

# Early and Periodic Screening, Diagnostic, and Treatment Preventive Services Program

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The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program is a comprehensive and preventive child health program for individuals under the age of 21. The program consists of two mutually supportive, operational components: (1) ensuring the availability and accessibility of required healthcare services; and (2) helping Medicaid enrollees and their parents or guardians effectively use these resources. The intent of the EPSDT program is to direct attention to the importance of preventive health services and early detection and treatment of identified problems.

**Enrollees under 21 years of age are entitled to receive all medically necessary health care, screening, diagnostic services, treatment, and other measures to correct or improve physical or mental conditions (Section 1905(r) of the Social Security Act).** The EPSDT benefit is comprehensive in nature and includes coverage of all services described in federal Medicaid statutes and regulations including those that are not covered for adults, not explicitly described in the Contract, not included in the Medicaid FFS fee schedules, and not covered in the Louisiana Medicaid State Plan. The MCO shall consult LDH with any questions about these requirements.

The MCO shall have written procedures for EPSDT preventive services in compliance with 42 C.F.R. Part 441 Subpart B-Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), as well as be in compliance with the Centers for Medicare and Medicaid Services (CMS) State Medicaid Manual, Part 5 – EPSDT. These articles outline the requirements for EPSDT, including assurance that all EPSDT eligible enrollees are notified of EPSDT available services; that necessary screening, diagnostic, and treatment services are available and provided; and that tracking or follow-up occurs to ensure all necessary services were provided to all of the MCO's enrollees under the age of 21.

## Screening

Enrollee screening includes medical (including developmental, [perinatal depression](#), and behavioral health), vision, hearing, and dental screenings.

The MCO's policy shall include the following EPSDT screening guidelines, as age appropriate. The MCO shall ensure that these guidelines are followed by its providers.

## Periodic Screening

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Louisiana Medicaid has adopted the "Recommendations for Preventive Pediatric Health Care" periodicity schedule promulgated by the American Academy of Pediatrics (AAP)/Bright Futures with two exceptions:

- ❖ The Louisiana Medicaid EPSDT screening guidelines and policies are for individuals under 21 years of age; and
- ❖ Louisiana Medicaid has stricter requirements for lead assessment and blood lead screening in keeping with LAC 48:V.7005-7009. Based on surveillance data gathered by the State Childhood Lead Poisoning Prevention Program and review by the state health officer and representatives

from medical schools in the state, all parishes in Louisiana are identified as high risk for lead poisoning.

- The MCO shall ensure children ages six months to 72 months are screened in compliance with Louisiana Medicaid EPSDT requirements and in accordance with practices consistent with current Centers for Disease Control and Prevention guidelines, which include the following specifications:
  - Administer a risk assessment ~~questionnaire~~ at every well child visit;
  - Use a blood test to screen all children at ages 12 months and 24 months or at any age older than 24 months time from ages 36 months and up to 72 months, if they have not been previously screened; and
  - Use a venous blood sample to confirm results when finger stick samples indicate blood lead levels  $\geq 15$   $\mu\text{g}/\text{dl}$  (micrograms per deciliter).
- The MCO's policy must require providers to report a lead case to the Office of Public Health's Childhood Lead Poisoning Prevention Program [\[link\]](#) **within 24 working hours**. A lead case is indicated by a blood lead test result of  $>15$   $\mu\text{g}/\text{dl}$ .

The AAP Bright Futures "Recommendations for Preventive Pediatric Health Care" can be found on the American Academy of Pediatrics' website [\[link\]](#).

The MCO shall ensure that providers have access to the most current periodicity schedule and that EPSDT enrollees receive services according to this schedule.

If an abnormality or problem is encountered and treatment is significant enough to require an additional evaluation and management (E&M) service on the same date, by the same provider, no additional E&M of a level higher than CPT code 99212 is reimbursable.

