

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Orientation for AmeriHealth Caritas North Carolina Providers



Delivering the Next
Generation
of Health Care

Overview

- What is EPSDT?
- ACNC EPSDT requirements.
- Periodicity schedule.
- EPSDT diagnostic and treatment components.
- EPSDT Screening Timeframes.
- Medical Necessity Review.
- Service Coordination.
- Vaccines for Children (VFC) Program.
- Into the Mouths of Babes Program.
- Developmental Delay and Referral to North Carolina Infant-Toddler Program (NC ITP).
- EPSDT components, diagnosis codes, modifiers and referral codes.
- EPSDT tracking.
- EPSDT follow-up and outreach.

What is EPSDT?

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is Medicaid's benefit for children and adolescents under age 21 in low-income families and includes a broad selection of preventive, diagnostic and treatment services.
- EPSDT ensures that Medicaid beneficiaries under age 21 have access to the health care they need when they need it, and covers most health services needed to stay as healthy as possible.
- EPSDT ensures that eligible children and young adults can receive preventive services, early care and acute care, and ongoing, long-term treatment and services to prevent, diagnose and treat health problems as early as possible.
- EPSDT addresses potential or existing health problems before they begin, or before becoming advanced and life-limited, and treatment becomes more complex and costly. It often offers coverage without many of the restrictions in overall Medicaid or a Medicaid waiver for this age group.

Source: <https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services-right-you/medicaids-benefit-children-and-adolescents>

ACNC EPSDT Requirements

All Plan PCPs are responsible to:

- Provide EPSDT services to ACNC members from birth to under age 21 according to the American Academy of Pediatrics Periodicity Schedule, or upon request, in order to determine the existence of a physical or mental health condition.
 - *For awareness, a current Periodicity Schedule from the AAP is included in the next two slides.*
- Make referrals to the North Carolina Infant-Toddler Program (NC ITP) through the Children's Developmental Services Agency (CDSA) when developmental delay is identified.

Source: <https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services-right-you/medicaids-benefit-children-and-adolescents>

Periodicity Schedule, page 2

<https://brightfutures.aap.org/Pages/default.aspx>

(continued)

19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (<https://www.hrsa.gov/advisory-committees/heritable-disorders/nusp/index.html>), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<https://www.babysfirsttest.org/newborn-screening/status>) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hypobilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (<http://pediatrics.aappublications.org/content/124/4/1193>).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<http://pediatrics.aappublications.org/content/129/1/196.full>).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at https://aabook.solutions.aap.org/55/immunization_Schedules.aspx. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (<http://pediatrics.aappublications.org/content/138/1/e20161493>) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.html).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Adolescents should be screened for HIV according to the USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening1>) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening2>). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/3/583.full>).
32. Assess whether the child has a dental home; if no dental home is identified, perform a risk assessment (<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224>).
33. Perform a risk assessment (<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>). See "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224>).
34. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening>). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/content/134/3/626>).
35. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/content/134/3/626>).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in October 2019 and published in March 2020.
For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN OCTOBER 2019

MATERNAL DEPRESSION

- Footnote 16 has been updated to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice' (<https://pediatrics.aappublications.org/content/143/1/e20183259>)."

CHANGES MADE IN DECEMBER 2018

BLOOD PRESSURE

- Footnote 6 has been updated to read as follows: "Screening should occur per 'Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents' (<http://pediatrics.aappublications.org/content/140/3/e20171904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

ANEMIA

- Footnote 24 has been updated to read as follows: "Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (iron chapter)."

LEAD

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure, see 'Prevention of Childhood Lead Toxicity' (<http://pediatrics.aappublications.org/content/138/1/e20161493>) and 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention' (https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)."

