

Brian Sandoval
Governor



Marta Jensen
Acting Administrator
Division of Health Care Financing and
Policy

Division of Health Care Financing and Policy

PREVENTIVE MEDICINE
and
EARLY PERIODIC SCREENING DIAGNOSIS
AND TREATMENT



PREVENTIVE HEALTH SERVICES

- Preventive medicine/health refers to health care that focuses on disease (or injury) prevention. Preventive health also assists the provider in identifying a patient's current or possible future health care risks through assessments, lab work and other diagnostic studies.
- Nevada Medicaid reimburses for preventive medicine services for women, men and children as recommended by the U.S. Preventive Services Task Force (USPSTF) A and B Recommendations.
- No prior auth is required.





FAMILY PLANNING



- Family Planning services are covered for both male and female Medicaid recipients.
- Prior authorization is not required for birth control devices, i.e. LARC, OCP, diaphragm. Over The Counter (OTC) birth control is covered with a prescription.
- Vasectomy or tubal ligation are covered in accordance with federal regs as long as the recipient is >21 yrs and has filled out a consent form at least 30 days prior.



ANNUAL WELLNESS VISITS (AWV)

- For recipients age 21 and older
- Web Announcement 580 from 3/19/13
 - Effective with dates of service on or after January 1, 2013, Nevada Medicaid covers procedure codes G0438 (Annual Wellness Visit; includes a personalized prevention plan of service (pps), initial visit) and G0439 (Annual Wellness Visit; includes a personalized prevention plan of service (pps), subsequent visit).
 - These codes can be billed once every 12 months (365 days) per recipient; only for recipients over the age of 21.



ANNUAL GYNECOLOGIC EXAMS

- For female recipients 21 and older
 - G0101 – cervical or vaginal cancer screening; pelvic and clinical breast exam
 - Q0091 – Screening Pap smear; obtaining, preparing and conveyance of cervical or vaginal smear to lab



AWV vs Annual GYN

- G0439 (AWV), plus G0101 is not allowed by NCCI edits
 - *Per guidelines given in CMS' NCCI Policy Manual, Chapter XII "If a Medicare covered E&M service requires breast and pelvic examination, HCPCS code G0101 should not be additionally reported. However, if the Medicare covered E&M service and the screening services, G0101, are unrelated to one another, both HCPCS code G0101 and the E&M service may be reported appending modifier -25 to the E&M service CPT code. Use of modifier -25 indicates that the E&M service is significant and separately identifiable from the screening service, G0101".*



AWV vs. ANNUAL GYN

- G0439 (AWV), plus Q0091 is not allowed by NCCI edits
 - *CMS Guidelines found in Chapter XII of the National Correct Coding Policy Manual for Part B Medicare Carriers state "HCPCS code Q0091, for screening pap smears includes the services necessary to procure and transport the specimen to the laboratory. If an evaluation and management service is performed at the same visit solely for the purpose of performing a screening pap smear, then the evaluation and management service is not reported separately. If a significant, separately identifiable evaluation and management service is performed to evaluate other medical problems, then both the screening pap smear and the evaluation and management service are reported. By appending the modifier -25 to the evaluation and management code, the provider is indicating that a significant, separately identifiable service was rendered." However, standard screenings or tests normally considered routine are components of a comprehensive E&M service that should not be separately reimbursed.*



EPSDT





WHAT DOES EPSDT MEAN?

- **E**arly: Assess and ID problems as early as possible.
- **P**eriodic: Check child's health status at regular, periodic, and age-appropriate intervals.
- **S**creening: Provide physical, behavioral, developmental, dental, hearing, vision and other screenings to detect potential problems.
- **D**agnosis: Perform diagnostic tests to follow up, rule out or confirm when screening identifies a risk or potential problem.
- **T**reatment: Control, correct or reduce health problems that are identified as a result of a screen.



INTRODUCTION

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are preventive and diagnostic services available to most recipients under age 21.
- In Nevada, the EPSDT program is known as Healthy Kids. The program is designed to identify medical conditions and to provide medically necessary treatment to correct such conditions.
- Healthy Kids offers the opportunity for optimum health status for children through regular, preventive health services and the early detection and treatment of disease.



