

Healthchek/Early Periodic Screening Diagnosis and Treatment (EPSDT) Services Coding Guidelines

To receive proper payment for the Healthchek – Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services you provide:

- Bill for Healthchek - EPSDT services using the appropriate preventive medicine CPT codes and ICD-9-CM Diagnosis codes
- Bill for all services provided

The following table includes the billing codes for some of the most common provider services that are payable when they are medically necessary and performed as part of a periodic Healthchek - EPSDT exam. *Interperiodic examinations will be covered when medically necessary to determine the existence of suspected physical or mental illnesses. The following code set was in effect as of March 2012** and is subject to change. Please note this is not an exhaustive list of all covered services.

Preventive Medicine
ICD-9-CM Diagnosis codes
Age appropriate codes to be billed with a Healthchek - EPSDT exam
V20.2 Routine infant (over 28 days old) and child - well check up to age 17
V20.31 Health check for child under 8 days old
V20.32 Health check for child 8-28 days old
V70.0 Routine medical exam, 18 and over
V70.3 Medical exam for administrative purposes
V70.5 Medical exam for students, preschool children, occupational or pre-employment exams, armed forces, etc.
V70.6 Medical exam for surveys
V70.8 Other medical exam
Preventive Medicine – Individual Counseling
99402 Counseling and risk reduction intervention, 30-minute discussion
99403 Counseling and risk reduction intervention, 45-minute discussion
99404 Counseling and risk reduction intervention, 60-minute discussion
99406 Behavior change smoking, 3-10 min
99407 Behavior change smoking, > 10 min
97802 Medical nutrition individual, init.
97803 Medical nutrition individual, subseq.
97804 Medical nutrition, group
Hearing Services
All covered hearing services in accordance with OAC 5101:3-10 and payable per Appendix DD, OAC 5101:3-1-60
92551 Hearing test, limited study using headphones to verbally respond to sounds
92552 Hearing test, using earphones and an audiometer, more extensive
92553 Includes 92552 with the addition of sounds conducted through the patient's facial bones
92567 Hearing test to check the eardrums

Laboratory Services
All covered lab services in accordance with OAC 5101:3-11 and payable per Appendix DD, OAC 5101:3-1-60
New Patient Service
99381 Initial well child visit, younger than one year old
99382 Initial well child visit, age 1-4
99383 Initial well child visit, age 5-11
99384 Initial well child visit, age 12-17
99385 Initial physical exam, age 18-39
99354 Prolonged service, office
99355 Prolonged service, office
Established Patient Service
99391 Yearly well child visit, younger than one year old
99392 Yearly well child visit, age 1-4
99393 Yearly well child visit, age 5-11
99394 Yearly well child visit, age 12-17
99395 Yearly physical exam, age 18-39
Dental Services
Providers are encouraged to refer children, beginning at the age of 2 years, to a dentist.
Vision Services
A vision screening is a required component of the Healthchek - EPSDT visit. Providers are encouraged to refer children for a comprehensive vision examination, when medically necessary.
Developmental Screening
96110 Limited developmental testing
Other Physician Services
All covered physician services in accordance with OAC 5101:3-4, 5101:3-5 or 5101:3-6

*Please see OAC 5101:3-14-03 for the periodicity schedule.

** Appendix DD, OAC 5101:3-1-60, Amended 123112. Please refer to the Ohio Administrative Code (OAC) for the most current information (OAC 5101:3-14-03, 5101:3-4, 5101:3-5 or 5101:3-6 and Appendix DD, OAC 5101:3-1-60).

Immunizations
All covered immunization services in accordance with OAC 5101:3-4-12 and payable per Appendix DD, OAC 5101:3-1-60
The following codes are for children 18 years and younger:
90633 Hepatitis A, pediatric/adolescent, 2-dose schedule
90634 Hepatitis A, pediatric/adolescent, 3-dose schedule
90645 HIB vaccine
90646 HIB, vaccine for booster only
90647 HIB, vaccine
90648 HIB vaccine
90649 Human papilloma virus (HPV), 3-dose schedule
90655 Influenza, 6-35 months of age
90656 Influenza, 3 years of age and above
90657 Influenza, split virus, 6-35 months of age
90658 Influenza, split virus three years of age and above
90660 Influenza, live intranasal, adult
90669 Pneumococcal conjugate, polyvalent, children under 5 years of age
90680 Rotavirus vaccine
90681 Rotavirus vaccine, live, oral
90696 DTaP-IPV
90698 DTaPIPHI
90700 DTaP for individuals younger than 7 years of age
90702 DT for individuals younger than 7 years of age
90703 Tetanus immunization
90707 MMR immunization
90710 Measles, mumps, rubella, and varicella vaccine
90713 Poliomyelitis virus, inactivated, (IPV), subcutaneous
90714 Td preservative free, for individuals 7 years and older
90715 Tetanus, diphtheria toxoids and acellular pertussis, for individuals 7 years or older
90716 Varicella (chickenpox), live
90718 Td adsorbed, for individuals 7 years or older
90721 DTaP-HIB
90723 DtaP-HepB-IPV inactivated
90732 Pneumococcal immunization
90733 Meningococcal immunization
90734 Meningococcal vaccine, IM
90744 Hepatitis B vaccine; under age 11
90748 HepB-HIB, combined vaccine
90663 The pandemic influenza virus vaccine, for both children and adults

Immunizations (continued)
The following codes are for those 19 years and older:
90585** BGG, percutaneous
90586** BCG, intravesical
90632 Hepatitis A, adult
90633** Hepatitis A, pediatric/adolescent, 2-dose schedule
90634** Hepatitis A, pediatric/adolescent, 3-dose schedule
90636 Hepatitis A and hepatitis B, adult
90645** HIB vaccine
90646** HIB vaccine for booster only
90647** HIB vaccine
90648** HIB vaccine
90656 Influenza, split virus, preservative free, 3 years of age and above
90658 Influenza, split virus, for use in individuals 3 years of age and above, intramuscular
90660 Influenza, intranasal, adult
90675 Rabies, intramuscular
90676 Rabies, intradermal
90703 Tetanus immunization
90707 MMR immunization
90710** MMRV vaccine
90714 Td preservative free, for individuals 7 years and older
90715 Td, for individuals 7 years and older.
90716 Varicella (chickenpox) virus vaccine
90718 Td immunization
90732 Pneumococcal immunization
90734** Meningococcal vaccine
90735** Encephalitis virus vaccine
90740 Hepatitis B, dialysis or immunosuppressed patient (3-dose schedule)
90746 Hepatitis B vaccine, adult (19 years or older)
90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4-dose schedule)

** Active immunizations identified with a double asterisk (**) are covered only if determined medically necessary.