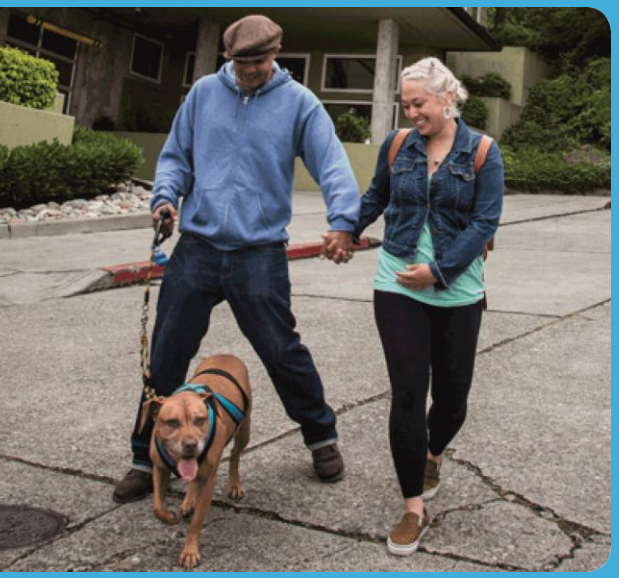
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Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program

Medicaid Well-Child Visit

Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) basics

What is EPSDT?

EPSDT is a federal benefit for Medicaid-eligible infants, children, and adolescents under the age of 21 that requires coverage for periodic, comprehensive preventive screenings, diagnostic services, and other medical necessary treatment.

Some states have different names for their EPSDT Program (such as Health Check, Healthy Children and Youth, Kan Be Healthy, Child Health Checkup, Healthy Kids).

Who is eligible?

Children/adolescents under 21 who are enrolled in Medicaid.

Early	Assessing and identifying problems early, starting at birth or at onset, to address long-term health concerns.
Periodic	Checking children's health at periodic, age-appropriate intervals.
Screening	Conducting comprehensive physical, mental, developmental, dental, hearing, vision, and other screenings to detect potential problems early.
Diagnostic	Performing diagnostic tests to follow up when a risk is identified.
Treatment	Control, correct, or reduce health conditions found.

History of EPSDT: Key milestones

1965 — Medicaid established

Medicaid was created under Title XIX of the Social Security Act to provide health coverage for certain low-income populations.

1967 — EPSDT added for children

EPSDT was established as Medicaid's comprehensive child health benefit for children under the age of 21.

1989/1990 — OBRA strengthened EPSDT

The Omnibus Budget Reconciliation Act of 1989 expanded EPSDT and led to annual EPSDT reporting requirements, including the Form CMS-416 and participation goals.

Today — EPSDT remains the Medicaid child health standard

EPSDT supports preventive, dental, mental health, specialty, diagnostic, and treatment services for Medicaid-enrolled children and adolescents.

Medicaid Well-Child Visit

A Well-Child Visit can be completed at other times if necessary.

Some states follow a different periodicity schedule.



EPSDT services

The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.

EPSDT is made up of the following screening, diagnostic, and treatment services.

Screening services		Components
Comprehensive health history	Identifies risks early and guides appropriate screening, referral, and treatment	• Past medical history • Family history • Social history • Interim history/review of systems • General questions and concerns
Comprehensive *unclothed* physical exam	Assesses physical health, growth, development, and nutrition to identify concerns requiring follow-up	• Measurements: Length/height, weight, head circumference (until 24 months), weight for length or BMI • BP (beginning at 3 years) • Full physical exam • The term “unclothed” does not need to be documented; however, the exam should reflect assessment of areas that would be typically covered by clothing (genitalia, chest, and Tanner stage).

EPSDT services (cont.)

The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.

Screening services		Components

Developmental/ behavioral history	Helps identify delays early, when intervention is most effective	• Maternal depression screening (1 month through 6 months)
		  – EPDS
		  – PHQ-9, PHQ-2
		  – SWYC
		• Developmental screening (9 months, 18 months, and 30months)
		  – ASQ
		  – Peds Tools
		  – SWYC
		• Autism Spectrum Disorder screening (18 months, 24 months)
		  – M-CHAT
		  – STAT
		• Developmental surveillance
		• Behavioral/social/emotional screening
		  – ASQ-SE-2
		  – HEADSS
		  – PSC
		• Tobacco, alcohol, or drug use (beginning at 11 years)
		  – AUDIT C
		  – CAGE-AID
		  – CRAFFT
		• Depression and suicide screening (beginning at 12 years)
		  – PSC
		  – HEEADSSS
		  – PHQ-9, PHQ-2
		• General questions: Do you have any concerns about your child's learning, development, or behavior?



EPSDT services (cont.)

The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.

