



Early and Periodic Screening, Diagnostic, and Treatment Provider Toolkit



The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive health program for individuals under the age of 21.

EPSDT was defined by law as part of the *Omnibus Budget Reconciliation Act of 1989* and requires states to cover all services within the scope of the federal Medicaid program. The intent of the EPSDT program is to focus on early prevention and treatment. Requirements include periodic screening, vision, dental, and hearing services.

What is EPSDT?

Early and **P**eriodic **S**creening, **D**iagnosis, and **T**reatment

Services include:

- Screening.
- Diagnosis and treatment.
- Transportation and scheduling assistance.

Screening must include:

- Comprehensive health and developmental history (inclusive of both physical and mental health).
- Comprehensive unclothed physical exam.
- Appropriate immunizations.
- Laboratory tests.
- Lead toxicity screening.
- Health education, including anticipatory guidance.
- Vision services.
- Dental services.
- Hearing services.
- Developmental and behavioral screenings.
- Other necessary healthcare — diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services.

Schedules used to determine when services are due:

- Bright Futures/American Academy of Pediatrics *Recommendations for Preventive Pediatric Health Care*.
- The CDC and Prevention Advisory Committee on *Immunization Practices Immunization Recommendations Schedule*.

Our EPSDT program from Empire BlueCross BlueShield HealthPlus (Empire) supports the individual state plans by:

- Providing a repository to house EPSDT data.
- Mailing annual preventive care recommendations to members.
- Mailing reminders to members to schedule appointments.

Our EPSDT program includes additional member outreach activities and case management, as well as a provider preservice report.

If you have questions, contact your local Provider Relationship Management representative at **800-450-8753**.



EPSDT Quick Reference Guide

Children and adolescent preventive guidelines

	Birth	3 to 5 days	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years	5 years	6 years	7 to 21 years
History	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Height or length/weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Head circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					Yearly
Body mass index (percentile if < 16 years)											✓	✓	✓	✓	✓	✓	Yearly
Blood pressure ¹	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Nutrition assessment/counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Physical activity assessment/counseling ²													✓	✓	✓	✓	Yearly
Vision exam	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Hearing exam	✓	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	Yearly
Developmental assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Autism screening										✓	✓						
Psychological/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Alcohol/drug use assessment																	Yearly
Physical exam (unclothed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Oral/dental assessment	*	*	*	*	*	✓	✓	✓	*	✓	✓	✓	✓	✓	✓	✓	Yearly
Dental referral ³													✓			✓	Refer
Immunization assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Hematocrit or hemoglobin					*			✓		*	*	*	*	*	*	*	Yearly
Lead screening ⁴						*	*	✓		*	✓		*	*	*	*	
Tuberculin test if at risk			*			*		*		*	*		*	*			*
Dyslipidemia screening ⁵											*			*			9-11 & 18-21
STI screening ⁶																	11-21*
Cervical dysplasia screening																	21
Anticipatory guidance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Counseling/referral for identified problems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly

Notes:

- All well visits should include, at a minimum, an unclothed physical exam, developmental assessment, anticipatory guidance and age-appropriate screenings, and immunizations, as indicated.
- Health education should include counseling for issues and risk factors, as well as informing patients about the benefits of a healthy lifestyle, safety practices/accident avoidance, and disease prevention.
- Screenings are as recommended by the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD). An initial screening may be done at any time, even if the patient's age does not correspond with the periodicity schedule.
- If you are not receiving the monthly listing containing your paneled members who have upcoming EPSDT services due, contact us at the address below:
Empire BlueCross BlueShield HealthPlus
Provider Services
1 Penn Plaza, 35th Floor, New York, New York 10119

Use this chart to be sure your practice is following the appropriate age specific guidelines.

Recommended Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Periodicity Schedule

A visit should be scheduled for all new Empire members within 60 days. Subsequent visits should be scheduled based on the recommended guidelines:

- 3 to 5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years
- 5 years
- 6 years
- 3-21 years, annually

Any member who has not had the recommended services should be brought up to date as soon as possible.

Helpful hints:

- Use the listing of members due or overdue for EPSDT services provided to you by Empire and contact the member for an appointment.
- Maximize every visit by making sure the child is current on EPSDT services.
- Be sure your office uses the correct coding.

For complete information, see the *AAP Periodicity Schedule* at <https://bit.ly/3WO05rg> and the *AAPD Guidelines* at <https://bit.ly/3FXxXfV>.

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- Children with specific risk factors should have their blood pressure taken at visits before age 3.
- HEDIS® measure added to chart.
- Referrals for dental care should be given for any problem identified or if there is no dental home. AAPD recommends a dental exam every six months after tooth eruption.
- Lead verbal Risk Assessment: providers must perform a verbal risk assessment for lead toxicity at every periodic visit to children at least six months and less than 72 months.
- Dyslipidemia screening is recommended once between 9 to 11 years old and between 18 to 21 years old.
- STI screenings should be conducted on all sexually active females 11 to 21 years of age.

