

## TennCare Guidance on EPSDT/Well Child Visits during COVID-19

TennCare and our Managed Care Organizations (MCOs) understand the challenges being faced by primary care providers during the COVID-19 emergency, especially as it relates to completing important preventive care visits for children. To facilitate continued delivery of preventive care, TennCare and the MCOs have added selected preventive services to be covered using telehealth. The American Academy of Pediatrics (AAP) continues to support well child visits consistent with the [Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents](#). During COVID-19, the AAP has provided the following [guidance](#) for well care visits:

- Consider modifications to the structure of the clinic schedule and physical space such as conducting well visits in the morning and sick visits the remainder of the day, dedicating specific rooms for sick versus well visits, or designating specific practice sites for only well or sick visits.
- Prioritize well visits and immunizations for newborns, infants and younger children and reschedule older patients to a later date, if necessary.

Additional guidance for well child visits can be found using the links below:

[AAP Telehealth and COVID-19](#)

[AAP COVID-19 Critical Updates](#)

[TN AAP EPSDT Coding Guide](#)

[TN AAP EPSDT Chart Documentation](#)

[CDC Recommended Child and Adolescent Immunization Schedule \(including Catch-up Schedule\)](#)

[AAFP: Using Telehealth to Care for Patients during COVID-19](#)

[TN Department of Health COVID-19 and Providing Routine Immunizations](#)

[TN Department of Health Immunization Program](#)

[CDC Vaccine Storage and Handling Toolkit](#)

**TennCare and our MCOs have developed specific EPSDT/well child visit guidance to assist primary care practices during this time.** Please see guidance below for EPSDT/Well Child visits during the time period of April 1, 2020 to May 31, 2020.

### For children age 24 months and under:

- **Recommendation:** TennCare and the Managed Care Organizations (MCOs) continue to recommend *in-person EPSDT visits* for children through 24 months of age in order to receive necessary immunizations and other screenings. To reduce the risk of exposure, TennCare and the MCOs recommend following [guidance](#) from the AAP for addressing in-office well child visits.
- **Coding and Documentation:** Continue to report codes for in-person EPSDT visits using the appropriate Preventive Medicine CPT Code (99381, 99382, 99391, 99392), along with immunization and other EPSDT procedural codes (i.e., developmental screening, behavioral/emotional assessment, health risk assessment). These Preventive Medicine CPT service codes will not be covered if performed by telehealth for a child through 24 months of age; thus, do not report modifiers for telehealth or place of service (POS) 02.

- **EPSDT Components via Telehealth:** If a practice is unable to provide an EPSDT visit to a child 24 months of age or younger (i.e., caregiver in the home is positive for COVID-19 or does not feel comfortable coming into the office), providers may complete **certain components** of an EPSDT visit via telehealth (i.e. history, anticipatory guidance, vaccine counseling, and developmental screening ) and report the codes listed below. Audio-visual telehealth is preferred, but audio only is acceptable. The place of services (POS) 02 will need to be added to each of these components.
  - **Coding for EPSDT components delivered via telehealth for a child 24 months of age or younger:**
    - Developmental Screening 96110
    - Emotional/Behavioral Screening 96127
    - Preventive Medicine, Individual Counseling Anticipatory Guidance 99401 - 404
- **Immunizations:** When conducting an in-person visit, vaccine counseling and administration are expected to occur on the same day unless there is a medical contraindication, or the provider is not a Vaccines for Children (VFC) Program provider. **When completing components via telehealth, the provider may provide vaccine counseling by telephone (audio), or by audio-video telehealth, and then administer the vaccine at a later date** (i.e., via curbside vaccine services). The vaccine administration code, 90460, would be billed at the time of vaccine administration by the provider. Providers should follow all [vaccine storage and handling guidance](#) as set forth by the CDC and the VFC Program.

#### For children over age 24 months:

- **Recommendation:** *Providers may perform EPSDT visits using telehealth modalities* reporting the appropriate Preventive Medicine CPT Codes and adding the place of services (POS) 02 on the billing form for children over age 24 months. No telehealth modifiers are required. Providers will need to use their clinical judgement as to what components of the EPSDT service are appropriate to be performed during the telehealth visit. Audio-visual telehealth is preferred, but audio only is acceptable.
- **Coding and Documentation:** Report the appropriate Preventive Medicine CPT Code (99382-5, 99392-5) and the place of services (POS) 02. For all EPSDT visits completed via telehealth, clear documentation must be provided in the record stating the visit was completed via telehealth due to COVID-19 emergency and include any limitations of the exam (i.e., vaccinations, labs, vision screening, etc.). Additional EPSDT procedural codes may be included as appropriate (i.e., developmental screening, behavioral/emotional assessment, health risk assessment).
- **Immunizations:** Providers are encouraged to provide immunizations to their patients; however, if the COVID-19 pandemic has rendered them unable to provide comprehensive immunization services, they may refer the child to the local health department or consider methods recommended by the TN Department of Health such as curbside immunization services). If referring to the local health department, instruct to call first for an appointment or a time to visit the clinic. Providers should follow all [vaccine storage and handling guidance](#) as set forth by the CDC and VFC Program. Providers may provide vaccine counseling over the phone and then provide the vaccine administration at a later date (i.e., via curbside vaccine services). The vaccine administration code, 90460, would be billed at the time of vaccine administration.
- **Follow-up after the COVID-19 emergency:** Any member who receives a preventive medicine visit via telehealth should have an in-person EPSDT well child visit as soon as possible after the COVID-19 emergency has formally ended and the modified clinical recommendations have been lifted. All MCOs will support the billing of the full in-person preventive medicine visit upon completion. (e.g. providers may bill for more than one EPSDT visit per year).

