

## **Health and Recovery Services Administration (HRSA)**



# **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Billing Instructions**

**[WAC 388-534-0100]**

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## About this publication

**This publication supersedes all previous HRSA EPSDT Billing Instructions.**

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**Note:** The effective date and publication date for any particular page of this document may be found at the bottom of the page.

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# Important Contacts

A provider may contact HRSA with questions regarding its programs. However, HRSA's response is based solely on the information provided to HRSA's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern HRSA's programs.

[WAC 388-502-0020(2)]

## How can I use the Internet to...

### Find information on becoming a DSHS provider?

Visit Provider Enrollment at <http://maa.dshs.wa.gov/provrel/>  
Click *Sign up to be a DSHS WA state Medicaid provider* and follow the on-screen instructions to find information on becoming a DSHS provider; or

### Ask questions about the status of my provider application?

Visit Provider Enrollment at <http://maa.dshs.wa.gov/provrel/>

- Click *Sign up to be a DSHS WA state Medicaid provider*.
- Click *I want to sign up as a DSHS Washington State Medicaid provider*.
- Click *What happens once I return my application?* (on the left side of the screen).

### Submit a change of address or ownership?

Visit Provider Enrollment at <http://maa.dshs.wa.gov/provrel/>  
Click *I'm already a current Provider* to submit a change of address or ownership.

## If I don't have access to the Internet, how do I find information on becoming a DSHS provider, ask questions about the status of my provider application, or submit a change of address or ownership?

### Call Provider Enrollment at:

800.562.3022 (toll free)  
(Select option #1)

### or write to:

Provider Enrollment  
PO Box 45562  
Olympia, WA 98504-5562

## Where do I send my claims?

### Hard Copy Claims:

Division of Medical Benefits and Care Management  
PO Box 9248  
Olympia, WA 98507-9248

## How do I obtain copies of billing instructions or numbered memoranda?

To view an electronic copy, visit HRSA on the web at <http://hrsa.dshs.wa.gov> (click *Billing Instructions/Numbered Memoranda*)

**How do I request prior authorization?**

**Submit your request in writing to:**

Division of Medical Benefits and Care  
Management  
PO Box 45506  
Olympia WA 98504-5506  
Fax: 360.586.2262

**Who do I contact if I have questions regarding...**

**Payments, denials, general questions regarding claims processing, HRSA managed care organizations?**

Visit the Customer Service Center for Providers on the web at:  
<http://maa.dshs.wa.gov/provrel/> (click *I'm already a current provider*)

**or call/fax:**

800.562.3022 (toll free)  
360.725.2144 (fax)

**or write to:**

HRSA Customer Service Center  
PO Box 45562  
Olympia, WA 98504-5562

**Private insurance or third party liability, other than HRSA managed care organizations?**

Division of Eligibility and Service  
Delivery  
Coordination of Benefits Section  
PO Box 45565  
Olympia, WA 98504-5565  
800.562.6136 (toll free)

**Assistance with Electronic Billing?**

HRSA/HIPAA E-Help Desk  
Toll free: 800.562.3022 (Choose option #2, then option #4) or e-mail:  
[hipaae-help@dshs.wa.gov](mailto:hipaae-help@dshs.wa.gov)

ACS EDI Gateway, Inc.  
Toll free : 800.833.2051 or  
<http://www.acs-gcro.com/>

**How do I find out about Internet Billing (Electronic Claims Submission)?**

**WinASAP and WAMedWeb**  
<http://www.acs-gcro.com/>  
Select *Medicaid*, then *Washington State*

**All other HIPAA transactions**  
<https://wamedweb.acs-inc.com/>

**To use HIPAA Transactions and/or WinASAP 2003 enroll with ACS EDI Gateway by visiting ACS on the web at:**  
[http://www.acs-gcro.com/Medicaid\\_Accounts/Washington\\_State\\_Medicaid/washington\\_state\\_medicaid.htm](http://www.acs-gcro.com/Medicaid_Accounts/Washington_State_Medicaid/washington_state_medicaid.htm) (click on "Enrollment")

**Or by calling:** 800.833.2051.

Once the provider completes the EDI Provider Enrollment form and faxes or mails it to ACS, ACS will send the provider the web link and the information needed to access the web site. If the provider is already enrolled, but for some reason cannot access the WAMedWeb, then the provider should call ACS at 800. 833.2051.

**Where can I view and download rates?**

Visit  
<http://maa.dshs.wa.gov/RBRVS/Index.htm>

**How do I use the WAMedWeb to check on a client's eligibility status?**

If you would like to check client eligibility for free, call ACS at 800.833.2051 or HRSA at 800.562.3022 (option #2)

You may also access the WAMedWeb tutorial at <http://fortress.wa.gov/dshs/maa/WaMedWebTutor/>

# Definitions & Abbreviations

The section defines terms and abbreviations (includes acronyms) used in this booklet.

**Basic Health Plus** – A program jointly managed by the Health Care Authority and the Health and Recovery Services Administration. Parents can obtain coverage under Basic Health (BH) while their children can be enrolled in the BH Plus program. BH Plus offers children the expanded benefits available in the Healthy Options/HRSA benefit package. This allows BH families to remain together in the same managed health care plan. *(Not to be confused with Basic Health which is sponsored by the Health Care Authority, not HRSA.)*

**Children’s Health Program** - The Children’s Health Program is the state-funded program for children under age 18 who are not eligible for Medicaid. *(Not to be confused with the Children’s Health Insurance Program – CHIP.)*

**Children’s Health Insurance Program (CHIP)** - A federal/state program that covers children under 19 years of age in families whose income is too high for Medicaid, but is from 200 to 250% of the Federal Poverty Level. *(Not to be confused with the Children’s Health Program.)*

**Client** - An applicant for, or recipient of, DSHS medical care programs.

**Code of Federal Regulations (CFR)** - A codification of the general and permanent rules published in the federal register by the executive departments and agencies of the federal government.

**Community Services Office (CSO)** - An office of the department that administers social and health services at the community level. [WAC 388-500-0005]

**Core Provider Agreement** - The basic contract that HRSA holds with providers serving HRSA clients. The provider agreement outlines and defines terms of participation in Medical Assistance.

**Department** - The state Department of Social and Health Services [DSHS]. [WAC 388-500-0005]

**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)** - A program providing early and periodic screening, diagnosis and treatment to persons under 21 years of age who are eligible for Medicaid or the Children's Health Program. [WAC 388-500-0005]

**Explanation of Benefits (EOB)** - A coded message on the Medical Assistance Remittance and Status Report that gives detailed information about the claim associated with that report.

**Health and Recovery Services Administration (HRSA)** - The administration within DSHS authorized by the secretary to administer the acute care portion of the Title XIX Medicaid, Title XXI Children’s Health Insurance Program (CHIP), and the state-funded medical care programs, with the exception of certain non-medical services for persons with chronic disabilities.



**Maximum Allowable** - The maximum dollar amount that HRSA will reimburse a provider for specific services, supplies, and equipment.

**Medicaid** - The state and federally funded aid program that covers the Categorically Needy (CNP) and Medically Needy (MNP) programs.

**Medical Identification Card** – Medical ID cards are the forms DSHS uses to identify clients of medical programs. Medical ID cards are good only for the dates printed on them. Clients will receive a Medical Identification (ID) card in the mail each month they are eligible.

