

Early and Periodic Screening, Diagnosis and Treatment billing requirements update

Background: Amerigroup Community Care has made updates to our Early and Periodic Screening, Diagnosis and Treatment (EPSDT) billing requirements. These updates align with the billing requirements outlined in the Department of Community Health's (DCH) *Part II Policies and Procedures for Health Check Services (EPSDT)*.

Why is this change necessary?

In an effort to achieve billing administration simplification for our providers, we conducted a comparison of our EPSDT billing requirements with the requirements contained in the DCH's *Part II Policies and Procedures for Health Check Services (EPSDT)*.

What is the impact of this update?

Amerigroup has made the following changes in our billing requirements for EPSDT services. These changes align with the DCH *Part II Policies and Procedures for Health Check Services (EPSDT)*. Amerigroup will continue to ensure our billing requirements adhere to federal and state guidelines.

1. Place of service (POS) 99

Amerigroup will accept claims billed with POS 99 for preventive health services and interperiodic visits. Claims billed for preventive health services and interperiodic visits with POS 99 will no longer deny as an invalid place of service. Claims billed for preventive health services and interperiodic visits with POS 11 will continue to be accepted.

2. Developmental screening — CPT 96110 and 96127 with modifier 59

CPT 96110 — Developmental screening: Amerigroup will no longer require modifier 59 for CPT 96110 when billed on the same date of service as a periodic visit, and these claims will no longer deny as incidental to the periodic visit. Amerigroup, however, will continue to honor claims billed with CPT 96110 and modifier 59.

3. Autism screening — CPT 96110 with EP and UA modifiers

CPT 96110 — Autism screenings when billed with the appropriate modifiers on the same date of service as a periodic visit will no longer deny as incidental to the periodic visit. When billed on the same encounter as developmental screening, report the service on separate lines with the appropriate modifiers to ensure accurate reporting and prevent claim denials for duplication of services.

4. Emotional/ behavioral assessment — CPT 96127 with modifier 59

CPT 96127 — Brief emotional/behavioral assessment: Amerigroup will no longer require modifier 59 for CPT 96127 when billed on the same date of service as a periodic visit, and these claims will no longer deny as incidental to the periodic visit. Amerigroup, however, will continue to honor claims billed with CPT 96127 and modifier 59.

The information in this update may be an update or change to your provider manual. Find the most current manual at:

<https://providers.amerigroup.com>

5. Modifier EP

The following procedure codes must be billed with modifier EP when the service is rendered as part of the member's EPSDT screening visit:

- All EPSDT preventive visit codes — CPT 99381-99385 and 99391-99395
- All EPSDT interperiodic visit codes — CPT 99201-99203 and 99211-99214
- All vaccine administration immunization codes rendered under the EPSDT program — CPT 90460 and 90471-90474
- Developmental screening (include EP **and** HA modifiers if during a catch-up visit) — CPT 96110
- Autism screening (include EP **and** UA modifiers) — CPT 96110
- Brief emotional/behavioral assessment (Brief emotional /behavioral assessments performed during nonperiodic visits should **not** include the EP modifier.) — CPT 96127

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.