



Iowa Early Periodic Screening, Diagnosis and Treatment *Care for Kids* Program Provider Training

The Early Periodic Screening, Diagnosis and Treatment (EPSDT) *Care for Kids* program is Iowa's Medicaid program for children. The program recommends regular well-child, preventive health visits. These help care providers identify medical, developmental and social-emotional concerns in children and adolescents younger than 21. Medicaid pays for any medically necessary diagnostic and treatment services for issues discovered during these exams. Note: this program is not available to **hawk-i** members.

What Does EPSDT Mean?

Early	Children should receive quality health care from birth through age 20 that includes identifying, diagnosing and treating medical conditions as early as possible.
Periodic	Children should receive well child visits at regular intervals through childhood and adolescence according to Iowa EPDST Care for Kids Health Maintenance Recommendations
Screening	Children should be screened for health, developmental and behavioral concerns. Screenings should include health history, developmental and behavioral assessments, physical exams, immunizations, lab tests, nutrition/obesity prevention, oral health exam, health education (anticipatory guidance) and vision and hearing screenings.
Diagnosis	Children should be evaluated for health, developmental and social- emotional problems identified during well-child visits.
Treatment	Children should be treated for health, developmental or social- emotional problems identified during well-child visits.

EPSDT Benefits

Members younger than 21 who are enrolled in Medicaid are entitled to the following EPSDT benefits:

<p>Regular Well-Child Examination/Screening</p>	<ul style="list-style-type: none"> • Comprehensive health and developmental history including screening of physical and mental health development • Comprehensive unclothed physical exam. • Appropriate immunizations according to Centers for Disease Control and Prevention's Immunization Schedules. • Lab tests, including lead toxicity screening. • Education about expected developmental milestones, healthy lifestyles and accident and disease prevention. • Vision, hearing and dental screening, including referral to a dentist within six months of eruption of first tooth or by 12 months and follow up questions about dental home status at every visit. <ul style="list-style-type: none"> ○ Dental services, at a minimum: screening, preventive care, relief of pain and infections, restoration of teeth and maintenance of dental health ○ Vision services, at a minimum: screening, diagnosis and treatment for defects in vision, including eyeglasses ○ Hearing services, at a minimum: screening, diagnosis and treatment for defects in hearing, including hearing aids. Might include follow-up to newborn hearing screening
<p>Diagnosis</p>	<ul style="list-style-type: none"> • When a screening shows a need for further evaluation.
<p>Treatment and Other Necessary Healthcare</p>	<ul style="list-style-type: none"> • To correct or improve issues discovered during the screening process

Periodicity Schedule Explained

Iowa Medicaid EPSDT Care for Kids Periodicity Schedule was updated by the Iowa Department of Human Services and changes* were effective on October 31, 2017.

History Initial/Interval	Comprehensive health, nutrition and developmental histories should be reviewed and updated at every visit.	
Physical Exam Well Visit	<p>2-5 day visit:</p> <p>Infants need evaluated at 2-5 days old and within 48-72 hours of hospital discharge (assesses feeding and jaundice)</p> <p>Infants discharged prior to 48 hours of age should be seen within 48 hours of discharge</p> <p>Thirty-month visit: A 30-month visit is strongly recommended to screen the child's development including language and social development. Anticipatory guidance should be provided including safety promotion and developmental milestones.</p> <p>Older children and adolescents: Annual screening exams are recommended by the American Academy of Pediatrics (AAP) and by Iowa Medicaid.</p> <p>Please note, this has now changed from the every other year requirement. *See Periodicity schedule for frequency of all well visits. UHCCommunityPlan.com > Health Professionals > Iowa > Provider Training > EPSDT Care For Kids Program Health Maintenance Recommendations</p>	<p>Useful CPT Codes for Well Visits:</p> <p><1 year - 99381, 99391</p> <p>1-4 years – 99382, 99392</p> <p>5-11 years – 99383, 99393</p> <p>12-17 years – 99384, 99394</p> <p>18-21 years – 99385, 99395</p> <p>Referral: Add the U1 modifier to the screening code when a condition is identified resulting in a referral for treatment.</p>
Sensory Screening	<p>Vision: Assessment for vision risk should be completed at every visit. Instrument screenings should be considered annually from age 1 to 5 years. Evidence of child vision screening is required for kindergarten and third grade enrollment.</p> <p>Hearing: Universal screening of all newborns and infants is required by Iowa law. Verify results and follow up as necessary. Office screening of hearing is recommended beginning at 4 using an audioscope, screening audiometry, or otoacoustic emissions.</p>	

