

HEALTH TRACKS EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)

Health Tracks is the name of North Dakota Medicaid's EPSDT benefit. EPSDT is Medicaid's federally required comprehensive and preventative health benefit, for individuals through age 20.

The federal guidelines for EPSDT are available at www.medicaid.gov.

OVERVIEW

The ND Medicaid Health Tracks Program focuses on early prevention and treatment, assures the availability and accessibility of required health care resources, and helps members and their parents or guardians effectively use services.

The Health Tracks Program includes a comprehensive child prevention and treatment system, to systematically:

- Identify eligible children and provide information about the benefits of prevention and the types of assistance available;
- Help children and their families use health resources;
- Assess the child's health needs through initial and periodic check-ups; and
- Assure that health problems found are diagnosed and treated early, before they become complex, and their treatment becomes more costly.

HEALTH TRACKS/WELL-CHILD CHECKS SERVICE REQUIREMENTS

All screening tools must be evidence-based. The Health Tracks/Well-Child Checks benefit includes the following:

- Screening/Examination services:
 - A comprehensive health and developmental history including assessment of both physical and mental health development (see [Bright Futures Commonly Used Screening Tools](#)),
 - A comprehensive unclothed physical exam,
 - Appropriate immunization – (according to the [schedule](#) established by the Advisory Committee on Immunization Practices (ACIP) for vaccines),
 - Laboratory tests (including Lead Toxicity screening*), and
 - Health Education – Health education is a required component of screening/examination services and includes anticipatory guidance. At the outset, the physical and/or dental check-up provides the initial context for providing health education. Health education and counseling to both parents (or guardians) and children is required and is designed to assist in

understanding what to expect in terms of the child’s development and to provide information about the benefits of healthy lifestyles and practices.

- Vision services including evaluation and treatment for defects in vision.
- Dental services including fluoride varnish, sealants, relief of pain and infections, restoration of teeth, and maintenance of oral health. Dental services may not be limited to emergency services.
- Hearing services including evaluation and treatment for defects in hearing, including hearing aids.
- Other necessary health care services to diagnose and treat physical and behavioral health illnesses, defects, and conditions discovered through a check-up.

***Lead Toxicity Screening** – The Centers for Disease Control and Prevention (CDC) recommends testing blood for lead exposure. All children are considered at risk and must be screened for lead toxicity. EPSDT benefit requirements dictate that all children eligible for Medicaid have a screening blood lead test completed at 12 months and 24 months of age. Medicaid-eligible children between the ages of 36 months and 72 months of age must have a blood lead test if they have not been previously screened for lead toxicity. The CDC recommends health care providers use either a capillary or venous sample for the initial blood level. If the capillary results are equal to or greater than 3.5 ug/dl, a venous sample should be collected. All blood lead level results are included in the mandatory reportable conditions per [ND Administrative Code § 33-06-01-01](#) Reportable Conditions. The [Childhood Lead Poisoning Evaluation Questionnaire](#) (SFN 59322) can be utilized for children screened at ages outside the ranges noted above. Additional information [Blood Lead Levels in Children | Lead | CDC](#) and [Childhood Lead Poisoning Prevention](#).

PERIODICITY SCHEUDULE

The recommended frequency of Health Tracks/Well Child Check assessments is according to the following schedule. Consult the [Bright Futures Well Child Periodicity Schedule](#) for a description of visits.

Recommended EPSDT Periodicity Schedule:

Newborn	2 months	9 months	18 months	Age 3 through age 20, annually
3-5 days	4 months	12 months	24 months	
1 month	6 months	15 months	30 months	

ND Medicaid allows Health Tracks screenings/Well-Child Checks as often as considered medically necessary. Inter-periodic checkups (check-ups outside the periodicity schedule) should be billed the same as a periodic check-up.

DIAGNOSIS

When a check-up indicates the need for further evaluation of a child's health, appropriate diagnostic services must be provided, and a referral should be made without delay. Appropriate follow-up must also occur to make sure that the member receives a complete diagnostic evaluation.

TREATMENT

Health care services must be made available to treat, correct or ameliorate defects, physical and behavioral health illnesses, or conditions discovered through the check-up.

Any additional diagnostic and treatment services determined to be medically necessary must also be provided to a child diagnosed with an elevated blood lead level.

DOCUMENTATION REQUIREMENTS

Providers must use the Bright Futures guidelines.

