

Appendix F: Adolescent Services and Programs

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Section 1: Covered Services Overview, Criteria, and Limitations

ABHLA covers a variety of services specifically for adolescent members. The age requirements for these programs vary by service, but provider requirements are consistent with all other covered services.

These programs include Early Periodic Screening, Diagnosis, and Testing (EPSDT) and the Vaccines for Children Program. Program requirements, member criteria, and reimbursement standards are outlined in the following sections.

Section 2: Early Periodic Screening, Diagnosis, and Treatment

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is Medicaid's comprehensive and preventive health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) legislation and includes periodic screening, vision, dental, and hearing services. In addition, Section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at Section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.

The EPSDT Program consists of two mutually supportive, operational components: **(1) assuring the availability and accessibility of required health care resources; and (2) helping members and their guardians effectively use these resources.** These components enable Medicaid agencies to manage a comprehensive health program of prevention and treatment, to seek out eligible members and inform them of the benefits of prevention and the health services and assistance available and to help them and their families use health resources, including their own talents and knowledge, effectively and efficiently. It also enables them to assess the patient's health needs through initial and periodic examinations and evaluations, and to see that the health problems found are diagnosed and treated early before they become more complex and their treatment more costly. (Adapted from CMS website at www.cms.gov/MedicaidEarlyPeriodicScrnr/).

Periodicity Schedule

The American Academy of Pediatrics publishes periodicity schedules that identify minimum guidelines for EPSDT screenings. You can view updated schedules on their website at http://brightfutures.aap.org/clinical_practice.html. ABHLA adheres to the schedule with the following two exceptions, which are aligned with the Louisiana Medicaid program:

- The Louisiana Medicaid EPSDT screening guidelines and policies apply to individuals under 21 years of age; and
- The Louisiana Medicaid schedule has stricter requirements for lead assessment and blood lead screening. See **lead screening**.

Identifying Barriers to Care

Understanding barriers to care is essential to helping members receive appropriate care, including regular preventive services. We find that although most members and caregivers understand the importance of preventive care, many confront seemingly insurmountable barriers to readily comply with preventive care guidelines. A recent study by the U.S. Department of Health and Human Services found that fewer than 50 percent of children in the study sample received any documented EPSDT services. To address this, Aetna Better Health of Louisiana trains its Member Services and Care Management Staff to identify potential obstacles to care during communications with members, their family/caregivers, Primary Care Providers (PCPs) and other relevant entities and works to maintain access to services.

Examples of barriers to preventive care that we have encountered include:

- Cultural or linguistic issues
- Lack of perceived need if the member is not sick
- Lack of understanding of the benefits of preventive services
- Competing health-related issues or other family/work priorities
- Lack of transportation
- Scheduling difficulties and other access issues

We work with providers to routinely link members with services designed to enhance access to preventive services, including:

- Facilitating interpreter services
- Locating a provider who speaks a particular language
- Arranging transportation to medical appointments

- Linking members with other needed community-based support services

Aetna Better Health of Louisiana closely monitors EPSDT metrics throughout the year to identify trends and potential opportunities for improvement. Aetna Better Health of Louisiana also notifies members annually of their eligibility for EPSDT services and encourages the use of the services.

Educating Members about EPSDT Services

Aetna Better Health of Louisiana informs members about the availability and importance of EPSDT services, including information regarding wellness promotion programs that Aetna Better Health of Louisiana offers. The information process includes:

- Member Handbook & Evidence of Coverage
- Member newsletters and bulletins
- Aetna Better Health of Louisiana’s website
- Educational flyers
- Reminder postcards
- Care plan interventions for high-risk members enrolled in care management
- Member Services care gap education

Provider Responsibilities in Providing EPSDT Services

Participating providers will be contractually required to do the following in providing EPSDT services:

