Amerigroup RealSolutions in healthcare	**Reimbursement Policy**

Subject: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)		
Effective Date: **01/01/19**	Committee Approval Obtained: **12/21/18**	Section: **Prevention**

*****The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.amerigroup.com. Under Quick Tools, select Reimbursement Policies > Medicaid. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy	Amerigroup allows reimbursement of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program services unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate.

	The following EPSDT component services are included in the reimbursement of the preventive medicine Evaluation and Management (E&M) visit unless appended with Modifier 25 to indicate a significant, separately identifiable E&M service by the same physician on the same date of service:
	• Comprehensive health history
	• Comprehensive unclothed physical examination
	• Health education
	• Nutritional assessment
	• Dental screening
	
	The following component services are separately reimbursable from the preventive medicine E&M visit:
	• Developmental screening using a standardized screening tool
	• Hearing screening with or without the use of an audiometer or other electronic device
	• Immunization and administration
	• Laboratory tests:
	  ○ Newborn metabolic screening test
	  ○ Tuberculosis test
	  ○ Hematocrit and hemoglobin tests
	  ○ Lead toxicity screening
	  ○ Cholesterol test
	  ○ Pap smear, for sexually active members
	  ○ Sexually transmitted disease screening, for sexually active members
	  ○ Urinalysis
	• Vision screening
	
	Providers should follow periodicity guidelines established by the American Academy of Pediatrics and the CDC. If a provider performs EPSDT services in conjunction with a sick visit, all services are subject to Amerigroup Preventive Medicine and Sick Visits on Same Day policy.
	
	Claims Requirements
	Provider claims for EPSDT services should include all of the following items:
	• EPSDT special program indicator
	• EPSDT referral indicator codes (also known as referral condition codes), if applicable
	• Appropriate diagnosis code(s)

	• Appropriate HCPCS code identifying the completed EPSDT service (list in addition to code for appropriate E&M service) • Appropriate E&M codes for new or established members • Appropriate procedure code for the component services • Applicable modifiers in accordance with Exhibit A

Exemptions	• Amerigroup Community Care in Georgia does not allow separate reimbursement for developmental screening services.
	• Amerigroup Maryland, Inc.:
	  ○ Allows separate reimbursement for the following services:
	  ▪ Fluoride varnish
	  ▪ Maternal postpartum screening for depression at well-child checkup at 1, 2, 4 and 6 months
	  ○ Includes the following in the reimbursement of the preventive medicine E&M visit and does not allow separate reimbursement:
	  ▪ Tuberculosis risk assessment at age 6 in addition to 1 month and 12 months
	  ▪ One HIV laboratory test between the ages 15-18
	• Amerigroup Texas, Inc. and Amerigroup Insurance Company does not allow separate reimbursement for laboratory tests, except type 2 diabetes, dyslipidemia, HIV and syphilis. Point-of-care testing to obtain initial blood lead specimen may be reimbursed separately.
	• Amerigroup Washington, Inc. requires the E&M code and the EPSDT screening procedure code on separate claim forms when the provider treats for a medical problem identified during an EPSDT screening examination in compliance with Washington State Health Care Authority.

History	EPSDT is a federally mandated program under Medicaid to provide comprehensive and preventive child health services for individuals under the age of 21. EPSDT was defined by law as part of the *Omnibus Budget Reconciliation Act of 1989 (OBRA 89)* legislation. States may have specific names for their EPSDT programs. **Policy History:** • Biennial review approved 12/21/18 and effective 01/01/19: Policy language updated; New Jersey exemption removed; Georgia, Maryland and Texas exemptions updated. • Update due to regulatory directive: Maryland exemption added effective 01/01/18. • Biennial review approved and effective 11/18/13: Exhibit A updated; Disclaimer updated; Texas exemption updated.

	• Effective 06/01/14: Exited Ohio; Ohio exemption removed; Ohio removed from Exhibit A.
	• Review approved and effective 10/08/12: Washington exemption added;
	• Review approved 12/05/11 and effective 03/16/12:
	  ○ Component service reimbursement clarified; Lab tests by participating provider requirement removed; Periodicity language added; Georgia/Maryland/New Jersey/Ohio/Texas exemptions added; Exhibit A Market EPSDT Modifier Requirements added; Policy template updated.
	  ○ Other electronic device language added: Specific screening test per market removed.
	• Initial approval and effective date 08/09/06

References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • Amerigroup state contracts • American Academy of Pediatrics • CDC
Definitions	• **General Reimbursement Policy Definitions**
Related Policies	• Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service • Modifier Usage • Preventive Medicine and Sick Visits on the Same Day • Vaccines for Children Program Reimbursement for Eligible Billed Charges • Requirements for Documentation of Proof of Timely Filing
Related Materials	• Exhibit A: Market EPSDT Modifier Requirements

Exhibit A: Market EPSDT Modifier Requirements

Market	Modifier(s)	Note
Georgia	EP, 59	EP — used with all EPSDT component services 59 — used when caregiver-focused health risk assessment is reported on same visit with health risk assessment and vaccine administration codes
Maryland	SE	Only used with Vaccines for Children (VFC)-supplied vaccines
New Jersey	No requirements	

Tennessee	32	Only used with non-VFC-supplied vaccines
Texas	AM/SA/TD/U7, 23/32/SC, EP, U1/U2/U3 and U5	As per Texas Health Steps requirements for performing providers, exception to periodicity, federally qualified health centers, vaccines and oral evaluation/fluoride varnish services
Washington	SL	Only used with VFC-supplied vaccines