



2021 EPSDT Provider Training

Objectives

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About Passport Health Plan by Molina Healthcare

Our Vision

We envision a future where everyone receives quality health care.

Our Mission

Our mission is to provide quality health services to people receiving government assistance.

Passport's Engagement Process

It is our goal to work with our members and our provider community to ensure that our members who qualify for EPSDT services receive their preventive care and that their additional medically necessary health care needs are met.

Passport contacts members by phone, through mail, and in person to educate them on the importance of preventive care. In addition, we engage in outreach to remind members to schedule well-child visits and preventive dental screenings.

For members who are approved for EPSDT Special Services, Passport also offers Care Management to address any additional needs and ensure they receive the services for which they were approved.

Passport works collaboratively with providers. With regard to EPSDT, this includes alerting providers about care gaps for our members, and working in tandem to ensure members schedule their preventive care.

What is EPSDT?

EPSDT stands for **Early Periodic Screening, Diagnosis and Treatment**. EPSDT benefit provides comprehensive screening, diagnostic, treatment and preventative health care services for children under the age of 21 who are enrolled in Medicaid. EPSDT is key to ensuring children receive appropriate preventative, dental, mental health, developmental and specialty services.

EPSDT checkups are free for any child who is a Passport member.



- **Early:** Identifying problems early, starting at birth.
- **Periodic:** Checking children's health at periodic, age-appropriate intervals.
- **Screening:** Doing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems.
- **Diagnosis:** Performing diagnostic tests to follow up when a risk is identified.
- **Treatment:** Treating the problems found.

EPSDT Definitions

- ❑ **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services:** comprehensive and preventive health care services for children who are enrolled in Medicaid.
- ❑ **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Special Services:** medically necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act to correct or improve defects and physical and mental illnesses and conditions identified by EPSDT screening services for children who are enrolled in Medicaid, whether or not such services are covered under the State Medical Plan.
- ❑ **EPSDT Eligible Member:** any member under the age of 21. EPSDT services are provided through the last day of the month in which the member turns 21.

Passport Coverage

Eligible Members

- Any Passport member under the age of 21 child can receive EPSDT screenings. Additionally, any Medicaid-eligible Passport member under 21 may receive EPSDT special services as long as the services are medically necessary and not covered in another Medicaid program area.*

Passport Services

- Passport ensures EPSDT members' parents or guardians know what services are available and that they have access to the health care resources they need.
- Passport provides health education, including anticipatory guidance, to enrollees under age 21 and to their parents or guardians to effectively use those resources. This includes screenings and treatments.

*Members eligible for Medicaid through KCHIP-III are not eligible for EPSDT Special Services, but are eligible for EPSDT Services.



Passport Coverage

EPSDT screenings have many age-related components that must be documented in the PCP's medical record. These include:

- ❑ A comprehensive health and developmental history, unclothed physical exam, appropriate immunizations, laboratory tests, and health education,
- ❑ Screenings and assessments, including lead exposure, autism, tobacco/alcohol/drug-use assessment and developmental/behavioral/psychosocial assessments,
- ❑ Measurements, including but not limited to length/height, weight, head, circumference, body mass index (BMI) and blood pressure,
- ❑ Vision and hearing screenings, including diagnosis and treatment for defects in vision and/or hearing, including eyeglasses and/or hearing aids,
- ❑ Dental services, including treatment for relief of pain and infections, restoration of teeth, and maintenance of dental health,
- ❑ Other medically necessary health care, diagnostic services, treatment, and measures to correct or improve defects and physical and mental illnesses and conditions discovered by screening services.

Passport Coverage

Examples of additional covered services:

- Nutritional screening
- Newborn Metabolic/hemoglobin screening
- Anemia testing
- Hematocrit and/or Hemoglobin
- Lead screening and testing
- Tuberculin test, if indicated
- Sexually transmitted infection, including HIV testing
- Mental health, substance abuse assessments and other age-appropriate counseling
- Dental assessment, referrals and counseling
- Anticipatory guidance, including but not limited to safety, risk reduction, nutritional assessment, and Supplemental Nutrition Assistant Program (SNAP) and Women, Infants and Children (WIC) status
- Special Services – all medically necessary services that are not otherwise covered in the Passport plan benefit package or under the State Medicaid Plan, including those provided out of network. EPSDT Special Services require prior authorization.