Documentation requirements can also be met using an internal form or within your Electronic Health Record, if it captures all the components included in the Bright Futures guidelines. These documentation requirements include:

- Comprehensive health and developmental history, to include social/behavioral/mental health screenings;
- Health education/anticipatory guidance;
- Comprehensive physical examination;
- Immunizations received;
- Lead screening;
- Hearing screening;
- Vision screening;
- Dental screening including fluoride varnish; and
- Laboratory tests and results.

Please see Documentation Guidelines for Medicaid Services in the Provider Information Policy.

COVERED SERVICES

Vision, hearing, and dental screenings are part of a Health Tracks/Well-Child Check and cannot be billed separately. The following may be billed separately using the appropriate CPT code:

- Immunizations and administration (See Immunizations chapter in this manual),
- Fluoride Varnish (See coding guideline below),

- Developmental Screenings (see coding guideline below),
- Maternal Depression Screenings (see coding guideline below),
- Laboratory tests, and
- Other necessary diagnostic and treatment services.

BILLING GUIDELINES

Provider Type	Revenue Code	Procedure Code
FQHC	0521	S0302 or 9938x / 9939x
RHC	0521	S0302 or 9938x / 9939x
IHS	0519	S0302 or 9938x/9939x
LPHU	N/A	S0302
All other providers	N/A	S0302 or 9938x / 9939x

Per CPT® “If an abnormality is encountered or a preexisting problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported. An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and management service and which does not require additional work and the performance of the key components of a problem-oriented E/M service should not be reported.”

The provider’s electronic signature on the claim is the attestation of the medical necessity of both services, including an assurance that the following requirements are met.

Requirements for providing Preventive and Focused Problem (E/M) care same day:

- Provider documentation must support billing of both services. Providers must create separate notes for each service rendered in order to document medical necessity.
- In deciding on appropriate E/M level of service rendered, only activity performed “above and beyond” that already performed during the Health Tracks visit is to be

used to calculate the additional level of E/M service. If any portion of the history or exam was performed to satisfy the preventive service, that same portion of work should not be used to calculate the additional level of E/M service.

- All elements supporting the additional E/M service must be apparent to an outside reader/reviewer.
- The note documenting the focused (E/M) encounter should contain a separate history of present illness (HPI) paragraph that clearly describes the specific condition requiring evaluation and management.
- The documentation must clearly list in the assessment the acute/chronic condition(s) being managed at the time of the encounter.

LIMITATIONS

ND Medicaid will not reimburse HCPCS code S0302 – EPSDT screening and CPT code 9938x/9939x – Preventive Medicine Services on the same date of service.

CODING GUIDELINES

Developmental Screenings and Brief Behavioral Assessments

CPT Codes

96110 - Developmental screen (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

96127 - Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

Criteria for Coverage

ND Medicaid allows these services when billed in conjunction with a preventative medicine service, Evaluation and Management service, or EPSDT service. Code 96110 should be used to report screening for healthy, physical development (speech and language development, physical growth). Code 96127 should be used to report a brief assessment for ADHD, depression, suicidal risk, anxiety, substance abuse, eating disorders, etc. This code was created in response to the Affordable Care Act's federal mandate to include mental health services as part of the essential benefits that must be included in all insurance plans offered in individual and small group markets. The mandate covers services such as depression screening for adolescents, alcohol and drug use in adolescents, and behavioral assessments in children and adolescents.

ND Medicaid aligns with the American Academy of Pediatrics (AAP) Bright Futures guidelines which include the following screening tools: For more information refer to [Bright Futures Toolkit: Links to Commonly Used Screening Instruments and Tools | AAP Toolkits | American Academy of Pediatrics](#)

Instrument	Abbreviation	CPT code
Ages and Stages Questionnaire - Third Edition	ASQ-3	96110
Ages and Stages Questionnaire: Social-Emotional 2nd Edition	ASQ:SE-2	96127
Ask Suicide-Screening Questions	ASQ	96127
Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide	(No Abbreviation)	96127
Baby Pediatric Symptoms Checklist	BBSC	96127
Brief Screener for Alcohol, Tobacco, and Other Drugs	BSTAD	96127
Columbia -Suicide Severity Rating Scale	C-SSRS	96127
Modified Checklist for Autism in Toddlers	M-CHAT or M-CHAT-R/F	96110
Patient Health Questionnaire	PHQ-2, PHQ-9 or PHQ-A	96127
Patient Safety Screener	PSS-3	96127
Parents' Evaluation of Developmental Status	PEDS	96110
Pediatric Symptom Checklist	PSC, PSC-Y or PSC-17	96127
Preschool Pediatric Symptoms Checklist	PPSC	96127
Screening to Brief Intervention	S2BI	96127
Strength and Difficulties Questionnaire	SDQ	96127
Car, Relax, Alone, Forget, Friends, Trouble	CRAFFT	96127
Survey of Well-being of Young Children	SWYC	96110

