

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

MEMBER AND PROVIDER GUIDE



CABINET FOR HEALTH
AND FAMILY SERVICES

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Introduction

History

President John F. Kennedy established a Task Force on Manpower Conservation in 1963, to investigate the high percentage of ineligibility rates in the previous year, due to the failing of medical and mental examinations. It was determined that many of the disabilities disqualifying the military draftees from service, could have been improved through early detection.

As a result of increased rejection rates among military recruits, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit was established in 1967 for Medicaid recipients under the age of 21 to promote healthy child growth and development.

In response to evidence findings proving limited coverage for children with mental and developmental disabilities, The Omnibus Budget Reconciliation Act of 1989 expanded the EPSDT benefit, ensuring all necessary treatments are covered.

EPSDT Today

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is the Medicaid benefit that provides comprehensive and preventative health care, and treatment services for children and adolescents up to age 21. The screening component consists of routine physicals or well-child checks-ups for Medicaid-eligible children at specified ages, to check for medical problems early.

Covered treatment or procedures to correct, improve, or prevent the worsening of defects and physical and mental illnesses or conditions in enrolled children under age 21 include services such as: physician and clinic services; inpatient and outpatient hospital services; laboratory and x-ray services; home health services; private duty nursing; personal care services; care coordinating or case management services; physical therapy; occupational therapy; speech therapy; medical equipment, supplies, and appliances; dental services; respiratory care services; nursing facilities; psychiatric hospitals; and nurse practitioner services.

The benefit purpose is to provide early detection and care, so that health problems are diagnosed or averted and treated as early as possible, before they have the chance to progress, making treatment more difficult. The benefit services have been a key factor in improving health outcomes in children who are enrolled in Medicaid. The benefit guarantees health care resources are available and accessible to Medicaid recipients and their caregivers that use them.

Eligible Members

Any Medicaid-enrolled child may receive EPSDT screenings. Additionally, any Medicaid-eligible child can receive EPSDT special services if the services are medically necessary and not covered by another Medicaid program.

Early

Assess and identify problems early. Prevention can help ensure the early identification, diagnosis, and treatment of conditions before they become more complex and costly to treat. It is important that Medicaid-enrolled children and adolescents receive all recommended preventative services, and any medical treatment needed to promote healthy growth and development.

Periodic

Infant, children and adolescent health should be checked at periodic, age-appropriate intervals by medical providers following a periodic schedule, which shows the check-ups recommended at each age. EPSDT also covers additional checkups outside of the periodicity schedule when a condition or health problem is suspected, or if there has been a change in a previous diagnosis.

Screening

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) covers regular screening services (Well Child Checks) for infants, children and adolescents under age 21. These screenings are crucial, allowing for early identification, diagnosis, and treatment of health issues before they progress. Checkups should continue as the child grows.

Required services under EPSDT:

- A full health and development history, including both physical and mental health assessments,
- Physical exam,
- Vision and hearing screenings,
- Age-appropriate immunizations,
- Dental exam,
- Lab tests, such as lead screening,
- Health education, including guidance on the child's expected growth and development.

Diagnostic

A child should be referred for diagnosis without delay if a screening examination indicates the need for further evaluation.

Diagnosis of vision, hearing, dental, mental health, and substance use problems is included. A child's diagnosis may be carried out by a physician, dentist or other practitioner qualified to diagnose health problems at locations such as practitioners' offices, maternal and child health facilities, community health centers, rehabilitation centers, and hospital outpatient departments. Generally, a diagnosis can be made on an outpatient basis. However, inpatient services are covered if it is necessary to complete a diagnosis.

Treatment

Under EPSDT/special services, a child can receive medically necessary services or equipment that would be covered by federal Medicaid whether the service is covered by Kentucky Medicaid or not. Children can get more of a service or treatment than would be provided to an adult. This means that a child can get the type (e.g., therapy, nursing, personal care, etc.), amount (how much of the service) and duration (how long the service will be provided) of a service that is approved as medically necessary by a medical provider.