The physician, advanced practice registered nurse (APRN), or physician assistant (PA) listed as the rendering provider must be present and involved during a preventive visit. Any care provided by a registered nurse or other ancillary staff in a provider's office is subject to the policy in the "Incident to" Services section of this Manual and must only be providing services within the scope of their license or certification.

## Off-Schedule Screening

If a child misses a regular periodic screening, that child may be screened off-schedule in order to bring the child up to date at the earliest possible time. However, all screenings performed on children who are under two years of age must be at least 30 days apart, and those performed on children age two through six years of age must be at least six months apart.

## Interperiodic Screening

Interperiodic screenings may be performed if medically necessary. The parent/guardian or any medical provider or qualified health, developmental, or education professional that comes into contact with the child outside the formal healthcare system may request the interperiodic screening.

An interperiodic screening may only be provided if the enrollee has received an age-appropriate preventive medical screening. If the preventive medical screening has not been performed, then the provider must perform an age-appropriate preventive medical screening.

An interperiodic screening includes a complete unclothed exam or assessment, health and history update, measurements, immunizations, health education and other age-appropriate procedures.

An interperiodic screening may be performed and billed for a required Head Start physical or school sports physical, but must include all of the components required in the EPSDT preventive periodic screening.

Documentation must indicate that all components of the screening were completed. Medically necessary laboratory, radiology, or other procedures may also be performed and may be billed separately. A well diagnosis is not required.

## Preventive Medical Screening

Components of the EPSDT preventive medical screenings include the following:

- ❖ A comprehensive health and developmental history (including assessment of both physical and mental health and development);
- ❖ A comprehensive unclothed physical exam or assessment;
- ❖ Appropriate immunizations according to age and health history (unless medically contraindicated or parents/guardians refuse at the time);
- ❖ Laboratory tests\* (including age-appropriate screenings for newbornsneonatal, iron deficiency anemia, ~~and~~ blood lead levels screening, dyslipidemia, and sexually transmitted infections); and
- ❖ Health education (including anticipatory guidance).

~~NOTE: All components, including specimen collection, must be provided on-site during the same medical screening visit.~~

\*The blood lead levels and iron deficiency anemia components of the preventive medical screening must be provided on-site on the same date of service as the screening visit.

The services shall be available both on a regular basis, and whenever additional health treatment or services are needed. EPSDT screenings may identify problems needing other health treatment or additional services.

## Neonatal/Newborn Screening for Genetic Disorders

The MCO shall include in its manuals the directive that providers are responsible for obtaining the results of the initial neonatal screening by contacting the hospital of birth, the health unit in the parish of the mother's residence, or through the Office of Public Health (OPH) Genetics Diseases Program's web-based Secure Remote Viewer (SRV) [[link](#)].

If screening results are not available, or if newborns are screened prior to 24 hours of age, newborns must have another newborn screen. The newborn infant must be rescreened at the first medical visit after birth, preferably between one and two weeks of age, but no later than the third week of life.

Initial or repeat neonatal screening results must be documented in the medical record for all children less than six months of age. Children over six months of age do not need to be screened unless it is medically indicated. When a positive result is identified from any of the conditions specified in LAC, Book Two of Two: Part V. Preventive Health Services Subpart 18. Disability Prevention Program Chapter 63. Newborn Heel Stick Screening §6303, and a private laboratory is used, the provider must immediately notify the Louisiana OPH Genetics Disease Program.

For newborn screening for severe combined immunodeficiency (SCID), the MCO shall cover testing under CPT code 81479. This code is only to be used for this purpose and until such a time as a permanent procedure code is in place.

## **Preventive Vision Screening**

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### **Subjective Vision Screening**

The subjective vision screening is part of the comprehensive history and physical exam or assessment component of the medical screening and must include the history of any:

- ❖ Eye disorders of the child or the child's family;
- ❖ Systemic diseases of the child or the child's family which involve the eyes or affect vision;
- ❖ Behavior on the part of the child that may indicate the presence or risk of eye problems; and
- ❖ Medical treatment for any eye condition.

