

# Medicaid Well-Child Visit

## Information for Physicians

The Medicaid well-child visit is a federally mandated program developed for Medicaid recipients from birth through the end of their 21st birth month. All Humana enrollees within this age range should receive age-recommended Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) preventive exams, health screens, and EPSDT Special Services needed to address health issues as soon as identified or suspected. The well-child visit is part of Kentucky's EPSDT program.

EPSDT benefits are available at no cost to enrollees.

### Making the Most of the Visit While the Child is in the Office

Some patients have a hard time getting to the doctor's office, so it's important to maximize the benefits of each visit. Of course, a well-child visit should not be performed on a sick child. The decision whether to proceed with a well-visit is always up to the discretion of the physician and should be made with the patient's best interest in mind.

### EPSDT Preventive Services

The EPSDT program is designed to provide comprehensive preventive healthcare services at regular age intervals. Regular EPSDT preventive visits find health issues early (including physical health, mental health, growth, and developmental) so additional testing, evaluation, or treatment can start right away. EPSDT preventive services are available at the recommended ages and at other times when needed.

EPSDT stresses health education to children and their caretakers related to early intervention, health and safety risk assessments at every age, referrals for further diagnosis and treatment of problems discovered during exams, and ongoing health maintenance.

Covered services EPSDT preventive exam components include:

- Comprehensive health and development history
- Comprehensive unclothed physical examination
- Laboratory tests, including (where indicated) blood lead level screening/testing, anemia test using hematocrit or hemoglobin determinations, sickle cell test, complete urinalysis, testing for sexually transmitted diseases, tuberculin test, and pelvic examination
- Developmental screening/surveillance, including autism screening
- Sensory screenings and referrals for vision and hearing
- Nutritional assessment, including body mass index (BMI) and blood pressure
- Dental screenings and referrals to a dentist, as indicated (dental referrals are recommended to begin during a child's first year of life and are required at two years and older)
- Psychological/behavioral assessments, substance use assessments, and depression screenings
- Assessment of immunization status and administration of required vaccines
- Health education and anticipatory guidance (e.g., age-appropriate development, healthy lifestyles, accident and disease prevention, at-risk and risk behaviors, and safety)
- Referral for further evaluation, diagnosis, and treatment

### EPSDT Special Services

Under the EPSDT benefit, Medicaid provides comprehensive coverage for any service described in section 1905(a) of the Social Security Act. EPSDT Special Services include coverage for other medically necessary

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healthcare, evaluation, diagnostic services, preventive services, rehabilitative services, and treatment or other measures not covered under Kentucky Medicaid, including:

- Special Services included in EPSDT benefit may be preventive, diagnostic, or rehabilitative treatment or services that are medically necessary to correct or ameliorate the individual's physical, developmental, or behavioral condition.
- Medically necessary services are available regardless of whether those services are covered by Kentucky Medicaid.
- Medical necessity is determined on a case-by-case basis.
- EPSDT Special Services that are subject to medical necessity often require prior authorization.
- Consideration by the payer source must be given to the child's long-term needs, not only immediate needs, and consider all aspects such as physical, developmental, behavioral, etc.

Humana provides EPSDT Special Services as required by 42 USC Section 1396 and by 907 KAR 1:034, Section 7 and Section 8. These include provision of the following medically necessary health care, diagnostic services, preventive services, rehabilitative services, treatment, and other measures described in 42 USC Section 1396d(a), to all enrollees under the age of 21:

1. Inpatient hospital services;
2. Outpatient services; Rural health clinic services; Federally-Qualified Health Center services;
3. Other laboratory and X-ray services;
4. Early and Periodic Screening, Diagnosis, and Treatment services; Family planning services and supplies;
5. Physicians' services; Medical and surgical services furnished by a dentist;
6. Medical care by other licensed practitioners;
7. Home health care services;
8. Private duty nursing services;
9. Clinic services;
10. Dental services;
11. Physical therapy and related services;
12. Prescribed drugs including mental/behavioral health drugs, dentures, and prosthetic devices; and eyeglasses;
13. Other diagnostic, screening, preventive, and rehabilitative services;
14. Nurse-midwife services;
15. Hospice care;
16. Case management services;
17. Respiratory care services;
18. Services provided by a certified pediatric nurse practitioner or certified family nurse practitioner (to the extent permitted under state law);
19. Other medical and remedial care specified by the Secretary; and
20. Other medical or remedial care recognized by the Secretary, but which are not covered in the plan, including services of Christian science nurses care and services provided in Christian science sanitariums, and personal care services in a recipient's home.

