Early Periodic Screening, Diagnosis and Treatment

Provider Documentation Training

May 2017
Objectives

• MississippiCAN Program Information
  • Purpose, benefits and claims issues

• EPSDT Documentation Requirements
  - DOM Administrative Code Title 23: Part 223
    - Rule 1.5 and 1.6

• Bright Futures Periodicity Schedule

• Provider Portal

• Provider Resources
The Mississippi Division of Medicaid (DOM) has implemented a managed care program called Mississippi Coordinated Access Network (MississippiCAN). MississippiCAN is designed to get a better return on Mississippi’s health care investment by improving the health and well-being of Medicaid beneficiaries. MississippiCAN is a statewide coordinated care program designed to meet the following goals:

- improve beneficiary access to needed medical services,
- improve quality of care, and
- improve program efficiencies as well as cost predictability.

DOM has contracted with two coordinated care organizations (CCOs), Magnolia Health and UnitedHealthcare Community Plan, responsible for providing services to beneficiaries who participate in the MississippiCAN program. There are certain beneficiaries that will qualify for this program, both mandatory and optional beneficiary populations.
Mississippi CAN Benefits

Mississippi CAN administers the Medicaid benefit package, as defined by the state of Mississippi, to Medicaid beneficiaries.

UnitedHealthcare Community Plan provides additional benefits to Mississippi CAN members:

- Unlimited doctor visits
- Care management
- Member outreach
- Health education
- Well and sick care
- Home care and supplies
- Transportation
- and more!

View benefit details at:
- Medicaid.ms.gov
- UHCCommunityPlan.com>For Health Care Professionals>Mississippi
Mississippi CAN Claims Issues

Go to UnitedHealthcareOnline.Com to review a patient’s eligibility or benefits, check claims status, submit claims or review Directory of Physicians, Hospitals and other Health Care Professionals.

Provider Services 877-743-8734

Hours of Operations:
Monday – Friday 8 a.m. to 5 p.m.

This is an automated system. Please have your National Provider Identifier number and your Tax ID or the member ID ready, or you may hold to speak to a representative. The call center is available for care providers to:

- Answer general questions
- Verify member eligibility
- Check status of claims
- Ask questions about your participation or notify us of demographic and practice changes.
Administrative Code Overview

Title 23: Medicaid
Part 223
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Download the entire Administrative Code:
An initial or established age appropriate medical screening which must include at a minimum:

- Comprehensive health and developmental history including assessment of physical and mental health development & family history.
- Comprehensive unclothed physical examination.
- Appropriate immunizations according to ACIP, and specific to age and health history.
- Laboratory tests adhering to AAP Bright Futures Periodicity Schedule (BFPS).
- Sexual development and sexuality screening adhering to the AAP BFPS.
- Health education, including anticipatory guidance.

**Rule 1.5 : EPSDT Screenings**
Adolescent counseling and risk factor reduction intervention to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

**ADOLESCENT COUNSELING**

According to Bright Future and Preventive Medicine Coding Fact Sheet, 99401 should not be billed on the same date of service as 99381-99385 and 99391-99395. It can be billed in addition to E/M codes 99201-99215.

- **CPT 99401**

**DEPRESSION SCREEN**

- Annually, ages 12-21
- **CPT 96160** (effective 1/1/2017)
Rule 1.5 : Developmental Screenings

Developmental screening or surveillance to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

- Bright Futures calls for developmental screening at 9, 18, and 30 months.
- CPT 96110
- Document interpretation in E/M visit note.
- Modifier -25 may be attached to associated E/M visit.
- Examples: Ages and Stages Questionnaire (ASQ)
  Parents’ Evaluation of Developmental Status (PEDS)
  Survey of Well-Being of Young Children (SWYC)

Psychosocial/behavioral assessment to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

- Social/Emotional & Behavior Screens are recommended at every well visit.
- CPT 96127 - brief emotional/behavioral assessment with scoring and documentation, per standardized instrument
- Examples: Ages and Stages Questionnaire – Social Emotional (ASQ-SE)
  Pediatric Symptom Checklist
  Behavior Assessment Scale for Children – 2nd Ed (BASC-2)

- Bright Futures calls for autism specific screening at 18 and 24 months.
- CPT 96110
- Example: Modified Checklist for Autism in Toddlers (MCHAT) has been recently revised to MCHAT-R.
Rule 1.5 : Vision and Hearing Screenings

Vision screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid optometry or ophthalmology provider for diagnosis and treatment for defects discovered.

