Technical Specifications – EPSDT Annual Participation Rate

CMS Form 416: EPSDT Participation Report
Instructions for Generating the Report

Line 1: Total Individuals Eligible for EPSDT – The total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services (separate totals for Medicaid and KidsCare members). "Unduplicated" means that an eligible person is reported only once although he/she may have had more than one period of eligibility during the year.

Exclude Eligibility groups:

- SOBRA Family Planning
- QMB Only
- Med
- AHCCCS Care

Note: Include members who were eligible for both Medicaid and KidsCare in the same reporting year with the eligibility category at the end of the reporting year.

Line 2a: State Periodicity Schedule –The number of initial or periodic general health screenings required to be provided to individuals within the age group specified according to the State's periodicity schedule. (EXAMPLE: The State periodicity schedule requires screening at 12, 15, 18 and 24 months, so the number 4 should be entered in the 1-2 age group column.) Make no entry in the total column.

Line 2b: Number of Years in Age Group – This is a fixed number reflecting the number of years included in each age group.

Line 2c: Annualized State Periodicity Schedule – Divide line 2a by the number in line 2b. Enter the quotient. This is the number of screenings expected to be received by an individual in each age group in one year. Make no entry in the total column.

Line 3a: Total Months of Eligibility – Enter the total months of eligibility for the individuals in each age group in line 1 during the reporting year.

Line 3b: Average Period of Eligibility – Divide the total months of eligibility by line 1. Divide that number by 12 and enter the quotient. This number represents the portion of the year that individuals remain Medicaid eligible during the reporting year, regardless of whether eligibility was maintained continuously.

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Line 4: Expected Number of Screenings per Eligible – Multiply line 2c by line 3b. Enter the product. This number reflects the expected number of initial or periodic screenings per child per year based on the number required by the State-specific periodicity schedule and the average period of eligibility.

Line 5: Expected Number of Screenings – Multiply line 4 by line 1. Enter the product. This reflects the total number of initial or periodic screenings expected to be provided to the eligible individuals in line 1.

Line 6: Total Screens Received – Enter the total number of initial or periodic screens furnished to eligible individuals under either fee-for-service or managed care arrangements. Use the CPT codes listed below. Contractos must ensure that all five age-appropriate elements of an EPSDT screen, as defined by law, are provided to EPSDT recipients. This number should not reflect sick visits or episodic visits provided to children unless an initial or periodic screen was also performed during the visit. However, it may reflect a screen outside of the normal State periodicity schedule that is used as a "catch-up" EPSDT screening. (A catch-up EPSDT screening is defined as a complete screening that is provided to bring a child up-to-date with the State's screening periodicity schedule.) Use data reflecting date of service within the fiscal year for such screening services or other documentation of such services furnished under capitated arrangements.

Line 7: Screening Ratio – Divide the actual number of initial and periodic screening services received (line 6) by the expected number of initial and periodic screening services (line 5). This ratio indicates the extent to which EPSDT eligibles receive the number of initial and periodic screening services required by the state's periodicity schedule, adjusted by the proportion of the year for which they are Medicaid eligible. This ratio cannot be over 100%.

Line 8: Total Eligibles Who Should Receive at Least One Initial or Periodic Screen – The number of persons who should receive at least one initial or periodic screen is dependent on each state's periodicity schedule. Use the following calculations:

a. Look at the number entered in line 4. If that number is greater than 1, use the number 1. If the number in line 4 is less than or equal to 1, use the number in line 4. (This procedure will eliminate situations where more than one visit is expected in any age group in a year.)

b. Multiply the number from the calculation above (a) by the number in line 1. Enter the product on line 8.

Line 9: Total Eligibles Receiving at Least One Initial or Periodic Screen – Enter the unduplicated count of individuals who received at least one documented initial or periodic screen during the year. Refer to the screening codes below.

