
INFORMATION UPDATE

To: HealthCheck Providers
From: James E. Jeffries, Director
HealthCheck Program
Subject: Billing Modifier
Date: February 27, 2013

Effective immediately, “EP” is a required modifier for all HealthCheck claim details. Providers must use the “EP” modifier to designate **all** services related to early and periodic screening, diagnosis, and treatment (EPSDT) of Medicaid eligible individuals up to 21 years of age.

CPT codes for periodic and interperiodic screening assessments must have the “EP” modifier listed in block 24D of the CMS-1500 Claim Form, or, for electronically submitted claims, in the appropriate transaction data element. Additionally, hearing and developmental screening CPT codes must have the “EP” modifier listed in block 24D of the CMS-1500 Claim Form, or, for electronically submitted claims, in the appropriate transaction data element. Interperiodic screenings must be filed with the patient’s primary insurance first. Once the claim has been paid/denied, Medicaid may be billed utilizing the appropriate evaluation and management (E/M) code with the “EP” modifier appended.

Lastly, providers should endeavor to accomplish medical, vision and hearing screenings, and immunizations in one visit, thus moderating the likelihood for fragmentation or duplication of services.

If you have any questions regarding this communication, I can be reached toll-free in WV at 1-800-642-9704 or via email at James.E.Jeffries@wv.gov.

cc: Pat Woods, Bureau for Medical Services
Anne Williams, Director, Office of Maternal, Child and Family Health