

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Post Office Box 8206
 Columbia, South Carolina 29202-8206
 www.scdhhs.gov

October 9, 2006

MEDICAID BULLETIN

<i>EPSDT</i>	<i>06-01</i>
<i>MC-DHEC</i>	<i>06-14</i>
<i>MC-FQHC</i>	<i>06-14</i>
<i>MC-MCHC</i>	<i>06-11</i>
<i>MC-RHC</i>	<i>06-14</i>
<i>OMP-NP</i>	<i>06-09</i>
<i>OMP-NPS</i>	<i>06-06</i>
<i>PHY-MSP-CBP</i>	<i>06-14</i>
<i>PHY-MSP-HBP</i>	<i>06-14</i>
<i>PHY-PC-FP/GP</i>	<i>06-15</i>
<i>PHY-PC-INT</i>	<i>06-13</i>
<i>PHY-PC-NEO</i>	<i>06-16</i>
<i>PHY-PC-OG</i>	<i>06-15</i>
<i>PHY-PC-PED</i>	<i>06-14</i>
<i>PHY-PC-PED/SUB</i>	<i>06-15</i>
<i>PHY-S</i>	<i>06-12</i>

TO: Medicaid Providers

**SUBJECT: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Reimbursement Update
 Reminder Regarding EPSDT Billing and Reimbursement Policies**

Effective with dates of service on or after November 1, 2006, the South Carolina Department of Health and Human Services (SCDHHS) will update the Medicaid fee schedule for covered EPSDT procedure codes.

The complete list of covered EPSDT Current Procedural Terminology (CPT) codes and reimbursement rates are listed below:

CPT	DESCRIPTION	NEW REIMBURSEMENT
99381	Preventive visit, new infant	\$78.75
99382	Preventive visit, new, age 1 - 4	\$78.75
99383	Preventive visit, new, age 5 - 11	\$78.75
99384	Preventive visit, new, age 12 - 17	\$78.75
99385	Preventive visit, new, age 18 - 39*	\$78.75
99391	Preventive visit, established, infant	\$63.00
99392	Preventive visit, established, 1 - 4	\$63.00
99393	Preventive visit, established, 5 - 11	\$63.00
99394	Preventive visit, established, 12 - 17	\$63.00

**Only ages 18-21 are covered for this code under the EPSDT program. This code should be used for both new and established patients.*

Billing practices for EPSDT services have recently been identified that are not in compliance with Medicaid policy. Specifically, some providers are billing for an office visit on the same date of service as an EPSDT well-child screening, which is prohibited (refer to Physicians, Laboratories and Other Medical Professionals Provider manual, Section 2, page 61, "Reimbursement Policies").

To address this billing issue, SCDHHS has instituted an edit that will prevent payment for both an office visit and EPSDT visit on the same date. Effective immediately, all claims submitted by the provider for an EPSDT well-child screening and an office visit on the same date of service will receive an 884 edit for Overlapping Services for Same Date of Service/Same Provider. Providers need to make corrections to the edit form and resubmit the claim for processing.

If you have any questions concerning this bulletin, please contact your Program Manager at (803) 898-2660. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Robert M. Kerr
Director

RMK/bgwd

**NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.dhhs.state.sc.us/dhhsnew/serviceproviders/eft.asp>**