HRSA

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$5,000,000 with 10 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

EPSDT Diagnostic and Treatment

- For the initial examination and assessment of a child, PCPs are required to perform the relevant EPSDT screenings and services, as well as any additional assessment, using the appropriate tools to determine whether or not a child has special health care needs.
- Participating PCPs are required to include the following components in each medical screening:
 - Routine physical examinations as recommended and updated by the American Academy of Pediatrics (AAP) and described in “Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents”.
 - Screening for developmental delay at each visit through the 5th year; and
 - Screening for Autistic Spectrum Disorders per AAP guidelines.
 - Comprehensive, unclothed physical examination.
 - All appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices.
 - Laboratory testing (including blood lead screening appropriate for age and risk factors).
 - Health education and anticipatory guidance for both the child and caregiver
 - Health History
 - Growth and Development Assessment
 - Vision and Hearing Screening
 - Dental Screening and Education
 - Developmental/Behavioral Screening
 - Nutrition Assessment and Education
 - Referral for Further Diagnostic and Treatment Services, if needed

EPSDT Diagnostic and Treatment (continued)

- The PCP must make an initial assessment of the health needs of the child at the first appointment, and create a treatment plan, including the child's need for primary or specialty care.
- The PCP must provide the age appropriate laboratory screenings, such as newborn blood and bilirubin, anemia, lead, dyslipidemia, sexually transmitted infections, and HIV as recommended by the American Academy of Pediatrics (AAP) and Bright Futures. Refer to the AAP/Bright Futures Periodicity schedule in this presentation or at <https://brightfutures.aap.org/Pages/default.aspx>
- The results will be listed in the individual's medical records.
- The plan will be discussed with the family or custodial agency, and if they disagree or wish to opt out, they may do so at any time.
- The PCP should make a recommendation regarding if care coordination services should be provided to the child based on medical necessity, and with the family's/custodial agency's consent this recommendation shall be binding on ACNC.

EPSDT Diagnostic and Treatment (continued)

- All individuals under 21 are entitled under the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) to receive all Medically Necessary health care services that are in Section 1905(a) of the Social Security Act and required to treat a condition diagnosed during encounters with a Health Care Provider practicing within the scope of state law.
- Prior authorization is not required for preventive care (early and periodic screens/wellness visits). But, prior authorization may be required for other EPSDT diagnostic and treatment products provided.
- Members who need additional services for further assessment and treatment of conditions found during an EPSDT examination may receive assistance with arrangements for recommended diagnostic and treatment services, as necessary, through the ACNC Rapid Response and Outreach (RROT) program.
- Contact Rapid Response and Outreach team at 1-833-808-2262.

EPSDT Screening Timeframes

- PCPs should follow the timeframes for screenings, immunizations and services as outlined in the American Academy of Pediatrics (AAP) Periodicity Schedule.
- PCPs must provide EPSDT appointments within six weeks of a requested appointment for EPSDT services.
- PCPs must provide EPSDT screenings within 30 days of the screening due date for children under two years of age.
- PCPs must provide EPSDT screenings within 60 days of the screening due date for children age two and older.
- Initial EPSDT screenings must be offered to new members within 60 days of becoming an AmeriHealth Caritas North Carolina member, or as needed to comply with the periodicity schedule.

Medical Necessity Review

- When adjudicating service authorizations for members under twenty-one (21) years of age, the service will be reviewed for Medical Necessity on a case by case basis to the documented, individual condition of the member by an appropriately licensed medical professional.
- Mandatory and Optional EPSDT services will be covered when individualized review establishes medical necessity.
- ACNC will refer or arrange for any medical service when those services are not covered in the managed care program.
- ACNC is responsible to deliver the requested service, product or treatment upon final determination of medical necessity.
- ACNC will provide medically necessary services in the most cost effective manner, as long as the service provided is similar to what was requested, does not delay delivery of the service, or limit the member's right to free choice of providers within the ACNC network.
- While an EPSDT service is under review for Medical Necessity, ACNC may suggest an alternative service. Member is not obligated to accept the suggestion.

Service Coordination

- The Rapid Response Outreach Team (RROT) assists parents/guardians of Members with access and arrangements for needed services identified through EPSDT screens.
- At-Risk Children (age 0-5) with service gaps are identified and the parents/guardians are educated on the EPSDT screenings, immunizations and services that are due.
- The RROT assists with the coordination of services needed.

