



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

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PPL No. 22-009R

To: Local Educational Agencies (LEAs)

Subject: LOCAL EDUCATIONAL AGENCY MEDI-CAL BILLING OPTION PROGRAM (LEA BOP) REIMBURSEMENT FOR EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) SCREENING SERVICES

This Policy and Procedure Letter (PPL) notifies LEAs participating in the LEA BOP about reimbursement opportunities for EPSDT screening services provided by LEAs. The EPSDT benefit provides comprehensive and preventive health care services to Medi-Cal enrolled individuals younger than 21 years of age. These services are key to ensuring children and youth receive appropriate preventive services, as well as all services necessary to address any defects, illnesses, or conditions identified through EPSDT screenings.

The following chart defines the separate components of the EPSDT benefit:

Term	Meaning
Early	Assessing and identifying problems early
Periodic	Checking children’s health at periodic, age-appropriate intervals
Screening	Providing physical, dental, vision, hearing, mental health, developmental, and other comprehensive screening exams and tests to detect potential problems
Diagnostic	Performing diagnostic tests to follow up when a risk is identified
Treatment	Control, correct, or reduce identified health problems

This PPL addresses the **Early and Periodic Screening** components of the EPSDT benefit as it relates to LEA BOP billable services.

In accordance with State Plan Amendment 15-021, authorization for EPSDT screening services will be based on the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (Periodicity Schedule). In addition, health screenings required for all students by California Education Code or Health and Safety Code will be reimbursable at required intervals. These services fall

under broad categories within the Periodicity Schedule and are provided by LEAs through a variety of screening tools. To assist LEAs, the Periodicity Schedule provides general guidelines on the categories of screening services, as well as the intervals at which these screenings should be conducted.

Screening tools must be reliable, valid and evidence based. In addition LEAs must satisfy the following requirements to bill for EPSDT screening services under the LEA BOP:

- Eligibility of Student: EPSDT screening services are limited to Medi-Cal eligible students under the age of 21.
- Populations Screened: Eligible screening services include those to evaluate at-risk youth, students at specific grade level intervals, and universal screenings provided to all students (unless noted).
- Practitioners Conducting or Evaluating Screenings: Qualified health service practitioners conducting or evaluating screenings must render services to students within the scope of their practice.

See the LEA BOP Provider Manual [Section loc ed bil cd](#) for additional details on practitioners that are allowable by covered service. Within *Section loc ed bil cd*, refer to the portion of the table labeled "Assessments (Non-IEP/IFSP)".

- Required Time Intervals for Billing: Screening services (whether conducting the screening or evaluating the results) must be billed in **completed** 15-minute increments, except for hearing and vision screenings, which are billed on an encounter basis.
- Authorization for Screenings: Screening services must be provided pursuant to the Periodicity Schedule, including the appropriate time interval upon which screenings are conducted. Screenings mandated by California Education Code and/or Health and Safety Code will also be reimbursed at required intervals. For billed screenings, the Periodicity Schedule acts as the authorization for the service and no additional prescription, referral, or recommendation is necessary. EPSDT screening services do not need to be identified in an IEP, IFSP, IHSP or other plan of care.
- Other Health Coverage (OHC): For students with third-party insurance, OHC must be billed prior to billing Medi-Cal for the service.
- Documentation of Screenings: Consistent with all services billed to Medi-Cal, practitioners conducting EPSDT screening services must document these services. Required documentation elements include the name of the screening tool, the date, who provided the screening, the results of the screening, evidence that the completed screening was reviewed (and discussed with the beneficiary and/or family if necessary). In cases where the review of the screening resulted in additional evaluation or development of a treatment plan, these follow-up actions must be documented.

The following table lists **examples of common screening tools** that could be provided by qualified LEA BOP practitioners and LEA BOP billing information. Note, behavioral health screening tools are those that meet the criteria set out by the AAP.

Sample Screening Tools and LEA BOP Billing Information <i>(not a comprehensive list)</i>	
Developmental/Behavioral Health Screenings	
<ul style="list-style-type: none"> ✓ Adverse Childhood Experiences (ACEs)¹ ✓ BASC-3 Behavioral and Emotional Screening System (BASC-3 BESS) ✓ Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD) ✓ Children’s Depression Inventory (CDI-2) ✓ Children’s Depression Rating Scale (CDRS) ✓ Early Childhood Screening Assessment (ECSA) ✓ Kutcher Adolescent Depression Scale (KADS) ✓ CRAFFT (substance-use, ages 12-21) ✓ Vanderbilt Assessment (NICHQ) ✓ Developmental Assessment of Young Children 	<p>Billable Under CPT Code 96156 by: Associate Clinical Social Worker (HM) Associate Marriage and Family Therapist (HL) Licensed physician (AG) Registered Nurses (TD), including: licensed registered nurse, registered credentialed school nurse, certified public health nurse, and certified nurse practitioner Licensed physician assistant (U7) Psychologists (AH), including licensed psychologist, licensed educational psychologist (LEP) or credentialed school psychologist Licensed clinical social worker (AJ) Credentialed school social worker (AJ) Licensed marriage and family therapist (MFT) <i>(no modifier)</i> Credentialed school counselor <i>(no modifier)</i></p>
<p><u>Tools specific to Autism Spectrum Disorder (ASD) for eligible children up to 30 months in age²:</u></p> <ul style="list-style-type: none"> ✓ Modified Checklist for Autism in Toddlers (M-CHAT) ✓ Pervasive Developmental Disorders Screening Test II (PDDST-II) – Stage 2, Developmental Clinic Screener ✓ Screening Tool for Autism in Toddlers and Young Children (STAT) 	<p>Billable Under CPT Code 96156 by: Associate Clinical Social Worker (HM) Associate Marriage and Family Therapist (HL) Licensed physician (AG) Licensed physician assistant (U7) Psychologists (AH), including licensed psychologist, LEP or credentialed school psychologist Licensed clinical social worker (AJ)</p>

¹ For ACEs Screenings, children and adolescents under age 21 are permitted for periodic rescreening not more than once per year, per clinician. Children should be screened periodically to monitor the possible accumulation of ACEs. The LEA BOP is currently in the process of implementing two new procedure codes that will be specific to ACEs Screenings, effective July 1, 2022. Until the new procedure codes (G9919 and G9920) are in place, LEAs may use 96156 to bill ACEs Screenings.

