Provider Update

HIGHMARK WHOLECARE

An Update for our Providers and Clinicians

Important EPSDT Billing and Claims Processing Updates Effective May 31, 2021.

*This update excludes Federally Qualified HealthCenters (FQHC)

We follow the schedule of the Pennsylvania Department of Human Services EPSDT Periodicity Schedule and Coding Matrix for well-child screening and health assessments and requires all HCPCS, modifiers, and diagnoses as indicatedby the State.To be considered a Complete EPSDT Screen, providers must bill all of the individual age-appropriate procedure codes, including immunizations.*

Incomplete EPSDT screens are office visits where the provider did not complete all of the components listed on the Periodicity Schedule for the child's screening period. This includes use of applicable modifier, diagnosis codes and required referral codes. Please note the following changes that will take effect on May 31, 2021:

- EPSDT evaluations (CPTs 99381 –99385, 99391 –99395, 99460, 99463) should be billed with modifier EP and should include all screenings required by the State for that visit.
- If an EPSDT evaluation is billed with the EP modifier and no screenings or not all required screenings are included on the claim, we will deny the claim and the provider can resubmit the claim with the appropriate screeningswithin the timely filing guidelines.
  - Denial codeon paper remittances: D196 –EPSDT visit inappropriately coded
  - Denial and remark code for electronic remittances: CARC 96 and RARC N78
- If the provider cannot complete one of the screenings, modifier 52 should be added to the individual screening code and a $0 amount should be billed. Documentation in the medical record must support the use of modifier 52.
- If a screening code is reported with modifier 52, the provider must complete the screening during the next opportunity according to the Periodicity Schedule.
- When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT code plus CPT modifier -90 Reference Outside Lab and a $0 amount should be billed by the provider.
- If a screening is required for a periodicity and has been previously completed (ex. Lead, Dyslipidemia, Hearing screening in adolescence ex. ages 11-14) add the CPT code and 52 modifier with $0 bill to indicate complete claim.
- Members will not lose their Medicare coverage with Highmark Wholecare Medicare Assured plans when enrolled in CHC.
- No action is needed by Medicare Assured members and their Medicare coverage will continue uninterrupted.
- Members will continue to receive the same trusted quality of care from their Highmark Wholecare plan.
- Highmark Wholecare Medicare Assured plan providers cannot refuse services to members because they do not participate with the CHC managed care organization (CHC-MCO).
- Highmark Wholecare Medicare Assured plan members may keep their existing primary care physician.

Please consult Pennsylvania's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix (Periodicity Schedule) and the Age Range Requirements for Screening Visits Desk Guideas well as the Recommended Childhood and Adolescent Immunization Schedules (Immunization Schedules) for screening eligibility and the services required to bill for a complete EPSDT screen. Please refer to the most current version published in Pennsylvania Medical Assistance Bulletins (MABs).

Please refer to our provider manual for additional details on billing for EPSDT. https://www.highmarkwholecare.com/Portals/0/MedicaidManual.pdf?ver=2017