

TO: Hospital - Chief Executive Officer

(ROUTE TO: Outpatient Department, Clinical Departments,  
Finance, Accounting and Billing Offices)

SUBJECT: Early and Periodic Screening, Diagnosis and Treatment (EPSDT)  
Program

EFFECTIVE: August 1, 1994

PURPOSE: To inform hospitals of the procedure to be used when billing  
for periodic preventive child health (EPSDT periodic  
screening)  
visits provided in the hospital outpatient department to a Medicaid eligible  
individual under twenty-one (21) years of age.

BACKGROUND: The Early and Periodic Screening, Diagnosis and Treatment  
(EPSDT) program is a federally mandated service that seeks to  
ensure that all children who are Medicaid eligible receive periodic screenings  
(periodic preventive child health visits) in order to promote healthy practices  
(i.e., immunizations, health education), identify health problems, and provide  
timely medical intervention.

The rationale behind the EPSDT program is that early and continuous use of  
preventive health services is the most effective means to improve the health  
status of children. The goal of the EPSDT program as stated in federal statute  
is that 80% of Medicaid eligible children will receive 80% of the recommended  
screening examinations by federal fiscal year 1995.

The Omnibus Budget Reconciliation Act of 1989 (OBRA'89) codified the components  
of EPSDT screening service as follows:

1. A comprehensive health and developmental history including  
assessment of both physical and mental health development;

2. A comprehensive unclothed physical examination including vision and hearing screening; dental inspection; and nutritional assessment;
3. Appropriate immunizations according to age and history (see attachment);
4. Age appropriate laboratory tests including annual tuberculin testing and screening of children for lead exposure (i.e., blood lead level determination starting between ages of six (6) and twelve (12) months, at 2 years of age, and annually to six (6) years of age, in addition to a verbal risk assessment conducted at each periodic visit);
5. Health education and anticipatory guidance; and
6. Referral for further diagnosis and treatment or follow-up of all correctable abnormalities uncovered or suspected. (Referral may be to the provider conducting the screening examination, or to another provider, as appropriate.)

The recommended schedule of EPSDT periodic screening services and the procedure codes (HCPCS) reflecting each age-appropriate screening is provided below.

<u>AGE OF CHILD</u>	<u>HCPCS CODES</u>
Under 6 weeks	W9060 WT
2 months	W9061 WT
4 months	W9062 WT
6 months	W9063 WT
9 months	W9064 WT
12 months	W9065 WT
15 months	W9066 WT
18 months	W9067 WT
24 months	W9068 WT
Annually through 20 years	W9820

The Division of Medical Assistance and Health Services has the responsibility for outreach to Medicaid recipients who do not participate in the EPSDT program, and for facilitating the receipt of necessary services by the participants. An EPSDT subsystem of the Medicaid Management Information System (MMIS) tracks EPSDT participation and the individuals with identified health problems. In the absence of EPSDT reporting requirements for hospitals, individuals who receive their primary care in the hospital outpatient department are not entered into the EPSDT subsystem. By requiring the hospitals to submit a "Report and Claim for EPSDT/HealthStart Screening and Related Procedures" (MC-19)(Rev.9/91), these individuals will receive case management services and the tracking capability will be significantly enhanced.

ACTION: When billing for a preventive child health examination that includes EPSDT components, hospitals must complete both the "Report and Claim for EPSDT/HealthStart Screening and Related Procedures" (MC-19)(Rev.9/91) and the UB-92 (HCFA 1450) forms and submit the claim to the Medicaid fiscal agent within 30 days of the date of service. Instructions for the proper completion of these two forms are included with this Newsletter. Claims for reimbursement for these services, which are limited to Medicaid-eligible individuals who are under twenty-one years of age, may also be submitted electronically.

Instructions for electronically submitted claims are also referenced.

