



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM EPSDT Transmittal No. 42 October 29, 2018

To: EPSDT Providers
MCOs

From: Jill Spector, Director *Jill Spector*
Office of Health Services
HealthChoice and Acute Care Administration

Note: Please ensure that the appropriate staff members of your organization are informed of the contents of this memorandum.

Re: Billing for Objective Hearing and Vision Screenings

The purpose of this transmittal is to inform providers that objective hearing and vision screenings can be billed to Medicaid as a separate service, in addition to the preventative health visit.

The table on the following page summarizes the billing information for the hearing and vision screenings.

Providers must follow the Department's periodicity schedule and the recommendations from Bright Futures. Additional details are posted on the Department's website at:
<https://mmcp.health.maryland.gov/epsdt/healthykids/Pages/Provider-Manual.aspx>.

If you have any questions, please contact Lesa Watkins at 410-767-1836 or Lesawatkins@maryland.gov.

Coding and Billing Guidelines for Vision and Hearing Screenings in Primary Care

Pediatric Objective Vision and Hearing Screening in Healthy Kids Preventive Health Schedule

	Recommendation from Healthy Kids Preventive Health Schedule	Examples of Acceptable Objective Standardized Tools	Billing Guidelines	Limitations
Vision	Surveillance recommended at every well child visit. Objective visual acuity screening is recommended at ages 3 (if cooperative), 4, 5, 6, 8, 10, 12, and 15 years. Instrument-based screening may be used to assess risk in 12 and 24 month olds and in ages 3-5 years.	<ul style="list-style-type: none"> • Snellen letters or numbers • Tumbling E chart picture tests (Lea, Allen) • Instrument based screening (photoscreeners or auto-refraction) 	<p>99173: Screening test for visual acuity, quantitative, bilateral</p> <p>99174: Instrument based ocular screening, bilateral. With remote analysis and report.</p>	99173 or 99174 will be reimbursed for 1 unit total per child at the ages of 3, 4, 5, 6, 8, 10, 12, and 15 years.
Hearing	Surveillance recommended at every well child visit. Objective screening at ages 3 (if cooperative), 4, 5, 6, 8, 10, 12, 15, and 18 years.	<ul style="list-style-type: none"> • Pure tone audiometry 	<p>92551: Screening test, pure tone, air only</p> <p>92552: Pure tone audiometry (threshold), air only</p>	92551 or 92552 will be reimbursed for 1 unit total per child at the ages of 3, 4, 5, 6, 8, 10, 12, 15, and 18 years.