Vision and Hearing Services

Both vision and hearing services are an essential component of the EPSDT benefit. At each well-child check-up, children and adolescents enrolled in Medicaid should receive both vision and hearing screenings. If the primary care provider conducting the check-up suspects that a child has a vision or hearing problem, the child should receive further evaluation and necessary treatment.

Although most newborns receive a hospital-based hearing screening shortly after birth, a newborn hearing screening cannot detect all types of hearing problems. Furthermore, children can develop hearing impairments after birth. If left untreated, hearing impairments can negatively impact a child's normal language and speech development. Hearing impairments can also delay a child's social, emotional, and academic development. Identifying and treating these impairments early, can help prevent these outcomes. At a minimum, hearing services must include screening, diagnosis and treatment for hearing defects, including hearing aids.

Vision complications can be evidence of serious, degenerative conditions, and can lead to learning and social developmental delays. Vision conditions such as misalignment of the eyes (strabismus), lazy eye (amblyopia), and nearsightedness, can have permanent effects that could be prevented through proper diagnosis and treatment. Vision services include, at a minimum, screening, diagnosis and treatment for vision defects, including eyeglasses.

Listed below, is a recommended medical, vision and hearing screening periodicity schedule link:

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

Dental Services

Children and adolescents dental care coverage is subject to the same medically necessary parameters as other health care for children enrolled in Medicaid. At minimum, covered dental services include dental care needed for relief of pain, infection, maintenance of dental health, restoration of teeth, and any medically necessary orthodontic services to prevent disease and promote oral health.

Current clinical guidelines recommend that a child have their first dental visit when the first tooth erupts, or by age one.

You may view the recommended dental periodicity schedule by clicking the link below:

https://www.aapd.org/globalassets/media/policies_guidelines/bp_periodicity.pdf

Mental Health and Substance Use Services

Available coverage for mental health and substance use treatment include hospital and clinic services, physician services, and services provided by a licensed professional such as a psychologist.

A child's rehabilitative or habilitative treatment care plan should reflect goals appropriate for the child's developmental stage.

Services that can be covered as rehabilitative services include:

- Community-based crisis services, such as mobile crisis teams, and intensive outpatient services, such as therapies.
- Individualized mental health and substance use treatment services, including in school, workplace or home setting,
- Medication management,
- Counseling and therapy, including the elimination of psychological barriers that would impede development of community living skills,
- Durable medical equipment, such as a wheelchair, or hospital bed or supplies that aid with daily living, such as a cane or shower chair.

Personal Care Services

Covered personal care services help with performing activities of daily living (ADL), such as dressing, eating, bathing, transferring, and toileting; and instrumental activities of daily living (IADL), such as preparing meals and managing medications. EPSDT provides coverage for personal care services outside of the home if necessary to correct or improve a condition.

The determination of whether a child needs personal care services must be based on the child's specific needs and provided in accordance with a treatment or service plan.

EPSDT Special Services

If your child's doctor/healthcare professional finds a problem that requires special services, your child will be referred to a specialist. EPSDT Special Services include diagnostics, prevention, rehabilitation, or habilitative treatment or services that may or may not be covered by the Medicaid State Plan but are determined to be medically necessary.

All EPSDT Special Services require prior authorization. Your child's doctor/healthcare professional will help your child get the services they need by first receiving a prior authorization. The child's physician/health care professional will submit a request for prior authorization of the requested services or to the beneficiary's Managed Care Organization.