**Medically Necessary** - A term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all. [WAC 388-500-0005]

**Medical Nutrition Therapy** - A direct interaction between the certified dietitian and the client and/or client's guardian for the purpose of evaluating and making recommendations regarding the client's nutritional status.

**Patient Identification Code (PIC)** - An alphanumeric code as listed on the client's Medical ID Card that is assigned to each HRSA client consisting of:

- First and middle initials (a dash (-) must be entered if the middle initial is not indicated).
- Six-digit birthdate, consisting of numerals only (MMDDYY).
- First five letters of the last name (and spaces if the name is fewer than five letters).
- Alpha or numeric character (tiebreaker).

**Primary Care Case Management**

**(PCCM)** The health care management activities of a provider that contracts with the department to provide primary health care services and to arrange and coordinate other preventive, specialty, and ancillary health services [WAC 388-538-050]

**Provider or Provider of Service** - An institution, agency, or person:

- Having a signed agreement with the department to furnish medical care and goods and/or services to clients; and
- Eligible to receive payment from the department. [WAC 388-500-0005]

**Remittance And Status Report (RA)** - A report produced by HRSA's claims processing system (known as the Medicaid Management Information System or MMIS) that provides detailed information concerning submitted claims and other financial transactions.

**Revised Code of Washington (RCW)** - Washington State laws.

**Title XIX** - The portion of the federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid. [WAC 388-500-0005]

**Title XXI** - The portion of the federal Social Security Act that authorizes grants to states for the Children's Health Insurance Program (CHIP). (WAC 388-538-0006)

**Usual & Customary Fee** - The rate that may be billed to the department for a certain service or equipment. This rate may not exceed:

- 1) The usual and customary charge that you bill the general public for the same services; or
- 2) If the general public is not served, the rate normally offered to other contractors for the same services.

**Washington Administrative Code (WAC)**  
- Codified rules of the state of Washington.

# About the Program

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## What is the purpose of the EPSDT program?

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is a federal preventive health care benefit. The purpose of this program is to screen clients 20 years of age and younger in order to identify physical and/or mental health problems. If a physical or mental health problem is identified, the client should be treated or referred to an appropriate provider for treatment. EPSDT is designed to encourage continuing access to health care.

Access to and services for EPSDT are governed by federal rules at 42 CFR, Part 441, Subpart B.

HRSA's standard for coverage is that the services, treatment, or other measures must be:

- Medically necessary;
- Safe and effective; and
- Not experimental.

## Who can provide EPSDT screenings?

- Physicians;
- Advanced Registered Nurse Practitioners (ARNPs);
- Physician Assistants (PAs);
- Nurses specially trained through the Department of Health (DOH); and
- Registered nurses working under the guidance of a physician or ARNP may also do EPSDT screenings. However, only physicians, PAs and ARNPs can diagnose and treat problems found in a screening.

**Note:** DOH no longer provides training to nurses for EPSDT screenings.

# Client Eligibility

## Who is eligible for EPSDT screenings?

HRSA reimburses providers for EPSDT screenings provided to clients who:

- Are 20 years of age and younger; and
- Present a DSHS Medical ID card with one of the identifiers listed below:

Medical Program Identifier	Medical Program Name
CNP	Categorically Needy Program
CNP - CHIP	CNP - Children's Health Insurance Program
CNP - Emergency Medical Only	CNP - Emergency Medical Only (Covered only when the service is related to the emergent condition.)
LCP - MNP	Limited Casualty Program – Medically Needy Program

**Note:** Please refer clients to their local Community Services Office (CSO) if they are 20 years of age and younger and their DSHS Medical ID card does not list one of the above medical program identifiers. The CSO will evaluate these clients for a possible change in their Medical Assistance program that would enable them to receive EPSDT screenings.

## Are clients enrolled in a Healthy Options managed care plan eligible for EPSDT?

**Yes!** EPSDT screenings are included in the scope of service provided by HRSA's managed care plans. Clients who are enrolled in one of HRSA's managed care plans will have an identifier in the HMO column on their DSHS Medical ID card.

Please refer managed care clients to their respective managed care plan's primary care provider (PCP) for coordination of necessary preventive health care services and medical treatments, including EPSDT services. Clients can contact their plan by calling the telephone number indicated on their DSHS Medical ID card.

**Do not bill HRSA for EPSDT services as they are included in the managed health care plan's reimbursement rate.**

**Exception:** HRSA covers referrals for a mental health or substance abuse assessment outside the HRSA managed care plan. These referrals are paid separately on a fee-for-service basis. Providers must bill HRSA directly for these types of referrals.

## **Primary Care Case Management (PCCM):**

For the client who has chosen to obtain care with a PCCM, the identifier in the HMO column will be "PCCM." These clients must obtain or be referred for services through the PCCM. The PCCM is responsible for coordination of care just like the Primary Care Provider (PCP) would be in a plan setting. Please refer to the client's DSHS Medical ID card for the PCCM.

**Note:** To prevent billing denials, please check the client's DSHS Medical ID card prior to scheduling services and at the *time of the service* to make sure proper authorization or referral is obtained from the PCCM.

## **Billing for Infants Not Yet Assigned a Patient Identification Code (PIC)**

Use the PIC of either parent for a newborn if the baby has not yet been issued a PIC. Enter indicator **B** in the comments section of the claim form to indicate that the baby is using a parent's PIC. When using a parent's PIC for twins or triplets, etc., identify each baby separately (i.e., twin A, twin B) using a *separate claim form* for each. **Note: The parents' Healthy Options Plan is responsible for providing medical coverage for the newborn.**

# EPSDT Screening Components

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## What are EPSDT screenings?

EPSDT screenings are defined by federal rules as "regularly scheduled examinations and evaluations of the general physical and mental health, growth, development and nutritional status of infants, children and youth" that are provided as part of a health supervision program.

## What is included in an EPSDT screening?

At a minimum, EPSDT screenings must include, but are not limited to:

- A comprehensive health and developmental history, updated at each screening examination;
- A comprehensive physical examination performed at each screening examination;
- Appropriate vision testing;
- Appropriate hearing testing;
- Developmental assessment;
- Nutritional assessment;
- Appropriate laboratory tests;
- Dental/oral health assessment, including:
  - ✓ How to clean teeth as they erupt.
  - ✓ How to prevent baby bottle tooth decay.
  - ✓ How to look for dental disease.
  - ✓ Information on how dental disease is contracted.
  - ✓ Preventive sealant.
  - ✓ Application of fluoride varnish, when appropriate.
- Health education and counseling; and
- Age appropriate mental health and substance abuse screening.

These components may be performed separately by licensed providers; however, HRSA encourages the provider to perform as many of the components as possible to provide a comprehensive picture of the client's health.

## Additional Screening Components:

For fee-for-service clients, the following screening services may be billed in addition to the EPSDT screening codes listed on the previous page:

- Appropriate audiometric tests (CPT<sup>®</sup> codes 92552 and 92553);
- Appropriate laboratory tests, including testing for anemia; and
- Appropriate testing for blood lead poisoning in children in high-risk environments (CPT code 83655 with ICD-9-CM diagnosis V15.86).

