



Pediatric Preventive Health Care Program

Known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Liaisons in the EPSDT Department assist the Parents or Guardians of all Members younger than twenty-one (21) years of age in receiving EPSDT screens, treatment, follow-up, and referrals to the Early Intervention Program when appropriate. The EPSDT liaison also facilitates and ensures EPSDT compliance, provides follow-up concerning service issues, educates non-compliant Members on AmeriHealth Mercy's rules and regulations, and assists Members in accessing care.

The quantity of Medically Necessary, Title XIX eligible services for enrolled children younger than twenty-one (21) years of age are not restricted or limited.

EPSDT Screens

Under EPSDT, State Medicaid agencies must provide and/or arrange for the promotion of services to eligible children younger than twenty-one (21) years of age that include comprehensive, periodic preventive health assessments. All Medically Necessary immunizations are required. Age appropriate assessments, known as "screens," must be provided at intervals following defined periodicity schedules. Additional examinations are also required whenever a health care provider suspects the child may have a health problem. Treatment for all Medically Necessary services discovered during an EPSDT screening is also covered.

EPSDT Screens must include the following:

- A comprehensive health and developmental history, including both physical and mental health development
- A comprehensive unclothed exam
- Appropriate immunizations according to age and health history
- Appropriate laboratory tests including blood lead level assessment
- Health education including anticipatory guidance

EPSDT Covered Services

The following services are covered under the EPSDT Program:

- Comprehensive screens according to a predetermined periodicity schedule (found in the Provider Center at www.amerihalthmercyhp.com):
 - Children ages birth through 30 months should have screening visits at the following intervals: by 1 month, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months
 - Children and adolescents ages 3 years to 21 years of age are eligible for annual screens.



- After completion of a screen, Members are entitled to all services included in the approved DPW State Plan for diagnosing and treating a discovered condition. Included in this plan are:
 - Eye Care
 - Hearing Care, including hearing aids
 - Dental Care (referral to dentist for dental screening is required annually for all children aged 3 years and older as part of a complete EPSDT screen)

In addition, AmeriHealth Mercy will pay for routine health assessments, diagnostic procedures, and treatment services provided by Network Providers and clinics, as well as vision and hearing services, and dental care, including orthodontics.

AmeriHealth Mercy complies with the relevant OBRA provisions regarding EPSDT by implementing the following:

- Health education is a required component of each screening service. Health education and counseling to parent (or guardian) and children is designed to assist in understanding what to expect in terms of the child's physical and cognitive development. It is also designed to provide information about the benefits of healthy lifestyles and practices, as well as accident and disease prevention
- Screening services are covered at intervals recommended by the Academy of Pediatrics and the American Dental Association. An initial screening examination may be requested at any time, without regard to whether the member's age coincides with the established periodicity schedule
- Payment will be made for Medically Necessary diagnostic or treatment services needed to correct or ameliorate illnesses or conditions discovered by the screening services, whether or not such diagnostic or treatment services are covered under the State Medicaid Plan and ***provided that it*** is covered under Title XIX of the Social Security Act. However, Network Providers should be aware that any such service must be prior-authorized and that a letter of medical necessity is required

EPSDT Expanded Services

EPSDT Expanded Services are defined as any Medically Necessary health care services provided to a Medical Assistance recipient younger than twenty-one (21) years of age that are covered by the federal Medicaid Program (Title XIX of the Social Security Act), but not currently recognized in the State's Medicaid Program. These services, which are required to treat conditions detected during an encounter with a health care professional, are eligible for payment under the Federal Medicaid Program, but are not currently included under DPW's approved State Plan. EPSDT Expanded Services may include items such as medical supplies or Enteral formula, for example. Additional information on EPSDT Screening Requirements is located in the later portion of this section.



Eligibility for EPSDT Expanded Services

All Members younger than twenty-one (21) years of age are also eligible for EPSDT Expanded Services, when such services are determined to be Medically Necessary. There is no limitation on the length of approval for services, as long as the conditions for medical necessity continue to be met and the Member remains eligible for AmeriHealth Mercy benefits.

