



Arkansas Department Of Health and Human Services

Division of Medical Services



P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789 & 1-877-708-8191

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Physician/Independent Lab/CRNA/ Radiation Therapy Center

DATE: May 1, 2006

SUBJECT: Provider Manual Update Transmittal #111

REMOVE

INSERT

Section	Date	Section	Date
203.120	10-13-03	203.120	5-1-06

Explanation of Updates

Section 203.120 is included to state that a primary care physician (PCP) may bill a sick visit and a Child Health Services (EPSDT) screening on the same date of service.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

203.120

Physician's Role in the Child Health Services (EPSDT) Program

5-1-06

The Child Health Services (EPSDT) program is a federally mandated child health component of Medicaid. It is designed to bring comprehensive health care to individuals eligible for medical assistance from birth up to their 21st birthday. The purpose of this program is to detect and treat health problems in the early stages and to provide preventive health care, including necessary immunizations. Child Health Services (EPSDT) combines case management and support services with screening, diagnostic and treatment services delivered on a periodic basis.

- A. Early and periodic screening and diagnosis and treatment (EPSDT) is a health care program designed for (1) health evaluation as soon after birth as possible; (2) repeated at regular recommended times; (3) to detect physical or developmental health problems and (4) health care, treatment and other measures to correct or improve any defects and chronic conditions discovered.

1. Screening

The Arkansas Medicaid Program **requires that all** eligible EPSDT **participants** under 21 years of age, **must receive** regularly scheduled examinations and evaluations of their general physical and mental health, growth, development and nutritional status.

These screenings must include, but are not limited to:

- a. Comprehensive health and developmental history.
- b. Comprehensive unclothed physical examination.
- c. Appropriate vision testing.
- d. Appropriate hearing testing.
- e. Appropriate laboratory tests.
- f. Dental screening services furnished by direct referral to a dentist for children beginning at 3 years of age.

Screening services must be provided in accordance with reasonable standards of medical and dental practice, as soon as possible in a child's life and at intervals established for screening by medical, dental, visual and other health care experts.

An age appropriate screening may be performed when a child is being evaluated or treated for an acute or chronic condition.

The screening performed on the same date of service as an office visit for treatment of an acute or chronic condition may be billed as a periodic EPSDT screening, using the Form DMS-694. [View a DMS-694 sample form.](#)

Effective for dates of service on and after May 1, 2006, the office visit for treatment of an acute or chronic condition may be billed as a separate visit for the same date of service. The visit must be billed electronically, or on paper using form CMS-1500. [View a form CMS-1500 sample form.](#)

The primary care physician may provide the screening or refer the child to a qualified Medicaid provider for screening. Primary care physician referral for ESPDT screening is mandatory in the 75 counties in Arkansas. See Section I of this manual.

2. Diagnosis

Diagnosis is the determination of the nature or cause of physical or mental disease or abnormality through the combined use of health history, physical, developmental and psychological examination, laboratory tests and X-rays.

3. Treatment

Treatment means physician, hearing, visual services, or dental services and any other type of medical care and services recognized under State law to prevent or correct disease or abnormalities detected by screening or by diagnostic procedures.

Physicians and other health professionals who do Child Health Services (EPSDT) screening may diagnose and treat health problems discovered during the screening or may refer the child to other appropriate sources for treatment. If immunization is recommended at the time of screening, immunization(s) **must** be provided at that time, **or a direct referral given**.

If a condition is diagnosed through a Child Health Services (EPSDT) screen that requires treatment services not normally covered under the Arkansas Medicaid Program, those treatment services will also be considered for reimbursement if the service is medically necessary and permitted under federal Medicaid regulations. The PCP must request consideration for reimbursement using the EPSDT Prescription/Referral for Medically Necessary Services/Items not specifically included in the Medicaid State Plan Form DMS-693. [View or print form DMS-693](#).

Refer to Section I of this manual ([Services Available through the Child Health Services \(EPSDT\) Program](#)) for additional information.

- B. Physicians who are Child Health Services (EPSDT) providers are encouraged to refer to the Child Health Services (EPSDT) provider manual for additional information.

Physicians interested in becoming a Child Health Services (EPSDT) provider should contact the central Child Health Services Office. [View or print Child Health Services Office contact information](#).



