

# Everything You Need to Know about Healthchek -EPSDT

Early Childhood Screening, Diagnosis and Treatment – EPSDT – is an important way we protect the health and well-being of children.

To help providers understand what’s required and when, Ohio’s Medicaid Care Coordination Plans are joining with the ODJFS Office of Medicaid to offer an in-depth seminar that gives you the information you need to meet state requirements and provide the best possible services for children.

- Dates and Times:**
- There are fourteen available dates; see reverse
- Who Should Attend:**
- All health care provider staff
- How to Participate:**
- Call in to 866-699-3239 use access code listed with meeting on reverse
  - Log in to <https://hsh.webex.com> use access code listed with meeting on reverse
  - Note that attendance during any one time slot is limited to 200; we recommend you enter the conference 5 minutes before the scheduled time.



- Appropriate laboratory tests based on medical and nutritional history, age, physical condition, ethnic background and home environment, including blood lead screening, hemoglobin and/or hematocrit, sickle cell test, pap smears, tuberculin test
- Dental screening
  - Relief of pain and infection
  - Restoration of teeth
  - Maintenance of dental health
  - Refer children, beginning at the age of two years, to a dentist
- Diagnosis
  - Order medically necessary diagnostic tests based on needs identified during the examination
  - Provide for immediate referral when indicated
  - Follow up to ensure services are received
- Treatment
  - Coordinate treatment for all the child’s health care needs
  - Provide medically necessary treatment or other measures to correct or ameliorate defects, physical and mental illnesses or any other condition(s) discovered through the screening process
- Health Education
  - Counseling to assist the parent/guardian in understanding what to expect relative to their child’s development
  - Anticipatory guidance regarding safety, nutrition, exercise and physical and mental development
  - Risk factor reduction intervention by providing information on healthy lifestyles and practices and accident and disease prevention

Medicaid-eligible children are entitled to receive a comprehensive package of preventive health care. This includes all well child care recommended by the American Academy of Pediatrics (AAP) and the Early Periodic Screening, Diagnostic and Treatment (EPSDT) child health requirements, known as Healthchek in Ohio.

- Responsibilities of Primary Care Practitioners:**
- Provide or arrange for well child check-ups according to the AAP recommendations for preventive pediatric care
  - Document the care provided
  - Arrange or refer for other preventive health care and medically necessary services based on identified risks and conditions
  - Bill for Healthchek - EPSDT services using the appropriate preventive medicine CPT codes
  - Bill for all services provided

- Well Child Visit Components:**
- Screening Services
    - Comprehensive health and developmental history
    - Comprehensive unclothed physical examination
    - Developmental screening (including physical and mental health development)
    - Nutritional screening
    - Vision screening
    - Hearing screening (includes newborn screening)
    - Immunization screening using the standard immunization schedule in rule 5101:3-4-12 of the Ohio Administrative Code
    - Lead toxicity screening

Medicaid Well Child Visits  
Healthchek - EPSDT

# What Every Health Care Professional Should Know





Ohio's Care Coordination Plans

230 E. Town Street  
Columbus, OH 43215



Webinar Dates, Times and Access Codes

Phone: 866-699-3239  
Web: https://hsh.webex.com

Date	Time	Host
7/1/10	8:30 AM	Unison Health Plan of Ohio Access code: 966 941 230
7/14/10	1 PM	Unison Health Plan of Ohio Access code 966 218 142
7/16/10	8 AM	CareSource Access code: 966 472 243
7/22 /10	10 AM	Molina Access code: 968 480 553
7/28/10	Noon	Paramount Access code: 969 519 672
7/30/10	9 AM	AMERIGROUP Access code: 961 937 545
8/25/10	2 PM	Wellcare Access code: 961 172 391
8/26/10	9 AM	Buckeye Access code: 962 420 711
9/8/10	2 PM	Wellcare Access code: 967 702 413
9/16/10	11 AM	Molina Access code: 968 040 130
9/16/10	1 PM	Buckeye Access code: 966 851 306
9/22/10	Noon	Paramount Access code: 962 432 070
9/24/10	Noon	AMERIGROUP Access code: 968 297 362
9/30/10	4 PM	CareSource Access code: 963 465 469

Well Child Visit Billing Guidelines:

The following includes some of the most common provider services that are payable when medically necessary and performed as part of a periodic Healthchek - EPSDT exam (please see OAC 5101:3-14-03 for the periodicity schedule). Please note this is not an exhaustive list of all covered services. Interperiodic examinations will be covered when medically necessary to determine the existence of suspected physical or mental illnesses.

