



arizona
complete health[™]
Complete Care Plan

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

PROVIDER QUICK REFERENCE GUIDE

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WHAT IS EPSDT?

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is Medicaid's federally mandated comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral/mental health conditions for AHCCCS members up to 21 years of age. A well-child visit is synonymous with an EPSDT visit.

PURPOSE OF EPSDT

EPSDT includes Screening, Diagnostic, and Treatment services, which are critical for ensuring children and adolescents receive proper preventive, dental, physical health, behavioral health, developmental and specialty services. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to help Medicaid members in effectively using these resources.

EPSDT services provide comprehensive health care through **primary prevention, early intervention, diagnosis, medically necessary treatment**, and follow-up care of physical and behavioral health conditions.

PERIODICITY SCHEDULE

EPSDT Screening services are provided in compliance with the periodicity schedule of 42 CFR 441.58. The AHCCCS periodicity schedule for EPSDT and Dental Services, are intended to meet standards of medical and dental practice and specify important screenings and assessments recommended at each well child visit from infancy through adolescence.

WHAT SCREENINGS AND FOLLOW UP MUST BE COMPLETED AT A WELL-CHILD VISIT?

EPSDT services include all screenings and services referenced in the AHCCCS EPSDT Periodicity Schedule (AHCCCS Medical Policy Manual (AMPM) Policy 430 EPSDT, Attachment A and AHCCCS Dental Periodicity Schedule (AHCCCS Medical Policy Manual (AMPM) Policy 431 Oral Health Care for EPSDT Aged Members, Attachment A). Providers who treat children up to 21 years of age must follow regulatory requirements and Arizona Complete Health-Complete Care Plan (AzCH-CCP) preventative requirements, which include, but not limited to:

1. Provide and document EPSDT screening services following the AHCCCS EPSDT and Dental Periodicity Schedules.
 - a. AHCCCS EPSDT Periodicity Schedule ([AHCCCS AMPM, Chapter 430, Attachment A](#)) and the Dental Periodicity Schedule ([AHCCCS AMPM Chapter 431, Attachment A](#)).
2. Provide EPSDT services following Section 42 USC 1396d (a) and (r), 1396a (a) (43), 42 C.F.R. 441.50 et seq. and AHCCCS rules and policies.
3. Complete a Developmental screening (using an AHCCCS-approved developmental screening tool) for members ages 9, 18 and 30 months.
4. Autism Spectrum Disorder (ASD) Specific Developmental Screening at the 18 months and 24 months.
5. Document immunizations within 30 days of administration of an immunization into the Arizona State Immunization Information System (ASIIS); If appropriate, document in the medical record the member's or health care decision maker's decision not to utilize EPSDT services or receive immunizations.
6. Yearly enrollment/reenrollment in the Vaccines for Children (VFC) program. Providers who do not comply risk having their members reassigned to participating providers, for more information visit <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#program-overview>.
7. Refer members for follow up, diagnosis and treatment, ensuring that treatment begins within 60 days of screening services.
8. Provide health counseling/education at initial and follow-up visits.
9. Document a health database assessment on each EPSDT participant. The database must be interpreted by a physician or licensed health professional who is under the supervision of a physician and provide health counseling/education at initial and follow up visits.
10. Ensure all infants receive both the first and second newborn screening tests following 9 A.A.C 13, Article 2.

11. Schedule the next appointment at the time of the current office visit, particularly for children ages 30 months and younger.
12. Refer members to Children’s Rehabilitative Services (CRS) when they have conditions covered by the CRS program.
13. Initiate and coordinate referrals to Arizona Long Term Care System (ALTCS), Audiology, Division of Development Disabilities (DDD), Dental, Occupational Therapy, Physical Therapy, Speech, Developmental, Behavioral Health, Women, Infants and Children (WIC), the Arizona Early Intervention Program (AzEIP) and Head Start, as necessary.
14. Develop, implement, and keep a procedure for ensuring timeliness and care coordination of re-screening and treatment for all conditions identified, including behavioral health services, because of examination, screening, and diagnosis. Treatment, if needed, shall occur on a prompt basis, beginning services no longer than 60 days beyond the request for screening services.

