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Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services

Overview

- Enrollment Requirements
- Record Keeping/Request Requirements
- Patient Eligibility
- EPSDT Services
- Reimbursement/Billing
- Common Edits
- Appeals



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Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT)

- Goal: Provide every child the opportunity for good health
- Services for children under 21 years of age
- Promote regular, periodic, preventive health services and early detection & treatment of disease
- Evaluation and Management services are reimbursed at 100% of Resource Based Relative Value Scale (RBRVS) for all provider types.



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EPSDT Enrollment Requirements

- Physician or other health care practitioner
e.g. Advanced nurse practitioner
- Alaska Division of Public Health
- Indian Health Service/Tribal clinic



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EPSDT Enrollment Requirements

- Rural health clinic (RHC)
- Municipal Health Department
- School district
- Federally qualified health center (FQHC)



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Physician Collaborators

- Advanced nurse practitioners
- Physical and occupational therapists
- Speech and language pathologists
- Audiologists
- Physician assistants



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Diagnostic Lab Services

- Clinical Laboratory Improvement Amendment (CLIA) certificate of waiver
 - Professional component billed with “-26” modifier.
- All lab services must be ordered by a physician.



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National Provider Identifier

HIPAA Requirements:

- Compliance
- Electronic transaction requirements
- Taxonomy codes
- Updates



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NPI – Share It

- NPI Registry
 - <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>
- NPPES database
 - http://nppesdata.cms.hhs.gov/cms_NPI_files.html



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Provider Agreement

- Follow procedures that are consistent with guidance in the applicable *Alaska Medicaid Provider Billing Manual*.
- Comply with applicable state and federal Medicaid law.
- Cooperate in reports, surveys, reviews, or audits conducted by the division.



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Provider Record Keeping Requirements

- 7 AAC 105.230 Requirements for Provider Records
- 7 AAC 105.240 Request for records
<http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac>



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Recipient Eligibility

- Verify recipient eligibility
- Eligibility periods
- Eligibility codes



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Before Rendering Services

- Verify
 - Coupon
 - Eligibility verification system (EVS)
 - 270/271 electronic transaction
 - Fax PI
 - Call PI



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EPSDT Services

- Screening rate
- Objective

EPSDT Definitions

- Definitions:
 - Early
 - Periodic
 - Screening
 - Diagnosis
 - Treatment



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EPSDT Screening Services

- Health and developmental history
- Physical examination
 - <http://www.hss.state.ak.us/publicnotice/regulations.cfm>
- Dental screening
- Developmental assessment



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EPSDT Screening Services

- Immunization status
 - <http://www.cdc.gov/vaccines/>
- Nutritional status
- Laboratory testing
 - <http://www.hss.state.ak.us/publicnotice/regulations.cfm>
- Vision and hearing screening



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EPSDT Screening Services

- Health-related measurements
- Hemoglobin or hematocrit testing
- Tuberculosis testing
- Referrals



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Screening and Brief Intervention Services

- Effective November 1, 2008
- Target population:
 - Clients with nondependent substance abuse use
- Core components:
 - Screening 99408
 - Brief Intervention 99409

Screening and Brief Intervention Services

- Rates:
 - Physician rate for 99408 = \$43.80
 - Physician rate for 99409 = \$85.82
- Eligible providers:
 - Physicians
 - EPSDT providers
 - Advanced nurse practitioners



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EPSDT Screening Services

- Other services
- Follow-up services
- 837P
- Professional claim form



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EPSDT Services

- Prescribed drugs
 - Prior authorization
 - Limitations



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Tamper-Resistant Prescription Forms

- Required on prescriptions:
 - Serial number
 - NPI
 - One feature to prevent unauthorized copying
 - One feature to prevent erasure or modification
 - One feature to prevent counterfeit prescription forms



