

# WELL-CHILD, WELL-ADULT, AND OTHER PREVENTATIVE SERVICES

## OVERVIEW

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This manual includes coverage information for well-child visits, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), well-adult visits, and United States Preventative Services Task Force (USPSTF) A and B grade recommendations.

## INCREASING PREVENTATIVE CARE

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Providers are encouraged to take an active approach to increasing the number of Medicaid recipients under their care that receive recommended well-child visits, well-adult visits, immunizations, and other preventative care. Provider should consider using the following strategies to ensure Medicaid recipient receive recommended preventative care:

- For recipient age 0 to 3, schedule the next well-child visit at the end of their current well-child visit.
- For recipient age 3 to 21, send an annual reminder to recipients about scheduling a well-child visit.
- Include alerts for preventative care in your Electronic Health Record system or otherwise screen recipients to determine if a well-child visit or age appropriate vaccine is needed.
- Perform a well-child visit at a problem focused visit. Both services are reimbursable on the same day if they are significant and separately identifiable as identified by appending modifier 25 to the applicable CPT code on the claim form.
- If you do not have time to do a well-child visit in addition to a problem focused visit, encourage the recipient schedule a well-child visit before they leave the clinic.
- Perform a well-child visit when a recipient comes in for a sports physical. A sports physical is not a reimbursable service.
- Use an appointment reminder system such as texts, phone calls, or emails.
- If you send missed appointment letters, include contact information and instructions for rescheduling appointments.
- Encourage parents/guardians to take their child to a dentist by age 1. Recipients can find a dentist by visiting [insurekidsnow.gov](http://insurekidsnow.gov).

If you have other approaches that have been successful in your clinic, please share them with us by sending an email to [DSS.Medicaid@state.sd.us](mailto:DSS.Medicaid@state.sd.us).

## WELL-CHILD CHECK-UP PERIODICITY SCHEDULE

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Well-child visits are preventative health check-ups for recipients age 21 and under that include comprehensive screenings and immunizations. Well-child screenings should begin as early as possible in a child's life, or as soon as the child is enrolled in South Dakota Medicaid. Visits are covered in accordance with the [American Academy of Pediatrics' \(AAP\) Bright Futures](#) health guidelines for

preventive child and adolescent care and must include all age appropriate screenings. South Dakota Medicaid allows annual well-child visits to be billed once every 10 months for children age 3 to 21 to allow for scheduling flexibility. Immunizations should be provided in accordance with the [Center for Disease Control Immunization Schedule](#). South Dakota Medicaid provides the following check-up and immunization schedules to help inform them about recommended preventative care.

## Well Visit & Immunization ROAD MAP



Immunizations vary by age. Please check with your child's primary care provider about which immunizations are recommended for your child.



## RECOMMENDED IMMUNIZATION SCHEDULE

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-18 years
<b>HepB</b> (Hepatitis B)	1st dose	2nd dose		3rd dose									
<b>RV*</b> (Rotavirus)			1st dose	2nd dose	3rd dose*								
<b>DTap</b> (Tetanus, diphtheria, pertussis)			1st dose	2nd dose	3rd dose		4th dose				5th dose		
<b>Hib*</b> (Haemophilus influenzae type b)			1st dose	2nd dose	3rd dose*	Booster							
<b>PCV</b> (Pneumococcal)			1st dose	2nd dose	3rd dose	4th dose							
<b>IPV</b> (Polio)			1st dose	2nd dose	3rd dose						4th dose		
<b>COVID 19*</b> (Coronavirus disease)					2 or 3 dose series and booster*								
<b>Flu</b> (Influenza)					1 or 2 doses yearly								
<b>MMR</b> (Measles, Mumps, Rubella)						1 dose					2nd dose		
<b>Varicella</b> (Chickenpox)						1 dose					2nd dose		
<b>HepA</b> (Hepatitis A)						1st dose		2nd dose					
<b>Tdap</b> (Tetanus, diphtheria, pertussis)													1 dose
<b>HPV*</b> (Human Papillomavirus)												2 or 3 dose series*	
<b>MenACWY/MenB</b> (Meningococcal disease - MenACWY/MenB*)												MenACWY/MenB	

If your child is behind on immunizations speak with your provider about a modified schedule.

\* Not all manufacturers require this dose, speak with your provider about your child's needed immunizations

In addition, South Dakota Medicaid sends recipients an annual reminder to schedule a well-child visits and South Dakota Medicaid publishes a [well-child brochure](#) to help educate recipients about preventative services.

