IMPORTANT REMINDERS REGARDING EPSDT VISITS and
RURAL HEALTH CLINIC BILLING…

EPSDT Reminder

- Preventive visits related to **EPSDT for 18 – 20 years of age**, new patient (99385) or established patient (99395), be sure to code:
  → Append the EP modifier to the E/M preventive code
  → Per MHD, they only accept the ICD 10 diagnosis encounter codes **Z00.121 and Z00.129**
    → Must be **listed as primary diagnosis, first listed code**
  → Should code additional diagnoses if addressed and documented during the visit

- Preventive visits for 21 years and older, new patient (99385) or established patient (99395), use the following ICD 10 diagnosis codes:
  → **Z00.00 or Z00.01**
    → Must be listed as primary diagnosis, first listed code
  → Should code additional diagnoses if addressed and documented during the visit

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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

home state health·

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	**Modifier EP:** Used with procedure codes 99381-99385 and 99391-99395 when a Full or Partial screening is performed. **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. **Modifier 59:** Used when only components related to developmental and mental health are screened. **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. **Modifier UC:** Used when a referral is made for further care.	Z00.110 Newborn under 8 days old Z00.111 Newborns 8 to 28 days old or Z00.121 Routine child health exam with abnormal findings Z00.129 Routine child health exam without abnormal findings
Preventive visit, 1-4	99382	Preventive visit, 1-4	99392		Z00.121 Z00.129
Preventive visit, 5-11	99383	Preventive visit, 5-11	99393		Z00.121 Z00.129
Preventive visit, 12-17	99384	Preventive visit, 12-17	99394		Z00.121 Z00.129
Preventive visit, 18 or older	99385	Preventive vis-it, 18 or older	99395		Age 18-20 years: Z00.121 Z00.129 Age 21 years and older: Z00.00 General adult medical exam without abnormal findings Z00.01 General adult medical exam with abnormal findings

MHD Emphasizes

*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.**

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An important
message from
Provider Relations

Rural Health Clinic (RHC) Reminder

- RHC provider should bill a charge amount of one cent ($0.01) on the E/M preventive service lines **when billing the T1015 code**

- **Allows Home State Health to submit the claims via the Encounter process to MHD**

- *Example:* A 3 year old is seen for an established preventive visit in a rural health clinic. The provider addresses and documents all components of the EPSDT screening and exam.
  → 99392 entered with a $0.01 charge
  → T1015 entered with the appropriate charge
  → Code ICD 10 diagnosis encounter codes Z00.121 or Z00.129 as applicable
    → Must be listed as primary diagnosis, first listed code
  → Should code additional diagnoses if addressed and documented during the visit

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Questions? Please contact Home State Health

HSH Provider Services 1-855-694-HOME (4663)

Risk Adjustment Questions - RA@homestatehealth.com

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