

Bright Futures/AAP Recommendations for Preventive Services and EPSDT



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Tennessee Chapter

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Preventive Services and EPSDT



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EPSDT Definition

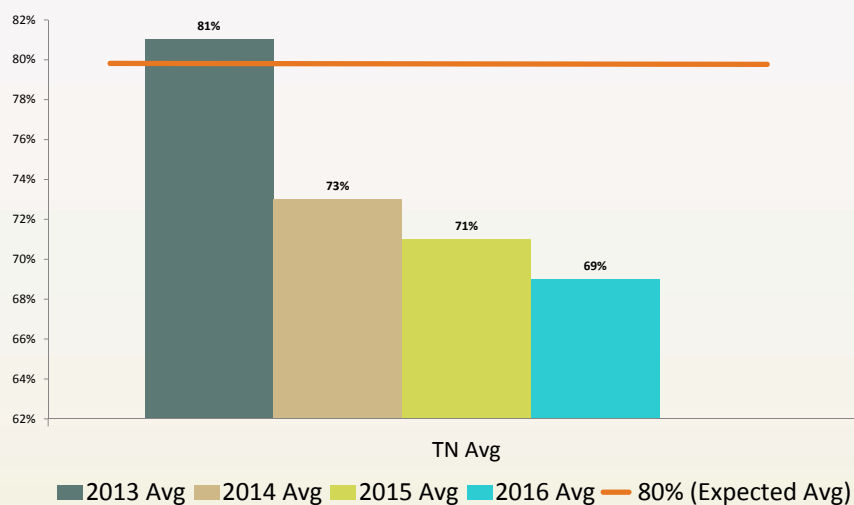
Early	Assessing and identifying problems early
Periodic	Checking children's health at periodic, age-appropriate intervals
Screening	Providing physical, mental developmental, dental hearing vision, and other screening tests to detect potential problems
Diagnosis	Performing diagnostic tests to follow up when a risk is identified
Treatment	Control, correct or reduce health problems found

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EPSDT Reporting

- Overall goal of 80 percent beneficiary participation in EPSDT
- States are required to report EPSDT services to the Centers for Medicare and Medicaid Services (CMS) for the CMS-416 report
- The data is used to monitor each state's EPSDT performance
- Data is collected through claims and reported to CMS

2013-2016 CMS-416 Rates TN Average



Overcoming Barriers to Delivery

- Missed opportunities
- Educating families
- Patient recall
- Timing and special events
- Adolescent friendly practices

Commercial vs Medicaid (EPSDT)

- The CPT codes used to report preventive services for commercial and Medicaid patients are the same (99381-99395)
- Commercial payers may limit the number of well-child visits to one per year/365 days, or per calendar year, while Medicaid allows for and provides coverage for interperiodic screenings

Interperiodic Screenings

EPSDT also requires coverage of medically necessary “interperiodic” screening outside of the state’s periodicity schedule. Coverage for such screenings is required based on an indication of a medical need to diagnose an illness or condition that was not present at the regularly scheduled screening or to determine if there has been a change in a previously diagnosed illness or condition that requires additional services. The determination of whether a screening service outside of the periodicity schedule is necessary may be made by the child’s physician or dentist, or by a health, developmental, or educational professional who comes into contact with a child outside of the formal health care system. This includes, for example, personnel working for state early intervention or special education programs, Head Start, and the Special Supplemental Nutrition Program for Women, Infants, and Children. A state may not limit the number of medically necessary screenings a child receives and may not require prior authorization for either periodic or “interperiodic” screenings.

https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

Preventive Medicine Services

New Patient

Initial E/M of a new patient requiring a comprehensive history, comprehensive exam, identification of risk factors, ordering of appropriate tests, and counseling

- 99381 Age < 1 year
- 99382 Ages 1 – 4 years
- 99383 Ages 5 – 11 years
- 99384 Ages 12 – 17 years
- 99385 Ages 18 – 39 years

Preventive Medicine Services

Established Patient

Periodic reevaluation and management requiring a comprehensive history, comprehensive exam, identification of risk factors, and ordering of studies

- 99391 Age < 1 year
- 99392 Ages 1 – 4 years
- 99393 Ages 5 – 11 years
- 99394 Ages 12 – 17 years
- 99395 Ages 18 – 39 years

New vs. Established Patient

- A new patient is one who has not received any professional services (defined as face-to-face services reported with a CPT code) from a physician or any physician within the same group practice of the exact same specialty or subspecialty within the past 3 years
- An established patient is one who has received a professional service (defined as a face-to-face service reported with a CPT code) from a physician or any physician within the same group practice of the same specialty or subspecialty within the past 3 years

