



## CHILDREN'S PREVENTIVE HEALTH CARE

### THE EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) PROGRAM

The Early Periodic Screening Diagnostic and Treatment (EPSDT) provisions are among the most specific in the Medicaid Act. Federal law - including statutes, regulations and guidelines - requires that Medicaid cover a very wide-ranging set of benefits and services for children different from adults. The EPSDT benefit provides comprehensive and preventive health care services for children under the age of 21 who are enrolled in Medicaid. EPSDT guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures, and are crucial to ensuring children and adolescents receive timely and appropriate preventive, dental, mental health, developmental and specialty services.

Primary care practitioners are required to assure all children under the age of 21 have timely access to EPSDT services, and are responsible for assuring continued coordination of care for all members due to receive EPSDT services. Also, primary care practitioners are to arrange for medically necessary follow-up care after a screen or an encounter. If a suspected problem is detected during a screening examination, the child must be evaluated as necessary for further diagnosis, and that diagnosis shall be used to determine treatment needs.

All providers are required to offer Highmark Health Options EPSDT-eligible members under 21 years of age screenings (periodic, comprehensive child health assessments), ***no more than two weeks after an initial request***. Primary care practitioners who treat children under the age of 21 who are unable to comply with the requirements of the EPSDT Program must make arrangements for EPSDT screens to be performed elsewhere by a Health Options participating provider. Alternative primary care practitioners and specialists should forward a copy of the completed progress report to the primary care practitioner so it can be placed in the member's chart.

Additionally, interperiodic exams must be promptly provided (***within three weeks of request***) when needed. Also known as well visit check-ups, these are regularly scheduled examinations and evaluations of the general physical and mental health, growth development and nutritional status of infants, children and youth.

At a minimum, EPSDT screenings shall include but are not limited to:

- A comprehensive medical and developmental history, including anticipatory guidelines/health education, nutrition assessment, developmental assessment (social, personal, language) and fine/gross motor skills

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- An unclothed physical exam
- Laboratory tests
- Vision testing
- Dental screenings (furnished by direct referral to a dentist for children beginning at three years of age)
- Lead testing
- Immunizations

### **DO YOU NEED HELP WITH A PATIENT?**

Highmark Health Options' Care Coordination Department is ready to assist you. We provide proactive outreach to our members and can assist with:

- Coordination of care
- Health & wellness education
- Scheduling appointments, transportation and other potential barriers to care and adherence to treatment plans
- Accessing community resources and services
- Assisting with maintaining health and preventing complications/ co-morbidities

To request our help, complete the **EPSDT Member Outreach Form** found on the Highmark Health Options website. Select the *Provider* tab, and then click *Forms*. Or simply copy and insert the following URL link into your web browser:

**<https://highmarkhealthoptions.com/sites/default/files/Health%20Options%20EPSDT%20Member%20Outreach%20Form.pdf>**

Please fill in all of the requested information and fax the form to 855-501-3903. You can also call the Care Coordination Department at 1-844-325-6255 (hours of operation: Monday through Friday, 8 a.m. to 5 p.m.).

### **Claim Filing**

All EPSDT screening services, including vaccine administration fees, should be submitted to Health Options either on a CMS-1500 or the corresponding 837P format for electronic data interchange (EDI) claims within one hundred twenty (120) days from the date of service.

**Health Options cannot accept an EPSDT screen on a UB-04 or the corresponding 837I format.**

Please refer to the Claims, Billing and Reimbursement Section of the online *Health Options Provider Manual* for additional information regarding submission of claims for EPSDT visits.