



KANSAS MEDICAL ASSISTANCE PROGRAM
Fee-for-Service Provider Manual

Early Childhood
Intervention

PART II

EARLY CHILDHOOD INTERVENTION FEE-FOR-SERVICE PROVIDER MANUAL

Introduction

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FORMS All forms pertaining to this provider manual can be found on the [public](#) website and on the [secure](#) website under Pricing and Limitations.

DISCLAIMER: This manual and all related materials are for the traditional Medicaid fee-for-service program only. For provider resources available through the KanCare managed care organizations, reference the [KanCare](#) website. Contact the specific health plan for managed care assistance.

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PART II
EARLY CHILDHOOD INTERVENTION FEE-FOR-SERVICE PROVIDER MANUAL

Updated 01/18

This is the provider specific section of the manual. This section (Part II) was designed to provide information and instructions specific to Early Childhood Intervention (ECI) providers. It is divided into three subsections: Billing Instructions, Benefits and Limitations, and Appendix.

The **Billing Instructions** subsection explains the method of billing applicable to ECI services.

The **Benefits and Limitations** subsection defines specific aspects of the scope of ECI services allowed within Kansas Medical Assistance Program (KMAP).

The **Appendix** subsection contains information concerning codes. The appendix was developed to make finding and using codes easier for the biller.

Access to Records

Kansas Regulation K.A.R. 30-5-59 requires providers to maintain and furnish records to KMAP upon request. The provider agrees to furnish records and original radiographs and other diagnostic images which may be requested during routine reviews of services rendered and payments claimed for KMAP consumers. If the required records are retained on machine readable media, a hard copy of the records must be made available.

The provider agrees to provide the same forms of access to records to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office upon request from such office as required by K.S.A. 21-3853 and amendments thereto.

Confidentiality & HIPAA Compliance

Providers shall follow all applicable state and federal laws and regulations related to confidentiality as part of the Health Insurance Portability and Accountability Act (HIPAA) in accordance with section 45 of the code of regulations parts 160 and 164.

7000. EARLY CHILDHOOD INTERVENTION BILLING INSTRUCTIONS Updated 01/18

Introduction to the CMS 1500 Claim Form

Early childhood intervention providers must use the CMS 1500 paper or equivalent electronic claim form when requesting payment for medical services and supplies provided under KMAP. Claims can be submitted on the KMAP secure website, through Provider Electronic Solutions (PES), or by paper. When a paper form is required, it must be submitted on an original, red claim form and completed as indicated.

An example of the CMS 1500 Claim Form and instructions are available on the [public](#) and the [secure](#) websites under the Publications tab on the Forms page under the Claims (Sample Forms and Instructions) heading.

The Kansas MMIS will be using electronic imaging and optical character recognition (OCR) equipment. Therefore, information will not be recognized if not submitted in the correct fields as instructed.

Any of the following billing errors may cause a CMS 1500 Claim Form to deny or be sent back to the provider:

- Sending a KanCare paper claim to KMAP.
- Sending a CMS 1500 claim form carbon copy.
- Using a PO Box in the Service Facility Location Information field.

The fiscal agent does not furnish the CMS 1500 Claim Form to providers.

SUBMISSION OF CLAIM

Send completed claim and any necessary attachments to:

Office of the Fiscal Agent
PO Box 3571
Topeka, Kansas 66601-3571

BENEFITS AND LIMITATIONS Updated 01/18

8100. COPAYMENT

ECI services are exempt from copayment requirements.

8300. BENEFIT PLAN

KMAP beneficiaries will be assigned to one or more benefit plans. These benefit plans entitle the beneficiary to certain services. If there are questions about service coverage for a given benefit plan, refer to Section 2000 of the *General Benefits Fee-for-Service Provider Manual* for information on eligibility verification.

BENEFITS AND LIMITATIONS Updated 02/19

8400. MEDICAID

The ECI (also known as Part C) program provides early intervention services to children from birth to three years of age who meet one of the developmental delay eligibility categories. Part C (formerly Part H) is part of the Individuals with Disabilities Education Act (IDEA).

To enroll as a provider of ECI, you must be a local early intervention program designated by the Kansas Department of Health and Environment (KDHE) or submit a document signed by the local early intervention program certifying that you are a Part C provider and meet the federal requirements to provide services.