The EPSDT diagnosis and treatment services and EPSDT Special Services which are not otherwise covered by the Kentucky Medicaid Program are covered subject to prior authorization by Humana, as specified in 907 KAR 1:034, Section 9. Approval of requests for EPSDT Special Services are based on the standard of medical necessity specified in 907 KAR 1:034, Section 9.

### **EPSDT Exam Frequency**

The EPSDT Periodicity Schedule is updated frequently to reflect current recommendations of the American Academy of Pediatrics and Bright Futures. To view updates to the schedule, please visit [www.kyaap.org](http://www.kyaap.org).

Infancy		
Less than 1 month	2 months	4 months
6 months	9 months	12 months
Early childhood		
15 months	18 months	24 months
30 months	3 years	4 years
Middle childhood		
5 years	6 years	7 years
8 years	9 years	10 years
Adolescence and young adults		
11 years	12 years	13 years
14 years	15 years	16 years
17 years	18 years	19 years
20 years	21 years (through the enrollee's 21 <sup>st</sup> birthday month)	

### Importance of Lead Testing

The Kentucky Medicaid Department for Public Health Childhood Lead Poisoning Prevention Program requires that children receive a blood lead level test at one and two years. Federal regulation requires that all children receive a blood test for lead at:

- 12 months and 24 months
- 36 months and 72 months for children who have not had a previous blood lead screening  
This is a required part of the EPSDT exam provided at these ages.

### Lead Screening Test Specifications

- Kentucky Medicaid requires healthcare providers to provide blood-lead screening at **12 months and 24 months**.
- **Children 6 months to 6 years, per the American Academy of Pediatrics:** CMS requires each state to use a periodicity schedule to provide EPSDT services at age-recommended intervals that meet reasonable standards of medical practice. Kentucky uses the periodicity schedule published by the AAP and Bright Futures (907 KAR 11:034).
- **All children 72 months of age and younger and pregnant women who, per KRS 211.900:**
  - Reside in dwellings or dwelling units which were constructed and painted prior to 1978
  - Reside in geographic areas defined by the Cabinet as high risk
  - Possess one or more risk factors identified in a lead poisoning verbal risk assessment approved by the Cabinet

Taking Centers for Disease Control and Prevention (CDC) guidelines and recommendations into account, as well as Kentucky laws, children or pregnant women with a confirmed elevated blood-lead level greater than 5 µg/dL will be provided case management services by the local health department.

Children and pregnant women with a confirmed blood-lead level greater than 15µg/dL require public health environmental action per KRS 211.905 and a comprehensive environmental lead home inspection/risk assessment.

## How do the Medicaid well-child visit measures compare to other HEDIS® measures?

Both the Medicaid well-child visit components and various Healthcare Effectiveness Data and Information Set (HEDIS®) measures address annual wellness visits for children: well-child visits in the first 15 months of life (W15); well-child visits in the third, fourth, fifth and sixth years of life (W34); adolescent well-care visits (AWC); adults’ access to preventive/ambulatory health services (AAP); child and adolescent access to a primary care physician (PCP) and lead screening in children (LSC). The main difference is based on the child’s continuous enrollment in the plan, as well as the measurement periods for both groups of measures.

With Medicaid well-child visit measures, children are placed in the health plan’s denominator (children meeting criteria for the service) once the child has been enrolled for 90 days or more. The measurement period is Oct. 1 through Sept. 30. HEDIS measures typically place children in the health plan’s denominator once the child has been with the plan for 12 months. The measurement period for many HEDIS measures is Jan. 1 through Dec. 31.

Most procedure codes detailed below cover both well-child visits and HEDIS measures, depending on care rendered to the enrollee.

Enrollees on the HEDIS and EPSDT action lists you receive monthly and quarterly, respectively, may overlap based on the criteria detailed above in regard to continuous enrollment and measurement periods. In addition, compliance also may be met with one visit based on the time frame details listed.