- Provide EPSDT screenings and immunizations to children aged birth to twenty-one (21) years of age in accordance with Louisiana’s periodicity schedule, including federal and State laws standards and national guidelines (i.e., **American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care**) and as federally mandated.
 - Avoid delays in pediatric screenings and services by taking advantage of opportunities (for instance, provide an immunization, or screening during a visit for a mild acute illness or injury or during a sibling’s visit).
 - Fully document all elements of each EPSDT assessment, including anticipatory guidance and follow-up activities on the state-required standard encounter documentation form and verify that the record is completed and readable.
 - Comply with Aetna Better Health of Louisiana’s Minimum Medical Record Standards for Quality Management, EPSDT Guidelines and other requirements under the law.
 - Cooperate with Aetna Better Health of Louisiana’s periodic reviews of EPSDT services, which will include chart reviews to assess compliance with standards.
 - Report members’ EPSDT visits by recording the applicable Current Procedural Terminology (CPT) preventive codes on the required claim submission form
 - Contact members or their parents/guardians after a missed EPSDT appointment so that it can be rescheduled.
 - Have systems in place to document and track referrals including those resulting from an EPSDT visit. The system should document the date of the referral, date of the appointment and date information is received documenting that the appointment occurred.
 - Comply with “pay and chase” mandate for Preventive Pediatric Care, which includes EPSDT services, for children.

Aetna Better Health of Louisiana requires participating providers to make the following recommended and covered services available to EPSDT-eligible children at the ages recommended on the state Medicaid regulators’ periodicity schedule:

- Immunizations, education, and screening services, provided at recommended ages in the child’s development, including all of the following:
 - Comprehensive health and developmental history (including assessment of both physical and mental health development)

- Comprehensive unclothed physical exam
- Appropriate immunizations (according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines) and, where appropriate, in compliance with the **Vaccines for Children (VFC)** program.
- Laboratory tests (including appropriate neonatal, iron deficiency anemia, and blood lead screening)
- Health education/anticipatory guidance - Health education is a required component of screening services and includes anticipatory guidance. At the outset, the physical and dental exams provide the initial context for providing health education. Health education and counseling to both parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention
- Vision services, including periodic screening and treatment for defects in vision, including eyeglasses
- Dental services, including oral screening, periodic direct referrals for dental examinations (according to the state periodicity schedule), relief of pain and infections, restoration of teeth, and maintenance of dental health
- Hearing services, including, at a minimum, diagnosis and treatment for defects in hearing, including hearing aids
- Lead toxicity screening, consisting of the components outlined under the Blood Lead Screening section of this appendix
- Other necessary health care to correct or ameliorate physical and mental illnesses and conditions discovered by the screening process
- Diagnostic services, including referrals for further evaluation whenever such a need is discovered during a screening examination
- Treatment or other measures to correct or improve defects and physical and mental illnesses or conditions discovered by the screening services

For questions or concerns, please contact our Provider Experience Department at **1-855-242-0802**.

Provider Monitoring

The methods we utilize to monitor our providers and members compliance/success in obtaining the appropriate care associated with EPSDT include a multi-pronged approach to maximize our quality results and care of this specific member population. The methods include, but are not limited to:

- Analysis and evaluation of provider utilization
 - EPSDT Audit and other provider office visits
 - EPSDT Compliance Report
- Tracking and trending provider data
 - Evaluation of performance measures and outcome data including Healthcare Effectiveness Data and Information Set (HEDIS®) and Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) results (monitoring results on a monthly basis)
- Review and tracking of member grievances and appeals and provider complaints to identify trends
 - Peer review of quality, safety, utilization, and risk management referrals
 - Recredentialing review activities
 - Review of gaps in care reports and analysis of data from PCP profiles and performance reports
 - Review of sentinel events
- Monitoring network capacity and availability and accessibility to care delivery systems, recredentialing review activities

Our Provider Experience Department educates providers about EPSDT program requirements and monitors the adequacy of our EPSDT network. Provider Experience Staff may take referrals from a provider to have a member outreached by care management staff, especially if the provider has been unable to reach the member to schedule an

appointment for EPSDT-related services. Providers Services Staff may also take referrals from providers who identify problems through EPSDT exams.

