

5101:3-14-04

Reimbursement of "HealthChek" (EPSDT) screening services and screening frequencies.

(A) "HealthChek" (EPSDT) screening service codes.

(1) "HealthChek" (EPSDT) screening services must be billed using the appropriate preventive medicine procedure code ~~from the "Physician's Current Procedural Terminology (CPT)."~~

(2) To comply with federal reporting requirements, ~~one of the following modifiers must be appended to the "HealthChek" (EPSDT) screening code when billing the department~~ provide the following information when billing the department based on the date of service and type of claim submission.

~~(a) NF no follow up service is required, or treatment was required and provided during the visit.~~

~~(b) FR follow up is required (for other than a dental, vision, or hearing service) and a referral has been made, or the patient will return to this office for follow up.~~

~~(c) FA follow up is required and a referral has been made to a dentist, or a hearing or vision specialist.~~

~~(d) FC follow up is required and the patient has been referred to the county department of job and family services for assistance in locating a provider (for any needed service).~~

(a) For dates of service prior to October 16, 2003 or the effective date of electronic data interchange transactions, e.g. (the 837 professional transaction), indicate that the service is part of the HealthChek (EPSDT) program by putting either:

(i) An "E" in item 24h on the paper claim form or in the same block on an electronic claim. "E" means that HealthChek (EPSDT) services were provided and no follow up services were required;
or

(ii) "An "R" in item 24h on the paper claim form or in the same block on an electronic claim. An "R" means that HealthChek (EPSDT) services were provided and follow up is required and a referral was made.

(b) For dates of service October 16, 2003 and after or the effective date of electronic data interchange transactions e.g. the 837 professional transaction and based on the type of claim submission, follow these

instructions:

(i) When billing electronically using the 837 professional claim transaction, use the EPSDT referral feature in the 2300 claim information loop to indicate that an EPSDT referral was made. Put a "Y" in the "Yes/No" condition or response code data element to indicate that a referral was made and complete the condition indicator data element in the EPSDT referral feature area

(ii) If billing on a paper claim form, follow the instructions provided in paragraphs (A) (2) (a) (i) and (A) (2) (a) (ii) of this rule which require that item 24h on the paper claim form be completed.

(B) "HealthChek" (EPSDT) screening service frequencies:

~~(1) Eight screening services may be provided from birth through the day before the child's second birthday.~~

~~(2) The suggested frequency for these first eight screenings is:~~

~~(a) Six screenings from birth through the day before the child's first birthday; and~~

~~(b) Two screenings from the child's first birthday through the day before the child's second birthday.~~

~~(3) One screening service per calendar year may be provided from the individual's second birthday through the day before the individual's twenty-first birthday. If any of the screenings described in paragraph (B)(1) of this rule are given in the calendar year in which the child reaches his or her second birthday, another screening may be given in that same calendar year on or after the child's second birthday. The next screening may not be given until the following calendar year.~~

~~(4) The minimum periodicity schedule for "HealthChek" (EPSDT) screening services is at the ages of one, three, five, seven, eleven, and sixteen years.~~

(B) HealthChek screening services frequencies

(1) The department will follow the recommendations for preventive pediatric health care developed by the committee on practice and ambulatory medicine of the american academy of pediatrics

(C) Other reimbursable services.

- (1) In addition to the "HealthChek" (EPSDT) screening services, the department will reimburse providers for the following services provided during, or as part of, the "HealthChek" (EPSDT) screening service.
 - (a) Specimen collection and laboratory services in accordance with Chapter 5101:3-11 of the Administrative Code;
 - (b) Immunizations in accordance with rule 5101:3-4-12 of the Administrative Code;
 - (c) Formal developmental tests;
 - (d) Pure-tone audiometry and other formal hearing tests using calibrated electronic equipment;
 - (e) Tuberculin tests; and
 - (f) Other covered physician services in accordance with Chapter 5101:3-4 of the Administrative Code.
- (2) The services listed in paragraph (C)(1) of this rule are services that may be performed on the same day as an "HealthChek" (EPSDT) screening service or they may be performed at another time as medically indicated or as necessary from a scheduling standpoint (e.g., a patient requires that an immunization service be administered in three months from the date of the screening service).
 - (a) These services may be provided by the provider who performed the "HealthChek" (EPSDT) screening service or by another eligible provider under medicaid.
 - (b) Only the provider who performed the service may bill for the service.
- (3) To receive separate reimbursement for these services, the provider must bill the department by itemizing the appropriate CPT code.

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CERTIFIED ELECTRONICALLY

Certification

06/06/2003

Date

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