EPSDT: School-Based Services

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This section contains instructions for school-based providers to submit claims for preventive health screening services on the *UB-04* claim form. The services are rendered in accordance with the Bright Futures/American Academy of Pediatrics (AAP) Recommendation for Pediatric Preventive Care. General Early and Periodic Screening, Diagnostic and Treatment (EPSDT) information is included in the *EPSDT* section of the appropriate Part 2 Medi-Cal provider manual.

Condition Code 'A1' Required

School-based providers may submit claims for both Local Educational Agency (LEA) services and preventive screening services according to Bright Futures. To distinguish between LEA claims and EPSDT services claims, school-based providers must enter condition code "A1" (EPSDT) in the *Condition Code* field (Boxes 18 thru 24) on the *UB-04* claim in order to be reimbursed for preventive health services. Claims submitted by school-based providers for EPSDT services that do not contain the condition code will be denied.

Instructions for entering the condition code on the claim are located in the *UB-04 Completion: Outpatient Services* section in the appropriate Part 2 Medi-Cal provider manual.

Note: LEA claims do not require condition code "A1." Instructions for billing LEA services are available in the *Local Educational Agency (LEA)* sections of the Part 2, *Outpatient Services for Local Educational Agency (LEA)* provider manual.

Type of Bill Code '891'

School-based providers rendering services to children and youth who qualify for EPSDT services must enter facility type code "891" in the *Type of Bill* field (Box 4) on the *UB-04* claim form.

Instructions for entering the type of bill code on the claim are located in the *UB-04 Completion: Outpatient Services* section of the appropriate Part 2 Medi-Cal provider manual.

Modifiers and ICD-10-CM Diagnosis Codes

Providers follow Medi-Cal policy and billing procedures for use of modifiers and ICD-10-CM diagnosis codes on national claim forms.

Vaccines For Children (VFC) Program

School district providers who administer vaccines must enroll in and obtain available vaccines from the Vaccines For Children (VFC) program. Medi-Cal does not reimburse for the purchase of vaccines available free of charge from the VFC program.

Modifier SL

Claims for administration of vaccines available from VFC must be billed with modifier SL. Information about VFC vaccines is available in the *Vaccines For Children (VFC) Program* section in the appropriate Part 2 Medi-Cal manual.

Provider Responsibilities

School district providers who render preventive health screening services must refer each child to their usual place of service (medical home) for comprehensive health care and necessary diagnostic and treatment services.

Providers rendering health services for school districts should refer children who do not have an identified medical home to their assigned health plan for follow up medical services or to their county Medi-Cal office or Medi-Cal Health Enrollment Navigators Project for eligibility and other enrollment assistance. Such referrals should be made to assist children and families:

- Apply for Medi-Cal or Covered California, if necessary

- Find and establish a medical and dental home

- Schedule appointments

- Identify transportation resources when necessary

- Locate resources of benefit to the child's family; for example, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP), etc.

- Obtain health literature and education

- Identify family practices that promote healthy growth and development

Lead Testing

Providers rendering blood lead testing for school districts must provide to the parent or guardian, or refer the child and family to a medical home, for the following lead related services:

- Anticipatory guidance

- Health education related to lead poisoning prevention and environmental lead sources

- Blood lead testing counseling on the value of early identification and intervention

In addition, the rendering school district provider is responsible for documentation in the medical record that either the parent or guardian was informed, or that the child and the parent or guardian were referred for the necessary informing in accordance with *Health and Safety Code*, Section 105286, regarding:

- The risks and effects of childhood lead exposure

- The requirement that children enrolled in Medi-Cal receive blood lead tests at specified ages

- The requirement that children not enrolled in Medi-Cal who are at high risk of lead exposure receive blood lead tests

Billing Codes

The following codes are the only codes reimbursable to school-based providers rendering services to children and youth who qualify for EPSDT benefits.

Table of Billing Codes Reimbursable to School-Based Providers

CPT® Code	Description
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays

Table of Billing Codes Reimbursable to School-Based Providers (continued)

CPT Code	Description
82465	Blood/Serum cholesterol
82947	Glucose; quantitative, blood (except reagent strip)
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
85014	Blood count: hematocrit (Hct) [red blood cell concentration measurement]
85018	hemoglobin (Hgb) measurement
86580	Skin test; tuberculosis, intradermal
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87110	Culture, chlamydia, any source
92551	Screening test, pure tone, air only
96110	Development screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
99000	Handling and/or conveyance of specimen for transfer from the [physician's] office to a laboratory. Code 99000 includes any of the following: Single or multiple venipuncture, capillary puncture or arterial puncture with one or more tubes, centrifugation and serum separation, freezing, refrigeration, preparation for air transportation or other special handling procedures, supplies, registration of patient or specimen and third party billing. Instructions for billing CPT code 99000 are included in the *Pathology: Blood Collection and Handling* section in the appropriate Part 2, Medi-Cal provider manual. Counseling services associated with blood lead testing are included as part of a preventive medicine health assessment.

Initial Preventive Medicine E&M

Providers can use the codes below for initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, **new patient**:

Table of Billing Codes Reimbursable to School-Based Providers Age Ranges

CPT Code	Age Range
99382	Early childhood (age 1 through 4 years)
99383	Late childhood (age 5 through 11 years)
99384	Adolescent (age 12 through 17 years)
99385	18 through 20 years

Periodic Preventive Medicine E&M

Providers can use the codes below for periodic comprehensive preventive medicine re-evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of laboratory/diagnostic procedures, **established patient**:

Table of Billing Codes Reimbursable to School-Based Providers Age Ranges (continued)

CPT Code	Age Range
99392	Early childhood (age 1 through 4 years)
99393	Late childhood (age 5 through 11 years)
99394	Adolescent (age 12 through 17 years)
99395	18 through 20 years

Billing Codes

The following CPT codes are reimbursable to Unified School District providers rendering services to children and youth. School District providers must obtain vaccines from the VFC program, when available, for administration to children who qualify for VFC benefits. Additional information on the vaccine administration is available in the *Vaccines for Children* section of the Medi-Cal provider manual.

Table of Billing Codes Reimbursable to Unified School District Providers

CPT Code	Description
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use

Table of Billing Codes Reimbursable to Unified School District Providers (continued)

CPT Code	Description
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90632	Hepatitis A vaccine (HepA), adult dosage, intramuscular, non-VFC, purchased vaccine
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90672	Influenza virus vaccine, quadrivalent, live, (LAIV4), for intranasal use
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use

Table of Billing Codes Reimbursable to Unified School District Providers (continued)

CPT Code	Description
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	Measles, mumps, rubella and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV) for subcutaneous or intramuscular use
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90716	Varicella virus vaccine (VAR), live, for subcutaneous use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use

Table of Billing Codes Reimbursable to Unified School District Providers (continued)

CPT Code	Description
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent MCV4 or MenACWY, for intramuscular use
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
90743	Hepatitis B vaccine HepB, adolescent, 2 dose schedule, for intramuscular use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90756	Influenza virus vaccine, quadrivalent ccIIV4, derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use

Non – VFC Program Vaccine codes

Table of Non-VFC Program Vaccine Billing Codes

CPT® Code	Description
90636	Hepatitis A and hepatitis B vaccine HepA-HepB, adult dosage, for intramuscular use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
90702	Diphtheria and tetanus toxoids adsorbed DT when administered to individuals younger than 7 years, for intramuscular use
90739	Hepatitis B vaccine HepB, adult dosage, 2 dose schedule, for intramuscular use
90746	Hepatitis B vaccine HepB, adult dosage, 3 dose schedule, for intramuscular use

<u>Legend</u>

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
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