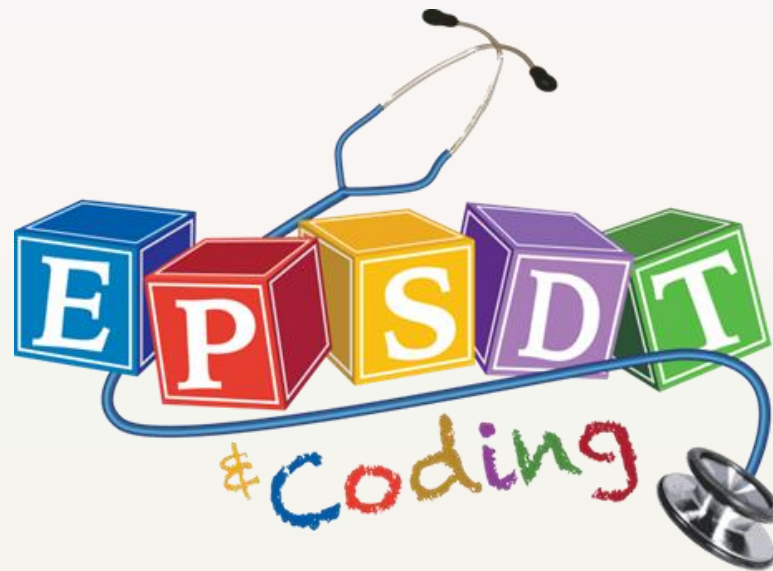


Tennessee Primary Care Association



Janet Sutton, RHIT, CPC
TN Chapter Academy of Pediatrics

This program is funded by a grant from the Bureau of TennCare

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Tennessee Chapter

Disclaimer

The Tennessee Chapter of the American Academy of Pediatrics (TNAAP) is not affiliated with any other organization, vendor or company. The information contained herein is intended for educational purposes only, and any other use (including, without limitation, reprint, transmission or dissemination in whole or in part) is strictly prohibited. Although reasonable attempts have been made to provide accurate and complete information, neither the publisher nor any person associated with TNAAP warrant or guarantee the information contained herein is correct or applicable for any particular situation. TNAAP will not undertake to update any information provided herein. In all cases, the practitioner or provider is responsible for use of this educational material, and any information provided should not be a substitution for the professional judgment of the practitioner or provider.

*CPT codes, nomenclature and other data are copyright 2018 American Medical Association. All rights reserved. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein.