## How often should EPSDT screenings occur?

The following are Washington State's schedules for health screening visits. Payment is limited to the recommended schedules listed below:

- Five total screenings during the first year of the child's life. Below is a recommended screening schedule for children from birth to one year of age.
  - ✓ 1st Screening: Birth to 6 weeks old
  - ✓ 2nd Screening: 2 to 3 months old
  - ✓ 3rd Screening: 4 to 5 months old
  - ✓ 4th Screening: 6 to 7 months old
  - ✓ 5th Screening: 9 to 11 months old
- Three screening examinations are recommended between the ages of 1 and 2 years.
- One screening examination is recommended per 12-month period for children ages 2 through 6.
- One screening examination is recommended per 24-month period for children ages 7 through 20, except foster care clients, who receive a screening examination every 12 months and within 30 days of foster care placement or official relative placement through the Children's Administration.

To download an electronic copy of the Well Child Examination form, go to:

<http://www1.dshs.wa.gov/msa/forms/eforms.html>. The preferred method of ordering is on-line through the Department of Printing's General Store; however, you may also send orders by email to [fulfillment@prt.wa.gov](mailto:fulfillment@prt.wa.gov), by phone at 1-360-586-6360, or fax at 1-360-586-8831. Please order online if possible.

## Foster Care Children

Foster care is defined as: 24-hour per day temporary substitute care for a child placed away from the child’s parents or guardians in licensed, paid, out-of-home care, and for whom DSHS or a licensed or certified child placement agency has placement and care responsibility.

DSHS updated the “other” column of the Medical ID Card by adding one of the following letters to indicate the child is in foster care:

<b>D</b> (DDD client in relative placement)	<b>F</b> (Foster Care placement)	<b>R</b> (Relative placement)
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HRSA pays providers an enhanced flat fee of \$120.00 or the allowed amount, whichever is higher, per EPSDT screening exam for foster care clients who receive their medical services through HRSA's fee-for-service system. This applies to CPT codes 99381-99385 and 99391-99395 only.

If the client’s Medical ID Card indicates the child is in foster care, the provider must bill one of the above screening codes using one of the following modifiers to receive the enhanced rate:

<b>For dates of service between July 1, 2006, and December 31, 2008</b>	<b>For dates of service on and after January 1, 2009</b>
Use modifier 21	Use modifier TJ

HRSA pays providers for an EPSDT screening exam for foster care clients without regard to the periodicity schedule when the screening exam is billed with modifier TJ.

To receive the enhanced rate, providers are required to use either:

- The DSHS "Well Child Examination" forms for Infancy, Early Childhood, Late Childhood, and Adolescence [DSHS 13-683 A-E(x), 13-684 A-C(x), 13-685 A-C(x), and 13-686A-B(x)]; **or**
- Another charting tool with equivalent information.

To download an electronic copy of the Well Child Examination form, go to:

<http://www1.dshs.wa.gov/msa/forms/eforms.html>. The preferred method of ordering is on-line through the Department of Printing's General Store; however, you may also send orders by email to [fulfillment@prt.wa.gov](mailto:fulfillment@prt.wa.gov), by phone at 1-360-586-6360, or fax at 1-360-586-8831. Please order online if possible.

Useful web addresses:

- HRSA Publications website <http://hrsa.dshs.wa.gov/CustomPublications>
- DSHS Forms <http://www1.dshs.wa.gov/msa/forms/index.html>



## Foster Children Initial Health Evaluation (IHE)

### What is the purpose of an IHE?

The purpose of this evaluation is to identify any:

- Immediate medical, urgent mental health, or dental needs the child may have; and
- Additional health conditions of which the foster parents and caseworker should be aware.

### Who is eligible?

Only clients 18 years of age and younger are eligible for an IHE.

### What is included in an IHE?

An IHE includes the following:

- **Careful measurement of height and weight for all children, and head circumference for children younger than age 3** – This may reveal growth delays or reflect poor nutritional or general health status.
- **Careful examination of the entire body to include the unclothing of each body surface at some point during the examination** - Because some children entering foster care have been victims of physical or sexual abuse, note and document the following:
  - ✓ Any signs of recent or old trauma;
  - ✓ Bruises;
  - ✓ Scars;
  - ✓ Deformities; or
  - ✓ Limitations in the function of body parts or organ systems.
- **Appropriate imaging studies to screen for a recent or healing fracture** - Consider if there is a history of physical abuse before placement or if signs of recent physical trauma are present.
- **Genital and anal examination (male or female).**
- **Laboratory tests for HIV and other sexually transmitted diseases** – Perform when indicated clinically or by history.
- **Documentation and prompt treatment of other infections and communicable diseases.**
- **Evaluation of the status of any known chronic illness** - To ensure that appropriate medications and treatments are available.

**Note:** Discuss specific care instructions directly with the foster parents and caseworker.

### What fee does HRSA pay?

Payment is set at the maximum allowable fee for children's office calls.

To view the EPSDT fee schedule, go to <http://hrsa.dshs.wa.gov/RBRVS/index.html#E>.

**Note:** HRSA does not pay for an IHE on the same date of service as an EPSDT examination.

### How do I bill?

When you provide a foster child with the IHE within 72 hours of entering out-of-home placement, bill HRSA using the following guidelines:

- Bill the appropriate evaluation and management (E&M) code (new patient codes 99201 – 99205 or established patient codes 99211 – 99215);
- Use ICD-9-CM diagnosis code V72.85 as the primary diagnosis; and
- Use modifier TJ.

If you bill an E&M code with the diagnosis code V72.85, but without modifier TJ, HRSA will deny the claim.

**Important Note:** The IHE is not an EPSDT examination because it is not as complex or thorough. If you feel an EPSDT examination is necessary, perform the EPSDT examination within 72 hours of out-of-home placement and bill HRSA for the exam. The child will not require the IHE.

### What are the documentation requirements?

Providers must either:

- Document the IHE on the Foster Care Initial Health Evaluation form (DSHS 13-843); or
- Include documentation in the client's record that addresses all elements addressed in the "What is included in an IHE" section of this memorandum or on the Foster Care Initial Health Evaluation form.

To view and download the Foster Care Initial Health Evaluation form, go to <http://www1.dshs.wa.gov/msa/forms/eforms.html> and scroll down to the appropriate form number.

## What are the time limits for scheduling requests for EPSDT screenings?

Requests for EPSDT screenings must be scheduled within the following time limits:

If an EPSDT screening is requested through...	For clients who are...	Must be scheduled within...
HRSA's Managed Care plans, Primary Care Case Management (PCCM), or Primary Care Providers (PCPs)	Infants – within the first 2 years of life.	21 days of request.
	Children – two years and older.	Six weeks of request.
	Receiving Foster Care – Upon placement	30 days of request, or sooner for children younger than 2 years of age.
Community Mental Health Center, Head Start, substance abuse provider, or Early Childhood Education and Assistance Program (ECEAP)	Birth through 20 years of age	14 days of the request.
<b>Providers must ensure that when medically necessary services are identified during any EPSDT screening examination, appropriate treatment or referrals are made.</b>		

## What if a medical problem is identified during a screening examination?

If a medical problem is identified during a screening examination, the provider may:

- Refer the client to an appropriate provider for medical treatment; or
- Provide the service for the client (if it is within the provider's scope of practice).

