GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director

Transmittal No.: **14-29**

TO: District of Columbia EPSDT/ HealthCheck Providers

FROM: Claudia Schlosberg
Acting Senior Deputy Medicaid Director

DATE: OCT 2 2014

SUBJECT: EPSDT Well-Child Visits: New Billing Requirements and Rate Changes

The purpose of this transmittal is to notify EPSDT/HealthCheck providers about new rates and billing requirements for well-child visits, and changes to the EPSDT Billing Manual and DC HealthCheck Periodicity Schedule.

All Medicaid-eligible children should receive the comprehensive child health benefit for individuals under the age of 21 known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In the District, EPSDT is often referred to as "HealthCheck." The Department of Health Care Finance (DHCF) is the District agency responsible for administering the Medicaid program, including the EPSDT/ HealthCheck benefit. A core component of the EPSDT Benefit requires periodic well-child visits, which should be done in accordance with the attached DC HealthCheck Periodicity Schedule (available at http://dchealthcheck.net/resources/healthcheck/periodicity.html). DHCF has made changes to how the core well child visit and each of the interventions the child received at that visit should be billed.

On October 1, 2014 the new billing requirements with a rate adjustment for fee-for-service pediatric primary care providers will go into effect. The new billing requirements will go into effect on January 1, 2015 for pediatric providers paneled with any of the DC Medicaid Managed Care Organizations. Effective and efficient adherence to the new requirements will allow us to better determine the care that children in our program are receiving and will result in increased revenue to those providers who are delivering all of the required components of care.

Changes to Well-Child Visit Reimbursement Rates and New Billing Requirements

DHCF has implemented new billing requirements for pediatric primary care providers in order to improve the documentation and tracking of what occurs during a well-child visit. For a well-child visit, providers should use the age-specific preventive medicine visit Current Procedural Terminology (CPT) codes (listed in Table 1) as the primary code for a well-child visit. In addition to the preventive medicine visit code, providers should bill for every component with an associated CPT code (Table 2) that is performed during that visit visit codes (Table 1) have been decreased slightly and the reimbursement rates associated with the screenings (Table 2) have been increased slightly.

If a provider bills using the preventive medicine visit code (Table 1) alone it will result in a slightly lower payment. Providers should NOT bill for a well-child visit using evaluation and management codes (99201-99215) with the associated ICD-9 V codes (V20-20.2, V70.0, V70.3-70.9); doing so will result in a slightly lower payment. Providers should bill for a well-child visit using the CPT codes for the preventive medicine visit code (Table 1) and the screenings (Table 2), which will result in a slightly higher payment. For more detailed instructions please refer to the "DC EPSDT Well-Child Visit Billing Reference Guide," attached to this transmittal.

Table 1: Well-Child/Preventive Visit CPT Codes

Patient's Age	CPT Code	Dx Code
< 1 year	99381/91 new/established	V20.31-2, V20.2
1 – 4 years	99382/92	V20.2
5 – 11 years	99383/93	V20.2
12 – 17 years	99384/94	V20.2
18 – 21 years	99385/95	V70.0

Table 2: Screening CPT Codes

Component	CPT Code
Oral Health Assessment	D0191
Fluoride Varnish (for children under 3)	D1206
Vision Screening	99173, 99174
Hearing Screening	92551, 92587
Behavioral or Developmental Assessment	96110
Immunizations	90460, 90461, 90471, 90472, 90473, 90474

Again, the changes to the reimbursement rates are effective October 1, 2014. (Please see the DC Medicaid web portal at www.dc-medicaid.com/feeschedules for the most current rates). Training for pediatric primary care providers will be conducted throughout the months of October and November 2014. Specific dates for the trainings will be posted on the DC Medicaid web portal at www.dc-medicaid.com.