## COVERED WELL-CHILD SERVICES AND LIMITS

### Required Components

Pursuant to [ARSD 67:16:11:04](#) a complete, comprehensive well-child screening exam must include the following components:

- Comprehensive health and developmental history -This includes assessments of both physical and mental health development.
- Comprehensive Physical Examination
- Appropriate immunizations -This includes immunizations and vaccine counseling appropriate for age and health history in accordance with the CDC schedule.
- Laboratory tests - This includes laboratory tests as appropriate for age and risk factors.
- Health Education - This includes anticipatory guidance and counseling to both parents (or guardians) and children.

This helps parents and children understand what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.

### **Age Appropriate Required Screenings**

In addition to the components above, pursuant to [ARSD 67:16:11:04.01](#) complete comprehensive screenings must be completed according to the [AAP Bright Futures](#) periodicity schedule. Several of the screenings are discussed below.

#### Newborn Metabolic Screening

South Dakota Medicaid covers the newborn metabolic screening panel. The newborn metabolic screening must include the tests specified in [SDCL 34-24-18](#) and [ARSD 44:19:01:04](#). The services are covered under the hospital's inpatient reimbursement if provided while the newborn is inpatient and must not be billed separately. If the newborn metabolic screening is provided on an outpatient basis, it must be billed using HCPCS S3620. Repeat testing is not separately reimbursable and should not be billed to South Dakota Medicaid.

#### Lead Toxicity Screening

All children enrolled in South Dakota Medicaid are required to receive blood lead screening tests at 12 and 24 months of age. Completion of a risk assessment questionnaire does not meet the Medicaid requirement. Children between ages 24 and 72 months of age with no record of a previous blood lead screening must receive a screening test. South Dakota Medicaid's requirement is only satisfied when the two blood lead screening tests have been conducted or the catch-up test between ages 24 and 72 month has been conducted. The blood lead screening test must be billed using CPT code 83655.

In addition, South Dakota Medicaid covers any follow-up services within the scope of the Federal Medicaid regulations, including diagnostic or treatment services determined to be medically necessary. Such services include both case management by the primary care provider (PCP) and a one-time investigation to determine the source of lead for children diagnosed with elevated lead levels. The scope of the investigation is limited to a health professional's time and activities during an on-site investigation of a child's home (or primary residence). Medicaid funds are not available for testing of environmental substances such as water, paint or soil. Please contact the Department of Health if a child is identified as having an elevated lead level.

#### Vision Screening

The screening provider may refer the child for a thorough age appropriate vision exam. Physicians are encouraged to collaborate with optometrists. Recipients in the PCP or Health Home program do not require a referral for optometric services. A visual acuity screen is recommended at ages 4 and 5 and in cooperative 3-year-olds. Annual exams are covered thereafter for children age 21 or younger. Additionally, instrument based screening may be used to assess risk at ages 12 and 24 months. At a minimum, the exams must include diagnosis and treatment for defects in vision, including eyeglasses. Additional vision coverage details are available in [ARSD Ch. 67:16:08](#).

### Hearing Screening

The hearing exam includes at minimum examination, evaluation, diagnosis, and treatment for defects in hearing. Refer to the [Audiology](#) manual for additional information about audiology services and to the [DMEPOS](#) manual for hearing aid coverage.

### Maternal Depression Screening

A maternal depression screening is covered at 1, 2, 4, and 6 months when performed in conjunction with a well-child visit for an infant. Providers are encouraged to screen mothers who have a South Dakota Medicaid-eligible child under the age of 1. Providers must bill CPT 96161 for maternal depression screening performed using a standardized screening tool. The service must be billed using the child's South Dakota Medicaid recipient ID number. Providers should refer the mother to follow-up treatment as necessary.

### Behavioral/Social/Emotional Screening

Brief emotional or behavioral assessments should be completed in conjunction with every well-child visit. The emotional or behavioral assessment must be billed using CPT 96127.

### Oral Health

Children are eligible to receive yearly oral health exams and two cleanings per year from a dentist. To share more information about Medicaid children's dental coverage with your patients please refer to this brief [overview](#). When an oral examination by a dentist is not possible, an infant should receive an oral health risk assessment by age 6 months by a pediatrician or other qualified oral health professional or health professional. The first oral examination should occur within 6 months of the eruption of the first tooth and no later than age 12 months. Thereafter the child should be seen according to a schedule recommended by their dentist, based on the child's individual needs and risk for developing oral disease. A physician's referral is not required for these services; providers are encouraged to collaborate with dentists to ensure each child receives recommended preventive services.

