



**Ohio Department of Medicaid (ODM)
Healthchek - EPSDT Services Coding Guidelines**

To receive proper payment for the Healthchek - Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services you provide:

- Bill for Healthchek - EPSDT services using the appropriate preventive medicine (CPT) codes and ICD -9-CM Diagnosis codes and EPSDT Referral Indicators.
- Bill for all services provided - add -25 or -59 modifier as appropriate.

The following table includes the billing codes for some of the most common provider services that are payable when they are medically necessary and performed as part of a periodic Healthchek - EPSDT exam. *Interperiodic examinations will be covered when medically necessary to determine the existence of suspected physical or mental illnesses. The following code set was in effect as of March 2014 and is subject to change. Please note this is not an exhaustive list of all covered services.

Preventive Medicine
ICD-9-CM Diagnosis codes
Age appropriate codes to be billed with a Healthchek - EPSDT exam
V20.2 Routine infant (over 28 days old) and child - well check up to age 17
V20.31 Health check for child under 8 days old
V20.32 Health check for child 8-28 days old
V70.0 Routine medical exam, 18 and over
V70.3 Medical exam for administrative purposes
V70.5 Medical exam for students, preschool children, occupational or pre-employment exams, armed forces, etc.
V70.6 Medical exam for surveys
V70.8 Other medical exam

New Patient Services
99381 Initial Well child visit, younger than one year old
99382 Initial Well child visit, age 1-4
99383 Initial Well child visit, age 5-11
99384 Initial Well child visit, age 12-17
99385 Initial Well child visit, age 18-39
99354 Prolonged service, office (additional face to face care, 30-75 minutes)
99355 Prolonged service, office (additional face to face care after 75 minutes)

Established Patient Service
99391 Yearly Well child visit, younger than one year old
99392 Yearly Well child visit, age 1-4
99393 Yearly well child visit, age 5-11
99394 Yearly well child visit, age 12-17
99395 Yearly Physical exam, age 18-39

Laboratory Services
All covered lab services in accordance with OAC 5160-11-01 and payable per Appendix DD, OAC 5160-1-60

Preventive medicine - Individual Counseling
99402 Counseling and risk reduction intervention, 30 minute discussion
99403 Counseling and risk reduction intervention, 45 minute discussion
99404 Counseling and risk reduction intervention, 60 minute discussion
99406 Behavior change smoking, 3-10 min
99407 Behavior change smoking, >10 min
97802 Medical nutrition individual, initial
97803 Medical nutrition individual, subsequent
97804 Medical nutrition, group

Hearing Services
All covered hearing services in accordance with OAC 5160-10-01 and payable per Appendix DD, OAC 5160-1-60
92551 Hearing test, limited study using headphones to verbally respond to sounds
92552 Hearing test, using earphones and an audiometer, more extensive
92553 Includes 92552 with the addition of sounds conducted through the patient's facial bones
92567 Hearing test to check the eardrums (tympanometry)
92568 Acoustic Reflex Testing
92570 Acoustic Immittance testing

Developmental Screening
96110 Limited Developmental testing
96111 Developmental testing, extended

Dental Services
Providers are encouraged to refer children to a dentist starting at 2 yrs old.

Vision Services
A vision screening is a required component of the Healthchek - EPSDT visit. Providers are encouraged to refer children for a comprehensive vision examination, when medically necessary.

Other Physician Services
All covered physician services in accordance with OAC 5160:4-01, 5150-5-01 or 5160-6-01

