



Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Provider Specific Policy

Revision Table

Revision Date	Sections Revised	Description
7/1/02	All	Complete manual revision to reflect changes related to the MMIS and HIPAA compliance.
8/24/04	All	Individual and group EPSDT providers are now able to enroll as DMAP or DSP providers. This manual is no longer required.
9/18/08	Overview	Removed obsolete numbering.

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Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Provider Specific Policy Manual

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Early And Periodic Screening, Diagnosis And Treatment (EPSDT) Provider Specific Policy

The Diamond State Health Plan (DSHP) provides a comprehensive package of health benefits for the majority of Medicaid clients. This manual reflects the policies as they relate to Medicaid clients who are exempt from the DSHP.

1.0 Introduction

1.1 Definition

1.1.1 "Early and Periodic Screening, Diagnosis and Treatment" is defined as:

1.1.1.1 Screening and diagnostic services provided to determine physical or mental defects in Medicaid eligible individuals through age 20.

1.1.1.2 Health care, treatment and other measures to correct or ameliorate any defects and chronic conditions discovered during the screening process.

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2.0 Qualified Providers

2.1 Requirements

- 2.1.1 Any individual or group of individuals with medical expertise in any one of the required EPSDT service fields may be enrolled in the Delaware Medicaid program as an EPSDT provider.
- 2.1.2 A provider need not be qualified or able to provide all of the required services to be enrolled as an EPSDT provider but must take responsibility for assuring that the EPSDT eligible individual receives the minimum required services.
- 2.1.3 All enrolled providers must develop and document a plan of care and keep appropriate documentation of referrals or correspondence with other health care professionals involved with that eligible client. The focus of this requirement is to document the medical need for services identified in the plan of care.
- 2.1.4 Providers of EPSDT services could include the Division of Public Health (DPH), Department of Services for Children, Youth and Families (DSCYF), pediatricians, family practitioners and other private practicing physicians, therapy service providers, providers of specialized supplies and equipment, health maintenance organizations, prepaid health plans, community/migrant health centers, private dentists, and other agencies that are routinely involved with a child's physical and mental health needs.

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3.0 Services

3.1 Specialized Supplies and Equipment

3.1.1 Specialized supplies and equipment are covered under EPSDT include non-state plan DME/supplies, orthotics/prosthetics, and hearing-related supplies and vision services for children through age 20 years.

3.1.2 Examples of specialized supplies and equipment covered under EPSDT include, but are not limited to: augmentative and alternative communication devices, hearing aids, and ocularist services.

3.1.3 In order for specialized supplies and equipment to be covered, they must be medically necessary and receive prior authorization.

3.1.3.1 Medical necessity is determined by the Medical Review Team on the basis of a letter from the child's physician identifying the child's diagnosed condition and explaining how the equipment will directly improve the child's condition or restore lost functionality associated with the condition.

3.1.3.2 Information should be provided on any trial of the equipment, as well as the rationale for the selection of the specific piece of equipment. Attachment of relevant testing and evaluations will facilitate the review process. Documentation of the provider's cost for the equipment may be required for pricing purposes.

3.1.3.3 Letters of medical necessity should be addressed to:

Medical Review Team
Delaware Medical Assistance Program
P.O. Box 906, Lewis Building
New Castle, DE 19720

3.1.3.4 HCPCS procedure code(s) are used to bill the DMAP for DME/supplies, orthotics/prosthetics, and hearing related supplies and vision services for clients under age 21.

3.2 Therapy Services

3.2.1 Therapy services are covered under EPSDT for children through age 20 years include:

3.2.1.1 Mental Health Counseling Services

3.2.1.2 Occupational Therapy Services

- 3.2.1.3 Physical Therapy Services; and
- 3.2.1.4 Speech/Language/Hearing Services.
- 3.2.2 Prior authorization is not required to deliver therapy services to children through age 20 years. However, providers should obtain a referral letter from the child's physician describing the child's medical condition and explaining how the service will improve the condition or improve lost functionality associated with the diagnosed condition. The letter should be maintained in the client's file.
- 3.2.3 All records related to therapy evaluations and treatment must be documented and kept in the client's file.
- 3.2.4 The treatment plan must identify the services to be provided, the treatment goals, and the amount and duration of services needed.
- 3.2.5 The treatment plans should be reviewed periodically, no less than every 6 months, and updated as needed.
- 3.2.6 Case notes and daily treatment notes should reflect the services provided, progress made, and related to the treatment plan.
- 3.2.7 All services should reflect medical need (maintenance therapy is not covered through the Medicaid program). However, therapy provided to prevent regression of a medical condition is covered.
- 3.2.8 Refer to Appendix A and Appendix B for the appropriate procedure codes used by the DMAP for billing EPSDT therapy services.