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EPSDT Travel Assistance

- Appointments
- Prior authorization required

EPSDT Travel Assistance

- Medicaid services program/EPSDT
 - Bus
 - Taxi
 - Private vehicle
 - For local travel
- Authorization required
 - Contact Medicaid services program/EPSDT
(907) 334-2400



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EPSDT Periodicity Schedule

Beginning at birth through age two:

Birth and 3 wks	12 months
2 months	15 months
4 months	18 months
6 months	24 months
9 months	

EPSDT Periodicity Schedule

- Beginning at 3 years through 6 years of age
 - Annual screenings
- Beginning at 7 years through 20 years of age
 - Biennial screenings



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EPSDT Periodicity Schedule

- Dental examinations
 - Biannual exams beginning at age 3
 - Earlier or more frequent as medically necessary
- Vision examinations
 - Annual exams beginning at age 5
 - Earlier or more frequent as medically necessary



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Reimbursement

- Lowest of billed charges, the fee schedule or established rate, or the provider's lowest charge
- EPSDT services are exempt from cost sharing.

Drugs Administered in the Office or Outpatient Setting

- Before April 1, 2008
 - Identified on 837P and CMS-1500 claims by HCPCS codes
Usually "J" codes
 - Identified on 837I and UB-04 claims by revenue codes



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Deficit Reduction Act of 2005

- Expands drug rebate collection requirements for State Medicaid programs
- Identifies the National Drug Code (NDC) as the code set to be used on claims to identify drugs administered in office and outpatient settings
- Requires the use of this code set on professional and outpatient hospital claims



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Deficit Reduction Act of 2005

- Alaska Medicaid program requires compliance with the Deficit Reduction Act (DRA), drug rebate rule.
- Both HCPC and NDC code information will be required for **specific** drugs administered in office and outpatient settings.
- Alaska Medicaid has published a list of HCPC codes that will be edited for NDC information.
 - <http://medicaidalaska.com>



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National Drug Codes

- Alaska Medicaid will pay claims submitted for these drugs only if the manufacturer participates in the Medicaid Drug Rebate Program.
- Rebateable drug list is available on the CMS website:
 - http://cms.hhs.gov/MedicaidDrugRebateProgram/09_DrugProdData.asp



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National Drug Codes

- Affected provider types:
 - Physicians and physician groups
 - Podiatrists and podiatry groups
 - Nurse practitioners and nurse midwives
 - Outpatient hospitals
 - Family planning clinics



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National Drug Codes

- Affected provider types, cont:
 - Federally qualified health clinics (FQHC) and rural health clinics (RHC)
 - Indian Health Services (IHS) clinics
 - End stage renal disease
 - Radiology



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National Drug Codes: Pricing

- Payment for physician administered drugs will be based on NDC code and NDC quantity.
- Exception:
 - Payments currently based on per diem rates or a percentage of your charges



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National Drug Codes: Claims Data