Physicians or other licensed practitioners may provide and bill a fluoride varnish. A fluoride varnish may be applied by an individual under a physician or other licensed practitioner's supervision if the individual is trained to apply the fluoride varnish. A fluoride varnish is suggested for every child's teeth as a safe and effective way to prevent tooth decay. Fluoride varnish application is covered up to 3 times per year for children under age 21.

Physicians or other licensed practitioners may provide and bill for interim caries arresting medicament (Silver Diamine Fluoride) application. Silver Diamine Fluoride may be applied by an individual under a physician or other licensed practitioner's supervision if the individual is trained to apply the Silver Diamine Fluoride. A maximum of two applications per tooth, per year, per patient is allowed. A lifetime maximum of four treatments per tooth, per patient is allowed. Signed informed consent is strongly encouraged.

## **EPSDT**

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit applies to children age 20 and younger who are enrolled in Medicaid. Under this benefit services may be covered that would otherwise not be covered for Medicaid recipients age 21 and older. In the event of an abnormal finding on an exam, diagnostic testing should be ordered for required evaluation. Treatment should also be provided for conditions discovered during the screening or diagnostic process.

Any service for a child that is medically necessary but falls outside coverage limits requires prior authorization by South Dakota Medicaid. Providers must submit a [prior authorization request](#) and include prescriptions, medical records, including diagnosis, history of treatment, assessment of severity and any other records and documentation supporting the request.

## **COVERED WELL-ADULT SERVICES AND LIMITS**

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### **Well-Adult Check-up Coverage**

South Dakota Medicaid covers one preventative well-adult service every 10 months. Well-adult check-ups for should be billed under the applicable CPT code for new patients (99385, 99386, or 99387) or established patients (99395, 99396, 99397) based on the recipient's age. Refer to the [Physician Services](#) manual for guidance regarding "new" and "established" patients. Well-adult check-ups include the following age and gender appropriate services:

- Comprehensive history;
- Comprehensive examination;
- Counseling/anticipatory guidance/risk factor reduction interventions; and
- Ordering of laboratory/diagnostic procedures if applicable.

An additional office visit evaluation and management (EM) CPT code (99201-99215) should only be billed if an abnormality is encountered or a preexisting problem is addressed in the process of performing this preventative medicine EM service and the abnormality or problem is significant enough to require additional work to perform the key components of a problem oriented EM service. Providers must append modifier 25 to the service to indicate a significant, separately identifiable EM service was performed on the same day as a preventative medicine service. Do not bill the additional EM service if an insignificant or trivial problem/abnormality was encountered that did not require additional work and performance of the key components of a problem-oriented EM service.

Vaccines/immunizations and administration are covered in accordance with the [Center for Disease Control Immunization Schedule](#). For more information please refer to the [Physician Administered Drugs, Vaccines, and Immunizations Manual](#).

## **USPSTF A AND B GRADE RECOMMENDATIONS**

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The [USPSTF](#) is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. A and B grade recommendations are services that the Task Force most highly recommends implementing for preventive care and have a high or moderate net benefit for patients. The following

table provides an overview of South Dakota Medicaid’s coverage of these services on a preventative basis.

The “Coverage” column indicates the procedure code(s) providers may use to bill the service in accordance with the code description or if the service is included in the reimbursement of another service. These services are allowable as preventative services in accordance with the USPSTF’s recommendation. If the recipient does not meet the USPSTF recommendation and the service is being rendered for diagnostic purposes, the service must meet South Dakota Medicaid’s medical necessity criteria in [ARSD 67:16:01:06.02](#).

<b>Service</b>	<b>Coverage</b>	<b>USPSTF Recommendation</b>	<b>Grade</b>
Abdominal Aortic Aneurysm Screening	76706	The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.	B
Anxiety in Children and Adolescents: Screening: children and adolescents aged 8 to 18 years	Included in a primary care or well office visit.	The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.	B
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication: pregnant persons at high risk for preeclampsia	Covered with a prescription under the pharmacy benefit.	The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia.	B
Asymptomatic Bacteriuria Screening	81007, 87081, 87084, 87086, 87088	The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.	B
BRCA-Related: Risk Assessment, Genetic Counseling, and Genetic Testing	Prior authorization required. Refer to the <a href="#">Prior Authorization</a> manual for additional information.	The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	B