Newborn Care Services

- **99460** - reported for the initial hospital or birthing center care for the evaluation and management of a normal newborn infant
- **99461** - reported for the initial care for the evaluation and management of a normal newborn infant seen in other than a hospital or birthing center
- **99463** – reported for the initial hospital or birthing center for the evaluation and management of a normal newborn infant admitted and discharged on the same date

Other Evaluation and Management CPT Codes

The following CPT codes are used to report problem-oriented visits:

99202-99205 – New Patient

99213-99215 – Established Patient

These visits are not counted in reporting EPSDT visits, unless :

- An EPSDT service was also performed during the encounter and
- The appropriate Z-code is reported

Diagnosis Codes Reported with Preventive Services

Z00.110 – Health examination for newborn under 8 days old

Z00.111 – Health examination for newborn 8 to 28 days old

Z00.121 – Routine child health examination with abnormal findings (over 28 days old)

Z00.129 – Routine child health examination without abnormal findings (over 28 days old)

*Reported for children 29 days through age 17

Z00.00 – General adult medical examination without abnormal findings

Z00.01 – General adult medical examination with abnormal findings

*Reported for ages 18 and older

Recommended Ages for EPSDT/Preventive Check-Ups

Infancy	Early Childhood	Middle Childhood	Adolescence
Prenatal	12 Month	5 Year	11 Year
Newborn	15 Month	6 Year	12 Year
3-5 Day	18 Month	7 Year	13 Year
1 Month	24 Month	8 Year	14 Year
2 Month	30 Month	9 Year	15 Year
4 Month	3 Year	10 Year	16 Year
6 Month	4 Year		17 Year
9 Month			18 Year
			19 Year
			20 Year

2016 TennCare Medical Record Review

Figure 5. EPSDT Compliance by Grand Region

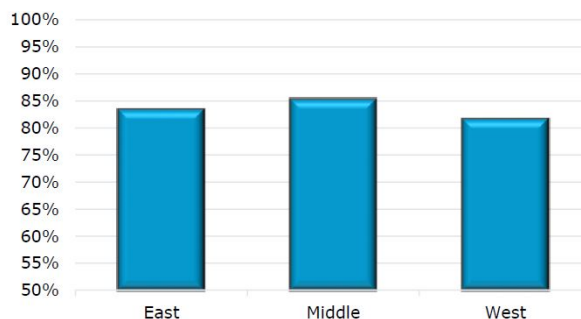


Table 6. EPSDT Compliance by Grand Region

East	Middle	West
83.4%	85.3%	81.7%

2016 TennCare Medical Record Review

Figure 8. EPSDT Compliance by Component

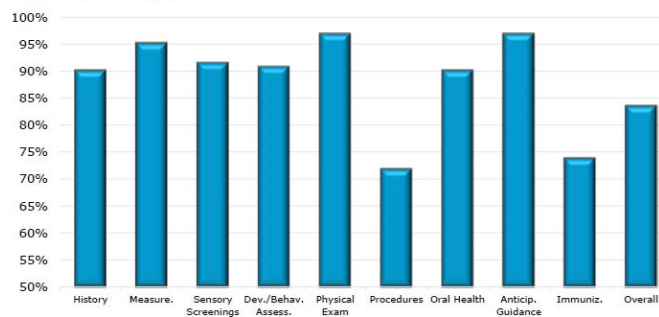


Table 9. EPSDT Compliance by Component

History	Measure	Sensory Screening	Dev/Behav Assess.	Physical Exam	Procedures	Oral Health	Anticip. Guidance	Immuniz.	Overall
90.1%	95.2%	91.5%	90.8%	96.9%	71.8%	90.1%	96.9%	73.8%	83.5%

EPSDT Components

- Comprehensive History
- Comprehensive Physical Exam (**unclothed or appropriately draped**)
- Vision Screen
- Hearing Screen
- Laboratory Screening/Procedures
- Immunizations
- Health Education/Anticipatory Guidance
- Any additional services that are indicated as age appropriate by the physician

Separately Reportable Services with EPSDT/Preventive Visits

- Evaluation and Management
- Hearing/Vision Screens
- Vaccine Administration
- Lab procedures such as Hemoglobin and Lead
- Use of Developmental/Behavioral Screening Tools
- Health Risk Assessments
- Unrelated Procedures (eg, wart removal)
- Significant and Separately Identifiable E/M services

*Modifier 25 is required for sick and well visits on the same day and may be required when additional services are reported with sick or well E/M codes.