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Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Nurse Practitioner

DATE: May 1, 2006

SUBJECT: Provider Manual Update Transmittal #65

REMOVE

Section	Date
203.200	10-13-03

INSERT

Section	Date
203.200	5-1-06

Explanation of Updates

Section 203.200 is included to state that a primary care physician (PCP) may bill a sick visit and a Child Health Services (EPSDT) screening on the same date of service.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

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Roy Jeffus, Director

203.200

The Nurse Practitioner's Role in the Child Health Services (EPSDT) Program

5-1-06

The Child Health Services (EPSDT) program is a federally mandated child health component of Medicaid. It is designed to bring comprehensive health care to individuals eligible for medical assistance from birth until their 21st birthday. The purpose of this program is to detect and treat health problems in the early stages and to provide preventive health care, including necessary immunizations. Child Health Services (EPSDT) combines case management and support services with periodic screening, as well as diagnostic and treatment services delivered.

A primary care physician (PCP) may refer a child to a nurse practitioner to administer an EPSDT screen. A provider of nurse practitioner services may recommend to the PCP that an EPSDT screen could be necessary for any child that is thought to need one. If a nurse practitioner discovers a problem as a result of an EPSDT screen, or receives a referral as a result of an EPSDT screen, nurse practitioner services may be provided after consulting with the child's PCP.

- A. Treatment means physician, hearing, visual, dental, nurse practitioner services and any other type of medical care and services recognized under State law to prevent or correct disease or abnormalities detected by screening or by diagnostic procedures.
- B.** Nurse practitioners and other health professionals who do Child Health Services (EPSDT) screening may diagnose and treat health problems discovered during the screening or may refer the child to other appropriate sources for treatment.
- C.** If a condition is diagnosed through a Child Health Services (EPSDT) screen that requires a treatment service not normally covered under the Arkansas Medicaid Program, the service will also be considered for reimbursement if it is medically necessary and permitted under federal Medicaid regulations.
- D.** Effective for dates of service on and after May 1, 2006, nurse practitioners may bill a sick visit and a periodic Child Health Services (EPSDT) screening for a patient on the same date of service. This visit must be billed electronically, or on paper using form CMS-1500. **View a form CMS-1500 sample form.**

Refer to Section I of this manual for additional information. Providers of Child Health Services (EPSDT) should refer to the Child Health Services (EPSDT) provider manual.



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Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Child Health Services (EPSDT)

DATE: May 1, 2006

SUBJECT: Provider Manual Update Transmittal #73

REMOVE

Section	Date
242.100	12-5-05

INSERT

Section	Date
242.100	5-1-06

Explanation of Updates

Section 242.100 is included to state that a primary care physician (PCP) may bill a sick visit and a Child Health Services (EPSDT) screening on the same date of service.

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Roy Jeffus, Director

242.100 Procedure Codes

5-1-06

See section 212.000 for EPSDT screening terminology.

Effective for dates of service on and after May 1, 2006, a primary care physician (PCP) may bill a sick visit and a Child Health Services (EPSDT) periodic screening for a patient on the same date of service if the screening is due to be performed.

Claims for EPSDT medical screenings must be billed electronically or using the DMS-694 EPSDT paper claim form. [View or print a DMS-694 sample claim form.](#)

Procedure Code	Modifier 1	Modifier 2	Description
99381-99385	EP	U1	EPSDT Periodic Complete Medical Screen (New Patient)
99391-99395	EP	U2	EPSDT Periodic Complete Medical Screen (Established Patient)
994311	EP		Initial Newborn Care/EPSDT screen in hospital
994321	EP		
994351	EP		
991731	EP		EPSDT Periodic Vision Screen
V5008	EP		EPSDT Periodic Hearing Screen
D01201			CHS/EPSDT Oral Examination
D01401			EPSDT Interperiodic Dental Screen, with prior authorization
99401	EP		EPSDT Health Education - Preventive Medical Counseling
364152			Collection of venous blood by venipuncture
83655			Lead

¹ Exempt from PCP referral requirements

² Covered when specimen is referred to an independent lab

Immunizations and laboratory tests may be billed separately from comprehensive screens.

The verbal assessment of lead toxicity risk is part of the complete CHS/EPSDT screen. The cost for the administration of the risk assessment is included in the fee for the complete screen.

Laboratory/X-ray and immunizations associated with an EPSDT screen may be billed on the DMS-694 EPSDT claim form.

Electronic and paper claims require use of the above modifiers. When filing paper claims for an EPSDT screening service, type of service code "6" and the applicable modifier must be entered on the claim form.

For billing on paper, immunizations must be billed with a type of service code "1."