Breast Cancer Medication to Reduce Risk	Covered under the pharmacy benefit for woman that meet the USPSTF criteria.	The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.	B
Breast Cancer Screening	77063, 77067	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.	B
Breastfeeding Primary Care Interventions	Included in primary care or OB/GYN office visits.	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	B
Chlamydia Screening	<u>Chlamydia Screening</u> 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801 87810  <u>Blood Draw</u> 36415, 36416 Blood draw codes only apply to lab codes 86631 or 86632	The USPSTF recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.	B
Cervical Cancer Screening	<u>HPV Testing</u> 87624, 87625  <u>Cervical Cytology (PAP Test)</u> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175  G0101, G0147, G0148, Q0091	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing).	A
Colorectal Cancer Screening	<u>Fecal Occult Blood Testing</u> 82270, 82274,	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.	A



	<p><u>Cologuard Multitarget Stool DNA</u> 81528</p> <p><u>Sigmoidoscopy</u> G0104, G0106</p> <p><u>Colonoscopy</u> G0105, G0120, G0121</p> <p><u>Colonoscopy Pre-op Visit</u> 99201 -99215</p>	The USPSFT recommends screening for colorectal cancer in adults aged 45 to 49 years.	B
Depression and Suicide Risk in Children and Adolescents: Screening: adolescents aged 12 to 18 years	Included in a primary care or well office visit.	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.	B
Dental Caries in Children from Birth through Age 5 Years Screening	99188	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.	B
Depression in Adults Screening	96127	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B
Depression in Adults and Adolescents Screening	96127	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B
Falls Prevention in Community-Dwelling Older Adults Interventions	Included in a primary care or well office visit.	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	B

Folic Acid for the Prevention of Neural Tubal Defects Preventative Medication	Covered with a prescription under the pharmacy benefit.	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	A
Gestational Diabetes Screening	82947, 82948, 82950, 82951, 82952, 83036	The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant women after 24 weeks of gestation or after.	B
Gonorrhea Screening	87590, 87591, 87850	The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.	B
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors	Included in a primary care or well office visit. Refer to the <a href="#">Dietician and Nutritionist Services</a> and <a href="#">Community Health Worker</a> manuals for additional services and coverage criteria.	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	B
Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions: pregnant persons	Included in a primary care or well office visit. Refer to the <a href="#">Dietician and Nutritionist Services</a> manual for additional related Medicaid coverage .	The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	B
Hepatitis B Virus Infection in Pregnant Women Screening	<u>Hepatitis B Screening</u> 80055, 87340, 87341  <u>Blood Draw</u> 36415, 36416	The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.	A
Hepatitis B Virus Infection Screening	<u>Hepatitis B Screening</u> 87340, 80081  <u>Blood Draw</u> 36415, 36416	The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.	B
Hepatitis C Virus Infection in Adolescents and Adults Screening	<u>Hepatitis C Screening</u> 86803, 86804  <u>Blood Draw</u> 36415, 36416	The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.	B

<p>Human Immunodeficiency Virus (HIV) Screening Pregnant Persons</p>	<p><u>HIV Screening</u> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806</p> <p><u>Blood Draw</u> 36415, 36416</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.</p>	<p><b>A</b></p>
<p>Human Immunodeficiency Virus (HIV) Screening Adolescents and Adults Aged 15 to 65</p>	<p>86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806</p>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.</p>	<p>A</p>
<p>High Blood Pressure in Adults Screening</p>	<p>Included in a primary care or well office visit. Ambulatory blood pressure measurement outside a clinic setting is covered under 93784, 93786, 93788 or 93790</p>	<p>The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p>	<p>A</p>
<p>Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable People</p>	<p>Included in a primary care or well office visit.</p>	<p>The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p>	<p>B</p>
<p>Latent Tuberculosis Infection Screening</p>	<p><u>Tuberculosis Screening</u> 86480, 86481, 86580</p> <p><u>Blood Draw</u> 36415, 36416</p>	<p>The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.</p>	<p>B</p>
<p>Lung Cancer Screening</p>	<p>Refer to the <a href="#">Radiology Services</a> manual for coverage criteria.</p>	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	<p>B</p>

