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**Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is a comprehensive benefit for individuals under the age of 21 years old.

Beneficiaries under 21 years of age receive all medically necessary health care, screening, diagnostic services, treatment, and other measures covered under federal Medicaid statutes and regulations to correct or improve physical or mental conditions. Services may include those not otherwise covered by Louisiana Medicaid for beneficiaries age 21 and older, unless prohibited or excluded.

**Screening**

Medicaid beneficiaries are eligible for well child visits, which are referred to as "EPSDT preventive screenings." EPSDT preventive screening includes medical, vision, hearing, dental, developmental, and perinatal depression screenings.

**Periodic Screening**

Screening services are provided according to the "Recommendations for Preventive Pediatric Health Care" promulgated by the American Academy of Pediatrics (AAP)/Bright Futures with three exceptions:

1. This policy only applies to Medicaid beneficiaries under the age of 21. (The AAP/Bright Futures periodicity schedule provides guidance for patients through age 21);
2. Perinatal depression screening is a recommended, but not required, component of the EPSDT preventive screening; and
3. There are stricter requirements for lead assessment and blood lead screening in keeping with the Louisiana Office of Public Health ([OPH](#)) recommendations.

Screenings performed on children under two years of age must be performed at least 30 days apart. Screenings performed after the child's second birthday must be at least six months apart.

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.

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**Interperiodic Screening**

Interperiodic screenings may be performed if medically necessary. The parent/guardian, any medical provider, or any qualified health, developmental, or education professional that comes into contact with the child outside the formal health care system may request the interperiodic screening. These screenings can only be billed if the beneficiary has received an age-appropriate preventive screening. If the preventive screening has not been performed, the provider is to bill an age-appropriate preventive screening.

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

There is no limit on the frequency or number of medically necessary interperiodic screenings, or on the proximity to previous screenings; therefore, it is essential that providers document the following information in the beneficiary's records:

1. The individual that requested the interperiodic screening;
2. Why the screening was requested (the concern, symptoms or condition that led to the request); and
3. The outcome of the screening (any diagnosis and/or referral resulting from the screening).

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

**Preventive Medical Screening**

The EPSDT preventive medical screening includes the following components:

1. A comprehensive health and developmental history (including assessment of physical and mental health and development);
2. A comprehensive unclothed physical exam or assessment;
3. Appropriate immunizations according to age and health history (unless medically contraindicated or parents/guardians refuse at the time);

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4. Laboratory tests\* (including age-appropriate screenings for newborns, iron deficiency anemia, blood lead levels, dyslipidemia, and sexually transmitted infections); and
5. Health education (including anticipatory guidance).

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

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 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 Medicaid's 'Incident to' policy and must only be providing services within the scope of their license or certification.

\*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. See "Blood Lead Screening and Testing" policy section in the following pages.

**Neonatal/Newborn Screening for Genetic Disorders**

Newborn screening (via heel stick) includes testing for certain specified conditions recommended by the American College of Medical Genetics (ACMG). Louisiana Revised Statute requires hospitals with delivery units to screen all newborns before discharge, regardless of the newborn's length of stay at the hospital. The Louisiana Administrative Code [\(LAC\)](#) Title 48, Part V, Subpart 18, Chapter 63 provides the requirements related to newborn screenings.

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). (See Appendix A for contact information).

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.

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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, and a private laboratory is used, the provider must immediately notify the Louisiana OPH Genetics Disease Program.

**Preventive Vision Screening**

The purpose of the vision screening is to detect potentially blinding diseases and visual impairments, such as congenital abnormalities and malfunctions, eye diseases, strabismus, amblyopia, refractive errors, and color blindness.

**Subjective Vision Screening**

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

1. Eye disorders of the child or the child's family;
2. Systemic diseases of the child or the child's family which involves the eyes or affects vision;
3. Behavior on the part of the child that may indicate the presence or risk of eye problems; and
4. Medical treatment for any eye condition.

**Objective Vision Screening Component**

The objective vision screening component may be performed by trained office staff under the supervision of a licensed physician, APRN, physician assistant, registered nurse (RN), or optometrist. The interpretive conference to discuss findings from the screenings must be performed by a licensed physician, APRN, physician assistant, or ~~registered nurse~~RN.

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

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**Preventive Hearing Screening**

The purpose of the hearing screening is to detect central auditory problems, sensorineural hearing loss, conductive hearing impairments, congenital abnormalities, or a history of conditions which may increase the risk of potential hearing loss.

**Subjective Hearing Screening**

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

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

**Objective Hearing Screening Component**

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

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

**Dental Screening**

Refer to Medicaid Manual Chapter 16 – Dental Program for information pertaining to EPSDT dental screenings. (See Appendix A for information on how to access this manual).

**Developmental Screening**

Developmental and autism screenings administered during EPSDT preventive visits in accordance with the AAP/Bright Futures periodicity schedule are covered services. Louisiana Medicaid also covers developmental and autism screenings performed by primary care providers (PCPs) when administered at intervals outside EPSDT preventive visits if they are medically indicated for a beneficiary at-risk for, or with a suspected, developmental abnormality.

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To receive reimbursement, providers must use age-appropriate, caregiver-completed, and validated screening tools as described by the AAP/Bright Futures.

