

# Provider Manual

## Section 9.0

### Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

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# 9.0 Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

## 9.1 Overview of EPSDT

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federal program developed to ensure that the Medicaid population younger than the age of 21 is monitored for preventable and treatable conditions. Passport Health Plan and its participating practitioners must track the progress of all members younger than the age of 21 and do outreach as needed to encourage members to obtain EPSDT health screens according to the Plan's periodicity schedule. EPSDT preventive health screens that result in any treatment recommendations must be monitored to ensure follow-up has occurred.

## 9.2 EPSDT Eligibility

### 9.2.1 Member Eligibility

Passport Health Plan members from birth to age 21 are entitled to receive EPSDT services.

### 9.2.2 Practitioner Eligibility

All Passport Health Plan PCPs who see children younger than the age of 21 are required to conduct EPSDT screenings and complete all EPSDT billing requirements.

## 9.3 Covered Services

The following services are covered under the EPSDT preventive care program:

- Comprehensive screening exams according to a predetermined periodicity schedule:
  - Children ages birth through 18 months are entitled to a maximum of eight screening visits as follows: by 1 month, 2, 4, 6, 9, 12, 15, and 18 months.
  - Children and adolescents ages 24 months to 21 years are entitled to a maximum of seventeen screening visits as follows: 24 months, 3, 4, 5, 6, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.
- Passport Health Plan eligible members are entitled to all the Plan's services for diagnosing and treating conditions uncovered during screenings. Included in this plan are:
  - Eye care.
  - Hearing care, including hearing aids.
  - Dental care.

In addition, Passport Health Plan covers:

- Routine health assessments; and,

- If medically necessary, diagnostic procedures and treatment options provided by providers, such as vision, hearing, and dental care (including orthodontics).

Passport Health Plan will comply with the SOBRA provisions by implementing the following:

- Health education is a required component of each screening service. Health education and counseling to parent/guardian and child is designed to assist the parent/guardian in understanding what to expect in terms of the child's physical and cognitive development. It is also designed to provide information to members about the benefits of healthy lifestyles and practices as well as accident and disease prevention.
- Screening services are covered at intervals recommended by Passport Health Plan's Child and Adolescent Clinical Practice Guidelines/the EPSDT Periodicity Schedule. An initial screening examination may be requested at any time whether or not the individual's age coincides with the established periodicity schedule.
- Payment will be made for medically-necessary diagnostic or treatment services to correct or ameliorate illnesses or conditions discovered by the screening services. Any such service must meet the criteria for medical necessity (see Section 9.9, "EPSDT Expanded Services").

## 9.4 Nonreimbursable Services

Passport Health Plan will not reimburse for incomplete screenings. Additional payments will not be made for out-of-schedule screens (more than eight screens from birth through 18 months and more than 17 screens from 24 months to 21 years).

## 9.5 EPSDT Tracking/Member Outreach

Tracking begins at enrollment for both newborns and other members and continues periodically thereafter:

- The EPSDT program and the importance of preventive care are outlined in the Member Handbook. EPSDT articles are included in all member newsletters, on the Plan's web site, and in Passport Health Plan's telephone on-hold messages.
- Reports are generated to check for members who are due/overdue for preventive screens. If no documentation from the PCP has been processed, follow-up calls are made or notices are mailed to members.
- Reports are generated for members who cannot be reached through written notification or by telephone. These members are referred for home visit outreach.

## 9.6 EPSDT Protocols

To complete an EPSDT preventive health screen:

- Verify member's eligibility by checking Passport Health Plan's web site, referencing the PCP monthly panel list, utilizing the EPSDT Eligibility Confirmation Form, or contacting the EPSDT team at (800) 578-0636, ext. 78210.
- Once eligibility is verified, inform the parent/guardian that the visit will be an EPSDT screening.

- Have the parent or legal guardian sign a consent form authorizing the practitioner to perform screening tests or other assessment procedures pertaining to EPSDT preventive health screens.

To receive reimbursement for an EPSDT health screen, complete the EPSDT Screening Form (see Section 19 for a sample form) and mail it to:

Passport Health Plan  
P.O. Box 7114  
London, KY 40742

## **9.7 EPSDT Preventive Health Screens**

### **9.7.1 Preventive Health Guidelines**

Passport Health Plan has adopted guidelines in an effort to assist PCPs with meeting the tremendous and varied health care needs of the Plan’s members. Please refer to Section 15.4, “Child and Adolescent Clinical Practice Guidelines/EPSDT Periodicity Schedule.”

Passport Health Plan’s goal is to assure the delivery of a comprehensive, preventive health care program through the use of early and periodic screening, diagnosis and treatment for the Plan’s members ages birth to 21 years. These screenings should be performed as part of a well-child visit and are included here for reference.