### **Objective Vision Screening**

Objective vision screenings may be performed by trained office staff under the supervision of a licensed physician, physician assistant, registered nurse, advanced practice registered nurse, or optometrist. The interpretive conference to discuss findings from the screenings must be performed by a licensed physician, physician assistant, registered nurse, or advanced practice registered nurse.

Vision screening services are to be provided according to the AAP/Bright Futures recommendations.

Objective vision screenings begin at age three. The objective vision screening must include tests of:

- ~~❖ Visual acuity (Snellen Test or Allen Cards for preschoolers and equivalent tests such as Titmus, HOTV or Good Light, or Keystone Telebinocular for older children);~~
- ~~❖ Color perception (must be performed at least once after the child reaches the age of six using polychromatic plates by Ishihara, Stilling, or Hardy-Rand-Ritter); and~~
- ~~❖ Muscle balance (including convergence, eye alignment, tracking, and a cover-uncover test).~~

## **Preventive Hearing Screening**

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### **Subjective Hearing Screening**

The subjective hearing screening is part of the comprehensive history and physical exam or assessment component of the medical screening and must include the history of:

- ❖ The child's response to voices and other auditory stimuli;
- ❖ Delayed speech development;
- ❖ Chronic or current otitis media; and
- ❖ Other health problems that place the child at risk for hearing loss or impairment.

## Objective Hearing Screening

The objective hearing screenings may be performed by trained office staff under the supervision of a licensed audiologist or speech pathologist, physician, physician assistant, registered nurse, or advanced practice registered nurse. The interpretive conference to discuss findings from the screenings must be performed by a licensed physician, physician assistant, registered nurse, or advanced practice registered nurse.

Hearing screening services are to be provided according to the AAP/Bright Futures recommendations.

~~Objective hearing screenings must be performed in accordance with recommendations as indicated by the National Center for Hearing Assessment and Management (NCHAM) and the National Early Hearing Detection and Intervention (EHDI) standards.~~

## Dental Screening

An oral health risk assessment must be performed per the Bright Futures periodicity schedule.

Refer to the Dental Services Provider Manual chapter of the **Medicaid Services Manual** for additional information pertaining to EPSDT dental services.

## Developmental and Autism Screening

The MCO shall cover developmental and autism screenings administered during EPSDT preventive visits in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule. The MCO shall also cover 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. The MCO shall include in its manuals the requirements below.

The MCO will only reimburse the use of age-appropriate, caregiver-completed, and validated screening tools as recommended by the AAP.

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.

Developmental screening and autism screening are currently reimbursed using the same procedure code. 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 2 units of the relevant procedure code.

## Perinatal Depression Screening

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The MCO shall cover perinatal depression screening administered to an enrollee's caregiver in accordance with the American Academy of Pediatrics/Bright Futures periodicity schedule. The screening can be administered from birth to 1 year during an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) preventive visit, interperiodic visit, or E&M office visit. This service is a recommended, but not required, component of well-child care. The MCO shall include in its manuals the requirements below.

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.

Though the screening is administered to the caregiver, the MCO shall reimburse this service under the child's Medicaid coverage. If 2 or more children under age 1 present to care on the same day (e.g., twins or other siblings both under age 1), the provider must submit the claim under 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.

## Immunizations

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The MCO shall include in its manuals the requirements below around immunizations. Appropriate immunizations (unless medically contraindicated or the parents/guardians refuse) are a federally required medical screening component.

The MCO must ensure that all Medicaid-enrolled providers that provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) well child preventive screenings are enrolled in the Vaccines for Children (VFC) program and utilize VFC vaccines for enrollees aged birth through 18 years of age.

The MCO shall ensure that enrollees receive age appropriate immunizations as described above during their periodic or interperiodic preventive visit or other appropriate opportunity. The current Childhood Immunization Schedule recommended by Advisory Committee on Immunizations Practices (ACIP), American Academy of Pediatrics (AAP), and American Academy of Family Physicians (AAFP), which is updated annually, must be followed. Providers are responsible for obtaining current copies of the schedule. The MCO shall ensure that enrollees receive immunizations per the schedule.

