



Early Periodic Screening and Diagnosis Treatment (EPSDT)

Self-Report Instructions

Effective for July 1, 2019

Missouri health plans shall self-report their EPSDT Participant Ratios using the following instructions.

The health plan must meet a sixty-five percent (65%) participant ratio for two Categories of Aid and rate cells for each region (Central, Eastern, Western, and Southwest). The two age groups are newborns (infants less than one year old) and children ages one (1) through less than six (6).

The MO HealthNet Division (MHD) will use DCNs to validate that the member was enrolled for at least 90 continuous days during the measurement period, that their age was correctly calculated and assigned to the appropriate age group, and they received a qualifying service. The MHD will also check that the participant ratio has been calculated correctly.

Important Dates by Fiscal Year			
	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022
Measurement Period	July 1, 2019 through June 30, 2020	July 1, 2020 through June 30, 2021	July 1, 2021 through June 30, 2022
Claims Runout	July 1, 2020 through December 31, 2020	July 1, 2021 through December 31, 2021	July 1, 2022 through December 31, 2022
Due Date for Self-Report	January 31, 2021	January 31, 2022	January 31, 2023

Include only:

- Members Eligible for EPSDT for 90 Continuous Days.
- Newborns and children less than six years of age (see below for age groups).
 - Ensure age is calculated correctly in each age group; for example, 1 to 2 years old should include children One Year Old (12 months) through Two Years and 364 Days Old.
- EPSDT Eligible Claims are included on Attachment 1 and correspond to the CMS 416 Report Instructions for Line 6.
 - Please note that the MHD has added additional procedure and diagnosis codes to its list of EPSDT-eligible claims, beyond what is recommended by CMS.
 - The MHD will accept all procedure codes included on Attachment 1, with or without listed modifiers.

For the self-report, create a spreadsheet with at least two tabs:

Tab 1:

- DCN
- Months of Eligibility
- Date of Service
- Age in Years
- ME Code
- Region
- Procedure Code
- Diagnosis Code
- Claim Status (Denied or Paid)

Tab 2 (may use more tabs as necessary):

- Refer to the CMS 416 Report Instructions for calculations and guidance: <https://www.medicaid.gov/medicaid/benefits/downloads/cms-416-instructions.pdf>.
- Use Missouri's Periodicity Schedule and associated parameters, provided below; also available at: http://manuals.momed.com/collections/collection_phy/print.pdf.
- Include only members enrolled for 90 or more continuous days during the measurement period.
- Include participant ratios for each region and Missouri as a whole.
- See Sample Tab 2 for an example of showing work used to calculate the EPSDT Participant Ratio for each region. Additional fields, calculations, and footnotes are welcome.

Periodicity Schedule and Associated Parameters			
Age Group	Periodicity Schedule	Years in Age Group	Annualized Periodicity Schedule
Less than 1 Year Old	6	1	6
1 to 2 Years Old	4	2	2
3 to Less than 6 Years Old	3	3	1

Sample Tab 2:

Health Plan A - EPSDT Performance								
Central Region								
Age Cat	Line 1b: Total Enrolled 90 Continuous Days	Line 2c: Annualized periodicity schedule	Line 3a: Total Months of Eligibility	Line 3B: Avg Period of Eligibility	Line 4: Expected # Screenings per Child	Line 8: # Who Should Receive at Least 1 Screening	Line 9: # Receiving at Least 1 Screening	Line 10: Participant Ratio
Less than 1 Year Old		6						
1 to 2 Years Old		2						
3 to Less than 6 Years Old		1						
Total								
Eastern Region								
Age Cat	Line 1b: Total Enrolled 90 Continuous Days	Line 2c: Annualized periodicity schedule	Line 3a: Total Months of Eligibility	Line 3B: Avg Period of Eligibility	Line 4: Expected # Screenings per Child	Line 8: # Who Should Receive at Least 1 Screening	Line 9: # Receiving at Least 1 Screening	Line 10: Participant Ratio
Less than 1 Year Old		6						
1 to 2 Years Old		2						
3 to Less than 6 Years Old		1						
Total								