- CPT 99173
- Vision screening is required at ages 3, 4, 5, 6, 8, 10, 12, 15 years old and a risk assessment for all other ages from newborn to 21.

Hearing screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid audiologist, otologist, otolaryngologist or other physician hearing specialists for diagnosis and treatment for defects discovered.

- CPT 92551
- Hearing screening is required at ages 4, 5, 6, 8, 10, once between 11 & 14, 15 & 17, and 18 & 21. There should also be a hearing screening for newborn and 3-5 day visit. Risk assessment should be performed for all other visits.
Rule 1.5 : Dental Screening

Dental screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid dental provider for beneficiaries at eruption of the first tooth or twelve (12) months of age for diagnosis and referral to a dentist for treatment and relief of pain and infections, restoration of teeth and maintenance of dental health.

BRIGHT FUTURES ORAL HEALTH

• After tooth eruption, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office.
• D0145: Oral Evaluation and Counseling
• D1206: Fluoride Varnish Application
  Can be billed twice per fiscal, at least 5 months apart, for patients between 6 months up to 3 years old.
• CPT requires a MD, NP or DO to perform; no RN or staff.

http://www2.aap.org/commpeds/dochs/oralhealth/RiskAssessmentTool.html
Rule 1.6: Documenting EPSDT Screenings

Document the specific age appropriate screening requirements according to the AAP Bright Futures Periodicity Schedule.

Beneficiary and family history with appropriate updates at each screening visit, including, but not limited to, the following:
- Psychosocial/behavioral history,
- Developmental history, and
- Immunization history.

Procedures, as appropriate, including, but not limited to:
- Newborn blood screening, bilirubin
- HIV screening
- Vaccine administration, if indicated,
- Hematocrit and/or hemoglobin,
- Lead screening and testing,
- Tuberculin test, if indicated,
- Dyslipidemia screening,
- Sexually transmitted infection/disease screening,
- Cervical dysplasia screening, and other pertinent lab and/or medical tests, as indicated.

Anticipatory guidance, including, but not limited to:
- Safety,
- Risk reduction,
- Nutritional assessment,
- Supplemental Nutrition Assistant Program (SNAP) and Women, Infants and Children (WIC) status, and
- Adolescent counseling, including but not limited to:
  1) Reproductive health,
  2) Substance abuse,
  3) Relationships,
  4) Coping skills, and
  5) Wellness.

Developmental/behavioral assessment, as appropriate, including:
- Developmental screening to include, but not limited to:
  1) A note indicating the date the test was performed,
  2) The standardized tool used which must have:
     Motor, language, cognitive, and social-emotional developmental domains,
- Established reliability scores of approximately 0.70 or above,
- Established validity scores of approximately 0.70 or above for the tool conducted on a significant amount of children and using an appropriate standardized developmental or social-emotional assessment instrument, and
- Established sensitivity/specificity scores of approximately 0.70 or above, and
  3) Evidence of a screening result or screening score,
- Autism screening,
- Developmental surveillance,
- Psychosocial/behavioral assessment,
- Alcohol and drug use assessment, and
- Depression screening.

The results of the tests or procedures or an explanation of the clinical decision to not perform a test or procedure in accordance with the AAP Bright Futures Periodicity Schedule MUST be documented.
Sample Documentation Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Allergies</th>
<th>Medications</th>
<th>Birthdate</th>
<th>History</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nutrition**
- **Breast**: [ ]
- **Formula**: [ ]
- **Breastfed**: [ ]

**WIC**: [ ]
- **Yes**: [ ]
- **No**: [ ]

**Delivery Method**: [ ]
- **C-Section**: [ ]
- **Vaginal**: [ ]

**History**
- **Are there any changes in your family history?**
  - **Yes**: [ ]
  - **No**: [ ]
- **Has the patient had any new problems or illnesses since birth?**
  - **Yes**: [ ]
  - **No**: [ ]

