Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Orientation for AmeriHealth Caritas New Hampshire Providers

AmeriHealth Caritas New Hampshire

Delivering the Next Generation of Health Care

Overview

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- What is EPSDT?
- AmeriHealth Caritas New Hampshire EPSDT requirements.
- Periodicity schedule.
- EPSDT diagnostic and treatment components.
- EPSDT screening time frames.
- Medical necessity review.
- Service coordination.
- Vaccines for Children (VFC) Program.
- Developmental delay and referral to New Hampshire Family-Centered Early Supports and Services (FCESS).
- EPSDT components, diagnosis codes, modifiers and referral codes.
- EPSDT tracking.
- EPSDT follow-up and outreach.

What is EPSDT?

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- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is Medicaid's benefit for children and adolescents younger than age 21 in low-income families, and includes a broad selection of preventive, diagnostic and treatment services.
- EPSDT helps ensure that Medicaid beneficiaries younger than age 21 have access to the health care they need when they need it, and covers most health services needed to stay as healthy as possible.
- EPSDT helps ensure that eligible children and young adults can receive preventive services, early care and acute care, and ongoing, long-term treatment and services to prevent, diagnose, and treat health problems as early as possible.
- EPSDT addresses potential or existing health problems before they begin, or before becoming advanced and life-limited, and treatment becomes more complex and costly. It often offers coverage without many of the restrictions in overall Medicaid or a Medicaid waiver for this age group.

Source: https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html

EPSDT Requirements

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All plan PCPs are required to:

- Provide EPSDT services to members from birth to younger than age 21, according to the American Academy of Pediatrics (AAP) Periodicity Schedule, or upon request, in order to determine the existence of a physical or mental health condition.
  - *For reference, a current Periodicity Schedule from the AAP is included in the next two slides.*
- Make referrals to the to New Hampshire Family-Centered Early Supports and Services (FCESS) through the New Hampshire Department of Health and Human Services (DHHS) when developmental delay is identified.

Source: https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html

Periodicity Schedule

https://brightfutures.aap.org/Pages/default.aspx

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

AGE[1]	Prenatal[2]	INFANCY: Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	EARLY CHILDHOOD: 12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	MIDDLE CHILDHOOD: 5 y	6 y	7 y	8 y	9 y	10 y	ADOLESCENCE: 11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																				
Weight for Length		•	•	•	•	•	•	•	•	•	•																					
Body Mass Index[5]												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	★	•	★	•	★	★	★	★	•	★	★	★	★	★	★
Hearing		•[8]	•[9]	←	→	★	★	★	★	★	★	★	★	★	•	•	•	★	•	★	•	←	←	•[10]	→	←	•	→	←	•	→	
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Screening[11]								•			•		•																			
Autism Spectrum Disorder Screening[12]											•	•																				
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment[13]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment[14]																						★	★	★	★	★	★	★	★	★	★	★
Depression Screening[15]																							•	•	•	•	•	•	•	•	•	•
Maternal Depression Screening[16]				•	•	•	•																									
PHYSICAL EXAMINATION[17]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES[18]																																
Newborn Blood		•[10]	•[10]	→																												
Newborn Bilirubin[27]		•																														
Critical Congenital Heart Defect[22]		•																														
Immunization[23]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia[24]						★			•	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	• or ★[26]		★	• or ★[26]		★	★	★	★															
Tuberculosis[27]					★		★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	←	•	→	★	★	★	★	★	←			•	→
Sexually Transmitted Infections[29]																							★	★	★	★	★	★	★	★	★	★
HIV[30]																							★	★	★	★	←	•	→	★	★	★
Cervical Dysplasia[31]																																•
ORAL HEALTH[32]							•[33]	•[33]	★			★	★	★	★	★	★															
Fluoride Varnish[34]							←	•	→																							
Fluoride Supplementation[35]							★	★	★			★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★				
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S105413391600048X).
11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
12. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://pediatrics.aappublications.org/content/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://crafft.org.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at (https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf).
16. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://pediatrics.aappublications.org/content/143/1/e20183259).
17. At each visit, age-appropriate physical examination is essential, with infant totally undclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
18. These may be modified, depending on entry point into schedule and individual need.

