

		Reimbursement Policy
Subject: Early and Periodic Screening, Diagnostic and Treatment (EPSDT)		
Effective Date: 05/01/20	Committee Approval Obtained: 12/21/18	Section: Prevention
*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://medproviders.anthem.com/wi .*****		
<p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield (Anthem) if the service is covered by a BadgerCare Plus member’s benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Anthem reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.</p> <p>Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
Policy	<p>Anthem allows reimbursement of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program services unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate.</p> <p>The following EPSDT component services are included in the reimbursement of the preventive medicine Evaluation and Management (E&M) visit, unless appended with Modifier 25, to indicate a</p>	

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	<p>significant, separately identifiable E&M service by the same physician on the same date of service:</p> <ul style="list-style-type: none">• Comprehensive health history• Comprehensive unclothed physical examination• Health education• Nutritional assessment• Dental screening <p>The following component services are separately reimbursable from the preventive medicine E&M visit:</p> <ul style="list-style-type: none">• Developmental screening using a standardized screening tool• Hearing screening with or without the use of an audiometer or other electronic device• Immunization and administration• Laboratory tests:<ul style="list-style-type: none">○ Newborn metabolic screening test○ Tuberculosis test○ Hematocrit and hemoglobin tests○ Lead toxicity screening○ Cholesterol test○ Pap smear, for sexually active members○ Sexually transmitted disease (STD) screening, for sexually active members○ Urinalysis• Vision screening <p>Providers should follow periodicity guidelines established by the American Academy of Pediatrics and the Centers for Disease Control. If a provider performs EPSDT services in conjunction with a sick visit, all services are subject to our Preventive Medicine and Sick Visits on Same Day policy.</p> <p>Claims Requirements</p> <p>Provider claims for EPSDT services should include all of the following items:</p> <ul style="list-style-type: none">• EPSDT Special Program Indicator• EPSDT Referral Indicator Codes (a.k.a., Referral Condition Codes), if applicable• Appropriate diagnosis code(s)• Appropriate HCPCS code identifying the completed EPSDT service (list in addition to code for appropriate E&M service)• Appropriate E&M codes for new or established members• Appropriate procedure code for the component services
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	<ul style="list-style-type: none"> • Applicable modifier(s) (Note: Modifiers UA, EP and/or TS are required for HealthCheck screening and follow up)
History	<ul style="list-style-type: none"> • Biennial review approved 12/21/18 and effective 05/01/20: Policy language updated • Biennial review approved 06/06/16 • Initial approval and effective date 07/01/14
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • State contracts • American Academy of Pediatrics • Centers for Disease Control
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service • Modifier Usage • Preventive Medicine and Sick Visits on the Same Day • Vaccines for Children Program
Related Materials	<ul style="list-style-type: none"> • None