Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Medicaid recipients under 21 years of age are entitled to receive **all medically necessary health care, diagnostic services, treatment and other measures covered by Medicaid to correct or improve physical or mental conditions**. Services may include those not covered by Medicaid for recipients over the age of 21.

Screening

Medicaid recipients are eligible for checkups which are referred to as "EPSDT screens". Recipient screening includes medical, vision, hearing and dental screenings.

Medical Screening

Components of the EPSDT medical screenings include the following:

- A comprehensive health and developmental history (including assessment of both physical and mental health and development);
- A comprehensive unclothed physical exam or assessment;
- Appropriate immunizations according to age and health history (unless medically contraindicated or parents/guardians refuse at the time);
- Laboratory tests (including appropriate neonatal, iron deficiency anemia, and blood lead screening); and
- Health education (including anticipatory guidance).

NOTE: All components, including specimen collection, must be provided on-site during the same medical screening visit.

The services are available both on a regular basis, and whenever additional health treatment or services are needed. EPSDT screens may identify problems needing other health treatment or additional services.

If an abnormality or pre-existing problem is encountered and treatment is significant enough to require additional work to perform the key components of a problem oriented Evaluation and Management (E/M) service on the same date of service by the provider performing the

preventive medicine service visit, no additional office visit of a higher level than CPT code 99212 is reimbursable.

Neonatal/Newborn Screenings

Newborn screening (via heel stick) includes testing for 28 conditions recommended by the American College of Medical Genetics (ACMG). Louisiana Revised Statute 40:1299.1-3 requires hospitals with delivery units to screen all newborns before discharge regardless of the newborn's length of stay at the hospital. The Louisiana Administrative Code Title 48, Part V, Subpart 19, Chapter 63 provides the requirements related to newborn screenings.

Providers are responsible for obtaining the results of the initial neonatal screening by contacting the hospital of birth, the health unit in the parish of the mother's residence, or through the Office of Public Health (OPH) Genetics Diseases Program's web-based Secure Remote Viewer (SRV). (See Appendix A for contact information)

If screening results are not available, or if newborns are screened prior to 24 hours of age, newborns must have another newborn screen. The newborn infant should be rescreened at the first medical visit after birth, preferably between one and two weeks of age, but no later than the third week of life.

Initial or repeat neonatal screening results must be documented in the medical record for all children less than six months of age. Children over six months of age do not need to be screened unless it is medically indicated. When a positive result is identified from any of the 28 specified conditions, and a private laboratory is used, the provider must immediately notify the Louisiana OPH Genetics Disease Program.

Vision Screening

The purpose of the vision screening is to detect potentially blinding diseases and visual impairments, such as congenital abnormalities and malfunctions, eye diseases, strabismus, amblyopia, refractive errors, and color blindness.

Subjective Vision Screening

The subjective vision screening is part of the comprehensive history and physical exam or assessment component of the medical screening and must include the history of any:

- Eye disorders of the child or the child's family;
- Systemic diseases of the child or the child's family which involves the eyes or affects vision;

- Behavior on the part of the child that may indicate the presence or risk of eye problems; and

- Medical treatment for any eye condition.

Objective Vision Screening

Objective vision screenings may be performed by trained office staff under the supervision of a licensed Medicaid physician, physician assistant, registered nurse, or optometrist. The interpretive conference to discuss findings from the screenings must be performed by a licensed physician, physician assistant, or registered nurse.

Objective vision screenings begin at age three. The objective vision screening must include tests of:

- Visual acuity (Snellen Test or Allen Cards for preschoolers and equivalent tests such as Titmus, HOTV or Good Light, or Keystone Telebinocular for older children);

- Color perception (must be performed at least once after the child reaches the age of six using polychromatic plates by Ishihara, Stilling, or Hardy-Rand-Ritter); and

- Muscle balance (including convergence, eye alignment, tracking, and a cover-uncover test).

Hearing Screening

The purpose of the hearing screening is to detect central auditory problems, sensorineural hearing loss, conductive hearing impairments, congenital abnormalities, or a history of conditions which may increase the risk of potential hearing loss.

Subjective Hearing Screening

The subjective hearing screening is part of the comprehensive history and physical exam or assessment component of the medical screening and must include the history of:

- The child's response to voices and other auditory stimuli;

- Delayed speech development;

- Chronic or current otitis media; and
- Other health problems that place the child at risk for hearing loss or impairment.

Objective Hearing Screening

The objective hearing screenings may be performed by trained office staff under the supervision of a licensed Medicaid audiologist or speech pathologist, physician, physician assistant, or registered nurse. The interpretive conference to discuss findings from the screenings must be performed by a licensed physician, physician assistant, or registered nurse.

Objective hearing screenings begin at age four. The objective hearing screening must test at 1000, 2000, and 4000 Hz at 20 decibels for each ear using the puretone audiometer, Welsh Allyn audioscope, or other approved instrument.

Dental Screening

Refer to Medicaid Manual Chapter 16 – Dental Program for information pertaining to EPSDT dental screenings. (See Appendix A for information on how to access this manual)

Immunizations

Appropriate immunizations (unless medically contraindicated or the parents/guardians refuse) are a federally required medical screening component, and failure to comply with or properly document the immunization requirement constitutes an incomplete screening and is subject to recoupment of the total medical screening fee. The current Childhood Immunization Schedule recommended by Advisory Committee on Immunizations Practices (ACIP), American Academy of Pediatrics (AAP), and American Academy of Family Physicians (AAFP), which is updated yearly, should be followed. Providers are responsible for obtaining current copies of the schedule.

