ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Program Planning & Development

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TO: **Arkansas Medicaid Health Care Providers – Child Health Services/Early and Periodic Screening, Diagnosis, and Treatment**

DATE: **October 1, 2008**

SUBJECT: **Provider Manual Update Transmittal # 103**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
—	—	214.300	10-1-08
242.100	7-1-07	242.100	10-1-08

Explanation of Updates

Section 214.300 has been created to explain the process for foster care intake physical examinations in the EPSDT program.

Section 242.100 has been revised to add procedure codes **99381-99385** with modifiers **EP** and **H9** and procedure codes **99391-99395** with modifiers **EP** and **H9** to indicate the codes and modifiers to be used when billing for foster care services in the EPSDT program. Minor text changes have also been made in the section.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

TOC required

214.300 Foster Care Intake Physical Examination in the EPSDT Program 10-1-08

Arkansas Medicaid beneficiaries entering the Arkansas foster care system are required to receive an intake physical examination within the first seventy two (72) hours. If the EPSDT provider who performs the screening is not the beneficiary's PCP, the intake physical examination should be billed with procedure codes **99381-99385** and modifiers **EP** and **H9**. Billing with these procedure codes and modifiers will allow the claim to be submitted for payment without a referral from the beneficiary's PCP and will alert the system not to count the screen toward the beneficiary's yearly EPSDT periodic complete medical screening limits.

If the EPSDT provider who performs the screen is the beneficiary's PCP, the intake physical exam should be billed with procedure codes **99391-99395** and modifiers **EP** and **H9**. Billing with these procedure codes and modifiers will allow the claim to be submitted for payment and will not count toward the beneficiary's yearly EPSDT periodic complete medical screening limits.

Procedure codes **99381-99385** and **99391-99395,** in conjunction with the **EP and H9 modifiers,** are to be used only for the required intake physical examination for Medicaid beneficiaries in the Arkansas foster care system.

242.100 Procedure Codes 10-1-08

The table below contains procedure codes, the associated modifiers to be used with the individual code, and a description of each EPSDT service.

Other coding information found in the chart:

[1] Exempt from PCP referral requirements
[2] Covered when specimen is referred to an independent lab

Electronic and paper claims require use of modifiers. When filing paper claims for an EPSDT screening service, the applicable modifier must be entered on the claim form.

See section 212.000 for EPSDT screening terminology.

NOTES

A. A primary care physician (PCP) may bill a sick visit and a Child Health Services (EPSDT) periodic screening for a patient on the same date of service if the screening is due to be performed.

B. Procedure codes **99381-99385** and **99391-99395,** used in conjunction with the **EP and H9 modifiers,** are to be used only for the required intake physical examination for Medicaid beneficiaries in the Arkansas foster care system. (See section 214.300 for more information.)

C. Claims for EPSDT medical screenings must be billed electronically or using the DMS-694 EPSDT paper claim form. **View or print a DMS-694 sample claim form.**

D. Laboratory/X-ray and immunizations associated with an EPSDT screen may be billed on the DMS-694 EPSDT claim form.

E. Immunizations and laboratory tests may be billed separately from comprehensive screens.

F. The verbal assessment of lead toxicity risk is part of the complete CHS/EPSDT screen. The cost for the administration of the risk assessment is included in the fee for the complete screen.

Procedure Code	Modifier 1	Modifier 2	Description
99381-99385	EP	U1	EPSDT Periodic Complete Medical Screen (New Patient)
99381-99385[1]	EP	H9	EPSDT Periodic Complete Medical Screen (Foster Care)
99391-99395	EP	U2	EPSDT Periodic Complete Medical Screen (Established Patient)
99391-99395[1]	EP	H9	EPSDT Periodic Complete Medical Screen (Foster Care)
99431[1] 99432[1] 99435[1]	EP EP EP		Initial Newborn Care/EPSDT screen in hospital
99173[1]	EP		EPSDT Periodic Vision Screen
V5008[1]	EP		EPSDT Periodic Hearing Screen
DO120[1]			CHS/EPSDT Oral Examination
D0140[1]			EPSDT Interperiodic Dental Screen, with prior authorization
99401	EP		EPSDT Health Education - Preventive Medical Counseling
36415[2]			Collection of venous blood by venipuncture
83655			Lead