

PROVIDER BULLETIN

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HEALTHY CHILDREN & YOUTH (HCY) BULLETIN

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HCY SCREENING CODE CHANGES

The 21 modifier (prolonged evaluation and management service) was deleted in the 2009 version of the Current Procedural Terminology (CPT) medical code set. The MO HealthNet Division (MHD) used the 21 modifier in its Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program, known in Missouri as the Healthy Children and Youth (HCY) program, to identify a full medical screen. In order to accommodate this change, effective for dates of service on or after January 1, 2009, the following HCY screening codes have changed.

Full HCY Screen

A full HCY screen includes the following:

- A comprehensive unclothed physical examination;
- A comprehensive health and developmental history including assessment of both physical and mental health developments;
- Health education (including anticipatory guidance);
- Appropriate immunizations according to age;
- Laboratory tests as indicated (appropriate according to age and health history unless medically contraindicated);
- Lead screening according to established guidelines;
- Hearing screening;
- Vision screening; and
- Dental screening.

A full HCY screen must now be billed using procedure codes:

99381 EP-99385 EP for new patients
99391 EP-99395 EP for established patients

If a referral for diagnostic or treatment services is made, providers must use procedure codes:

99381 EP UC-99385 EP UC for new patients
99391 EP UC-99395 EP UC for established patients

The UC modifier must always be listed as the last modifier on the claim.

Partial HCY Screens

Segments of the full medical screen may be provided by different providers. The purpose of this is to increase the access to care for all children and to allow providers reimbursement for those separate screens. When expanded HCY services are accessed through a partial or interperiodic screen, it is the responsibility of the provider completing the partial or interperiodic screening service to have a referral source to refer the child for the remaining components of a full screening service.

A partial HCY screen will now be billed using procedure codes:

99381 52 EP-99385 52 EP for new patients
99391 52 EP-99395 52 EP for established patients

If a referral for diagnostic or treatment services is made, providers must use procedure codes:

99381 52 EP UC-99385 52 EP UC for new patients
99391 52 EP UC-99395 52 EP UC for established patients

The UC modifier must always be listed as the last modifier on the claim.

Interperiodic Screens

Interperiodic Screens are medically necessary screens outside the periodicity schedule that do not require the completion of all components of a full screen and may be provided as an interperiodic screen or as a partial screen. An interperiodic screen has been defined by the Centers for Medicare & Medicaid Services (CMS) as any encounter with a health care professional acting within his or her scope of practice. This screen may be used to initiate expanded HCY services. Providers who perform interperiodic screens may use the appropriate level of Evaluation/Management visit procedure code, the appropriate partial HCY screening procedure code, or the procedure codes appropriate for the professional's discipline as defined in their provider manual. Office visits and full or partial screenings that occur on the same day by the same provider are not covered unless the medical necessity is clearly documented in the participant's record. The diagnosis for the medical condition necessitating the interperiodic screening must be entered in the primary diagnosis field, and the V20.2 diagnosis should be entered in the secondary diagnosis field.

Interperiodic Screens must now be billed using procedure codes:

99381-99385 for new patients

99391-99395 for established patients.

Interperiodic Screens commonly are used for school and athletic physicals. A physical examination may be necessary in order to obtain a physician's certificate stating that a child is physically able to participate in athletic contests at school. When this is necessary, diagnosis code V20.2 should be used as the primary diagnosis. This also applies for other school physicals when required as conditions for entry into or continuance in the educational process. Use the appropriate Preventive Medicine code as noted in the previous paragraph.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896