



# Provider Relations Outreach Specialist

## EPSDT Reason Codes

Primary Care Physicians (PCP) - PCPs are required to enter a reason code when submitting a claim for an EPSDT screening. PCPs should use only the applicable reason code when submitting their claims. Do not check the EPSDT box or choose “yes” in the EPSDT dropdown box (options depend on billing system).

Supporting manual language can be found in the following manuals:

- Child Health Services/Early and Periodic Screening, Diagnosis and Treatment
  - 212.200 EPSDT Minimum Documentation Requirements
  - 213.000 Provider’s Role in the Child Health Services (EPSDT) Program
  - 242.310 Completion of the CMS-1500 Claim Form

EPSDT Reason Codes are required for EPSDT services. Please enter the appropriate 2-byte reason code in the upper shaded part of the detail line.

- AV – Available – Not Used (patient refused referral)
- NU – Not Used (used when no EPSDT patient referral was given)
- S2 – Under Treatment (patient is currently under treatment for referred diagnostic or corrective health problem)
- ST – New Service Requested (Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service, not including dental referrals.)

Family Planning Indicator is not applicable for this claim type.

Specialist/provider delivering service – If a provider delivers services as a result of a referral from an EPSDT screening, the EPSDT box should be checked in the Medicaid portal, or choose “yes” under the EPSDT tab if billing through PES or an individual vendor.

- Physician Manual
  - 203.120 Physician’s Role in the Child Health Services (EPSDT) Program
  - 292.310 Completion of the CMS-1500 Claim Form

Please contact your AFMC provider relations outreach specialist if you have questions. We are always happy to assist you.