EPSDT Expanded Services Requiring Prior Authorization

EPSDT Expanded Services require Prior Authorization. All requests for EPSDT Expanded Services should be forwarded to AmeriHealth Mercy's Utilization Management Department where they will be reviewed for medical necessity. Requests should be accompanied by a letter of medical necessity outlining the rationale for the request and the benefit that the requested service(s) will yield for the Member. Although Utilization Management will accept letters of medical necessity from a Member's PCP, a participating Specialist or Ancillary Health Care Provider, the PCP will be asked to approve the treatment plan.

Obtaining PCP Approval for EPSDT Expanded Services

When a request for EPSDT Expanded Services and letter of medical necessity are received without prior approval from the PCP, Utilization Management will contact the PCP to obtain his/her approval. If Utilization Management is unsuccessful after one week of repeated attempts to reach the PCP, the author of the letter of medical necessity will be verbally informed of AmeriHealth Mercy's inability to reach the PCP. The author will be asked to intervene by reaching the PCP to discuss the request. When the PCP is contacted but does not approve the request, he/she will be asked to contact the requesting Network Provider to discuss the case and offer alternatives.

EPSDT Expanded Services Approval Process

When the AmeriHealth Mercy Medical Director or his/her designee approves a request for EPSDT Expanded Services, the requesting Network Provider will be asked to identify a Network Provider for the service if this was not already done. The provider of service should contact AmeriHealth Mercy's Utilization Management Department at 800-521-6622 for a case reference number. The provider of service will be responsible for conducting Concurrent Reviews with AmeriHealth Mercy's Utilization Management Department to obtain authorization to extend the approval of services. The provider of service is also responsible for verifying the Member's eligibility prior to each date of service.

EPSDT Expanded Services Denial Process

Prior to denying any request, the AmeriHealth Mercy Medical Director or his/her designee will make several attempts, as an effort of good faith, to contact the requesting Network Provider to discuss the case. If the request is denied in full or in part, a letter detailing the rationale for the decision will be sent to the Member, the requesting Network Provider, and if identified, the provider of service or advocate working on the behalf of the Member. This letter will also



contain information regarding how the decision can be appealed and for Members, information on how to contact community legal service agencies who might be able to assist in filing the Grievance.

AmeriHealth Mercy will honor EPSDT Expanded Service treatment plans that were approved by another HealthChoices Managed Care Organization or DPW, prior to the Member's Enrollment with AmeriHealth Mercy. The Health Care Provider of service is responsible for forwarding documentation of the prior approval in order for AmeriHealth Mercy to continue to authorize previously approved services. AmeriHealth Mercy will not interrupt services pending a determination of medical necessity in situations where the Health Care Provider is unable to document the approval of services by the previous insurer.

EPSDT Billing Guidelines for Paper or Electronic 837 Claim Submissions

Providers billing for complete Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screens may bill using the CMS 1500 or UB-04 paper claim forms or electronically, using the 837 format.

Providers choosing to bill for complete EPSDT screens, including immunizations, on the CMS 1500 or UB-04 claim form or the 837 electronic formats must:

- **Use V20.0, V20.1 or V20.2 as the primary diagnosis code**
- Accurate payment of EPSDT claims will be determined solely by the presence of EPSDT modifiers to identify an EPSDT Claim. Failure to append EPSDT modifiers will cause claims to be processed as non-EPSDT related encounters.
- Use one of the individual age-appropriate procedure codes outlined on the most current EPSDT Periodicity Schedule (listed below), as well as any other EPSDT related service, e.g., immunizations, etc.
- Use EPSDT Modifiers as appropriate: EP - Complete Screen; 52 - Incomplete Screen; 90 - Outpatient Lab; U1 - Autism.

