


**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director/Medicaid Director

**Transmittal # 15-39**

**TO:** District of Columbia EPSDT/ HealthCheck Providers

**FROM:** Claudia Schlosberg, J.D.   
Senior Deputy Director and State Medicaid Director

**DATE:** October 27, 2015

**SUBJECT: EPSDT Well-Child Visits: Billing Requirements, CPT and ICD-10 Coding Updates**

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All Medicaid-eligible children should receive the comprehensive child health benefit for individuals under the age of 21 known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In the District, EPSDT is often referred to as “HealthCheck.” The Department of Health Care Finance (DHCF) is the District agency responsible for administering the Medicaid program, including the EPSDT/ HealthCheck benefit. Part of the EPSDT Benefit requires periodic and interperiodic well-child visits, which should be done in accordance with the attached DC HealthCheck Periodicity Schedule (also available at <http://dchealthcheck.net/resources/healthcheck/periodicity.html>)

The purpose of this transmittal is to update EPSDT/HealthCheck providers about the billing requirements for well-child visits implemented on October 1, 2014, and updates to certain CPT codes and implementation of ICD-10 codes.

**Summary of Changes Made to Well-Child Visit Billing Requirements**

To improve the tracking and documentation of what occurs during a well-child visit, DHCF implemented new billing requirements for pediatric primary care providers. Pediatric primary care providers are required to use the age-specific preventive medicine visit CPT codes (99381-99385 and 99391-99395) as the primary code for a well-child visit, along with the appropriate well-child visit diagnosis code. In addition to that primary code, providers are required to bill for every component, with an associated CPT code, that is performed during that visit. DHCF no longer accepts evaluation and management (E&M) codes (99201-99215) to bill for a well-child visit.

**CPT Coding Updates for Fluoride Varnish Application and Mental Health Assessments**

Since implementation of the billing requirements, two components of well-child visits have had coding updates. The coding updates are for the following two services:

- Fluoride varnish application done by a trained primary care provide on a child under 3 years of age should be billed using CPT code 99188. The dental code used previously, D1206, should no longer be utilized to bill for this service when rendered by a primary care provider.
- Mental health screening should be billed for using CPT code 96127. Previously, providers billed CPT code 96110 for either a developmental or behavioral health assessment. CPT code 96110 should only be used to developmental screening. Please see table below for a crosswalk of these CPT codes.

Service	Former CPT Code	Current CPT Code
Fluoride Varnish Application (only for children under 3 furnished by a trained primary care provider)	D1206	99188
Mental Health Screening	96110	96127

**ICD-10 Coding Updates**

Effective October 1, 2015, ICD-10 will be implemented into our claims system. Therefore, the ICD-9 V codes previously used to identify a well-child visit will now become ICD-10 Z codes. ICD-10 Z codes include a code that identifies an encounter with abnormal findings, which can be used along with the TS modifier to indicate that follow up is needed.

ICD-9 Code	ICD-10 Code
V20.31 - Newborn check under 8 days old	Z00.110 – Newborn check under 8 days old
V20.32 - Newborn check 8 to 28 days old	Z00.111 – Newborn check 8 to 28 days old
V20.2 w/TS modifier - Routine infant or child health check with abnormal findings	Z00.121 <sup>1</sup> – Encounter for routine child health examination <u>with</u> abnormal findings
V20.2 - Routine infant or child health check	Z00.121 <sup>1</sup> w/ TS modifier – Encounter for routine child health examination <u>with</u> abnormal findings that required follow-up
	Z00.129 – Encounter for routine child health examination <u>without</u> abnormal findings

**Provider Resources**

DHCF will be providing training on the updated billing requirements this fall. **Training dates will be updated on the DC Medicaid Provider Portal and on DC HealthCheck.** For the webinar login information, please register for the training via the DC Medicaid Provider Portal at [www.dc-medicaid.com](http://www.dc-medicaid.com).

<sup>1</sup> If using this code, please use additional ICD-10 diagnosis codes to detail what abnormality or concern was identified.

The EPSDT Billing Manual and DC HealthCheck Periodicity Schedule have been updated to reflect the new billing requirements and should be used as guides. Attached to this transmittal is the “DC Well-Child Visit Billing Quick Reference Guide” that should also be used as a guide to the updated billing requirements. DHCF strongly encourages all pediatric providers and their billing staff to take this training in order for these billing changes to be documented appropriately.

**Complete information about EPSDT/HealthCheck is available at [www.dchealthcheck.net](http://www.dchealthcheck.net), the District’s Pediatric Provider Training and Resource Center.**

If you need additional information on the revised periodicity schedule or training requirements for EPSDT/HealthCheck providers, please contact Colleen Sonosky, Associate Director, Division of Children’s Health Services, Health Care Delivery Management Administration, Department of Health Care Finance. Ms. Sonosky can be reached at 202-442-5913 or by email at [Colleen.Sonosky@DC.gov](mailto:Colleen.Sonosky@DC.gov).