## Genetic Counseling and Genetic Testing

HRSA covers genetic counseling and genetic testing for pregnant women and postpartum women up to 90 days after delivery and infants up to 90 days after birth. This does not require prior authorization (PA) for fee-for-service (FFS) clients or for clients on HRSA managed care plans. To locate the nearest DOH-approved genetic counselor call DOH at 1-253-395-6742.

HRSA covers genetic counseling for all FFS adults and children when performed by a physician.

To bill for genetic counseling, use diagnosis code V26.33 genetic counseling and the appropriate E&M code.

Certain genetic testing procedure codes need PA. Physicians- or HRSA-approved genetic counselors must obtain PA if required for certain genetic tests and must give both the PA number and the appropriate genetic testing modifier to the laboratory or when the laboratory bills so they can bill correctly.

**Note:** If the provider is using the parent’s PIC code to bill E&M codes 99201-99215 for an infant who has not yet been assigned a PIC code, the provider must use modifier HA in order to be reimbursed at the higher rate for children’s services. **Modifier HA must be the first modifier following the CPT or HCPCS code.** Any additional modifier may be listed second.

If the provider chooses to treat the medical condition on the same day as the screening exam, the provider must bill the appropriate level E&M code with modifier 25 in order to receive additional reimbursement for the office visit. Providers must bill using the appropriate ICD-9-CM medical diagnosis code that describes the condition found. **The E&M code and the EPSDT screening procedure code must be billed on separate claim forms.**

## Referrals

### Chiropractic Services

Eligible clients may receive chiropractic services when a medical need for the services is identified through an EPSDT screening. Use the usual professional referral procedures (e.g., a prescription or letter) to refer clients for medically necessary chiropractic services.

### Dental Services

Eligible clients may go to a dental provider without an EPSDT screen or referral.

### Orthodontics

Eligible clients may go to an orthodontic provider without an EPSDT screen or referral. HRSA reimburses for orthodontics for children with cleft lip or palates or severe handicapping malocclusions *only*. HRSA does not reimburse for orthodontic treatment for other conditions.

### Lead Toxicity Screening

Providers are no longer required to use the Lead Toxicity Screening Risk Factor questionnaire. Health care providers should use clinical judgment when screening for lead toxicity.

### Fetal Alcohol Syndrome (FAS) Screening

FAS is a permanent birth defect syndrome caused by the mother's consumption of alcohol during pregnancy. FAS is characterized by cognitive/behavioral dysfunction caused by structural and/or chemical alterations of the brain, a unique cluster of minor facial anomalies, and is often accompanied by growth deficiency.

As part of the EPSDT screen every child six months of age and older should be screened for risk of exposure to maternal consumption of alcohol and for the facial characteristics of FAS. Children can be referred to a diagnostic clinic if there is known in-utero exposure to alcohol, or there is suspicion of facial characteristics of FAS or microcephaly.

**Washington State  
Fetal Alcohol Syndrome (FAS)  
Clinic Locations**

<p><b>King County (Univ. of WA)</b></p> <p><b>Who to Contact:</b> Susan Astely, Ph.D. or Sterling Clarren, M.D. Co-Directors Children’s Hospital and Regional Medical Center 4800 Sand Point Way NE, CH-47 Seattle, WA 98105 1-206-526-2522 <a href="http://depts.washington.edu/fasdpn/wasites.html">http://depts.washington.edu/fasdpn/wasites.html</a> 1-206-527-3959 FAX</p> <p><b>Clinic Location:</b> FAS DPN Clinic Center on Human Development and Disability University of Washington Seattle, WA 98195</p>	<p><b>Spokane County (Spokane)</b></p> <p><b>Who to Contact:</b> Teryl MacDonald, Clinic Coordinator 1-509-624-5858 ext. 22 1-509-624-9995 FAX</p> <p><b>Clinic Location:</b> FAS DPN Clinic New Horizons 504 E. 2<sup>nd</sup> Avenue Spokane, WA 99202 <a href="mailto:tmacdonald@srhd.org">tmacdonald@srhd.org</a> <a href="http://www.spokanecounty.org/health/sms">www.spokanecounty.org/health/sms</a></p>
<p><b>South King County (Federal Way)</b></p> <p><b>Who to Contact:</b> Donna Borgford-Parnell, RN, BSN, MBA 1-206-296-7412 1-206-296-4679 FAX</p> <p><b>Clinic Location:</b> FAS DPN Clinic Federal Way Public Health Clinic Seattle King County Department of Health 999 – 3<sup>rd</sup> Avenue, Suite 900 Seattle, WA 98104 <a href="mailto:Donna.Borgford-Parnell@metrokc.gov">Donna.Borgford-Parnell@metrokc.gov</a></p>	<p><b>Yakima County (Yakima)</b></p> <p><b>Who to Contact:</b> JoAnn Jennings, RN, Clinic Coordinator 1-509-574-3260 1-509-574-3210 FAX</p> <p><b>Clinic Location:</b> FAS DPN Clinic Children’s Village 3801 Kern Road Yakima, WA 98902 <a href="mailto:JoAnn.Jennings@yvmh.org">JoAnn.Jennings@yvmh.org</a></p>
<p><b>Snohomish County (Everett)</b></p> <p><b>Who to Contact:</b> Christie Conners, Clinic Coordinator 1-425-870-4749 1-425-513-0917 FAX</p> <p><b>Clinic Location:</b> FAS DPN Clinic Little Red Schoolhouse 14 E. Casino Rd. Everett, WA 98208</p>	

## Medical Nutrition Therapy

If an EPSDT screening provider suspects or establishes a medical need for medical nutrition therapy, eligible clients may be referred to a certified dietitian to receive outpatient medical nutrition therapy. Use the usual professional referral procedures (e.g., a prescription or letter) to refer clients for medically necessary medical nutrition therapy.

HRSA reimburses the procedure codes listed below when referred by an EPSDT provider.

**Providers must document beginning and ending times that the service was provided in the client's medical record.**

Procedure Code	Brief Description	Limitations
97802	Medical nutrition, indiv, initial	1 unit = 15 minutes; maximum of 2 hours (8 units) per year
97803	Med nutrition, indiv, subseq	1 unit = 15 minutes; maximum of 1 hour (4 units) per day
97804	Medical nutrition, group	1 unit = 15 minutes; maximum of 1 hour (4 units) per day

## Fluoride Varnish (HCPCS code D1203)

Fluoride varnish is a type of topical fluoride that acts to retard, arrest, and reverse the caries process. It is applied up to three times per year to all surfaces of the teeth. The teeth then absorb the fluoride varnish, strengthening the enamel and helping prevent cavities.

### Who must prescribe the fluoride varnish?

- Dentists;
- Physicians;
- Physician Assistants (PA); or
- Advanced Registered Nurse Practitioners (ARNP).

### Who is eligible?

All Medicaid-eligible clients, 18 years of age and younger, may receive fluoride varnish applications. Department of Developmental Disabilities (DDD) clients age 19 and older are also eligible.

### Are managed care clients eligible?

Clients whose DSHS Medical ID cards have an identifier in the HMO column are enrolled in one of HRSA's managed health care plans. These clients **are eligible for fluoride varnish applications** through fee-for-service. Bill HRSA directly for fluoride varnish applications.

## Requirements for Administration and Authorization of Synagis®

DSHS requires providers to follow the 2009 updated guidelines established by the American Academy of Pediatrics (AAP) for the administration of Synagis®.