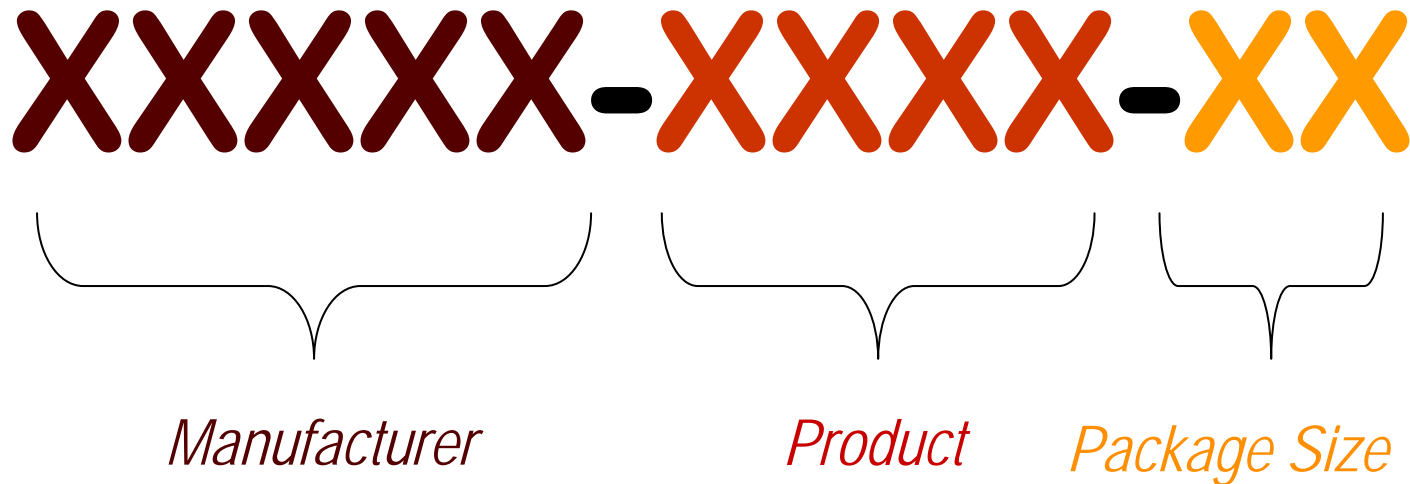
- Include on your claims:
 - NDC number
 - NDC units of measurement
 - Numeric quantity
 - Corresponding HCPCS values and units



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National Drug Codes

NDC consists of 11 digits in three sections



National Drug Codes

Example:

- Product label indicates: 54225-1798-29
- Submit on claim as: 54225179829

- Product label indicates: 452-72-89
- Submit on claim as: 00452007289

- Product label indicates: 45-6-9
- How would you submit this on a claim?



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National Drug Codes

The correct answer is 00045000609.



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National Drug Codes

- Unit of measurement qualifiers
 - NDC billing unit standard
 - UN = Unit
 - ML = Milliliter
 - GR = Gram
 - F2 = International Unit



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National Drug Code Reporting Electronic Claims

- 837P:
 - Loop 2410:
 - Field CTP04 – Enter quantity
 - Field CTP05 – Enter unit of measure
 - Example: CTP****2*UN~
 - Field LIN02 – Enter qualifier N4
 - Field LIN03 – Enter NDC without hyphens
 - Example: LIN**N4*1234567891~
 - HCPCS information will continue to be entered in Loop 2400, Field SV1.



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National Drug Code: Completing the Claim Form

- Professional claim forms
 - Enter NDC information in the **shaded area** of Field 24.
 - Enter the qualifier N4 immediately followed by the 11-digit NDC code without hyphens in Field 24a.
 - Enter the NDC unit of measure followed by a total quantity field of 9 characters (99999.999) in the shaded area of Field 24d.

NDC Code:

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
From	To							CPT/HCPCS	MODIFIER								
MM	DD	YY	MM	DD	YY												
N400026064871								UN99999.999					N	1B	12345678901		
10	01	05	10	01	05	11		J1563				13	500.00	20	N	NPI	0123456789



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National Drug Codes

- Bill the NDC for the actual drug that is administered.
- Record the NDC into the patient record.



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National Drug Codes

- Questions...
 - Provider Inquiry
 - (800) 770-5650, option 1; 1
 - (907) 644-6400, option 1



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Claim Billing Options

- 837 electronic transaction
- Professional paper claim form

Field 24H Shaded Area

- Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) related services:
 - In order to exempt your EPSDT patients from paying a cost sharing amount, Field 24H must be filled in. Failure to indicate a code in this field may result in a cost sharing amount being deducted from the amount reimbursed to the provider.
 - Required for all providers except Residential Living and Environmental Modifications
 - Enter the response in the **shaded** area of the field as follows:
 - Example: Y for "Yes" or N for "No"

	24. A. DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS I MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From	To													
	MM	YY	MM	YY											
1												Y	NPI		
2													NPI		
3													NPI		
4													NPI		
5													NPI		
6													NPI		

