

Early And Periodic Screening, Diagnosis And Treatment (EPSDT) Quick Reference Guide

Well-Child (EPSDT) Services

Every person up to age 21 who is eligible for Medicaid is entitled to receive a comprehensive set of health care services under the EPSDT program. These services include all “**medically necessary**” screening, diagnosis, and treatment services listed in Section 1905(r) of the Social Security Act.

Medical necessity is defined by DSS in Connecticut as “health care provided to correct or diminish the adverse health effects of a medical condition or mental illness; to assist an individual in attaining or maintaining an optimal level of health; to diagnose a condition; or prevent a medical condition from occurring.”

The comprehensive health services include, but are not limited to:

Initial and Periodic Comprehensive Health Screenings

- a complete physical exam (unclothed) & health history
- a developmental & nutritional assessment
- eye and hearing tests
- immunizations & lab tests, including lead levels, if needed
- health education and anticipatory guidance

Health education and anticipatory guidance may include discussions about diet, dental health, injury prevention as well as growth and developmental landmarks.

Dental Services

Dental services provided by or under the direction of a dentist, including relief of pain and infections, restoration of teeth and maintenance of dental health; initial visit at age two.

Administration and Interpretation of Developmental Tests

Objective standardized tests, recognized by the CT Birth-to-Three Council for further diagnosis and treatment of problems found during a comprehensive health screen or interperiodic encounter.

Case Management Services

Case management assessment and periodic reassessment, including development of the plan of services and revision as necessary; help gaining access to any social or educational service required for a child’s health or well-being; monitoring quantity and quality of services provided; advocacy to assist in obtaining needed services; and identifying available resources and making appropriate referrals.

Interperiodic Encounters

An encounter, visit, follow-up visit, or screening that is necessary to determine and/or treat a problem that was not evident at a scheduled periodic screening, but must be addressed prior to the next screening.

Personal Care Services

Services for a child who has a diagnosed disability and is judged to be able to benefit from personal care service activities as the result of a periodic screen or interperiodic encounter with a PCP.

EPSDT Special Services

Other medically necessary health care, diagnostic services, treatment, and other measures that meet the definition of medical necessity and are medically appropriate.

EPSDT Procedure Codes

Preventive medicine service codes

The following codes should be used by providers to record EPSDT screening visits: 99431 (newborns), 99381-99385 (new patients), 99391-99395 (established patients). The code number depends on the age of the child and should be used for initial preventive medicine evaluation and management of an individual, including a comprehensive history and examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures.

Other ways to report well child exams

- An Evaluation and Management Code from the series 99201-99215 with an appropriate well care diagnosis (V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9)
- In a clinic setting, revenue center codes 51X with an appropriate well child care diagnosis (V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9) to indicate provision of a comprehensive well care visit.
- T1015, the general clinic encounter code must be combined with either age-appropriate preventive care codes, or E and M codes combined with a well-child care diagnosis, to indicate a well care visit.

For more information

For details on the use of EPSDT procedure codes, see Section 8.7 (physician version) of the Connecticut Medical Assistance Program Provider Manual, available at www.ctmedicalprogram.com.

Jan. 2007

EPSDT PERIODICITY SCHEDULE OF PREVENTIVE HEALTH SERVICES

Department of Social Services

revised – 6/06

INFANCY

EARLY CHILDHOOD

Age:	NB	2-4 DAYS (1)	2 Weeks	2 mo.	4 mo.	6 mo.	9 mo.	12 mo.	15 mo.	18 mo.	24 mo.	3 yr.	4 yr.	5 yr.		
Screening Components:																
History: Initial/Interval	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Physical Examination (2)	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Height/Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Head Circumference	X	X	X	X	X	X	X	X	X	X	X					
Blood Pressure												X	X	X		
Health Education (3) Anticipatory Guidance	SEE ATTACHED RECOMMENDATIONS															
Developmental / Beh. Assessment (4)	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Immunizations (5)	SEE ATTACHED IMMUNIZATION SCHEDULE															
Hereditary Metabolic Screening (6)	X	←→														
Lead Screening (7)							X	←→				X				
Hematocrit/ Hemoglobin							X	←→		W-HR	W-HR	X	W-HR	W-HR	W-HR	
Cholesterol Screening												HR	HR	HR	HR	
Tuberculin Test									HR	HR	HR	HR	HR	HR	HR	
Hearing Screening	O	S	S	S	S	S	S	S	S	S	S	S	O*	O		
Vision Screening	S	S	S	S	S	S	S	S	S	S	S	O*	O	O		
Initial Dental Referral (9)												X	←→			
Evaluate Dental Fluoride Access						X	X	X	X	X	X	X	X	X	X	
Dental Exam (13)												X	←→		X	X
Bitewing Films												X	←→		X	X