Reimbursement

The EPSDT component services below are included in reimbursement of the preventive medicine Evaluation and Management (E&M) visit unless appended with Modifier 25 (Sick visit with Well-child visit), which indicates a significant, separately identifiable E&M service by the same provider on the same day of a procedure or other service:

- Comprehensive health history
- Comprehensive unclothed physical examination
- Health education
- Nutritional assessment
- Dental screening

Periodic Screening

ABHLA requires providers to inform Members about and to make the following recommended and covered services available to all EPSDT-eligible enrollees at the recommended age per the **Periodicity Schedule**. If a child misses a regular periodic screening, that child may be screened off-schedule in order to bring the child up to date at the earliest possible time. However, all screenings performed on children who are under two years of age must be at least 30 days apart, and those performed on children aged two through six years of age must be at least six months apart.

Preventive Medical Screening

Preventive Medical Screenings must include the following:

- Comprehensive health and developmental history, including:
 - Assessment of physical health and development
 - Assessment of mental health and development
- Comprehensive unclothed physical exam or assessment
- Appropriate immunizations according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines and health history (unless medically contraindicated or parents/guardians refuse at the time)
- Laboratory tests (including age-appropriate screenings for newborns, iron deficiency anemia, blood lead* levels, dyslipidemia, and sexually transmitted infections); and
- Health education (including anticipatory guidance)

* The blood lead levels and iron deficiency anemia components of the preventive medical screening must be provided on-site on the same date of service as the screening visit.

EPSDT services must be available both on a regular basis, and whenever additional health treatment or services are needed. EPSDT screenings may identify problems needing other health treatment or additional services.

Neonatal/Newborn Screening

Providers are responsible for obtaining the results of the initial neonatal screening by contacting the hospital of birth, the health unit in the parish of the mother's residence, or through the Office of Public Health (OPH) Genetics Diseases Program's web-based Secure Remote Viewer (SRV).

Objective Vision Screening

Objective vision screenings may be performed by trained office staff under the supervision of a licensed physician, physician assistant, registered nurse, advanced practice registered nurse, or optometrist. The interpretive conference to discuss findings from the screenings must be performed by a licensed physician, physician assistant, registered nurse, or advanced practice registered nurse.

Vision screening services are to be provided according to the AAP/Bright Futures recommendations.

Objective Hearing Screening

The objective hearing screenings may be performed by trained office staff under the supervision of a licensed audiologist or speech pathologist, physician, physician assistant, registered nurse, or advanced practice registered nurse. The interpretive conference to discuss findings from the screenings must be performed by a licensed physician, physician assistant, registered nurse, or advanced practice registered nurse.

Hearing screening services are to be provided according to the AAP/Bright Futures recommendations.

Laboratory Screening

Iron deficiency anemia and blood lead testing when required are included in the medical screening fee and must not be billed separately.

Effective May 1, 2024, Proprietary Laboratory Analyses codes 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, and 0241U are only covered in a facility, observation, and/or inpatient setting.

Blood Lead Screening

ABHLA must ensure that children ages six months to 72 months are screened in compliance with Louisiana Medicaid EPSDT requirements and in accordance with practices consistent with current Centers for Disease Control and Prevention guidelines, which include the following specifications:

- Administer a risk assessment at every well child visit;
- Use a blood test to screen all children at ages 12 months and 24 months or at any age older than 24 months and up to 72 months, if they have not been previously screened; and
- Use a venous blood sample to confirm results when finger stick samples indicate blood lead levels ≥ 5 $\mu\text{g}/\text{dl}$ (micrograms per deciliter).

Providers must report a lead case to the Office of Public Health's Childhood Lead Poisoning Prevention Program within 24 working hours. A lead case is indicated by a blood lead test result of >5 $\mu\text{g}/\text{dl}$.