Hospitals are reminded that:

1. Individuals who are eligible for Medicaid under the Medically Needy Program are not eligible for the EPSDT program and, therefore, are exempt from the above requirement. However, the Medically Needy are eligible for preventive visits and should receive them.
2. Each time an EPSDT examination (periodic preventive child health visit) is provided, an MC-19 form or electronic submission (EMC) must be completed and sent to Unisys, the Medicaid fiscal agent.
3. The New Jersey MMIS (Medicaid Management Information System) will process the UB-92 claim for reimbursement ONLY if both the MC-19 and the UB-92 forms or electronic submission (EMC) are sent by the hospital and entered into the MMIS. The absence of the MC-19 will cause the UB-92 claim for reimbursement to pend or to deny.
4. The MMIS will process both the MC-19 and the UB-92 claim. The MC-19 will be given its own ICN Number by the MMIS and it will be processed for accuracy and completeness. Once the MC-19 has been accepted as complete by the MMIS, an EDIT 900 will be reflected on the Remittance Advice Statement, as follows: "Zero payment - informational EPSDT claim only." This Remittance Advice will indicate to the hospital that the UB-92 claim form is now being processed by the MMIS.
5. In addition to the instructions contained in this Newsletter, hospitals certified by the New Jersey State Department of Health as HealthStart providers and eligible to bill the Continuity of Care services (Procedure Code W9070) may continue to bill this code using the Independent Clinic provider number.

For proper claim completion, the hospital must complete the "hard copy" UB-92 claim form, as follows:

1. Enter Clinic Code 27 in FLN 43 (to the right of the "through date");
2. Enter Revenue Code 510, 515, or 519 in FLN 42;
3. Enter Condition Code A1 in FLN 24-30 if the medical service which is being billed is the result of an EPSDT examination/service.

For an electronically submitted claim using Version 4:

1. Enter Clinic Code 27 in Record Type 61; Field 12, 23 or 34; Reference #281, 291, and 301; Positions 71, 72, 127-128, 183-184.
2. Enter Condition Code A1 in Record Type 41; Field 4-13; Reference #180-189; Positions 25-44.
3. Enter Revenue Center Code 510, 515, 519 in Record Type 61; Fields 4, 15, or 26; Reference #273, 283, or 293; Positions 25-28, 81-84, 137-140.

For an electronically submitted claim form using the UB-82 format:

1. Enter Clinic Code 27 in Field 7; Reference #61; Record I.D. 04; Positions 29-30.
2. Enter Hospital Program Indicator 01 in Field 46; Reference #53; Record I.D. 03; Position 189-190.
3. Enter Revenue Center Code 510, 515, or 519 in Field 9; Reference #62; Record I.D. 04; Positions 37-39.

For an electronically submitted (EMC) claim using the MC-19 format, please refer to Section 10 of the EMC Manual. Should you need a copy of this Section, please call the EMC Department at 609-588-6032.

The remaining fields for the hospital outpatient claim must be completed as instructed in the Medicaid Transmittal 52-FA-1 (October 1993) for "hard copy" claim submission or as instructed in the UB-82/92 electronic claim submission instructions.

In completing the MC-19 form, the hospital should follow the attached item-by-item instructions. However, please note that Item #16 - Total Charges, and Item #18 - Balance Due, should either be ZERO filled or left blank, since actual payment for the service will be based on the UB-92 claim form.

1. The MC-19 form and the UB-92 claim form are to be sent to two separate post office locations;
  - a. Send the MC-19 "hard copy" to P.O. Box 4806; and
  - b. Send the UB-92 to P.O. Box 4810.
  - c. If your UB-92 form can be processed through the OCR scanner, send the OCR form to P.O. Box 4815.
2. DO NOT ATTACH THE MC-19 TO THE UB-92 CLAIM FORM.
3. The MC-19 form may also be submitted electronically by providers approved to submit EPSDT claims electronically.

Garden State Health Plan and other managed health care prior authorization policies and procedures remain in effect.

You will be sent an initial supply of MC-19 forms. Further supply of this form may be obtained from the Provider Services Unit, Unisys Corporation, 3705 Quakerbridge Road, Suite 101, Trenton, New Jersey 08619, 1-800-776-6334.

For questions regarding this Newsletter, please contact Danuta Buzdygan, M.D., Chief Pediatric Consultant, Division of Medical Assistance and Health Services, at 609-588-2718.

Attachments:

1. "Report and Claim for EPSDT/HealthStart Screening and Related Procedures (MC-19)" Form; and
2. "Item by Item Instructions for the Completion of the Report and Claim for EPSDT/HealthStart Screening and Related Procedures (MC-19) form.
3. "ACIP Recommended Immunization Schedule", Centers for Disease Control and Prevention.

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")