



# AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

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Department :	<b>Reimbursement</b>	Policy Number:	<b>ABHLA-RP-0014</b>
Subsection:		Effective Date:	00/00/2020
Applies to:	Aetna Better Health of Louisiana		

## **PURPOSE**<sup>[NS1]:</sup>

To provide reimbursement guidelines for Aetna Better Health of Louisiana’s Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) preventive service<sup>[NS2]</sup> program requiring that health care services are available and accessible to applicable Members and which assists and encourages parents or guardians of eligible children, including specific populations such as waivers programs and 421 CMO, in using the resources effectively.

## **STATEMENT OF OBJECTIVE/OVERVIEW:**

Aetna Better Health of Louisiana (ABHLA) requires providers to inform Members about and to make the following recommended and covered services available to all EPSDT-eligible children at the recommended age per the [American Academy of Pediatrics \(AAP\)/Bright Futures periodicity schedule](#), with the following two exceptions, which are aligned with the Louisiana Medicaid program:

- The Louisiana Medicaid EPSDT screening guidelines and policies apply to individuals under 21 years of age; and
- The Louisiana Medicaid schedule has stricter requirements for lead assessment and blood lead screening. These requirements can be found in the Louisiana public health rule LAC 48:V.7005-7009 and in the ABHLA Provider Manual and in the [Louisiana Medicaid Professional Services Manual](#).<sup>[NS3]</sup>

The recommended<sup>[NS4]</sup> required and covered EPSDT services include:

- Immunizations, education, and screening services, provided per the periodicity schedule, including all of the following:
  - Comprehensive health and developmental history, including:
    - assessment of physical health and development
    - assessment of mental health and development
  - Comprehensive unclothed physical exam or assessment
  - Appropriate immunizations according to the [schedule established by the Advisory Committee on Immunization Practices \(ACIP\)](#) for pediatric vaccines and health history (unless medically contraindicated)
  - Laboratory tests (including appropriate neonatal, iron deficiency anemia, and blood lead screening)
  - Health education/anticipatory guidance - At the outset, physical and dental exams provide the initial context for providing health education. Health education and counseling to both

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parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention

- Vision services, including periodic screening and treatment for defects in vision, including eyeglasses
- Dental services, including oral screening, periodic direct referrals for dental examinations (according to the state periodicity schedule), relief of pain and infections, restoration of teeth, and maintenance of dental health
- Hearing services, including, at a minimum, diagnosis and treatment for defects in hearing, including hearing aids
- Lead toxicity screening, consisting of two components, verbal risk assessment and blood lead testing in accordance with CMS and Louisiana state requirements.
- Other necessary health care to correct or ameliorate physical and mental illnesses and conditions discovered by the screening process
- Diagnostic services, including referrals for further evaluation whenever such a need is discovered during a screening examination
- Treatment or other measures to correct or improve defects and physical and mental illnesses or conditions discovered by the screening services

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## Reimbursement

The EPSDT component services below are included in reimbursement of the preventive medicine Evaluation and Management (E&M) visit unless appended with Modifier 25 (Sick visit with Well-child visit), which indicates a significant, separately identifiable E&M service by the same provider on the same day of a procedure or other service<sup>[NS5]</sup><sup>[RE6]</sup>:

- Comprehensive health history
- Comprehensive unclothed physical examination
- Health education
- Nutritional assessment
- Dental screening

## Developmental Screening<sup>[NS7]</sup><sup>[RE8]</sup>

ABHLA covers developmental and autism screenings administered during EPSDT preventive visits in accordance with the [American Academy of Pediatrics \(AAP\)/Bright Futures periodicity schedule](#). ABHLA also covers developmental and autism screenings performed by primary care providers when administered at intervals outside EPSDT preventive visits if they are medically indicated for an enrollee at-risk for, or with a suspected, developmental abnormality.

ABHLA covers only the use of age-appropriate, caregiver-completed, and validated screening tools as recommended by the AAP:

- Ages and Stages Questionnaire (ASQ) - 2 months to age 51
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2
- Brigance Screens-II - Birth to 90 months
- Child Development Inventory (CDI) - 18 months to age 6
- Infant Development Inventory - Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

If an enrollee screens positive on a developmental or autism screen, the provider must give appropriate developmental health recommendations, refer the enrollee for additional evaluation, or both, as clinically appropriate. Providers must document the screening tool(s) used, the result of the screen, and any action taken, if needed, in the enrollee's medical record.

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Developmental screening and autism screening are currently reimbursed using the same procedure code (96110). Providers may only receive reimbursement for one developmental screen and one autism screen per day of service. To receive reimbursement for both services performed on the same day, providers may submit claims for two (2) units of procedure code 96110.

## Perinatal Depression Screenings

ABHLA covers perinatal depression screening administered to the enrollee's caregiver in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule. Screening can be administered from birth to 1 year during an EPSDT preventive visit, an interperiodic visit, or an E&M office visit. This service is a recommended, but not required, component of well-child care.

Perinatal depression screening must employ one of the following validated screening tools:

- Edinburg Postnatal Depression Scale (EPDS).
- Patient Health Questionnaire 9 (PHQ-9).
- Patient Health Questionnaire 2 (PHQ-2) and, if positive, a full PHQ-9.

Documentation must include the tool used, the results, and any follow-up actions taken. If an enrollee's caregiver screens positive, the provider must refer the caregiver to available resources, such as their primary care provider, obstetrician or mental health professionals, and document the referral. If screening indicates possible suicidality, concern for the safety of the caregiver or enrollee, or another psychiatric emergency, then referral to emergency mental health services is required.

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ABHLA reimburses perinatal depression screening under the child enrollee’s Medicaid coverage. When two (2) or more children under age 1 present to care on the same day (e.g., twins or other siblings who are both under age 1), the provider must submit the claim for only one of the children. When performed on the same day as a developmental screening, providers must append modifier -59 to claims for perinatal depression screening.

### **DEFINITIONS:**

HCPCS codes	Codes used primarily to identify products, supplies, and services not included in the CPT codes.
E&M codes	A set of CPT codes used to identify evaluation and management services.
CPT codes	Numerical codes used primarily to identify medical services and procedures.
Modifiers	Codes that provide additional information about a procedure.
Sick Visit	Visits for illness- or injury-related issues.
Well-child Visits	Visits for preventive and comprehensive services, including exams, immunizations and screenings, for eligible children from birth through 20 years of age.

### **LEGAL/CONTRACT REFERENCE:**

- [Louisiana Department of Health Professional Services Provider Manual](#)
- [ACIP for CDC Recommendations and Guidelines](#)
- [Louisiana Department of Health \(LDH\) Health Plan Advisory 20-25](#)
- [AAP Bright Futures Guidelines and Pocket Guide](#)
- [Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program \(LHHCLPPP\)](#)
- [Louisiana Medicaid Professional Services Fee Schedule](#)

Review/Revision History	
03/17/2021	Submitted to LDH
03/30/2021	Resubmitted to LDH

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