

TOC not required

215.290 Health Education

**40-13-032-
1-20**

Health education is a required component of screening services and includes anticipatory guidance. The developmental assessment, comprehensive physical examination, visual, hearing or dental screening provides the initial opportunity for providing health education. Health education and counseling to parents (or guardians) and children are required. Health education and counseling are 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. See Section 242.100 for procedure codes.

Health education can include but isn't limited to tobacco cessation counseling services to the parent/legal guardian of the child.

A. Counseling Visits:

<u>Current Procedure Code</u>	<u>Current Modifier</u>	<u>Arkansas Medicaid Description</u>
<u>99406*</u>	<u>SE</u>	<u>** (Smoking and tobacco use cessation counseling visit; intermediate, 15-minutes)</u>
<u>99406*</u>	<u>CG</u>	<u>** (Smoking and tobacco use cessation counseling visit, intermediate, 15-minutes provided to parents of children birth through twenty (20) years of age)</u>
<u>99407*</u>	<u>SE</u>	<u>** (Smoking and tobacco use cessation counseling visit; intensive, 30-minutes)</u>
<u>99407*</u>	<u>CG</u>	<u>** (Smoking and tobacco use cessation counseling visit, intensive, 30-minutes provided to parents of children birth through twenty (20) years of age)</u>

* Exempt from PCP referral requirements.

** (...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.

B. Referral of patient to an intensive tobacco cessation referral program.

C. Can be billed in addition to an office visit or EPSDT.

D. If the beneficiary is under the age of eighteen (18), and the parent/legal guardian smokes, he or she can be counseled as well, and the visit billed under the minor's beneficiary Medicaid number. The provider cannot prescribe meds for the parent under the child's Medicaid number. A parent/legal guardian session will count towards the four (4) counseling sessions limit described in section C above.

E. These counseling sessions do NOT require a PCP referral.

F. The provider must complete the counseling checklist and place in the patient records for audit. **View or Print the Arkansas Be Well Referral Form.**

Refer to Section 257.000 and Section 292.900 of the Physician's manual for more information.

242.100 Procedure Codes

44-1-172-1-20

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

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)
99460	EP	UA	Initial Hospital/birthing center care, normal newborn (global)
99461	EP	UA	Initial care normal newborn other than hospital/birthing center (global)
99463	EP	UA	Initial hospital/birthing center care, normal newborn admitted/discharged same date of service (global)
99173 ¹	EP		EPSDT Periodic Vision Screen
V5008 ¹	EP		EPSDT Periodic Hearing Screen
T1502	EP		Admin. of oral, intramuscular, and or subcutaneous medication by health care agency/professional, per visit.
DO120 ¹			CHS/EPSDT Oral Examination
DO140 ¹			EPSDT Interperiodic Dental Screen, with prior authorization
99401	EP		EPSDT Health Education - Preventive Medical Counseling
<u>99406¹</u>	<u>SE</u>		<u>** (Smoking and tobacco use cessation counseling visit; intermediate, 15-minutes)</u>
<u>99406</u>	<u>CG</u>		<u>** (Smoking and tobacco use cessation counseling visit, intermediate, 15-minutes provided to parents of children birth through twenty (20) years of age)</u>
<u>99407¹</u>	<u>SE</u>		<u>** (Smoking and tobacco use cessation counseling visit; intensive, 30-minutes)</u>
<u>99407</u>	<u>CG</u>		<u>** (Smoking and tobacco use cessation counseling visit, intensive, 30-minutes provided to parents of children birth through twenty (20) years of age)</u>
99070	EP		Supplies and materials provided by physician over and above those covered by the office visit or other services rendered.
36415 ²			Collection of venous blood by venipuncture

Procedure Code	Modifier 1	Modifier 2	Description
83655			Lead

*****(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.

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 a Child Health Services (EPSDT) screening service, the applicable modifier must be entered on the claim form.

See Section 212.000 for Child Health Services (EPSDT) screening terminology.

NOTES

- A. Arkansas Medicaid is no longer able to process both a sick visit and an EPSDT screening visit when performed on the same date of service without the appropriate modifier (Modifier 25). Modifier 25 must be indicated in the first position of the second billed service. This change surpasses the Medicaid policy to not bill modifiers on a sick visit when performed on the same date of service as an EPSDT screening.
- B. New born screenings can be performed by a Certified Nurse Midwife or Nurse Practitioner without a PCP referral.
- C. 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.)
- D. Claims for EPSDT medical screenings must be billed electronically or by using the CMS-1500 claim form. **99460, 99461, and 99463 may be billed on the CMS-1500 claim form, by paper or electronically. ([View or print a CMS-1500 sample form.](#)) 99460, 99461 and 99463 may also be billed as EPSDT in the electronic transaction format or on the CMS-1500 paper form.**
- E. Laboratory/X-ray and immunizations associated with a Child Health Services (EPSDT) screen may be billed on the CMS-1500 claim form.
- F. Immunizations and laboratory tests may be billed separately from comprehensive screens.
- G. The verbal assessment of lead toxicity risk is part of the complete Child Health Services (EPSDT) screen. The cost for the administration of the risk assessment is included in the fee for the complete screen.
- H. **T1502** may be used for billing in the office place of service (11) for the administration of subcutaneous ~~and~~ or IM injections ONLY when the provider administers, but does not supply the drug.
 1. **T1502** cannot be billed when the medication is administered orally. No fee is billable for drugs administered orally.
 2. **T1502** cannot be billed to administer any medication given for family planning purposes.
 3. **T1502** cannot be billed when the drug administered is not FDA approved.

Field Code Changed

- I. Procedure code **99070** is payable to physicians for supplies and materials (except eyeglasses), provided by the physician over and above those usually included with the office visit or other services rendered. Procedure code **99070** must not be billed for the provision of drug supply samples and may not be billed on the same date of service as a surgery code. Claims require National Place of Service code "11". Procedure code **99070** is limited to beneficiaries under age twenty-one (21).

MARK-UP