(continued)

KEY: • – to be performed ★ – risk assessment to be performed with appropriate action to follow, if positive ← • → – range during which a service may be provided

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Periodicity Schedule (continued)

https://brightfutures.aap.org/Pages/default.aspx

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(continued)

19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://www.babysfirsttest.org/newborn-screening/status) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (http://pediatrics.aappublications.org/content/124/4/1193).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/129/1/190.full).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at https://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (http://pediatrics.aappublications.org/content/138/1/e20161493) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Adolescents should be screened for HIV according to the USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening1) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening2). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/126/3/583.full).
32. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
33. Perform a risk assessment (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx). See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
34. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening). Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).
35. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care

(Periodicity Schedule)

This schedule reflects changes approved in October 2019 and published in March 2020.
For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN OCTOBER 2019

MATERNAL DEPRESSION

- Footnote 16 has been updated to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice' (https://pediatrics.aappublications.org/content/143/1/e20183259)."

CHANGES MADE IN DECEMBER 2018

BLOOD PRESSURE

- Footnote 6 has been updated to read as follows: "Screening should occur per 'Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents' (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

ANEMIA

- Footnote 24 has been updated to read as follows: "Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter)."

LEAD

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure, see 'Prevention of Childhood Lead Toxicity' (http://pediatrics.aappublications.org/content/138/1/e20161493) and 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention' (https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)."

HRSA
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EPSDT Diagnostic and Treatment

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- For the initial examination and assessment of a child, PCPs are required to perform the relevant EPSDT screenings and services, as well as any additional assessment, using the appropriate tools to determine whether or not a child has special health care needs.
- Participating PCPs are required to include the following components in each medical screening:

  - Routine physical examinations as recommended and updated by the American Academy of Pediatrics (AAP) and described in "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents".
  - Screening for developmental delay at each visit through the 5th year; and
  - Screening for Autistic Spectrum Disorders per AAP guidelines.
  - Comprehensive, unclothed physical examination.
  - All appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices.
  - Laboratory testing (including blood lead screening appropriate for age and risk factors).
  - Health education and anticipatory guidance for both the child and caregiver
  - Health History
  - Growth and Development Assessment
  - Vision and Hearing Screening
  - Dental Screening and Education
  - Developmental/Behavioral Screening
  - Nutrition Assessment and Education
  - Referral for Further Diagnostic and Treatment Services, if needed

Source: https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html

EPSDT Diagnostic and Treatment (continued)

- The PCP must make an initial assessment of the health needs of the child at the first appointment, and create a treatment plan, including the child's need for primary or specialty care.
- The PCP must provide the age-appropriate laboratory screenings —such as newborn blood and bilirubin, anemia, lead, dyslipidemia, sexually transmitted infections, and HIV — as recommended by the American Academy of Pediatrics (AAP) and Bright Futures. Refer to the AAP/Bright Futures Periodicity schedule in this presentation or at https://brightfutures.aap.org/Pages/default.aspx.
- The results of the assessment must be listed in the individual's medical records.
- The plan will be discussed with the family or custodial agency, and if they disagree or wish to opt out, they may do so at any time.
- The PCP should make a recommendation regarding whether care coordination services should be provided to the child based on medical necessity, and, with the family's/custodial agency's consent, this recommendation shall be binding on AmeriHealth Caritas New Hampshire.

EPSDT Diagnostic and Treatment (continued)

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- All individuals younger than age 21 are entitled under the Omnibus Budget Reconciliation Act of 1989 (OBRA ’89) to receive all medically necessary health care services that are in Section 1905(a) of the Social Security Act and required to treat a condition diagnosed during encounters with a Health Care Provider practicing within the scope of state law.
- Prior authorization is not required for preventive care (early and periodic screens/wellness visits). But, prior authorization may be required for other EPSDT diagnostic and treatment services not specifically listed as a State Plan benefit.
- Members who need additional services for further assessment and treatment of conditions found during an EPSDT examination may receive assistance with arrangements for recommended diagnostic and treatment services, as necessary, through the Rapid Response and Outreach (RROT) program.
- Contact the Rapid Response and Outreach Team at **1-833-212-2264**.