**Note:** *This information relates only to those clients NOT enrolled in a DSHS managed Care Organization (MCO). For clients enrolled in a DSHS MCO, please refer to the coverage guidelines in the enrollee's plan.*

### Respiratory Syncytial Virus (RSV)/Synagis® Season

DSHS has established the RSV/Synagis® season as December 1, 2009, through April 30, 2010. DSHS monitors RSV incidence as reported by laboratories throughout the state and may change the dates based on the data collected.

Unless otherwise notified by DSHS, these dates are firm.

### Criteria for Administration of Synagis® to DSHS Clients

DSHS requires that the following guidelines and standards of care be applied to clients considered for RSV/Synagis® prophylaxis during the RSV season. DSHS established these guidelines and standards using the AAP guidelines revised and updated in 2009.

Children younger than 2 years of age at the beginning of the coverage season (i.e., born after December 1, 2007) are covered for up to a maximum of five doses for the season, regardless of start of treatment in relation to season start and end dates, if they have one of the following conditions:

- **Children with Chronic Lung Disease (CLD):**
  - ✓ *For their first RSV season with CLD, clients who have required medical therapy (supplemental oxygen, bronchodilator, diuretic, or corticosteroid therapy) for CLD within 6 months prior to the anticipated start of the RSV/ Synagis® season (i.e., after June 1, 2009);*
  - ✓ *For their second RSV season with CLD, clients who continue to require medical therapy, **or if treatment with Synagis is ordered by a neonatologist, pediatric intensivist, pulmonologist, or infectious disease specialist.***
- **Asthma - Children** with asthma who are on daily inhaled steroid therapy, but have persistent symptoms require evaluation by an asthma specialist or pulmonologist prior to authorization for Synagis®;

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- **Immunocompromised Children** - For example, severe combined immunodeficiency or advanced acquired immunodeficiency syndrome;
- **Hemodynamically significant cyanotic, or acyanotic congenital heart disease** and ONE of the following:
  - ✓ Receiving medication to control congestive heart failure;
  - ✓ Moderate to severe pulmonary hypertension;
  - ✓ Undergoing surgical procedures that use cardiopulmonary bypass; or
  - ✓ Infants with cyanotic heart disease.

**Note:** DSHS does *not* authorize Synagis® for the following groups of infants and children with congenital heart disease:

- Infants and children with hemodynamically insignificant heart disease (e.g., secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, and patent ductus arteriosus);
- Infants with lesions adequately corrected by surgery, unless they continue to require medication for congestive heart failure; and
- Infants with mild cardiomyopathy who are not receiving medical therapy for the condition.

- **Children younger than 12 months of age at the beginning of the RSV/Synagis® season (i.e., born after Dec 1, 2008) with significant congenital abnormalities of the airway or a neuromuscular condition that compromises handling of respiratory tract secretions** - A maximum of five doses are covered for these clients for the season during the first year of life only;
- **Children born at 28 weeks and 6 days gestation or earlier and younger than 12 months of age at the beginning of the RSV/Synagis® season (i.e., born after December 1, 2008)** – A maximum of five doses are covered for these clients for the season, regardless of start of treatment in relation to RSV season start and end dates;
- **Children born at 29 weeks and 0 days through 31 weeks and 6 days gestation and younger than 6 months of age at the beginning of the RSV/Synagis® season (i.e., born after June 1, 2009)** – A maximum of five doses are covered for these clients for the season, regardless of start of treatment in relation to RSV season start and end dates;



- **Children born at 32 weeks and 0 days through 34 weeks and 6 days gestation, younger than 3 months of age at the beginning of the RSV/Synagis® season (i.e., born after September 1, 2009), and having one of the following risk factors:**

✓ Attending child care; or

✓ Living with siblings younger than five years of age.

Children who qualify under these criteria should receive Synagis® only until they reach 3 months of age and may receive a maximum of **three** doses of Synagis® during the season. This means that some children, because of their age, may only receive one or two doses, during the RSV/Synagis season. Payment for any doses beyond the three allowed or administered after 3 months of age will be considered an overpayment subject to recoupment.

### **Other Considerations When Administering Synagis®**

Administer the first dose of Synagis 48 to 72 hours before discharge or promptly after discharge to infants who qualify for prophylaxis during the RSV/Synagis season.

If an infant or child who is receiving Synagis immunoprophylaxis experiences a breakthrough RSV infection, continue administering monthly prophylaxis for the maximum allowed doses as above.

**Note:** DSHS does not authorize Synagis® for children with cystic fibrosis.

### **Authorization and Billing Procedures**

Please direct questions or concerns regarding billing and authorization of Synagis® to DSHS's Pharmacy Authorization Unit at 1-800-848-2842. Fax prior authorization requests on completed DSHS prior authorization form(s) to 1-360-725-2122.

### **Bill DSHS using the following guidelines:**

- Synagis® may be dispensed and billed by a retail pharmacy for administration by a physician, or may be billed by the physician's office;
- Pharmacies bill through standard pharmacy Point-of-Sale electronic claim submission using the appropriate National Drug Code for the product dispensed;
- Physician's offices billing directly for Synagis® must bill on a CMS-1500 or comparable electronic billing format using Current Procedural Terminology (CPT) code 90378;

- When requesting authorization for Synagis® use the “Request For Synagis (Not Managed Care/Healthy Options)” form, DSHS 13-771, and clearly indicate on page 2 whether a pharmacy or a physician’s office is billing DSHS.

### Criteria for Coverage or Authorization

**Note:** Criteria for coverage or authorization vary depending on the patient’s age at the start of the RSV season.

#### **Clients Younger than One Year of Age for the Duration of RSV/Synagis® Season (Dates of Birth May 1, 2009 – April 30, 2010)**

DSHS requires providers to use and accurately apply the “Criteria for Administration of Synagis® to DSHS Clients.” Billing for Synagis® outside of these guidelines will be considered an overpayment and will be subject to recoupment.

DSHS will continue to cover Synagis® for clients younger than one year of age without authorization, as long as utilization is appropriate. In this case, physicians and pharmacies are not required to submit paperwork or obtain pre-approval for the administration of Synagis®.

#### **Clients Reaching One Year of Age During RSV/Synagis® Season (Dates of Birth December 1, 2008 – April 30, 2009)**

DSHS requires prior authorization to administer Synagis® to DSHS clients who:

- Are under one year of age at the start of RSV/Synagis® season; and
- Will reach their first birthday prior to the end of the season.

Prior authorization is required to administer Synagis® to children one year of age and older. Request authorization by faxing the “Request For Synagis (Not Managed Care/Healthy Options)” form, DSHS 13-771.

#### **Clients Between One and Two Years of Age at the Beginning of RSV/Synagis® Season (Dates of Birth December 1, 2007 – November 30, 2008)**

Prior authorization is required to administer Synagis® to DSHS clients one year of age and older at the start of RSV/Synagis® season. Request authorization by faxing the “Request For Synagis (Not Managed Care/Healthy Options)” form, DSHS 13-771.

**Clients Older than Two Years of Age at the Beginning of RSV/Synagis® Season  
(Dates of Birth prior to December 1, 2007)**

DSHS does not pay for administering Synagis® to clients older than two years of age.