**Problem/Concerns**
- **Spitting up**: [ ]
- **Diarrhea**: [ ]
- **Vomiting**: [ ]
- **Sleep**: [ ]

**Newborn Blood Screening**
- **Yes**: [ ]
- **No**: [ ]

**Hearing**
- **Yes**: [ ]
- **No**: [ ]

**Vision**
- **Yes**: [ ]
- **No**: [ ]

**Follows with eyes**: [ ]

**Developmental Surveillance**
- **Normal**: [ ]
- **Abnormal**: [ ]

**Physical Exam**
- **Unclothed**: [ ]
- **Yes**: [ ]
- **No**: [ ]

- **Head Circ**: [ ]
- **In**: [ ]
- **Temp**: [ ]

**Anticipatory Guidance**
- **Car seat, facing backwards**: [ ]
- **Smoke free environment**: [ ]
- **Smoke detectors in home**: [ ]
- **Hot water — 120 degrees**: [ ]
- **No bottle prop**: [ ]
- **Sleeps on back**: [ ]
- **Crib safety**: [ ]

**Counseling for Nutrition/Diet**
- **If breast feed, 26-33 oz/day**: [ ]
- **If breast feed, more than 10 oz/day**: [ ]
- **If breast feed, less than 10 oz/day**: [ ]
- **Dairy solids**: [ ]
- **Whole milk**: [ ]
- **Complete formula**: [ ]
- **Strong iron supplement, if needed**: [ ]

**Psychosocial/Behavioral Assessment**
- **Temperament**: [ ]
- **Sleeping habits**: [ ]
- **Infant hearing**: [ ]
- **Support for mother**: [ ]
- **Daycare plans**: [ ]

**MD/NP Signature**: [ ]

*This assessment to be performed with appropriate actions to follow: if positive: otherwise at the standard age according to AAP White Paper. CPT only*

*Copyright 2010 American Medical Association. All rights reserved.*

**EPSDT Documentation Forms for ALL ages are available for download on DOM’s website:**
https://medicaid.ms.gov/resources/forms/
REMEMBER TO ALSO DOCUMENT

Appropriate referral(s) to other enrolled Mississippi Medicaid providers for diagnosis and treatment.

Follow-up on referral(s) made to other enrolled Mississippi Medicaid providers for diagnosis and treatment.

Next scheduled EPSDT screening appointments, missed appointments and any contacts or attempted contacts for rescheduling of EPSDT screening appointments.

(see Administrative Code 223 Rule 1.4)

IMPORTANT NOTE: Medical records must be available to the Division of Medicaid and/or designated entity upon request. [Refer to Maintenance of Records Part 200, Rule 1.3]

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.
Most Common Documentation Issues

- Immunization Status not documented.
- Screening for sexually transmitted diseases are not documented.
- No hemoglobin or hematocrit levels.
- No lead assessments and no blood lead testing when applicable.
- No nutritional counseling.
- No developmental assessments.
- Missing height/weight growth parameters.
- No documentation a hearing or vision screening.
- Missing documentation of anticipatory guidance.
- No dental referrals.
- No documentation of the periodicity appointment (return appointment for the next scheduled EPSDT visit).
- No documentation for the additional evaluation and management visit reimbursed.
- No documentation that the exam was performed unclothed.
Bright Futures

https://brightfutures.aap.org/
Notable MS EPSDT Changes via Bright Futures

- First week well visit (3 to 5 days old)
- 30 month visit
- Standardized developmental screen
- Autism screen
- Adolescent Depression screen
- Adolescent Tobacco and Drug screen
- Adolescent Hearing Screen
- Universal Dyslipidemia screen
- Universal HIV screen
and Newborn Bilirubin
3-5 Day Visit Priorities

Priorities for the First Week Visit (3 to 5 Days)

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health* (risks [living situation and food security, environmental tobacco exposure], strengths and protective factors [family support])
- Parent and family health and well-being (transition home, sibling adjustment)
- Newborn behavior and care (early brain development, adjustment to home, calming, when to call [temperature taking] and emergency readiness, CPR, illness prevention [handwashing, outings] and sun exposure)
- Nutrition and feeding (general guidance on feeding [weight gain, feeding strategies, holding, burping, hunger and satiation cues], breastfeeding guidance, formula-feeding guidance)
- Safety (car safety seats, heatstroke prevention, safe sleep, safe home environment: burns)

* Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
30 Month Visit Priorities

Priorities for the 2½ Year Visit

*The first priority is to attend to the concerns of the parents.*

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Family routines (day and evening routines, enjoyable family activities, parental activities outside the family, consistency in the child's environment)
- Language promotion and communication (use of simple words and reading together)
- Promoting social development (play with other children, giving choices, limits on television and media use)
- Preschool considerations (readiness for early childhood programs and playgroups, toilet training)
- Safety (car safety seats, outdoor safety, water safety, sun protection, fires and burns)
### Recommendations for Preventive Pediatric Health Care

**Bright Futures/American Academy of Pediatrics**

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP recommends emphasizing the importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidelines by age as listed in the bright futures continues magazine in Share it, Dance and Play, Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents (4th ed.).