² There are no validated screening tools for ASD in children over 30 months and the AAP does not recommend universal screening for ASD in children over 30 months. Thus, any ASD specific screening services provided to children over 30 months will not be covered under the LEA BOP.

<ul style="list-style-type: none"> ✓ Social Communication Questionnaire (SCQ) 	<p>Credentialed school social worker (AJ) Licensed MFT (<i>no modifier</i>) Credentialed school counselor (<i>no modifier</i>)</p>
<p>Developmental/Behavioral Health Screenings (continued)</p>	
<ul style="list-style-type: none"> ✓ Ages and Stages ✓ Denver Developmental Screening 	<p>Billable Under CPT Code 96156 by: Licensed physician (AG) Licensed physician assistant (U7) Registered Nurses (TD), including: licensed registered nurse, registered credentialed school nurse, certified public health nurse, and certified nurse practitioner</p>
<ul style="list-style-type: none"> ✓ Bayley Infant Neurodevelopmental Screen (BINS) ✓ Bruininks-Oseretsky Test of Motor Proficiency ✓ Clinical Evaluation of Language Fundamentals ✓ Comprehensive Assessment of Spoken Language (CASL) ✓ Comprehensive Receptive & Expressive Vocabulary Test (CREVT) ✓ Developmental Assessment of Young Children ✓ Peabody Developmental Motor Scales (PDMS-2) ✓ Pediatric Evaluation of Disability Inventory (PEDI) 	<p>Billable Under CPT Code 96110 by: Licensed physical therapist (GP) Licensed occupational therapist (GO) Licensed/credentialed Speech Language Pathologist (SLP) (GN)</p> <p><i>*The above practitioners may only bill screenings that fall within their scope of practice</i></p>
<p>History and Measurement Screenings</p>	
<ul style="list-style-type: none"> ✓ Health/Nutrition Screening 	<p>Billable Under CPT Code 96156 by: Licensed physician (AG) Licensed physician assistant (U7) Registered Nurses (TD), including: licensed registered nurse, registered credentialed school nurse, certified public health nurse, and certified nurse practitioner Registered dietician (modifier AE)</p>

Sensory Screenings	
<p>✓ Hearing Screening* (pure tone)</p> <p><i>*No minimum time requirements to bill hearing screenings</i></p>	<p>Billable Under CPT Codes 92551 and 92552 by:</p> <p>Licensed physician (AG) Licensed physician assistant (U7) Licensed/credentialed SLP (GN) Licensed/credentialed audiologist (<i>no modifier</i>) Registered school audiometrist (<i>no modifier</i>) Credentialed school nurse that is a registered school audiometrist (TD)</p>
<p>✓ Vision Screening</p> <p><i>*No minimum time requirements to bill vision screenings</i></p>	<p>Billable Under CPT Code 99173 by:</p> <p>Licensed physician (AG) Credentialed school nurse (TD) Licensed physician assistant (U7) Licensed optometrist (<i>no modifier</i>)</p>
Anticipatory Guidance	
<p>Anticipatory Guidance</p> <p><i>Addressing concerns of children or parents, discussing risk factors relevant to age, reviewing strengths and protective factors, promoting health and emotional well-being.</i></p>	<p>Billable Under CPT Code 99401 by:</p> <p>Associate Clinical Social Worker (HM) Associate Marriage and Family Therapist (HL)</p> <p>Licensed physician (AG) Licensed physician assistant (U7) Credentialed school nurse (TD) Licensed psychologist (AH) Licensed Educational Psychologist (AH) Credentialed school psychologist (AH) Licensed clinical social worker (AJ) Credentialed school social worker (AJ) Licensed MFT (<i>no modifier</i>) Credentialed school counselor (<i>no modifier</i>)</p>

Oral health screenings are not reimbursable under the LEA BOP. Additional information on Medi-Cal EPSDT dental screenings can be found [here](#).

Coordination of Care

California's Child and Health Disability Prevention (CHDP) Program covers EPSDT services for children and youth who qualify for EPSDT/CHDP benefits. LEAs that receive reimbursement through CHDP for a Medi-Cal enrolled student's well-child health

assessments, immunizations and laboratory services pursuant to the Periodicity Schedule must not also bill LEA BOP for these services. Likewise, if a Medi-Cal enrolled student is a member of a Managed Care Plan (MCP) or receives specialty mental health services through a County Mental Health Plan (MHP), LEAs must coordinate with the MCP or MHP to ensure that care is being appropriately coordinated and duplicate billing is not occurring for these screening services.

Nothing stated in this PPL shall supersede any state or federal regulations or statutes.

If you have any questions concerning this PPL, please contact the LEA BOP by e-mail at LEA@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY BRIAN FITZGERALD

Brian Fitzgerald, Chief
Local Governmental Financing Division
Department of Health Care Services