EPSDT Special Services Limitations

Kentucky DMS specifies the following services not available through EPSDT special services:

- Respite care
- Environmental services
- Educational services
- Vocational services
- Cosmetic services (unless deemed medically necessary to correct psychological distress for the member)
- Convenience services
- Experimental services
- Over-the-counter items

EPSDT Special Services are available to all eligible Passport members under the age of 21, except for those with Medicaid eligibility through KCHIP III.



Passport Coverage

Transportation Services

Passport provides assistance in scheduling appointments and making transportation arrangements to and from medical appointments for medically necessary services.

Passport is also responsible for arranging transportation to obtain covered Medicaid medical, dental, mental health and substance use disorder services.

EPSDT Examination Schedule

Screening Visits	Age of Child
1 st Screening	3-5 Days
2 nd Screening	Birth to One Month
3 rd Screening	Two Months
4 th Screening	Four Months
5 th Screening	Six Months
6 th Screening	Nine Months
7 th Screening	12 Months
8 th Screening	15 Months
9 th Screening	18 Months
10 th Screening	24 Months
11 th Screening	30 Months
Once a year for ages 3-21	

EPSDT Preventive Examinations

EPSDT examinations can be performed in any of the licensed and/or certified settings listed below:

- Comprehensive health clinics
- Physicians' offices
- Federally Qualified Health Clinics (FQHC)
- Rural Health Clinics (RHC)
- Public Health Departments
- Public schools and/or public school districts certified by the Board of Education/State Department of Education



Vaccines for Children

VFC is a nationally sponsored program that provides vaccines at no cost to participating health care providers, thus allowing for eligible children aged eighteen (18) and under to receive free vaccines. Eligible children include children who are enrolled in Medicaid, children without health insurance, and Native American and Alaskan Native children.

Children who have health insurance that does not cover immunizations (underinsured) are also eligible if they obtain the vaccines from a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).

Providers may receive VFC vaccine and administer this vaccine at no charge if they are enrolled in the program and agree to follow the most current recommended childhood immunization schedule. Providers participating in the VFC program will be reimbursed an administrative fee for recommended childhood and adolescent immunizations. *Providers must submit claims using the SL modifier when billing for administration of vaccines provided through the VFC.*

For children enrolled in Medicaid, Passport covers the administration of each vaccine dose at a reimbursement rate set by the Division of Medicaid. When multiple vaccines are given on the same visit, Passport will reimburse for the administration of each vaccine.

When vaccines are given in conjunction with an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visit or a physician office visit, Passport will reimburse for the administration of the vaccine in addition to the reimbursement for the visit.



Bright Futures Periodicity Schedule



Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics



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 a satisfactory fashion.

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. American Academy of Pediatrics; 2017).

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

Table with columns for AGE, Prenatal, Infancy (3-5d, By 1mo, 2mo, 4mo, 6mo, 9mo), Early Childhood (12mo, 15mo, 18mo, 24mo, 30mo, 3y, 4y), Middle Childhood (5y, 6y, 7y, 8y, 9y, 10y, 11y, 12y, 13y, 14y, 15y, 16y, 17y, 18y, 19y, 20y, 21y), and Adolescence. Rows include HISTORY, MEASUREMENTS, SENSORY SCREENING, DEVELOPMENTAL/BEHAVIORAL HEALTH, PHYSICAL EXAMINATION, PROCEDURES, and ANTICIPATORY GUIDANCE.

- 1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference.
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice.

- 7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age.
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs"
9. Verify results as soon as possible, and follow up, as appropriate.

