Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services Payment Policy

Applies to the following Tufts Health Public Plans products:

- ☐ Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- ☒ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☐ Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers who render services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

POLICY

As part of Massachusetts' Children's Behavioral Health Initiative (CBHI), the following services for Tufts Health Together members younger than 21 are covered:

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) — Covered for members of MassHealth Family Assistance, or CommonHealth and Standard plans only

DEFINITION

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services provide comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid including, but not limited to, health, vision, dental, hearing, behavioral health, developmental, and immunization status screenings. PCPs must use the EPSDT Periodicity Schedule, a menu of behavioral health screening tools, during EPSDT visits.

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

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Tufts Health Public Plans Provider Services.

Note: There is no member responsibility for covered services for Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

In accordance with the EPSDT Periodicity Schedule, Primary care providers (PCPs) must offer periodic and medically necessary EPSDT screenings and provide the needed assessment, diagnosis and treatment services for Tufts Health Together members under the age of 21 in the following settings:

- Individual or group practice
- Outpatient department of an acute, chronic, or rehabilitation hospital
- Community health center (CHC)

Note: PCPs are not required to offer screenings when providing emergency or poststabilization care.

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained.

Prior authorization is not required for EPSDT screening services.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the Professional Services and Facilities Payment Policy.

Claims for the BH screening tool should include any applicable modifiers to allow Tufts Health Plan to track screenings and assess how many members have an identified BH need, according to the professional judgment of the provider administering the screening tool. Refer to the table below for the appropriate modifier.

Servicing Provider	Modifier with no identified BH need	Modifier with identified BH need
Physician, independent nurse midwife, independent nurse practitioner (NP), CHC, or OPD	U1	U2
Nurse midwife employed by physician or CHC	U3	U4
NP employed by physician or CHC	U5	U6
Physician assistant employed by physician or CHC	U7	U8

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the Professional Services and Facilities Payment Policy.

Tufts Health Plan compensates for the administration and scoring of EPSDT screenings, in accordance with the EPSDT Periodicity Schedule.

In addition, Tufts Health Plan compensates a flat fee for the administration of one standardized BH screening tool per member, per day. This fee is compensated in addition to the rate for the EPSDT visit when rendered by a PCP, community health center, or outpatient hospital department.

ADDITIONAL RESOURCES

- Bright Futures Recommendations for Preventive Pediatric Health Care

DOCUMENT HISTORY

- November 2020: Updated link for Bright Futures
- July 2020: Updated links for EPSDT resources
- October 2019: Clarified modifier language for the behavioral health screening tool
- March 2018: Template updates
- December 2017: Updated to include RITogether
- February 2017: Template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service,

coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink℠ for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.