* Conduct a risk assessment. If high-risk conditions exist, perform screening.

EPSDT Quick Reference Guide (cont.)

Recommended childhood immunizations

	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	23 months	2 to 3 years	4 to 6 years
Hepatitis B (Hep B)	Hep B	Hep B			Hep B						
Rotavirus		RV	RV	RV							
Diphtheria, tetanus, pertussis			DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus influenzae type b (Hib)			Hib	Hib	Hib	Hib					
Pneumococcal			PCV	PCV	PCV	PCV					PPSV
Inactivated poliovirus			IPV	IPV	IPV						IPV
Influenza					Influenza yearly						
Measles, mumps, rubella						MMR					MMR
Varicella						Varicella					Varicella
Hepatitis A						Hep A, 2 dose series				Hep A series	
Meningococcal										MCV	

Recommended adolescent immunizations

	7 to 10 years	11 to 12 years	13 to 18 years
Tetanus, diphtheria, pertussis		Tdap	Tdap
Human papillomavirus		HPV (3 doses)	HPV series
Meningococcal		MCV	MCV
Influenza	Influenza yearly		
Pneumococcal	PPSV		
Hepatitis A	Hep A series		
Hepatitis B	Hep B series		
Inactivated poliovirus	IPV series		
Measles, mumps, rubella	MMR series		
Varicella	Varicella series		

Key:

- Range of recommended ages for all children except certain high-risk groups
- Range of recommended ages for certain high-risk groups
- Range of recommended ages for catch-up immunization

For complete information, see:

- The Advisory Committee on Immunization Practices (<https://www.cdc.gov/vaccines/acip/index.html>)
- The AAP (www.aap.org)
- The American Academy of Family Physicians (www.aafp.org) — Department of Health and Human Services | Centers for Disease Control and Prevention

EPSDT billing codes

Visit CPT® and ICD-10-CM codes:

Age	New patient	Established patient	ICD-10-CM codes
Preventive visit, age < 1 year	99381	99391	Z00.110 — Health examination for newborn under 8 days old Z00.111 — Health examination for newborn 8 to 28 days old Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
Preventive visit, age 1 to 4	99382	99392	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
Preventive visit, age 5 to 11	99383	99393	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
Preventive visit, age 12 to 17	99384	99394	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings
Preventive visit, age 18 to 20	99385	99395	Z00.00 — Encounter for general adult medical examination without abnormal findings Z00.01 — Encounter for general adult medical examination with abnormal findings
Use if abnormality/ies is encountered or a pre-existing problem is addressed during the EPSDT visit*	99202-99205	99211-99215	
Newborn codes	99460	Initial E/M normal newborn in the hospital or birthing center	Z00.110 — Health examination for newborn under 8 days old
	99461	Initial E/M normal newborn in other than a hospital or birthing center	Z00.110 — Health examination for newborn under 8 days old
	99463	Initial E/M normal newborn admitted and discharged on the same day	Z00.110 — Health examination for newborn under 8 days old

* Modifier 25 should be appended to the evaluation and management (E&M) visit, 99202-99215, when reported in conjunction with the preventive visit, 99381-99395, on the same day.

EPSDT billing codes (cont.)

Vaccine administration CPT codes:

CPT code	Description
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified healthcare professional; first or only component of each vaccine or toxoid administered
+90461 (add-on code)	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified healthcare professional; Each additional vaccine/toxoid component administered
90471	Immunization administration (percutaneous, intradermal, subcutaneous, or intramuscular); one vaccine (single or combination vaccine/toxoid)
+90472 (add-on code)	Immunization administration (percutaneous, intradermal, subcutaneous, or intramuscular); each additional vaccine (single or combination vaccine/toxoid)
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
+90474 (add-on code)	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid)

Other CPT and ICD-10-CM codes:

Description	CPT codes	ICD-10-CM codes
Interperiodic vision	99173-99174	Z01.00 or Z01.01 or appropriate abnormal result code
Interperiodic hearing	92551, 92552, 92583, 92587, 92568, or 92567	Z01.10 or Z01.110, or Z01.118
Developmental screening at the following visits: 9, 18, and 30 month	96110	
Brief emotional/behavioral assessments	96127	
Tuberculin (TB) skin test	86580	Z11.1
Lead screening	83655	Z13.88

Modifiers:

Modifier	Description
-EP	Service provided as part of Medicaid EPSDT program
-25	Significant, separately identifiable evaluation and management service by the same physician or other qualified healthcare professional on the same day of the procedure or other service
-59	Distinct procedural service



EPSDT billing codes (cont.)

The preventive medicine code when billed on the same date as the immunization administration will be denied unless the 25 modifier is appended to the preventive medicine procedure code.

For more information, contact your Provider Relationship Management representative or call Provider Services at **800-450-8753**.

Payment will be made for medically necessary diagnostic or treatment needed to correct or ameliorate illnesses or conditions discovered through screening, whether or not such diagnostic or treatment services are covered under the plan.