Claims Billing Procedures: Coding

- International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
- Procedures/Items/Services:
 - Current Procedural Terminology (CPT)
 - Healthcare Common Procedure Coding System (HCPCS)
 - National Drug Codes (NDC)



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Julian Date Calendar

Day No.	January	February	March	April	May	June	July	August	September	October	November	December
1	1	32	60	91	121	152	182	213	244	274	305	335
2	2	33	61	92	122	153	183	214	245	275	306	336
3	3	34	62	93	123	154	184	215	246	276	307	337
4	4	35	63	94	124	155	185	216	247	277	308	338
5	5	36	64	95	125	156	186	217	248	278	309	339
6	6	37	65	96	126	157	187	218	249	279	310	340
7	7	38	66	97	127	158	188	219	250	280	311	341
8	8	39	67	98	128	159	189	220	251	281	312	342
9	9	40	68	99	129	160	190	221	252	282	313	343
10	10	41	69	100	130	161	191	222	253	283	314	344
11	11	42	70	101	131	162	192	223	254	284	315	345
12	12	43	71	102	132	163	193	224	255	285	316	346
13	13	44	72	103	133	164	194	225	256	286	317	347
14	14	45	73	104	134	165	195	226	257	287	318	348
15	15	46	74	105	135	166	196	227	258	288	319	349
16	16	47	75	106	136	167	197	228	259	289	320	350
17	17	48	76	107	137	168	198	229	260	290	321	351
18	18	49	77	108	138	169	199	230	261	291	322	352
19	19	50	78	109	139	170	200	231	262	292	323	353
20	20	51	79	110	140	171	201	232	263	293	324	354
21	21	52	80	111	141	172	202	233	264	294	325	355
22	22	53	81	112	142	173	203	234	265	295	326	356
23	23	54	82	113	143	174	204	235	266	296	327	357
24	24	55	83	114	144	175	205	236	267	297	328	358
25	25	56	84	115	145	176	206	237	268	298	329	359
26	26	57	85	116	146	177	207	238	269	299	330	360
27	27	58	86	117	147	178	208	239	270	300	331	361
28	28	59	87	118	148	179	209	240	271	301	332	362
29	29	--	88	119	149	180	210	241	272	302	333	363
30	30	--	89	120	150	181	211	242	273	303	334	364
31	31	--	90	---	151	---	212	243	---	304	---	365



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TPL Waiver for EPSDT Services

- No requirement to submit claim to TPL
- Pay and chase



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Edits

- Three-digit codes
- Explanation of Benefits (EOB) in Remittance Advice
- Contact ACS Provider Inquiry



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Appeals

- Process for providers to challenge a decision made by Affiliated Computer Services or by the state of Alaska
- Three levels of appeals:
 - Not all decisions can be appealed at all three levels.

EPSDT Services

- Providers must be enrolled.
- Claims must be submitted within 12 months from the date of service.
- Eligibility must be verified.
- Refer to your billing manual or call PI.

Preparing for HIPAA 5010

- Centers for Medicare and Medicaid Services (CMS) Standard
- 5010 Implementation January 1, 2012
- Regulate Electronic Transmission of Healthcare Transactions
- 5010 Transactions Testing



Preparing for ICD-10

- Center for Medicare and Medicaid Services (CMS) Mandate
- Two components
 - ICD-10-CM Diagnosis Codes
 - ICD-10-PCS Institutional Procedure Codes
- Service Date Driven
 - Outpatient Claims
 - Inpatient Claims
- Prepare Now



Resources

- CMS ICD-10 Website
- <http://www.cms.gov/ICD10/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
- <http://medicaidalaska.com>



Resources

- CMS 5010 D.0 Websites
 - <http://www.cms.gov/Versions5010andD0/>
 - <http://www.cms.gov/MFFS5010D0/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
 - <http://medicaidalaska.com>