EPSDT Screening Time Frames

- PCPs should follow the time frames for screenings, immunizations, and services as outlined in the American Academy of Pediatrics (AAP) Periodicity Schedule.
- PCPs must provide EPSDT appointments within six weeks of a requested appointment for EPSDT services.
- PCPs must provide EPSDT screenings within 30 days of the screening due date for children younger than age 2.
- PCPs must provide EPSDT screenings within 60 days of the screening due date for children age 2 and older.
- Initial EPSDT screenings must be offered to new members within 60 days of becoming an AmeriHealth Caritas New Hampshire member, or as needed to comply with the periodicity schedule.

Medical Necessity Review

- When adjudicating service authorizations for members younger than age 21, the services will be reviewed for medical necessity on a case-by-case basis, according to the documented individual condition of the member, by an appropriately licensed medical professional.
- Mandatory and optional EPSDT services will be covered when individual review establishes medical necessity.
- AmeriHealth Caritas New Hampshire will refer or arrange for any medical service when those services are not covered in the managed care program.
- AmeriHealth Caritas New Hampshire is responsible to deliver the requested service, product or treatment upon final determination of medical necessity.
- AmeriHealth Caritas New Hampshire will provide medically necessary services in the most cost-effective manner, as long as the service provided is similar to what was requested, does not delay delivery of the service, or limit the member's right to free choice of providers within the network.
- While an EPSDT service is under review for medical necessity, AmeriHealth Caritas New Hampshire may suggest an alternative service. Member is not obligated to accept the suggestion.

Service Coordination

- The Rapid Response Outreach Team (RROT) assists parents/guardians of Members with access and arrangements for needed services identified through EPSDT screens.
- At-risk children ages 0 to 5 with service gaps are identified, and the parents/guardians are educated on the EPSDT screenings, immunizations, and services that are due.
- The RROT assists with the coordination of services needed.

Vaccines for Children Program

- AmeriHealth Caritas New Hampshire PCPs are encouraged to participate with the Vaccines for Children (VFC) Program to receive vaccines for Medicaid-eligible members younger than age 19.
    - AmeriHealth Caritas New Hampshire will not reimburse providers for vaccines that are available through the VFC program, but AmeriHealth Caritas New Hampshire will reimburse for administration of the vaccine.
- Primary care providers must administer vaccines consistent with the AAP/Bright Future Periodicity Schedule.
- Providers are expected to plan for a sufficient supply of vaccines and are required to report the use of VFC vaccines immunizations by:
    - Billing the plan with the appropriate procedure code(s) and modifier.
    - Reporting all immunizations to the Division of Public Health Immunization Registry.
- For more information about the VFC program, visit https://www.dhhs.nh.gov/dphs/immunization/vfc.html

Screening and Referral for Developmental Delay

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- Following an EPSDT screen, if the screening provider suspects developmental delay and the child is not receiving services at the time of screening, he or she is required to refer the child (if not older than age 3) to New Hampshire Family Early Supports and Services (FCESS) for referral to local early intervention supports and services.
- Referrals to FCESS can be made by phone at **1-800-852-3345**, **ext. 5036** or **ext. 5122**. The person or agency must give the following information:
  - Child's name.
  - Child's date of birth.
  - Address.
  - Phone number.
  - Parent's name(s).
  - Reason for the concern.
- Parental consent is not required to make a referral. Referral sources are encouraged to talk with the parents before referring a child to FCESS.
- Visit https://www.dhhs.nh.gov/dcbcs/bds/earlysupport/index.htm for more information on FCESS.

EPSDT Components, Diagnosis Codes, Modifiers, and Referral Codes

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Providers must:

- Use Z76.1, Z76.2, Z00.121 or Z00.129 as the primary diagnosis code.
- Use one of the individual age-appropriate procedure codes outlined on the most current EPSDT Periodicity Schedule, as well as any other EPSDT-related service (e.g., immunizations).
- Use EPSDT modifiers as appropriate:
  - EP - Complete Screen;
  - 52 - Incomplete Screen;
  - 90 - Outpatient Lab;
  - U1 - Autism.
    - Use U1 modifier in conjunction with CPT code 96110 for Autism screening.
    - CPT code 96110 without a U1 modifier is to be used for a Developmental screening.

EPSDT Components, Diagnosis Codes, Modifiers, and Referral Codes (continued)

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- When a referral(s) was made as a result of the screen, the appropriate EPSDT referral codes must be entered in block 10d of the CMS 1500, or 37 a,b of the UB-04.

