



EPSDT Billing Guide Instructions:

The purpose of the EPSDT Billing Guide is to assist Aetna Better Health's providers to bill appropriately using the CMS-1500 Claim Form or electronically using the 837P format.

Providers choosing to bill for EPSDT screens using the CMS-1500 Claim Form must bill using all of the age-appropriate procedure (CPT) codes, including immunizations, for a **complete** screen.

For screening eligibility information and services required for a complete EPSDT screen, please consult the following (located in the Provider section under the Provider Manual at www.aetnabetterhealth.com):

- Current Pennsylvania's Early and Periodic Screening, Diagnosis, and Treatment Program Periodicity Schedule and Coding Matrix
- Recommended Childhood Immunization Schedule as approved by the Advisory Committee on Immunization Practices

Please review the instructions below when submitting a CMS-1500 claim form for a complete EPSDT screen.

Key:

- **Block Number**= Indicates the number as it appears on the CMS-1500 Claim Form.
 - **A**= Indicates that the claim block **must** be complete.
 - **M**= Indicates that the claim block must be completed, if applicable.

Block Number	Block Name	Block Code	Notes
10d	Reserved for Local Use EPSDT Referrals	A	Enter the applicable two-character EPSDT Referral Code in UPPERCASE / CAPITAL LETTERS for referrals made or needed as a result of the screen: YM – Medical Referral YD – Dental Referral (a required for all children 3 years of age and above) YV – Vision Referral YH – Hearing Referral YB – Behavioral Health Referral YO – Other Referral
21	Diagnosis or Nature of Illness of Injury	M/A***	The diagnosis code V20.0, V20.1 or V20.2 (Routine Infant or Child Health Check) must be used in the primary field (21.1) of this block. Additional diagnosis codes should be entered in fields 21.2, 21.3, and 21.4 . When reporting immunizations, the appropriate diagnosis codes(s) are required. The code must be one or more of the following: V03.0-V06.9 - Various vaccination codes (see EPSDT Childhood Immunizations Billing guide for details).
24d	Procedures, Services, or Supplies (CPT & Modifiers)	M/A	Review the CPT codes for services provided and refer to the Periodicity Schedule and Coding Matrix for all required components of a complete EPSDT Screen. Enter the CPT code in the first section of the block then list up to four applicable modifiers in sections two and three.
24h	EPSDT/Family Planning	A	Enter Visit Code 03 when providing EPSDT screening services.

NOTE Please list all of the required components of an EPSDT screen in Block 24 d on lines 02 through 06. If there are more than 6 claim lines for a complete EPSDT screen, please use **two claim forms**

Note: Failure to bill according to the provided EPSDT Billing Guidelines may result in rejected claims.

Please contact Aetna Better Health’s Provider Relations Department or our EPSDT coordinator for any questions regarding the EPSDT program at **1-866-638-1232**.