## Coding Guide for Preventive Medicine/EPSTD during COVID-19

	<b>IN-OFFICE CODING</b> (Children through 24 months of age)	<b>TELEHEALTH CODING</b> (Children through 24 months of age)	<b>TELEHEALTH CODING</b> (Children over 24 months of age)
<b>CPT Codes for PM/EPSTD</b>	<b>New Patient:</b> 99381, 99382 <b>Established Patient:</b> 99391, 99392	<b>No PM/EPSTD codes can be billed</b>	<b>New Patient:</b> 99382, 99383, 99384, 99385 <b>Established Patient:</b> 99392, 99393, 99394, 99395
<b>Additional Procedural Codes</b>	<b>Hearing:</b> 92551, 92552, 92558 <b>Vision:</b> 99174, 99177 <b>Developmental Screening:</b> 96110 <b>Emotional/Behavioral Screening:</b> 96127 <b>Health Risk Assessment:</b> 96160, 96161	<b>Developmental screening:</b> 96110 <b>Emotional/Behavioral Screening:</b> 96127 <b>Health Risk Assessment:</b> 96160, 96161 <b>PM Individual Counseling:</b> 99401 (15 mins) 99402 (30 mins) 99403 (45 mins) 99404 (60 mins)	<b>Developmental Screening:</b> 96110 <b>Emotional/Behavioral Screening:</b> 96127 <b>Health Risk Assessment:</b> 96160, 96161
<b>Immunization Administration</b>	<b>Immunization administration:</b> 90460	<b>Immunization administration:</b> 90460 (Code when the vaccine is administered. Vaccine counseling may occur via telehealth at any time prior to the administration of the vaccine.)	<b>Immunization administration:</b> 90460 (Code when the vaccine is administered. Vaccine counseling may occur via telehealth at any time prior to the administration of the vaccine.)
<b>Telehealth Coding</b>	<b>N/A</b>	<b>Use POS (place of service) - 02;</b> No additional modifier for telehealth required	<b>Use POS (place of service) - 02;</b> No additional modifier for telehealth required

### Other important notes:

- TennCare does not yet know how these EPSTD telehealth visits will impact Federal 416 reporting and is awaiting guidance from national organizations such as the American Academy of Pediatrics and CMS.
- Providers need to place use the POS -02 (place of service) code when filing the claim. A provider does not use the modifier -52 when coding for telehealth preventive medicine visits.
- TennCare and the MCOs are continually evaluating the COVID-19 situation across the state and will provide further guidance on EPSTD coding and timeframes as necessary

## Coding Case Examples Applying the Above Guidance:

- **Scenario 1: 12-month old child presenting in the office for 12-month EPSDT well child visit**

12-month EPDT well child visit is completed in-office, with recommended vaccine counseling and administration occurring during the visit by the provider. TB and lead screening were also completed in office. The following codes could be submitted for this visit:

**99392** - Preventive Medicine

**90460 x5** - Vaccine Counseling and Administration

Hib (3<sup>rd</sup> dose) | PCV13 (4<sup>th</sup> dose) | MMR (1<sup>st</sup> dose) | VAR (1<sup>st</sup> dose) | Hep A (1<sup>st</sup> dose)

**96060** - Health Risk Assessment (TB Screening)

**83655** – Lead Screening

\*No developmental or behavioral screenings administered, surveillance only.

- **Scenario 2: 18-month old child unable to be seen in the office**

18-month old child has a household member who is positive for COVID-19 and therefore cannot be seen in the office. Parent has completed the PEDS and MCHAT forms through the online patient portal. The screenings have been scored. Provider has telephone call with parent and 45 minutes are spent reviewing the results of the PEDS and MCHAT, providing anticipatory guidance, and counseling for vaccines. The practice is unable to provide vaccines at this time due to COVID-19 pandemic, so the child has been referred to the county health department and instructed to call for an appointment. The child will return for an in-person visit after the COVID-19 emergency. The following codes would be submitted for this visit:

**99402** - PM Individual Counseling (30 mins), POS 02

**96110** - Developmental Screening (PEDS), POS 02

**96110** – Developmental Screening (MCHAT), POS 02

\*Vaccine administration code is not billed as patient will be immunized at the county health department.

- **Scenario 3: 5-year old child with EPSDT well child visit being conducted via telehealth**

5-year old child's EPSDT well child visit is conducted using a telehealth modality. Provider uses clinical judgement to evaluate which EPSDT components can be completed via telehealth. No developmental or behavioral screenings are completed, only surveillance. The provider counsels the parent on the recommended vaccines. Lead screening questions completed via telehealth. They child receives the recommended vaccines 3 days later using the clinic's curbside vaccine service. The child will return for an in-person visit after the COVID-19 emergency. The provider appropriately documents the extent of the exam, visit, and COVID-19 conditions in the medical record. The following codes would be submitted for this visit:

**99393** – Preventive Medicine, POS 02

**96161** – Health Risk Assessment (Lead Screening)

\*90460 submitted the day the child receives the vaccines through the curbside service.