Healthy Children and Youth/Early and Periodic Screening, Diagnosis, and Treatment (HCY/EPSDT) Preventive Visit Examples

These clinical examples are intended to help bill and code for the most common Well Child Visits under HCY/EPSDT.

A. FULL EPSDT Screening

When 10 Components of a HCY/EPSDT exam are performed.

Example 1:

A 5 year old girl comes in for an annual WCC and is an established patient of the practice. She was previously diagnosed with asthma and has not had any exacerbations for several years. The provider continues to keep her medication up-to-date and performs a Full EPSDT Screening/Complete Well Child Visit.

DX's
A. Z00.129 (Routine child health exam without abnormal findings)
B. J45.909 (Asthma NOS)

CPT	Modifier	Diagnosis Codes
99393	EP	A B

Note: Chronic conditions can be coded if they were addressed. In this example, medication was refilled for asthma.

Example 2:

A 2 year old boy comes in for an annual WCC and is new to the practice. The doctor performs a Full EPSDT Screening/Complete Well Child Visit, notices a runny nose, sneezing and sore throat, and diagnoses the patient with URI. Counseling was provided to encourage more fluid intake and recommends a humidifier for the child's bedroom. The provider did not perform any additional work other than the requirements of a Well Child Visit.

DX's
A. Z00.121 (Routine child health exam with abnormal findings)
B. J06.9 (Upper Respiratory Infection, NOS)

CPT	Modifier	Diagnosis Codes
99382	EP	A B

Note: Modifier EP represents that a FULL screening has been performed meeting all 10 components for an EPSDT/HCY visit.

Example 3:

A 15 year old boy comes in for an athletic physical and is an established patient. He has not had his annual well child visit for the calendar year. The provider decides to do a full annual well child check-up along with the examination for sports.

DX's
A. Z00.129 (Routine child health exam without abnormal findings)
B. Z02.5 (Examination for participation in Sports)

CPT	Modifier	Diagnosis Codes
99394	EP	A B

Note: Modifier EP is used since the Interperiodic Screen turned into an annual well child visit.

B. Partial EPSDT Screening

When a minimum of the first 5 Components of a HCY/EPSDT exam are performed.

Example 4:

A 5 year old girl comes in for an annual WCC and is an established patient of the practice. For different reasons the visit concluded abruptly and was rescheduled for another day. The provider, however, was able to perform the first 5 components required of a Partial EPSDT Screening/Complete Well Child Visit.

DX's
A. Z00.129 (Routine child health exam without abnormal findings)

CPT	Modifier(s)	Diagnosis Codes
99393	52;EP	A

Note: If the provider did not complete the 10 components required for an EPSDT/HCY, then modifier 52 goes in the first position followed by Modifier EP.

***Independent Rural Health Clinics will bill HCPCS T1015 along with the appropriate CPT code(s) and modifier(s) as applicable.**

C. Full or Partial Screening with Sick visit

When medically necessary, a provider can bill a Preventive visit with a sick CPT code on the same day and on the same claim.

Example 5:
A 4 year old child comes in for a follow-up visit for asthma and is still wheezing. The provider sends the child for an X-ray and administers a nebulizer treatment. The provider also notes that the patient has not had a well visit since age two. The provider performed significant additional work to necessitate a sick visit along with the requirements of a Well Child Visit.

DX's
A. Z00.129 (Routine child health exam without abnormal findings)
B. J45.909 (Asthma)

CPT	Modifier	Diagnosis Codes
1. 99393	EP	A
2. 99213	25	B

Note: [1] Home State Health is not telling the provider which E/M sick code to use. The E/M codes are based on the level of complexity, the examination and medical decision making involved. [2] The order of the procedure codes do not matter. Make sure to assign the screening code to the preventive code (as shown in line 1). The disease code(s) or condition(s) is assigned the sick visit code (as shown in line 2).

D. Interperiodic Screens

Interperiodic screens do not follow the HCY/EPSDT periodicity schedule and do not require the completion of all 10 components for a full screen. They can be billed regardless if the patient has had a Well child visit within the same calendar year.

Example 6:
A 15 year old boy comes in for an athletic physical in order to be approved to play football on his school's team. The child is an established patient of the practice and has previously had his annual well child visit for that calendar year.

DX's
A. Z00.129 (Routine child health exam without abnormal findings)
B. Z02.5 (Examination for participation in Sports)

CPT	Modifier	Diagnosis Codes
99394		A B

Note: ***Modifier EP is not used in Interperiodic Screens***

Example 7:
A mother brings her 5 year old child to the office for a medical screening necessary to enter kindergarten. The patient has previously had their annual well child visit for the calendar year. In the examination it is noted that the child has pain, redness and swelling on the arm. A skin test and allergy blood test are ordered which determine that the child had an allergic reaction to a bee sting. The provider can bill a sick code (99201-99215) to cover the examination and the significant additional work necessary to diagnose the allergic reaction. The provider can also bill a preventive code to cover the interperiodic screen needed for the School system.

DX's
A. Z00.121 (Routine child health exam with abnormal findings)
B. Z02.0 (Examination for admission to educational institute)
C. T63.441A (Toxic effect of venom bees, accidental)

CPT	Modifier	Diagnosis Codes
1. 99383		A B
2. 99213	25	C

Note: ***Modifier EP is not used in Interperiodic Screens***
Note: [1] Home State Health is not telling the provider which E/M sick code to use. The E/M codes are based on the level of complexity, the examination and medical decision making involved. [2] The order of the procedure codes do not matter. Make sure to assign the screening code to the interperiodic screen (as shown in line 1). The disease code(s) or condition(s) are assigned to the sick visit code (as shown in line 2).

*Independent Rural Health Clinics will bill HCPCS T1015 along with the appropriate CPT code(s) and modifier(s) as applicable.