

New Coding Requirement for EPSDT Visits Takes Effect on Nov. 24

Correction from Original Fax

Beginning Nov. 24, 2016, coding requirements for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits are changing in order for us to become compliant with State requirements. As of that date, United HealthCare Community Plan of Delaware will track all recommendations for specialty care for members from birth to age 21 that result from an EPSDT visit.

Due to this contractual requirement between United Healthcare Community Plan of Delaware and the State of Delaware, please use the following referral codes beginning Nov. 24, 2016.

| Referral Codes Must be Included on the Claim | |
|---|----------------------------|
| Referral Codes | Definition |
| YB | Behavioral Health Referral |
| YD | Dental Referral |
| YH | Hearin Referral |
| YM | Medical Referral |
| YO | Other Referral |
| YN | No Referral Made |
| YV | Vision Referral |

The codes will be placed in space 10D on the HCFA 1500 form. Please place these codes on the claim form in addition to the PRIMARY diagnosis codes: 761, Z762 or z00129 and CPT codes: 99381, 99382, 99383, 99384, 99385 AND 99391, 99392, 99393, 99394 and 99385. **Please note: a diagnosis code has been changed and CPT codes have been added since the transmission of the first version of this fax. Please use this version.** If you do not include these additional codes on your EPSDT claims, they will be administratively denied.

If you detect an illness at the time of the well visit, please code the illness diagnosis as secondary.

If you have any questions, please contact your Provider Advocate, your Clinical Practice Consultant or call Linda Hunter, . director of quality management, at 302-



EPSDT Billing Guidelines

Claim must have a diagnosis code of Z761, Z762 or Z00129 as the Primary diagnosis code.

| CPT Codes | |
|-----------------------|-----------------------|
| New Patient | Established Patient |
| 99381 Age < 1 year | 99391 Age < 1 year |
| 99382 Age 1-4 years | 99392 Age 1-4 years |
| 99383 Age 5-11 years | 99393 Age 5-11 years |
| 99384 Age 12-17 years | 99394 Age 12-17 years |
| 99385 Age 18-20 years | 99385 Age 18-20 years |

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|---|----------------------------|
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EPSDT Screenings must include the following as recommended by the American Academy of Pediatrics and per Delaware Contractual

Requirements:

- ✓ Screening services, including a comprehensive health and developmental history, including both physical and mental development, nutritional assessment, and all appropriate immunizations according to age and health history
- ✓ An unclothed physical exam
- ✓ Laboratory tests, including hemoglobin and hematocrit, urinalysis, iron levels, TB skin testing, sickle cell anemia screening and blood lead level testing
- ✓ Health education including anticipatory guidance
- ✓ Vision services, including diagnosis and treatment for defects in vision, and eye exams for the provision of glasses
- ✓ Hearing services, including diagnosis and treatment for defects in hearing, and testing or the provision of hearing aids
- ✓ Dental screening, including diagnosis and treatment of dental disease (oral exam beginning at the eruption of the first tooth)
- ✓ Dental Care (referral to dentist for dental screening is required annually for all children aged 3 years and older as part of a complete EPSDT screen)
- ✓ Autism Screening
- ✓ Developmental Screening
- ✓ Mental health services, including counseling. Referral to behavioral health or medical providers to correct or ameliorate any problems discovered upon the screen, including those not covered on the Medical Assistance fee-for-service program
- ✓ Teenage pregnancy services or referral for those services
- ✓ All other medically necessary health care, diagnostic services, and treatment measures