- 13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health.
14. A recommended assessment tool is available at http://crafft.org.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←-●-→ = range during which a service may be provided

(continued)

Bright Futures Periodicity Schedule *continued*

(continued)

20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant >35 Weeks' Gestation: An Update With Clarifications" (<http://pediatrics.aappublications.org/content/124/4/1193>).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<http://pediatrics.aappublications.org/content/129/1/190.full>).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at https://redbook.solutions.aap.org/55/immunization_Schedules.aspx. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (<http://pediatrics.aappublications.org/content/138/1/e20161493>) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhbi.nih.gov/guidelines/cvd_ped/index.html).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Adolescents should be screened for HIV according to the US Preventive Services Task Force (USPSTF) recommendations (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening>) and Centers for Disease Control and Prevention (CDC) recommendations (<https://www.cdc.gov/mmwr/volumes/69/rr/r6902a1.htm>) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.
32. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/3/583.full>).
33. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224>).
34. Perform a risk assessment (<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>). See "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224>).
35. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening>). Once teeth are present, fluoride varnish may be applied to all children every 3 to 6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/content/134/3/626>).
36. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/content/134/3/626>).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in November 2020 and published in March 2021. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN NOVEMBER 2020

DEVELOPMENTAL

- Footnote 11 has been updated to read as follows: "Screening should occur per 'Promoting Optimal Development: Identifying Infant and Young Children With Developmental Disorders Through Developmental Surveillance and Screening' (<https://pediatrics.aappublications.org/content/145/1/e20193449>)."

AUTISM SPECTRUM DISORDER

- Footnote 12 has been updated to read as follows: "Screening should occur per 'Identification, Evaluation, and Management of Children With Autism Spectrum Disorder' (<https://pediatrics.aappublications.org/content/145/1/e20193447>)."

HEPATITIS C VIRUS INFECTION

- Screening for hepatitis C virus infection has been added to occur at least once between the ages of 18 and 79 years (to be consistent with recommendations of the USPSTF and CDC).
- Footnote 31 has been added to read as follows: "All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening>) and Centers for Disease Control and Prevention (CDC) recommendations (<https://www.cdc.gov/mmwr/volumes/69/rr/r6902a1.htm>) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually."
- Footnotes 31 through 35 have been renumbered as footnotes 32 through 36.

CHANGES MADE IN OCTOBER 2019

MATERNAL DEPRESSION

- Footnote 16 has been updated to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice' (<https://pediatrics.aappublications.org/content/143/1/e20183259>)."

CHANGES MADE IN DECEMBER 2018

BLOOD PRESSURE

- Footnote 6 has been updated to read as follows: "Screening should occur per 'Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents' (<http://pediatrics.aappublications.org/content/140/3/e20171904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

ANEMIA

- Footnote 24 has been updated to read as follows: "Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter)."

LEAD

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure, see 'Prevention of Childhood Lead Toxicity' (<http://pediatrics.aappublications.org/content/138/1/e20161493>) and 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention' (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)."

HRSA
Health Resources and Services Administration

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EPSDT Periodic Examination Coding

CPT Code New/Existing	Description	Standard ICD-10 Codes	Description	“EP” Modifier
99381/91*	Preventive visit, Age <1 year	Z00.110 Z00.111	Health supervision for newborn under 8 days old, or Health supervision for newborn 8-28 days old	Use only when all components of the appropriate EPSDT screening interval have been completed and documented in the member’s medical record.
		Z00.121 Z00.129	(see Below)	
99382/92*	Preventive visit, Age 1-4	Z00.121	Routine child health exam <i>with abnormal findings, or</i>	
99383/93*	Preventive visit, Age 5-11		Routine child health exam <i>without abnormal findings</i>	
99384/94*	Preventive visit, Age 12-17		Z00.129	
99385/95*	Preventive visit, Age 18-20	Z00.00 Z00.01	General adult medical exam <i>without abnormal findings (or)</i> General adult medical exam <i>with abnormal findings</i>	

Additional ICD-10 Codes: Z00.2, Z00.3, Z02.0, Z02.5, Z76.1, Z76.2

Related Codes	Description
83655	Blood test - lead
Z71.3	Dietary counseling and surveillance
Z68.51 – Z68.54	BMI percentile (use for 2-20 years of age)
Z71.82	Exercise counseling
Z02.5	Encounter for examination for participation in sport (<u>Note</u> : a sports physical does not count as a comprehensive EPSDT preventive exam but can be completed in conjunction with a preventive visit)

Note: Use of Category II codes are preferred but not required. Examples: 3008F to confirm BMI performed and documented or 2014F to confirm mental status has been assessed and documented for members ≥ 9 years.