Use U1 modifier in conjunction with CPT code 96110 for an Autism screening
 CPT code 96110 without a U1 modifier is to be used for a Developmental screening

Age Appropriate Evaluation and Management Codes

(As listed on the current EPSDT Periodicity Schedule and Coding Matrix)

Newborn Care:

99460 Newborn Care (during the admission) 99463 Newborn (same day discharge)

New Patient:

99381 Age < 1 yr
 99382 Age 1-4 yrs
 99383 Age 5-11 yrs
 99384 Age 12-17 yrs

Established Patient:

99391 Age < 1 yr
 99392 Age 1-4 yrs
 99393 Age 5-11 yrs
 99394 Age 12-17 yrs



99385 Age 18-20 yrs

99395 Age 18-20 yrs

Billing example: New Patient EPSDT screening for a 1 month old. The diagnosis and procedure code for this service would be:

- V20.2 (Primary Diagnosis)
- 99381EP (E&M Code with “Complete” modifier)

(As a reminder the National Code S0302 for EPSDT Screening is no longer a valid code)

* Enter charges. Value entered must be greater than zero (\$0.00) including capitated services.

Please consult the EPSDT Program Periodicity Schedule and Coding Matrix, as well as the Recommended Childhood Immunization Schedule for screening timeframes and the services required to bill for a complete EPSDT screen. (Both are available in a printable PDF format online at the Provider Center at www.amerihealthmercyhp.com)

Completing the CMS 1500 or UB-04 Claim Form

The following blocks must be completed when submitting a CMS 1500 or UB-04 claim form for a complete EPSDT screen:

- EPSDT Referral Codes (when a referral is necessary, use the listed codes in the example below to indicate the type of referral made)
- Diagnosis or Nature of Illness or Injury
- Procedures, Services or Supplies CPT/HCPCS Modifier
- EPSDT/Family Planning

UB-04	CMS 1500	Item	Description	C/R
37	10d	Reserved for Local Use EPSDT Referrals	Enter the applicable 2-character EPSDT Referral Code for referrals made or needed as a result of the screen. YO – Other YV – Vision YH – Hearing YB – Behavioral YM – Medical YD – Dental *(Required for ages 3 and over)	C C C C C*
18	N/A	Condition Codes	Enter the Condition Code A1 EPSDT	R



67	21	Diagnosis or Nature of Illness or Injury	When billing for EPSDT screening services, diagnosis code V200, V201 or V202 (Routine Infant or Child Health Check) must be used in the primary field (21.1) of this block. Additional diagnosis codes should be entered in fields 21.2, 21.3, 21.4. An appropriate diagnosis code must be included for each referral. Immunization V-Codes are not required.	R
42	N/A	Revenue code	Enter Revenue Code 510	R
44	24D	Procedures, Services or Supplies CPT/HCPCS Modifier	Populate the first claim line with the age appropriate E & M codes along with the EP modifier when submitting a “complete” EPSDT visit, as well as any other EPSDT related services, e.g., immunizations	R
N/A	24H	EPSDT/Family Planning	Enter Visit Code 03 when providing EPSDT screening services.	R

Key:

- **Block Code** – Provides the block number as it appears on the claim.
- **C** – Conditional must be completed if the information applies to the situation or the service provided.
- **R** – Required – must be completed for all EPSDT claims.

Important: Failure to follow these billing guidelines may result in rejected electronic claims and/or non-payment of completed EPSDT screenings.

Additional EPSDT Information
Screening Eligibility and Required Services

For screening eligibility information and services required for a complete EPSDT screen, please consult the:

- EPSDT Program Periodicity Schedule and Coding Matrix
- Recommended Childhood Immunization Schedule

(Both schedules are available in Appendix II of the Manual and in a printable PDF format in the Provider Center at www.amerihealthmercyhp.com)

You may direct EPSDT program specific questions to AmeriHealth Mercy's Provider Services Department at **1-800-521-6007**.



Family and Medical History for EPSDT Screens

It is the responsibility of each Network Provider to obtain a Family and Medical History as part of the initial well-child examination.