Line 10. **Participant Ratio** – **Divide line 9 by line 8. Enter the quotient. This ratio indicates the extent to which eligibles are receiving any initial and periodic screening services during the year. This is the Contractor's EPSDT Participation Rate.**

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Line 11: Total Eligibles Referred for Corrective Treatment – Total recipients who were referred for treatment, or had vision/hearing screenings.

Line 12a: Total Eligibles Receiving any Dental Services – Unduplicated count of recipients receiving any dental services. (Use HEDIS codes for Annual Dental Visits to identify services).

Line 12b: Total Eligibles Receiving Preventive Dental Services – Unduplicated count of recipients receiving preventive dental services (D1000 - D1999).

Line 12c: Total Eligibles Receiving Dental Treatment Services – Unduplicated count of recipients receiving dental treatment services (D2000 - D9999).

Line 13: Total Eligibles Enrolled in Managed Care – Unduplicated count of recipients who are both eligible for EPSDT and enrolled in any type of managed care arrangement during the year.

Line 14: Total number of screening blood lead tests – Unduplicated count of blood lead tests performed, not including lead poisoning diagnoses.

The following codes are used to select services:

EPSDT Category	Codes
Screening/Participation	**CPT-4 Preventive Medicine Services*** 99381 New Patient under one year 99382 New Patient (ages 1-4 years) 99383 New Patient (ages 5-11 years) 99384 New Patient (ages 12-17 years) 99385 New Patient (ages 18-39 years) 99391 Established patient under one year 99392 Established patient (ages 1-4 years) 99393 Established patient (ages 5-11years) 99394 Established patient (ages 12-17 years) 99395 Established patient (ages 18-39 years) 99460 Initial hospital or birthing center care for normal newborn infant 99461 Initial care in other than a hospital or birthing center for normal newborn infant 99463 Initial hospital or birthing center care of normal newborn infant (admitted/

EPSDT Category	Codes
	discharged same date) *These CPT codes do not require use of a “V” code. **CPT-4 Evaluation and Management**** 99202-99205 New Patient 99213-99215 Established Patient **** These CPT-4 codes must be used in conjunction with codes V20-V20.2, V20.3, V20.31 and V20.32 and/or V70.0 and/or V70.3-70.9.
Vision	**CPT-4 Evaluation and Management** 92002 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient 92004 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits 92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient 92014 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits 92015 Determination of refractive state 92020 Gonioscopy (separate procedure) 92060 Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure) 92081 through 92083 Visual field examination, unilateral or bilateral, with interpretation and report… 92100 through 92140 92340 through 92342 92352 through 92353 92358 Prosthesis service for aphakia, temporary (disposable or loan, including materials) **HCPCS** V2020 Frames, puchase V2799 Vision service, miscellaneous V2100 through V2499 V2623 through V2629

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EPSDT Category	Codes
	ICD-9-CM Codes V720 Examination of eyes and vision V802 Screening for other eye conditions 950x Injury to optic nerve and pathways 951x Injury to other cranial nerves
Hearing	**CPT-4 Code** 92506 through 92510 92551 through 92559 92560 through 92569 92599 Unspecified otolaryngologic procedure **HCPCS Codes** L8614 Cochlear device, includes all internal and external components L8619 Cochlear implant, external speech processor and controller, integrated system, replacement V5008 through V5299 V5362 Speech screening V5363 Language screening **ICD-9-CM Codes** V721 Examination of ears and hearing V803 Screening for ear disorders 9541 Injury to other sympathetic nerve excluding shoulder and pelvic girdles 9548 Injury to other specified nerve(s) of trunk excluding shoulder and pelvic girdles 9549 Injury to unspecified nerve of trunk excluding shoulder and pelvic girdles

Lead Screening	**CPT-4 Code** 83655 Lead screening Note: CPT code 83655, when accompanied on the claim by a diagnosis code of V15.86 (exposure to lead) or V82.5) (special screening for other conditions such as a screening for heavy metal poisoning) may be used to identify a person receiving a screening blood lead test. However, a claim in which the procedure code 83655 is accompanied by a diagnosis code of 984(.0-.9) (toxic effect of lead and its compounds) or E861.6 (accidental poisoning by lead paints) would generally indicate that the person receiving the blood lead test had already been diagnosed or was being treated for lead poisoning and should not be counted.

