

KAN Be Healthy EPSDT Quick Reference Guide

Recommended EPSDT Periodicity Schedule

	Birth	2 weeks	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years	5 years	6 years	7-21 Years
Children's Preventive Guidelines																	
History	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Yearly
Height or length/weight	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Yearly
Head circumference	√	√	√	√	√	√	√	√	√	√	√	√					Yearly
Body mass index (percentile if <16 years old)												√	√	√	√	√	Yearly
Blood pressure ¹	*	*	*	*	*	*	*	*	*	*	*	*	√	√	√	√	Yearly
Nutrition assessment/counseling	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Yearly
Physical activity assessment/counseling ²													√	√	√	√	Yearly
Vision exam	*	*	*	*	*	*	*	*	*	*	*	*	√	√	√	√	Yearly
Hearing exam	√	*	*	*	*	*	*	*	*	*	*	*	√	√	√	√	Yearly
Developmental assessment	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Yearly
Autism screening										√	√	√					
Psychological/behavioral assessment	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Yearly
Alcohol/drug use assessment																	Yearly
Physical exam (uncloned)	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Yearly
Oral/dental assessment	*	*	*	*	*	√	√	√	*	√	√	√	√	√	√	√	Yearly
Dental referral ³													√			√	Refer
Immunization assessment	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Yearly
Hematocrit or hemoglobin					*			√		*	*	*	*	*	*	*	Yearly
Lead screening						*	*	√		*	√	√	*	*	*	*	
Urinalysis																√	16 years
Tuberculin test if at risk			*			*		*		*	*	*	*	*			*
Dyslipidemia screening											*	*		*			*18-21
Sexually Transmitted Infection (STI) screening ⁴																	*11-21
Cervical dysplasia screening ⁴																	*11-21
Anticipatory guidance	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Yearly
Counseling/referral for identified problems	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Yearly

* Conduct a risk assessment. If high-risk conditions exist, perform a screening.

Notes:

- All well visits should include, at a minimum, an uncloned physical exam, developmental assessment, anticipatory guidance, age-appropriate screenings and immunizations as indicated.
- Health education should include counseling for issues and risk factors as well as information about the benefits of a healthy lifestyle, safety practices/accident avoidance and disease prevention.
- Screenings are as recommended by AAP and AAPD. An initial screening may be conducted at any time, even if the patient's age does not correspond to the periodicity schedule.

Please contact us if you are not receiving a monthly listing of your paneled Amerigroup members who have upcoming EPSDT services due.

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Use this chart to ensure your practice is following the appropriate age-specific guidelines for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

A visit should be scheduled for all new Amerigroup members within 60 days of enrollment.

Subsequent visits should be scheduled based on the recommended guidelines at the following ages:

- 2 weeks 12 months
- 1 month 15 months
- 2 months 18 months
- 4 months 24 months
- 6 months 30 months
- 9 months 3-21 years

Any child who has not had the recommended service(s) should be brought up-to-date as soon as possible.

Helpful Hints




- Use your Amerigroup member listing of patients due or overdue for EPSDT services and contact those patients to schedule an appointment.
- Maximize every visit by making sure the child is current on EPSDT services.
- Be sure your office uses the correct coding.

For complete information, see:

- American Academy of Pediatrics (AAP) Periodicity schedule at <http://brightfutures.aap.org> > Clinical Practice > Recommendations for Preventive Pediatric Health Care
- American Academy of Pediatric Dentistry Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance, and Oral Treatment for Infants, Children, and Adolescents Chart (AAPD) schedule at www.aapd.org > Policies & Guidelines.

¹ Children with specific risk factors should have their blood pressure taken at visits before age 3.
² National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set measure was added to the chart.
³ Refer for dental care anytime a problem is identified or a patient does not have a dental home. AAPD recommends a dental exam every 6 months at tooth eruption.
⁴ STI and cervical dysplasia screenings should be conducted on all sexually active females 11-21 years of age.

Immunizations															
Recommended Childhood Immunizations	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	23 months	2-3 years	4-6 years	Recommended Adolescent Immunizations	7-10 Years	11-12 Years	13-18 Years
Hepatitis B	Hep B	Hep B			Hep B							Tetanus, diphtheria, pertussis		Tdap	Tdap
Rotavirus			RV	RV	RV							Human papillomavirus		HPV (3 doses)	HPV series
Diphtheria, tetanus, pertussis			Dtap	Dtap	Dtap		Dtap				Dtap	Meningococcal	MCV	MCV	MCV
Haemophilus influenza B			Hib	Hib	Hib	Hib						Influenza	Influenza yearly		
Pneumococcal			PCV	PCV	PCV	PCV					PPSV	Pneumococcal	PPSV		
Inactivated poliovirus			IPV	IPV	IPV						IPV	Hepatitis A	Hep A series		
Influenza					Influenza yearly							Hepatitis B	Hep B series		
Measles, mumps, rubella						MMR					MMR	Inactivated poliovirus	IPV series		
Varicella						Varicella					Varicella	Measles, mumps, rubella	MMR series		
Hepatitis A						Hep A, dose 1				Hep A series		Varicella	Varicella series		
Meningococcal										MCV					

 Range of recommended ages for all children except certain high-risk groups	 Range of recommended ages for certain high-risk groups	 Range of recommended ages for catch-up immunizations
For complete information, visit the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip/index.html), AAP (www.aap.org) and the American Academy of Family Physicians (www.aafp.org).		

EPSDT Billing Codes						
CPT	New Patient	CPT	Established Patient	Other Coding Tips	Codes	Description
99381	Preventive visit, Age < 1 year	99391	Preventive visit, Age < 1 year	Always use as primary. Z00.121-Z00129 routine child codes (excludes infant or child over 28 days) or Z00.00-Z00.01 general adult codes:	Z68.5(x)*	BMI percentile <ul style="list-style-type: none"> Code out to the level of specificity
99382	Preventive visit, Age 1-4	99392	Preventive visit, Age 1-4		97802-97804	Counseling for nutrition
99383	Preventive visit, Age 5-11	99393	Preventive visit, Age 5-11	ICD-10 codes: If a problem is found, use the appropriate code as the secondary diagnosis. Do not change the coding from a well visit to a sick visit.	Z68.(x)-Z68.5(x)*	Adult BMI
					271.89	Counseling for physical activity
					90471-90474	Immunization administration codes
Referral Codes						
99384	Preventive visit, Age 12-17	99394	Preventive visit, Age 12-17	Use antigen codes along with immunization administration codes.	AV	Patient refused referral
99385	Preventive visit, Age 18-21	99395	Preventive visit, Age 18-21		S2	Under treatment referred for diagnostic or for corrective health problem
					ST	New services requested — referral

Payment will be made for medically necessary diagnostic or treatment services needed to correct or ameliorate illnesses or conditions discovered through screening regardless of whether such diagnostic or treatment services are covered under the plan. **Note:** Any medically necessary noncovered service requires precertification.

It is critical that the federally required referral code be appropriate for the DX code. For example, a diagnosis code of Z00.121 (routine infant or child health check) would be appropriate with a referral code of U or NU (completed normal/no referral).

For electronic claims, submit online at providers.amerigroup.com/KS or call 1-800-590-5745 to initiate electronic filing.

For paper claims, submit the CMS-1500 forms to:
 Amerigroup Kansas, Inc.
 P.O.Box 61010
 Virginia Beach, VA 23466