How to Become an EPSDT Provider

The Department of Medicaid Services (DMS) enters into an EPSDT provider agreement with Medicaid providers who wish to participate in the EPSDT program. Participation as an EPSDT screening provider is entirely voluntary.

A physician, physician assistant or nurse practitioner who wishes to become an EPSDT screener must complete all enrollment requirements and sign an EPSDT-specific provider agreement with DMS.

An EPSDT provider agreement must be on file prior to providing EPSDT services, billing, and reimbursement by DMS for services rendered.

For more information, please contact the state DMS EPDST Coordinator at (502) 564-9444 prior to enrollment or visit the DMS website at:

<https://chfs.ky.gov/agencies/dms/provider/Pages/epsdtservice.aspx>



Who are EPSDT Providers?

Passport-contracted network providers are required to ensure the provision of screening, preventive, and medically necessary diagnostic and treatment services for individuals under the age of 21.

Any practitioner, including a physician, clinic, home health agency, medical equipment supplier, psychologist, speech therapist or audiologist, may provide EPSDT and/or EPSDT Special Services. This includes out-of-network providers if there are no in-network providers available to provide a medically necessary EPSDT Special Service.

EPSDT Provider Responsibilities

- EPSDT providers must maintain a screening periodicity tracking system for members seen for initial screenings and any subsequent screenings to ensure they are performed timely and in accordance with the periodicity schedule.
- Providers should inform members, guardians and/or their legal representatives of the periodicity schedule at each visit. Scheduling of initial and periodic screening of EPSDT-eligible Medicaid members is the responsibility of the EPSDT screening providers, as well as overall care coordination between other treating providers.
- EPSDT providers must track and report when members, guardians and/or their legal representative accepts and/or refuses EPSDT and EPSDT Special Services.

EPSDT Provider Responsibilities

Providers must give written notification to families with eligible children when well-child visits, screenings and immunizations are due.

For each scheduled appointment, EPSDT providers must:

1. Provide written notice to the member of the appointment dates.
2. Attempt to notify the member of the appointment dates by telephone.

Providers must contact the parents and/or guardians of members younger than 18 years old needing follow-up treatments. Members who are of legal age to consent for care should be contacted for follow-ups as needed.

Providers must contact pregnant or postpartum woman younger than 18 who need prenatal or postpartum care.

EPSDT Provider Responsibilities

Missed/Failed Member Appointments

EPSDT providers must follow up on missed appointments. If the member fails to keep the scheduled appointment, or the member, guardian and/or legal representative fails to contact the provider to reschedule, the provider must send an appointment letter or make a telephone call and provide the member another opportunity to be screened within thirty (30) days of the initial/previous missed appointment.

Two (2) good faith efforts to contact the member, guardian and/or legal representative are required to reschedule a screening appointment. EPSDT providers must document any missed appointments and the two (2) good faith efforts in the medical record.

Failure of a member, guardian and/or legal representative to keep the second and/or subsequent appointment and the member, guardian and/or legal representative responds to the provider's follow-up contact after 30 days from last contact, a declination is considered for the missed screening/appointment only.

The provider must continue to maintain periodicity and schedule the member for the next screening due following the same process.

EPSDT Provider Responsibilities

Missed/Failed Member Appointments

After a provider makes two attempts to reschedule and is unable to bring the member into care within 30 days from the first missed appointment, the provider can refer the member to Passport using the Health Education Referral Form (see Frequently Used Forms on the Passport website).

After referral to Passport, Passport and the provider will work collaboratively in an attempt to bring the member into care and back in compliance with the AAP periodicity schedule.

For those families whose children are not adherent with well-child visits in accordance with the periodicity schedule, providers can refer the member to Passport and Passport will attempt to contact the member's parent and/or guardian with written correspondence, telephone contacts and/or face-to-face contacts informing them of:

1. The importance of well child visits,
2. That the well child visit is due,
3. How and where to access these services, including transportation and scheduling services, and
4. Informing the parent and/or guardian that the services are provided without cost.



