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 \textit{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 \textit{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 dbpeds.org for a complete list. Specific ages required.
EPSDT: State Requirements

List your State’s policy on this Slide
<table>
<thead>
<tr>
<th>21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY</th>
<th>(RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V20.2</td>
<td></td>
</tr>
</tbody>
</table>

22. MEDICAID RESUBMISSION CODE | ORIGINAL REF. NO. |

23. PRIOR AUTHORIZATION NUMBER |

<table>
<thead>
<tr>
<th>24. DATE(S) OF SERVICE FROM</th>
<th>To</th>
<th>PLACE OF SERVICE</th>
<th>TYPE OF SERVICE</th>
<th>PROCEDURES, SERVICES, OR SUPPLIES (EXPLAIN UNUSUAL CIRCUMSTANCES)</th>
<th>DIAGNOSIS CODE</th>
<th>$ CHARGES</th>
<th>DAYS OR UNITS</th>
<th>EPSDT FAMILY PLAN</th>
<th>COB</th>
<th>RESERVED FOR LOCAL USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/14/04</td>
<td></td>
<td>11/14/04</td>
<td>11</td>
<td>99381 EP</td>
<td></td>
<td>80.33</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>11/14/04</td>
<td></td>
<td>11/14/04</td>
<td>11</td>
<td>96110 EP</td>
<td></td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. FEDERAL TAX I.D. NUMBER | SSN | EIN |
26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) |
28. TOTAL CHARGE | $ | $ |
29. AMOUNT PAID | $ |
30. BALANCE DUE | $ |

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS |
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 |

Signature on File | SIGNED DATE | 07/16/04 |
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

- 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:

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