Certain codes listed in the appendix are "FFP only" (just the federal share). On a quarterly basis, KDHE Division of Health Care Finance (DHCF) sends to KDHE Bureau of Family Health (BFH) a certified match certification letter and a copy of the MMIS certification report. This report documents, in summary form, the dollar amounts of the claims paid to the provider during the previous quarter. The report shows the federal amount actually received by the provider and the required contribution of state match funds. KDHE-BFH completes the certification letter and returns it to KDHE-DHCF.

ECI services do not require a referral from the child's managed care provider (PCCM or HMO); however, a physician-selected ICD diagnosis code must identify the specific condition for which the beneficiary is receiving services (i.e. a diagnosis of mental retardation is inappropriate to use when billing for audiological services).

Therapy codes may be billed only for individuals with a physician treatment plan, an individualized education plan (IEP), or an individualized family service plan (IFSP) (refer to Appendix I). A physician's order is required for physical, speech, occupational, and other therapies. A physician's order is not required for initial evaluations to determine eligibility.

Services must be medically necessary and may be habilitative or rehabilitative for maximum reduction of disability to the best possible functional level.

TELEMEDICINE

Effective with dates of service on and after January 1, 2019, provisions in the Kansas Telemedicine Act allow speech-language pathologists and audiologists licensed by the Kansas Department for Aging and Disability Services (KDADS) to provide services via telemedicine. Services must be provided via real-time, interactive (synchronous) audio-video telecommunication equipment that is compliant with HIPAA.

The speech-language pathologist and audiologist may furnish appropriate and medically necessary services within their scope of practice via telemedicine. As documented in related telemedicine policies, telemedicine claims at the distant site must contain place of service 02 (Telehealth distant site). Providers at the originating site may submit claims using code Q3014 (Telehealth originating site facility fee).

- Distant site means a site at which the healthcare provider is located while providing healthcare services by means of telemedicine.

8400. Updated 01/20

- Originating site means a site at which a patient is located at the time healthcare services are provided by means of telemedicine. The facilitator at the originating site must have the appropriate skill set to safely assist the speech-language pathologist or audiologist to provide safe, effective, and medically necessary services via telemedicine

The following codes are deemed appropriate to be furnished via telemedicine by the American Speech-Language and Hearing Association. Codes not appearing on the tables below are not covered via telemedicine.

Note: The GT modifier is no longer required when billing telemedicine services.

Speech-Language Pathology Codes

92507 92508 92521 92522 92523 92524 96110 96112
97129 97130 97533

Audiology Codes

92551 92552 92553 92555 92556 92557 92567

Therapy is covered for any birth defects/developmental delays only when approved and provided by an ECI, Head Start, or Local Education Agency (LEA) program. Therapy of this type is covered only for participants age 0 to under the age of 21. Services which are educationally necessary but not medically necessary are not covered.

Therapy codes must be billed as one unit equals one visit unless the description of the code specifies the unit.

Documentation of all services performed is required and must include:

- Date, time, and description of each service delivered and by who (name, designation of profession or paraprofession)
- Assessment and response to intervention/service
- Progress toward achieving individualized long- and short-term goals

The Kansas Medicaid Fraud Control Act, K.S.A. 2004 Supp. 21-3844 to 21-3855, requires that providers keep records for five years from the date of payment or, if the claim does not pay, the date when the provider submitted the claim:

"Upon submitting a claim for or upon receiving payment for goods, services, items, facilities, or accommodations under the Medicaid program, a person shall maintain adequate records for five years after the date on which payment was received, if payment was received, or for five years after the date on which the claim was submitted, if the payment was not received" (K.S.A. 21-3848).

8400. Updated 05/15

Services provided by ECI providers to children eligible for Part C of the IDEA are by law at no cost to the family. Because the services are provided at no charge to the family, most insurance companies consider these services not covered by their policies. Therefore, KDHE does not require ECI providers to seek payment from private insurance companies to be eligible to receive Medicaid reimbursement. Similarly, KDHE will not seek reimbursement from the insurance companies.

However, KDHE does require all Medicaid providers to report insurance resources of which they become aware. This reporting assists KDHE in billing for other services which the other insurance company does cover, such as hospitalization.

This policy does not prevent ECI providers from billing and collecting from insurance companies which do cover these services. If a provider anticipates that an insurance company will cover the services and the parents give the provider permission to bill the insurance, this private resource should be accessed prior to accessing taxpayer-funded Medicaid.

FAMILY SERVICE COORDINATION

ECI local programs can provide and bill Family Service Coordination for children less than four years old. Services are not covered for children who receive case management under any other Medicaid service coordination option, such as Home and Community Based Services, attendant care for independent living (ACIL), or Children and Family Services contracts.