The DC HealthCheck Periodicity Schedule outlines what a well-child visit should consist of according to the child's age and risk factors. The DC Periodicity Schedule has been slightly modified to include the CPT codes that pediatric primary care providers should use when billing for a well-child visit. The modified periodicity schedule is enclosed in this transmittal and is effective immediately. The EPSDT Billing Manual and DC HealthCheck Periodicity Schedule have been updated to reflect the new billing requirements and should be used as guides for this billing methodology.

Complete information about EPSDT/HealthCheck is available at www.dchealthcheck.net, the District's Pediatric Provider Training and Resource Center.

If you need additional information on the billing methodology, please contact Colleen Sonosky, Associate Director, Division of Children's Health Services, Health Care Delivery Management Administration, Department of Health Care Finance, at 202-442-5913 or by email at Colleen.Sonosky@dc.gov.

(see attachments)

DC Medicaid HealthCheck Periodicity Schedule

Based on Recommendations from Preventive Pediatric Health Care
from Bright Futures/American Academy of Pediatrics

The DC HealthCheck Periodicity Schedule follows the American Academy of Pediatrics (AAP) health recommendations in consultation with the local medical community. The recommendations are for the care of children who have no manifestation of any important health problems. Additional visits or interperiodic screens may become necessary if circumstances suggest the need for more screens, i.e., medical conditions, referral by parent, Head Start, DC Public Schools, early intervention services and programs. If a child comes under care for the first time at any point on the schedule, or if any items are not done at the suggested age, the schedule should then be brought up to date as soon as possible.

	CPT CODE	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLSECENCE										
AGE[1]		PRENATAL[2]	NEWBORN[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	99381-5; or 99391-5	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION[5]			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																	
Length/Height and Weight			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference			•	•	•	•	•	•	•	•	•	•	•																				
Weight for Length			•	•	•	•	•	•	•	•	•	•																					
Body Mass Index													•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure[6]			★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
ANTICIPATORY GUIDANCE[7]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
ORAL HEALTH[8]																																	
Oral Health Assessment	D0191							★	•	•[8]	•[8]	•[8]	•[8]	•[8]	•[9]	•[9]	•[9]	•[9]															
Fluoride Varnish	D1206							★	★	★	•	•	•	•																			
SENSORY SCREENING																																	
Vision	99173, 99174		★	★	★	★	★	★	★	★	★	★	★	★	•[10]	•	•	•	★	•	★	•	★	•	★	★	•	★	★	•	★	★	★
Hearing	92551, 92587		•[11]	★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	★	•	★	•	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL SCREENING[12]																																	
Developmental Surveillance[13]	Included as part of History		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental Screening[14]	96110								•			•		•																			
Autism Screening[15]	96110											•	•																				
Psychosocial/Behavioral Surveillance[13]	Included as part of History		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Screening[14]	96110		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Drug Use Assessment	99420																						★	★	★	★	★	★	★	★	★	★	★
PROCEDURES[16]																																	
Immunization[17]	90460-1; 90471-4		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Newborn Metabolic/Hemoglobin Screening[18]	Bill as applicable depending on provider capacity		←	—	•	—	→																										
Lead Screening[19]								★	★	•or★[20]		★	•or★[20]		★	★	★	★															
Hematocrit or Hemoglobin[21]							★			•		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening[22]													★			★		★		★		★	★	★	★	★	★	★	★	←	•	→	
Tuberculin Test[23]					★			★		★		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia Screening[24]																							★	★	★	★	★	★	★	★	★	★	★
STI Screening[25]	Include all applicable CPT codes																						★	★	★	★	★	★	★	★	★	★	★

Key

• = to be performed
★ = risk assessment to be performed, with appropriate action to follow, if positive
← • → = range during which a service may be provided, with the symbol indicating the preferred age

For additional resources, including provider training that fulfills obligations for all DC Managed Care Organizations, please see the HealthCheck Provider Education System ***http://www.dchealthcheck.net***