Obesity in Children and Adolescents	Included in a primary care or well office visit. Refer to the <a href="#">Dietician and Nutritionist Services and Community Health Worker</a> manuals for additional services and coverage criteria.	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	B
Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum	Included in the hospital reimbursement.	The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.	A
Osteoporosis to Prevent Fractures Screening Postmenopausal Women Younger than 65 years Old at Increased Risk or Osteoporosis	76977, 77080, 77081, G0130	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.	B
Osteoporosis to Prevent Fractures Screening Women 65 Years and Older	76977, 77080, 77081, G0130	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.	B
Perinatal Depression Preventative Interventions	96127, 96161 (billable in accordance with the criteria in this manual)	The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.	B
Prediabetes and Type 2 Diabetes screening	<a href="#">Blood Glucose Screening</a> 82947, 82948, 82950, 82951, 82952, 83036  <a href="#">Blood Draw</a> 36415, 36416	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	B
Preeclampsia Screening	Included in a prenatal care office visit.	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	B
Prevention of Human Immunodeficiency Virus (HIV) Infection Preexposure Prophylaxis	Covered under the pharmacy benefit.	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.	A

Prevention and Cessation of Tobacco Use in Children and Adolescents Primary Care Interventions	99406, 99407	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.	B
Rh(D) Incompatibility Screening Unsensitized Rh(d)-Negative Pregnant Women	<u>Rh(D) Incompatibility Screening</u> 86901  <u>Blood Draw</u> 36415, 36416	The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.	B
Rh(D) Incompatibility Screening, Pregnant Women During First Pregnancy Related Care Visit	<u>Rh(D) Incompatibility Screening</u> 86901  <u>Blood Draw</u> 36415, 36416	The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	A
Sexually Transmitted Infections Behavioral Counseling	Included in a primary care or well office visit.	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).	B
Skin Cancer Prevention Behavioral Health Counseling	Included in a primary care and well office visit.	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	B

<p>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults Preventative Medication</p>	<p><u>Cholesterol Screening</u> 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p><u>Blood Draw</u> 36415, 36416</p> <p>Statins are covered under the pharmacy benefit.</p>	<p>The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.</p>	<p>B</p>
<p>Syphilis Infection in Nonpregnant Adults and Adolescents Screening</p>	<p><u>Syphilis Screening</u> 86592, 86593, 86780</p> <p><u>Blood Draw</u> 36415, 36416</p>	<p>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p>	<p>A</p>
<p>Syphilis Infection in Pregnant Women Screening</p>	<p><u>Syphilis Screening</u> 86592, 86593, 86780</p> <p><u>Blood Draw</u> 36415, 36416</p>	<p>The USPSTF recommends early screening for syphilis infection in all pregnant women.</p>	<p>A</p>
<p>Tobacco Smoking Cessation in Adults, Behavioral and Pharmacotherapy Interventions</p>	<p>99406, 99407</p> <p>Prescriptions covered under the pharmacy benefit. Over the counter medication covered through SDQuitLine.</p>	<p>The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco.</p>	<p>A</p>
<p>Tobacco Smoking Cessation in Pregnant Women, Behavioral and Pharmacotherapy Interventions</p>	<p>99406, 99407</p> <p>Prescriptions covered under the pharmacy benefit. Over the counter medication covered through SDQuitLine.</p>	<p>The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.</p>	<p>A</p>

Unhealthy Alcohol Use in Adolescents and Adults Screenings and Behavioral Counseling Interventions	Included in a primary care or well office visit.	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	B
Unhealthy Drug Use: Screening: adults age 18 years or older	Included in a primary care or well office visit.	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	B
Vision Screening in Children Ages 6 Months to 5 Years	Included in a well-child visit.  South Dakota Medicaid recommends children receive an annual eye exam from an optometrist.	The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.	B
Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults Behavioral Interventions	Included in a primary care or well office visit. Refer to the <a href="#">Dietician and Nutritionist Services</a> and <a href="#">Community Health Worker</a> manuals for additional services and coverage criteria.	The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	B

## NON-COVERED SERVICES

### General Non-Covered Services

Providers should refer to [ARSD 67:16:01:08](#) or the [General Coverage Principles](#) manual for a general list of services that are not covered by South Dakota Medicaid.

### Non-Covered Preventative Services

South Dakota Medicaid does not cover certain preventative medicine counseling CPT codes including G0310, G0311, 99401, 99402, 99403, 99404, 99411, or 99412 for physicians and other licensed practitioners.

Please refer to the [Physician Administered Drugs, Vaccines, and Immunizations](#) manual for covered vaccine counseling codes. CPT code 99429, unlisted preventative medicine services, is not covered.

