JENNIFER M. GRANHOLM GOVERNOR

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## Dear Provider:

As part of an ongoing effort to improve and maintain the health and well being of Michigan's children and to encourage healthy behaviors, the Michigan Department of Community Health (MDCH) is increasing provider awareness of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits and services. Medicaid EPSDT visits are also known as well-child or preventive visits. The purpose of this letter is to inform providers of the changes in EPSDT visit frequency as identified in the American Academy of Pediatrics (AAP) periodicity table, encourage developmental screens, and discuss the addition of the EPSDT tab in the Michigan Care Improvement Registry (MCIR).

## **Periodicity Table**

The Medicaid EPSDT visit frequency schedule follows the "Recommendations for Preventive Pediatric Health Care" published by the AAP. In 2008, the AAP updated the periodicity table recommendations to include a 30-month visit and yearly visits beginning at 3 years of age. Following the AAP recommendations, Michigan Medicaid is now requesting EPSDT visits be done at the following ages:

- As a newborn
- 3-5 days
- by 1 month •
- 2 months
- 4 months
- 6 months
- 9 months

- 12 months
- 15 months
- 18 months
- 24 months
- 30 months (new)
- Yearly visits beginning at age 3

The entire periodicity table can be accessed on the AAP website at: http://brightfutures.aap.org >>Clinical Practice >>Recommendations for Preventive Pediatric Health Care.

## **Developmental Screening and Reimbursement**

MDCH is committed to promoting developmental screening of children in Michigan. Using a standardized tool such as the Prescreening Developmental Questionnaire II (PDQII), Ages and Stages Questionnaire (ASQ), or Parents' Evaluations of Developmental Status (PEDS); providers can identify children who are achieving expected benchmarks as well as children who may need additional assistance to reach expected benchmarks.

As part of the developmental screening process, you must (1) review the findings, (2) discuss the findings with the beneficiary's family, and (3) document the results in the beneficiary's record. You may bill and be reimbursed for the screening in addition to the EPSDT visit using procedure code 96110.

For more information relative to the essential assessments in the EPSDT visit, please consult the Michigan Medicaid Provider Manual, Practitioner Chapter, Section 3. The manual can be accessed on the MDCH website at www.michigan.gov/medicaidproviders >>Policy and Forms >>Medicaid Provider Manual.

JANET OLSZEWSKI

DIRECTOR



STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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## **EPSDT Tab in MCIR**

The EPSDT tab was added to MCIR so providers can easily track EPSDT visits in addition to immunizations and blood lead testing for their Medicaid beneficiaries. Each time a provider is paid for an EPSDT visit, the diagnosis code and the procedure code will automatically be added to the EPSDT tab. The screens and additional information can be found at www.mcir.org >>Providers >>MICR Version 7 Highlights.

MDCH would like to thank each of you for partnering with us to encourage healthy children and healthy lifestyles for Michigan children.

Sincerely,

Styphen Fitton

Stephen Fitton, Acting Director Medical Services Administration