Vaccines for Children Program

- AmeriHealth Caritas North Carolina (ACNC) PCPs are encouraged to participate with the Vaccines for Children Program (VFC) to receive vaccines for Medicaid eligible members under age 19 years of age.
 - ACNC will not reimburse providers for vaccines that are available through the VFC program, but ACNC will reimburse for administration of the vaccine.
- Primary care providers must administer vaccines consistent with the AAP/Bright Future Periodicity Schedule.
- Providers are expected to plan for a sufficient supply of vaccines and are required to report the use of VFC vaccines immunizations by:
 - Billing the Plan with the appropriate procedure code(s) and modifier.
 - Reporting all immunizations to the Division of Public Health Immunization Registry.
- For more information about the VFC program, visit <https://immunize.nc.gov/providers/index.htm>
- Note: Vaccines provided for children enrolled in NC Health Choice are not covered by the VFC program, however, AmeriHealth Caritas North Carolina will reimburse the provider for both the vaccine and administration fee for North Carolina Health Choice members.

Into the Mouths of Babes (IMB) Program

- The Into the Mouths of Babes program trains medical providers who render services to children.
- The aim of the program is to deliver preventive oral health services by preventing and reducing early childhood tooth decay and increasing referral of high risk children to a dental home.
- Certification in the program permits medical providers to be paid to administer preventive oral health services to children from the time of tooth eruption until age 3 ½ (42 months).
 - Services include:
 - Oral Evaluation and Risk Assessment
 - Counseling with Primary Caregivers
 - Application of Topical Fluoride Varnish

Into The Mouths of Babes, continued

- Application of fluoride varnish can be compared to having a fluoride treatment at the dental office.
- Topical fluorides, including varnish, are most effective at preventing tooth decay when applied at regular intervals
- Medicaid-insured children may have the procedure a maximum of six times from tooth eruption until 3 ½ years of age (42 months).
- The procedure is recommended every three to six months and is most successfully incorporated as part of a well-child visit.
- Medicaid requires a 60-day time interval between procedures.

Into the Mouths of Babes Provider Training

- AmeriHealth Caritas North Carolina’s participating providers seeking certification for the first time must complete the ***Into the Mouths of Babes (IMB)*** 1-hour CME session. Contact the Oral Health Section of North Carolina Department of Health and Human Services (NCDHHS) at 919-707-5480 to schedule training.
- Previously trained providers may train others in their practice by following the step-by-step guide can be found on the NCDHHS website:
<https://publichealth.nc.gov/oralhealth/partners/IMB-toolkit.htm>
- The 1-hour live CME session includes training on conducting an oral evaluation, priority risk assessment and referral, parent counseling, fluoride varnish application, Medicaid coding and billing and information on how to obtain supplies of fluoride varnish.

For more information please visit:

<https://publichealth.nc.gov/oralhealth/partners/IMB.htm>

Screening and Referral for Developmental Delay

- Following an EPSDT screen, if the screening provider suspects developmental delay and the child is not receiving services at the time of screening, he or she is required to refer the child (not over three years of age) to the North Carolina Infant-Toddler Program (NC ITP), for referral for local early intervention supports and services.
- Referrals to the ITP can be made by phone, email, fax, letter, or in person at your local Children's Developmental Services Agency (CDSA). The person or agency must give the following information:
 - the child's name
 - date of birth
 - Address
 - telephone number
 - parent's name
 - the reason for the concern.
- Parental consent is not required to make a referral. Referral sources are encouraged to talk with the parents before referring a child to the ITP.
- Visit <https://beearly.nc.gov/> for more information on the North Carolina Infant-Toddler Program
- North Carolina Infant-Toddler Program 919-707-5520

EPSDT Components, Diagnosis Codes, Modifiers and Referral Codes

Providers must:

- Use Z76.1, Z76.2, Z00.121 or Z00.129 as the primary diagnosis code.
- Use one of the individual age-appropriate procedure codes outlined on the most current EPSDT Periodicity Schedule, as well as any other EPSDT related service, e.g., immunizations, etc.
- Use EPSDT modifiers as appropriate:
 - EP - Complete Screen;
 - 52 - Incomplete Screen;
 - 90 - Outpatient Lab;
 - U1 - Autism.
 - Use U1 modifier in conjunction with CPT code 96110 for Autism screening.
 - CPT code 96110 without a U1 modifier is to be used for a Developmental screening.

