

Provider Benefit Overview

NH Healthy Families



Effective Date: 8/1/2015 | Revision Date: 10/20/2021 | Reference Number: **NH.PBO.02**

EARLY AND PERIODIC SCREENING, DIAGNOSTICS, AND TREATMENT (EPSDT)

Programs

Basic Medicaid
Granite Advantage Program

Description

NH Healthy Families is committed to providing the right care, in the right place, and the right time and Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) is important to us. EPSDT is a preventative healthcare program for age birth to 21 years of age.

Benefit Overview

NH Healthy Families covers the following (EPSDT) services for members under the age of 21. Services must be comprehensive, appropriate and medically necessary to ensure that children and adolescents receive appropriate preventive, behavioral health, developmental, dental and special services.

Screening services:

- Comprehensive health and developmental history;
- Comprehensive unclothed physical examination;
- Developmental and behavioral assessment;
- Measurements of the child's height and weight, head circumference, and blood pressure;
- Appropriate immunizations;
- Vision testing;
- Hearing testing;
- Assessment of nutritional status;
- Health education about the benefits of healthy lifestyles and practices;
- Anticipatory guidance about child safety and injury prevention;
- Appropriate laboratory tests to include:
 - Testing for lead toxicity for EPSDT eligible children at 12 and 24 months of age; and
 - Testing for lead toxicity for EPSDT eligible children between 36 and 72 months of age, if not previously screened for lead poisoning.

Diagnostic and treatment services:

- Urinalysis
- Sick cell screening
- Tuberculin testing
- Blood testing for hematocrit and/or hemoglobin levels
- Immunizations

Important Reminder: This Benefit Overview is not a guarantee of benefits and payment. Covered procedures are subject to the Member's eligibility status and covered benefits. All authorization and utilization management requirements need to be followed, and providers must be within the NH Healthy Families network unless otherwise approved in advance. Proper coding and billing must be in place to ensure appropriate processing of services.

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Referral, Notification and Prior Authorization

Prior authorization is not required for EPSDT Services.

Provider Type

All Primary Care Providers, Registered Dieticians

Billing and Coding

The billing codes described below are only reimbursed when reported in conjunction with office exams, except for Medical Nutrition Therapy services.

Billing Code	Description	Modifier	Description
92551	Screening test, pure tone, air only	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
96110	Developmental screening, with interpretation and report, per standardized instrument form	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, first hour	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, each additional 30 minutes (List separately in addition to code for primary procedure)	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
99173	Screening test of visual acuity, quantitative, bilateral	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
D1208	Topical application of fluoride	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program

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83655	Lead Test	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
81000	UA dip stick/tablet reagent; non-auto w/micro	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
81002	UA dip stick/tablet reagent; wo micro non-auto	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
81003	UA dip stick/tablet reagent; wo micro auto	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
85013	Blood count; spun microhematocrit	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
85018	Blood count; hemoglobin (hgb)	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
86580	Skin test; tuberculosis, intradermal	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
85660	Sickling of rbc, reduction	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
90620	Menb rp w/omv vaccine im	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
90621	Menb rlp vaccine im	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
97803	Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
97804	Group, 2 or more individuals each 30 minutes	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
99188	The application of topical fluoride varnish by a physician or other qualified health care professional	EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program

Note: The EP modifier must be reported in order to identify services as EPSDT. Services billed without the EP modifier will be rejected as a non-covered service.

FQHC/RHC Billing and Coding

NH Healthy Families may reimburse these services separately when they are not integral to an encounter.

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