

# EPSDT Quick Reference Guide



## Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Screens

Under EPSDT, state Medicaid agencies must provide and/or arrange for the promotion of services to eligible children younger than age 21 that include:

- Comprehensive, periodic, preventive health assessments
- All medically necessary immunizations
- Age-appropriate screenings as defined on the state's periodicity schedule
- Additional examinations to treat/address health issues

Treatment for all medically necessary services discovered during an EPSDT screening is also covered.

### EPSDT requirements

Under Florida and federal laws, the EPSDT program must provide the following services according to a periodicity schedule developed by the Department of Human Services (DHS) as recommended by the American Academy of Pediatrics:

- A comprehensive health and developmental history, including both physical and mental health development
- A comprehensive unclothed exam
- Appropriate immunizations according to age and health history
- Appropriate laboratory tests, including blood lead-level assessment
- Health education, including anticipatory guidance

For screening eligibility information and services required for a complete EPSDT screen, please consult the EPSDT User Reference Guide and Periodicity Schedule which may be found on our website at [www.amerhealthcaritasfl.com/Providers/Resources/EPSDT](http://www.amerhealthcaritasfl.com/Providers/Resources/EPSDT). For a complete EPSDT program description, please consult your AmeriHealth Caritas Florida Provider Manual.

The following diagnosis codes should be used in conjunction with EPSDT claims submitted:

ICD-10	
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z00.110	Encounter for health examination for newborn under 8 days old
Z00.111	Encounter for health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z38.00	Encounter for single live born infant, delivered vaginally
Z38.01	Encounter for single live born infant, delivered by cesarean
Z38.1	Encounter for single live born infant, born outside hospital
Z38.2	Encounter for single live born infant, unspecified as to place of birth
Z38.30 – Z38.8	Encounter for range of codes for multiple births
Z76.1	Encounter for health supervision and care of a foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child

**Important information for Place of Service 21:** When billing for newborns in an inpatient setting, please use diagnosis code Z38.00, Z38.01, Z38.1, Z38.2, or Z38.30–Z38.8 in the primary field with Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, or Z76.2 in the secondary field when submitting an EPSDT screen performed in an inpatient hospital setting.

## Submit claim(s) with the following CPT codes for these services:

CPT	
New patient	Established patient
99460 Newborn Care (during admission)	99463 Newborn (same day discharge)
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	99395* Age 18–20 years

\*requires modifier EP

Maternal depression screens
96161** Administration of caregiver-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standard instrument.

\*\*96161 is not separately reimbursable but should be billed for encounter purposes with a billed charge of \$0.00.

Lead level screening	
Billable service	CPT code
Lead screening	83655

EPSDT billing guide				
UB-04	CMS 1500	Item	Description	C/R*
18	N/A	Condition codes	Enter the condition code A1 EPSDT.	R
67	21	Diagnosis or nature of illness or injury	When billing for EPSDT screening services, diagnosis codes Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, Z76.2, Z00.00 or Z00.01 (Routine Infant or Child Health Check) must be used in the primary field (21.1) of this block. Additional diagnosis codes should be entered in fields 21.2, 21.3, and 21.4. <b>An appropriate diagnosis code must be included for each referral.</b> Immunization V-codes are not required.  <b>Important information for Place of Service 21:</b> When billing for newborns in an inpatient setting, please use diagnosis code Z38.00, Z38.01, Z38.1, Z38.2, or Z38.30-Z38.8 in the primary field with Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, or Z76.2 in the secondary field when submitting an EPSDT screen performed in an inpatient hospital setting.	R
42	N/A	Revenue code	Enter revenue code 510.	R
44	24D	Procedures, services, or supplies CPT/HCPCS modifier	Populate the first claim line with the age-appropriate E & M codes (along with modifier EP when appropriate) when submitting a “complete” EPSDT visit, as well as any other EPSDT-related services (e.g., immunizations).	R
N/A	24H	EPSDT/family planning	Refer to EPSDT claims table below for screening codes.	R

## EPSDT and Family Planning

If an EPSDT referral was given:

- Loop 2300, Segment CRC02 = Y
- Loop 2300, Segment CRC03 = one of the following:
  - AV Available-not used (recipient refused referral)
  - S2 Under treatment
  - ST New service requested
- Loop 2400, Segment SV111 = Y

If the service is an EPSDT service and no follow-up services are required:

- Loop 2300, Segment CRC02 = N
- Loop 2300, Segment CRC03 = NU

\*Key: C — Conditional; must be completed if the information applies to the situation or service provided.

R — Required; must be completed for all EPSDT claims.