**Weight Changes for Clients One Year of Age and Older During RSV/Synagis® Season**

The quantity of Synagis® authorized for administration of Synagis® to clients one year of age and older is dependent upon their weight at the time of administration.

If you have obtained authorization for a quantity of Synagis® that no longer covers the client’s need due to weight gain, complete and fax the “Request For Additional MG’s of Synagis® Due to Client Weight Increase” form, DSHS 13-770. DSHS will update the authorization to reflect an appropriate quantity and fax back confirmation of the increased dosage.

**Evaluation of Authorization Requests**

DSHS physicians will evaluate requests for authorization to determine whether the client falls within 2009 AAP guidelines for the administration of Synagis®. DSHS will fax an approval or denial to the requestor.

Please allow at least five business days for DSHS to process the authorization request. You may verify the status of a pending authorization by calling the Medical Assistance Customer Service Center at 1-800-562-3022.

DSHS forms may be downloaded at DSHS/HRSA forms website at:  
<http://www.dshs.wa.gov/msa/forms/eforms.html>.

**National Drug Code Format**

National Drug Code (NDC) – The 11-digit number the manufacturer or labeler assigns to a pharmaceutical product and attaches to the product container at the time of packaging. The 11-digit NDC is composed of a 5-4-2 grouping. The first 5 digits comprise the labeler code assigned to the manufacturer by the Federal Drug Administration (FDA). The second grouping of 4 digits is assigned by the manufacturer to describe the ingredients, dose form, and strength. The last grouping of 2 digits describes the package size. [WAC 388-530-1050]

The NDC *must* contain 11-digits in order to be recognized as a valid NDC. It is not uncommon for the label attached to a drug’s vial to be missing “leading zeros.” **For example:** The label may list the NDC as 123456789, when, in fact, the correct NDC is 01234056789. Make sure that the NDC is listed as an 11-digit number, inserting any leading zeros missing from the 5-4-2 groupings, as necessary. *HRSA will deny claims for drugs billed without a valid 11-digit NDC.*

## Electronic 837-P Claim Form Billing Requirements

Providers must continue to identify the drug given by reporting the drug’s CPT or HCPCS code in the **PROFESSIONAL SERVICE Loop 2400, SV101-1 and the corresponding 11-digit NDC in DRUG IDENTIFICATION Loop 2410, LIN02 and LIN03**. In addition, the units reported in the “units” field in PROFESSIONAL SERVICE Loop 2400, SV103 and SV104 must continue to correspond to the description of the CPT or HCPCS code.

## CMS-1500 Claim Form Billing Requirements

If you bill using a **paper CMS-1500 Claim Form for two or fewer drugs on one claim form**, you must list the 11-digit NDC in **field 19** of the claim form **exactly** as follows (*not all required fields are represented in the example*):

19. 54569549100 Line 2 / 00009737602 Line 3
---

Line	Date of Service	Procedure Code	Charges	Units
1	07/01/06	99211	50.00	1
2	07/01/06	90378	1500.00	2
3	07/01/06	J3420	60.00	1

**DO NOT** attempt to list more than two NDCs in field 19 of the paper CMS-1500 Claim Form. If you bill for more than 2 drugs, you must list the additional drugs on additional claim forms. **You may not bill more than 2 drugs per claim form.**

**If the 11-digit NDC is missing, incomplete, or invalid, the claim line for the drug or supply will be denied.**

# Mental Health/ Substance Abuse Assessments

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**Eligible clients may go for a mental health or substance abuse assessment without an EPSDT screening or referral.**

## Mental Health

Eligible clients should be screened for mental health problems as part of the EPSDT screening process. Mental Health screenings can be done using standardized screening tools or through an interview. See Page D.3 for EPSDT Mental Health/Substance Abuse Assessment Referral Indicators for a list of behaviors that may indicate mental health problems. Referral for assessment is based on professional judgment. Go to: <http://www1.dshs.wa.gov/msa/forms/eforms.html> to download a copy of the *Referral for Mental Health/Substance Abuse Assessment, DSHS 01-192*, to be used for children needing a mental health assessment. The referral form should be sent to the appropriate assessment site and/or Regional Support Network (RSN).

## Screening Guidelines

Mental health and substance abuse screenings are intended to identify children who are at risk for, or may have, mental health or substance abuse problems. *Screenings **do not** result in a diagnosis. If a screen indicates a possible problem, the child is referred for an assessment where a diagnosis and plan of care are developed.*

Screenings for mental health or substance abuse problems in children can be done using standardized screening tools or through an interview. Referral is based on professional judgment.

When child abuse or neglect is suspected, a report to Child Protective Services **must** be made, even if the child is also referred for a mental health assessment.

If an eligible client is suspected or identified through the EPSDT screening as having a mental health or substance abuse problem, providers may refer the client to a mental health or substance abuse provider. Complete a **DSHS Referral for Mental Health/Substance Abuse Assessment, DSHS 01-192**, and assist the client/family in making appointments and obtaining necessary treatment(s). This referral must be made within two weeks from the date the problem is identified, unless the problem is urgent. If the problem is urgent, a referral must be made immediately.

Document the need for the service(s) in the client's records. The diagnosing or treating mental health or substance abuse provider should communicate the results of the referral back to the primary care provider.

## Non Urgent Referral

When screening for mental health problems, use your professional judgment when deciding to refer the client for further assessment of other issues, such as:

- Family issues.
- Problematic peer activities.
- School issues.
- Somatic symptoms.
- Abnormal behaviors.
- Unusual feelings and thoughts.
- Unusual growth and development.
- Social situation problems.

Screening infants and toddlers for mental health problems is an emerging science. Use your professional judgment to determine if referral is appropriate when there are concerns that the family and social environment do not support the infant's mental wellness.

**Children should also be referred for a mental health assessment at a parent's request. If the child or parent sees the behavior or symptom as problematic, make a referral, even if the issues seem minor or within "normal" range to you. Parents' and teachers' perceptions have shown to be the best predictors of mental health problems.**

## Urgent Referral

Some behaviors or symptoms are significant enough to trigger an immediate referral with the mental health agency by telephone to describe the urgent nature of the referral.

Behaviors/symptoms which require urgent referral include, but are not limited to:

- Fire-setting.
- Suicidal behavior or suicidal ideation.
- Self-destructive behavior.
- Torturing animals.
- Destroying property.
- Substance abuse in conjunction with other mental health concerns, for 11 years of age and younger.
- Sexual acting out.
- Witnessing a death or other substantial physical violence.
- Victimization (sexual or physical abuse).
- Out of touch with reality, delusional (psychotic decompensation).
- Imminent risk of placement in a more restrictive setting.

The presence of any of these behaviors or symptoms may signal that a child is in crisis and efforts should be made to expedite the referral process so that the child may be assessed and treated promptly. The crisis response system should be used only if the child is a danger to himself/herself or others.

## Substance Abuse

The categories listed in the section titled *Substance Abuse Services* may be used to help screen for substance abuse problems in an interview. To refer substance abuse cases, call the 24-hour Alcohol/Drug Helpline at 1-800-562-1240.