EPSDT Provider Responsibilities

Primary Care Providers (PCP) must:

- ✓ Follow the **Patient Protection and Affordable Care Act (ACA)** mandated use of the current American Academy of Pediatrics periodicity schedule and Bright Futures guidelines and anticipatory guidance when delivering the EPSDT benefit, including but not limited to screening, vision and hearing services.
- ✓ Provide all age-specific assessments and services.
- ✓ Provide screening, preventive, and medically necessary diagnostic and treatment services or referral for treatment services.
- ✓ Request Prior Authorization for EPSDT Special Services through the Passport Prior Authorization process.

Passport EPSDT Provider Monitoring

Reporting

Includes encounters submissions on:

- EPSDT Screenings
- Basic Case Management Services
- Member/Guardian acceptance, refusal of and/or missed EPSDT services
- Medically necessary diagnostic and preventive services and referrals for treatment and Specialty Services

Auditing

- Includes review of member medical records/charts as evidence of service provision
- Chart audits conducted by DMS
- Random audits conducted by Passport

HEDIS® & Performance Measurements

The **Healthcare Effectiveness Data and Information Set (HEDIS®)** is a tool used by health plans to measure performance on important dimensions of care and service and consists of 70 measures across 5 domains of care.

Because so many plans collect HEDIS® data and the measures are so specifically defined, HEDIS® makes it possible to compare the performance of health plans.

Performance measurement is also available to the provider community. Physicians are increasingly participating in performance measurement activities, especially in the context of incentives and/or value-based contracting.



HEDIS® & Performance Measurements

HEDIS® includes performance measures related to dozens of important health care issues. Selected measures for pediatrics include but are not limited to:

- Child and adolescent well-care visits
- Childhood and adolescent immunization status
- Weight assessment and counseling for nutrition and physical activity for children and adolescents
- Lead screening in children
- Chlamydia screening for adolescents and young adults (16-24 years old) who are sexually active
- Annual dental visits for children and adolescents (2-20 years old)
- Appropriate monitoring and follow up for children prescribed medication to treat ADHD
- Ensuring children and adolescents first use psychosocial interventions (therapy) prior to use of antipsychotics
- Metabolic monitoring for children and adolescents prescribed antipsychotics



Medical Records Management

All professional and institutional providers participating in the Medicaid program are **required** to maintain records that will disclose services rendered and billed under the program and, upon request, make such records available to representatives of the State Medicaid Agency in substantiation of any and all claims. These records should be retained for a **minimum of five (5) years** or longer as required by federal or state law.

See: [907 CABINET FOR HEALTH AND FAMILY SERVICES - DEPARTME Chapter: \907\001.672 \(ky.gov\)](#)

HIPAA Confidentiality

All professional and institutional providers participating in the Medicaid program are **required** to comply with federal Health Insurance Portability and Accountability Act (HIPAA) as well as any confidentiality-related requirements when storing, discussing, sharing and maintaining member records that include any **Personal Health Information (PHI)** or other protected personal information as determined by federal and/or state law or contractual requirements.

To file a HIPAA complaint, call (800) 635-2570.

<https://dbhdid.ky.gov/kdbhdid/hipaa.aspx>



Provider Resources



Kentucky Medicaid's EPSDT related regulation is 907 KAR 11:034 and can be found at [907 CABINET FOR HEALTH AND FAMILY SERVICES - DEPARTMENT Chapter: \907\011.034 \(ky.gov\)](#).



Our Provider Call Center is available to answer provider inquiries and questions. Just call **(800) 578-0775**.



You can also refer a member for care management by calling the Provider Call Center at **(800) 578-0075**.



Visit our Provider Website at www.PassportHealthPlan.com



For additional assistance or questions, please feel free to reach out to our Provider Services team at providerrelations@passporthealthplan.com

FAQs

❑ **When can Well-Child Exams be completed?**

Please refer to the Bright Futures/AAP periodicity schedule. For members 3-20 years old, the annual preventive exam can occur at any point in the calendar year. We encourage providers to do their best to appropriate space for these at 12-month intervals to maximize the benefit of the preventive exam.

❑ **Will claims be denied if there are no Category II codes?**

Category II codes are preferred but not required for claims to process.