The recommendations in this statement do not mandate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

**Copyright © 2017 by the American Academy of Pediatrics, updated February 2017.**

No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

---

<table>
<thead>
<tr>
<th>MEASUREMENTS</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
<th>ADOLESCENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height, Weight</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>Head Circumference</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
</tr>
</tbody>
</table>

**ANTICIPATORY GUIDANCE**

1. For children under age 2, the first time at any point on the schedule, all 3 items are not accomplished at the suggested ages, the schedule should be brought up to date at the earliest possible time.
2. A presidential visit should be recommended for everyone who has had 2 or more visits. For those who have not, a recommendation should be made.
3. A nutritional visit should be recommended for everyone who has had 2 or more visits. For those who have not, a recommendation should be made.
4. A developmental visit should be recommended for everyone who has had 2 or more visits. For those who have not, a recommendation should be made.
5. A vision/ear examination should be recommended for everyone who has had 2 or more visits. For those who have not, a recommendation should be made.
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before 1 year.
7. A dental visit should be recommended at age 4 and at age 6, and thereafter at 2 years. For those who have not, a recommendation should be made.
8. A nutritional visit should be recommended at age 4 and at age 6, and thereafter at 2 years. For those who have not, a recommendation should be made.
9. A vision/ear examination should be recommended at age 4 and at age 6, and thereafter at 2 years. For those who have not, a recommendation should be made.
10. A dental visit should be recommended at age 4 and at age 6, and thereafter at 2 years. For those who have not, a recommendation should be made.
11. A nutritional visit should be recommended at age 4 and at age 6, and thereafter at 2 years. For those who have not, a recommendation should be made.
12. A vision/ear examination should be recommended at age 4 and at age 6, and thereafter at 2 years. For those who have not, a recommendation should be made.

---

**Note:** Full table content is available in the PDF document linked in the original text.
Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care
(Particdity Schedule)

This schedule reflects changes approved in February 2017 and published in April 2017.

For further information, see the Bright Futures Guidelines, 4th Edition, Evidence and Rationale chapter (https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Evidence_Rationale.pdf).

CHANGES MADE IN FEBRUARY 2017

HEARING

Timing and follow-up of the screening recommendations for hearing during the infancy visits have been delineated. Adolescent risk assessment has changed to screening once during each time period.

Footnote 8 has been updated to read as follows: “Confirm initial screen was completed, verify results, and follow up, as appropriate.”

Footnote 9 has been added to read as follows: “Verify results as soon as possible, and follow up, as appropriate.”

PSYCHOSOCIAL/BEHAVIORAL ASSESSMENT

Footnote 1 has been added to read as follows: “This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See “Promoting Optimal Development: Screening for Behavioral and Emotional Problems” (http://pediatrics.aappublications.org/content/127/5/929) and “Poverty and Child Health in the United States” (http://pediatrics.aappublications.org/content/132/3/e2010e339).

TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT

The header was updated to be consistent with recommendations.

DEPRESSION SCREENING
- Adolescent depression screening begins routinely at 12 years of age (to be consistent with recommendations of the US Preventive Services Task Force [USPSTF]).

MATERNAL DEPRESSION SCREENING
- Screening for maternal depression at 1-, 2-, 4-, and 6-month visits has been added.
- Footnote 16 was added to read as follows: “Screening should occur per Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice” (http://pediatrics.aappublications.org/content/126/5/1032).

NEWBORN BLOOD
- Timing and follow-up of the newborn blood screening recommendations have been delineated.
- Footnote 18 has been updated to read as follows: “Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel (http://www.bna.org/advisorycommittees/ncdhhsadvisory/ hereditarydisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://www-connhealth.edu/sites/genesis-r-us/files/nbsdisorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs.”
- Footnote 20 has been added to read as follows: “Verify results as soon as possible, and follow up, as appropriate.”

