## Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Billing Assistance for Federally Qualified Health Centers (FQHCs) & Rural Health Clinics (RHCs)

In order to ensure appropriate data collection for Provider Reimbursement and CMS reporting for complete EPSDT screens, FQHC and RHC providers are required to bill T1015 with modifier EP on the first claim line. Proper use of T1015 EP on the first claim line will allow Error Status Code (ESC) 4005 to post on the claim, which identifies the claim as a complete EPSDT screen. The following ESCs will assist providers in determining why the claim was NOT considered to be a COMPLETE EPSDT screen.

**ESC 6010** DIAG V200, V201, OR V202 REQ FOR EPSDT SCREEN
**ESC 6011** MODIFIER EP REQ ON ALL COMPONENTS EPSDT SCREENS
**ESC 6012** REFERRAL CODE YD MISSING ON EPSDT SCREEN
**ESC 6013** T1015/EP REQ ON CLAIM LINE #1 FOR EPSDT
**ESC 4006** INVALID SUBMISSION OF AN FQHC/RHC CLAIM

Providers must enter procedure code T1015, with modifier EP on line one of the claim and on all the required components of the complete EPSDT screen.

Following is a list of ESCs that may post if modifier EP is missing from T1015 or when any of the required screening components are missing:

**ESC 6011** MODIFIER EP REQ ON ALL COMPONENTS EPSDT SCREENS
**ESC 4006** INVALID SUBMISSION OF AN FQHC/RHC CLAIM
**ESC 4036** PROCEDURE CODE/MODIFIER VS POS RESTRICTION
**ESC 4044** PROC CODE NOT COMPENSABLE FOR PROV TYPE
**ESC 4045** PROV TYPE/SPEC/PROC CODE/MODIFIER INVALID
**ESC 4046** PT/SPECIALTY/PLACE OF SERVICE COMBO IS INVALID
**ESC 5528** RELATED PROCEDURE CODE CANNOT BE BILLED ON THE SAME DOS
**ESC 0752** ACCESS PLUS PCP REFERRAL IS MISSING ON THE CLAIM*
*If a complete screen is not performed, a referral is required

**ESC 6010** DIAG V200, V201 OR V202 REQ FOR EPSDT SCREEN
The diagnosis code for a complete EPSDT screen should be V200, V201 or V202. Failure to use one of these codes in any diagnosis field causes the claim to be considered an incomplete screen.

**ESC 6012** REFERRAL CODE YD MISSING ON EPST SCREEN
The YD referral code is a required component of a complete EPDST screen for the three through twenty year screening periods. The YD referral code should be in all capital letters. Failure to follow the Dental Referral Procedures as set forth in MA Bulletin 99-08-13 (including the use of the YD referral code) causes the claim to be considered an incomplete screen.

**ESC 6013**    T1015/EP REQ ON CLAIM LINE #1 FOR EPSDT
T1015 with modifier EP is required on the first claim line. Failure to indicate T1015 with modifier EP on the first claim line causes the claim to be considered an incomplete screen.

**ESC 0770**    RHC/FQHC BILLED AMT EPSDT COMPONENTS MUST BE $0
All EPSDT components must have a $0 dollar billed amount. ESC 0770 will post if dollar amounts are billed.

**ESC 5697**    FQHCS/RHCS MAY ONLY BILL FOR A COMPLETE EPSDT SCREEN
When an invalid or incomplete EPSDT screen is submitted ESC 5697 will post on the screening period specific components.

For more information please review MA Bulletin 99-08-13 at:
http://dhs.pa.gov/publications/bulletinsearch/index.htm

For additional information, go to the **PROMISe™** Web site:
http://promise.dpw.state.pa.us/.

**Thank you for your service to our Medical Assistance recipients.
We value your participation.**

**Check the Department of Human Services' website often at: www.dhs.pa.gov**