Examples of covered special services include, but are not limited to:

- Additional pairs of eyeglasses after the Medicaid Vision Program have paid for the first two pair in a year.
- Additional dental cleanings after the Medicaid Dental Program have paid for one cleaning.
- Nitrous oxide used in dental treatment.
- Nutritional products used as a supplement rather than as the child's total nutrition.
- Medical supplies or equipment
- Treatment therapies for physical or mental health, above the expressed initial amount, for example 20 PT visits per year
- PRTF treatment services
- Prescribed Pediatric Extended Care for complex medical conditions or disabilities
- Non-emergency Medical Transport to appointments for care
- Case Management

Not all services are covered by EPSDT special services. Examples of services not covered include:

- Respite care
- Environmental services or home modification
- Educational services
- Vocational services
- Cosmetic services
- Convenience services
- Experimental services
- Over-the-counter items

Information for Providers

KY Medicaid identifies early periodic screening diagnosis and treatment services (screening services). To enroll and bill KY Medicaid, EPSDT services providers must be:

- Licensed in the state of Kentucky
- Enrolled as an active Medicaid provider and, if applicable, enrolled with the managed care organization (MCO) of any beneficiary it serves.

Providers that who have questions about EPSDT Special Services may contact the Department of Medicaid Services EPSDT Coordinator at DMS.EPSDT@ky.gov prior to submitting an enrollment request.

Screening Services

907 KAR 11:034, Section 2:

“Screening Provider Participation Requirements. A health care provider meeting the requirements...shall be eligible to participate in the Medicaid Program as a screening provider:

- (1) A physician shall be licensed in the state of Kentucky;
- (2) An early and periodic screening clinic or other organization qualified to provide a screening service, including a local health department, shall be under the direction of a licensed physician, pediatric advanced registered nurse practitioner, or registered professional nurse currently licensed by the state of Kentucky who shall be responsible for assuring that the requirements of participation are met and that the procedure established by the Medicaid Program are carried out;
- (3) A screening clinic conducted under the direction of a registered professional nurse or an advanced registered nurse practitioner shall have a licensed physician acting as medical consultant; and
- (4) A screening examination or test performed by a licensed professional staff, or supportive staff under the direct supervision of the licensed professional, shall be in accordance with the professional practice standards for the profession.”

Special Services

907 KAR 11:034, Section 6:

“Diagnosis and Treatment. If referral for additional service is indicated, further diagnosis and medical treatment services shall be covered if the service or diagnosis:

- (1) Is otherwise covered by the Medicaid Program; or
- (2)
 - (a) Is not otherwise covered by the Medicaid Program; and
 - (b) Meets the requirements for EPSDT special services as provided for in Section 7...”

907 KAR 11:034, Section 7:

“EPSDT special services shall include other health care, diagnostic services, preventative care services, rehabilitative or habilitative services, treatment, or other measures described in 42 U.S.C. 1396d(a), that are not otherwise covered under the Kentucky Medicaid Program and that are medically necessary...to correct or ameliorate a defect, physical or mental illness, or condition of a recipient.”

907 KAR 11:034, Section 8:

“EPSDT Diagnostic and Treatment Provider and EPSDT Special Services Provider Participation Requirements.

- (1) An EPSDT diagnostic or treatment provider shall meet the requirements for participation in the Kentucky Medicaid Program as specified in Title 907 KAR for the particular diagnostic or treatment service rendered.
- (2) Except as otherwise specified in Title 907 KAR, a provider seeking to provide an EPSDT Special Service, as established in Section 7...shall first contact the department in writing or by telephone to apply for enrollment to become an EPSDT special services provider. In order to be enrolled, the provider shall supply documentation or other evidence which established that all of the following conditions are met:
 - (a) The provider shall:
 1. Be licensed, certified, or authorized state law to provide the service; and
 2. Not be suspended or otherwise disqualified.
 - (b) If the provider is out of state, the provider shall meet comparable requirements in the state in which he does business.”

Verify Beneficiary Eligibility

Verify special service eligibility by contacting the automated voice Response System at (800) 807-1301 or using the Web-based [KYHealth-Net System](#).