HOW DO I TRACK MY PATIENT’S WELL-CHILD VISIT?

- Use an **AHCCCS EPSDT Clinical Sample Template** or electronic equivalent (EMR) that includes **all components** found in the template at every EPSDT visit. Also supply a copy to AzCH-CCP. **AHCCCS EPSDT Clinical Sample Templates Attachment E** are found here:

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430_AttachmentE.docx

* Providers: Please do not send hard copies of EPSDT Clinical Sample Templates to the AHCCCS office. Contact your enrolled health plan for instructions on how to submit forms directly to the plan.

SUBMITTING MEDICAL RECORDS

- All EPSDT Clinical Sample Templates or equivalent EMR must be provided to AzCH-CCP. Documentation may be provided by sending via fax or mail to:
 - **Fax, electronic or standard (preferred):**
844-266-5339
 - **Mail:** AzCH-CCP ATTN: EPSDT Dept.
1850 W. Rio Salado Parkway Suite 211
Tempe, Az 85281



CODING FOR WELL-CHILD VISIT – AGES 0 MONTHS UP TO 21 YEARS

NEW PATIENTS		
AGE RANGE	CPT CODES	ICD-10 CODES
Infant (< 1 year)	99381	Z00.110 Z00.111 Z00.121 Z00.129
1 – 4 years	99382	Z00.121 Z00.129
5 – 11 years	99383	Z00.121 Z00.129
12-17 years	99384	Z00.121 Z00.129
18 up to 21 years	99385	Z00.00 Z00.01

ESTABLISHED PATIENTS		
AGE RANGE	CPT CODES	ICD-10 CODES
Infant (< 1 year)	99391	Z00.110 Z00.111 Z00.121 Z00.129
1 – 4 years	99392	Z00.121 Z00.129
5 – 11 years	99393	Z00.121 Z00.129
12-17 years	99394	Z00.121 Z00.129
18 up to 21 years	99395	Z00.00 Z00.01

All coding references can be found at: <https://downloads.aap.org/AAP/PDF/Coding%20Preventive%20Care.pdf>

MISSED APPOINTMENT/NO SHOW LOG

Please follow up with members who miss or no-show to their EPSDT appointments. Please let us know when a member has missed or cancelled three or more visits. We encourage you to use the recall system to reduce the number of missed or cancelled appointments. Our Missed/No-Show Log may be used to inform AzCH-CCP of members who are actively missing their appointment(s). We will follow up with members to identify barriers and help with a warm transfer to set up an appointment when applicable.

PLEASE USE THE AZCH-CCP MISSED APPOINTMENT LOG FORM, FILL IT OUT ACCORDINGLY AND EMAIL TO EPSDT DEPARTMENT AT QIPROVIDEROUTREACH@AZCOMPLETEHEALTH.COM. See Appendix 1.1 for electronic Version Missed Appointment/No Show Log.

CONVERTING SICK & SPORTS PHYSICAL VISITS INTO WELL-VISITS

The billing of a Sick Visit and a Well-Visit on the same date of service can be billed separately if:

- An abnormality is found, or a pre-existing problem is addressed while performing a Well-Visit and the problem or abnormality is significant enough to require added work to perform the key components of a problem-oriented Evaluation and Management (E/M) service.
- The Sick Visit is documented on a separate note.
- History, Exam and Medical Decision-Making components of the separate Sick Visit already performed during a Well-Visit are not to be considered when deciding the level of the added service/sick visit.
- Modifier 25 is required to be billed with the sick visit CPT code in order to be reimbursed for both the sick visit and well (EPSDT) visit. If both visits are performed in conjunction with VFC immunizations, modifier 25 is required on both the sick visit and the EPSDT visit. Modifier EP is required on the EPSDT visit. Both visits should be billed on the same claim form. And remember to review and address the other modifier requirements for VFC codes!