  - YD – Dental (required for age 3 and older).
  - YO – Other Referral.
  - YV – Vision.
  - YH – Hearing.
  - YB – Behavioral Health.
  - YM – Medical.

  For all other claims, enter new Condition Codes as appropriate. Available 2-digit Condition Codes include nine codes for abortion services and four codes for worker's compensation. Please refer to the National Uniform Claim Committee for the complete list of codes. Examples include:

  - AD – Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from or Exacerbated by the Pregnancy Itself
  - W3 – Level 1 Appeal

EPSDT Tracking System to Share Information with Providers

AmeriHealth Caritas New Hampshire has a tracking system that provides information on compliance with EPSDT service provision requirements.

- Data is obtained from AmeriHealth Caritas New Hampshire claims and historical claims.
- Analysis of claim submissions, encounter data, and available registry data is performed and shared with providers.
- Data on member's EPSDT service status is shared with providers through the NaviNet provider portal via the member clinical summary and care gaps reports.
  - Panel/Care Gap reports identify members who are missing, due, or up-to-date with EPSDT services.
  - Member Clinical Summary for each member shows visits and missing or overdue EPSDT services.
  - HEDIS® Interim Reports show provider performance scores for year to date EPSDT services.
  - PCP/Advanced Medical Home (AMH) profile reports show well-child and immunization measures, and compare providers to a representative peer group.

EPSDT Follow-up and Outreach

AmeriHealth Caritas New Hampshire

The process for reminders, follow-up, and outreach to Members includes:

- Reminder calls to parents/guardians of children younger than age 2 are made to remind them of immunizations and screenings that are due in the next month. Assistance with scheduling appointments is offered.
- Alerts go to the Member Services staff and Care Managers for any children missing EPSDT services when that child's ID number is entered into the system. Staff will address the missing and overdue services with the parent/guardian when they contact the plan for any reason.
- Texting campaigns provide member-specific reminders, such as well-child visits in the first 15 months, and well-child visits at 3, 4, and 6 years of age.
- Necessary assistance with transportation to help ensure that recipients obtain necessary EPSDT screening services. AmeriHealth Caritas New Hampshire contracts with Coordinated Transportation Solutions (CTS) for nonemergency medical transport (NEMT) and mileage reimbursement. Members can access NEMT services by contacting CTS at **1-833-301-2264.**
- Providers may contact Member Services at **1-833-704-1177 (TTY 1-855-534-6730)** or the Rapid Response and Outreach Team at **1-833-212-2264** to arrange NEMT services on behalf of a member.

Issue Follow-up

- Members with blood lead levels of 5 to 14 mcg/dl receive care coordination to facilitate environmental remediation, parent/guardian education, and monitoring.
- Members with blood lead levels of 15 or greater mcg/dl are assigned a care manager who collaborates with the PCP to facilitate coordination of additional diagnostic procedure, treatment, and resources as needed.
- RROT reaches out to members identified to have missed lead screenings.
- Members with a potential need based on an EPSDT screen (identified through direct physician referral or submission of a claim modifier) receive care coordination to facilitate additional diagnostic procedures, treatment, parent/guardian education and community resource connections, as appropriate.

Missed Service Strategy

AmeriHealth Caritas New Hampshire

- “Make Every Member Contact Count” Our care management and contact center staff who come in contact with a EPSDT eligible member or family member are alerted (via pop-up alert) to the member’s care gaps.
- RROT provides targeted outreach to all EPSDT members to remind them of upcoming “soon due” well visits and also addresses missed visits, screenings, and other gaps in care during the call.
- Care Gaps calls by Community Health Navigators are routine calls to members to address missing immunizations and screenings that are past due.

Community Outreach Strategy

- AmeriHealth Caritas New Hampshire connects members with services from community-based organizations to supplement covered and non-covered services and to assist with social determinants of health issues.
- Community events: AmeriHealth Caritas New Hampshire partners with community organizations to promote healthy-behavior learning events such as nutritional classes, health screenings, and educational presentations.
- Community partnerships: AmeriHealth Caritas New Hampshire partners with community agencies to provide additional supportive services.

Thank you!

AmeriHealth Caritas
New Hampshire