NOTE: Refer to the *Immunizations* section of this Manual for additional information.

## Laboratory

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The MCO shall include in its manuals the requirements below around laboratory screening. Age-appropriate laboratory tests are required at selected age intervals. Documented laboratory procedures provided less than six months prior to the medical screening must not be repeated unless medically necessary. Iron deficiency anemia ~~screening and blood lead testing~~ when required ~~is~~ are included in the medical screening fee and must not be billed separately.

## Diagnosis and Treatment

Screening services are performed to ensure that health problems are found, diagnosed, and treated early before becoming more serious and ~~treatment more costly~~ additional treatment is necessary. Providers are responsible for identifying any general suspected conditions and reporting the presence, nature, and status of the suspected conditions.

The MCO's policy shall include the following diagnosis and treatment guidelines. The MCO shall ensure that these guidelines are followed by its providers.

### Diagnosis

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When a screening indicates the need for further diagnosis or evaluation of a child's health, the child must receive a complete diagnostic evaluation within 60 days of the screening or sooner as medically necessary.

The MCO's policy shall require the provider to make any necessary referrals of the enrollee to a specialist. The MCO shall maintain a referral system with an adequate provider network to support the provider in making the referrals and to support the enrollee in accessing the services. It is responsibility of the MCO to ensure that the enrollee receives the diagnostic services required.

### Initial Treatment

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Medically necessary health care, initial treatment, or other measures needed to correct or ameliorate physical or mental illnesses or conditions discovered in a medical, vision, or hearing screening must be initiated within 60 days of the screening or sooner if medically necessary.

### Providing or Referring Enrollees for Services

Providers detecting a health or mental health problem in a screening must either provide the services indicated or refer the enrollee for care. Providers who perform the diagnostic and/or initial treatment services should do so at the screening appointment when possible, but must ensure that enrollees receive the necessary services within 60 days of the screening or sooner if medically necessary.

Providers who refer the enrollee for care must make the necessary referrals at the time of screening. This information must be maintained in the enrollee's record.

The MCO's policy shall require the provider to make any necessary referrals of the enrollee to a specialist. The MCO shall maintain a referral system with an adequate provider network to support the provider in

making the referrals and to support the enrollee in accessing the services. It is the responsibility of the MCO to ensure that the enrollee receives the treatment services required.

## Dental Treatment

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### Fluoride Varnish Application

Fluoride varnish applications are covered when provided in a physician office setting (including RHCs and FQHCs) once every six months for enrollees six months through five years of age. Providers eligible for reimbursement of this service include physicians, physician assistants, and nurse practitioners who have reviewed the Smiles for Life fluoride varnish training module [\[link\]](#) and successfully completed the post assessment. Physicians are responsible to provide and document training to their participating staff to ensure competency in fluoride varnish applications.

Fluoride varnish applications may only be applied by the following disciplines:

- ❖ Appropriate dental providers;
- ❖ Physicians;
- ❖ Physician assistants;
- ❖ Nurse practitioners;
- ❖ Registered nurses;
- ❖ Advanced practice registered nurses;
- ❖ Licensed practical nurses; or
- ❖ Certified Medical Assistants.

NOTE: Refer to the Dental Services Provider Manual chapter of the **Medicaid Services Manual** for information pertaining to EPSDT Fluoride Varnish Application.

### EarlySteps Program

The EarlySteps Program provides services to families with infants and toddlers aged birth to three years who have a medical condition likely to result in a developmental delay, or who have developmental delays.

The MCO shall ensure that any infant or toddler who meets or may meet the medical or biological eligibility criteria for EarlySteps (infant and toddler early intervention services) is referred to the local EarlySteps Program.

Additional information about the EarlySteps Program may be found on the LDH webpage [\[link\]](#).