If an abnormality or problem is encountered and treatment is significant enough to require an additional evaluation and management (E&M) service on the same date, by the same provider, no additional E&M of a level higher than CPT code 99212 is reimbursable.

Effective for dates of service on and after 11/1/2021, claims for EPSDT preventive screening visits appended with modifier 'TD' will be denied.

The physician, advanced practice registered nurse, or physician assistant listed as the rendering provider must be present and involved during the preventive screening visit. Any care provided by a registered nurse (RN) in the office or outpatient setting is subject to Medicaid's "Incident to" policy.

Interperiodic Screening

Interperiodic screenings may be performed if medically necessary. The parent/guardian or any medical provider or qualified health, developmental, or education professional who comes into contact with the child outside the formal healthcare system may request the interperiodic screening.

An interperiodic screening may only be provided if the enrollee has received an age-appropriate preventive medical screening. If the preventive screening has not been performed, then the provider must perform an age-appropriate preventive screening.

An interperiodic screening includes a complete unclothed exam or assessment, health and history update, measurements, immunizations, health education and other age-appropriate procedures.

An interperiodic screening may be performed and billed for a required Head Start physical or school sports physical but must include all of the components required in the EPSDT preventive periodic screening.

Documentation must indicate that all components of the screening were completed. Medically necessary laboratory, radiology, or other procedures may also be performed and may be billed separately. A well diagnosis is not required.

Developmental Screening

ABHLA covers developmental and autism screenings administered during EPSDT preventive visits in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule. ABHLA also covers developmental and autism screenings performed by primary care providers when administered at intervals outside EPSDT preventive visits if they are medically indicated for an enrollee at-risk for, or with a suspected, developmental abnormality.

ABHLA covers only the use of age-appropriate, caregiver-completed, and validated screening tools as recommended by the AAP:

- Ages and Stages Questionnaire (ASQ) - 2 months to age 51
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2
- Brigance Screens-II - Birth to 90 months
- Child Development Inventory (CDI) - 18 months to age 6
- Infant Development Inventory - Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

If an enrollee screens positive on a developmental or autism screen, the provider must give appropriate developmental health recommendations, refer the enrollee for additional evaluation, or both, as clinically appropriate. Providers must document the screening tool(s) used, the result of the screen, and any action taken, if needed, in the enrollee's medical record.

Developmental screening and autism screening are currently reimbursed using the same procedure code (96110). Providers may only receive reimbursement for one developmental screen and one autism screen per day of service. To receive reimbursement for both services performed on the same day, providers may submit claims for two (2) units of procedure code 96110.

Perinatal Depression Screenings

ABHLA covers perinatal depression screening administered to the enrollee's caregiver in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule. Screening can be administered from birth to 1 year during an EPSDT preventive visit, an interperiodic visit, or an E&M office visit. This service is a recommended, but not required, component of well-child care.

- Perinatal depression screening must employ one of the following validated screening tools:
- Edinburg Postnatal Depression Scale (EPDS).
- Patient Health Questionnaire 9 (PHQ-9).
- Patient Health Questionnaire 2 (PHQ-2) and, if positive, a full PHQ-9.

Documentation must include the tool used, the results, and any follow-up actions taken. If an enrollee's caregiver screens positive, the provider must refer the caregiver to available resources, such as their primary care provider, obstetrician, or mental health professionals, and document the referral. If screening indicates possible suicidality, concern for the safety of the caregiver or enrollee, or another psychiatric emergency, then referral to emergency mental health services is required.

ABHLA reimburses perinatal depression screening under the child enrollee's Medicaid coverage. When two (2) or more children under age 1 present to care on the same day (e.g., twins or other siblings who are both under age 1), the provider must submit the claim for only one of the children. When performed on the same day as a developmental screening, providers must append modifier -59 to claims for perinatal depression screening

Diagnostic Services and Treatment Services

ABHLA must ensure that the enrollee receives the diagnostic services and all treatment services required as a result of diagnostic services.