Maternal Depression Screening

CPT Code

96161 - Administration of a caregiver-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument

ICD10-CM Covered Diagnosis

- Z00.110 Health Examination for a newborn under 8 days old
- Z00.111 Health Examination for a newborn 8 to 28 days old
- Z00.121 Encounter for routine child health exam with abnormal findings
- Z00.129 Encounter for routine child health exam w/out abnormal findings

Indications

Maternal depression affects up to 18% of mothers during the first year after delivery. Untreated maternal depression can have major, long-term adverse effects for the mother and her child, including placing the child at risk for delays in social-emotional development. Early detection, referral and treatment of maternal depression can greatly reduce adverse consequences. A pediatric provider may be the only provider that a mother sees within the first year after delivery. As a result, pediatric providers can identify and refer mothers for depression through routine screening at the child's Health Tracks (EPSDT) screening, Well Child Check, or another pediatric office visit.

Effective July 1, 2011, North Dakota Medicaid reimburses maternal depression screening as a separate service when performed in conjunction with a Health Tracks screening, Well Child Check, or any other pediatric visit, as a risk assessment for the child. Providers are encouraged to screen mothers who have a North Dakota Medicaid-eligible child under the age of one for maternal depression.

Criteria for Coverage

Screen any time within the child's first year.

American Academy of Pediatrics – Bright Futures guidelines recommend screening at the 1-month visit, 2-month visit, 4-month visit, and 6-month visit. For more information refer to [Bright Futures Toolkit: Links to Commonly Used Screening Instruments and Tools](#)

Use one of the following standardized screening tools:

- [Edinburgh Postnatal Depression Scale \(EPDS\)](#)
- [Patient Health Questionnaire - 9 \(PHQ-9\) Screener](#)

Billing Requirements

When a Maternal Depression Screening occurs during a Health Tracks screening, Well Child Check or other pediatric office visit for a child eligible for North Dakota Medicaid under one year of age, the following guidelines apply:

Bill only when one of the standardized screening instruments is used

Bill using the child's North Dakota Medicaid recipient ID number

Limits

North Dakota Medicaid allows up to four (4) Maternal Depression Screenings for a child up to age one.

FLUORIDE VARNISH

CDT© Codes

D1206 Topical application of fluoride varnish

D1208 Topical application of fluoride – excluding varnish

99188 Application of topical fluoride varnish by a physician or other qualified health care professional when performed in a non-dental clinic or facility setting

Criteria for Coverage

Children

Fluoride treatment is covered for members ages 6 months through 20 years old. A maximum of three applications per year, per member is covered. Dental offices may bill utilizing codes D1206 or D1208.

Fluoride varnish performed in a non-dental clinic or facility setting is covered for members ages 6 months through 20 years old. A maximum of two applications per year, per member is covered. Clinics and facilities may bill utilizing code 99188. It is recommended the fluoride varnish be applied at the time of a well-child visit / Health Tracks screening.

D1206	D1208	99188
3/year *shared with D1208	3/year *shared with D1206	2/year *separate limit

Adult

Fluoride treatment is covered for members ages 21 and older. A maximum of two applications per year, per member is covered. Dental offices may bill utilizing codes D1206 or D1208.

D1206	D1208	99188
2/year *shared with D1208	2/year *shared with D1206	no coverage

Dentists, physicians, and physician assistants may bill ND Medicaid for the application of fluoride varnish in accordance with their scope of practice and in accordance with any rules adopted by their respective licensing boards.

The following practitioners may bill ND Medicaid for the application of fluoride varnish after receiving training that has been approved by the North Dakota Board of Dental Examiners:

- Nurse Practitioners
- Registered Nurses and Licensed Practical Nurses under the supervision* of a physician, family nurse practitioner, or physician assistant
- Registered Dental Hygienist or Registered Dental Assistant under the supervision* of a licensed dentist.

*Supervision requirements are dictated by state law, administrative rules, and the applicable licensing boards.

ICD-10-CM Covered Diagnosis

Z00.121 Encounter for routine child health examination with abnormal findings

Z00.129 Encounter for routine child health examination without abnormal findings

Z29.3 Encounter for prophylactic fluoride administration.

Z41.8 Encounter for other procedures for purposes other than remedying health state

Additional Resources

[Benefits of Fluoride Varnish FAQ](#)

[Inform Sheet: Dental Fluoride Varnish Comparison](#)