Comprehensive History

- Past
 - ✓ Present and past health status
 - ✓ Allergies and immunizations
 - ✓ Current medications
- Family
- Social
- Interval
- Developmental/Behavioral Assessment

Comprehensive History

- Nutritional Assessment
 - All ages
- Lead Risk Assessment
 - Assess @ 6, 9 and 18 months, and every year 3-6 years
- Anemia Risk Assessment
 - Assess @ 4 months, 15 months – 21 years
- Dyslipidemia Risk Assessment
 - Assess @ 2-8 years and 12-16 years

Comprehensive Unclothed Physical Exam

- Physical examination (unclothed/appropriately draped)
- Weight
- Weight for Length – 0-18 months
- Height
- BMI - 24 months through 21 years
- Head Circumference - Newborn through 24 months
- Blood Pressure - 3 years
(patients under 3 if at risk)

Vision Screen

A vision screen is recommended for all ages with the first objective screen recommended at age 3 years.

- **Objective Screen** – 3, 4, 5, 6, 8, 10, 12, and 15 years of age
- **Subjective Screen** – All other ages

Vision Screen

Coding for Vision Screens

- 99173 - Quantitative bilateral visual acuity exam, (e.g., Snellen chart/wall chart)
- 99174 - Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report
- 99177 - with on-site analysis

Hearing Screen

A hearing screen is recommended for **All** ages with the first objective screen recommended for Newborns.

- **Objective Screen** – Newborn, 4, 5, 6, 8, and 10 years of age
- **Objective Screen with Audiometry including 6,000 and 8,000 Hz high frequencies:**
 - Once between 11 and 14
 - Once between 15 and 17
 - Once between 18 and 21
- **Subjective Screen** – All other ages

Hearing Screen

- 92551 - Screening test, pure tone, air only
- 92552 - Pure tone audiometry, threshold, air only
- 92567 – Tympanometry (impedance testing)
- 92583 - Select picture audiometry
- 92558 - Evoked otoacoustic emissions; screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis.

Laboratory Tests/Procedures

- Critical Congenital Heart Defect Screening
Newborn
- Newborn Metabolic Screening
0-2 months
- Newborn Bilirubin
Newborn
- Hematocrit or Hemoglobin Screening
12 months
- Lead Screening
12 and 24 months

Laboratory Tests/Procedures

- Tuberculosis Risk Assessment
Assess @ 1, 6, 12 and 24 months and 3-21 years
(Screen if at risk)
- Dyslipidemia Screening
Once between 9-11 and 17-21 years
- STI/HIV Screen
 - STI - screen sexually active patients 11-21 years
 - HIV - screen once between 15-18 years
- Cervical Dysplasia Screen
21 years

Laboratory Tests/Procedures

• Hemoglobin	85018
• HIV-1 Antibody	86701
• HIV Confirmation (Western Blot)	86689
• Lead	83655
• Lipid Panel	80061
• Total Cholesterol	82465
• HDL-C	83718
• Chlamydia culture	87110
• Chlamydia (rapid)	87810
• Gonorrhea (rapid)	87850
• Gonorrhea (direct probe technique)	87590
• PPD/TB Test	86580
Venipuncture/finger stick	36415/36416

Blood Lead Test

- CPT code **83655** is the procedure code that is used to identify that a blood lead test was performed
- Diagnosis Codes reported with 83655 include:
 - **Z77.011** - Contact with and (suspected) exposure to lead
 - **Z13.88** - Encounter for screening for disorder due to exposure to contaminants
 - **R78.11** - Abnormal lead level in blood
 - **Z57.8** - Occupational exposure to other risk factors

Immunizations

- Follow the Recommended Childhood Immunization Schedule from the AAP
- All immunizations must be documented
 - Type
 - Lot number
 - Date and signature
- Document if child is up to date
- Document parental refusal
- If immunizations received elsewhere, a copy of that record should be in the chart

Immunization Administration – Modifier 25

- Append **Modifier 25** to the Preventive E/M Codes (99381-99395) when reported with any immunization administration code (90460-90461 and 90471-90474)
- **Modifier 25** should also be appended to other non-preventive E/M services (99201-99215) when reported in conjunction with immunization administration – but only when the E/M service is significant and separately identifiable
- Preventive and Sick on same day as immunization administration – append **Modifier 25** to both the preventive and sick code

Immunization Administration Codes with Counseling

- **90460** – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component
- **90461** - each additional vaccine/toxoid component

EXAMPLE: MMR - 90707, 90460 and 90461 x 2

(Must be reported in addition to the vaccine and toxoid code(s)
90476-90479)

