
To: AmeriHealth Caritas Louisiana Providers

Date: September 29, 2025

Subject: [Informational Bulletin 25-24](#): Notice to Local Educational Agency (LEA) Providers: Procedure Code 99173 – EPSDT Vision Screening Rate Correction

Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.

Notice to Local Educational Agency (LEA) Providers: Procedure Code 99173 – EPSDT Vision Screening Rate Correction

Effective **July 8, 2025**, the reimbursement rate for procedure code 99173 – EPSDT Vision Screening has been corrected for Local Educational Agency (LEA) providers.

Rate Correction and Recycle Details:

Previously, claims for this procedure code were reimbursed at an incorrect rate of \$2.00.

- Beginning **July 2025**, the correct reimbursement rate is \$10.00.
- The recycle period includes all claims for procedure code 99173 paid between **April 2023** and **July 2025**.
- Impacted claims have been recycled, and LEA providers will receive an additional \$8.00 reimbursement per affected claim. The adjustments were reflected on the **September 9, 2025** check-write and remittance advice.

For full details, please see [Informational Bulletin 25-24](#).

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007. The Provider Services Department can be reached daily between 7:00 am – 7:00 pm.

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