

Provider Manual

Section 8.0

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

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8.0 Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

8.1 Overview of EPSDT

8.1.1 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federally mandated Medicaid program developed to ensure that the Medicaid population younger than the age of 21 is monitored for preventable and treatable conditions which, if undetected, could result in serious medical conditions and/or costly medical care. Lighthouse must track the progress of all enrollees younger than the age of 21 and perform outreach as needed to encourage enrollees to obtain EPSDT health screens according to the AAP Guidelines for screening intervals. Once a condition is detected, treatment may be considered under EPSDT Special/Expanded Services if it is not a current covered benefit under Medicaid, if medical necessity is proven. EPSDT preventive health screens that result in any treatment recommendations must be monitored to ensure follow-up has occurred. If a Lighthouse provider believes prior authorization is needed for an EPSDT screening please call provider services at 844-243-5181 for all prior authorization inquiries. An online authorization can also be submitted on our provider portal at www.lighthousehealthplan.com.

8.2 EPSDT Eligibility

8.2.1 Enrollee Eligibility

Lighthouse enrollees from birth to age twenty-one (21) are entitled to receive EPSDT services.

8.2.2 Provider Eligibility

All Lighthouse PCPs who see children younger than the age of twenty-one (21) are required to conduct EPSDT screenings and complete all EPSDT billing requirements.

8.3 Covered Services

The following services are covered under the EPSDT preventive care program:

- Comprehensive screening exams according to the AAP periodicity schedule (see https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf)
- All Lighthouse eligible enrollees under the age of twenty-one (21) are entitled to EPSDT services

8.4 EPSDT Audits for Screening Elements

As part of Lighthouse’s Quality Improvement Program, the EPSDT/Quality Improvement (QI) department will conduct annual audits of submitted EPSDT claims by providers to review for completion of the age appropriate elements based on the approved Periodicity schedule. A benchmark has been established that each provider scores at least ninety percent (90%) on the completion of all critical elements of an age appropriate screen. If a provider scores less than ninety percent (90%), the EPSDT/QI staff will provide a detailed report of missing elements and education regarding the age appropriate standards. The provider will be reviewed again within six (6) months after the education has been completed. If a provider does not meet the ninety percent (90%) score at that time, the provider must submit a corrective action plan that is to be reviewed and approved by the Chief Medical Officer (CMO) and the Child and Adolescent/Quality Medical Management Committees (C&A/QMMC). Sanctions are to be determined and approved by the CMO and C&A/QMMC. Audit results and any audit material may be used to identify providers who require further examination and referral to the Program Integrity Unit and/or Reimbursement to determine recovery of overpayment to providers.

8.5 EPSDT Tracking/Enrollee Outreach

Tracking begins at enrollment for both newborns and other enrollees, and it continues periodically thereafter:

- The EPSDT program and the importance of preventive care are outlined in the Enrollee Handbook. EPSDT articles are included in all enrollee newsletters, on Lighthouse’s website, and in Lighthouse’s telephone on-hold messages.
- Reports are generated to check for enrollees who are due/overdue for preventive screens. If no documentation from the PCP has been processed, follow-up calls are made, or notices are mailed to enrollees.
- Reports are generated for enrollees who cannot be reached through written notification or by telephone. These enrollees are referred for home visit outreach.

8.6 EPSDT Reporting/Billing (Preventative Health Screens/Immunizations)

To complete an EPSDT preventive health screen:

- Verify enrollee’s eligibility either at www.lighthousehealthplan.com, reference the PCP monthly panel list, utilize the EPSDT Eligibility Confirmation Form, or contact the EPSDT team at [844-243-5181](tel:844-243-5181);
- For more information about www.lighthousehealthplan.com, or to create an account, visit www.lighthousehealthplan.com ;

- Once eligibility is verified, inform the parent/guardian that the visit will be an EPSDT screening; and
- Have the parent or legal guardian sign a consent form authorizing the provider to perform screening tests or other assessment procedures pertaining to EPSDT preventive health screens.

To receive reimbursement, all EPSDT services must be submitted as part of the standard electronic (837) or paper (CMS-1500) claims submission process.

To submit EPSDT services via claims:

- Continue to bill using the codes for comprehensive history and physical exam as used today. These codes must correspond with the enrollee's age.

CPT Code	Modifier	Code Description	Billing Format
99381- 99385	EP	New Patient	837/CMS-1500
99391- 99395	EP	Established Patient	837/CMS-1500

- Add an “EP” modifier to the physical exam code only when all components of the appropriate EPSDT screening interval have been completed and documented in the enrollee’s medical record. Do not add the EP modifier to other services being billed (i.e. immunizations).
- Acknowledge the following health evaluation services have been completed by submitting the appropriate CPT Category II codes, according to the enrollee's age, as outlined below. CPT II codes must include a nominal charge (i.e. \$.01 or \$1.00 not blank or zero) in order to adjudicate correctly.
- Two (2) years of age and above: 3008F to confirm the BMI has been performed and documented in the enrollee's medical record.
- Nine (9) years of age and above: 2014F to confirm the enrollee's mental status has been assessed and documented in the enrollee's medical record.
- Note in the appropriate box on the Referral Form that a referral has been made for additional services related to an EPSDT screening.

Mail Paper Claims to:

Lighthouse Health Plan
 PO BOX 211156
 Eagan, MN 55121

8.7 EPSDT Expanded Services

Providers who perform complete EPSDT health screens according to the recommendations in the Preventive Health Guidelines will be reimbursed a fee-for-service rate. EPSDT health screens must be billed on the standard electronic (837) or paper (CMS-1500) claim form.

Providers will be reimbursed an administration fee for recommended childhood and adolescent immunizations. Providers participating in the VFC program must submit claims with an SL modifier. Providers billing for immunizations outside of the VFC program will be reimbursed for administration as well as the vaccine serum.

AHCA requires all Providers submit immunization data into the Florida Shots online tracking system. Additional information for registration and data entry can be located at Florida Shots using the following link: <http://flshotsusers.com/healthcare-providers>.