3.3 Intermittent Nursing Services

- 3.3.1 Intermittent nursing services are a covered benefit of the DMAP for children through age 20 years when medically necessary nursing care is needed in a location other than the client's home (as covered under the home health benefit) AND is of less duration than the PDN benefit.
- 3.3.2 Intermittent nursing services covered under EPSDT are those medically necessary services ordered by a Medicaid eligible child's primary care provider which directly relate to the child's diagnosed condition.
- 3.3.3 The child's medical condition must be very stable and the need for intermittent nursing care must be able to be provided safely and cost effectively in an otherwise non-medical setting such as a child day care setting pursuant to child day care licensing regulations and policies.

- 3.3.4 The medical treatments would otherwise be provided under the home health benefit, however they occur in a location other than the child's own home.
- 3.3.5 Examples might include nursing treatments such as catheterization, tube feeding, sterile dressing changes and breathing treatments (nebulizing).
- 3.3.6 The nurse must remain with the child during and after the treatment(s) until the potential for adverse reactions is minimal and the primary caregiver accepts responsibility for further care.
- 3.3.7 To be covered under these EPSDT policies, the services must not meet coverage requirements under any other Medicaid program benefit and must be unable to be provided by parents, day care centers, or others who would ordinarily be available to provide the medically necessary care.
- 3.3.8 Billing and Reimbursement
- 3.3.8.1 All EPSDT intermittent nursing services delivered to children not enrolled in the Diamond State Health Plan (DSHP) or Delaware Healthy Children Program (DHCP) must be billed on a CMS-1500 claim form or 837 Professional, if billing electronically and submitted directly to EDS. (Follow the appropriate MCO policy for the provision of nursing services for children enrolled in the DSHP or DHCP.)
- 3.3.8.2 Refer to Appendix A and Appendix B for the procedure code used by the DMAP for billing EPSDT intermittent nursing services.
- 3.3.9 Reserved
- 3.3.10 Prior Authorization/Treatment Plan/Medical Documentation
- 3.3.10.1 Prior authorization is required to deliver intermittent nursing services to children through age 20 years as an EPSDT service. If services are provided without prior authorization the claim will be denied. Prior authorization may be obtained from the:
- Medical Review Team
Robscott Building
153 E. Chestnut Hill Road
Newark, DE 19713
Phone: (302) 368-6610
- 3.3.10.2 The referral source must obtain medical information from the child's primary care provider including a description of the child's diagnosis and medical condition and an explanation as to why the service is medically necessary.

- 3.3.10.3 After prior approval is obtained from the Medical Review Team providers must obtain a medical prescription for the nursing service. Written documentation of the verbal prior approval (who you spoke to and when) and the prescription should be maintained in the patient's file.
- 3.3.10.4 Written authorization from the Medical Review Team will be forwarded to your accounts payable representative via fax or mail. Claims for EPSDT intermittent nursing services must not be billed until a prior authorization number is received by the provider.
- 3.3.10.5 All materials related to the authorization and provision of EPSDT intermittent nursing services must be documented and kept in the client's file.
- 3.3.10.6 A treatment plan must be developed and must identify the services to be provided, the treatment goals, and the amount and duration of services needed.
- 3.3.10.7 Treatment plans should be reviewed and renewed by the primary care provider no less than once every 3 months, and updated as necessary.
- 3.3.10.8 Case notes and daily treatment notes must reflect the services provided, progress made, and be directly related to the treatment plan. All services must reflect medical need.



Early and Periodic Screening, Diagnosis and Treatment (EPSDT) HCPCS Procedure Codes

4.0 Appendix A – HCPCS Procedure Codes Prior to 7/1/02

The following local HCPCS procedure codes must be used by EPSDT therapy services providers when billing the DMAP for *dates of service prior to 7/1/02*.

4.1 Mental Health Counseling Services

Code	Description
WW101	Office Visit Co-Pay. - Rate: \$25.00 Per Visit – Maximum
WW970	Child Development Oriented Family Training and Counseling, Per Half Hour, EPSDT, Age 0 through 20, (Part H/Early Intervention Program Specific) Rate: \$37.50 per half hour unit Limitation: 4 units per year
WW975	Mental Health Treatment Evaluation, Comprehensive, EPSDT, Age 0 through 20, One Per Year Rate: \$225.00 per unit (entire evaluation) Limitation: 1 unit per year
WW976	Individual Mental Health Treatment Therapy, Per Half Hour, EPSDT, Age 0 through 20 Rate: \$37.50 per half hour unit Limitation: 2 units per week