NEWBORN BILIRUBIN
- Screening for bilirubin concentration at the newborn visit has been added.
- Footnote 21 has been added to read as follows: “Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See ‘Hyperbilirubinemia in the Newborn Infant >35 Weeks Gestation: An Update With Clarifications’ (http://pediatrics.aappublications.org/content/124/4/1105).”

DYSLIPIDEMIA
- Screening for dyslipidemia has been updated to occur once between 9 and 11 years of age, and once between 17 and 21 years of age (to be consistent with guidelines of the National Heart, Lung, and Blood Institute).

SEXUALLY TRANSMITTED INFECTIONS
- Footnote 29 has been updated to read as follows: “Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases.”

HIV
- A subheading has been added for the HIV universal recommendation to avoid confusion with STIs selective screening recommendation.
- Screening for HIV has been updated to occur once between 15 and 18 years of age (to be consistent with recommendations of the USPSTF).
- Footnote 30 has been added to read as follows: “Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshiv.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and retested annually.”

ORAL HEALTH
- Assessing for a dental home has been updated to occur at the 12-month and 18-month through 6-year visits. A subheading has been added for fluoride supplementation, with a recommendation from the 6-month through 12-month and 18-month through 16-year visits.
- Footnote 32 has been updated to read as follows: “Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (http://www2.aap.org/oralhealth/docs/BiskAssessmentTool.pdf) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See ‘Maintaining and Improving the Oral Health of Young Children’ (http://pediatrics.aappublications.org/content/134/6/1234y).”
- Footnote 33 has been updated to read as follows: “Perform a risk assessment (http://www2.aap.org/oralhealth/docs/BiskAssessmentTool.pdf). See ‘Maintaining and Improving the Oral Health of Young Children’ (http://pediatrics.aappublications.org/content/134/6/1234y).”
- Footnote 35 has been added to read as follows: “If primary water source is deficient in fluoride, consider oral fluoride supplementation. See ‘Fluoride Use in Caries Prevention in the Primary Care Setting’ (http://pediatrics.aappublications.org/content/134/6/268).”
## EPSDT Periodic Exam Schedule

<table>
<thead>
<tr>
<th>Screening Code</th>
<th>Modifier</th>
<th>Age of Child</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Patient 99381</td>
<td>99391 EP</td>
<td>3-5 Days</td>
<td>1</td>
</tr>
<tr>
<td>Established Patient 99381</td>
<td>99391 EP</td>
<td>0 – 1 Months</td>
<td>1</td>
</tr>
<tr>
<td>99381</td>
<td>99391 EP</td>
<td>2 Months</td>
<td>1</td>
</tr>
<tr>
<td>99381</td>
<td>99391 EP</td>
<td>4 Months</td>
<td>1</td>
</tr>
<tr>
<td>99381</td>
<td>99391 EP</td>
<td>6 Months</td>
<td>1</td>
</tr>
<tr>
<td>99381</td>
<td>99391 EP</td>
<td>9 Months</td>
<td>1</td>
</tr>
<tr>
<td>99382</td>
<td>99392 EP</td>
<td>12 Months</td>
<td>1</td>
</tr>
<tr>
<td>99382</td>
<td>99392 EP</td>
<td>15 Months</td>
<td>1</td>
</tr>
<tr>
<td>99382</td>
<td>99392 EP</td>
<td>18 Months</td>
<td>1</td>
</tr>
<tr>
<td>99382</td>
<td>99392 EP</td>
<td>24 Months</td>
<td>1</td>
</tr>
<tr>
<td>99382</td>
<td>99392 EP</td>
<td>30 Months</td>
<td>1</td>
</tr>
<tr>
<td>99383</td>
<td>99393 EP</td>
<td>3 – 4 years*</td>
<td>1</td>
</tr>
<tr>
<td>99384</td>
<td>99394 EP</td>
<td>5 - 11 years*</td>
<td>1</td>
</tr>
<tr>
<td>99385</td>
<td>99395 EP</td>
<td>12 – 17 years*</td>
<td>1</td>
</tr>
<tr>
<td>99385</td>
<td>99395 EP</td>
<td>18 - 21 years*</td>
<td>1</td>
</tr>
</tbody>
</table>

### PROVIDER TIPS
- Advocate maximizing every visit by making sure the child is current on EPSDT services.
- If a provider can’t access the EPSDT report on the portal, please notify the EPSDT coordinator.
- Be sure the office uses the correct coding.
### Sensory Screenings and Developmental/Behavioral Assessments