Attachment 1: EPSDT Eligible Procedure and Diagnosis Codes for Line 6

Procedure Code*	Description	ICD	Diagnosis Code				
99381 52 EP	Full Screening, New Patient	-	N/A				
99382 52 EP	New Patient (ages 1-4 years)	-	N/A				
99383 52 EP	New Patient (ages 5-11 years)	-	N/A				
99384 52 EP	New Patient (ages 12-17 years)	-	N/A				
99385 52 EP	New Patient (ages 18-39 years)	-	N/A				
99391 52 EP	Established patient under one year	-	N/A				
99392 52 EP	Established Patient (ages 1-4 years)	-	N/A				
99393 52 EP	Established Patient (ages 5-11 years)	-	N/A				
99394 52 EP	Established Patient (ages 12-17 years)	-	N/A				
99395 52 EP	Established Patient (ages 18-39 years)	-	N/A				
59400	OB Care, Antepartum, Delivery & Postop Care	-	N/A				
59510	OB Care, Antepartum, Cesarean Delivery & Postop Care	-	N/A				
59610	OB Care, Antepartum, Delivery & Postop Care after Prior C-Section	-	N/A				
59618	OB Care, Global C-Section (but after attempting normal delivery)	-	N/A				
99222	Initial Hospital Care, per day	-	N/A				
99223	Initial Hospital Care, per day	-	N/A				
99468	Neonatal Critical Care, initial	-	N/A				
99244	Office Consultation	-	N/A				
99245	Office Consultation	ICD 10	Z76.1	Z00.111	Z02.2	Z02.81	Z00.6
			Z76.2	Z00.00	Z02.3	Z02.82	Z00.5
			Z00.121	Z00.01	Z02.4	Z02.83	Z00.70
			Z00.129	Z02.0	Z02.5	Z02.89	Z00.71
			Z00.110	Z02.1	Z02.6	Z00.8	
99254	Inpatient Consultation	ICD 10	Z76.1	Z00.111	Z02.2	Z02.81	Z00.6
			Z76.2	Z00.00	Z02.3	Z02.82	Z00.5
			Z00.121	Z00.01	Z02.4	Z02.83	Z00.70
			Z00.129	Z02.0	Z02.5	Z02.89	Z00.71
			Z00.110	Z02.1	Z02.6	Z00.8	
99255	Inpatient Consultation	ICD 10	Z76.1	Z00.111	Z02.2	Z02.81	Z00.6
			Z76.2	Z00.00	Z02.3	Z02.82	Z00.5
			Z00.121	Z00.01	Z02.4	Z02.83	Z00.70
			Z00.129	Z02.0	Z02.5	Z02.89	Z00.71
			Z00.110	Z02.1	Z02.6	Z00.8	

*May include any procedure codes above, with or without listed modifiers.

Attachment 1: EPSDT Eligible Procedure and Diagnosis Codes for Line 6

Procedure Code *	Description	ICD	Diagnosis Code				
99201 EP - 99205 EP	Office/Outpatient Visit, New Patient	ICD 10	Z76.1 276.2 Z00.121 Z00.129 Z00.110	Z00.111 Z00.00 Z00.01 Z02.0 Z02.1	Z02.2 Z02.3 Z02.4 Z02.5 Z02.6	Z02.81 Z02.82 Z02.83 Z02.89 Z00.8	Z00.6 Z00.5 Z00.70 Z00.71
99201 GE - 99205 GE	Office/Outpatient Visit	ICD 10	Z76.1 276.2 Z00.121 Z00.129 Z00.110	Z00.111 Z00.00 Z00.01 Z02.0 Z02.1	Z02.2 Z02.3 Z02.4 Z02.5 Z02.6	Z02.81 Z02.82 Z02.83 Z02.89 Z00.8	Z00.6 Z00.5 Z00.70 Z00.71
99201 GEEP - 99205 GEEP	Office/Outpatient Visit	ICD 10	Z76.1 276.2 Z00.121 Z00.129 Z00.110	Z00.111 Z00.00 Z00.01 Z02.0 Z02.1	Z02.2 Z02.3 Z02.4 Z02.5 Z02.6	Z02.81 Z02.82 Z02.83 Z02.89 Z00.8	Z00.6 Z00.5 Z00.70 Z00.71
99211 EP - 99215 EP	Office/Outpatient Visit, Established Patient	-	N/A				
99211 GE - 99215 GE	Office/Outpatient Visit, Established Patient	-	N/A				
99211 GEEP - 99215 GEEP	Office/Outpatient Visit, Established Patient	-	N/A				
99429	Unlisted Preventative Medicine Service (Dental)	-	N/A				
99429 52	Unlisted Preventative Medicine Service (Vision)	-	N/A				
99429 52UC	Unlisted Preventative Medicine Service (Vision w/referral)	-	N/A				
99429 59	Unlisted Preventative Medicine Service (Development/Mental)	-	N/A				
99429 UC	Unlisted Preventative Medicine Service (Dental w/referral)	-	N/A				
99429 59UC	Unlisted Preventative Medicine Service (Development/Mental w/referral)	-	N/A				
99429 EPUC	Unlisted Preventative Medicine Service (Hearing w/referral)	-	N/A				
99429 EP	Unlisted Preventative Medicine Service (Hearing)	-	N/A				
99460	Initial Newborn, Hospital	-	N/A				
99461	Initial Newborn, Hospital	-	N/A				
99463	Same Day Newborn Discharge	-	N/A				

*May include any procedure codes above, with or without listed modifiers.