EPSDT

Reimbursement Policy ID: RPC.0094.5400

Recent review date: 06/2026

Next review date: 07/2027

AmeriHealth Caritas District of Columbia reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas District of Columbia may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, mandated by the Centers for Medicare and Medicaid Services (CMS) for children younger than 21 (twenty-one) years who are enrolled in Medicaid, includes preventive and comprehensive health care services, and is designed to guarantee access to age-appropriate screening, preventive care, and treatment for children and adolescents.

Exceptions

N/A

Reimbursement Guidelines

EPSDT is made up of the following comprehensive services that are intended to find and prevent health issues:

- Screening services
  - Health and developmental history
  - Physical exam
  - Immunizations
  - Laboratory tests
  - Health education
- Vision services
- Dental services
- Hearing services
- Other necessary health care services (if coverable under the Federal Medicaid program and are found to be medically necessary to treat, correct, or reduce illnesses and conditions discovered)
- Diagnostic services, if identified by a screening examination
- Treatment for any identified physical and mental illnesses or conditions

The District of Columbia Preventive Pediatric Health Care Periodicity Schedule is included as part of this Reimbursement Policy. Refer to the link in the Edit Sources below.

The appropriate preventive medicine CPT codes, diagnosis codes, modifiers (including Modifier EP) and EPSDT referral indicators (if indicated following the preventive visit) must be included on the claim. Claims missing this information will be denied**.**

Diagnosis Codes for the Primary Diagnosis

Diagnosis Codes	Code Description
Z76.1	Encounter for health supervision and care of foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings

Include additional diagnosis code(s) for any abnormal finding.

Acceptable CPT codes for preventable visits are:

CPT Codes	Code Description
New Patient	
99460	Newborn Care (during admission)
99381	Age < 1 year
99382	Age 1-4 years
99383	Age 5-11 years
99384	Age 12-17 years
99385	Age 18-20 years
Established Patient	

99463	Newborn (same day discharge)
99391	Age < 1 year
99392	Age 1-4 years
99393	Age 5-11 years
99394	Age 12-17 years
99385	Age 18-20 years

Acceptable EPSDT Modifiers are:

EPSDT Modifiers	Modifier Description
EP	Complete Screen
52	Incomplete Screen
90	Outpatient Lab
U1	Autism (Use U1 with CPT code 96110 for Autism screening. CPT code 96110 without a U1 modifier is to be used for a Developmental screening.

Failure to append EPSDT modifiers will cause claims to be processed as non-EPSDT related encounters.

Acceptable Referral Indicator modifiers are:

Referral Indicators	Indicator Description
YM	Medical Referral
YD	Dental Referral
YV	Vision Referral
YH	Hearing Referral
YB	Behavioral Health Referral
YO	Other Referral

Definitions

Modifier EP
Modifier EP is required for a service provided as part of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visit.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. https://www.amerihealthcaritasdc.com/pdf/provider/billing-manual.pdf
VI. https://www.amerihealthcaritasdc.com/provider/resources/epsdt.aspx
VII. https://www.amerihealthcaritasdc.com/pdf/provider/epsdt-periodicity-table.pdf
VIII. District of Columbia Medicaid Fee Schedule(s) and associated publications.

Attachments

N/A

Associated Policies

N/A

Policy History

06/2026	Reimbursement Policy Committee Approval
05/2026	Annual Review • Updated reimbursement language • Converted codes lists to tables
06/2025	Reimbursement Policy Committee Approval
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
03/2025	Annual review • No major changes
08/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas District of Columbia from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section