Key: X = To be performed; HR = To be performed for patients at risk; S = Subjective, by history or parental concern; O = By Objective Standardized Test (SNELLEN; AUDIOMETRIC); ←→ = The range during which a service may be provided, * If child uncooperative, re-screen within 6 months. W-HR= Required by WIC. Covered for WIC clients or high-risk clients.

Footnotes: (1) For Newborns discharged less than 48 hours after delivery; (2) At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped; (3) Age appropriate/patient specific health education and counseling should be part of every visit; (4) By history and appropriate physical examination; if suspicious, by specific objective developmental testing. Infants and children with risk factors for hearing loss or whose parents or others have concerns about the child's speech, language or hearing should be referred for audiological assessment; (5) Childhood immunizations are based on age and health history, and should be screened each visit; (6) Metabolic Screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to State law. Sickle Cell Screening if appropriate; (7) Further venous blood level measurement is required for children showing elevated lead level (greater than or equal to 10 ug/deciliter of whole blood); Children aged 2-5 should be screened at annual exam if there is no record of a negative lead screen. (9) Referral should be made no later than the third birthday. Earlier referral should be made if problem indicated. (13) Dental exam twice yearly at 6 month intervals, including cleaning and fluoride treatment.

EPSDT PERIODICITY SCHEDULE OF PREVENTIVE HEALTH SERVICES

Department of Social Services

revised – 6/06

MIDDLE CHILDHOOD

ADOLESCENCE

Age:	6 yr.	7-8 yr.(b)	9-10 yr.(b)	11 yr.	12 yr.	13 yr.	14 yr.	15 yr.	16 yr.	17 yr.	18 yr.	19 yr.	20 yr.	21 yr. *
Screening Components:														
History: Initial/Interval	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Physical Examination (2)	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Height/Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blood Pressure	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Education (3) Anticipatory Guidance	SEE ATTACHED RECOMMENDATIONS													
Developmental / Beh. Assessment (4)	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunizations (5)	SEE ATTACHED IMMUNIZATION SCHEDULE													
Hematocrit / Hemoglobin				←————— (9) —————→										
Urinalysis				←————— (10) —————→										
Cholesterol Screening	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR
Tuberculin Test	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR
Pelvic Exam/PAP Smear				←————— (11-HR)										
STD Screenings				←————— (12-HR)										
Hearing Screening	O (8)	O (8)	O	S	O	S	S	O	S	S	O	S	S	S
Vision Screening	O (8)	O (8)	O	S	O	S	S	O	S	S	O	S	S	S
Evaluate Dental Fluoride Access	X	X	X	X										
Dental Exam (13)	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Bitewing Films	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Key: X = To be performed; HR = To be performed for patients at risk; S = Subjective, by history or parental concern; O = By Objective Standardized Test; ←→ = The range during at which a service may be provided; * Appropriate provision of EPSDT services is required through age 20, up to, but not including, the 21st birthday. (b) Biannually, at 2 year intervals.

Footnotes:(2) At each visit, a complete physical examination is essential with infant totally undressed and older child undressed and suitably draped; (3) Age appropriate and patient specific health education and counseling should be a part of every visit; (4) By history and appropriate physical examination, if suspicious, by specific objective developmental testing or parental concern; (5) Childhood Immunizations are based on age and health history and should be screened each visit. (8) State law requires screening at school. Screening should be done if there is evidence it was not done at school. (9) Hemoglobin or Hematocrit to be administered x1 during adolescence, annually for menstruating females that are at risk for anemia; (10) Urinalysis to be administered x1 during adolescence, annually for sexually active clients at risk for STD's (i.e. gonorrhea, syphilis/serology, chlamydia, HIV, etc.); (11) All sexually active females should have a pelvic examination and a routine pap smear annually. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between 18-21 years. (12) All sexually active patients should be screened for sexually transmitted diseases (STD's); (13) Dental exam twice yearly at 6 month intervals, including cleaning and fluoride treatment.