The following questions may be used with adolescents to screen for abuse or addiction to alcohol and/or other drugs. These questions have been scientifically validated as part of a psychometric assessment tool. **A "yes" answer to any two questions is usually sufficient to warrant a referral for assessment.**

### Substance Misuse Questions:

1. Do more than half of the students you know drink alcoholic beverages or use other drugs at least once a month?
2. During your first experiences drinking alcohol or using other drugs, would a close friend have described you as sharing more of your feelings with them?
3. Have any of your early drinking or drug experiences made you feel less self-conscious in a group of people?

### Substance Misuse and Abuse Question:

4. Have you ever lied to people such as your parents, teachers, or nonusing friends about your alcohol or other drug use?

### Substance Abuse Questions:

5. Have you ever felt really burnt out for a day after using alcohol or other drugs?
6. Have your grades gone downhill as your use of alcohol or drugs went up?
7. Did you ever drink or get high in school?

### Substance Addiction Questions:

8. Do you often skip things you need to do so you can go drink or get high?
9. Have you stolen money to buy alcohol or drugs?
10. Has any of your family (including parents, step-parents, grandparents, brothers, sisters, etc.) had or had past problems with drinking or drug use?

The presence of any of the symptoms or behaviors listed under *Urgent Referrals* on the preceding page may signal that the child is in crisis. You may call the **24-hour Alcohol and Drug Help Line at 800.562.1240.**

## INFORMATION AND REFERRAL

### ALCOHOL/DRUG 24-HOUR HELP LINE

- **CRISIS LINE:** 206.722.3700
- **TOLL FREE** 800.562.1240  
(from within Washington State only)
- **TEEN LINE** 206.722.4222
- **BUSINESS LINE** 206.722.3703

**Crisis Intervention**... Confidential statewide telephone service providing individual guidance and assistance for people with alcohol and other drug-related problems. It provides information on a wide variety of issues and services and assists with crisis intervention techniques and referral.

### WASHINGTON STATE ALCOHOL/DRUG CLEARINGHOUSE

3700 Rainier Avenue South, Suite A  
Seattle, WA 98144

E-Mail: [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org)

Web site: <http://www.adhl.org/clearinghouse>

Liz Wilhelm, Clearinghouse Manager

- 800.662.9111 toll free
- 206.725.9696
- 206.722.1032 FAX

*(if calling from within Washington State)*

*(if calling from out of state, or from Seattle)*

**Using the Clearinghouse**... Anyone is welcome to use services, including prevention and community organizations, parents, treatment professionals, preschool-through college students and educators, health care practitioners and hospitals, libraries, state and government agencies, business and individuals.

! Books ! Posters ! Pamphlets ! Curricula !  
! Journal and periodical articles ! Videos !

**Visitors welcome.**

**We have a display available  
for  
community, school, and health fairs.**

**A Nationwide Network of Partners in Prevention.** Provides information to the public of Washington State from the national clearinghouse (NCADI) on issues relating to alcohol and other drugs. Member of the Regional Alcohol and Drug Awareness Resource (RADAR) Network of 50 states clearinghouses and specialty centers.

#### **What kind of information is available?**

They provide a continually updated substance abuse resource room; information on programs, personnel and referral; networking; access to an indepth clipping file; hundreds of complimentary copies of printed materials.

#### **Also available are:**

- ✓ Directory of Certified Chemical Dependency Treatment Services in Washington State (The Greenbook)
- ✓ Chapter 388-805, Washington Administrative Code (WAC) (Chemical Dependency Service Providers)
- ✓ WAC Implementation Guide (WIG) for WAC 388-805
- ✓ Forms re-ordering for DASA-Certified DUI assessment facilities: DUI/PC Assessment Report forms.
- ✓ The Courts can re-order Alcohol/Drug Diagnostic Referral Forms (DSHS 9-630)
- ✓ Purchase of American Society of Addiction Medicine (ASAM) Patient Placement Criteria manuals.



**EPSDT MENTAL HEALTH/SUBSTANCE ABUSE  
ASSESSMENT REFERRAL INDICATORS**

**Consider these and other symptoms/behaviors when making a referral for an assessment.**

Category	Indicators for a Mental Health Assessment	
Family	problems separating physical abuse or neglect psychological abuse sexual abuse domestic violence divorce/separation chronic physical or mental illness of parent	drug using or alcoholic parent parental discord few social ties problems with siblings death of parent/sibling parents in criminal justice system
Peer activity	no confidence social isolation	fighting and bullying
Behaviors	temper tantrums fire setting stealing tics sexually acting out lying substance abuse destroys property aggressive	over activity in trouble with law impulsive attachment problems in infants overly compliant to passive defiant running away truancy
School	school failure school refusal	absenteeism or truancy
Feelings	anxiety or nervousness feeling depressed low self-esteem	fearful suicidal
Thoughts	delusions hallucinations	incoherence self-destructive thoughts
Somatic symptoms	trouble sleeping sleepwalking night terrors	enuresis encopresis eating disorder
Social	lack of housing frequent moves financial problems	sexual abuse foster care history of detention
Growth and Development	slow weight gain nonorganic failure to thrive mentally retarded learning disabilities	language delay attention problems speech problems

Derived from a World Health Organization, primary care child oriented classification system. Haeres, S.M., Leaf, P.J., Leventhal, J.M., Forsyth, B. and Speechley, K.N. (1992), Identification and management of psychosocial and developmental problems in community-based. Primary care pediatric practices. *Pediatrics*, 89(3), 480 - 485.

The indicators listed above may be elicited from caregivers and children through interviews described in professional references (e.g., American Academy of Pediatrics: *Guidelines for Child Health Supervision*; and the Region X Nursing Network: *Prenatal and Child Health Screening and Assessment Manual*). It may be appropriate to interview the child separate from the caregiver beginning at age eight years.

Screening infants and toddlers for mental health problems is an emerging science. Based on professional judgment, referral is appropriate when there are concerns that a family and social environment do not support the infant's mental wellness.

Children with behaviors not listed on the checklist should also be referred for mental health services, if the parent desires. It is important to remember that if the child or parent sees the behavior or symptom as problematic, make a referral, even if the issues seem minor or within "normal" range to you. Parents' and teachers' perceptions have been shown to be the best predictors of mental health problems.

**WA State Regional Support Networks (RSNs)**

For a complete listing of Washington State RSNs, visit the Mental Health Division's web site at:  
<http://www1.dshs.wa.gov/mentalhealth/rsnmap.shtml>

**REFERRAL EXPLANATION FOR TEEN AND/OR PARENT**

**SO YOU HAVE BEEN REFERRED FOR A  
MENTAL HEALTH/SUBSTANCE ABUSE ASSESSMENT...  
NOW WHAT HAPPENS?**

**You and your health care provider have talked. The next step is to refer you for an assessment to find out if you need services.**

**A skilled worker will meet with you and may talk about several things such as:**

- \* What worries you or others about you?**
- \* What you and others have already done to help.**
- \* Relationships at home, at school, day care, with other friends, etc.**
- \* A family history.**
- \* How serious your problems may or may not be.**

**You and the worker will help choose the service that is right for you.**

**You may have questions. You may have problems in getting a Mental Health/Substance Abuse assessment. If you do, call the HRSA Customer Service Center at 800.562.3022.**

# Billing/Fee Schedule

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## What Are the General Billing Requirements?

