Periodic Schedule

All eligible Medicaid beneficiaries under age 21 should be offered EPSDT services. To receive Medicaid reimbursement for EPSDT screening, the providers must follow the periodicity schedule.

Periodicity refers to the frequency and time of the well-child check-up.

Frequency is as follows:

- 0-1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months

Yearly beginning at the age 2 years, up to age 21.

Yearly visit must be planned to occur once during the state fiscal year (July 1st- June 30th).

Time refers to appointment scheduling/re-appointing/ tracking system.

Note: When scheduling appointments (initial or periodic) be mindful of the following:
An eligible Medicaid beneficiary will be considered to have reached a certain age on the first of the month following his/her birthday. For example, a beneficiary whose third birthday is 04/21/03 will still be considered by the Medicaid eligibility system as two years old until 05/01/03.

The schedule is based on the American Academy of Pediatrics "Recommendations for Preventive Pediatric Health Care."

EPSDT Periodic Examination Schedule

Screening Code		Modifier	Age of Child	Period Limits for Allowable Screening	Unit
New Patient	Established Patient				
99381	99391	EP	0 – 1 Months	0 – 45 days	1
99381	99391	EP	2 Months	46 – 90 days	1
99381	99391	EP	4 Months	91 -150 days	1
99381	99391	EP	6 Months	151 – 240 days	1
99381	99391	EP	9 Months	241 – 330 days	1
99382	99392	EP	12 Months	331 – 400 days	1
99382	99392	EP	15 Months	401 – 500 days	1
99382	99392	EP	18 Months	501 – 731 days	1
99382	99392	EP	2 – 4 years	Annually*	1
99383	99393	EP	5 - 11 years	Annually*	1
99384	99394	EP	12 – 17 years	Annually*	1
99385	99395	EP	18 - 21 years	Annually*	1

Vision and Hearing

Screening Code	EPSDT Description	Age of Child	Period Limitations	Unit
99173-EP	Vision Screen	3 – 21 Years	Annually*	1
92551-EP	Hearing Screen	3 – 21 Years	Annually*	1

Adolescent Counseling

Screening Code	EPSDT Description	Age of Child	Period Limitations	Unit
99401-EP	Adolescent Counseling	9 – 21 Years	Annually*	1

- Vision, Hearing and Adolescent counseling must be billed in conjunction with an EPSDT comprehensive age-appropriate screening.

Appointments

Health Assessments

1. **Appointments for Initial Assessments**

   The provider will make an appointment for the eligible beneficiary according to the periodicity schedule. If the family fails to keep the scheduled appointment or fails to contact the provider for a change in date and time, a second appointment letter will be sent providing the family another opportunity to participate in the EPSDT program within thirty (30) days of the initial appointment. Failure of the family to keep the second appointment or to contact the clinic for a change in date and time will be considered a declination of services. Further attempts to contact the patient are not required for that periodic schedule.

2. **Appointments for Periodic Assessments**

   Appointment should be made according to the periodicity schedule. The clinic will contact the family, setting forth the nature and benefit of EPSDT services and arranging an appointment for a health assessment.

3. **Appointment Failures**

   After two appointment failures, the provider shall place the child for recall for the next screening date on the periodicity schedule. It is the responsibility of the screening provider to document efforts made to ensure the family an opportunity to participate in the EPSDT program. In no circumstances should the child be deleted from the system, unless the family refuses the services.

4. **Documentation Requirements**

   - The date of the scheduled appointment for screening.
   - The date the screening service was provided.
   - The attempts to reschedule the beneficiary for services requested. If scheduled, which appointments were not kept.
   - The condition(s) found and/or the referral(s) for diagnostic treatment.

- The offer of transportation and scheduling assistance.

Dental Assessments

At the time of the exit counseling session following the initial or periodic screen, the screening provider will give notice to a family who has requested EPSDT services that a dental assessment is due. This provides the counselor an opportunity to stress the importance of dental care by a dentist and the importance of seeing the dentist on a routine basis.