Early and Periodic Screening, Diagnosis & Treatment (EPSDT)

EPSDT is a comprehensive and preventive child health program for individuals under the age of 21. This program is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services. EPSDT stands for:

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>Early</td>
<td>Assessing and identifying problems early</td>
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<tr>
<td>Periodic</td>
<td>Checking children's health at periodic, age-appropriate intervals</td>
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<tr>
<td>Screening</td>
<td>Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems</td>
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<tr>
<td>Diagnosis</td>
<td>Performing diagnostic tests to follow up when a risk is identified</td>
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<tr>
<td>Treatment</td>
<td>Control, correct or reduce health problems found</td>
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When should a child have an EPSDT screening?
All children younger than 21 years old who are enrolled in a Medicaid program should have an annual EPSDT visit. An EPSDT screening can be completed during regular check-ups. Meridian Health Plan uses the American Academy of Pediatrics and Bright Futures guidelines.

EPSDT screening services can be conducted by physicians, certified nurse practitioners or physician assistants and include the following:

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Age appropriate immunizations (according to the Advisory Committee on Immunization Practices)
- Laboratory tests (including lead toxicity screening)
- Health education (anticipatory guidance including child development, healthy lifestyles and accident and disease prevention)
- Referrals for medically necessary health and mental health treatment as documented in the chart
- Vision services
- Dental services
- Hearing services

EPSDT CPT Codes

<table>
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<tr>
<th>CPT Code Range</th>
<th>Description</th>
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<tbody>
<tr>
<td>99381 – 99387</td>
<td>(new patients)</td>
</tr>
<tr>
<td>99391 – 99397</td>
<td>(established patients)</td>
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</tbody>
</table>

Developmental Screening CPT Codes

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>96110</td>
<td>(Developmental screening instruments of a limited nature)</td>
</tr>
<tr>
<td>96111</td>
<td>(Extended screenings)</td>
</tr>
</tbody>
</table>

**Meridian will also reimburse for a Developmental Screening (for members 3 years of age or younger) performed on the same day as an EPSDT visit!**
A medical record is required when billing with CPT code 96111 for members 0-2 years of age. Providers must first bill for a regular screening prior to billing for an extensive screening.

For additional information, resources and forms please refer to the Iowa EPSDT Care for Kids Provider Resource at: http://www.iowaepsdt.org/index.htm

If you have any questions, please call Meridian’s Quality Improvement department at: 515.802.3500

Medical records may be faxed to: 515.802.3563
### Recommendations for Preventive Pediatric Health Care

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

### Recommendations

- Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
- These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of the provision of comprehensive health supervision and the need to avoid fragmentation of care.

### History/Initial Interval

| Age  | Prnatal | Newborn | 3-5 d | 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 m | 15 mo | 18 mo | 24 mo | 30 mo | 3 y | 4 y | 5 y | 6 y | 7 y | 8 y | 9 y | 10 y | 11 y | 12 y | 13 y | 14 y | 15 y | 16 y | 17 y | 18 y | 19 y | 20 y | 21 y |
|------|---------|---------|-------|------|------|------|------|------|------|-------|-------|-------|-------|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|      |         |         |       |      |      |      |      |      |      |       |       |       |       |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

#### MEASUREMENTS
- **Head circumference**
  - 9 mo - 15 y: XXXX
  - 16 y - 21 y: XXX

#### Weight for length
- 3-5 d - 3 y: XXX
- 4 y - 6 y: XXX
- 7 y - 10 y: XXX
- 11 y - 12 y: XXX
- 13 y - 18 y: XXX
- 19 y - 21 y: XXX

#### Body mass index
- 3-5 d - 3 y: XXX
- 4 y - 6 y: XXX
- 7 y - 10 y: XXX
- 11 y - 12 y: XXX
- 13 y - 18 y: XXX
- 19 y - 21 y: XXX

#### Blood pressure
- 3-5 d - 3 y: XXX
- 4 y - 6 y: XXX
- 7 y - 10 y: XXX
- 11 y - 12 y: XXX
- 13 y - 18 y: XXX
- 19 y - 21 y: XXX

#### SENSORY SCREENING
- **Visual acuity**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

- **Hearing**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

#### DEVELOPMENTAL BEHAVIORAL ASSESSMENT
- **Developmental screening**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

- **Psychosocial/behavioral assessment**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

#### Alcohol and drug use assessment
- 3-5 d - 3 y: XXX
- 4 y - 6 y: XXX
- 7 y - 10 y: XXX
- 11 y - 18 y: XXX
- 19 y - 21 y: XXX

#### PHYSICAL EXAMINATION
- 3-5 d - 3 y: XXX
- 4 y - 6 y: XXX
- 7 y - 10 y: XXX
- 11 y - 18 y: XXX
- 19 y - 21 y: XXX

#### PROCEDURES
- **Newborn metabolic/ hemoglobin screening**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

- **Hematocrit or hemoglobin**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

- **Lead screening**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

- **Tuberculosis testing**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

- **STI screening**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

- **Oral health**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

- **Anticipatory guidance**
  - 3-5 d - 3 y: XXX
  - 4 y - 6 y: XXX
  - 7 y - 10 y: XXX
  - 11 y - 18 y: XXX
  - 19 y - 21 y: XXX

### HISTORY

- **Initial/interval**
  - XXX

### IMMUNIZATION

- **Newborn metabolic/ hemoglobin screening**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

- **Hematocrit or hemoglobin**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

- **Lead screening**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

- **Tuberculosis testing**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

### ORAL HEALTH

- **Anticipatory guidance**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

### PROCEDURES

- **Newborn metabolic/ hemoglobin screening**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

- **Hematocrit or hemoglobin**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

- **Lead screening**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

- **Tuberculosis testing**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

### IMMUNIZATION

- **Newborn metabolic/ hemoglobin screening**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

- **Hematocrit or hemoglobin**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

- **Lead screening**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX

- **Tuberculosis testing**
  - XXX
  - XXX
  - XXX
  - XXX
  - XXX