<table>
<thead>
<tr>
<th>Screening Code</th>
<th>EPSDT Service</th>
<th>Age of Child</th>
<th>Period Limitations</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>99173-EP</td>
<td>Vision Screen</td>
<td>3 – 21 Years</td>
<td>Annually</td>
<td>1</td>
</tr>
<tr>
<td>92551-EP</td>
<td>Hearing Screen</td>
<td>4 – 21 Years</td>
<td>Annually</td>
<td>1</td>
</tr>
<tr>
<td>96110-EP</td>
<td>Developmental Screen</td>
<td>9, 18, &amp; 30 Months</td>
<td>9, 18, &amp; 30 Months</td>
<td>1</td>
</tr>
<tr>
<td>96110-EP</td>
<td>Autism Screen</td>
<td>18 &amp; 24 Months</td>
<td>18 &amp; 24 Months</td>
<td>1</td>
</tr>
<tr>
<td>96160 – EP (effective 1/1/2017)</td>
<td>Depression Screen</td>
<td>12 – 21 Years</td>
<td>Annually Beginning at Age 12</td>
<td>1</td>
</tr>
</tbody>
</table>
www.unitedhealthcareonline.com will show the following web page:

Providers have to sign in, or create an account for this site in order to access their EPSDT reports.
Access

Instructions on how to access the portal depending upon provider circumstances.

Access UnitedHealthcareOnline.com to begin the registration process for Link and UnitedHealthcareOnline.com. Manage individual access, further define user permissions and protect the safety and security of your information by using the User ID and Password Management functionality located on both UnitedHealthcareOnline.com and Link. We strongly encourage each individual in your organization to have their own Optum ID. Please identify your particular situation from the table below to learn how to best set up access.

Get Started
1. Go to UnitedHealthcareOnline.com
2. Select New User located at the top right
3. If you do not have an Optum ID click Register then complete the Optum ID registration process

NOTE: If you already have an Optum ID and need to connect it to a Tax ID click sign in with your Optum ID and enter your Optum ID & Password

4. Click No when asked if you received a registration letter that included a security code

Your organization is not using the websites and would like access

1. Enter your organization’s Tax ID number (without dashes) and click Search
2. Enter your Name and Phone Number. (This makes you the password owner and gives you the ability to add and edit users.)
3. Enter the Physician’s Date of Birth or a Paid Claim Number to generate immediate access to the Website. Click Continue
   • If you cannot provide the requested information, click Can’t provide either and select a mailing address to have a Security Code mailed to you. (If none of the addresses listed are correct, click the Can’t provide either button on the address screen for further instructions.)
4. Review and Agree to the Site Use Agreement
5. Select a Department from the drop-down box. (If Other is selected, enter the department name in the space provided.)

UserSelf Registration
1. Enter your organization’s Tax ID number (without dashes) and click Search
2. Select an Administrator and click the Continue button. This person will be responsible for approving and completing your registration
3. Enter the User/New Account Information and click the Continue button
4. Review the information you have entered and click the Submit button
5. The confirmation displays. (An email will be sent to the Administrator you selected. The Administrator will review the request and complete the registration process. An email notification will be sent to you when your registration has been approved)

You are a billing company or other organization affiliated with a medical provider and would like access

1. Enter your organization’s Tax ID number, the Tax ID number of YOUR billing organization, not the provider’s Tax ID number (without dashes) and click Search
2. Complete the registration process by entering your Organization information and demographic information. Click Continue
3. Review the information you have entered then click Submit
4. The confirmation page displays. Click OK. You will be taken to Link where you can request access a provider’s Tax ID.

Request access to a provider’s Tax ID
1. Sign in to UnitedHealthcareOnline.com. From Link click the User ID & Password Management application
2. Select Multi-TIN Access from the left menu

https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Help/AccessingUnitedHealthcareOnline_QRG.pdf
Accessing Link and UnitedHealthcareOnline.com
QUICK REFERENCE

Getting Started

Your organization is not using the websites and would like access (continued)

6. Select a Title from the drop-down boxes and an Employer.
7. Enter your Business Email, Address, City, State and Zip Code.
8. Enter your Business Phone Number.
9. Click the Save button. You will be taken to Link where you can access the available applications.
10. If you wish to use functions on UnitedHealthcareOnline.com, click the UnitedHealthcare Online application.

