

Billing and Policy

- EPSDT
- SCHIP (State Children's Health Insurance Program)
- Commercial Insurance



EPSDT: Federal Requirements

Developmental screening as a component of the well child visit:

- ◆ **“Comprehensive developmental history”**

Federal policy language does not specify:

Age at which to do screening

Type of tool to be used



EPSDT: A National View

Developmental Screening Tools

19 states have specific language about developmental screening:

17 states **recommend** specific standardized instruments (e.g., ASQ, PEDS, Denver II)

- 7 states: entire Medicaid program
- 8 states: FFS only
- 2 states : FFS & PCCM only

2 states **require** PCPS to use validated, standardized tools

- AZ –requires PCPs to use PEDS (effective 1/1/2006)
- NC-requires PCPS to use a validated, standardized tool such as PEDs and ASQ. Providers referred to dbped.org for a complete list. Specific ages required.

EPSDT: State Requirements

**List your State's policy on this
Slide**



Insert a Sample EPSDT Claim Here

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.											
SIGNED _____ DATE _____						SIGNED _____											
14. DATE OF CURRENT: MM DD YY			ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY								
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE						17a. I.D. NUMBER OF REFERRING PHYSICIAN			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY								
19. RESERVED FOR LOCAL USE						20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO			\$ CHARGES								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. <u>V20.2</u> 2. _____ 3. _____ 4. _____						22. MEDICAID RESUBMISSION CODE			ORIGINAL REF. NO.								
						23. PRIOR AUTHORIZATION NUMBER											
24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY		B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HPCS MODIFIER		E DIAGNOSIS CODE	F \$ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE					
1 11 14 04 11 14 04		11		99381 EP			80 33	1									
2 11 14 04 11 14 04		11		96110 EP			0 00	1									
3																	
4																	
5																	
6																	
25. FEDERAL TAX I.D. NUMBER			SSN EIN			26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$ 80 33		29. AMOUNT PAID \$		30. BALANCE DUE \$ 80 33	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Signature on File SIGNED _____ DATE 07/16/04						32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)						33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # Dr. Jane Provider 111 Provider Street Provider Town, NC 12345 PIN# 0000000 GRP# 0000001					

PHYSICIAN OR SUPPLIER INFORMATION

SCHIP:

Federal/State Requirements

- Federal Policy-not descriptive in terms of visit components
- State's Policy-What is your state's service requirements and how is it billed?

State Resources: Outreach Coordinator EPSDT & SCHIP

List Coordinators and how they can support practices:

E.g. in North Carolina they:

- Promote Health Check Screenings
- Assist parents with preventive care education and transportation needs
- Assist providers with follow-up on missed appointments



State Resources: Billing/ Policy

List resources to include billing guides, office tools, or websites

- NC- Health Check(EPSTD) Billing Guide, Special Bulletin I, April 2004 and newest bulletin April 2006 – Provide link to a guide on the web
- Office “Cheat Sheets”

Commercial Insurance

Well Child Visits & Developmental Screening:

Coverage will vary by insurance plan. Provide a list of major carriers and phone numbers for the providers. If available, list coverage by major carriers in your state.



Billing

- **Primary diagnosis should be:**

Periodic screening – v20.2

Interperiodic screening – v70.3

- **CPT code for developmental screening: 96110**

- **CPT codes well child visit:**

<u>Age</u>	<u>New patients</u>	<u>Established patients</u>
0-11 months	99381	99391
1-4 years	99382	99392
5-11 years	99383	99393
12-17 years	99384	99394
18-20 years	99385	99395