Sports physicals and annual wellness visits can be completed in the same visit:

Well-child visits for sports and other activities should be based on the most recent EPSDT well-child visit as the annual well-child visits are comprehensive and include all the services needed for sports or other activities. *AHCCCS does not reimburse separately for sports physicals* because they can be combined with a regularly scheduled EPSDT well-child visit. No additional payment is made for completing the school or other organization paperwork. Remember to:

- Use the correct billing codes and modifiers to document the services provided.
- Acute diagnosis codes that are not applicable to the current visit should not be billed.
- Components of a sports physical and annual wellness visit are addressed during the same visit.

<u>Components of a Sports Physical</u>	<u>Components of a Wellness Visit</u>
1. Heart Health & Blood Pressure	1. Overview of Health & Medical History
2. Vision & Hearing	2. Immunizations
3. Flexibility & Strength	3. Lab Work
4. Bone & Muscle Health	4. Behavioral Health
5. Height & Weight	5. Developmental Screening
6. Checking Ear, Nose, & Throat	6. Nutrition
	7. Sleep Assessment
	8. Preventative Health



Required Screenings

GENERAL DEVELOPMENTAL SCREENING

Primary care providers (PCPs) must be trained in the use and scoring of developmental screening tools as indicated by the American Academy of Pediatrics (AAP). Accepted developmental screening tools are described in the CMS Core Measurement Developmental Screening in the First Three Years of Life measure. Any abnormal developmental screening findings should result in referrals and added follow-up.

The following general developmental screening tools are acceptable and must be completed at the 9, 18, and 30 months EPSDT visits:

- **Agnes and Stages Questionnaires™ Third Edition (ASQ)** is a tool used to find developmental delays in the first five years of a child's life. The sooner a delay or disability is found, the sooner a child can be connected to services and support that make a real difference. The tool is available online at www.agesandstages.com.
- **The Parents' Evaluation of Developmental Status (PEDS)** used for developmental screening of EPSDT members from birth to 8 years of age. The tool is available at www.pedstest.com.
- **Survey of Well-Being in Young Children (SWYC)** used as a comprehensive developmental screening instrument for children under 5 years of age. Tool is available at <https://pediatrics.tuftsmedicalcenter.org/The-Survey-of-Wellbeing-of-Young-Children/Overview.aspx>.
- Effective MY2023, to effectively close the gap administratively the Developmental Screening measure shall be calculated and reported via Hybrid methodology. Payment for use of general developmental screening tools is covered when the following criteria is met:
 - The member's EPSDT visit is at 9, 18, or 30 months.
 - Prior to providing the service, the provider must complete the required training for the developmental screening tool being utilized and submit a copy of the training certificate to the Council for Affordable Quality Healthcare (CAQH); <https://www.caqh.org/>.
 - The code is appropriately billed initial administrative numerator compliance shall include the use of CPT 96110 with Z13.42. Providers must retain copies of the completed tools in the member's medical record.
 - Medical record review shall be required for all cases within the hybrid sample not demonstrating numerator compliance based on the initial administrative numerator.

AUTISM SPECTRUM DISORDER (ASD) Screening

Accepted ASD screening tools are described in the CMS Core Measurement Developmental Screening in the First Three Years of Life measure.

The following general developmental screening tool is acceptable and must be completed at 18 and 24 months EPSDT visits:

- **The Modified Checklist for Autism in Toddlers (M-CHAT)** used only as a screening tool by a PCP, for members ages 18 to 24 months, to screen for autism. The tool is available online at www.m-chat.org.
 - Developmental Screening for Autism at ages 18- and 24-months claims should be ran as follows - Z13.41 Encounter for autism screening with CPT code 96110 to properly capture proper screening or clearly listed on AHCCCS EPSDT Clinical Sample Template or in the equivalent EMR.