FAQs

❑ Does a sports physical count?

A sports physical can be combined with any preventive exam, but it does not cover the requirements of a full EPSDT well-child exam.

❑ How does Passport audit providers to ensure EPSDT compliance?

Passport complies with state or federally required audits and reserves the right to complete chart audits related to any EPSDT service.

HEDIS® Tip Sheets: Preventive Visits

HEDIS® Tips:

Well-Child Visits in the First 30 Months of Life (W30)

MEASURE DESCRIPTION

The percentage of patients who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. *Well-Child Visits in the First 15 Months.* Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. *Well-Child Visits for Age 15 Months-30 Months.* Children who turned 30 months old during the measurement year: Two or more well-child visits.

Well-child visits consist of all of the following:

- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

CODES INCLUDED IN THE CURRENT HEDIS MEASURE

Description	Codes
Well-Care Visits	CPT®: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302 ICD-10CM: Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, Z76.2

Codes to Identify Telehealth Appointments

Description	Codes
Telehealth Modifier	95, GT WITH POS: 02

HEDIS® Tips:

Child and Adolescent Well-Care Visits (WCV)

MEASURE DESCRIPTION

The percentage of patients 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Note: The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member.

CODES INCLUDED IN THE CURRENT HEDIS MEASURE

Codes to Identify Well-Care Visits

Description	Codes
Well-Care Visits	CPT®: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302 ICD-10CM: Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

Codes to Identify Telehealth Appointments

Description	Codes
Telehealth Modifier	95, GT WITH POS: 02

HEDIS® Tip Sheets: Childhood Immunization Status (CIS)

HEDIS® Tips: Childhood Immunization Status (CIS)

MEASURE DESCRIPTION

The percentage of children 2 years of age who had the following vaccines on or before their second birthday:

- Four diphtheria, tetanus and acellular pertussis (DTaP);
- Three polio vaccine (IPV);
- One measles, mumps, and rubella (MMR) and one of the following: at least one mumps vaccinations or history of mumps illness any time on or before the child's second birthday or any combination of codes that document the vaccines and/or history of disease;
- Three H influenza type B (HiB);
- Three hepatitis B (Hep B) with one of three vaccinations can be a newborn hepatitis B vaccination;
- One chicken pox (VZV) or history of varicella zoster illness on or before the child's second birthday;
- Four pneumococcal conjugate (PCV);
- One hepatitis A (Hep A) or history of hepatitis A illness;
- Two or Three RV (rotavirus) with at least two doses of the two-dose rotavirus vaccine or at least three doses of the three-dose rotavirus vaccine; or at least one dose of the two-dose vaccine and at least two doses of the three-dose vaccine; and
- Two Influenza (flu) but do not count a vaccination administered prior to 6 months after birth. One of the two influenza vaccinations can be an LAIV vaccination.

CODES INCLUDED IN THE CURRENT HEDIS MEASURE

Codes to Identify Childhood Immunizations

Description	CPT®/HCPCS/ICD/CVX Codes
DTaP	CPT®: 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120
IPV	CPT®: 90698, 90713, 90723 CVX: 10, 89, 110, 120
MMR	CPT®: 90707, 90710 CVX: 03, 94

Description	CPT®/HCPCS/ICD/CVX Codes
Measles and rubella	CPT®: 90708 CVX: 04
Measles	CPT®: 90705 CVX: 05
Mumps	CPT®: 90704 CVX: 07
Rubella	CPT®: 90706 CVX: 06
HiB	CPT®: 90644, 90647, 90648, 90698, 90748 CVX: 17, 46-51, 120, 148
Hepatitis B	CPT®: 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 CVX: 08, 44, 45 51, 110
Newborn Hepatitis B	ICD-10: 3E0234Z
VZV	CPT®: 90710, 90716 CVX: 21, 94
Pneumococcal conjugate	CPT®: 90670 CVX:133,152 HCPCS: G0009
Hepatitis A	CPT®: 90633 CVX: 31,83,85 ICD-10: B15.0, B15.9
Rotavirus (two-dose schedule)	CPT®: 90681 CVX: 119
Rotavirus (three-dose schedule)	CPT®: 90680 CVX: 116, 122
Influenza	CPT®: 90655, 90657, 90660, 90661, 90672, 90673, 90685-90689 CVX: 88, 111, 140, 141,149, 150, 153, 155, 158, 161 HCPCS: G0008