Note: To access multiple tax IDs, complete this process for each Tax ID, then go to User ID & Password Management > Multi-TIN Access to be multiple Tax IDs to one login.

Your organization is registered and would like to add new individual users (continued)

Administrator adds new user

1. Sign in to UnitedHealthcareOnline.com. From Link click the User ID & Password Management application. (Access is also available from UnitedHealthcareOnline.com by clicking User ID & Password Management at the top of the page.)
2. Click the Users link from the left navigation menu.
3. Click the Add User button.

Users

4. Complete the Add New User form.
   - Enter the user demographic information.
   - Select the User Account Type of Standard or Administrative. (The Administrative role has the ability to manage users, roles and access profiles.)
   - Select an existing or add a new Functional Role.
   - Select an existing or add a new Access Profile.
   - Enter a requested Optum ID. For Optum ID requirements, click on the question mark (??) icon.
   - Select the Save button and click Yes to save your changes as prompted.
5. A confirmation window will advise that the user has been added and notified via email. The email notification includes necessary instructions complete their registration.

3. Click Request Access.

4. Enter the Physician’s Tax ID and zip code as well as a Contact Name. Repeat for each Tax ID you need access to.

   **Request Multi-TIN Access**

   - Physician/Provider Tax ID: 
   - Physician/Provider Zip Code: 
   - Contact First Name: 
   - Contact Last Name: 

5. A letter will be mailed to the Physician/Provider office. To approve your request the physician’s office can:
   - Approve via UnitedHealthcareOnline.com or Link.
   - Call the help desk at 866-842-3278
   - Pass the security key referenced in the letter to complete the activation process.

6. You will receive an email notifying you that access has been approved or denied. Until then, the message, “You do not have the correct access rights to view the selected page” will display when you try to access any other secure feature of UnitedHealthcareOnline.com and Link.

Refer to the Getting Started: Billing Company Quick Reference located on UnitedHealthcareOnline.com Help>Quick Reference>Getting Started for additional information.

https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Help/AccessingUnitedHealthcareOnline_QRG.pdf
Providers with multiple staff members using the portal will need to create roles. This tip sheet can walk them through the process.

https://www.unitedhealthcareonline.com/ccmcontent/ProviderlI/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Help/Roles_Function_Queck_Reference.pdf
Reports – Quick Reference

https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Help/Users_Function_Quick_Reference.pdf
EPSDT Resources: UnitedHealthcare

Provider Services
877-743-8734
Hours of Operations:
Monday – Friday 8 a.m. to 5 p.m.

Prior Authorization Notification
866-604-3267
Fax 888-310-6858
UnitedHealthcareOnline.com

Pharmacy Services
877-305-8952

Transportation
866-331-6004

EPSDT Coordinator
Kenisha_potter@uhc.com
601-718-6609
DOM Website to EPSDT Guidelines

Blood Lead Screening Form

DOM Provider Reference Guide

To learn more about the EPSDT or expanded EPSDT program from DOM, call:
Phone: (601) 359-6150
Toll-free: 1-800-421-2408
EPSDT Online Resources

UHG recommends following guidelines by:

American Academy of Pediatrics (AAP)
www.aap.org

CDC Advisory Committee on Immunization Practices (ACIP)
Immunization Recommendations Schedule
www.cdc.gov/vaccines/recs/acip

American Academy of Family Physicians
www.aafp.org

American Academy of Pediatric Dentistry (AAPD)
http://www.aapd.org/
Additional Online Resources

http://www.ceasar-boston.org/CRAFFT/ (BH screening tool on substance abuse)

http://www.cdc.gov/growthcharts/data/set1clinical/set1color.pdf

http://www.cdc.gov/vaccines/programs/vfc/about/index.html


http://www.ennovation.com/ (Snellen Charts)

https://www.healthypeople.gov/2020/topics-objectives

http://depts.washington.edu/pehsu/sites/default/files/BLL%20mgent%20GO%20Final-April%202013(with%20disclaimer).pdf (Lead)

https://m-chat.org/ (Autism screen)

http://www.easterseals.com/louisiana/our-programs/childrens-services/ (Free online Ages & Stages®)

https://integrationacademy.ahrq.gov/atlas/overviewofmeasures (PH-9 and others)
Questions
Our United Culture. The way forward.

Integrity  |  Compassion  |  Relationships  |  Innovation  |  Performance