The following are the Family and Medical History categories, which should be covered by the Network Provider:

- Family History
 - Hereditary Disorders, including Sickle Cell Anemia
 - Hay fever - Eczema - Asthma
 - Congenital Malformation
 - Malignancy - Leukemia
 - Convulsions - Epilepsy
 - Tuberculosis
 - Neuromuscular disease
 - Mental Retardation
 - Mental Illness in parent requiring hospitalization
 - Heart disease
 - Details of the pregnancy, birth and neonatal period
 - Complication of pregnancy
 - Complication of labor and delivery
 - Birth weight inappropriate for gestational age
 - Neonatal illness
- Medical History
 - Allergies, Asthma, Eczema, Hay Fever
 - Diabetes
 - Epilepsy or convulsions
 - Exposure to tuberculosis
 - Heart Disease or Rheumatic Fever
 - Kidney or Bladder problems
 - Neurological disorders
 - Behavioral disorders
 - Orthopedic problems
 - Poisoning
 - Accidents
 - Hospitalizations/Operations
 - Menstrual history
 - Medication

Height

Height must be measured on every child at every well-child visit. Infants and small children should be measured in the recumbent position, and older children standing erect. The height should be recorded in the child's medical record and should be compared to a table of norms for



age. The child's height percentile should be entered in the child's medical record. Further study or referral is indicated in a child who has deviated from his/her usual percentile rank (determined by comparison with graphed previous measurements), or in a child whose single measurement exceeds two standard deviations from the norm for his/her age (beyond the 97th or below the 3rd percentile).

Weight

Weight must be measured on every child at every well-child visit. Infants should be weighed with no clothes on, small children with just underwear and older children and adolescents with ordinary house clothes (no jackets or sweaters) and no shoes. The weight should be recorded in the child's medical record, and should be compared to a table of norms for age. The child's weight percentile should also be entered in the child's medical record. Further study or referral is indicated for a child who has deviated from his usual percentile rank (determined by comparison with graphed previous measurements), or in a child whose single measurement exceeds two standard deviations from the norm for his/her age (beyond the 97th percentile or below the 3rd percentile).

Head Circumference

Head circumference should be measured at every well-child visit on infants and children up to the age of two years. Measurement may be done with cloth, steel or disposable paper tapes. The tape is applied around the head from the supraorbital ridges anteriorly, to the point of posteriorly giving the maximum circumference (usually the external occipital protuberance). Further study or referral is indicated for the same situations described in height and weight, and findings should be recorded in the child's medical record.

Blood Pressure

Blood pressure must be done at every visit for all children older than the age of three (3) years, and must be done with an appropriate-sized pediatric cuff. It may also be done under the age of three years when deemed appropriate by the attending Network Provider. Findings should be recorded in the child's medical record.

Dental Screening

Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/susceptibility to disease. ***All children ages 3 and above must be referred for an annual dental exam as part of each EPSDT Screening.*** Providers should check for the following and initiate treatment or refer as necessary:

- Cavities
- Missing Permanent Teeth
- Fillings present
- Oral infection
- Other Oral Concerns



In completing a dental referral for all children age 3 and above, providers should advise the child's parent or guardian that a dental referral is required according to the periodicity schedule. ***The provider should then contact AmeriHealth Mercy Member Services at 1-888-991-7200 while the member is in the office, or within four (4) business days to notify them that the child is due for a dental referral as part of a complete EPSDT screen. This notification constitutes the provider's referral to a dental home. AmeriHealth Mercy Member Services will then coordinate with the member and their family to locate a participating dentist and arrange an appointment for the child.***

Documentation of the dental referral should be recorded in the child's medical record and the EPSDT Referral Code YD should be entered in Field 10d on the CMS 1500 claim form, or Field 37 on the UB-04 form.

Vision Testing

Technique Tips for Vision Testing

The chart should be affixed to a light-colored wall, with adequate lighting (10-30 foot candles) and no shadows. Ordinary room lighting usually does not provide this much light and the chart will need a light of its own. The 20-foot line on the chart should be set at approximately the level of the eyes of a six (6) year old. Placement of the child must be exactly at 20-feet. Sites that do not have a 20-foot distance at which to test should obtain a 10-foot Snellen chart rather than convert to the 20-foot chart. The eye not being tested must be covered with an opaque occluder; several commercial varieties are available at minimal cost, or the Network Provider may improvise one. The hand may not be used, as it leads to inaccuracies. In older children who seem to have difficulty or in young children, bring the child up to the chart (preferably before testing), explain the procedure and be sure the child understands.