BEHAVIORAL HEALTH SCREENING

PCPs are required to conduct screenings for mental health and substance abuse problems at each EPSDT visit. Treatment services are a covered benefit for members up to age 21. Behavioral health screening consists of:

- **Newborn-24 months:** Parental interview.
- **3-8 years of age:** Pediatric symptom checklist, parental interview, observation.
- **10-21 years of age:** HEADSS assessment, parental interview.

- **Adolescent Suicide:** Suicide and depression screening must be performed at the annual EPSDT visits beginning at 10 years of age. Positive results require prompt referral for further evaluation and service provision.
- Tobacco, Alcohol, or Drug Use screenings shall be completed beginning at age 11.
- **Adolescent Substance Use Disorder (SUD) screening:** consisting of a standard criterion reference screening tool specific for adolescent substance use and shall be performed at annual EPSDT visits beginning at 12 years of age. Positive screening results require appropriate and timely referral for further evaluation and service provision.
- **Postpartum Depression Screening:** To be performed by screening the birthing /parent during the 1, 2, 3, and 6 month EPSDT visits. Positive screening results require referral to case management and services with the maternal health plan.

AzCH-CCP has an array of best practice guidelines that all providers are encouraged to review and use: <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html>

PCPs, Behavioral Health, and Children

- PCPs can provide medication management services i.e., prescriptions, med visits, labs, and other diagnostic tests, for patients enrolled in AHCCCS that have a diagnosis of depression, anxiety, or ADD/ADHD.
- PCPs may provide behavioral health services within their scope of practice. Developmental Surveillance shall be performed with the PCP at each EPSDT visit.
- PCPs should utilize validated screening tools for all children to assess for behavioral health needs, Social Determinants of Health (SDOH), and trauma.
- Per AAP recommendations, PCPs will ensure that families receive evidenced-based breastfeeding information and support.
- AzCH-CCP has psychotropic medications on its preferred drug list for treating depression, anxiety, and ADD/ADHD.
- AHCCCS has developed evidence-based practice guidelines for the treatment of anxiety, depression, postpartum depression, and ADD/ADHD. Included in these guidelines are, for example, helpful screening tools to help in screening for anxiety, depression, postpartum depression, and ADD/ADHD. The guidelines are found on the AzCH provider website. PCPs should become familiar with these guidelines.

PCP REFERRALS

For behavioral health disorders that are outside a PCPs scope of practice or comfortability, PCPs should refer to a behavioral health provider. Follow up requires care coordination and sharing of medical information promptly. Refer a member to a behavioral health provider:

- When a member does not respond to treatment and therefore needs added behavioral health services.
- When a patient presents with a behavioral health disorder other than anxiety, depression, or ADD/ADHD.
- When a patient has experienced a sentinel event (i.e., attempted suicide) or an inpatient hospitalization for a behavioral health diagnosis.

A referral to AzCH-CCP Case Management can be completed online via the Provider Portal.
<https://www.azcompletehealth.com/providers.html>

BLOOD LEAD SCREENING

Blood lead screening and testing is needed for all members at 12 months and 24 months of age and for those members between the ages of 24 months and 6 years who have not been previously screened or who missed either the 12-month or 24-month test.

- Lead levels may be measured at times other than those specified if thought to be medically necessary by the provider, by responses to a lead poisoning verbal risk assessment, or in response to parental concerns or based on the child’s risk as decided by either the member’s residential zip code or presence of other known risk-factors.
- Providers must report blood lead levels equal to or greater than 3.5 micrograms of lead per deciliter of whole blood obtained by capillary specimen or fingerstick and confirmed using a venous blood sample to ADHS (A.A.C. R9-4-302).
- Providers must provide proper access to and timeliness of blood lead testing and follow up care for members with abnormal results.

TB SCREENING

TB screening should be conducted as appropriate to age and risk. Providers must ensure prompt reading of test results and treatment if medically necessary.

ORAL HEALTH SCREENING

PCPs are required to conduct a proper oral health screening intended to find oral pathology, such as tooth decay and oral lesions.

