

# Pennsylvania Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Quick Reference Guide



The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program combines screening, diagnostic and treatment services to Medicaid-eligible individuals from birth to age 21. These services give children early access to preventive and comprehensive health care to help prevent disease and/or detect disabilities in their early stages, when they are more effectively treated.

## Know the Mandatory Screening Components

An EPSDT screening for UnitedHealthcare Community Plan members must include the following:

- ✓ Screening services, including a comprehensive health and developmental history, including both physical and mental development, nutritional assessment and all appropriate immunizations according to age and health history
- ✓ An unclothed physical exam
- ✓ Laboratory tests, including:
  - hemoglobin and hematocrit
  - urinalysis
  - iron level
  - TB skin testing
  - HIV screening
  - Cholesterol screening (between ages 9 and 11),
  - sickle cell anemia screening
  - blood lead level testing
- ✓ Health education including anticipatory guidance
- ✓ Vision and hearing services
- ✓ Dental screening and dental care
- ✓ Dental risk assessment for 6 to 8 months and 9 to 11 months of age
- ✓ Screenings: Autism, Developmental, HIV, and Depression Screening
- ✓ Mental health services and referrals to behavioral health or medical providers
- ✓ Teenage pregnancy services or referral for those services
- ✓ All other medically necessary health care, diagnostic services and treatment measures

## Other Resources

For screening eligibility and EPSDT screening details, please go to [uhcommunityplan.com](http://uhcommunityplan.com) > For Health Care Professionals > Select your state – Pennsylvania > Bulletins > 2015 Bulletins - Pennsylvania Department of Human Services ESPDT Bulletin and Revised EPSDT Periodicity Schedule, where you will find:

- EPSDT Program Periodicity Schedule and Coding Matrix
- Recommended Childhood Immunization Schedule
- Dental Periodicity Schedule per the American Academy of Pediatric Dentistry

**In cases of suspected developmental delay or elevated blood lead levels (lead level >10), the primary care provider must contact CONNECT at 800-692-7288 to refer the child for early intervention.**

## EPSDT Billing Guidelines

Please refer to the following EPSDT Periodicity Schedule and Coding Matrix when billing for these services.

CPT Codes	
New Patient	Established Patient
99381 Age < 1 year	99391 Age < 1 year
99382 Age 1-4 years	99392 Age 1-4 years
99383 Age 5-11 years	99393 Age 5-11 years
99384 Age 12-17 years	99394 Age 12-17 years
99385 Age 18-20 years	99385 Age 18-20 years

Referral Codes Must be included on the claim- Block 10d	
Referral Codes	Definition
YD	Dental Referral
YM	Medical Referral
YV	Vision Referral
YH	Hearing Referral
YB	Behavioral Health Referral
YO	Other Referral

EPSDT Modifiers Must be included on the claims line for all EPSDT Services	
Modifier	Definition
EP	Complete EPSDT Screen
52	Incomplete Screening
90	Outpatient Lab
U1	Autism

Claims must have a diagnosis code of **Z76.1, Z76.2, Z00.121, or Z00.129** as the primary diagnosis code.

### Billing Tips

- If you detect an illness during the well visit, do not change the coding to a sick visit. Use Z76.1, Z76.2, Z00.121, or Z00.129 as the primary diagnosis codes. The second diagnosis is then determined by the detected illness.
- Claims should include the customary fee for the EPSDT E&M codes. Payment of EPSDT claims is subject to the contracted fee.
- The 52 and 90 modifiers for lab services must be used, where appropriate, for the claim to be paid in full.
- EPSDT referral codes (block 10d of CMS-1500), including: YD (dental), YM (medical), YV (vision), YH (hearing), YB (behavioral health), YO (other referral) **must be included** on the claim.
- Enter Visit Code 03 (Block 24h of CMS-1500) when providing EPSDT services.
- Newborn EPSDT screens performed in the inpatient hospital setting, ICD Z38.00 must be used as primary with Z76.1, Z76.2, Z00.121, or Z00.129 as a secondary field. Submit CPT code 99460 for newborn care during the admission and 99463 for newborn care on the day of discharge.
- Autism screening is required for the 18-month and 24-month visit. This screening must be billed with CPT code 96110 with a U1 modifier.

### Contact Information

If you have questions, call UnitedHealthcare Community Plan Provider Services at 800-600-9007.