Note: Any medically necessary noncovered service will need to be preauthorized.

Paper claims must be submitted to:

Empire BlueCross BlueShield HealthPlus
New York Claims
P.O. Box 61010
Virginia Beach, VA 23466-1010

Web submissions:

Only participating providers have the option to use *HIPAA*-compliant web claim submission capabilities by registering at **Availity.com**. For any questions, please contact Availity Client Services at **800-AVAILITY (800-282-4548)**.



If you have
any questions,
contact Availity
Essentials* Client
Services at
800-AVAILITY
(800-282-4548).

Caring for a diverse patient population

Health equity means everyone has a fair and just opportunity to be as healthy as possible, and barriers to doing so must be removed.¹ It's important for care providers to consider health equity in patient interactions and recognize barriers may exist on the part of the patient, the care provider and office staff, and the healthcare system that may impact access, utilization, and quality of care.

Health disparities disadvantage children in unique ways, hindering their ability to reach their full potential and often leading to continued problems in adulthood. Children who are especially impacted by injustices include those living in poverty, from racial minority groups, affected by drug and alcohol use, living with violence, and uninsured or without access to healthcare. Unfortunately, these factors often occur together. Those who experience multiple injustices are more likely to have their rights ignored and needs unmet.²

A number of additional factors can be influential. Insurance type can impact care utilization, as well as geographic location. Those in rural locations may encounter more challenges accessing care, and care resources may be more limited. As a result, they may be less likely to attend well-child visits. Additionally, as rural care resources decline, doctors in urban locations may see more patients from rural areas. It's important to recognize the impact patients' rural location may have on their ability to adhere to follow up recommendations.

The ability of care providers and office staff to offer culturally and linguistically appropriate engagement with patients and families is important component to health equity. **Bright Futures 4th Edition** provides information about the importance of addressing social drivers and health disparities in well-child visits, and the promotion of health equity is woven throughout the Guidelines and other Bright Futures tools and resources.³

This edition of Bright Futures places special emphasis on three areas of vital importance to caring for children and families:⁴

- SDOH
- Children and youth with special healthcare needs
- Cultural competence



Visit **www.mydiversepatients.com** for additional resources to support the needs of your diverse patients.

References:

- 1 Robert Wood Johnson Foundation. Retrieved from <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>
- 2, 3 Association of Maternal & Child Health Programs. (2019, June). Opportunities From Bright Futures' Guidelines and Tools. Bright Futures. Retrieved from <https://amchp.org/how-well-child-visits-can-advance-health-equity/>
- 4 Bright Futures. (2021). Bright Futures Guidelines 4th Edition. American Academy of Pediatrics. Retrieved from <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

Preventive Care Resources

Prevention:

- U.S. Department of Health and Human Services
<https://healthfinder.gov/healthtopics>
- Adolescent development
<https://medlineplus.gov/ency/article/002003.htm>
- *Modified Checklist for Autism in Toddlers* autism screening tool
<https://mchatscreen.com/>
- *Ages and Stages Questionnaires*
(A fee may be associated.)
<https://www.healthychildren.org>
- American Academy of Pediatrics — assessments, patient education, forms and other information
<https://www.aap.org>
- Centers for Disease Control and Prevention (CDC) growth and BMI charts
https://www.cdc.gov/growthcharts/clinical_charts.htm
- National Domestic Violence Hotline
<https://www.thehotline.org>
800-799-SAFE (7233)
- Medicaid Early and Periodic Screening, Diagnostic and Treatment program
<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>
- Health Resources and Service Administration — maternal and child health
mchb.hrsa.gov/epsdt
- March of Dimes
<https://www.marchofdimes.org>
- American Academy of Family Physicians
<https://www.aafp.org>
- U.S. Departments of Health and Human Services and Education: Birth to 5: Watch Me Thrive Resources
<https://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive/resources>
- American Academy of Pediatric Dentistry (AAPD): State Dental Periodicity Schedules
<https://www.aapd.org/research/policy-center/state-dental-periodicity-schedules/>
- My Diverse Patients
<http://www.mydiversepatients.com/>

Immunizations:

- CDC — Immunization schedules
<https://cdc.gov/vaccines/schedules/index.html>
- CDC — National Immunization Program
<https://www.cdc.gov/vaccines>
- Immunization Action Coalition
<http://www.immunize.org/>
- Institute for Vaccine Safety
<http://www.vaccinesafety.edu/>



Note: This document contains general screening, guidelines, and topics to assist with examination and documentation of well child exams. For more detailed information, risk assessments, forms, and information contained therein, go to the following:

- American Academy of Pediatrics — <https://www.aap.org>
- Bright Futures — <https://brightfutures.aap.org/>
- The Advisory Committee on Immunization Practices — <https://www.cdc.gov/vaccines/acip>
- The American Academy of Family Physicians — <https://www.aafp.org>

Learn more about Empire programs

<https://providerpublic.empireblue.com>



* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

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