DC Medicaid HealthCheck Periodicity Schedule, 2014

NOTES

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001). http://pediatrics.aappublications.org/content/124/4/1227.full
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434
5. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).
8. Oral Health Services by the primary care provider include oral health assessments, fluoride varnish applications, and referral to a Dental Home. An oral health assessment is a required component of a preventive health visit to a primary care provider for children prior to the establishment of a Dental Home. The application of fluoride varnish has been proven to reduce the risk of early childhood caries. Fluoride varnish should be applied to teeth in a primary care setting by trained primary care providers from the eruption of the first tooth up to age three (3) years, unless the primary care provider can ascertain that the child has an established Dental Home, which has provided treatment to the child on at least one occasion. Fluoride varnish should be applied 2 times per year and up to 4 times per year, depending on patient risk for caries. The District of Columbia Medicaid program now reimburses trained primary care providers for fluoride varnish applications for children up to three years of age. Fluoride varnish training for primary care providers is available. For more information regarding reimbursement of fluoride varnish and training opportunities, refer to [website]. If the primary care provider is not trained to provide fluoride varnish, the primary care provider should refer the child to a dentist to obtain fluoride varnish. Children should be referred to a Dental Home beginning within six (6) months of the eruption of the first tooth and should have an established dental home by no later than age three (3) years. A Dental Home is where all aspects of a child's oral health care is delivered in a comprehensive, continuously accessible, and coordinated way by a single dental practice. For assistance in locating a dentist or scheduling a dental appointment, refer caregivers to the DC Dental HelpLine at 1-866-758-6807. For billing codes and additional guidelines, refer to www.dchealthcheck.net
9. At the visits for 3 years through 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
10. If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) http://aappolicy.aappublications.org/cgi/content/full/pediatrics; 111/4/902.
11. All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2000) http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics.* 2007; 120:898-921.
12. A current list of recommended validated screening tools is available at www.dchealthcheck.net (this list is likely to change/grow/develop as more validated tools for primary care become available and /or have more evidence)
13. Developmental and/or psychosocial behavioral surveillance is part of the preventive care visit and is a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental or behavioral health problems.
14. To bill for a developmental or behavioral health screening using a structured validated tool as a part of the preventive care visit, use modifier 25 on the preventive care visit code and add 96110 to the claim. If multiple screening tools are used during one visit, bill for the appropriate number of units for 96110. On 96110, use ICD-9 diagnosis codes V79.3, V79.8, or V79.9 as appropriate.
15. Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics.* 2007; 119: 152-153. See also CMS Guidance: http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf
16. These may be modified, depending on entry point into schedule and individual need.
17. See Schedules per the Committee on Infectious Diseases, published annually in the January issues of *Pediatrics.* Every visit should be an opportunity to update and complete a child's immunizations.
18. District of Columbia law requires all newborns to have a blood test for all conditions defined in the District of Columbia Newborn Screening Act. For a full list of conditions that should be tested for go to: http://www.ncbi.nlm.nih.gov/books/NBK132148/ Results should be reviewed at visits and appropriate retesting or referral done as needed.
19. For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) http://ssppolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036. For specific information on District law, see : http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Transmittal%2012-33.pdf
20. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas. See the AAP *Pediatric Nutrition Handbook,* 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR.* 1998;47(RR-3):1-36.
21. "Third Report on the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) http://circ.ahajournals.org/cgi/content/full/106/25/3143 and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity." Supplement to *Pediatrics.* (2007).
22. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases.* Testing should be done on recognition of high-risk factors.
23. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
24. All sexually active patients should be screened for sexually transmitted infections (STIs).