Screening services		Components
Appropriate immunizations	Immunizations are a core EPSDT service that prevent disease and protect children from serious complications.	• Review immunization status at every visit • Address catch-up immunizations, as indicated • Document vaccines given, refused, deferred, or referred *with reasoning*
Laboratory tests, including lead toxicity screening	Laboratory screening detects hidden health risks and supports timely intervention. Some laboratory screenings are age-based, while others are driven by risk or clinical concern.	• Newborn Metabolic Screen • Newborn Bilirubin • Anemia (at 12 months) • Lead (at 12 and 24 months) • Tuberculosis • Dyslipidemia (once between 9-11 years and 17-21 years) • STI • HIV (once between 15-21 years)
Health education/ anticipatory guidance	Health education reinforces age-appropriate prevention, safety, healthy development, and early identification of concerns.	• Age-appropriate health education • Child development • Healthy lifestyles • Accident and disease prevention

EPSDT services (cont.)

The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.

Screening services		Components
Vision services	Federal Medicaid guidance requires vision screening, diagnosis, and treatment, such as eyeglasses. Early screening helps identify vision concerns and supports timely intervention.	• Vision subjective assessment — "Do you have concerns about how your child sees?" • Vision objective assessment — Physical exam, red reflex, cover test, fix and follow, photo screeners. • Visual acuity screen — Eye charts using symbols (LEA or HOTV or letters (Snellen or Sloan): – 3 years (if cooperative), 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 15 years, and when indicated. – Capture screening result, whether the child passed or failed, and any referral, diagnosis, treatment, or follow-up needed.
Hearing services	Federal Medicaid guidance requires hearing screening, diagnosis, and treatment, including hearing aids. Early detection and treatment of hearing concerns are critical to speech, language, communication, and social development.	• Hearing Assessment: guardian concerns: hearing, middle ear status, risk factors: NICU > 5 days, in utero infections, craniofacial abnormalities, syndromes associated with hearing loss. • Audiology: – Birth, 4 years, 5 years, 6 years, 8 years, 10 years, 11-14 years (once), 15-17 years (once), 18-21 years (once). – Document hearing screen results, referral, treatment, or follow-up needed.

EPSDT services (cont.)

The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.

Dental services follow the American Academy of Pediatric Dentistry (AAPD) periodicity and preventive oral health recommendations.

Screening services		Components
Dental services	Dental services are a required EPSDT benefit that support prevention, early detection, referral, and treatment of oral health needs, including pain, infection, tooth restoration, dental maintenance, and medically necessary orthodontic care. Dental providers should follow the AAPD Periodicity Schedule for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling for best-practice recommendations on examination, preventive services, counseling, and treatment.	• Dental home assessment (6 months–21 years). • Dental risk assessment — physical exam of teeth and gums, continual bottle use, frequent snacking on sugary or sticky snacks. • Fluoride varnish — fluoride varnish can be applied in primary care office or dental office (every 3-6 months) to all primary teeth for infants and child (6 months-5 years). • Fluoride supplementation — assess child's primary water source and consider fluoride supplementation if indicated (6 months-16 years).



Source: Health Check Manual §908.5; AAPD Reference Manual of Pediatric Dentistry

EPSDT services (cont.)

The EPSDT schedule is based on recommendations from the American Academy of Pediatrics (AAP)/Bright Futures.

Diagnostic, Treatment, and Other Medically Necessary Services	
Replace with Other medically necessary services	EPSDT requires coverage of medically necessary 1905(a) services to correct or ameliorate identified conditions, even when the service is not otherwise covered under the state Medicaid plan. Medical necessity is reviewed case by case.
Diagnostic services	When a screening exam indicates the need for further evaluation, diagnostic services must be provided. Necessary referrals should be made without delay, and follow-up should occur to ensure the enrollee receives a complete diagnostic evaluation.
Treatment services	Necessary healthcare services must be made available to treat, correct, or ameliorate all physical and mental health conditions.

EPSDT visits and HEDIS® W30 and WCV

EPSDT defines the clinical expectation: Children and adolescents should receive age-appropriate preventive screenings, exams, immunizations, labs, health education, referrals, and follow-up.

HEDIS measures whether a Well-Child Visit is completed and captured.

HEDIS Measure	Age group	What it captures
W30	Birth to 30 months	Members who had the following number of Well-Child Visits with a PCP during the last 15 months: • Well-Child Visit in the first 15 months (six visits) • Well-Child Visit for age 15-30 months (two visits)
WCV	3 – 21 years	Members who had at least one comprehensive Well-Care Visit with a PCP or an OB/GYN practitioner during the measurement year: • 3 to 21 years

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

EPSDT coding fundamentals

EPSDT services must be:

- Medically necessary
- Age-appropriate
- Properly documented
- Appropriately coded for reimbursement and quality reporting

Key coding categories:

- Well-Child Visits (preventive)
- Problem-Oriented visits (sick)
- Developmental and behavioral screening
- Immunizations
- Lead screening
- Vision and hearing screening
- Referrals and follow-up

Why it matters:

- Health outcomes
- Medicaid reimbursement
- EPSDT compliance
- HEDIS performance
- Care gap closure

EPSDT coding fundamentals (cont.)

