

Healthy Children and Youth/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Billing and Coding Guide



Per American Academy of Pediatrics (AAP)/Bright Futures, Centers for Medicare & Medicaid Services (CMS) and state guidance

Thank you for helping people live healthier lives through the Healthy Children and Youth/EPSDT program. This guide can assist your practice with applicable billing and coding, which can help increase your program participation and screening rates. **Please refer to state, AAP and CMS billing protocols to ensure the accuracy of EPSDT code submissions.**

Healthy Children and Youth/EPSDT Preventive Services Billing Codes ^{1,2,3}			
Age	CPT® Code: New Patient	CPT Code: Established Patient	ICD-10-CM Codes
< 1 year	99381	99391	Z00.110 – Newborn to < 8 days old or Z00.111 – Newborns 8-28 days old or Z00.121 – Routine child health exam with abnormal findings Z00.129 – Routine child health exam without abnormal findings
1-4 years	99382	99392	Z00.121 Z00.129
5-11 years	99383	99393	Z00.121 Z00.129
12-17 years	99384	99394	Z00.121 Z00.129
18-21 years	99385	99395	Z00.00 – General adult medical exam without abnormal findings Z00.01 – General adult medical exam with abnormal findings
Modifiers			
<p>EP: EPSDT service. EP modifier cannot be used with CPT Codes 99385/99395.</p> <p>52: Partial EPSDT screening; provider must complete Sections 1-5 of the Healthy Children and Youth Screening Guide.</p> <p>59: Distinct Service. Identify components of EPSDT screen related to developmental and mental health.</p> <p>UC: Modifier UC is used for an EPSDT referral for follow-up care as a result of the EPSDT screening.</p> <p>25: Modifier 25 is used with the appropriate office or outpatient service code (99201-99215) if an illness, abnormality, or significant medical problem is encountered or a pre-existing problem is addressed in the process of performing the EPSDT service. The appropriate office/outpatient code, with Modifier 25, should be reported in addition to the preventive medicine service code.</p>			

Components of a Healthy Children and Youth/EPSTD Exam

Full screenings must be performed by an enrolled MO HealthNet physician, nurse practitioner or nurse midwife for infants ages 0-2 months and females ages 15-20 years. A screening must include the following components:

- Interval history
- Unclothed physical examination
- Anticipatory guidance
- Lab/immunizations (reimbursed separately)
- Lead assessment (Healthy Children and Youth Lead Risk Assessment Form)
- Development personal-social and language
- Fine motor/gross motor skills
- Hearing
- Vision
- Dental (refer to dental provider when medically indicated)

Partial screenings include an unclothed physical and history screen (CPT 9938152EP-9938552EP and 9939152EP-9939552EP) and the first five sections of the age appropriate screening guide:

- Interval history
- Unclothed physical exam
- Anticipatory guidance
- Lab/Immunizations
- Age-appropriate lead screening (Healthy Children and Youth Lead Risk Assessment guide)

Z00.121 Routine child exam with abnormal findings may include but not limited to:	Z00.129 Routine child health exam without abnormal findings and can be billed with chronic conditions even if they are stable.
<ul style="list-style-type: none"> • Acute injury • Acute illness • Abnormal screen • Abnormal exam finding 	<ul style="list-style-type: none"> • If the stable/improving chronic condition has to be addressed for medication refill or routine follow-up, the chronic condition may be reported in addition to the well child exam “with normal findings.”
<ul style="list-style-type: none"> • Abnormal exam finding 	<ul style="list-style-type: none"> • Verify the condition, medications, durable medical equipment, injections/infusions that are managed by the specialist.
<ul style="list-style-type: none"> • Incidental or trivial finding that is diagnosed in the patient’s chart 	<ul style="list-style-type: none"> • Address/rule out any suspected conditions.
<ul style="list-style-type: none"> • Newly diagnosed chronic condition 	<p>Note: When an Annual Wellness Visit is performed, the Z00 code series should always be entered in the primary diagnosis position; Z02 codes (sports physicals, school physicals, etc.) should always be entered in the second diagnosis position or beyond.</p>
<ul style="list-style-type: none"> • Chronic condition being controlled • Chronic condition being uncontrolled • Chronic condition that had to be addressed due to exacerbation (except medication refills) • New issues arising related to the chronic condition 	

Notes

- A care provider cannot bill for an office visit and a Healthy Children and Youth screen on the same date of service unless documentation in the medical record indicates a medical need for the office visit.
- UnitedHealthcare Community Plan will reimburse care providers for a sick visit for the same date of service. See Modifier 25. Documentation must support that the sick visit was significant and separately identifiable.
- Initial newborn examinations have been identified as Healthy Children and Youth screenings; use either procedure code 99460 or 99461. Field 24h on the CMS-1500 **must** be marked with an “E.”
- Independent Rural Health Centers will bill HCPCS T1015 with the applicable CPT codes and modifiers.
- Always follow the state and CMS billing guidelines and ensure EPSTD codes are covered before submission.
- This document provides general EPSTD information for billing and coding. For more detailed information, please refer to the MO HealthNet care provider manual.

¹Section 8. Healthy Children and Youth Program. (May 2013). Retrieved April 2017 from dss.mo.gov/mhd/providers/education/pro/pro08.pdf

²Coding for Pediatric Preventive Care 2016. (2016). Retrieved from aap.org/en-us/Documents/coding_factsheet_brightfuturespreventivemedicine.pdf

³2016-ICD-10-CM-and-GEMs (n.d.). Retrieved April 2017 from cms.gov/medicare/coding/icd10/2016-icd-10-cm-and-gems.html