EPSDT service providers must meet the coverage provisions and requirements of 907 KAR 11:034 to provide covered services. Any services performed must fall within the scope of practice for the provider. Listing of a service in an administrative regulation is not a guarantee of payment. Providers must follow Kentucky Medicaid regulations. All special services must be medically necessary.

907 KAR 3:130, Section 2:

“Medical Necessary Determination.

- (1) The determination of whether a covered benefit or service is medically necessary shall:
 - (a) Be based on an individualized assessment of the recipient’s medical needs; and
 - (b) Comply with the requirements established in this paragraph. To be medically necessary or a medical necessity, a covered benefit shall be:

1. Reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability, or other medical condition, including pregnancy;
 2. Appropriate in terms of the service, amount, scope, and duration based on generally-accepted standards of good medical practice;
 3. Provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons;
 4. Provided in the most appropriate location, in regard to generally-accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;
 5. Needed, if used in reference to an emergency medical service, to exist using the prudent layperson standard;
 6. Provided in accordance with early and periodic screening, diagnosis, and treatment (EPSDT) requirements established in 42 U.S.C. 139d(r) and 42 C.F.R. Part 441 Subpart for individuals under twenty-one (21) years of age; and
 7. Provided in accordance with 907 KAR 1:563
- (2) The department shall have the final authority to determine the medical necessity and clinical appropriateness of a covered benefit or service and shall ensure the right of a recipient to appeal a negative action in accordance with 907 KAR 1:563."

Reimbursement

Reimbursement for EPSDT services regulation: [907 KAR 11:035](#).

Duplication of Service

The department will not reimburse for a service provided to a beneficiary by more than one provider of any program in which the same service is covered during the same time.

Prior Authorization

In Kentucky, prior authorization is required for all EPSDT special services. A contractor provides prior authorizations for fee-for-service (FFS) beneficiaries. Each MCO provides prior authorization for its beneficiaries. Please see page 9 for contact details.

Claims Submission

KY Medicaid uses a contractor to process FFS service claims. Each MCO processes its own claims.

Coding

KY Medicaid utilizes the National Correct Coding Initiative (NCCI) edits as well as the McKesson Claim Check System to verify codes that are mutually exclusive or incidental. KY Medicaid also uses Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding system (HCPCS) codes. KY Medicaid requires the use of ICD-10 codes on all claims submitted for reimbursement. KY Medicaid requires the use of CMS 1500 billing forms. Providers will need to bill KY Medicaid using the correct CPT codes.

Claim Appeals

Appeal requests made on denied FFS claims must be submitted to the Kentucky Medicaid contractor. The request must include the reason for the request along with a hard copy claim. Please refer to the MCO if appealing an MCO claim.

Timely Filing

Claims must be received within 12 months from the date of service or six months from the Medicare pay date, whichever is longer, or within 12 months of the last KY Medicaid denial. Please refer to the MCO if appealing an MCO claim.

Provider Contact Information

If you can't find the information you need or have additional questions, please direct your inquiries to:

Billing Questions - [Gainwell](#) - (800) 807-1232

Provider Questions - (855) 824-5615

Prior Authorization - [CareWise](#) - (800) 292-2392

[Provider Enrollment or Recertification](#) - (877) 838-5085

[KyHealth.net](#) assistance - [Gainwell](#) - (800) 205-4696

[CHFS DMS BH and SU Inquires](#) - (502) 564-6890

Pharmacy Questions - (800) 432-7005

Pharmacy Clinical Support Questions - (800) 477-3071

[Pharmacy Prior Authorization](#) - (800) 477-3071

Physician Administered Drugs (PAD) list - Pharmacy Branch - (502) 564-6890

Provider MCO Information

[Aetna Better Health of KY](#) - (855) 300-5528

[Humana](#) - (855) 852-7005

[Passport Health Plan](#) - (800) 578-0775

[United Healthcare](#) - (866) 293-1796

[WellCare of KY](#) - (877) 389-9457

Report Fraud and Abuse
(800) 372-2970