



State of New Jersey  
 Department of Human Services  
 Division of Medical Assistance and Health Services

# MEDICAID ALERT

August 1992

**TO:** Physicians and Independent Clinics

**SUBJECT:** Use of the Report and Claim for EPSDT/HealthStart Screening and Related Procedures (MC-19)(9/91) Form

**PURPOSE:** To serve as a reminder as to the appropriate use of the MC-19 claim form. The MC-19 claim form must be used for billing EPSDT and pediatric HealthStart examinations. The HCPCS procedure codes to be used for EPSDT and HealthStart examinations are as follows:

EPSDT PROCEDURE CODES	DESCRIPTION	HEALTHSTART PROCEDURE CODES
<u>AGE PARAMETERS</u>		
W9060 WT	Under 6 weeks	W9060
W9061 WT	6 weeks to 3 months	W9061
W9062 WT	3 months to 5 months	W9062
W9063 WT	5 months to 8 months	W9063
W9064 WT	8 months to 11 months	W9064
W9065 WT	11 months to 14 months	W9065
W9066 WT	14 months to 17 months	W9066
W9067 WT	17 months to 20 months	W9067
W9068 WT	20 months through 23 months	W9068
- - -	Continuity of Care - birth through 23 months (restricted to hospitals)	W9070
W9820	Annually for age 2 years through 20 years	- - -

**NOTE:** If you are NOT certified as a HealthStart pediatric provider, you must use the "WT" modifier for all EPSDT procedure codes except W9820. Otherwise, your claims will be denied with ERROR CODE 214-Provider Not Eligible for HealthStart.

The procedure code for EPSDT or pediatric HealthStart examination should always appear on the first billing line of the claim form. Other related services (for example, immunizations) may be billed on subsequent lines of the claim form if the service was provided on the same day as the EPSDT or pediatric HealthStart examination. Please do not use the MC-19 claim form to bill for services such as routine office visits, annual health maintenance examinations, or maternity-related HealthStart services.

For a detailed description of the required components of an EPSDT and HealthStart examination, please refer to the New Jersey Health Services Program Newsletter, Volume 1, No. 6, dated December 1991. For item-by-item instructions for completing the MC-19, please refer to the Fiscal Agent Billing Supplement. The staff of the Paramax/Unisys Provider Services Unit are also available at 1-800-584-6334 to answer provider inquiries.

**RETAIN THIS MEDICAID ALERT AT THE END OF YOUR FISCAL AGENT BILLING SUPPLEMENT**