



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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MEMORANDUM

MEMO NO.
QI-2036
CTR-2003

TO: QUEST Integration Health Plans and SHOTT Contractor

FROM: Judy Mohr Peterson, PhD *JMP*
Med-QUEST Division Administrator

SUBJECT: TELEHEALTH GUIDANCE DURING THE PUBLIC HEALTH EMERGENCY RELATED TO EPSDT VISITS

The Med-QUEST Division recognizes the challenges faced by primary care providers due to the COVID-19 pandemic, especially as it relates to the delivery of preventive care for children provided through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program.

The EPSDT Program, under the Medicaid program, provides for comprehensive and preventive health care services for children and youth up to age 21 years of age. These services include well-child visits and immunizations that help to prevent disease, administer scheduled immunizations, track healthy growth and development while identifying health concerns early and providing treatment to address the identified concerns.

This memorandum is being issued to provide guidance on the provision of EPSDT services that, as an additional option for health plans and providers, allows EPSDT visits utilizing telehealth during the public health emergency (PHE) period to improve access to care and maintain healthy child development as much as possible.

While expanded telehealth coverage can access to care virtually during the pandemic, it is recognized that it also limits in-person visits that can reduce children being able to receive timely immunizations, collection of vital physical information and measurements and screening for things like hearing and eye anomalies.

EPSDT telehealth visits for all ages should include documentation that consent was obtained from the parent or guardian to conduct the visit using a telehealth modality and also include any limitations or components (e.g., lab work) that could not be completed during the telehealth visit.

Providers will need to complete the components, that were not able to be done during a telehealth visit, as soon as possible after the end of the PHE. A recommended guideline is for the follow-up visit to occur within six (6) months from the end of the PHE.

For children age 24 months and younger:

- Recommend that in-person well-child visits are continued to provide necessary immunizations and other screenings. It is recommended that providers follow guidance from the American Academy of Pediatrics (AAP) that addresses in-office well-child visits.
- Continue to report codes for in-person EPSDT visits using the appropriate Preventive Medicine CPT Code (99381, 99382, 99391, 99392) along with immunization and other EPSDT codes (e.g., developmental screening, behavioral/emotional assessment, health risk assessment).
- If a provider is unable to provide an in-person EPSDT visit for children under 24 months of age (e.g., family member in the home is positive for COVID-19 or does not feel comfortable coming in to the office) providers may complete certain components of the visit via telehealth (history, anticipatory guidance, vaccine counseling, and developmental screening). Audio-visual telehealth is preferred, but audio only is acceptable during the PHE. The place of service code 02 and modifier that needs to be added is found in the chart below.
- When completing components, the vaccine counseling via telehealth (phone or audio-visual) may be done and administration of the vaccine done at a later date. The administration of the vaccine would be billed at the time the vaccine is given.

For children over 24 months of age:

- Provider may conduct well-child visits utilizing telehealth modalities and claim using the appropriate EPSDT preventive visit procedure codes and adding 02 as Place of service code on the claim. As stated in QI-2013/FFS-20-06 modifier 95 should be included if possible to indicate the service was provided through a telehealth modality that also includes only telephonic visits.
- The provider will need to use their clinical judgement to determine what components of the EPSDT visit are clinically appropriate to be performed during a telehealth visit and other components that are not applicable. Audio-visual telehealth is preferred but audio/telephonic only will be acceptable during the PHE.
- Include any limitations of the exam (e.g., immunizations, lab work, vision screening, etc.) in the medical record. Additional EPSDT procedure codes may be included as appropriate (e.g., developmental screening, behavior/emotional assessment, health risk assessment).

- When pediatric well-care visits are conducted through telehealth, the provider must inform the child/parent/guardian of any immunizations that would normally be administered during an in-person visit and schedule a time to administer the immunizations as soon as possible after the telehealth visit. The vaccine administration code would be billed at the time of vaccine administration that would be outside of the telehealth visit.

If the family declines the vaccination, the provider needs to continue the practice to document that the family declined/refused the vaccine.

- Any child who receives a preventive visit via telehealth should have an in-person EPSDT well-child visit as soon as possible after the COVID-19 PHE ends.

Health plans are required to continue to report EPSDT visits reported to them by providers as usual. The provider should complete and submit the Form 8015 even if all the information, like immunizations or other components, were not completed during the telehealth visit. The catch-up codes below should be used when the face-to-face visit is done after the PHE ends and submitted on the Form 8016.

Coding Guide for Preventive Medicine/EPDST during COVID-19 PHE

	In-Office Coding (Children through 24 months of age)	Telehealth Coding (Children through 24 months of age)	Telehealth Coding (Children over 24 months of age)
CPT Codes for PM/EPDST	New Patient: 99381, 99382 Established Patient: 99391, 99392	PM/EPDST codes can be billed under certain circumstances	New Patient: 99382, 99383, 99384, 99385 Established Patient: 99392, 99393, 99394, 99395
Additional Procedure Codes	Hearing: 92551, 92552, 92558 Vision: 99174, 99177 Developmental Screening: 96110 Emotional/Behavioral Screening: 96127 Health Risk Assessment: 96160, 96161	Developmental Screening: 96110 Emotional/Behavioral Screening: 96127 Health Risk Assessment: 96160, 96161 PM Individual Counseling: 99401 (15 min) 99402 (30 min) 99403 (45 min) 99404 (60 min)	Developmental Screening: 96110 Emotional/Behavioral Screening: 96127 Health Risk Assessment: 96160, 96161
Immunization Administration	Immunization Administration: 90460	Immunization Administration: 90460 Code when the vaccine is administered. Vaccine counseling may occur via telehealth at any time prior to the administration of the vaccine	Immunization Administration: 90460 Code when the vaccine is administered. Vaccine counseling may occur via telehealth at any time prior to the administration of the vaccine
Telehealth Coding	Use POS (Place of Service) 02, and appropriate 95, GT, GQ modifier	Use POS (Place of Service) 02 and appropriate modifier indicating telehealth	Use POS (Place of Service) 02 and appropriate modifier indicating telehealth
99211	EP	Established patient, office or outpatient evaluation and management that may not require the presence of a physician	Immunization catch-up, repeat screening(s), and/or screening(s) not performed during an EPDST exam visit that do NOT require the presence of physician
99212	EP	Established patient, office or outpatient evaluation and management, physician performed	Immunization catch-up, repeat screening(s), and/or screening(s) not performed during an EPDST exam visit, follow-up of a referral and/or follow-up on a diagnosis or treatment that require a face-to-face assessment by the physician