If a beneficiary screens positive on a developmental or autism screen, the provider must give appropriate developmental health recommendations, refer the beneficiary 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 beneficiary'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 date of service. To receive reimbursement for both services performed on the same day, providers may submit claims for ~~two~~2 units of the relevant procedure code.

**Perinatal Depression Screening**

Perinatal depression screening administered to a beneficiary's caregiver in accordance with AAP/Bright Futures periodicity schedule is covered. The screening may be administered from birth to one year during an EPSDT preventive visit, interperiodic visit, or 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:

1. Edinburg Postnatal Depression Scale (EPDS);
2. Patient Health Questionnaire 9 (PHQ-9); or
3. 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 a beneficiary'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 recommendations provided. If screening indicates possible suicidality, concern for the safety of the caregiver or beneficiary, or another psychiatric emergency, then referral to emergency mental health services is required.

Though the screening is administered to the caregiver, reimbursement for this service is under the child's Medicaid coverage. If ~~two~~2 or more children under age one present for care on the same day (e.g., twins or other siblings both under age one), the provider must submit the claim under only ~~one~~1 of the children. When performed on the same day as developmental screening, autism screening, or both, providers are to append modifier -59 to claims for perinatal depression screening.

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**Blood Lead Screening and Testing**

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. Medical providers who provide routine primary care services to children ages ~~six~~6 months to 72 months must have children screened in compliance with the following requirements and in accordance to practices consistent with current Centers for Disease Control and Prevention (CDC) guidelines, which include the following specifications:

1. Perform a risk assessment at every well child visit;
2. Use a blood test to screen all children at ages 12 months and 24 months, or any age older than 24 months and up to 72 months if they have not been previously screened; and
3. Use a venous blood sample to confirm results when finger stick samples indicate blood lead levels  $\geq 3.5$ ug/dl.

**Mandatory Case Reporting by Health Care Providers**

Medical providers must report a lead case to ~~the Office of Public Health~~OPH's Childhood Lead Poisoning Prevention Program **within 24 business hours**. A lead case is indicated by a venous blood lead test result of  $\geq 3.5$ ug/dl. Providers must confirm current blood lead level for reportable lead cases with OPH as this value is subject to change.

**Immunizations**

Appropriate immunizations (unless medically contraindicated or the parents/guardians refuse) are a federally required EPSDT preventive medical screening component, and failure to comply with or properly document the immunization requirement constitutes an incomplete medical screening and is subject to recoupment of the total preventive medical screening fee.- It is the responsibility of the screening provider to administer age-appropriate immunizations.

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 yearly, must be followed.- Providers are responsible for obtaining current copies of the schedule.

**NOTE:** Refer to the *Immunizations and, Vaccines for Children and Louisiana Immunization Network for Kids* policies in this manual for additional information.

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**Laboratory**

Age-appropriate laboratory tests are required at selected age intervals.- Specimen collection must be performed in-house at the preventive medical screening visit.- Laboratory procedures provided less than six months prior to the preventive screening are not to be repeated unless medically necessary. -When required as part of the preventive medical screening, iron deficiency anemia and blood lead testing are included in the reimbursement for the medical screening and must not be billed separately.

**Diagnosis and Treatment**

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

**Diagnosis**

When a medical, vision, hearing, or developmental 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.

An infant or toddler who meets or may meet the medical or biological eligibility criteria for Early Steps (infant and toddler early intervention services) must be referred to the local System Point of Entry (SPOE) within two working days of the screening. (See Appendix A for contact information for the Early-Steps program).

**Initial Treatment**

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 Beneficiaries for Services**

Providers detecting a health or mental health problem in a screening must either provide the services indicated or refer the beneficiary for care without delay. Providers who perform the diagnostic and/or initial treatment services should do so at the screening appointment when possible, but must ensure that beneficiaries receive the necessary services within 60 days of the screening or sooner if medically necessary.



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Providers who refer the beneficiary for care must make the necessary referrals at the time of screening. Referrals are not limited to those services covered by Medicaid. Providers must attempt to locate other providers who furnish services at little or no cost and inform parents/guardians of costs associated with services that Medicaid does not cover. Providers must forward the necessary medical information and request a report of the exam results or services provided by the “referred-to” provider. -This information must be maintained in the beneficiary’s record.

Providers must follow up and document the record that the child kept the appointment and received services. - If the child did not keep the appointment, the provider must make at least two good faith efforts to re-schedule the appointment. The provider must have a process in place to document these efforts.

**Dental Treatment****Fluoride Varnish Application**

Fluoride varnish applications are covered by Louisiana Medicaid when provided in a physician office setting once every ~~six~~6 months for beneficiaries ~~six~~6 months through ~~five~~5 years of age. Providers eligible for reimbursement of this service include physicians, physician assistants and nurse practitioners (NPs) who have reviewed the fluoride varnish *Smiles for Life* training module 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. (See Appendix A for information on accessing the training module).

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

1. Appropriate dental providers;
2. Physicians;
3. Physician assistants;
4. ~~Advance Practice Registered Nurses~~APRNs;
5. ~~Registered nurses~~RNs;
6. Licensed practical nurses (LPNs); or
7. Certified Medical Assistants.

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**NOTE:** -Refer to Medicaid Manual Chapter 16 – Dental Program for information pertaining to EPSDT Fluoride Varnish Application. (See Appendix A for information on how to access this manual chapter).

**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. (See Appendix A for the web address to obtain additional information about EarlySteps).