90460 and 90461

- **90461** is not reimbursed by the TennCare health plans
- You **CAN** report **90460** for each administration of each vaccine given
- Counseling must be performed by NP, PA, MD or DO
- Documentation of counseling and VIS sheet given must be included in the record
- If vaccine counseling is not performed or for patients over 18, report codes **90471-90474**

90471-90474

Report **90471-90474** for immunization administration of any vaccine that is:

- not accompanied by face-to-face physician or qualified health care professional counseling to the patient/family
- or for administration of vaccines to patients over 18
- or for nurse visits only

Vaccine Coding Table

AAP Resource:

– Vaccine Coding Table

https://www.aap.org/en-us/Documents/coding_vaccine_coding_table.pdf

ICD-10 Codes for Immunizations

- **Z23** is reported for all vaccine related encounters for all vaccines given
- Link **Z23** to both the product and vaccine administration CPT codes
- Report **Z23** in addition to any health exam ICD-10 codes

ICD-10 Codes for Immunizations Not Carried Out

- Z28.01 Due to of patient acute illness
- Z28.04 Due to allergy to vaccine or component
- Z28.09 Due to other contraindication
- Z28.1 Due to patient decision for reasons of belief or group pressure
- Z28.20 Due to patient decision for unspecified reason
- Z28.21 Due to patient refusal
- Z28.29 Due to patient decision for other reason
- Z28.82 Due to caregiver refusal
- Z28.9 For unspecified reason

Immunizations

NEW REQUIREMENT FOR VFC

- Beginning **January 1st, 2017**, all VFC enrolled providers will be required to record ***ALL*** administered immunizations for patients *under the age of 19* into TennIIS, regardless of VFC eligibility
- Practices are also encouraged to enter history shots
- The data in TennIIS is used for their AFIX immunization coverage assessments

Health Education/Anticipatory Guidance

- Injury prevention
- Violence prevention
- Sleep positioning counseling
- Nutrition counseling
- Media counseling

Developmental and Behavioral Screening



Developmental/Behavioral Screening

- Specific Age Recommendations from the AAP to allow for:
 - ✓ Earlier detection
 - ✓ Earlier treatment
 - ✓ Better outcomes for children with developmental delays
- Most payers recognize the value and will reimburse for this service

Developmental Surveillance and Psychosocial/Behavioral Assessments

- Developmental Surveillance is recommended at **ALL** ages
- Psychosocial/Behavioral Assessment is recommended at **ALL** ages

Developmental and Behavioral Screenings

- Developmental Screening
9, 18 and 30 months
- Autism Screening
18 and 24 months
- Depression Screening
12-21 years
- Alcohol and Drug Use Assessment
11-21 years
- Maternal Depression Screening
1, 2, 4 and 6 months



Developmental/Behavioral Screening

- **96110** – Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument
- **96127** – Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

96110 Examples

- Ages and Stages
- Bayley Infant Neurodevelopment Screener
- Brigance Screen
- Parents Evaluation of Developmental Status (PEDS)
- Modified Checklist for Autism in Toddlers Revised/Follow up (MCHAT-R/F)
- Denver Developmental Screening Test II (DDST)

96127 Examples

- Patient Health Questionnaire 9 (PHQ-9)
- Pediatric Symptom Checklist (PSC)
- Pediatric Symptom Checklist-Youth (PSC-Y)
- Pediatric Symptom Checklist-17 (PSC-17)
- Vanderbilt/NICHQ Caring for Children with ADHD Toolkit

Developmental Screening 96110

- If more than one screening tool is used, i.e., PEDS and MCHAT-R/F, both may be reported
- Use modifier -59 to indicate distinct procedure

Example:

96110

96110 - 59

******(Some payers will only accept the modifier 59 with multiple screens or may require that you report multiple screens in units, ie, 96110 X 2)

Emotional/Behavioral Screening 96127

- If more than one screening tool is used, i.e., ADHD and PSC, both may be reported
- Use modifier -59 to indicate distinct procedure

Example:

96127

96127 - 59

******(Some payers will only accept the modifier 59 with multiple screens or may require that you report multiple screens in units, ie, 96127 X 2)

96110 and 96127

- In order to report **96110** or **96127**, the medical record must include:
 - The screening tool used
 - Results of the screening
- Append modifier **-25** to the E/M service

Health Risk Assessment

99420 has been deleted!