- PCPs, Physician Assistants and Nurse Practitioners can apply fluoride varnish in office once every three months for children 6 months of age with at least one tooth erupted, with recurrent applications up to five years of age.
- PCPs are to refer members to a dentist or dental home regularly.

VISION SCREENINGS AND SERVICES

PCPs are required to conduct eye examinations as appropriate to age according to the periodicity schedule. Any abnormal findings shall result in a referral to an appropriate provider for follow-up.

BODY MASS INDEX OR WEIGHT-FOR-LENGTH

PCPs should calculate each child’s Body Mass Index (BMI) starting at age 2 until the member turns 21, (or weight-for-length percentile for members less than two years of age). BMI assess underweight, overweight and those at risk for overweight. BMI for children is sex and age specific. PCPs must calculate the child’s BMI and percentile. Refer to the [Centers for Disease Control and Prevention website](#) and American Academy of Pediatrics for Body Mass Index (BMI) and growth chart resources, otherwise evidence that appropriate growth charts were used for children under age two refer to Centers for Disease Control and Prevention website for weight-for-length chart.

The following established percentile cutoff points are used to identify underweight and overweight in children:

Percentile	Weight
≥ 95 th Percentile	Obese
85 th < 95 th Percentile	Overweight
5 th < 85 th Percentile	Healthy Weight
< 5 th Percentile	Underweight

NUTRITIONAL ASSESSMENT AND NUTRITIONAL THERAPY

Nutritional assessments are part of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for the health plan’s members up to age 21, whose health status may improve with nutrition intervention. Nutritional therapy is a covered service for EPSDT-eligible health plan members for the below enteral, parenteral, or oral basis when determined medically necessary to supply either complete daily dietary requirements, or to supplement a member’s daily nutritional and caloric intake.

- *Enteral Nutritional Therapy:* Supplies liquid nourishment directly to the digestive tract of a member who cannot ingest a proper number of calories to keep an acceptable nutritional status. Enteral nutrition, often delivered by jejunostomy tube (J-tube), gastrostomy tube (G-tube) or nasogastric (N/G) tube Parenteral nutritional therapy,

provides nourishment through the venous system to members with severe pathology of the alimentary tract, which does not allow absorption of sufficient nutrients to keep weight and strength.

- *Commercial Oral Supplemental Nutritional Feedings*: Supplies nourishment and increases caloric intake as a supplement to the member's intake of other age-appropriate foods, or as the sole source of nutrition for the member. Nourishment is taken orally and is provided through commercial nutritional supplements available without prescription.

AzCH-CCP covers the following for members with a medical condition described in the section above:

- Special Supplemental Program for Women, Infants and Children (WIC)-eligible infant formulas, including specialty infant formulas.
- Medical foods.
- Parenteral feedings.
- Enteral feedings.

Refer to the Medical Foods section for the health plan's members with a congenital metabolic disorder, such as phenylketonuria, homocystinuria, maple syrup urine disease, or galactosemia.

Please see Provider Manual for additional information [310-GG Prior Authorization for Nutritional Therapy](#).

ARIZONA EARLY INTERVENTION AND CHILDREN REHABILITATIVE SERVICE (CRS) PROGRAM

The Arizona Early Intervention Program (AzEIP) is an early intervention program that offers a statewide system of support and services for children birth through three years of age who have disabilities or developmental delays and their families. This program, jointly developed and implemented by AHCCCS and the Arizona Early Intervention Program (AzEIP), ensures the coordination and provision of EPSDT and early intervention services, such as physical therapy, occupational therapy, speech/language therapy and care coordination under Sec. 1905 [42 U.S.C 1396d]. Concerns about a child's development may be initially identified by the child's Primary Care Provider or by AzEIP. AzCH-CCP coordinates with AzEIP to ensure that members receive medically necessary EPSDT services promptly to promote optimum child health and development. Please contact Care/Case Management for more information.

