Improve Wellness and Increase Compensation with Adolescent EPSDT* Visits

*Early and Periodic Screening, Diagnostic and Treatment

Here are some quick tips to improve the wellness of your patients and increase compensation by converting Sports Physicals into an annual compensated EPSDT visits for Medicaid Managed Care patients. Many components of an EPSDT visit are routinely completed in well child visit, including sports physicals.

The 8 most overlooked or undocumented components of the more highly compensated EPSDT visit for patients ages 12-20 include:

- Medication Reconciliation
- GU exam
- BMI calculation of percentile
- Sensory Screen – Vision
- Sensory Screen – Hearing
- Assessment of Age Specific Physical Development Milestones¹
- Anticipatory Guidance/Health Education and Counseling (Bright Futures)²

Document topics for which education or written information was provided

- Fluoride Varnish – take dental history, document screen, any referral to see dentist (direct bill to HCA)


Footnotes:

1) Age Specific Developmental Milestones

- Active in Sports / Physical Activities
- Puberty / Acne / Body image / Start of menses
- Tanner Development
- Growth Spurts
- Physical and Oral Health
- Healthy Eating

2) Topics for Anticipatory Guidance (topics discussed or written information distributed with/to the member/guardians must be documented in the medical record.)

- Steroid use (specific to patients in Sports)
- Puberty
- Physical Activity
- Helmet/seat belts/Safety gear
- Safe Sex
- Passive smoking/smoking/chewing
- Bullying
- Nutrition – Unusual eating practices
- Self-exams (Breast/Testicular)
- Oral Health
- HPV immunization with appropriate age group
- Sleep patterns
- Developmental Screening
- Sunscreen
- Behavioral Health / Depression Screening

Fall 2016
Coding and Documentation of Adolescent Preventive Care Services

Care services are coverable for Early and Periodic Screening, Diagnostic & Treatment (EPSDT) visits. EPSDT Codes are based according to patient status, age and services provided. These rates are for the adolescent age group.

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<tr>
<th>CPT Code</th>
<th>Type of Service</th>
<th>ICD-10-CM</th>
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<td>New patient, age 12-17 years</td>
<td>Z00.12X</td>
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<td>99385</td>
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<td>99395</td>
<td>Established patient, age 18+</td>
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**EPSDT Reimbursement***

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<th>Code Status Indicator (see Notes below)</th>
<th>Code</th>
<th>Maximum Allowable NFS</th>
<th>Maximum Allowable FS</th>
<th>Foster Care Clients/Must use Mod TJ</th>
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**Key to Abbreviations**

NFS=Non-Facility Service  
FS=Facility Service  
R=Relative Foster Care Placement

Non-EPSDT reimbursement rates for well child visits (99212) range from $13.45 – $23.83 according to the Medicaid Fee Schedule*. Each Managed Care Health Plan may reimburse at a higher rate and/or offer an annual incentive for providers/clinics based upon rates of completion of an EPSDT visit for the panel of Medicaid Managed Care enrollees.

**Notes regarding frequency of Physicals:**

1. Providers are reimbursed for one annual EPSDT visit per Medicaid Managed Care patient based on the calendar year (January-December).
2. Medicaid Fee for Service patient EPSDT visits are reimbursed once every 24 months.
3. Providers are reimbursed for EPSDT visits for Medicaid foster care clients without regard to the periodicity schedule when the screening exam is billed with a TJ modifier.

*All rates on this page are from the Medicaid Fee Schedule as of July 1, 2016; Current rates can be found on the Washington State Health Care Authority Website by searching for “fee schedules”.*