

Healthy Children and Youth/Early and Periodic Screening, Diagnosis, and Treatment (HCY/EPSDT) Quick Reference Billing and Coding Guide



Updated to reflect American Academy of Pediatrics, CMS, and State Guidance

Thank you for providing quality healthcare to our members. As you know, quality of care is measured through the Healthy Children and Youth/Early and Periodic Screening, Diagnosis, and Treatment (HCY/EPSDT) and Healthcare Effectiveness Data and Information Set (HEDIS). To support your practice and help you increase your HCY/EPSDT participation and screening rates, we created this quick reference billing and coding guide.

This guide describes key HCY/EPSDT exam components and provides guidance on how to bill appropriately.

Please always follow the State and CMS billing guidance and ensure the EPSDT codes are covered prior to submission.

HCY/EPSDT Billing Codes [1][2][3]

| AGE | CPT Code: New Patient | AGE | CPT Code: Established Patient | Modifiers As Applicable | ICD-10-CM Diagnosis Codes |
|-------------------------------|--------------------------|-------------------------------|----------------------------------|--|--|
| Preventive visit, <1 year | 99381 | Preventive visit, <1 year | 99391 | <p>Modifier EP: Used with procedure codes 99381-99385 and 99391-99395 when a Full or Partial screening is performed.</p> <p>Modifier 52: Used with modifier EP when all components have not been met, but at least the first 5 or more components were completed according to the HCY/EPSDT requirements.</p> <p>Modifier 59: Used when only components related to developmental and mental health are screened.</p> | <p>Z00.110 Newborn under 8 days old</p> <p>Z00.111 Newborns 8 to 28 days old or</p> <p>Z00.121 Routine child health exam with abnormal findings</p> <p>Z00.129 Routine child health exam without abnormal findings</p> |
| Preventive visit, 1-4 | 99382 | Preventive visit, 1-4 | 99392 | <p>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 immunizations. 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.</p> <p>Modifier UC: Used when a referral is made for further care.</p> | <p>Z00.121</p> <p>Z00.129</p> |
| Preventive visit, 5-11 | 99383 | Preventive visit, 5-11 | 99393 | | <p>Z00.121</p> <p>Z00.129</p> |
| Preventive visit, 12-17 | 99384 | Preventive visit, 12-17 | 99394 | | <p>Z00.121</p> <p>Z00.129</p> |
| Preventive visit, 18 or older | 99385 | Preventive visit, 18 or older | 99395 | | <p>Age 18-20 years:</p> <p>Z00.121</p> <p>Z00.129</p> |
| | | | | | <p>Age 21 years and older:</p> <p>Z00.00 General adult medical exam without abnormal findings</p> <p>Z00.01 General adult medical exam with abnormal findings</p> |



*Independent Rural Health Clinics (RHC) will bill HCPCS T1015-EP along with the appropriate CPT procedure code(s) and modifier(s) as applicable. As of 1/31/2019, all RHC must bill the charge amount of \$0.01 on the E/M service line when billing T1015 charges, i.e. 993xx(preventive E/M codes) charge \$0.01 on the service line and T1015 charge \$110.

When an Annual Wellness Visit is performed the Z00 code series listed in the above grid should always be entered in the primary diagnosis position (Z02 codes, indicating sports, school physicals, or other should be entered in the second diagnosis position or beyond).

If the first 5 or more components of an HCY/EPSDT screen are completed, you may bill using the age appropriate CPT code, EP modifier (along with modifier 52 to identify a partial screen was performed), and appropriate ICD-10 code to count toward your Participation Rate. **Please see the HCY/EPSDT Billing Codes Table.**

Components of a HCY/EPSTD Exam [1]:

A full screen must be performed by the appropriate practitioner type and include all 10 components below. If all components are not included, but at least the first 5 or more components were, a provider must bill for a partial screen only. A partial screen will still count towards the EPSTD participation rate.

- Interval History
- Unclothed Physical Examination
- Anticipatory Guidance
- Lab/Immunizations (Lab and administration of immunizations are reimbursed separately)
- Lead Risk Assessment (HCY Lead Risk Assessment Form required)
- Development Personal-Social and Language
- Fine Motor/Gross Motor Skills
- Hearing
- Vision
- Oral Health (A full HCY/EPSTD screen includes an oral examination which is not a full dental exam. Children should be referred to a dental provider when medically indicated and according to the periodicity schedule.)

Please refer to your state specific Periodicity Schedule.

Qualified Providers [1] Physicians
Nurse Practitioners
Nurse Midwives*

*Nurse midwife may only perform an EPSTD screening on infants 0-2 months and females age 15-20 years.

HELPFUL HINTS *Always refer to the MO HealthNet provider manuals for guidance [1][2].

- 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 EPSTD 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 (child): *see chart below*

Please note: This document contains general screening, guidelines, and topics to assist with examination and documentation of well-child exams. For more detailed information please refer to the MO HealthNet provider manuals.

Works Cited:

1. SECTION 8 HEALTHY CHILDREN AND YOUTH PROGRAM. (2013, May). Retrieved July, 2016, from <https://dss.mo.gov/mhd/providers/education/pro/pro08.pdf>

2. Coding for Pediatric Preventive Care 2016. (2016). Retrieved April 26, 2016, from https://www.aap.org/en-us/Documents/coding_factsheet_brightfuturespreventivemedicine.pdf

3. 2016-ICD-10-CM-and-GEMs. (n.d.). Retrieved April 26, 2016, from <https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html>

Z00.121 "Routine child health **exam with abnormal findings**" may include, but is not limited to

- 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

Z00.129 "Routine child health exam **without abnormal findings**" can be billed with chronic conditions even if they are stable.

- 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.

For additional questions please call the MO HealthNet Provider Communications Help Line at: 573-751-2896.