Immunizations
All covered immunization services in accordance with OAC 5160: as of April 2014
The following codes are for children 18 years and younger:
90471 Vaccine administration, IM, SQ, ID
90472 Vaccine administration, each additional vaccine
90473 Vaccine administration, intranasal or oral
90474 Vaccine administration, each additional vaccine, intranasal or oral
90633 Hepatitis A, pediatric/adolescent, 2 dose schedule
90634 Hepatitis A, pediatric/adolescent, 3 does schedule
90646 HIB, Vaccine for booster only (Covered by VFC only)
90647 HIB Vaccine prp,omp
90648 HIB Vaccine prp-t
90649 Human Papilloma Virus (HPV) 4 valent
90650 Human Papilloma Virus (HPV) 2 valent
90654 Flu Vaccine no preserv ID
90655 Flu Vaccine, 6-35 months of age (Covered by VFC only)
90656 Flu Vaccine, 3 years and >
90657 Influenza, split virus, 6- 35 months (Covered by VFC only)
90658 Flu Vaccine, 3 years and >
90660 Flu Vaccine, live intranasal
90672 Flu Vaccine quad nasal
90673 Flu Vaccine trivalent IM
90686 Flu Vaccine quad IM 3 yrs. & >
90688 Flu Vaccine
90669 Pneumococcal conjugate, polyvalent, under 5 yrs. Old (Covered by VFC only)
90670 Pneumococcal vaccine 13 val IM
90680 Rotavirus vaccine (Covered by VFC only)
90681 Rotavirus vaccine, live, oral (Covered by VFC only)
90696 DTaP IVP (Covered by VFC only)
90698 DTaPIPHI (Covered by VFC only)
90700 DTaP for children < 7 yrs. old (Covered by VFC only)
90702 DT for children < 7rs. old
90703 Tetanus immunization
90707 MMR immunization
90710 MMRV immunization
90713 Poliomyelitis virus, inactivated, (IPV) subcutaneous (Covered by VFC only)
90714 TD preservative free, 7 yrs. & >
90715 TDAP, 7 yrs. & >
90716 Varicella (Chickenpox), live
90723 DTaP Hep B, IPV inactivated (Covered by VFC only)

For questions regarding billing, please contact Provider Services at 800-600-9007. If you need assistance with EDI, please call 800-210-8315.

Immunizations (continued)
90732 Pneumococcal Vaccine
90733 Meningococcal Vaccine
90734 Meningococcal vaccine, IM
90744 Hepatitis B vaccine, Under age 11 (Covered by VFC only)
90748 HepB HIB, combined vaccine (Covered by VFC only)
90664,66,67,68 Flu vaccines, pandemic (Covered by VFC only)

Immunizations (continued)
The following codes are for those 19 years and older:
90595** BGG, percutaneous
90586** BCG, intravesical
90632 Hepatitis A, adult
90633** Hepatitis A, pediatric/adolescent, 2 dose schedule
90634** Hepatitis A, pediatric/adolescent, 3 dose schedule
90636 Hepatitis A & Hepatitis B, adult
90647** HIB vaccine
90648** HIB vaccine
90649 Human Papilloma Virus (HPV), 3 dose schedule
90650 Human Papilloma Virus (HPV), 2 valent
90658 Influenza, split virus, 3 yrs. Old & >, IM
90660 Influenza, intranasal, adult
90675 Rabies, intramuscular
90676 Rabies, intradermal
90703 Tetanus immunization
90707 MMR immunization
90710** MMRV Vaccine
90714 Td preservative free, 7 yrs. & >
90715 Td, 7 yrs. & >
90716 Varicella (chickenpox) virus vaccine
90732 Pneumococcal immunization
90734** Meningococcal vaccine
90735** Encephalitis Virus vaccine
90740 Hepatitis B, dialysis or immunosuppressed patient, 3 dose schedule
90746 Hepatitis B vaccine, adult, 19 yrs. & >
90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage

* Please see OAC 5160-14-03 for the periodicity schedule.

** Active immunizations identified with a double asterisk (**) are covered only if determined medically necessary.

EPSDT Referral Indicators (837 P 2300 Loop): CRC01: Enter 'ZZ'; CRC02: Enter 'Y' if referral given; CRC03: If 'N' entered in CRC02, enter 'NU' to confirm no referral. If 'Y' entered in CRC02: Enter 'ST' if provider has another appt or made referral on 1+ health problem ID'd during screening. *Don't use this indicator for dental referrals.* Enter 'S2' to indicate mbr is receiving Tx from previous screening. (i.e. screening done prior to any screening reported on current claim). Enter 'AV' referral offered but declined.