Laboratory

Age-appropriate laboratory tests are required at selected age intervals. Specimen collection must be performed in-house at the medical screening visit. A child cannot be sent to an outside laboratory to have blood drawn. Documented laboratory procedures provided less than six months prior to the medical screening should not be repeated unless medically necessary. **Iron deficiency anemia screening when required is included in the medical screening fee and CANNOT be billed separately.**

Providers should not bill Medicaid for lab services not performed in their own office.

Screening Periodicity Policy

Screening services should be provided according to the periodicity schedule. (See Appendix A for information on obtaining the periodicity schedule). Initial screenings must be scheduled within the following time limits:

- Newborns – immediately
- Children one month to three years of age – within 45 days
- Children three to six years of age – within 60 days
- Children six to 21 years of age – within 120 days

Periodicity Restrictions

Screenings must be performed on time at the ages shown on the periodicity schedule. A screening that is due when the child is six months old must be performed after the child has reached the age of six months, but before the seven-month birthday. A screening scheduled for three years of age must be performed between the child's third and fourth birthdays.

Screenings performed on children under two years of age must be performed at least 30 days apart. Screenings performed after the child's second birthday must be at least six months apart. Claims submitted for periodic screenings performed at an inappropriate time will not be paid.

Off-Schedule Screenings

If a child misses a regular periodic screening, that child may be screened off-schedule in order to bring the child up to date at the earliest possible time. However, all screenings on children who are under two years of age must be at least 30 days apart, and those on children age two through six years of age must be at least six months apart.

A medically necessary preventive/well-child screening performed that does not meet this minimum number of calendar days/months between screenings should be billed as an interperiodic screening.

Interperiodic Screenings

Interperiodic screenings may be performed if medically necessary. The parent/guardian or any medical provider or qualified health, developmental, or education professional that comes into

contact with the child outside the formal health care system may request the interperiodic screening.

An interperiodic screening can only be billed if the recipient has received an age-appropriate medical screening. If the medical screening has not been performed, then the provider should bill an age-appropriate medical screening.

An interperiodic screening includes a complete unclothed exam or assessment, health and history update, measurements, immunizations, health education and other age-appropriate procedures.

An interperiodic screening may be performed and billed for a required Head Start physical or school sports physical, but must include all of the components required in the periodic screening.

There is no limit on the frequency or number of medically necessary interperiodic screenings, or on the proximity to previous screenings. Therefore, it is essential that providers document in the recipient's records:

- Who requested the interperiodic screening;
- Why the screening was requested (the concern, symptoms or condition that led to the request); and
- The outcome of the screening (any diagnosis and/or referral resulting from the screening).

Documentation must indicate that all components of the screening were completed. Medically necessary laboratory, radiology, or other procedures may also be performed and should be billed separately. **A well diagnosis is not required.**

Diagnosis and Treatment

Screening services are performed to assure that health problems are found, diagnosed, and treated early before becoming more serious and treatment morecostly. Providers are responsible for identifying any general suspected conditions and reporting the presence, nature, and status of the suspected conditions.

Diagnosis

When a medical, vision, or hearing screening indicates the need for further diagnosis or evaluation of a child's health, the child must receive a complete diagnostic evaluation within 60 days of the screening.

An infant or toddler who meets or may meet the medical or biological eligibility criteria for Early Steps (infant and toddler early intervention services) must be referred to the local System Point of Entry (SPOE) within two working days of the screening. (See Appendix A for contact information for the Early Steps program)

Initial Treatment

Medically necessary health care, initial treatment, or other measures needed to correct or ameliorate physical or mental illnesses or conditions discovered in a medical, vision, or hearing screening must be initiated within 60 days of the screening.

Providing or Referring Recipients for Services

Providers detecting a health or mental health problem in a screening must either provide the services indicated or refer the recipient for care without delay. Providers who perform the diagnostic and/or initial treatment services should do so at the screening appointment when possible, but must ensure that recipients receive the necessary services within 60 days of the screening.

Providers who refer the recipient for care should make the necessary referrals at the time of screening. Referrals should not be limited to those services covered by Medicaid. Providers should attempt to locate other providers who furnish services at little or no cost and inform parents/guardians of costs associated with services that Medicaid does not cover. Providers should forward the necessary medical information and request a report of the exam results or services provided by the "referred-to" provider. This information should be maintained in the recipient's record.

Providers must follow up and document the record that the child kept the appointment and received services. If the child did not keep the appointment, the provider must make at least two good faith efforts to re-schedule the appointment. The provider must have a process in place to document these efforts.

Dental Treatment

Fluoride Varnish Application

Fluoride varnish applications are covered by Louisiana Medicaid when provided in a physician office setting once every six months for recipients six months through five years of age. Providers eligible for reimbursement of this service include physicians, physician assistants and nurse practitioners who have reviewed the fluoride varnish *Smiles for Life* training module and successfully completed the post assessment. Physicians are responsible to provide and document

training to their participating staff to ensure competency in fluoride varnish applications. (See Appendix A for information on accessing the training module)

Fluoride varnish applications may only be applied by the following disciplines:

- Appropriate dental providers;
- Physicians;
- Physician assistants;
- Nurse practitioners;
- Registered nurses; or
- Licensed practical nurses.

NOTE: Refer to Medicaid Manual Chapter 16 – Dental Program for information pertaining to EPSDT Fluoride Varnish Application. (See Appendix A for information on how to access this manual)

EarlySteps Program

The EarlySteps Program provides services to families with infants and toddlers aged birth to three years who have a medical condition likely to result in a developmental delay, or who have developmental delays. (See Appendix A for the web address to obtain additional information about EarlySteps).