Arkansas Medicaid beneficiaries entering the Arkansas foster care system are required to receive an intake physical examination within the first seventy-two (72) hours. If the EPSDT provider who performs the screening is not the beneficiary’s PCP, the intake physical examination should be billed with procedure codes 99381-99385 and modifiers EP and H9. Billing with these procedure codes and modifiers will allow the claim to be submitted for payment without a referral from the beneficiary’s PCP and will alert the system not to count the screen toward the beneficiary’s yearly EPSDT periodic complete medical screening limits.

If the EPSDT provider who performs the screen is the beneficiary’s PCP, the intake physical exam should be billed with procedure codes 99391-99395 and modifiers EP and H9. Billing with these procedure codes and modifiers will allow the claim to be submitted for payment and will not count toward the beneficiary’s yearly EPSDT periodic complete medical screening limits.

Procedure codes 99381-99385 and 99391-99395, in conjunction with the EP and H9 modifiers, are to be used only for the required intake physical examination for Medicaid beneficiaries in the Arkansas foster care system.