

TO: Independent Clinics

APPLICABLE TO: FEDERALLY QUALIFIED HEALTH CENTERS

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

EFFECTIVE: Immediately

PURPOSE: To inform Federally Qualified Health Centers (FQHCs) of the addition of the new encounter code W9843 to be used when billing for periodic preventive child health (EPSDT periodic screening) visits provided 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 is provided below:

<u>AGE OF CHILD</u>	
Under 6 weeks	12 months
2 months	15 months
4 months	18 months
6 months	24 months
9 months	Annually through 20 years

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 by FQHCs, individuals who receive their primary care in the Federally Qualified Health Centers are not entered into the EPSDT subsystem. By requiring the Federally Qualified Health Centers to use the EPSDT Encounter Code, these individuals will receive case management services and the tracking capability will be significantly enhanced.

ACTION: When billing for the EPSDT screening examinations (periodic preventive fiscal agent within 30 days of the date of service. The use of this new encounter code will not change the individual provider rate.

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

For further information or questions concerning this Newsletter, please contact Dr. Danuta Buzdygan, Chief Pediatric Consultant, Office of Medical Affairs and Provider Relations, Division of Medical Assistance and Health Services, at (609) 588-2718.

Attachment: "ACIP Recommended Immunization Schedule", Centers for Disease Control and Prevention.

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