Family Service Coordination means the activities carried out to assist and enable a child eligible under Part C of the IDEA and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided through Kansas Infant-Toddler Services. The family service coordinator is responsible for coordinating all services across agency lines and serving as a single point of contact in helping parents to obtain the services and assistance they need.

Family Service Coordination is an active, ongoing process that involves:

- Assisting families of eligible children in gaining access to early intervention services and other services identified in the IFSP
- Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided
- Facilitating the timely delivery of available services
- Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility

Specific family service coordination activities include:

- Coordinating the performance of evaluations and assessments
- Facilitating and participating in the development, review, and evaluation of IFSPs
- Assisting families in identifying available service providers
- Coordinating and monitoring the delivery of available services
- Informing families of the availability of advocacy services
- Coordinating with medical and health providers
- Facilitating the development of a transition plan to preschool services, if appropriate
- Maintaining a record of case management activities in each child's record (34 CFR 303.22)

8400. Updated 05/15

Benefits

The following are general activities which can be billed to Medicaid as family service coordination activities:

- **Intake** such as: compiling or completing enrollment packets; conducting family interviews and sharing information; providing or receiving referral information; reviewing the IFSP process and service delivery system with the family.
- **Service planning** such as: identifying the child's medical, social, and early intervention needs; consulting with other providers and the child's family; requesting records; coordinating the evaluation and assessment process; facilitating formation of an IFSP team based on the child's presenting needs; facilitating the development of the IFSP.
- **Service coordination** such as: providing and/or sharing information about community services and resources, referral for community services; following up on referrals; ensuring the IFSP is implemented and assessing the child's progress toward meeting outcomes; facilitating periodic and annual reviews of the IFSP; evaluating the family's satisfaction with supports and services; coordinating with health and medical services; monitoring the child's health status.
- **Advocacy** such as: providing information regarding the Part C procedural safeguards; coordinating of a child advocate when child is in need of a surrogate parent; providing advocacy on behalf of the child and family to receive community resources; representing the child or family at meetings or hearing.
- **Transition planning** such as: developing a transition plan; arranging transition meetings; conducting transition meetings; arranging for and participating in visits to new services; attending IEP meeting; arranging transition follow-up activities.

Qualifications and Training

Personnel must have the following qualifications to provide family service coordination for children and families eligible for Part C of the IDEA.

The family service coordinator must have demonstrated knowledge and understanding about:

- Infants and toddlers who are eligible under Part C of the IDEA
- Part C of the IDEA and the regulations of this part
- The nature and scope of services available under Kansas' early intervention program, the system of payments for services in Kansas, and other pertinent information [34 CFR 303.22(d)]

Each early intervention local program must ensure family service coordination personnel meet the previous qualifications. This may be accomplished by requiring family service coordinators to demonstrate certain core competencies. Some examples of these competencies can include, but are not limited to:

- Infant and child development
- Family-centered care
- Part C law and regulations
- IFSP process and development
- Advocacy

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- Legal issues
- Medical issues
- Service coordination
- Community resources
- Professional development

It is recommended that each family service coordinator participate in at least six hours of training, in any of the previous areas, each year to remain qualified to receive Medicaid reimbursement for family service coordination activities.

A qualified early intervention service provider who provides other direct early intervention services (physical therapy, occupational therapy, etc.) may be selected as a qualified family service coordinator. The family service coordinator does not authorize or restrict services. His or her role is to coordinate the implementation of the child's IFSP. The family service coordinator must accept full responsibility to provide all the components of family service coordination to meet the needs of the child/family.

Enrollment

The local early intervention local program will be designated as the Family Service Coordination provider. Family Service Coordination activities may be carried out by qualified personnel through the following options:

- Local programs may employ qualified family service coordinators.
- Local programs may contract with a private agency that employs or contracts with qualified family service coordinators or a qualified individual that participates with the local early intervention system.
- Local programs may establish interagency agreements with other public agencies that employ or contract with qualified family service coordinators.
- The early intervention local programs are responsible to ensure personnel providing family service coordination are qualified.

