024, Z0281 & Z0283.</p> <p>The State of MO prohibits the above dx as the reason for the encounter and should not be used as an additional dx.</p>
9 - 28 days	99381	99391		
29 – 364 days	99381	99391		
1-4 years	99382	99392		
5-11 years	99383	99393		
12-17 years	99384	99394		
18-20 years	99385	99395		

HELPFUL HINTS *Always refer to the MO HealthNet provider manuals for guidance.

- It is recommended that a blood lead test occur before the age of 2.
- Home State Health will reimburse providers for a sick visit and EPSDT for the same date of service. See modifier 25. Documentation must support that the sick visit was significant and separately identifiable.

Annual wellness exam diagnosis code tips: see chart below.

<p>Z00.121 “Encounter for routine child health examination with abnormal findings” may include, but is not limited to</p> <ul style="list-style-type: none"> • an acute injury • an acute illness • an incidental or trivial finding that is diagnosed in the patient’s chart • an abnormal screen • an abnormal exam finding • a newly diagnosed chronic condition • a chronic condition that had to be addressed (excluding medication refill) due to an exacerbation • a chronic condition being uncontrolled • new issues arising related to the chronic condition 	<p>Z00.129 “Routine child health exam without abnormal findings” can be billed with chronic conditions even if they are stable.</p> <ul style="list-style-type: none"> • If the stable or improving chronic condition had to be addressed for medication refill or routine follow-up, you may report the chronic condition in addition to the well child exam “with normal findings.” • Verify the condition, any medications, DME, injections/infusions, managed by specialist. • Rule out any suspected conditions or address them.
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1. SECTION 9 HEALTHY CHILDREN AND YOUTH PROGRAM (October 2022)
https://manuals.momed.com/collections/collection_phy/print.pdf
2. American Academy of Pediatrics' standard for pediatric preventive health care
<https://www.aap.org/en/practice-management/bright-futures>
3. 2023 ICD-10-CM Expert for physicians -The complete official code set, 2023 Optum