Providers must follow the general billing requirement in DSHS's [General Information Booklet](http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf) ([http://hrsa.dshs.wa.gov/download/BillingInstructions/General\\_Information\\_BI.pdf](http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf)). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims;
- What fee to bill DSHS for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCPM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

## Billing Requirements Specific to EPSDT

Use the appropriate diagnosis code when billing any EPSDT screening service, CPT codes 99381-99395 (e.g., V20.2).

Bill for services such as laboratory work, hearing tests, x-rays, or immunization administration, using the appropriate procedure code(s), along with the screening (CPT codes 99381 - 99395) on the same CMS-1500 Claim Form.

When physicians and ARNPs identify problems during a screening examination, they may treat the client or may refer the client to another provider. Physicians and ARNPs are not limited to the procedure codes listed in HRSA's *Early and Periodic Screening, Diagnosis and Testing (EPSDT) Billing Instructions*. They may also use HRSA's *Physician-Related Services (RBRVS) Billing Instructions* as necessary. Any office, laboratory, radiology, immunization, or other procedure rendered as part of follow-up treatment **must be billed** on a **SEPARATE** CMS-1500 Claim Form from the screening examination.

## Fee Schedule

You may view the DSHS/HRSA EPSDT Fee Schedule on-line at

<http://hrsa.dshs.wa.gov/RBRVS/Index.html>

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(Rev. 12/28/2009)(Eff. 10/01/2009)

-E.1-

# Memo 09-76

**Billing/Fee Schedule**  
**Changes are highlighted**

# Immunizations

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Immunizations covered under the EPSDT program are listed in the Fee Schedule. For those vaccines that are available at no cost from the Department of Health (DOH) through the Universal Vaccine Distribution program and the Federal Vaccines for Children program for children 18 years of age and under, HRSA pays only for the administration of the vaccine and not for the vaccines themselves. These vaccines are identified in the Comments column of the Fee Schedule as “free from DOH.”

You must bill for the administration of the vaccine and for the cost of the vaccine itself as explained in this section.

## Clients 18 years of age and younger – “Free from DOH”

- These vaccines are available at no cost from DOH. Therefore, HRSA pays only for administering the vaccine.
- Bill for the administration by reporting the procedure code for the vaccine given with modifier SL (e.g. 90707 SL). HRSA reimburses for the administration for those vaccines that are free from DOH and are billed with modifier SL (e.g., 90707 SL).
- DO NOT bill CPT codes 90471-90472 or 90465 – 90468 for the administration.

See table on next page. 

No Cost Immunizations from Department of Health		
Procedure Code	Description	Comments
90633	Hep a vacc, ped/adol, 2 dose	Free from DOH for children
90648	Hib vaccine, prp-t, im	Free from DOH for children
90649	H papilloma vacc 3 dose im	Effective for dates of service on & after May 1, 2007: Free from DOH for 9- to 18-year-olds; allowed for 19-to 20-year-olds at fee; all others non-covered.
90655	Flu vaccine no preserv 6-35m, im	Free from DOH for children
90656	Flu vaccine no preserv 3 yo & >, im	Free from DOH for children
90657	Flu vaccine, 6-35 mo, im	Free from DOH for children
90658	Flu vaccine age 3 yo & over, im	Free from DOH for children
90660	Flu vaccine, nasal	Free from DOH for children
90669	Pneumococcal vacc, ped <5, IM	Free from DOH for children
90680	Rotavirus vacc 3 dose, oral	Covered only if free from DOH for children younger than age 1 (32 weeks).
90698	Dtap-hib-ipv vaccine, im	Covered only if free from DOH for children 0-18 years of age.
90700	Dtap vaccine, < 7 yo, im	Free from DOH for children
90702	Dt vaccine < 7 yo, im	Free from DOH for children
90707	Mmr vaccine, sc	Free from DOH for children
90710	MmrV vaccine, sc	Free from DOH <b>for children only</b> , Non-covered for Adults.
90713	Poliovirus, ipv, sc/im	Free from DOH for children
90714	Td vaccine no prsrv >= 7 yo, im	Free from DOH for children
90715	Tdap => 7 yo, im	Free from DOH for children
90716	Chicken pox vaccine, sc	Free from DOH for children
90723	Dtap-hep b-ipv vaccine, im	Free from DOH <b>for children only</b> , Non-covered for Adults.
90732	Pneumococcal vaccine, sc/im	Free from DOH for children
90734	Meningococcal Vaccine, IM	Free from DOH for children 0-18. EPA required for 19 yrs and older
90744	Hepb vacc ped/adol 3 dose im	Free from DOH for children
90747	Hepb vacc, ill pat 4 dose im	Free from DOH for children
G9142	H1N1 vacc	Free from DOH for children

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-E.3-

# Memo 09-76

**Immunizations**  
**Changes are highlighted**

## Clients 18 years of age and younger – “Not free from DOH”

- Bill HRSA for the cost of the vaccine itself by reporting the procedure code for the vaccine given. DO NOT use modifier SL with these vaccines. HRSA pays for the vaccine using HRSA’s maximum allowable fee schedule.
- Bill HRSA for the vaccine administration using either CPT codes 90465-90468 or 90471-90472. **Do not** bill CPT codes 90465 – 90468 in combination with CPT codes 90471-90472. HRSA limits payment for immunization administration to a maximum of two administration codes (e.g., one unit of 90465 and one unit of 90466, one unit of 90467 and one unit of 90468, or one unit of 90471 and one unit of 90472).

**Note:** HRSA pays for administration codes (90465 – 90468) **only** when the physician counsels the client/family at the time of the administration and the vaccine **is not** available free of charge from the Health Department.

- Providers **must** bill administration codes on the **same** claim form as the procedure code for the vaccine.

## Clients 19-20 years of age – All Vaccines

- Bill HRSA for the cost of the vaccine itself by reporting the procedure code for the vaccine given. DO NOT use modifier SL with any of the vaccines for clients 19-20 years of age, regardless of whether the vaccine is available free-of-charge from DOH or not. HRSA pays for the vaccine using HRSA’s maximum allowable fee schedule.
- Bill for the administration using CPT codes 90471 (one vaccine) and 90472 (each additional vaccine). Payment is limited to one unit of 90471 and one unit of 90472 (maximum of two vaccines).
- Providers **must** bill 90471 and 90472 on the **same** claim as the procedure code for the vaccine.

# Completing the 1500 Claim Form

**Attention! HRSA now accepts the new 1500 Claim Form.**

- **On November 1, 2006**, HRSA began accepting the new 1500 Claim Form (version 08/05).
- **As of April 1, 2007**, HRSA will no longer accept the old HCFA-1500 Claim Form.

**Note: HRSA encourages providers to make use of electronic billing options.**  
For information about electronic billing, refer to the *Important Contacts* section.

Refer to HRSA's current *General Information Booklet* for instructions on completing the 1500 Claim Form. You may download this booklet from HRSA's web site at: <http://maa.dshs.wa.gov> (click **Billing Instructions/Numbered Memoranda**, **Accept** the agreement, and then click **Billing Instructions**). You may also request a paper copy from the Department of Printing (see Important Contacts section).

## Instructions Specific to EPSDT Providers

The following 1500 Claim Form instructions relate to EPSDT:

Field Number	Instructions
24B	Enter one of the following Place of Service codes: <b>21</b> (Inpatient Hospital), <b>22</b> (Outpatient Hospital, or <b>11</b> (Office)