Providers shall notify AzCH-CCP when a child is potentially in need of services related to CRS qualifying conditions, as specified in A.A.C. R9-22 Article 1303, and A.R.S. 36-2912. See AHCCCS ACOM, Chapter 426, for the referral process to obtain a CRS designation. In addition, the Provider shall notify the member, or their parent/health care decision maker or authorized representative, and AzCH-CCP when a referral to a specialist for an evaluation of a CRS condition is being made.

EPSDT QUALITY RESOURCES

PERFORMANCE MEASURES

Performance Measures are used by AzCH-CCP, AHCCCS and CMS to decide how well the population served is doing. Key performance measures include, but not limited to:

- Oral Evaluation (OEV)
- Topical Fluoride (TFL)
- Child and Adolescent Well Care Visits (WCV)
- Well-Child Visits in the First 15 and 30 Months of Life (W15/W30)
- Weight Assessment and Counseling for nutrition and Physical Activity for Children/Adolescents (WCC)
- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Developmental Screenings in the First Three Years of Life (DEV)

More technical details and a comprehensive list of measures can be found in the AzCH-CCP Path to 5. Please email QIProviderOutreach@azcompletehealth.com for a copy.

BEST PRACTICES

- Refer members for a dental screening annually.
- Report dental services provided to eligible children in all places of service, such as dental offices, federally qualified health centers, and schools.
- Utilize sick visits and sports physicals as an opportunity to complete screenings and immunizations as needed.
- Build surveillance and screening tools into the process of care.
- Visits with a nurse practitioner or physician assistant meet the measure for W15, W30 and WCV.
- Educate families on the importance of vaccinations and provide the CDC recommended immunization schedule.

PROVIDER PORTAL

AzCH-CCP offers convenient and secure tools to help you. You also have access to your provider information. To enter our secure portal, click on the login button. A new window will open. You can login or register. Creating an account is free and simple.

By creating an account, you can:

- Verify member eligibility
- View members EOC
- Submit and check claims
- Submit and confirm authorizations
- View detailed patient list
- Submit Evidence Medical Records
- Obtain Care Gap Report
- Refer to Case Management

Register at <https://www.azcompletehealth.com/providers/login.html> and if step by step instructions are needed, please access at https://provider.azcompletehealth.com/static/provider/Provider_Registration_Doc_All_Plans.pdf.

AZCH-CCP PROVIDER ANALYTICS (CARE GAP REPORT)

A provider analytics tool is available through our secure provider portal to help PCPs and providers with assigned membership information on care gaps. To request a live demo or an extensive step by step guide please contact QI Provider Outreach team at QIProviderOutreach@azcompletehealth.com.

COMMUNITY RESOURCES

Providers should implement protocols for aiding members in the navigation of the healthcare system overall and outline practices to that educate, refer, and help members and their families access community health resources. Community resources are available to providers who support our members in their growing stages of life. These resources can be used during a well child visit when appropriate. Please visit our Community Resource Page to download a detailed Community Resource Guide at <https://www.azcompletehealth.com/members/medicaid/resources/community-resources.html>.

The Community Resource Guide has resources around peer-to-peer education programs other programs that address drug & alcohol abuse, bullying, unhealthy relationships, tobacco consumption, eating disorders, depression/self-injury, and internet safety such as the following:

- Pacer Center – Bullying Resources
 - Kids Against Bullying: <https://www.pacerkidsagainstbullying.org/>
 - Teens Against Bullying: <https://www.pacerteensagainstbullying.org/>
- notMYkid <https://notmykid.org/>
- The Partnership for a Drug-Free America: <https://www.sbhservices.org/drugfreeazkids/drug-guide>
- American Lung Association: <https://www.lung.org/>

AZCH-CCP PROVIDER MANUAL LINK

<https://www.azcompletehealth.com/providers/resources/forms-resources.html>

AZCH-CCP CONTACT INFORMATION

Please contact the provider outreach team at QIProviderOutreach@azcompletehealth.com for EPSDT & Quality information, technical assistance, and questions.

MISSED APPOINTMENT/NO SHOW LOG

PLEASE REQUEST THE TEMPLATE BY EMAILING QIProviderOutreach@azcompletehealth.com.

