



THE ANSWER KEY

QUICK SOLUTIONS TO MEDICAID CLAIM SUBMISSION PROBLEMS

Note: All information was current at the time of publication but is subject to change.

Reporting Healthchek (EPSDT) Information

Every state Medicaid program is required to cover Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, which are known in Ohio by the name *Healthchek*.

Before it can receive federal matching funds for EPSDT services, each state Medicaid agency must submit an annual EPSDT progress summary to the federal Centers for Medicare & Medicaid Services (CMS). This summary is used to assess the effectiveness of Healthchek. It includes information such as the number of children (by age group and basis of Medicaid eligibility) who receive child health screening services in accordance with the established periodicity schedule, are referred for corrective treatment, or receive dental services.

From the summaries submitted by all the states, CMS establishes trends and develops projections for the nation and for individual states or geographic areas. On the basis of this aggregate information, decisions and recommendations can be made to ensure that eligible children are given the best possible health care.

Ohio cannot report accurate Healthchek data to CMS unless providers report accurate Healthchek data on claims. **Failure to report accurate Healthchek data jeopardizes federal funding for Ohio Medicaid.**

Here is a quick guide to reporting accurate Healthchek data on fee-for-service Medicaid claims.

STEP 1: REPORTING PROCEDURE CODES

EPSDT Screening^[1]

Option 1: Enter an age-specific CPT–4 Preventive Medicine Service code with the most appropriate diagnosis code.

- 99381 New patient under one year of age
- 99382 New patient (ages 1 – 4 years)
- 99383 New patient (ages 5 – 11 years)
- 99384 New patient (ages 12 – 17 years)
- 99385 New patient (ages 18 – 20 years)
- 99391 Established patient under one year of age
- 99392 Established patient (ages 1 – 4 years)
- 99393 Established patient (ages 5 – 11 years)
- 99394 Established patient (ages 12 – 17 years)
- 99395 Established patient (ages 18 – 20 years)
- 99460 Initial care, hospital or birthing center, normal newborn
- 99461 Initial care, other than hospital or birthing center, normal newborn
- 99463 Initial care, hospital or birthing center, normal newborn (admission and discharge on same date)

Option 2: Enter a CPT–4 Evaluation and Management (E/M) code with one or more accompanying “V” codes.

E/M codes:

- 99202 New patient, office/outpatient visit
- 99203 New patient, office/outpatient visit
- 99204 New patient, office/outpatient visit
- 99205 New patient, office/outpatient visit
- 99213 Established patient, office/outpatient visit
- 99214 Established patient, office/outpatient visit
- 99215 Established patient, office/outpatient visit

“V” codes:

- V20, V20.1, V20.2, V20.3, V20.31, V20.32, V70.0, V70.3, V70.4, V70.5, V70.6, V70.7, V70.8, V70.9

Note: A claim for services rendered to an individual younger than 21 years of age that is submitted in accordance with either Option 1 or Option 2 is automatically recognized as a claim for Healthchek (EPSDT) screening. If the referral indicators described in Step 2 are omitted, the Medicaid payment system will generate an error code (“post an edit”) and deny the claim. For services rendered to individuals 21 years of age or older, referral information is not required on claims and should not be entered.

Follow-Up Services Resulting From an EPSDT Referral

Enter an appropriate CPT/HCPCS procedure code.

[1] Report this information for an EPSDT screening regardless of whether it did or did not result in a referral or follow-up services.

STEP 2: SPECIFYING INDICATORS

EPSDT Screening^[1]

MITS Web Portal

[Header] – EPSDT Screening/Family Planning

Select 'PATIENT NOT REFERRED' if no referral was given.

Select 'NEW SERVICES REQUESTED' if the screening provider has either scheduled the individual for another appointment or referred the individual to another provider for diagnostic or corrective treatment of at least one health problem identified during a Healthчек (EPSDT) screening. *Do not use this indicator for dental treatment referrals.*

Select 'UNDER TREATMENT' if the individual is still receiving diagnostic or corrective treatment under a referral resulting from a previous Healthчек (EPSDT) screening (i.e., a screening performed prior to any screening reported on the current claim).

Select 'PATIENT REFUSED REFERRAL' if a referral was offered but declined.

[Detail] – EPSDT Screening/Family Planning

Leave this field blank.

837P Transaction, Electronic Data Interchange (EDI)

[Header] – Segment CRC EPSDT Referral, Loop 2300

CRC01 Enter 'ZZ' for Healthчек (EPSDT).

CRC02 Enter 'Y' if a Healthчек (EPSDT) referral was given.
Enter 'N' if no Healthчек (EPSDT) referral was given.

CRC03 If 'Y' is entered in CRC02, then:

Enter 'ST' if the screening provider has either scheduled another appointment or made a referral to another provider for follow-up on at least one health problem identified during a Healthчек (EPSDT) screening. *Do not use this indicator for dental treatment referrals.*

Enter 'S2' to indicate that the individual is still receiving diagnostic or corrective treatment under a referral resulting from a previous Healthчек (EPSDT) screening (i.e., a screening performed prior to any screening reported on the current claim).

Enter 'AV' if a referral was offered but declined.

If 'N' is entered in CRC02, then enter 'NU' to confirm that no Healthчек (EPSDT) referral was given.

[Detail] – Segment SV1 Professional Service, Loop 2400

SV111 Do not enter an indicator.

Follow-Up Services Resulting From an EPSDT Referral

MITS Web Portal

[Detail] – EPSDT Screening/Family Planning

Select 'EPSDT SCREENING' if the particular service or supply was provided as a result of a Healthчек (EPSDT) screening referral.

Otherwise, leave this field blank.

Note: Do not enter information here for service that was provided *during* an EPSDT screening.

837P Transaction, Electronic Data Interchange (EDI)

[Detail] – Segment SV1 Professional Service, Loop 2400

SV111 Enter 'Y' if the particular service or supply was provided as a result of a Healthчек (EPSDT) screening referral.

Note: Do not enter information here for service that was provided *during* an EPSDT screening.

[1] Report this information for an EPSDT screening regardless of whether it did or did not result in a referral or follow-up services.

EQUIVALENCES

EPSDT SCREENING INFORMATION

Was an EPSDT screening provided? If no, do not enter additional EPSDT referral information. If yes, enter additional EPSDT referral information regardless of whether a referral was made or not.

<u>Web Portal</u>	<u>837P Transaction</u>
EPSDT Screening... <i>[Detail]</i>	SV111
[No or N/A]	[No or N/A]
<Blank>	<Blank>
[Yes]	[Yes]
EPSDT SCREENING	Y

EPSDT REFERRAL INFORMATION

Was an EPSDT service provided *as a result of* a referral for a health problem identified during an EPSDT screening? Do not enter information here for service that was provided *during* an EPSDT screening.

<u>Web Portal</u>	<u>837P Transaction</u>		
EPSDT Screening... <i>[Header]</i>	CRC01	CRC02	CRC03
[N/A]	[N/A]		
<Blank>	<Blank>	<Blank>	<Blank>
[No]	[No]		
PATIENT NOT REFERRED	ZZ	N	NU
[Yes]	[Yes]		
NEW SERVICES REQUESTED*	ZZ	Y	ST*
UNDER TREATMENT	ZZ	Y	S2
PATIENT REFUSED REFERRAL	ZZ	Y	AV

*Not applicable to dental treatment referrals