

Paying For Pediatric to Adult Health Care Transition Services Under Medicaid's Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) Benefit: Rhode Island State Example

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This tip sheet offers state Medicaid agencies and their managed care organizations (MCOs) a strategy for covering a set of core pediatric to adult health care transition (HCT) services for pediatric and adult clinicians serving youth from ages 14-21, drawing on Rhode Island's Medicaid example. For several years, pediatric to adult HCT has been included in the state's Medicaid preventive care periodicity schedule.

Between 2021 and 2024, the Rhode Island Care Transformation Collaborative (CTC) was supported by the state's Title V Program and Point 32 Health, with Got Transition's technical assistance, to implement a series of one-year transfer of care pilots with pediatric and adult primary care practices. For more information about this initiative, please visit <https://ctc-ri.org/other-programs/transition-care>.

To ensure more widespread adoption of recommended HCT services, this tip sheet describes the HCT services and corresponding CPT codes and fees from Rhode Island's [2026 Medicaid fee schedule](#). To obtain a broader listing of transition-related codes, please see Got Transition's [2025 HCT Coding and Payment Tip Sheet](#).

Key Pediatric to Adult HCT Services Covered by Rhode Island Medicaid

Transition readiness assessment

Use the health risk assessment code (CPT 96160) X \$2.68 throughout adolescence, from ages 14 up to 21. See [here](#) for a sample transition readiness assessment for pediatric practices and [here](#) for sample self-care skills assessment for adult practices.

Education and counseling to address pediatric to adult transition-related skill needs, drawing on the transition readiness assessment findings

Use education and training for patient self-management code (CPT 98960) X \$29.48 between ages 14-21. This can be provided by a non-physician health care professional using standardized tools (e.g., Got Transition's [Six Core Element packages](#)). This code could be used not only in preventive care for youth with and without chronic conditions, but also in chronic care for youth with special health care needs (YSHCN) up to age 21. (Note: Clinicians serving YSHCN sometimes use their regular office visit and adjust for time to take into account the added transition education and counseling provided.)



Preparation and updating of HCT plan of care, medical summary and, if needed, emergency care plan

Use prolonged service code before or after direct patient contact (CPT 99358 for 1st hour) X \$92.53 to compensate for the preparation of a transition plan of care and medical summary. The receiving adult clinician can also be paid for reviewing and updating the medical summary if the Medicaid-insured patient is under 21. See [here](#) for a sample medical summary and [here](#) for a transition plan of care.

Joint telehealth visit for youth with serious medical/developmental/behavioral/social needs with pediatric and adult clinicians, youth/caregiver, and if desired, case manager

The pediatric clinician should use the office visit code for an established patient (CPT code 99215) X \$179.93 with modifier 95 (synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system). The adult clinician should use the office visit code for a new patient (CPT code 99205) X \$220.49 with modifier 95. See [here](#) for a toolkit with sample content to cover in a joint telehealth visit.

Additional Resources

- The [Six Core Elements of HCT](#) and [Implementation Guides](#)
- [Youth & Young Adult](#) and [Parent & Caregiver](#) Resources
- [Incorporating HCT Services into Preventive Care for Adolescents and Young Adults](#), with age-specific anticipatory guidance.
- [Medicaid Managed Care Contract Language to Expand the Availability of Pediatric-to-Adult Transitional Care](#), with suggestions for improving managed care contract requirements related to health care transition.
- [Clinical Report: Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home](#), with guidance on pediatric to adult health care transition from the American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians

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