



NORTH DAKOTA HEALTH TRACKS EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

WHAT IS EPSDT

Health Tracks is the name of North Dakota Medicaid's EPSDT program. EPSDT is a federally required program that requires states to ascertain, for individuals under age 21, the physical and mental level of wellness and to provide care, treatment and other corrective health measures as necessary.

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

OVERVIEW

ND Health Tracks is a comprehensive child health program consisting of supportive, operational components to:

- Assure the availability and accessibility of required health care resources; and
- Help ND Medicaid members and their parents or guardians to effectively use services.

These components enable Health Tracks to manage a comprehensive child prevention and treatment system, to systematically:

- Seek out eligible individuals and inform them of the benefits of prevention and the types of assistance available;
- Help them and their families use health resources;
- Assess the child's health needs through initial and periodic examinations; and
- Assure that health problems found are diagnosed and treated early, before they become complex and their treatment becomes more costly.

HEALTH TRACKS SERVICE REQUIREMENTS

All screening tools must be evidence-based. The Health Tracks benefits include the following benefits:

- Screening services
 - A comprehensive health and developmental history including assessment of both physical and mental health development, (see [Recommended Tools](#))
 - A comprehensive unclothed physical exam,
 - Appropriate immunization – (according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccine),
 - Lead Toxicity Screening – All children are considered at risk and must be screened for lead poisoning. CMS requires that all children receive a screening blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood test if they have not been previously screened for lead poisoning. A blood lead test must be used when screening Medicaid-eligible children. A blood lead test result equal to or greater than 5 ug/dl obtained by capillary specimen (finger stick) must be confirmed using a venous blood sample,
 - Laboratory tests, and
 - Health Education – Health education is a required component of screening services and includes anticipatory guidance. At the outset, the physical and/or dental screening 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 health lifestyles and practices.
- Vision services including diagnosis and treatment for defects in vision.
- Dental services including relief of pain and infections, restoration of teeth and maintenance of dental health. Dental services may not be limited to emergency services.
- Hearing services including diagnosis and treatment for defects in hearing, including hearing aids.
- Other necessary health care to provide diagnosis and treatment to correct or improve defects, physical and mental illnesses and conditions discovered by the screening services.

PERIODICITY SCHEDULE

The recommendation for frequency of Health Tracks assessments is according to the following schedule. Please consult the Bright Futures Well Child Periodicity Schedule for a description of visits at:

www.brightfutures.org

Newborn	2-5 days	1 month	2 months	4 months
6 months	9 months	1 year	15 months	18 months
2 years	30 months	3 years	4 years	5 years
6 years	7 years	8 years	9 years	10 years
11 years	12 years	13 years	14 years	15 years
16 years	17 years	18 years	19 years	20 years

DIAGNOSIS

When a screening examination indicates the need for further evaluation of an individual's health, provide diagnostic services. The referral should be made without delay and follow-up to make sure that the member receives a complete diagnostic evaluation.

TREATMENT

Health care must be made available for treatment or other measures to correct or ameliorate defects and physical and mental illnesses or conditions discovered by the screening services.

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 are encouraged to use the Bright Futures forms.

Documentation requirements can also be met using an internal form as long as the information contains all of the components listed above in the Health Tracks Service Requirements. These documentation requirements include:

- Comprehensive health and developmental history, to include mental health screening;
- Health education/anticipatory guidance;
- Comprehensive unclothed physical examination;
- Immunizations received;
- Lead screening;

- Hearing screening;
- Vision screening;
- Dental screening; and
- Laboratory tests and results.

BILLING GUIDELINES

Providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code for all providers identified on the claim.

Vision, hearing and dental screenings are considered part of the Health Tracks assessment and cannot be billed separately. The following may be billed separately using the appropriate CPT code:

- Immunizations and administration,
- Laboratory tests, and
- Other necessary diagnostic and treatment services.

Providers must submit the applicable revenue code (521 for RHC or FQHC) or (519 for IHS) along with HCPC S0302.

Public Health Providers must submit a claim form with HCPC S0302.

All other providers must submit a claim form with one of the appropriate Preventative Visit CPT Codes (9938x/9939x) or HCPC S0302.

The Division will not reimburse both the S0302 and the Preventative Visit code on the same day and will not pay for more than one encounter visit for these services on the same day.

When Medicaid beneficiaries under 21 years of age receiving a preventive screen also *require* evaluation and management of a focused complaint, the provider may deliver all medically necessary care and submit a claim for both the preventive service (CPT 9938x / 9939x or S0302) and the appropriate level of focused, E/M service (CPT 9920x/9921x).

The provider's electronic signature on the claim is the attestation of the medical necessity of both services. All requirements in this section regarding documentation of the additional, focused service must be adhered to by the provider.

When providing evaluation and management of a focused complaint (CPT 9920x / 9921x) during a Health Tracks visit, the provider may claim only the *additional* time required above and beyond the completion of the comprehensive Health Tracks visit (CPT 9938x / 9939x) to address the complaint.

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.

Modifier 25 must be appended to the appropriate E/M code. Modifier 25 indicates that ‘the patient’s condition required a *significant, separately identifiable E/M service* above and beyond the other service provided’.