Monitoring

Each early intervention local program must ensure personnel meet these qualifications. K.A.R. 28-4-556 requires that "Family Service Coordinators shall be monitored to determine if they are meeting the individualized needs of children and families." In addition, the KDHE *Procedure Manual for Infant-Toddler Services in Kansas* (Section XVIII-5) requires that the early intervention local program develop a self-evaluation/monitoring plan which must include:

- An annual evaluation of the effectiveness of family service coordination
- Assurance that family service coordination is consistent with Part C of the IDEA

Documentation

The family service coordinator must maintain a record of the child/family he or she provides services to which shows the following:

- The name of the child receiving the service
- The date the service was provided
- The name of the provider agency
- The name of the family service coordinator providing the service
- The location in which the service was provided

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- The type of family service coordination service provided as described in family service coordination benefits
- The amount of time it was provided to the nearest quarter of an hour

Freedom of Choice

The family has the right to choose their qualified family service coordinator. The child/family has the right to request a different family service coordinator.

Code

Use code T1017 and provider type and specialty 21/186 for billing ECI Family Service Coordination. This service must be billed by units or partial units of service as outlined below:

- 0.5 units = 0.1 through 7.5 minutes of ECI Family Service Coordination
- 1 unit = 7.51 through 15 minutes of ECI Family Service Coordination

DEVELOPMENTAL INTERVENTION SERVICES

ECI programs are allowed to bill for Developmental Intervention Services.

- Services include activities that promote the child's functional independence through acquisition of daily living, social-emotional, and cognitive skills.
 - Information and skills training to the family to enable them to enhance the health and development of the child
 - Initial evaluation to determine eligibility
 - On-going assessment of the child's developmental status, if ECI eligible
 - Re-evaluation, as necessary, of ECI-eligible children
- Covered services include only those services referred by an IFSP team and included on an IFSP, or in determination of eligibility for Part C of IDEA services.
- Examples of billable activities include:
 - Providing an initial evaluation to determine eligibility
 - Providing an on-going assessment of the child's overall development, if ECI eligible
 - Re-evaluation, as necessary, of ECI-eligible children
 - Providing families with information, skills, and support related to enhancing the skill development of the child
 - Working with the child to enhance the child's development

Qualifications

Professionals providing developmental intervention services must meet the early intervention provider qualification standards, as outlined in the KDHE *Procedure Manual for Infant-Toddler Services in Kansas*.

Procedure Code

Use procedure code T1027 for billing developmental intervention services.

This service must be billed by units or partial units of service as outlined below:

- 0.5 units = 0.1 through 7.5 minutes of ECI developmental intervention services
- 1 unit = 7.51 through 15 minutes of ECI developmental intervention services

Note: Only those services in which the child is present are billable units of service.

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Services delivered in group settings must be billed at the same total rate as this service delivered to an individual, divided by the number of beneficiaries in the group receiving service. Providers will be required to maintain records of all Medicaid-eligible and non-Medicaid-eligible participants in the group to facilitate confirmation of appropriate billing.

KDHE is certifying the nonfederal match necessary to access federal funds for this service. To ensure that the available state funds are not overextended, it was determined to reimburse only the programs contracted with KDHE for this service.

The programs may subcontract with other agencies or provide developmental intervention services with in-house staff. However, the local program will be required to file for reimbursement.

Transportation Services

ECI providers must go through the KanCare subcontractor providers for Kansas Medicaid nonemergency medical transportation (NEMT). Currently, they are:

- Sunflower: LogistiCare
- UnitedHealthcare: LogistiCare
- Aetna: Access2Care

Replacement Hearing Aid Services

All hearing aid replacements will require the use of modifier RA. Modifier RA must be present on all claims for replacement hearing aids. Replacement hearing aids will continue to require PA. Refer to Section 8400 of the *Audiology Fee-for-Service Provider Manual* for additional information.

Effective with dates of service on and after January 1, 2021, Maternal Depression Screenings are reimbursable using the Current Procedural Technology (CPT) and Health Care Common Procedure Coding System (HCPCS) codes 96160, 96161, G8431, and G8510 when using one or more of the following validated screening tools:

- Edinburgh Postnatal Depression Scale (EPDS)
- Perinatal Grief Intensity Scale (PGIS)
- Postpartum Depression Screening Scale (PDSS)
- Patient Health Questionnaire 9 (PHQ-9)
- Beck Depression Inventory II (BDI-II)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- Zung Self-Rating Depression Scale (SDS)

These screenings are reimbursable up to three times when a woman is pregnant or after a perinatal loss (stillbirth, miscarriage or neonatal death) that occurs during her Medicaid coverage period, and up to five times postpartum up until the child is 12 months of age. Any screenings that occur prior to the birth of the child or after a perinatal loss, should be billed under the woman's Medicaid Identification (ID) number using CPT code 96160. Any screening that occurs after the child is born is considered an Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit per Centers for Medicare and Medicaid Services (CMS) guidance, and should be billed under the infant's Medicaid ID number, using CPT code 96161. If the child does not have an assigned Medicaid ID number, CPT code 96161 can be billed under the

8400. Updated 01/2021

mother’s Medicaid ID number for up to 45 days postpartum. Rural Health Care/Federally Qualified Health Centers (RHC/FQHC) may perform these screenings and list this on their claims, but it will be included in the encounter rate.