Preventive visits include:

- Age-appropriate history and physical examination
- Growth and developmental assessment
- Anticipatory guidance
- Immunization review and administration, as appropriate
- Recommended EPSDT screenings

Preventive medicine service codes

CPT® codes		Age	ICD-10-CM codes
New patient	Established patient		
99381	99391	Infant < 1 year	Z00.110 Health Exam under 8 days Z00.111 Health Exam 8-28 days Z00.121 Routine Exam with abnormal findings Z00.129 Routine Exam without abnormal findings
99382	99392	Early Childhood (1-4 years)	Z00.121 Routine Exam with abnormal findings Z00.129 Routine Exam without abnormal findings
99383	99393	Late Childhood (5-11 years)	Z00.121 Routine Exam with abnormal findings Z00.129 Routine Exam without abnormal findings
99384	99394	Adolescent (12-17 years)	Z00.121 Routine Exam with abnormal findings Z00.129 Routine Exam without abnormal findings
99385	99395	Adult (18-39 years)	Z00.00 General Adult Exam without abnormal findings Z00.01 General Adult Exam with abnormal findings

EPSDT coding fundamentals (cont.)

Problem-oriented Evaluation and Management (E/M) codes:

To ensure a preventive visit is recognized as a Well-Child Visit for quality reporting and EPSDT tracking, pair the preventive CPT code (99381–99395) with the appropriate routine child health examination diagnosis code (commonly Z00.121 or Z00.129).

Problem-oriented E/M codes				Common diagnosis codes for Well-Child Visits	
New patient	Time	Established patient	Time	ICD-10-CM	Description
99202	15–29 min	99212	10–19 min	Z00.110	Newborn exam < 8 days
99203	30–44 min	99213	20–29 min	Z00.111	Newborn exam (8-28 days)
99204	45–59 min	99214	30–39 min	Z00.121	Routine child health exam with abnormal findings
99205	60–74 min	99215	40–54 min	Z00.129	Routine child health exam without abnormal findings

If a child presents for a problem-oriented visit and is due or behind for their well-child exam, it is appropriate to perform and report a Well-Child Visit (99381-99395), in addition to the acute visit (listed above) if ALL E/M requirements are met. **Modifier 25** should be appended to the problem-oriented E/M code (99202–99205 or 99211–99215) when a significant, separately identifiable problem-oriented E/M service is reported on the same day as the preventive visit (99381–99385 or 99391–99395).

EPSDT coding fundamentals (cont.)

Additional information:

- If an illness or abnormality is discovered, or a preexisting problem is addressed, in the process of performing the preventive medicine service, and if the illness, abnormality, or problem *is significant enough to require additional work* to perform the components of a problem-oriented evaluation and management (E/M) service (like using medical decision making or time spent), the appropriate office or other outpatient service code (**99202–99215**) should be reported in addition to the preventive medicine service code. Append **modifier 25** to the office or other outpatient service code (such as **99392** and **99213 25**).
- An *insignificant or trivial illness,* abnormality, or problem encountered in the process of performing the preventive medicine service should not be separately reported.

EPSDT coding fundamentals (cont.)

Common EPSDT screening codes

Service	CPT code
Developmental Screening (ASQ, PEDS)	96110
Behavioral Assessment (PSC)	96127
Vision Screening	99173
Hearing Screening	92551
Lead Screening	83655

Remember: Abnormal screenings require referral, treatment, or additional evaluation.

Documentation Requirements:

- Screening application used
- Results documented
- Interpretation completed
- Follow-up plan documented



EPSDT coding fundamentals (cont.)

Immunization coding

CPT code	Description
Used when the patient is **18 years or younger**, via any route, with counseling	
90460	Immunization administration (IA) through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered.
+90461	Each additional vaccine or toxoid component administered.
Typically reported when the patient is **over the age of 18 years** or without counseling is not performed.	
90471	Immunization administration ID, IM, subQ, one vaccine (single or combination vaccine).
+90472	Each additional vaccine, ID, IM, or subQ (single or combination vaccine).
90473	Immunization administration by oral or intranasal route; one vaccine.
+90474	Each additional oral or intranasal vaccine.

EPSDT coding fundamentals (cont.)

EPSDT requires follow-up when screening identifies a concern:

- Diagnostic evaluation must be arranged
- Referral must be documented
- Follow-up must occur

Referral documentation:

- Reason for referral
- Specialist referred to
- Results received and reviewed
- Treatment plan updated

Common referral diagnosis codes	
Condition	**ICD-10 example**
Developmental delay	R62.50
Speech delay	F80.9
Autism disorder	F84.0
Behavioral concern	R46.89
Failed hearing screen	Z01.118
Failed vision screen	Z01.021

EPSDT coding fundamentals (cont.)

EPSDT coding checklist:

- Well-Child Visit coded correctly
- Screening codes captured
- Immunizations documented
- Lead Screening completed when required
- Modifier 25 used appropriately
- Referrals and follow-up documented

Key takeaway:

Capture all services provided. A Well-Child Visit, screening services, immunizations, and a separately identifiable sick visit may all be reported when documentation supports the services performed.

EPSDT interventions



Member outreach:

- Birthday reminders (text messages or mailers)
- Overdue reminders (text messages or mailers)



Provider outreach:

- Gap in care reports
- EPSDT education



Care management:

- Assistance with scheduling and transportation
- Identification of care gaps
- Coordination of care



Questions?

Thank you for partnering with us to support timely, completed, and well-documented care for children and families.



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