DC EPSDT Well-Child Visit Billing Reference Guide

When conducting a well-child visit (WCV), a primary care provider (PCP) must perform all components required in a visit and all age-appropriate screenings and/or assessments as required in the DC Medicaid HealthCheck Periodicity Schedule. Covered screening services are medical, developmental/mental health, vision, hearing and dental. The components of medical screening include:

- Comprehensive health and developmental history that assesses for both physical and mental health as well as for substance use disorders
- Comprehensive, unclothed physical examination
- Appropriate immunizations (as established by ACIP)
- Laboratory testing (including blood lead screening appropriate for age and risk factors)
- Health education and anticipatory guidance for both the child and the caregiver.[1]

To bill for a well-child visit:

- **Use the age-based CPT code (99381-99385; 99391-99395). See Table 1.**
  - **Use the following ICD-9 diagnosis codes listed in Table 1 in conjunction with the CPT Code**
- **Bill for each separate assessment/screening performed using the applicable CPT code from Table 2.**
- **If a screening or assessment is positive and requires follow-up or a referral, please use modifier TS with the applicable screening code that had a positive result.**

DO NOT USE THE E&M OUTPATIENT VISIT CODES (99201-99205; 99213-99215) TO BILL FOR A WELL-CHILD VISIT.

Table1: Age Based Preventive Visit CPT Codes

Patient's Age	CPT Code	Dx Code
< 1 year	99381/91 new/established	V20.31, 20.32, V20.2
1 – 4 years	99382/92	V20.2
5 – 11 years	99383/93	V20.2
12 – 17 years	99384/94	V20.2
18 – 21 years	99385/95	V70.0

Table 2: Screening/Assessment CPT Codes

Component	CPT Code
Oral Health Assessment	D0191
Fluoride Varnish (for children under 3)	D1206
Vision Screening	99173, 99174
Hearing Screening	92551, 92587
Behavioral or Developmental Assessment	96110
Immunizations[1]	90460, 90461, 90471, 90472, 90473, 90474

Notes:

- If an illness, abnormality, pre-existing condition is encountered and/or addressed during a well-child visit that requires follow-up for the child, submit the appropriate outpatient service code (99201-99215) to the claim and use the appropriate diagnosis code that is not a V code.
- If a screening or assessment uncovered a potential problem that requires follow-up or a referral, use modifier TS with the applicable screening code or general preventive visit code.

[1] 90460 is used for the first immunization, 90461 is used for each additional immunization. Only use 90461 in conjunction with 90460. 90460-90461 are appropriate for immunization administration and counseling by physician or LIP (through 18 years of age). If immunization administration and counseling is provided by nurse- use codes 90471 – 90474.

DC EPSDT Well-Child Visit Billing Reference Guide

- **Examples of different billing scenarios:**
  - **Behavioral or Developmental Assessment (96110)**
    - *Example: An Ages and Stages Questionnaire is conducted during the 18-month old well-child visit for a new patient and has a positive result.*
      Use code 96110 to bill for the behavioral or developmental assessment. Append modifier TS to the developmental assessment code to indicate that a problem was identified.

CPT	Modifier	ICD-9
99382		V20.2
96110	TS	V79.3

  - **Oral Health Assessment and Fluoride Varnish (D0191 and D1206)**
    - *Example: An oral health assessment and fluoride varnish are provided during the 30-month old well-child visit for an established patient and the assessment has normal results. During the visit, fluoride varnish was applied.*
      Bill using the appropriate preventive medicine visit code (99381-99385/99391-99395) and use the appropriate codes to bill for the oral health assessment and fluoride varnish.

CPT	Modifier	ICD-9
99392		V20.2
D0191		
D1206		

  - **Vision and Hearing Screen (99173, 99174)**
    - *Example: A vision screen and hearing screen are performed during the 8 year old visit for an established patient and the vision screen's results cause some concern that is addressed during the same visit.*
      Bill using the appropriate preventive medicine visit code (99381-99385/99391-99395) and use the appropriate codes to bill for the vision screen and hearing screen. Append modifier TS to the vision screen to indicate that a problem was identified. Include the outpatient service E&M code to account for the additional time taken to address the vision problem.

CPT	Modifier	ICD-9
99393		V20.2
99173	TS	
92551		
99212		Use applicable Dx code (NOT V20.2)

[i] EPSDT-A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents, CMS, June 2014. Available at www.medicaid.gov