Approved Provider Type / Provider Specialty Codes:

08-080	08-081	08-083	08-084	08-085	09-093	09-095
10-100	11-111	11-112	11-115	11-116	11-122	11-176
13-131	13-181	31-316	31-318	31-323	31-328	31-335
31-339	31-345	31-348	31-349	31-350		

Approved Place of Service Codes

11	12	17	19	20	22	23
25	49	50	53	57	62	71
72						

Clinical staff in obstetrics and gynecology practices should be prepared to initiate medical therapy, refer patients to appropriate behavioral health resources when indicated, or both. Evidence suggests that collaborative care models implemented in obstetrics and gynecology offices improve long-term patient outcomes.

Follow-up with these patients and clinical support and training offered to staff results in greater reduction in depression prevalence. Initiation of treatment or referral to mental health care providers offers maximum benefit.

Miscarriage, Stillbirth and Neonatal Loss; Bereavement Follow-up Recommendations:

Loss of a pregnancy or death of a newborn affects every aspect of a family’s life. Every effort should be made to determine the cause of the loss, to understand the family’s grief responses, and to facilitate healthy coping and adjustment. The consequences of intense grief due to perinatal loss may include significant couple relationship issues, depression, anxiety, social phobia, obsessive compulsive disorder and post-traumatic stress disorder (PTSD) that may extend into the subsequent healthy pregnancies.

When the Perinatal Grief Intensity Scale (PGIS) is given shortly after the loss, it can also predict women who will continue to have intense grief 3-5 months in the future, and have higher risk for developing clinical level anxiety, depression, PTSD and couple relationship issues.

It is recommended that healthcare providers routinely screen for symptoms of depression and anxiety among women after a perinatal loss, as well as subsequent pregnancies.

Studies have shown that women who had experienced a stillbirth are twice as likely to have a high depression score compared to women who had a live birth and that women with a history of depression are especially vulnerable to persistent depression after a stillbirth, even after the subsequent birth of a healthy child. One study was the first to show that women who have no history of depression may face a risk for depression many months after a stillbirth.

Depression after a miscarriage is usually most severe immediately after a pregnancy is lost and that the depression rates dropped over the course of the year.

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One of the key recommendations is that every woman who has experienced a miscarriage, stillbirth or neonatal death should receive follow-up care.

Referral and Follow-up Process on Positive Screenings Recommended by the American Academy of Pediatrics (AAP):

Immediate action is necessary if:

- Possible suicidality indicated in screening tool
- Mother expresses concern about her or her infant's safety
- Provider suspects that the mother is suicidal, homicidal, severely depressed, manic or psychotic

When a depression screen is positive, management varies according to the degree of concern and need.

Management of Postpartum Depression includes:

- Demystification (reducing guilt and shame by emphasizing how common these feelings are);
- Support resources (family and community); and
- Referrals for the mother (to a mental health professional or the mother's PCP or obstetrician), for the mother-infant dyad, for the child (for targeted promotion of social-emotional development and early intervention, and for the mother who is breastfeeding (for lactation support from an experienced provider).

Training Opportunities:

Optional training will be offered to screeners, including medical providers and their clinical staff, to increase timely detection of maternal depression.

The Mental Health Integration Toolkit on the KDHE website, will be updated by Public Health and will provide guidance on screening practices and patient and provider resources. There is also a national program, Mental Health First Aid, that teaches the skills to respond to the signs of mental illness and substance use.

APPENDIX

CODES Updated 01/18

The following *Current Procedural Technology (CPT)* codes represent a list of billable Early Childhood Intervention services.

Use the following resources to determine coverage and pricing information. For accuracy, use your provider type and specialty as well as the beneficiary ID number or benefit plan.

- Information is available on the [Reference Codes](#) page of the public website.
- Information is available on the [secure](#) website under Pricing and Limitations.