4.2 Occupational Therapy Services

Code	Description
WW101	Office Visit Co-Pay. Rate: \$25.00 Per Visit – Maximum
WW985	Occupational Therapy Screen, EPSDT, Age 0 through 20, One Per Year Rate: \$16.00 per unit (entire screen) Limitation: 1 unit per year
WW986	Occupational Therapy Evaluation, Comprehensive, EPDST, Age 0 through 20, One Per Year Rate \$110.00 per unit (entire evaluation) Limitation: 1 unit per year
WW987	Individual Occupational Therapy Treatment, EPSDT, Age 0 through 20, Per Half Hour Rate: \$32.00 per half hour unit Limitation: 2 units per week

4.3 Physical Therapy Services

Code	Description
WW101	Office Visit Co-Pay. Rate: \$25.00 Per Visit – Maximum
WW990	Physical Therapy Screen, EPSDT, Age 0 through 20, One Per Year Rate: \$16.00 per unit (entire screen) Limitation: 1 unit per year
WW991	Physical Therapy Evaluation, Comprehensive, EPSDT, Age 0 through 20, One Per Year Rate: \$110.00 per unit (entire evaluation) Limitation: 1 unit per year
WW992	Individual Physical Therapy Treatment, EPSDT, Age 0 through 20, Per Half Hour

Code	Description
	Rate: \$32.00 per half hour unit Limitation: 2 units per week

4.4 Speech/Language/Hearing Services

Code	Description
WW101	Office Visit Co-Pay. Rate: \$25.00 Per Visit – Maximum
WW980	Speech/Language/Hearing Screen, EPSDT, Age 0 through 20, Two Per Year Rate: \$16.00 per unit (entire screen) Limitation: 2 units per week
WW981	Speech/Language/Hearing Comprehensive Evaluation, EPSDT, Age 0 through 20, One Per Year Rate: \$110.00 per unit (entire evaluation) Limitation: 1 unit per year
WW982	Speech/Language/Hearing Individual Treatment Therapy, EPSDT, Age 0 through 20, Per Half Hour Rate: \$32.00 per half hour unit Limitation: 2 units per week
WW983	Group Speech/Language/Hearing Therapy, EPSDT, Age 0 through 20, Per Half Hour Rate: \$13.50 per half hour unit Limitation: 6 units per week

4.5 EPSDT Intermittent Nursing Services

Code	Description
WW998	Nursing Services, Intermittent, EPSDT, Age 0 through 20, Per Visit. Rate: \$38.40 per visit Limitation: 2 Units per day Unit: Per Visit



Early and Periodic Screening, Diagnosis and Treatment (EPSDT) HCPCS Procedure Codes

5.0 Appendix B – Procedure Codes for Billing DMAP for Services on or after 7/1/02

When billing the DMAP for services provided on and after 7/1/02 EPSDT providers are required to use the procedure codes listed below.

5.1 Mental Health Counseling Services

Old Code	New Code	Description
WW970		This code is discontinued. Service is no longer provided
WW975	90801	Psychiatric diagnostic interview examination
	90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
WW976	90804	Individual psychotherapy insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient
	90805	Individual psychotherapy insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient; with medical evaluation and management services
	90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient
	90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient; with medical evaluation and management services
	90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20-30 minutes face-to-face with the patient
	90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20-30 minutes face-to-face with the patient; with medical evaluation and management services
	90823	Individual psychotherapy, interactive, using play

Old Code	New Code	Description
		equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20-30 minutes face-to-face with the patient
	90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20-30 minutes face-to-face with the patient; with medical evaluation and management services
	90845	Psychoanalysis
	90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes.

5.2 Occupational Therapy Services

Old Code	New Code	Description
WW985	97003	Occupational therapy evaluation
WW986	97003	Occupational therapy evaluation
	97004	Occupational therapy; re-evaluation
WW987	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

5.3 Physical Therapy Services

Old Code	New Code	Description
WW990	97001	Physical therapy evaluation
WW991	97001	Physical therapy evaluation
	97002	Physical therapy re-evaluation
WW992	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

5.4 Speech/Language/Hearing Services

Old Code	New Code	Description
WW908	92551	Screening test, pure tone, air only
	92552	Pure tone audiometry (threshold); air only
	92553	Pure tone audiometry (threshold); air and bone
	92555	Speech audiometry threshold
	V5008	Hearing screening

Old Code	New Code	Description
	V5362	Speech screening
	V5363	Language screening
	V5364	Dysphagia screening
WW981	92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation
WW982	92507	Treatment of speech language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual
WW983	92508	Treatment of speech language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals

5.5 EPDST Intermittent Nursing Service

Old Code	New Code	Description
WW998		This code is discontinued. Service is no longer provided.

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