HEDIS® Tip Sheets: Immunizations for Adolescents (IMA)

HEDIS® Tips: Immunizations for Adolescents (IMA)

MEASURE DESCRIPTION

The percentage of adolescents 13 years of age who received the following vaccines on or before the 13th birthday:

- One dose of meningococcal conjugate vaccine of serogroups A, C, W, Y (must be completed on or between the 11th and 13th birthdays).
- One Tdap or one tetanus, diphtheria toxoids and acellular pertussis (Tdap) (must be completed on or between the 10th and 13th birthdays).
- At least two Human Papillomavirus (HPV) vaccines with dates of services at least 146 days apart or three HPV vaccines with different dates of service on or between the 9th and 13th birthdays.

CODES INCLUDED IN THE CURRENT HEDIS MEASURE

Codes to Identify Adolescent Immunizations

Description	Codes
Meningococcal	CPT®: 90734 CVX: 108, 114, 136, 147, 167
Tdap	CPT®: 90715 CVX: 115
HPV	CPT®: 90649, 90650, 90651 CVX: 62, 118, 137, 165

HEDIS® Immunization Tips

How to Improve HEDIS® Scores

- Use the State Immunization Registry.
- Review a child's immunization record before every visit and administer needed vaccines.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations (e.g., MMR causes autism), which are now completely disproven.
- Have a system for patient reminders.
- Review if vaccines may have been given before patients were Molina members. Include these on the patients' vaccination records if your office did not provide the vaccine.

HEDIS® Tip Sheets:

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)

HEDIS® Tips:

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)

MEASURE DESCRIPTION

The percentage of patients 3-17 years of age who had an outpatient visit with a PCP or OB/GYN provider and who had evidence of the following during the measurement year.

- BMI percentile documentation. **Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*
- Counseling for nutrition or referral for nutrition education.
- Counseling for physical activity or referral for physical activity.

CODES INCLUDED IN THE CURRENT HEDIS MEASURE

Description	Codes
BMI Percentile <5% for age	ICD-10: Z68.51
BMI Percentile 5% to <85% for age	ICD-10: Z68.52
BMI Percentile 85% to <95% for age	ICD-10: Z68.53
BMI Percentile ≥95% for age	ICD-10: Z68.54
Counseling for Nutrition	CPT®: 97802-97804 ICD-10: Z71.3 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity	ICD-10: Z02.5, Z71.82 HCPCS: S9451, G0447

Codes to Identify Telephone, Telehealth, and E-Visit or Virtual Check-in Appointments

Description	Codes
Online Assessments (E-visits and Virtual check-in)	CPT®: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063

Description	Codes
Telephone Visits	CPT®: 98966-98968, 99441-99443
Telehealth Modifier	95, GT WITH POS: 02



HEDIS® Tip Sheet: Annual Dental Visit (ADV)

HEDIS® Tips: Annual Dental Visit (ADV)

MEASURE DESCRIPTION

The percentage of patients 2–20 years of age who had at least one dental visit during the measurement year. Any claim with a dental practitioner during the measurement year meets criteria. The following six age stratifications and total rate are reported.

- 2-3 years
- 4-6 years
- 7-10 years
- 11-14 years
- 15-18 years
- 19-20 years
- Total

Note: Visits for many 1-year-olds will be counted because the specification includes children whose second birthday occurs during the measurement year.

HOW TO IMPROVE HEDIS SCORES

- Remind patients of their dental benefits.
- Encourage regular check-up visits with a dentist that includes a physical examination, oral cleaning and x-rays.
- Help patients schedule an appointment to see a dentist.
- Provide appointment reminder calls or postcards to help ensure that patients do not miss appointments.
- Provide preventive services such as fluoride varnish application where appropriate.

Note: All EPSDT-eligible members can receive two preventive dental visits per calendar year. Please remember to encourage and assist members in finding a dentist for their oral health needs.



PASSPORT HEALTH PLAN

BY MOLINA HEALTHCARE

