



KAN-Be-Healthy & Early Periodic Screening, Diagnosis and Treatment Program Billing and Coding Tips

E&M PREVENTATIVE AND OFFICE VISIT CPT CODES

Patient Type	E&M Preventative CPT Codes	E&M Office Visit CPT Codes
New Patient	99381-99385	99202-99205***
Established Patient	99391-99395	99213-99215***

***When billing an office visit code for a KBH screen, an appropriate wellness diagnosis code must be used.

KAN-BE-HEALTHY (KBH) SCREENING MUST INDICATE ALL OF THE FOLLOWING:

- ◆ Medical History
 - ◆ Physical Development and Emotional History
 - ◆ Physical Growth (Including height, weight, BMI)
 - ◆ Health Education and Anticipatory Guidance
 - ◆ Immunizations
 - ◆ Body Systems Evaluation
 - ◆ Blood Lead Screening
 - ◆ Nutrition
 - ◆ Laboratory
 - ◆ Dental Screening
 - ◆ Vision Screening
 - ◆ Hearing Screening
- ◆ Required for Healthcare Effectiveness Data and Information Set (HEDIS) specifications for multiple well child visits during the first 24 months and annual visits ages 3-20.

*All children enrolled in Medicaid are required to receive blood lead screening tests at ages 12 months and 24 months. Any child between 24 and 72 months with no record of a previous blood lead screening test must receive one. Completion of a risk assessment questionnaire **does not** meet the Medicaid requirement. The Medicaid requirement is met only when the **two** blood lead screening tests identified above (or a catch-up blood lead screening test) are conducted.

KBH/EPSTD SCREENING GUIDE

KBH-EPSTD screening providers have multiple options to bill for, be reimbursed for, and ensure that the beneficiary’s KBH-EPSTD screens update appropriately to reflect the care provided. The billing options include:

- An evaluation and management (E&M) preventive medicine CPT code (99381 through 99385 or 99391 through 99395) with or without modifier EP.
- An E&M office visit CPT code (99202 through 99205 or 99213 through 99215) with or without modifier EP and an appropriate wellness diagnosis code.

APPROPRIATE WELLNESS DIAGNOSIS CODES

Adult* (Z00.01) or child* (Z00.121) routine health exam “**with** abnormal findings” may include, but not be limited to:

- An acute injury or illness
- An incidental or trivial finding that is diagnosed in the patient’s chart
- A newly diagnosed chronic condition
- A chronic condition that must be addressed due to exacerbation (excluding medication refill)
- A chronic condition being uncontrolled
- New issues arising related to the chronic condition

Adult* (Z00.00) or child* (Z00.129) routine health exam “**without** abnormal findings” can be billed with chronic conditions even if they are stable:

- If the stable or improving chronic condition has to be addressed for medication refill(s) or routine follow-up
- To verify conditions, medications, DME, injections/infusions, and specialists
- To rule out any suspected conditions or address them

Sports physicals may be performed during a KBH screen, but a sports physical alone does not meet all of the KBH/EPSTD requirements. A preventative CPT and an appropriate wellness diagnosis code should be billed first. The code Z02.5, Encounter for examination for participation in sport, can be added, but should not be the first ICD-10 code billed.

*Child is considered ages 0-17. Adult is considered ages 18 and over.



ADDITIONAL DOCUMENTATION FOR HEDIS ANNUAL WELL-CHILD VISITS:

There are additional CPT codes that will update one KBH screen only; additional CPT codes update one medical, dental, vision, or hearing KBH screen.

- Pediatric BMI codes (must be charted as an exact BMI percentile):
 - < 5th Percentile for age (Z68.51)
 - 5th to < 85th Percentile for age (Z68.52)
 - 85th to < 95th Percentile for age (Z68.53)
 - ≥ 95th Percentile for age (Z68.54)
- Counseling for Physical Activity (Z02.5)
- Counseling for Nutrition (Z71.3)
- Well-Care (Z00.01, Z00.11-, Z00.12-, Z00.5, Z00.8, Z02.0 – Z02.6, Z02.7-, Z02.8-, Z02.9)

Please refer to the KAN-Be-Healthy manual for additional billing details, benefits and limitations.

Source: KMAP KAN-Be-Healthy/EPSTD Manual April 7, 2023

Tips

- **Suggestion 1:** A well child visit should be coded **FIRST** if billing multiple codes on the same claim.
- **Suggestion 2:** Code for a well-child visit on one claim and immunizations on a separate claim.