

Provider Billing Communication

Health Check Services (EPSDT)*

**Revisions made per State Manual Published October 13, 2010 with Implementation Date November 1, 2010*

Health Check is reimbursed as a package of services including age appropriate vision and hearing, and hematocrit. All preventive or well-child services, except normal newborn care in the hospital, must be billed under the Health Check program following the policies and procedures as outlined in the WellCare Provider's Manual.

Billing Guidelines

Commonly Used Modifiers

- FP=Family Planning
- EP=Service provided as part of Medicaid EPSDT program
- AJ=Clinical social workers rendering services

Place of Service Code

When billing for Health Check services the provider should bill the appropriate Place of Service Code on the claim form

- Enter Place of Service codes **11** (Office) or **99** (Other Place of service) when rendering service in a Physician Office on CMS 1500 claim form.
- Enter Place of Service code **50** (Federally Qualified Health Center [FQHC]) in Block 24B (Place of Service) on CMS 1500 claim form.
- Enter Place of Service code **72** (Rural Health Clinic [RHC]) in Block 24B (Place of Service) on CMS 1500 claim form.

EPSDT Referral Code

If the Health Check screening is normal, certification indicator and referral codes are N (No), NU (No follow up visit needed)

Use the following HIPAA compliant EPSDT Referral Code (AV, S2, or ST) when a follow-up visit **is necessary** for a diagnosis found during a Health Check screening (abnormal procedure codes).

- NU (when no referral needed)
- AV (patient refused referral)
- S2 (patient currently under treatment)
- ST (patient referred)

Laboratory

Laboratory tests that are included as part of a Health Check exam according to the periodicity schedule, such as the hematocrit/hemoglobin **cannot be sent to an outside laboratory**. The only exception to this is the Federally Required Blood Lead Level (BLL) screen.

Blood Lead Level (BLL) screen

Use the following codes for reporting BLL performed with Health Check Visit. The **blood lead level screen is due** at the **12 and 24** month visit **and** the Health Check visit will not be reimbursed without this component and documentation of 36415 or 36416 with diagnosis code V82.5. Providers with appropriate CLIA certificate waiver level: "340-Toxicology" and have the LeadCare II analyzer (or similar office blood lead analyzers) may report CPT 83655 in addition to CPT 36415 or 36416 when performing the blood lead level screen.

HIPAA Proc Code	HIPAA Modifier	Procedure Code Description	Diagnosis Code	Fee For Service Reimbursement
83655	EP	Blood Lead Testing	V82.5	Contractual Rate
36415	EP	Blood Lead Level Venous	V82.5	\$0.00
36416	EP	Blood Lead Level Capillary	V82.5	\$0.00

Abnormal Exams and Health Check *(Revised effective 10/10, per Health Check Manual Published October 13, 2010 with Implementation Date November 1, 2010)*

A lower level office visit **99201, 99211 or 99212** can be billed for treatment in conjunction with a Health Check screen. **Modifier EP and 25** and an appropriate diagnosis code should be added to the lower level office visit to indicate that a significant, separately identifiable Evaluation and Management service was provided by the same Health Check provider on the same day as the Health Check Periodic visit.

Sexually Transmitted Infections and Pelvic Exam:

Pap smears may be performed on the same DOS as an abnormal Health Check screening for at risk members. A lower level office visit (99201, 99211 or 99212) is the only other E & M code that may be billed in conjunction with the abnormal Health Check screening visit when performing the Pap smear. Modifier EP and 25 should be added to the lower level office visit to indicate that a significant, separately identifiable Evaluation and Management service was provided by the same Health Check provider on the same day as the Health Check Periodic visit.

Cervical Dysplasia / Pap Test Screening Diagnosis Codes

V76.2 Special screening for malignant neoplasms, cervix
 V76.49 Special screening for malignant neoplasms, other sites

Sexually Transmitted Infections (STI):

All sexually active members: Annual screening is required to detect sexually transmitted infections. The Health Check provider can refer to an appropriate provider for this service. **Documentation: Evidence of screening and results or referral.**

Adult Preventive Health Screening

Please review the Adult Preventive Health Clinical Practice Guideline in our WellCare Provider Manual for specific benefit information.

Periodic, Catch-up and Interperiodic Health Check Screening *(Revised effective 10/10, per Health Check Manual Published October 13, 2010 with Implementation Date November 1, 2010)*

The Georgia Department of Community Health, Division of Medicaid has adopted the 2008 Bright Futures Periodicity Schedule as the guideline for the required components of each Health Check visit.

Please use the following guidelines and tables found in the Health Check Manual on page 23-27 when billing for the Health Check visit.

Table A: Use this table when billing for the Periodic Health Check Visits of children who are on time for their visits according to the 2008 Bright Futures Periodicity schedule. One visit from each sequence may be billed.

Corresponding HIPAA Proc Code with Age	
Age less than 1 year	
New Patient	99381-EP
Establish Patient	99391-EP
Age 1 year through 4 years	
New Patient	99382-EP
Establish Patient	99392-EP
Age 5 year through 11 years	
New Patient	99383-EP
Establish Patient	99393-EP
Age 12 year through 17 years	
New Patient	99384-EP
Establish Patient	99394-EP
Age 18 year through 20 years	
New Patient	99385-EP

One of the diagnosis codes listed below must be present when reporting a visit from Table A.