For screening, the tester should start with the big E (20-foot line) and then proceed down rapidly line-by-line, as long as the child reads one letter per line, until the child cannot read. At this critical level, the child is tested on every letter on that line or adjacent line. Passing is reading a majority of letters in a line. It is not necessary to test for every letter on the chart. Tests for hyperopia may be done but are not required.

Referral Standards

Children seven (7) years of age and older should be referred if vision in either eye is 20/30 or worse. Those six (6) and younger should be referred if vision in either eye is 20/40 or worse. A child may be referred if parental complaints warrant or if the doctor discovers a medical reason. (Generally, sitting close to television, without other complaints and with normal acuity, is not a reason for referral.) Children failing a test for hyperopia may be referred.

Children already wearing glasses should be tested with their glasses. If they pass, record measurement and nothing further need be done. If they fail, refer for re-evaluation to an



AmeriHealth Mercy participating Specialist, preferably to the vision provider who prescribed the lenses, regardless of when they were prescribed.

If the Network Provider is unable to render an eye examination, in a child nine (9) years of age or older, because of the child's inability to read the chart or follow directions (e.g., a child with Mental Retardation), please refer this child to a participating Ophthalmologist.

Hearing Screening

Hearing Screening must be administered to every child 3 years of age and older.

Technique Tips for Hearing Testing

Tuning forks and uncalibrated noisemakers are not acceptable for hearing testing. For children younger than five (5) years of age, observation should be made of the child's reactions to noises and to voices, unless the child is sufficiently cooperative to actually do the audiometry. For audiometry, explain the procedure to the child. For small children, present it as a game. Present one tone loud enough for the child to hear, and explain that when it is heard, the child should raise his/her hand and keep it raised until the sound disappears. Once the child understands, proceed to the test. Doing one ear at a time, set the decibel level at 25, and testing at 500 HZ. Then go successively to 1000, 2000, 4000 and 6000. Repeat for the other ear. The quietest room at the site should be used for testing hearing.

Referral Standards

Any cooperative child failing sweep audiometry at any two frequencies should be referred to an otorhinolaryngologist or audiologist. If a child fails one tone, retest that tone with threshold audiometry to be certain it is not a severe single loss. To be certain of the need for referral, the Network Provider should immediately retest all failed tones by threshold audiometry, or, if there is question about the child's cooperation or ability at the time of testing, bring the child back for another sweep audiometry before referring. Please remember that audiometers should be periodically (at least yearly) calibrated for accuracy.

Development/Behavior Appraisal

Since children with slow development and abnormal behavior may be able to be successfully treated if treatment is begun early, it is important to identify these problems as early as possible. Questions must be included in the history that relate to behavior and social activity as well as development. Close observation is also needed during the entire visit for clues to deviations in those areas. The completion of a structured developmental screen is required for ages 9 – 11 months, 18 months and 30 months. Use procedure code 96110 to report the completion of this screen.

Younger than five (5) years of age

In addition to history and observation, some sort of developmental evaluation should be done. In children who are regular patients of the Network Provider site, this may consist of on-going



recording, in the child's chart, of development milestones sufficient to make a judgment on developmental progress. In the absence of this, the site may elect to do a Denver Developmental Test as its evaluation.

- Marked slowness in any area should be cause for a referral to a participating Specialist, e.g., developmental center, a MH/MR agency, a development Specialist, a pediatric neurologist or a psychologist. If only moderate deficiencies in one or more areas are found, the child should be re-tested in 30-60 days by the Network Provider
- Social Activity/Behavior - Questions should be asked to determine how the child relates to his family and peers and whether any noticeable deviation in any of his/her behavior exists. The Network Provider should observe for similar behavior in the office
- Speech Development - Attention should be paid to the child's speech pattern to see whether it is appropriate for age. The DASE test may be used as an evaluation

For information on the Early Intervention System, please refer to the Special Needs and Case Management section of this Manual.