SEE SAMPLE REPORT, NEXT PAGE

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1RPT ID: IM03R020 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PAGE: 1
PGM ID: IM04L020 FORM HCFA-416: ANNUAL EPSDT PARTICIPATION REPORT DATE: 03/24/09
FOR FUNDING SOURCE: TITLE X1X

STATE: ARIZONA

BEGINNING: 10/01/2003
ENDING : 09/30/2004

	AGE GROUPS							
DATE OF BIRTH RANGES	10/01/2003 09/30/2004	10/01/2001 09/30/2003	10/01/1998 09/30/2001	10/01/1994 09/30/1998	10/01/1989 09/30/1994	10/01/1985 09/30/1989	10/01/1983 09/30/1985
	TOTAL	< 1	1 - 2	3 - 5	6 - 9	10 - 14	15 - 18	19 - 20
1) TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	670,534	54,047	97,216	113,875	115,746	136,397	116,432	36,821
2A) STATE PERIODICITY SCHEDULE		6	4	3	2	3	2	1
2B) NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4	2
2C) ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	.50	.60	.50	.50
3A) TOTAL MONTHS OF ELIGIBILITY	5,799,752	296,881	883,544	1,045,899	1,046,276	1,246,715	1,027,977	252,459
3B) AVERAGE PERIOD OF ELIGIBILITY	.72	.45	.75	.76	.75	.76	.73	.57
4) EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE		2.74	1.51	.76	.37	.45	.36	.28
5) EXPECTED NUMBER OF SCREENINGS	542,134	148,440	147,256	87,157	43,594	62,334	42,831	10,519
6) TOTAL SCREENS RECEIVED	503,677	187,491	162,251	62,914	33,152	35,772	18,920	3,177
7) SCREENING RATIO	.92	1.00	1.00	.72	.76	.57	.44	.30

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PGM ID: IM04L020 | FORM HCFA-416: ANNUAL EPSDT PARTICIPATION REPORT | DATE: 03/24/05

FOR FUNDING SOURCE: TITLE X1X

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STATE: ARIZONA FY: 2004

BEGINNING: 10/01/2003
ENDING : 09/30/2004

	AGE GROUPS							
DATE OF BIRTH RANGES	10/01/2003 09/30/2004	10/01/2001 09/30/2003	10/01/1998 09/30/2001	10/01/1994 09/30/1998	10/01/1989 09/30/1994	10/01/1985 09/30/1989	10/01/1983 09/30/1985
	TOTAL	< 1	1 - 2	3 - 5	6 - 9	10 - 14	15 - 18	19 - 20
8) TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE SCREENING	397,700	54,047	97,216	87,157	43,594	62,334	42,831	10,519
9) TOTAL ELIGIBLES RECEIVING AT LEAST ONE SCREENING	241,963	51,326	66,399	49,268	27,233	29,519	15,395	2,823
10) PARTICIPANT RATIO	.60	.94	.68	.56	.62	.47	.35	.26
11) TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	374,933	51,206	68,521	68,721	69,929	71,444	37,202	7,910
12A) TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	188,084	71	5,646	43,097	56,991	53,007	24,294	4,978
12B) TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	154,012	4	2,275	34,046	50,418	46,241	18,195	2,833
12C) TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	108,544	11	2,041	22,579	35,251	30,301	15,160	3,201
13) TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	593,722	53,298	95,545	111,689	113,355	119,355	75,203	25,277
14) TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	23,922	945	13,522	7,209	1,598	541	97	10