


GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director

Transmittal # 17-16

TO: District of Columbia EPSDT/ HealthCheck Providers

FROM: Claudia Schlosberg, JD 
Senior Deputy Director and State Medicaid Director

DATE: June 29, 2017

SUBJECT: EPSDT Periodicity Schedule Updates and the Importance of Mental Health and Vision/Hearing Screenings

All District of Columbia children eligible for the Medicaid program are entitled to receive the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. EPSDT, also known as the DC HealthCheck, is a mandatory Medicaid benefit that includes preventive and specialty care. The Department of Health Care Finance (DHCF) is the District agency responsible for administering the Medicaid program, including the EPSDT/ HealthCheck benefit. A core component of the EPSDT Benefit requires periodic well-child visits, which should be done in accordance with the attached DC HealthCheck Periodicity Schedule (available at <http://dchealthcheck.net/resources/healthcheck/periodicity.html>).

The DC HealthCheck Periodicity Schedule outlines what a well-child visit should consist of according to the child's age and risk factors. DHCF has updated the periodicity schedule to align with recently revised recommendations from the American Academy of Pediatrics and Bright Futures. The updates primarily address behavioral health and hearing screening during well-child visits.

Behavioral Health in Primary Care

It is estimated that at least 1 in 5 children have a mental health disorder and recent studies suggest that early identification is essential for providing adequate treatment.¹ To facilitate early identification, the American Academy of Pediatrics recommends that pediatric primary care providers perform mental health screenings during a well-child visit. Additionally, a maternal depression screening is now considered an integral part of a risk assessment for the child that could also facilitate early identification. In the updated periodicity schedule, maternal depression screening is now as a required component for the 1 month, 2 month, 4 month, and 6 month well-child visits. There are several validated screening tools for children and for maternal depression which are simple to administer and can help identify potential issues.² If you are seeking assistance for implementing a screener for maternal depression or have questions about maternal mental

¹ "Identification of Developmental-Behavioral Problems in Primary Care: A Systematic Review." R. Christopher Sheldrick, Shela Merchant, Ellen C. Perrin. *Pediatrics*. Aug 2011, 128 (2) 356-363; DOI: 10.1542/peds.2010-3261. <http://www.ncbi.nlm.nih.gov/pubmed/21727101>

² *Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children*. Center for Medicaid and CHIP Services, CMS, May 2016. <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf>

health, please refer to the Perinatal Mental Health section in the Child and Adolescent Mental Health Resource Guide on www.dchealthcheck.net.

The updates to the periodicity schedule recognize the importance of behavioral health screening in the primary care setting. The following updates in the periodicity schedule are effective as of the date of this transmittal:

- The required developmental screening at the 18 month well-child visit now includes a specific requirement for Autism Spectrum Disorder screening.
- Tobacco, Alcohol, or Drug Use Assessment have been added as recommended components of the 11 year – 20 year old well-child visits.
- Depression screening has been added as a required component at the 12 year – 20 year old well-child visits.

To facilitate and encourage pediatric primary care providers to perform mental health screens during a well-child visit, DHCF reimburses for the administration of validated screening tools. You can find the list of DC recommended mental health screening tools attached to this transmittal (please note that DHCF will reimburse for validated screening tools that are not listed). To bill for a mental health screening performed during a well-child visit, providers should use procedure code 96127 along with the well-child visit procedure codes (preventive medicine visit CPT codes 99381-99385 and 99391-99395). To bill for a maternal depression screening, use CPT code 96161. If any of the screens have a positive result, append TS modifier to the appropriate CPT code.

If a mental health screen identifies potential areas of concern that require follow-up, DC MAP is an available resource for providers. DC MAP is a child mental health access program that provides TA and consultative support to pediatric practices interested in better identifying and addressing mental health issues. DC MAP provides FREE services to all pediatric practices in the District, including telephone consultation with child mental health experts (within 30 minutes), community resource referrals, and mental health training and support. To learn more, visit www.dcmmap.org or call DC MAP, Monday-Friday, 9am-5pm at 1-844-DC MAP (1-844-303-2627).

Vision and Hearing Screening

Two to three out of every 1,000 children are born with hearing impairments, and many more children develop hearing problems after birth. Hearing impairments can lead to other problems, including interference with normal language development in young children. They can also delay a child's social, emotional, and academic development. Additionally, about a quarter of all school-aged children have a significant vision problem. Common childhood eye conditions include nearsightedness, lazy eye, and misalignment of the eyes. Vision problems can be evidence of serious, degenerative conditions, and can also lead to delays in learning and social development.

Hearing and vision screenings are a required part of every well-child visit so that primary care providers can assist in identifying children with hearing and vision problems and refer them to the appropriate specialists for further evaluation and treatment. As noted in the updated periodicity schedule, hearing screening is now a required component of well-child visits occurring for children from 11 years of age to 21 years of age. To bill for a vision and hearing screening performed during a well-child visit, providers should use the following procedure codes along with the well-child visit procedure codes: 99173-99177 and 92551, 92552, or 92567. If any of the screens uncover a potential problem or require follow-up, append TS modifier to the appropriate CPT code.

Complete information about EPSDT/HealthCheck is available at www.dchealthcheck.net, the District's Pediatric Provider Training and Resource Center.

If you need additional information, please contact Colleen Sonosky, Associate Director, Division of Children's Health Services, Health Care Delivery Management Administration, Department of Health Care Finance, at 202-442-5913 or by email at Colleen.Sonosky@dc.gov.