NEW CODES:

- 96160** Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
- 96161** Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

Health Risk Assessment Examples

96160	96161
CRAFFT	Edinburgh Postnatal Depression Screen (EPDS)
Acute Concussion Evaluation (ACE)	
Asthma Control Questionnaire (ACQ)	

****Note:** When the mom is the patient and EPDS is performed, report 96127.

Health Risk Assessment 96160 and 96161

- Must be standardized and scorable!
- **96161** is reported for assessments used to screen the caregiver for the benefit of the patient, (ie, postnatal depression screening)
- In the case where the mother is the patient, the screen would be reported with **96127**

Health Risk Assessment 96160 and 96161

If 96160 or 96161 are reported with 96110 or 96127, append modifier 59 to 96160/96161

Example:

Well Child Check 11 year old + PSC-17 + CRAFFT

99393 – 25 (if payer requires)

96127

96160 - 59

Alcohol and Drug Use Assessment

- The CRAFFT is the recommended screening tool for Alcohol and Drug Use Assessment
- Report **96160** if the CRAFFT is administered and there is no intervention
- If the CRAFFT is positive and a brief intervention service is also performed, report:

99408 – 15 to 30 minutes

or

99409 – greater than 30 minutes

Oral Health

- Many eligible children in Tennessee are not accessing these services.
- Oral health disease still poses a significant health threat to many children.
- Pediatric providers have a unique opportunity to help increase access to services

Oral Health Recommendations

- Risk assessment at **6 and 9 months**
- Assess for dental home at **12 and 18 months through 6 years**
- Fluoride varnish application - **6 months through 5 years**
- Fluoride supplementation - **6-12 months and 18 months through 16 years**
- Documentation of dental inspection, referral and education should be documented in the medical record

TennCare Dental Benefits

- TennCare dental benefits are provided by DentaQuest.
- DentaQuest Coverage:
 - Medically necessary comprehensive dental services are covered from birth to age 20.
 - Exams, cleanings and fluorides are offered every six months to eligible members.
 - Additional services available include: x-rays, crowns, root canals, anesthesia, sealants, space maintainers, fillings, braces (only for children with malocclusion) extractions, etc.

DentaQuest Fluoride Varnish Program

- Available for TennCare eligible members 6 months through 5 years of age
- Required to complete both a dental screening and fluoride varnish application at the same visit

D0190 - Dental Screening - \$12.00

D1206 – Fluoride Application - \$19.50

- Each enrollee is permitted two (2) visits per year
- For more information visit:
 - www.tnaap.org or
 - <http://www.dentaquest.com/state-plans/regions/tennessee/dentist-page/>

DentaQuest

To locate a TennCare dentist members may call DentaQuest:

Customer Line - 1-855-418-1622

Provider Line – 1-800-233-1468

*A formal referral is not required



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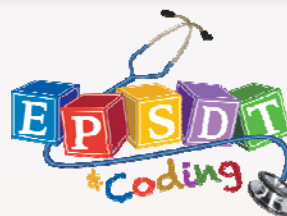
CPT Code for Fluoride Varnish Application

99188 - Application of topical fluoride varnish by a physician or other qualified health care professional

- May be covered by some commercial payers

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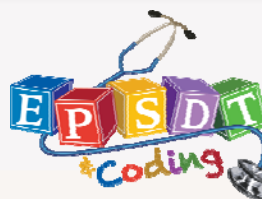
TNAAP EPSDT/Coding Services



- EPSDT/Coding training for physician offices
- Chart reviews for EPSDT/Coding documentation
- Help with reimbursement issues
- Assist with EPSDT/Coding related questions
- EHR assistance to ensure compliance with EPSDT

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Telehealth Chapter

TNAAP EPSDT/Coding Resources



- Comprehensive EPSDT Manual
- Sample Age-appropriate documentation forms for EPSDT
- AAP Periodicity Schedule
- Immunization Schedules
- Developmental/Behavioral Screening Tools
- Car Seat Brochures
- Helmet Brochures
- Practice Management Blog
- Sports Physical Forms

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Telehealth Chapter

Additional Resources

Bright Futures Recommendations for Preventive Pediatric Health Care – Periodicity Schedule

https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

ACIP Recommended Vaccines –

Recommended Immunization Schedule for Persons Aged 0 to 18 Years:

<http://aapredbook.aappublications.org/site/resources/izschedules.xhtml>

Achieving Bright Futures Coding Documents:

www.aap.org/achievingbrightfutures

TennCare Kids

<http://www.tn.gov/tenncare/section/tenncare-kids>

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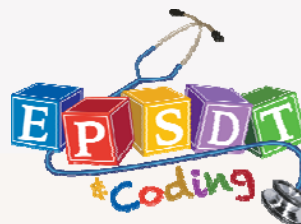
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