EPSDT Components, Diagnosis Codes, Modifiers and Referral Codes, continued

- When a referral(s) was made as a result of the screen, the appropriate EPSDT referral codes must be entered in block 10d of the CMS 1500, or 37 a,b of the UB-04.
 - YD – Dental (Required for Age 3 and above)
 - YO – Other Referral
 - YV – Vision
 - YH – Hearing
 - YB – Behavioral Health
 - YM – Medical

EPSDT Tracking System to Share Information with Providers

ACNC has a tracking system that provides information on compliance with EPSDT service provision requirements.

- Data is obtained from AmeriHealth Caritas North Carolina Claims and Historical Claims
- Analysis of claim submissions, encounter data and available registry data is performed and shared with providers.
- Data on member's EPSDT service status is shared with providers through the NaviNet provider portal via the member clinical summary and care gaps reports.
 - Panel/Care Gap reports identify members who are missing, due or up-to-date with EPSDT services
 - Member Clinical Summary for each member shows visits, missing or overdue EPSDT services.
 - HEDIS Interim Reports show provider performance scores for year to date EPSDT services
 - PCP/Advanced Medical Home (AMH) profile reports show well child and immunization measures, and compare providers to a representative peer group.

EPSDT Follow up and Outreach

The ACNC process for reminders, follow-up and outreach to Members includes:

- Reminder calls to parents/guardians of children under age 2 to remind them of immunizations and screenings that are due in the next month. Assistance with scheduling appointments is offered.
- Alerts to the Member Services staff and Care Managers for children missing EPSDT services when that child's ID number is entered into the system. Staff will address the missing and overdue services with the parent/guardian when they contact the Plan for any reason.
- Texting campaigns provide member-specific reminders, such as well child visits in the first 15 months, and well child visits at three four and six years.
- Necessary assistance with transportation to ensure that recipients obtain necessary EPSDT screening services. AmeriHealth Caritas North Carolina contracts with **LogistiCare** for non-emergent transportation.
- Providers may contact Member Services at 1-855-375-8811 or the Rapid Response department at 1-833-808-2262 to arrange non-emergency medical transportation (NEMT) services on behalf of a member.

Issue Follow-up

- Members with blood lead levels 5 through 14 mcg/dl receive care coordination to facilitate environmental remediation, parent/guardian education and monitoring.
- Members with blood lead levels 15 or > mcg/dl are assigned a care manager who collaborates with the PCP/AMH to facilitate coordination of additional diagnostic procedure, treatment, and resources as needed.
- RROT outreaches to members identified to have missed lead screenings.
- Members with a potential need based on an EPSDT screen (identified through direct physician referral or submission of a claim modifier) receive care coordination to facilitate additional diagnostic procedures, treatment, parent/guardian education and community resource connections, as appropriate.

Missed Service Strategy

- “Make Every Member Contact Count” Our care management and contact center staff who come in contact with a EPSDT eligible Member or family Member are alerted (via pop up alert) to the Member’s Care Gaps.
- Our Rapid Response and Outreach Team (RROT) provides targeted outreach to all EPSDT members to remind them of upcoming “soon due” well visits and also addresses missed visits, screenings, and other gaps in care during the call.
- Care Gaps Calls by Community Health Navigators - routine calls to Members to address missing immunizations and screenings that are past due.

Community Outreach Strategy

- AmeriHealth Caritas North Carolina connects members with services from community-based organizations to supplement covered and non-covered services and to assist with social determinants of health issues.
- Community Events: AmeriHealth Caritas North Carolina partners with community organizations to promote healthy-behavior learning events such as nutritional classes, health screenings and educational presentations.
- Community Partnerships: AmeriHealth Caritas North Carolina partners with community agencies to provide additional supportive services.

Your feedback is important to us.
Please take a few moments to complete the
survey by clicking the link below.

[EPSDT Training Survey](#)