Either of These HIPAA Codes		At this age
V20.31	V70.3	1 - 7 days
V20.32	V70.3	8 - 28 days
V20.2	V70.3	29 days through 20 years

Table B: Use this table when billing for the Health Check Visits of children who have missed one or more of their Periodic Health Check Visits according to the 2008 Bright Futures Periodicity schedule and need to get caught up with the Periodicity schedule.

Corresponding HIPAA Proc Code with Age	
Age less than 1 year	
New Patient	99381-EP, HA
Establish Patient	99391-EP, HA
Age 1 year through 3 years	
New Patient	99382-EP, HA
Establish Patient	99392-EP, HA

One of the diagnosis codes listed below must be present when reporting a visit from Table B.

Either of These HIPAA Codes		At this age
V20.31	V70.3	1 - 7 days
V20.32	V70.3	8 - 28 days
V20.2	V70.3	29 days through 20 years

Table C: Use this table when billing for the Health Check Visits of children who are up to date on their periodic visits but have a medical necessity for another visit: i.e. referred to the Health Check provider because of a suspected problem by a health, developmental, or educational professional who comes into contact with the child outside of the formal health care system or a need identified by the provider or parent.

Interperiodic Health Check Visit Codes Table C

HIPAA Proc Code		HIPAA Modifier	Description	HIPAA Diagnosis Code
New Patient	Established Patient			
	99211	EP	Interperiodic Health Check Exam Office/outpatient visit	*
99201	99212	EP	Interperiodic Health Check Exam Office/outpatient visit	*
99202	99213	EP	Interperiodic Health Check Exam Office/outpatient visit	*
99203	99214	EP	Interperiodic Health Check Exam Office/outpatient visit	*

*Use appropriate HIPAA diagnosis code which relates to medical service(s) provided.

Interperiodic Vision or Hearing Screen

An Interperiodic vision or hearing screen cannot be provided on the same date of service as a complete Health Check screen. However, an enrolled provider may use the codes listed below when only vision/hearing screening is needed; i.e., a re-check on a failed hearing screen or a child who need **Form 3300 (Certificate of Eye, Ear, Dental Exam)** completed.

HIPAA Proc Code	HIPAA Modifier	Description	HIPAA Diagnosis Code
99173	EP	Interperiodic Vision	V72.0 or appropriate abnormal results code.
V5008, 92551- 92556	EP	Interperiodic Hearing	V72.19, V72.11 or appropriate abnormal results code.

Immunization and Tuberculin Skin Test

Use the following procedure codes to document for Immunizations (Ages birth up to 19 years) and Tuberculin Skin Tests.

HIPAA Procedure Code	HIPAA Modifier	CPT Description	Diagnosis Code
90633	EP	Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose, for intramuscular use	V05.3
90647	EP	HIB Haemophilus b Conjugate Vaccine (PedvaxHib) 3 dose PRP-OMP conjugate, 3 dose, for intramuscular use	V03.81
90648	EP	Hemophilus influenza B vaccine (Hib), PRP-T conjugate, 4 dose, for intramuscular use	V03.81
90649	EP	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use (9-18 years)	V04.89 or V05.8
90655 90656 90657 90658 90660 90470	EP	Influenza (preservative free) (split virus) ages 6-35 months Influenza (preservative free) (split virus) ages 3 years and above Influenza ages 6-35 months (split virus) Influenza ≥ ages three (3) years (split virus) Influenza (FluMist) intranasally H1N1 Immunization (in any form)	V04.81
90669 90670	EP	(Pneumococcal conjugate vaccine, 7 valent, for intramuscular use Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	V03.82
90680 90681	EP	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use (RotaTeq) Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Rotarix)	V04.89
90698	EP	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV), for intramuscular use (6 weeks thru 5 years)	V06.8
90700	EP	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to younger than seven years, for intramuscular use	V06.1
90702	EP	Diphtheria and tetanus toxoids (DT), adsorbed when administered to younger than seven years, for intramuscular use	V06.5
90707	EP	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	V06.4
90710	EP	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	V06.8
90713	EP	Poliovirus vaccine (IPV), inactivated, for subcutaneous or intramuscular use	V04.0
90714	EP	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for intramuscular use (7 years to 18 years, 11 months)	V06.5
90715	EP	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for intramuscular use (7years to18years, 11months)	V06.1
90716	EP	Varicella virus vaccine, live, for subcutaneous use	V05.4
90718	EP	Tetanus and diphtheria toxoids (Td) adsorbed for intramuscular use (7 years to 18 years, 11 months)	V06.5
90723	EP	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine (DTaP-Hep B-IPV), for intramuscular use	V06.8
90732	EP	(Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or intramuscular use	V03.82
90734	EP	Meningococcal conjugate vaccine, serogroups A, C, Y andW-135 (tetravalent), for intramuscular use)	V03.89
90744	EP	Hepatitis B, pediatric/adolescent dosage, 3 dose, for intramuscular use	V05.3
90748	EP	Hepatitis B and Hib (Hep B-Hib), for intramuscular use (2 years to 18 years, 11 months)	V06.8
86580	EP	TB Skin Test	V74.1
85025	EP	CBC	diagnosis code