Preventive Services and EPSDT



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

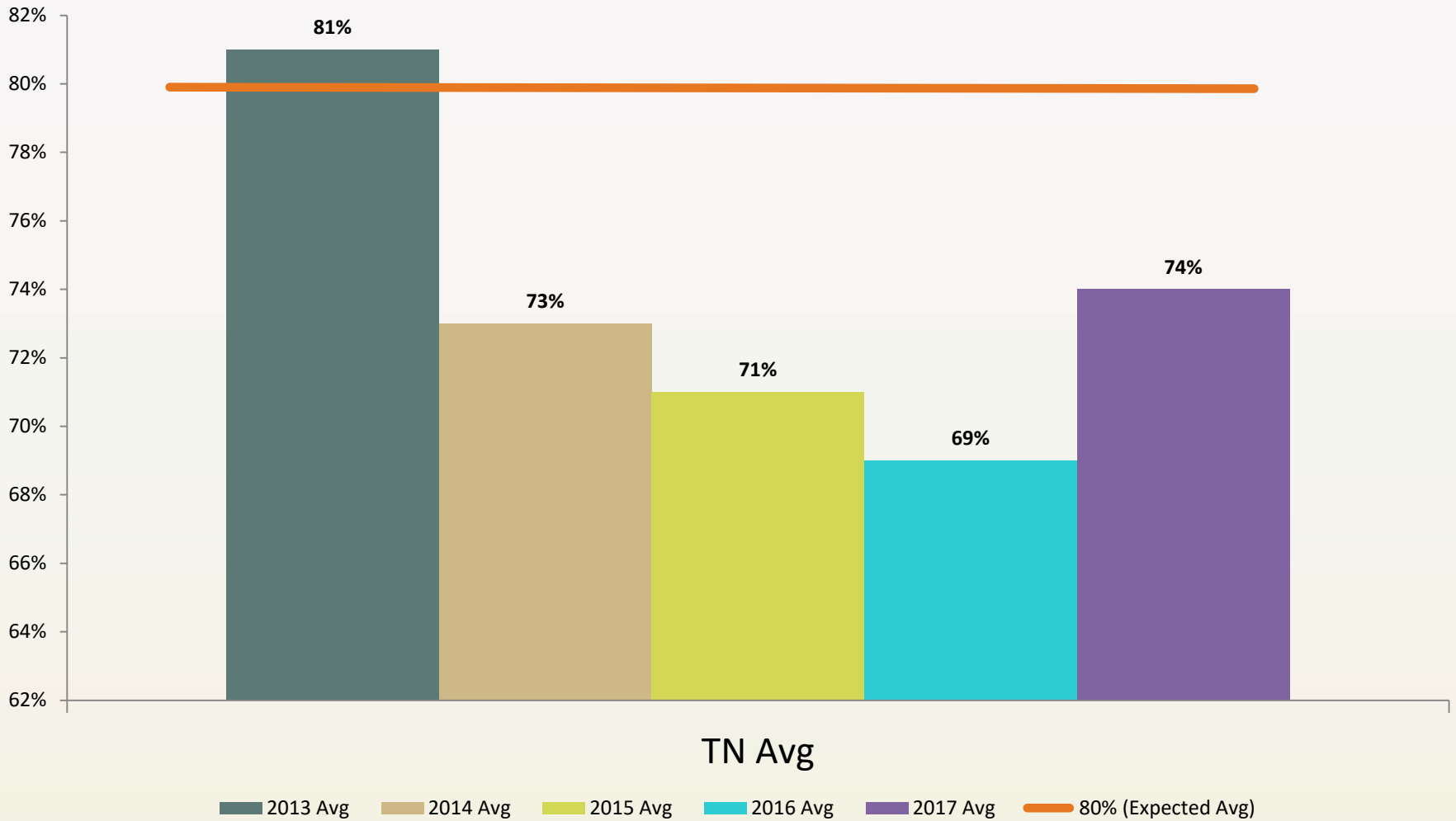


EPSDT Reporting

- 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



2013-2017 CMS-416 Rates TN Average



Overcoming Barriers to Delivery

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



Reimbursement for Sick Visit Codes

Code	Medicare Fee
99201	\$44.50
99202	\$75.73
99203	\$109.46
99204	\$166.17
99205	\$209.24
99212	\$44.14
99213	\$73.93
99214	\$108.75
99215	\$146.43

99201-99205 – New patient well

99212-99215 – Established patient well



Reimbursements for Preventive Visit Codes

Code	Medicare Fee
99381	\$111.62
99382	\$116.64
99383	\$121.67
99384	\$136.74
99385	\$132.43
99391	\$100.13
99392	\$106.95
99393	\$106.59
99394	\$117.00
99395	\$119.51

99381-99385 – New patient well

99391-99395 – Established patient well



Preventive and Sick/Same Day

- If a problem is encountered on the same day as a preventive medicine service, an additional E/M service may be reported
- The problem encountered should be significant and require the provider to perform the additional key components of an E/M service
- If the problem is insignificant or trivial and does not require additional work up by the provider that would not normally be performed in a preventive visit, do not report additional E/M code



Preventive and Sick/Same Day

- The documentation must reflect the additional work that was performed
- If the problem-oriented portion is based on time, the documentation should include the time spent and a summary of issues addressed
- There does not need to be a separate note, but the documentation should clearly reflect the separate problem



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.



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



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



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



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**
- Tuberculosis Risk Assessment
 - Assess @ **1, 6, 12** and **24** months and **3-21** years
 - (Screen if at risk)
- 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



Laboratory Tests/Procedures

- Lead Screening
12 and 24 months
- 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**



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



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



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



Health Education/Anticipatory Guidance

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



Developmental/Behavioral/Emotional Screening and Health Risk Assessments



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



Health Risk Assessment

- 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)	



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)



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 in 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 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 - \$20.50

- 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



CPT Code for Fluoride Varnish Application

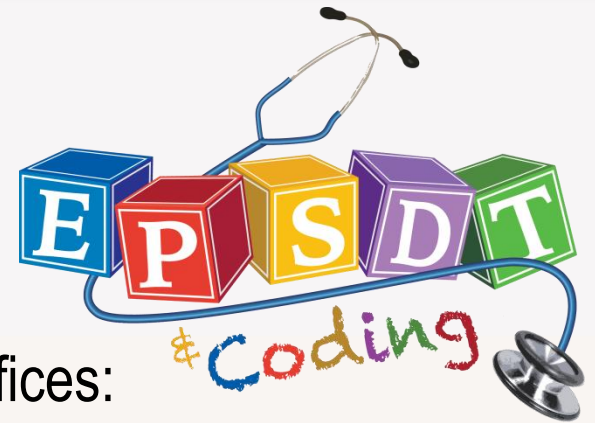
99188 - Application of topical fluoride varnish by a physician or other qualified health care professional

- May be covered by some commercial payers



TNAAP

EPSDT/Coding Services

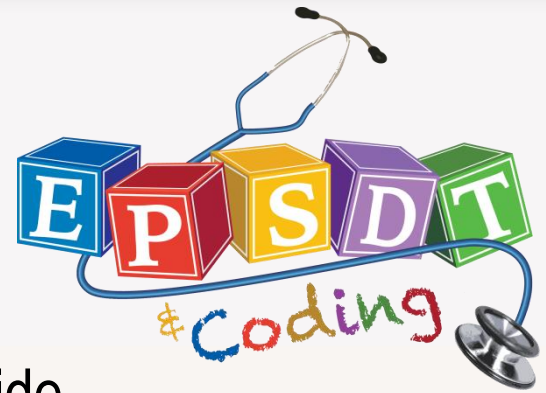


- EPSDT and Coding training for physician offices:
 - E/M Coding
 - Care Coordination Codes
 - Non-face-to-face Codes
 - And more..
- Chart reviews for EPSDT/Coding documentation
- Help with reimbursement issues
- Assist with EPSDT/Coding related questions
- EHR assistance to ensure compliance with EPSDT



TNAAP

EPSDT/Coding Resources



- Pediatric Coding and EPSDT Pocket Guide
- EPSDT Coding Guide
- Sample Age-appropriate documentation forms for EPSDT
- AAP Periodicity Schedule
- Immunization Schedules
- Developmental/Behavioral Screening Tools
- RBRVS
- Coding Updates



TNAAP Contacts

Janet Sutton, EPSDT and Coding Program Manager

janet.sutton@tnaap.org 615-447-3264

Suzanne Berman, MD, FAAP

EPSDT Medical Director

sberman@plateaupediatrics.com

Ruth Allen, Executive Director

ruth.allen@tnaap.org 865-927-3030

TNAAP Website:

www.tnaap.org