PCP Notification

On at least a quarterly basis Aetna Better Health of Louisiana will provide all PCPs with a list of members who have not had an encounter and who have not complied with the EPSDT periodicity and immunization schedules for children.

Direct-Access Immunizations

Member may receive influenza and pneumococcal vaccines from any network provider without a referral, and there is no cost to the member if it is the only service provided at that visit.

School-Based Medicaid Services

EPSDT services in schools are covered for eligible members when they are medically necessary, performed by a licensed professional, and intended to correct or ameliorate a child's health condition. Services performed for educational or social needs are not covered.

School -based Medicaid services must be required by a written plan of care. Occupational Therapy services performed under the School-Based Medicaid Program do not require referral.

Per Title XIX of the Social Security Act, "Services provided in a school setting will only be reimbursed for recipients who have been determined eligible for Title XIX and the Individuals with Disabilities Education Act (IDEA), Part B services with a written service plan which contains medically necessary services recommended by a physician or other licensed practitioner, within the scope of his or her practice under state law."

EPSDT Comprehensive Dental Benefit

Per LDH **Informational Bulletin 25-6**: Federal law, 42 CFR Part 441 Subpart B, mandates EPSDT-eligible beneficiaries are eligible to receive all medically necessary health care, screening, diagnostic services, treatment, and other measures to correct or improve physical or mental conditions (section 1905(r) of the Social Security Act). Unless prohibited or excluded, services may include those not otherwise covered by the Louisiana Medicaid State Plan or explicitly described in Dental Benefit Program Manager (DBPM) contracts. These regulations include dental care, at the earliest age necessary, needed for:

- relief of pain
- infections
- restoration of teeth
- maintenance of dental health
- emergency care
- preventative care, and
- therapeutic care

Section 3: Vaccines For Children (VFC)

Aetna Better Health of Louisiana (ABHLA) reimburses the administration fee for vaccines provided by the VFC Program for eligible members (birth through 18 years of age), except where provider, state, federal, CMS, or other requirements or contracts specify otherwise.

ABHLA reimburses VFC vaccine administration fees to only those providers who are registered with the Centers for Disease Control (CDC) as VFC Providers. For additional information about enrolling as a VFC Provider, visit **LDH Louisiana Vaccines for Children**.

VFC Providers must use vaccines available without charge under the Vaccine for Children (VFC) Program for Medicaid children eighteen (18) years old and younger. Immunizations shall be given in conjunction with EPSDT/Well Child visits or when other appropriate opportunities exist.

Reimbursement

ABHLA reimburses per the **Louisiana Medicaid immunization fee schedule**, then per the contract and, if necessary, a negotiated rate up to the maximum fee limits set by the CDC and applicable modifiers.

ABHLA does not reimburse VFC Providers for vaccine serum, as it is provided at no cost by the VFC Program.

Claims submitted for vaccination(s) must include serum code(s) for compliance with regulatory and HEDIS® reporting requirements to indicate that members are receiving required immunization(s). Claims submitted without applicable serum, administration, and modifier codes may be rejected and/or denied.

Vaccine administration is reimbursed separately from office visits or well-child exams. ABHLA does not reimburse an office visit when vaccine administration is the only service performed.

Non-VFC Vaccines

ABHLA reimburses providers for the administration and serum for members not eligible for VFC, or for vaccines not provided by VFC. Reimbursement is based on the fee schedule, then according to the contract and, if necessary, according to a negotiated rate.

Shortages

Should a documented supply shortage occur within the Louisiana VFC program, ABHLA will reimburse providers for serum(s) according to the fee schedule, then according to the contract and, if necessary, according to a negotiated rate. ABHLA is alerted by LDH and through the Louisiana Health Alert Network when vaccine shortages occur and will communicate this information to the network as appropriate.