*The following code set was in effect as of January 2010 and is subject to change.Please refer to the Ohio Administrative Code for the most current information.*

Preventive Medicine

ICD-9-CM Diagnosis codes

***The following are the age appropriate codes to be billed with a Healthchek - EPSDT exam***

V20.2	Routine Infant (over 28 days old) and child well check up to age 17
V20.31	Health check for child under 8 days old
V20.32	Health check for child 8-28 days old
V70.0	Routine medical exam, 18 and over
V70.3	Medical exam for administrative purposes
V70.5	Medical exam for students, preschool children, occupational or pre-employment exams, armed forces, etc
V70.6	Medical exam for surveys
V70.8	Other Medical exam

New Patient Service

99381	Initial Well child visit, younger than one year old
99382	Initial Well child visit, age 1-4
99383	Initial Well child visit, age 5-11
99384	Initial Well child visit, age 12-17
99385	Initial Physical exam, age 18-39

Established Patient Service

99391	Yearly Well Child visit, younger than one year old
99392	Yearly Well Child visit, age 1-4
99393	Yearly Well Child visit, age 5-11
99394	Yearly Well Child visit, age 12-17
99395	Yearly Physical exam, age 18-39

Preventive medicine – Individual Counseling

99402	Counseling and risk reduction intervention, 30 minute discussion
99403	Counseling and risk reduction intervention, 45 minute discussion
99404	Counseling and risk reduction intervention, 60 minute discussion

Vision Services

A vision screening is a required component of the Healthchek - EPSDT visit. Providers are encouraged to refer children for a comprehensive vision examination, when medically necessary.

Hearing Services

All covered hearing services in accordance with OAC 5101:3-10 and payable per Appendix DD, OAC 5101:3-1-60

92551	Hearing test, limited study using headphones to verbally respond to sounds
92552	Hearing test, using earphones and an audiometer, more extensive
92553	Includes 92552 with the addition of sounds conducted through the patient’s facial bones
92567	Hearing test to check the eardrums

Dental Services

Providers are encouraged to refer children, beginning at the age of two years, to a dentist.

Developmental Screening

96110	Limited Developmental testing
-------	-------------------------------

Immunizations

All covered immunization services in accordance with OAC 5101:3-4-12 and payable per Appendix DD, OAC 5101:3-1-60

***The following codes are for children 18 years and younger:***

90633	Hepatitis A, pediatric/adolescent, two dose schedule
90634	Hepatitis A, pediatric/adolescent, three dose schedule
90645	Hib Vaccine
90646	Hib, Vaccine for booster only
90647	Hib, Vaccine

90648	Hib Vaccine
90649	Human papilloma virus (HPV), three dose schedule
90655	Influenza, six to thirty-five months of age
90656	Influenza, three years of age and above
90657	Influenza, split virus, six to thirty-five months of age
90658	Influenza, split virus three years of age and above
90660	Influenza, intranasal
90669	Pneumococcal conjugate, polyvalent, children under five years of age
90680	Rotavirus vaccine
90681	Rotavirus vaccine, live, oral
90696	DTaP-IPV
90698	DTaPIPHI
90700	DTaP for individuals younger than seven years of age
90702	DT for individuals younger than seven years of age
90703	Tetanus immunization
90707	MMR immunization
90710	Measles, mumps, rubella, and varicella vaccine
90713	Poliovirus, inactivated, (IPV), subcutaneous
90714	Td preservative free, for individuals seven years and older
90715	Tetanus, diphtheria toxoids and acellular pertussis, for individuals seven years or older
90716	Varicella (chickenpox), live
90718	Td adsorbed, for individuals seven years or older
90721	DTaP-Hib
90723	DtaP-HepB-IPV inactivated
90732	Pneumococcal immunization
90733	Meningococcal immunization
90734	Meningococcal Vaccine, IM
90744	Hepatitis B vaccine; Under age 11
90748	HepB-Hib, combined vaccine
90663	The pandemic influenza virus vaccine, for both children and adults.

***The following codes are for those 19 years and older:***

90585**	BGG, percutaneous
90586**	BCG, intravesical
90632	Hepatitis A, adult
90633**	Hepatitis A, pediatric/adolescent, two dose schedule
90634**	Hepatitis A, pediatric/adolescent, three dose schedule
90636	Hepatitis A and hepatitis B, adult
90645**	HIB Vaccine
90646**	HIB Vaccine for booster only
90647**	HIB Vaccine
90648**	HIB Vaccine

90656	Influenza, split virus, preservative free, three years of age and above
90658	Influenza, split virus, for use in individuals three years of age and above, intramuscular
90660	Influenza, intranasal
90675	Rabies, intramuscular
90676	Rabies, intradermal
90703	Tetanus Immunization
90707	MMR Immunization
90710**	MMRV Vaccine
90714	Td preservative free, for individuals seven years and older
90715	Tetanus, diphtheria toxoids and acellular pertussis, for individuals seven years and older
90716	Varicella (chickenpox) virus vaccine
90718	Td Immunization
90732	Pneumococcal Immunization
90734**	Meningococcal Vaccine
90735**	Encephalitis Virus Vaccine
90740	Hepatitis B, dialysis or immunosuppressed patient (three dose schedule)
90746	Hepatitis B vaccine, adult (nineteen years or older)
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (four dose schedule)

Active immunizations identified with a double asterisk (\*\*) are covered only if determined medically necessary.

Laboratory Services

All covered lab services in accordance with OAC 5101:3-11 and payable per Appendix DD, OAC 5101:3-1-60

Other Physician Services

All covered physician services in accordance with OAC 5101:3-4, 5101:3-5 or 5101:3-6

Ohio’s Care Coordination Plans

Amerigroup Community Care Ohio

Buckeye Community Health Plan

CareSource

Molina Healthcare of Ohio, Inc.

Paramount Advantage

Unison Health Plan of Ohio, Inc.

WellCare of Ohio