

FAQs on EPSDT Screenings

Q1. What does “EPSDT” stand for?

A. “EPSDT” stands for Early and Periodic Screening, Diagnostic and Treatment. The EPSDT benefit provides comprehensive and preventive health services for children under age 21 who are enrolled in Medicaid.

Q2. Are vision and hearing screenings within a school-calendar year for the student now billable under SPA 15-021?

A. Yes. Mandated vision and hearing screenings pursuant to the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) are covered services under the LEA Program. Additional details regarding billing for EPSDT screenings were presented during the March 5, 2020 New Services and Practitioners training posted on the LEA Program training webpage. Please note that mandated screenings are required to meet the other health coverage requirements before being billed to Medi-Cal, therefore if a student has other health insurance coverage, that coverage must be billed first before billing Medi-Cal for the service.

Q3. Must vision and hearing screenings meet the minimum 15-minute requirement to be billable?

A. No. Vision and hearing screenings are billed on an encounter basis in the LEA Program, with no minimum time requirement.

Q4. For hearing and vision screenings, what type of instrument may be used?

A. The LEA Program follows screening requirements from the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) and from the California Education Code or Health and Safety Code. Within the Periodicity Schedule is an “Instrument-based screening” assessment. LEAs must follow guidelines within the Periodicity Schedule and are responsible for understanding which screening tools are authorized by the American Academy of Pediatrics for screenings within the practitioner’s scope of practice.

Q5. For mandated vision and hearing screenings, what authorization is required?

A. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) and California Education Code or Health and Safety Code screening requirements are considered the required authorization for screening services. LEAs do **not** need an additional prescription, referral or recommendation from a practitioner that can order, refer or prescribe services (known as ORP practitioners).

Q6. If an LEA is billing for vision and hearing screenings, do the LEAs need to put a copy of the Periodicity Schedule/CDE law into each student’s file?

A. Since the Periodicity Schedule and California Education Code or Health and Safety Code screening requirements are considered the authorization for screening services, LEAs must either maintain the required documentation in a central file to

support screenings billed during the state fiscal year, or in a student's individual file when they bill Medi-Cal for the screening service provided to that student. In either case, the documentation should be readily accessible for audit/review purposes.

Q7. For mandated vision and hearing screenings, are LEAs required to bill Other Health Coverage (OHC) first?

A. Yes. Students with OHC must bill the OHC carrier first, prior to billing Medi-Cal. The service can only be billed to Medi-Cal if an OHC carrier does not respond within 90 days. See the LEA Provider Manual section loc ed bil for additional details.

Q8. For health screenings, is doing a height/weight check along with a BMI assessment considered billable?

A. This example is considered a billable LEA Program service, assuming the service meets the minimum time requirement to bill for the screening. For health assessments, the minimum time requirement is 15-minutes; this minimum time includes the time with the student conducting the service, as well as the following components of the screening:

- Review student records, such as cumulative files, health history, and/or medical records
- Provide information to the student and/or parent/guardian
- Observe the student in the classroom and other appropriate settings, if necessary
- Schedule and administer tests
- Summarize results and recommendations for additional LEA services

Q9. What Procedure Code should an LEA use for billing EPSDT screenings?

A. There is not one specific procedure code that is used for billing screenings under the LEA Program, since it depends largely on the service and the practitioner that will bill for the service. Screenings are considered non-Individualized Education Plan (IEP)/Individualized Family Service Plan (IFSP) assessments. For example, vision screenings are billed under 99173, hearing screenings are billed under 92551 and 92552, developmental screenings are billed under 96110, and health screenings are billed under 96156. Please see the LEA Provider Manual, section loc ed bil cd, for the appropriate CPT code/modifier combinations and for other requirements.

Q10. Are licensed vocational nurses (LVNs) able to bill for immunizations under the supervision of a registered credential school nurse?

A. No. Per Business and Professions Code 2860.7, LVNs may administer immunizations under the direction of a **physician**. The California Board of Vocational Nursing and Psychiatric Technicians provides guidance on this topic as it relates to COVID-19 vaccines.

Q11. What immunizations are considered billable services and a Code 2A?

A. Immunizations billable under the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) are found on the CDC's Recommended Child and Adolescent Immunization

Schedule. The schedule outlines administration of currently licensed vaccines for children and adolescents.

Q12. If an LEA receives funding for mandatory screenings, can they bill the LEA Program? Does the funding source matter?

A. If an LEA is receiving funding for screening services, regardless of the source, those services will not be billable to the LEA Program. If your LEA is not receiving funding for a mandated screening service, such as a vision or hearing screening, those screenings may be billable to the LEA Program. The funding source must be considered to ensure LEAs are not receiving duplicate payment for administering the same screening.

Q13. If vision and hearing screenings can be authorized by the Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule, can other services on the Periodicity Schedule also be covered under the LEA Program?

A. Not all services listed in the Periodicity Schedule are covered by the LEA Program. For example, oral health screenings are covered by Denti-Cal and autism spectrum disorder screenings are covered by Medi-Cal for beneficiaries who receive services from a Managed Care Plan or through Fee-For-Service. However, services such as vision, hearing, developmental and health assessments are covered under the LEA Program. For additional information, refer to the March 5, 2020 New Services and Practitioners Training posted on the LEA Program training webpage.

Q14. Which practitioners can provide EPSDT services? What documentation will be necessary? Will EPSDT services provided via telehealth be covered under the LEA program?

A. Only practitioners approved in SPA 15-021 who meet the applicable qualification requirements as defined in 42 CFR Part 440 and who render services within their scope of practice as defined in State law may provide services under the LEA Program (regardless of whether services are covered under EPSDT) and as defined in the LEA Program Provider Manual. Documentation requirements are not different than prior expectations; LEAs must be able to produce supporting documentation for service delivery and practitioner licenses or credentials, when required. EPSDT services that do not preclude a telehealth modality are currently billable under the LEA Program under the Department's Public Health Emergency (PHE) flexibilities granted to LEAs. See PPL No. 20-014R for addition detail on telehealth during the PHE.