## Humana’s Approach to Improvement of Well-Child Visit Measurements

Humana is working to improve well-child visit measures through a variety of methods, including:

- Outreach to patients using printed materials, online information and phone calls
- Nurses who work directly with physician practices to promote well-child visits and improve HEDIS scores
- Patient rewards programs through which eligible Medicaid enrollees can earn rewards for receiving certain immunizations, screenings and wellness visits
- Physicians and other healthcare professionals, who may bill for a well-child visit and a sick visit on the same day

## Billing Tips

To ensure you receive credit for performing well-child visit requirements, please use the correct codes when submitting encounters and claims.

Well-child visit age or description	Well-child visit ICD-10 codes	New patient CPT codes	Established patient CPT codes
Neonatal exam	NA	99460 99461 99463	NA
Two to four days for newborns discharged 48 hours or less post delivery	NA	NA	NA
By 1 Month	NA	99381	99391
2 months	NA	NA	NA
4 months	NA	NA	NA
6 months	NA	NA	NA
9 months	NA	NA	NA
12 months	NA	99382	99391
15 months	NA	NA	NA
18 months	NA	NA	NA

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Well-child visit age or description	Well-child visit ICD-10 codes	New patient CPT codes	Established patient CPT codes
2 years to under 5 years	NA	NA	NA
5 years to under 12 years	NA	99383	99392
12 years to under 18 years	NA	99384	99394
18 years to under 21 years	NA	99385 EP	99395 EP
Encounter for health supervision and care of other infant and child	276.2	99202 – 99205	99213 – 99215
Encounter for routine child health exam with abnormal findings	NA	Z00.121	NA
Encounter for routine child health exam without abnormal findings	NA	Z00.129	NA
Health exam for newborn less than 8 days old	NA	Z00.110	NA
Health exam for newborn 8 to 28 days old	NA	Z00.111	NA
Encounter for adult medical exam without / with abnormal findings	NA	Z00.00-01	NA
Encounter for exam for admission to educational institution	NA	Z02.0	NA
Encounter for pre-employment exam	NA	Z02.1	NA

NOTE: The child may enter the periodicity schedule at any time. For example, if a child has an initial screening at age 4, then the next periodic screening is performed at age 5. This information can be found at <http://pediatrics.aappublications.org/cgi/data/120/6/1376/DC1/1>.

### Immunizations

Immunizations are an important part of preventive care for children and should be administered during well-child/EPSDT exams as needed. Humana endorses the same recommended childhood immunization schedule recommended by the Centers for Disease Control and Prevention and approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule is updated annually and current updates can be found on the American Academy of Pediatrics website at [www.aap.org](http://www.aap.org).

### Referral Codes

According to the Department for Medicaid Services (DMS) Handbook’s Evaluation and Management Services Coverage Policy, physicians and other healthcare professionals must include the following well-child visit referral codes, as appropriate, on the claim form:

- AV – Available, not used (recipient refused referral)
- NU – Not used (no EPSDT recipient referral given)
- S2 – Under treatment  
(recipient currently under treatment for referred diagnostic or corrective health problem)
- ST – New service requested (recipient referred to another provider for diagnostic or corrective treatment or scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service, not including dental referrals)

For more information, please visit [www.kyaap.org](http://www.kyaap.org).

## References

- American Academy of Pediatrics:  
<https://pediatrics.aappublications.org/content/pediatrics/143/3/e20183971.full.pdf>
- EPSDT Preventive Health Screenings:  
<https://chfs.ky.gov/agencies/dms/dpqo/dcmb/Pages/epsdtscreening.aspx>
- EPSDT Special Services:  
<https://chfs.ky.gov/agencies/dms/dpqo/dcmb/Pages/epsdtspecialservices.aspx>
- CMS Regulation and Guidance Manuals:  
[https://www.medicaid.gov/sites/default/files/2019-12/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf)  
<https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
- Humana Provider Manual:  
<http://apps.humana.com/marketing/documents.asp?file=3786185>
- KY Administrative Regulations for EPSDT:  
907 KAR 11:034 - <https://apps.legislature.ky.gov/law/kar/907/011/034.pdf>  
907 KAR 11:035 - <https://apps.legislature.ky.gov/law/kar/907/011/035.pdf>
- Lead Screening | Medicaid:  
<https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/lead-screening/index.html>
- Immunizations:  
<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>  
<https://www.cdc.gov/vaccines/schedules/hcp/index.html>