Five (5) years of age and older

Since the usual developmental tests are not valid at this age, observation and history must be used to determine the child's normality in the areas listed below. Each child should be checked and recorded appropriately. Major difficulty in any one area, or minor difficulty in two or more areas, should be cause for referral to a participating mental health professional for further diagnosis.

- Social Activity/Behavior - Does the child relate with family and peers appropriately?
- School - Is the child's grade level appropriate for his/her age? Has the child been held back in school?
- Peer Relationships
- Physical/Athletic Dexterity
- Sexual Maturation -Tanner Score. A full explanation of Tanner observations and scoring is included the Appendix of the Manual.
- Speech - DASE Test if there is a problem in this area record accordingly, refer appropriately

Autism Screening

A structured autism screen is required at ages 18 months and 24 months. Use procedure code 96110, and modifier U1 to report the completion of this screen.

See Appendix Section II.5.d for a complete and updated guide of requirements and resources for structured screening for developmental delays and autism spectrum disorder



Children on SSI under the age of 21

With respect to SSI and SSI-related Members under the age of 21, at the first appointment following enrollment, the PCP must make an initial assessment of the health needs of the child over an appropriate period (not to exceed one year), including the child's need for primary and specialty care. The results of that assessment shall be discussed with the family or custodial agency (and, if appropriate, the child) and shall be listed in the child's medical records. The family shall be informed in writing of the plan, and the right to use complaint procedures if they disagree. As part of the initial assessment, the PCP shall make a recommendation regarding whether Case Management Services should be provided to the child, based on medical necessity, and with the families or custodial agency's consent, this recommendation shall be binding AmeriHealth Mercy.

Anemia Screening

Initial measurement of hemoglobin or hematocrit is recommended between 9 and 11 months of age, and required by the 12-month screen. After this, hematocrit should only be performed if indicated by risk assessment and/or symptoms. All premature or low-birth weight infants should have hemoglobin or hematocrit done on their first well-visit and then repeated according to the schedule above. The results of the test should be entered in the child's medical record.

Diagnosis of anemia should be based on the doctor's evaluation of the child and the blood test. It is strongly suggested that a child with 10 grams of hemoglobin or less (or a hematocrit of 30% or less) be further evaluated for anemia. However, even though 10 grams may represent the lower limit of norm for most of childhood, it should be realized that in early infancy and adolescence these levels should be higher. For those Network Providers who use charts to evaluate hemoglobin/hematocrit normals, it should be emphasized that average or mean Hb/Ht for age is not the level to determine anemia, but rather two standard deviations below the mean.

Sickle Cell

Infants younger than 8 months of age with African-American, Puerto Rican, or Mediterranean parentage should have a sickle test on their first well-child visit, to determine the possibility of sickle cell disease being present. After that age, all children of African-American, Puerto Rican, or Mediterranean parentage should have a sickle test only if they exhibit symptoms of anemia or have an Hb/Ht below the normal levels outlined above, unless they have already been tested and the results are known.

Tuberculin (TB) Test

The American Academy of Pediatrics recommends that a child at high risk for TB exposure should be tested for tuberculosis annually, using the Mantoux test. High risk is identified as:

- Contacts with adults with infectious tuberculosis
- Those who are from, or have parents from, regions of the world with high prevalence of tuberculosis
- Those with abnormalities on chest roentgenogram suggestive of tuberculosis



- Those with clinical evidence of tuberculosis
- HIV seropositive persons
- Those with immunosuppressive conditions
- Those with other medical risk factors: Hodgkin's disease, lymphoma, diabetes mellitus, chronic renal failure, malnutrition
- Incarcerated adolescents
- Children frequently exposed to the following adults: HIV infected individuals, homeless persons, users of intravenous and other street drugs, poor and medically indigent city dwellers, residents of nursing homes, migrant farm workers

Children with no risk factors who live where TB is not common do not need TB tests. Children at high risk (see list above) should be tested every year.