## **DOCUMENTATION REQUIREMENTS**

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### **General Requirements**

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

### **Well-Child Documentation**

When a sports physical is done in conjunction with a well-child check-up, documentation must support that all components of the well-child visit were performed. South Dakota Medicaid does not reimburse providers for sports physicals.

South Dakota Medicaid does not specify where documentation of a maternal depression screening must be stored; a provider may choose to record the documentation in either the child's medical record or the mother's medical record but must be able to produce the documentation of the service for the department upon request regardless of where the documentation is stored.

## **REIMBURSEMENT AND CLAIMS INSTRUCTIONS**

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### **Timely Filing**

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance](#) manual for additional information.

### **Third-Party Liability**

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the [General Claim Guidance](#) manual for additional information.

### **Reimbursement**

Professional preventative services are reimbursed at the lesser of the provider's usual and customary charge or the [Physician Services](#) fee schedule. Services provided by a nurse practitioner, clinical nurse specialist, or physician assistant are reimbursed at a maximum of 90 percent of the fee schedule amount with the exception of laboratory services, radiological services, immunizations, and supplies which are reimbursed up to 100 percent of the fee schedule amount.



**Claim Instructions**

Professional preventative services must be billed on a CMS 1500 claim form or on an 837P. Detailed claim instructions are available on the DSS [website](#).

Well-Child Visits

Services provided at a well-child visit should be billed using the following age appropriate CPT code. Refer to the [Physician Services](#) manual for guidance regarding “new” and “established” patients.

Service	CPT	Description
Well-Child Visit	99381	Preventive Visit, New, Infant, (Under 1)
Well-Child Visit	99382	Preventive Visit, New, Age 1-4
Well-Child Visit	99383	Preventive Visit, New, Age 5-11
Well-Child Visit	99384	Preventive Visit, New, Age 12-17
Well-Child Visit	99385	Preventive Visit, New, Age 18-39
Well-Child Visit	99391	Preventive Visit, Established, Infant, (Under 1)
Well-Child Visit	99392	Preventive Visit, Established, Age 1-4
Well-Child Visit	99393	Preventive Visit, Established, Age 5-11
Well-Child Visit	99394	Preventive Visit, Established, Age 12-17
Well-Child Visit	99395	Preventive Visit, Established, Age 18-39

In addition to vaccines/immunizations, the services listed in the table below may be billed in addition to the well-child evaluation and management CPT code:

Service	CPT	Description	Periodicity
Lead Screening	83655	Blood lead screening test	At 12 and 24 months; catch-up screening between 24 and 72 months, if no prior screening
Maternal Depression Screen	96161	Administration and interpretation of caregiver – focused health risk assessment	At 1, 2, 4, and 6 months a maternal depression screen is covered in conjunction with a well-child visit. The service must be billed using the child’s South Dakota Medicaid recipient ID number.
Developmental Screen	96110	Developmental screen with score	At 9 months, 18 months, and 30 months
Autism Screen	96110	Developmental screen with score	At 18 and 24 months

Behavioral/Emotional/Social Screen	96127	Brief emotional or behavioral assessment	In conjunction with a well-child visit
Fluoride Varnish	99188	Application of topical fluoride	3 per year

## REFERENCES

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- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

## QUICK ANSWERS

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### 1. Can I bill for a well-child visit on the same day as a problem focused visit?

Yes, both services are reimbursable on the same day if the two services are significant enough to require additional work to perform the key components of a problem-oriented and separately identifiable E/M service. Providers must append modifier 25 to applicable CPT code on the claim to indicate two significant, separately identifiable evaluation and management services were provided on the same day. If both services are provided by an FQHC/RHC, the services must be submitted on two separate claim forms and the FQHC/RHC is eligible for two per diem reimbursements.

### 2. Can I bill for a well-child visit if they the recipient is coming in for immunizations only?

Providers are encouraged to schedule or provide a full well-child visit when a recipient schedules an appointment for immunizations. A well-child visits must include the components referenced in this manual. Immunizations alone do not constitute a well-child visit.

### 3. Can I bill a sports physical as a well-child visit?

A sports physical is not a reimbursable service and is the recipient's responsibility. It is recommended that the provider offer to perform a well-child visit and inform the recipient that if only a sports physical is provided, he or she is responsible for payment of the service.

### 4. Can a school entrance screening be billed as a well-child check?

Yes, as long as the recipient has not had a well-child visit in the last 10 months and the provider provides the required components.