



EPSDT SCREENING BILLING GUIDE

CMS-1500 Format

- All EPSDT screening services including vaccine administration fees should be submitted to Gateway Health Plan® (**Gateway**) either on a CMS-1500 or the corresponding 837P format for EDI claims within 60 days from the date of service. (**Gateway cannot accept an EPSDT screen on a UB-04 or the corresponding 837I format.**)
- An EPSDT screen is complete when codes from each service area required for that age, including the appropriate evaluation and management codes, are documented. Consult the current Pennsylvania Children’s Checkup (EPSDT) Program Periodicity Schedule and Coding Matrix as well as the Recommended Childhood Immunization Schedule for screening eligibility information and the services required to bill for a complete EPSDT screen.
- Claims will be paid at the provider’s EPSDT rate only if the appropriate evaluation and management code and EP modifier are submitted.
- With the exception of the dental component for clinics that do not offer dental services, FQHCs/RHCs may not bill for partial screens.
- Gateway uses fully automated coding review software. The software programmatically evaluates claim payments in accordance with CPT-4, HCPCS, ICD-10, AMA and CMS guidelines as well as industry standards, medical policy and literature and academic affiliations.

CMS-1500 PAPER FORMAT REQUIREMENTS

- All EPSDT screening services must be reported with the age-appropriate evaluation and management code along with the EP modifier.
- The EP modifier must follow the evaluation and management code in the first line of Block 24D on the claim form. Use CPT Modifier plus CPT code when applicable.
- Appropriate ICD-10 diagnosis codes must be noted in Box 21.
- Report visit code „03“ in box 24(h) of the CMS-1500 when providing EPSDT screening service.
- Report 2-character EPSDT referral code for referrals made or needed as a result of the screen in box 10(d) on the CMS-1500. Codes for referrals made or needed as a result of the screen are:

YO – Other YV – Vision YH – Hearing
YB – Behavioral YM – Medical YD – Dental

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Electronic 837P Format

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CMS-1500 EDI FORMAT REQUIREMENTS

- All EPSDT screening services must be reported with the age-appropriate evaluation and management code along with the EP modifier.
- The EP modifier must follow the evaluation and management code in the first position on the claim form. Use CPT Modifier plus CPT code when applicable.
- Appropriate ICD-10 diagnosis codes must be noted in Box 21.
- Populate the SV111 of the 2400 loop with a “yes” for an EPSDT claim (this is a mandatory federal requirement).
- Populate the Data Element CLM12 in the 2300 Claim Information Loop with “01” (meaning EPSDT).
- Populate NTE01 of the NTE segment with “ADD”. This means that additional information is available in „field“ NTE02 (see below).
- Populate NTE02 of the NTE segment of the 2300 Claim Information Loop with appropriate referral codes:

YO – Other YV – Vision YH – Hearing
YB – Behavioral YM – Medical YD – Dental