Children who live in places where TB is common or whose risk is uncertain may be tested at 1, 4, 6 and 11-16 years of ages. For example, Philadelphia has twice as much TB as the national average, so children in Philadelphia should receive Mantoux tests at 1, 4, 6 and 11-16 years of age at least.

It is the responsibility of the PCP's office to secure the results of the TB Test forty-eight to ninety-six (48-96) hours after it has been administered. TB Testing should begin at twelve (12) months, or first well-child visit thereafter, and then at two (2) year intervals, (or yearly, if high risk). Results should be entered in the child's medical record.

Albumin and Sugar

Tests for urinary albumin and sugar should be done on every child routinely at every well-visit. Dip sticks are acceptable. Positive tests should be suitably followed up or referred for further care. A 1+ albumin (or trace) with no symptoms need not be referred, as it is not an unusual finding.

Cholesterol Screening

Cholesterol (Dyslipidemia) screening is a required component at 18 years of age; if not completed at the 18 year screening it must be done at either the 19 or 20 year screening.

Lead Level Screening

The incidence of asymptomatic Undue Lead Absorption in children six (6) months to six (6) years of age is much higher than generally anticipated. The Centers for Medicare and Medicaid Services (CMS) and the Pennsylvania Department of Welfare have stringent requirements for Lead Toxicity Screening for all Medicaid eligible children

All Medicaid eligible children are considered at risk for lead toxicity and **MUST** receive blood lead level screening tests for lead poisoning



PCPs are required (regardless of responses to the lead screening questions) to ensure that children receive a blood lead level screening test beginning at nine months of age and again before their second birthday

Any child who has not been tested at nine months of age and again before their second birthday is required to be tested following the Pennsylvania EPSDT Periodicity Schedule. The periodicity required by DPW is for testing to be done sometime between nine (9) months and six (6) years of age.

Risk questions should be asked at every visit.

AmeriHealth Mercy recommends, although not indicated on the periodicity schedule, that lead screens be done at nine (9) months of age and risk questions asked at every visit thereafter. CMS policies require that all young children enrolled in Medicaid be screened with a blood level test.

As an added incentive to help PCPs comply with these standards, AmeriHealth Mercy will reimburse PCPs for blood lead screening services, if they are performed in the PCP's office.

Submit claim(s) with the following CPT codes for these services:

<u>Billable Service</u>	<u>CPT Code</u>	<u>Fee</u>
Lead Screening	36416	\$10.00

Note: This service is only covered when the Department of Public Welfare guidelines are followed. Blood lead screenings are to be provided to your patients between the ages of 9-19 months and before the 3rd birthday.

Our representatives are available to you for any questions regarding this problem, its screening details, its diagnosis or its follow-up by calling the EPSDT Outreach Program at **1-800-521-6007**.

Gonorrhea, VDRL, Chlamydia and Pap Smear

These tests are to be performed when, in the judgment of the PCP, they are appropriate. Adolescents should be questioned about sexual activity and given assistance, diagnosis, treatment or information as the situation requires.

Bacteriuria

Tests for bacteriuria must be done on any child who has symptoms relating to possible urinary tract involvement. Routinely at every screen the simple Nitrate Test by dip stick is acceptable for bacteriuria testing. Although it is best done on a first morning specimen, it may be done on a random specimen. A single dipstick is available to test for albumin, sugar, and bacteria.



Immunizations

Both State and Federal regulations request that immunizations be brought up to date during health screenings and any other visits the child makes to the office. The importance of assessing the correct immunization status cannot be overly stressed. In all instances, the Network Provider's records should show as much immunization history as can be elicited, especially the date of all previous immunizations. This will provide the necessary basis for further visits and immunizations.

The 2011 American Academy of Pediatrics (AAP) recommended immunization schedule as approved by the Department of Public Welfare (DPW) is located in Appendix II of the Manual.

AmeriHealth Mercy will reimburse for vaccines not provided under the Vaccines for Children Program (VFC) or vaccines administered to Members over the age of 18. When a vaccine is covered under the VFC Program, AmeriHealth Mercy will reimburse an administration fee only.