<p>Oral Health</p>	<p>Screening and Risk Assessment: Examination of the oral cavity and dentition with anticipatory guidance related to oral health and dental care is recommended at every visit. Members should be referred to a dental home by 12 months or within 6 months of first tooth eruption. Iowa law requires children under age 12 who receive Medicaid to have a dental home.</p> <p>Fluoride Varnish Applications: Fluoride varnish may be applied to children every 3-6 months in the primary care or dental office once teeth are present from age 6 months to 5 years.</p>	<p>Fluoride Varnish Application: CPT Code 99188</p>
<p>Developmental and Behavioral Health</p>	<p>Family Risk Factor Screening: Assessment of family risk factors such as parental depression, substance use, domestic violence, parental history of abuse, and social supports are recommended at each visit. Tools such as the Bright Futures intake form or the Social History of the Iowa Child Health and Development Record can be used to screen for risk factors.</p> <p>Developmental Screening: Screening should be completed at 9, 18, and 24-30 months. ASQ-3 is the recommended screening tool to assess development.</p> <p>Autism Screening: Screening should be completed at 18 and 24 months. M-CHAT R/F is the recommended screening tool. Any child suspected of an autism spectrum disorder should be referred for services and diagnostic evaluation immediately, and they should receive an audiological evaluation.</p> <p>Depression Screening: Screening for depression of children and adolescents is recommended beginning at 12 years.</p> <p>Tobacco, Alcohol, and Drug Use Screening: Screening for alcohol, tobacco, and substance use is recommended to be completed annually beginning at 11 years by directly asking about usage or experimentation. Tools such as the CRAFFT screening tool can be helpful for identifying problematic substance use.</p>	<p>Separate billing for objective developmental, behavior and mental health screening on the same date of service as a well visit is allowed by Medicaid.</p> <p>Standardized Screening Tool: CPT Code 96110</p> <p>Caregiver Depression Screening: CPT Code 96161</p> <p>Adolescent Depression Screening: CPT Code 96127</p> <p>Referral: Add the U1 modifier to the screening code when a condition is identified which results in a referral for treatment.</p>
<p>Anticipatory Guidance</p>	<p>Practical health information should be given to parents regarding significant physical, emotional, and psychological milestones.</p>	
<p>Nutrition/ Obesity Prevention</p>	<p>Assessment and anticipatory guidance related to nutrition and obesity should be completed at every visit with intervention as needed.</p>	

<p>Procedures</p>	<p>Immunizations: Age appropriate immunizations should be administered per the CDC immunization guidelines. The child’s immunizations should be checked at every visit to monitor for any opportunity to complete any needed or overdue immunizations.</p> <p>Hemoglobin/Anemia: An initial test should be completed at 12 months for all individuals. Any members at risk should also receive a screen at 4 months, 15 months, and every visit afterwards.</p> <p>Lead Screening: Lead risk assessment using the IDPH lead questionnaire should begin at 6 months. For all children testing should be completed at 12 and 24 months. For members with higher risk, the initial test should be completed when high risk level is determined, as well as 12, 18, and 24 months, and then annually up to age 6.</p> <p>Lipid Screening: Assessment for high risk should be completed at 24 months, and 4, 6, 8, and 12-17 years. Children with high risk should be screened with a fasting lipid profile. All children should be tested between 9 and 11 years and between 17 and 21 years. For members who are not at high risk, non-fasting non-HDL cholesterol can be used.</p> <p>STI/HIV Screening: Sexually transmitted infection screening should be completed for adolescents per the AAP Red book recommendations. HIV screening is recommended for all members from 16 to 18 years old. Members determined to be at high risk should be tested annually. In the state of Iowa, the law requires minors to give written consent for HIV testing and treatment and they must be informed that their legal guardian will be notified if the test is positive.</p> <p>Tuberculosis Risk Assessment: High risk groups including those at risk for close contact with the disease (recent immigrants or refugees from countries where TB is common, residents of correctional institutions or homeless shelters, members with certain underlying medical disorders, etc.) should be tested annually.</p> <p>Cervical Dysplasia Screening: Routine screening for cervical dysplasia are recommended starting at age 21. Indications for pelvic exams prior to 21 years can be found in the 2010 AAP statement “Gynecologic Examination for Adolescents”.</p>	<p>Separate billing for laboratory testing and administration of vaccines on the same date of service as a well visit is allowed by Medicaid.</p> <p>Immunizations CPT Codes:</p> <p>DTaP - 90698, 90700, 90721, 90723</p> <p>Hep A – 90633</p> <p>Hep B - 90723, 90740, 90744, 90747-48</p> <p>HiB - 90645-48, 90698, 90721, 90748</p> <p>HPV - 90649-51</p> <p>Influenza – 90655, 90657, 90661-62, 90673, 90685, 90687</p> <p>IPV - 90698, 90713, 90723</p> <p>Meningococcal - 90644, 0734</p> <p>MMR - 90705-08, 90710</p> <p>PCV - 90669-70</p> <p>Rotavirus - 90680-81</p> <p>Tdap - 90715</p> <p>VZV - 90710, 90716</p> <p>Lead Screening: CPT Code 83655</p>
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We’re here to help

If you have questions, ask for the EPSDT coordinator by calling Provider Services at **888-650-3462** or visit **UHCprovider.com** for more information.