Charts have been developed to assist providers in understanding how KMAP will handle specific modifiers. The [Coding Modifiers Table](#) and [Ambulance Coding Modifiers Table](#) are on the [Reference Codes](#) page of the public website and under Pricing and Limitations on the secure portion.

COVERAGE INDICATORS

- FFP = Federal financial participation
 KBH-EPSDT = KAN Be Healthy - Early and Periodic Screening, Diagnostic, and Treatment medical participation is required.
 MN = Medical necessity documentation is required.
 PA = Procedure requires prior authorization.
 PA* = Prior authorization required for replacement only.

PLACE OF SERVICE RESTRICTIONS

- 03 = School
 11 = Office
 12 = Home
 99 = Other

CASE MANAGEMENT

<u>Coverage</u>	<u>Code</u>		<u>Coverage</u>	<u>Code</u>
FFP	T1017		FFP	T1027

COUNSELING

<u>Coverage</u>	<u>Code</u>		<u>Coverage</u>	<u>Code</u>
FFP, KBH-EPSDT	99402		FFP, KBH-EPSDT	99411
FFP, KBH-EPSDT	99404		FFP, KBH-EPSDT	99412

DIETITIAN SERVICES

<u>Coverage</u>	<u>Code</u>		<u>Coverage</u>	<u>Code</u>
KBH-EPSDT	97802		KBH-EPSDT	97803

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

<u>Coverage</u>	<u>Code</u>		<u>Coverage</u>	<u>Code</u>
	95831			95834
	95832			95851
	95833			95852

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PHYSICAL MEDICINE

<u>Coverage</u>	<u>Code</u>		<u>Coverage</u>	<u>Code</u>
	92507			97113
	92508			97116
	97010			97124
	97012			97140
	97014			97150
	97018			97161
	97022			97162
	97024			97163
	97026			97165
	97028			97166
	97032			97167
	97033			97530
	97034			97535
	97035			97750
	97110			97760
	97112			97761

SKILLED NURSING SERVICES

<u>Coverage</u>	<u>Code</u>		<u>Coverage</u>	<u>Code</u>
	T1001			T1003
	T1002			

SPECIAL OTORHINOLARYNGOLOGIC SERVICES

<u>Coverage</u>	<u>Code</u>		<u>Coverage</u>	<u>Code</u>
	92507			92556
	92508			92557
	92521			92560
	92522			92561
	92523			92562
	92524			92563
	92526			92564
	92540			92567
	92541			92568
	92542			92570
	92544			92571
	92545			92575
	92550			92577
	92551			92579
	92552		KBH-EPSDT	92582
	92553			92585
	92555			92586
				92587

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SPECIAL OTORHINOLARYNGOLOGIC SERVICES (continued)

<u>Coverage</u>	<u>Code</u>		<u>Coverage</u>	<u>Code</u>
	92610			92616
	92611			92620
	92612			92625
	92614			

SUPPLIES

<u>Coverage</u>	<u>Code</u>		<u>Coverage</u>	<u>Code</u>
KBH-EPSDT	L8621		PA*	V5221
KBH-EPSDT	L8622		KBH-EPSDT, PA*	V5230
KBH-EPSDT	L8623		PA*	V5240
KBH-EPSDT	L8624		PA*	V5241
	V5014		PA*	V5242
PA*	V5030		PA*	V5243
PA*	V5040		PA*	V5244
PA*	V5050		PA*	V5245
PA*	V5060		PA*	V5246
KBH-EPSDT, PA*	V5070		PA*	V5247
KBH-EPSDT, PA*	V5080		PA*	V5248
PA*	V5090		PA*	V5249
PA*	V5120		PA*	V5250
PA*	V5130		PA*	V5251
PA*	V5140		PA*	V5252
KBH-EPSDT, PA*	V5150		PA*	V5253
PA*	V5160		PA*	V5254
PA*	V5171		PA*	V5255
PA*	V5172		PA*	V5256
PA*	V5181		PA*	V5257
KBH-EPSDT, PA*	V5190		PA*	V5258
PA*	V5200		PA*	V5259
PA*	V5211		PA*	V5260
PA*	V5212		PA*	V5261
PA*	V5213			V5264
PA*	V5214			V5266
PA*	V5215		MN	V5299

TESTS AND MEASUREMENTS

<u>Coverage</u>	<u>Code</u>		<u>Coverage</u>	<u>Code</u>
	97750			