BRIGHT FUTURES



- The Healthy Kids program has established a periodicity schedule for screening, vision, hearing and dental services based upon the American Academy of Pediatrics (AAP).
- The periodicity schedule utilized by the Healthy Kids program can be found at the Bright Futures /AAP website: <http://brightfutures.aap.org>



PERIODIC SCREENING COMPONENTS

- Comprehensive Health & Developmental-Behavioral History
- Developmental-Behavioral Assessment
- Comprehensive Unclothed Exam
- Appropriate Immunizations
- Lab Procedures
- Health Education
- Vision, Hearing and Dental Screening



COMPREHENSIVE HEALTH & DEVELOPMENTAL/BEHAVIORAL HISTORY

- Family medical history
- Patient medical history
- Nutritional history
- Immunization history
- Environmental risk
- Family background of emotional, alcohol, drug abuse or domestic violence
- Sexual history
- Menstrual/Obstetrical history for females



DEVELOPMENTAL/BEHAVIORAL ASSESSMENT

- Developmental/behavioral status
- Age appropriate level of development
 - Use of standardized screening tool, i.e. Ages and Stages, Parents Eval. Of Developmental Status (PEDS), Early Language Milestone Screen
 - AAP recommends at ages 9, 18 and 30 months, 3 and 4 years of age
 - Asking questions about development as part of history is not “standardized screening”



COMPREHENSIVE PHYSICAL EXAM

- Must be unclothed
- From “appearance” to “nervous system”
- Should include screening for congenital abnormalities





IMMUNIZATIONS AND LABS

- Provider must be a Vaccines for Children (VFC) provider.
- Age appropriate laboratory
 - Blood lead levels
 - TB skin test
 - Hemoglobin or hematocrit
 - Pap/STI tests





HEALTH EDUCATION



- Benefits of healthy lifestyle
- Prevention of disease, accidents
- Normal growth and developmental
- Age appropriate family planning
- Anticipatory guidance
- Summary of screening/lab tests and any abnormalities



VISION/HEARING/DENTAL

- Vision exam should include distance visual acuity, color perception, ocular alignment. Testing for amblyopia is paid separately.
- Hearing exam should include response to voice/auditory stimuli, speech and language development, risks for hearing loss.
- Oral inspection, fluoride varnish and referral to dentist by age three.



DIAGNOSTIC SERVICES

- Any condition discovered during screening should be followed up for diagnosis, and referred on, if necessary.
- Referrals include, but are not limited to
 - Vision
 - Hearing
 - Dental
 - Other necessary health care



TREATMENT

- Health care and treatment is available to correct or improve defects and physical/mental illnesses or conditions discovered by an EPSDT exam.
- Covered services include all state plan services and out-of-state plan services, if medically necessary.
- Out-of-state plan services require prior authorization.
- Although preferred, an EPSDT screening is not a requirement for medically necessary treatment.



BILLING FOR HEALTHY KIDS EXAM

Code	Modifier	Description
• 99381	EP or TS	New patient, infant (age under 1 year)
• 99382	EP or TS	New patient, early childhood (age 1-4)
• 99383	EP or TS	New patient, late childhood (age 5-11)
• 99384	EP or TS	New patient, adolescent (age 12-17)
• 99385	EP or TS	New patient, adult (age 18-20)
• 99391	EP or TS	Established patient, infant (age < 1 year)
• 99392	EP or TS	Established patient, early childhood (age 1-4)
• 99393	EP or TS	Established patient, late childhood (age 5-11)
• 99394	EP or TS	Established patient, adolescent (age 12-17)
• 99395	EP or TS	Established patient, adult (age 18-20)



SERVICES TO BILL SEPARATELY

Code	Modifier	Description
• 90460	No Modifier	IZ Administration through 18 years of age; first vaccine/toxoid component (Bill at the usual and customary charge.)
• 90461	No Modifier	IZ Administration through 18 years of age; each additional vaccine/toxoid component (Add-on code to 90460)
• 90471	No Modifier	Vaccine Administration – Single
• 90472	No Modifier	Vaccine Administration – Each Add'l unit
• 90476-90749	No Modifier	Vaccines (Bill the appropriate vaccine at zero dollar amount)



SERVICES TO BILL SEPARATELY (cont.)

Code	Modifier	Description
• 96110	59	Developmental screening
• 96127	No Modifier	Brief emotional/behavioral assessment (e.g. Depression inventory, ADHD)
• 99188	No Modifier	Application of fluoride varnish by MD or qualified health care professional
• 99401	FP	Family Planning Services
• 99420	No Modifier	Health risk assessment for post partum depression (mother of child); for child up to one year of age.
• 99174	No Modifier	Vision screening for amblyopia



Contacts

Marti Coté, R.N.

Social Services Chief I

Clinical Policy Unit

mcote@dhcfp.nv.gov

(775) 684-3748



QUESTIONS OR SUGGESTIONS?