### **9.7.2 Recommended Screenings**

The following is a synopsis of the recommended screenings and tests for a complete EPSDT health screen, as specified by age group, followed by a detailed description of each. Passport Health Plan is responsible for reporting the compliance with these screening services to the Department for Medicaid Services (DMS).

#### **9.7.2.1 Members Ages Birth Through Three Years**

- Record of a health history from the parent or guardian.
- Unclothed physical examination.
- Development appraisal.
- Growth measurements.
- Metabolic screening - PKU when appropriate.
- Anemia screening - Hemoglobin and/or Hematocrit.
- Lead-level screening.
- Sickle cell anemia evaluation when appropriate.
- Tuberculosis testing (patients at risk).
- Assessing and updating appropriate immunizations.
- Dental screening assessments to be performed by PCPs during all EPSDT health screens.

- Recommend routine annual dental exams starting at age one and continuing annually through age 21.
- Health education/anticipatory guidance.

### **9.7.2.2 Members Ages Three Years Through Twenty Years**

- Record of a health history from the parent or guardian.
- Unclothed physical examination, including blood pressure.
- Developmental appraisal.
- Vision screening.
- Hearing screening.
- Dental screening.
- Urine screening for bacteria, sugar albumin.
- Malnutrition evaluation.
- Tuberculosis testing.
- Iron anemia screening - Hemoglobin and Hematocrit.
- Lead-level screening (mandatory until age six).
- Sickle cell anemia evaluation when appropriate (if properly tested once, test need not be repeated unless indicated).
- Assessing and updating appropriate immunizations when required.
- Health education/anticipatory guidance.

### **9.7.3 Screening Instructions and Documentation**

#### **9.7.3.1 Family and Medical History**

Each PCP must obtain a family and medical history as part of the initial well-child examination. The following information in the family and medical-history categories should be documented by the physician.

##### **Family History**

- Congenital malformation.
- Convulsions – epilepsy.
- Details of the pregnancy, birth, and neonatal period:
  - Birth weight inappropriate for gestational age.
  - Complication of pregnancy.
  - Complication of labor and delivery.
  - Neonatal illness.
- Hay fever, eczema, asthma.
- Heart disease.
- Hereditary disorders, including sickle cell anemia.
- Malignancy – leukemia.
- Mental illness in parent requiring hospitalization.

- Mental retardation.
- Neuromuscular disease.
- Tuberculosis.

### **Medical History**

- Accidents.
- Allergies, asthma, eczema, hay fever.
- Behavioral disorders.
- Diabetes.
- Epilepsy or convulsions.
- Exposure to tuberculosis.
- Heart disease or rheumatic fever.
- Hospitalizations/operations.
- Kidney or bladder problems.
- Menstrual history.
- Medication.
- Neurologic disorders.
- Orthopaedic problems.
- Poisoning.

### **9.7.3.2 Height**

Height must be measured on every child at every well-child visit. Infants and small children should be measured in the recumbent position, and older children should be measured while standing erect. The height should be recorded in the child's medical record and should be compared to a table of norms for age. Further study or referral is indicated for a child who has deviated from his or her usual percentile rank (determined by comparison with graphed previous measurements) or for a child whose single measurement exceeds two standard deviations from the norm for his or her age (beyond the 97th or below the 3rd percentile).

### **9.7.3.3 Weight**

Weight must be measured on every child at every well-child visit. Infants should be weighed without clothing, small children with just underwear, and older children and adolescents with clothes (no jackets or sweaters) and no shoes. The weight should be recorded in the child's medical record and should be compared to a table of norms for age. The child's weight percentile should also be entered in the child's medical record. Further study or referral is indicated for a child who has deviated from his usual percentile rank (determined by comparison with graphed previous measurements) or has deviated from the norm for his or her age (beyond the 97th percentile or below the 3rd percentile).

### **9.7.3.4 Head Circumference**

Head circumferences of infants and children up to the age of two years should be measured at every well-child visit. Measurement may be done with cloth, metal, or disposable paper tapes. The tape is applied around the head from the supraorbital ridges anteriorly to the posterior point (usually the

external occipital protuberance) giving the maximum circumference. Head circumference should be recorded in the child's medical record and should be compared to a table of norms for age. Further study or referral is indicated for a child who has deviated from his usual percentile rank (determined by comparison with graphed previous measurements) or has deviated from the norm for his or her age (beyond the 97th percentile or below the 3rd percentile).

### **9.7.3.5 Immunizations**

PCPs are encouraged to participate in the Vaccines for Children (VFC) program that provides these immunizations free of charge. The Passport Health Plan reimbursement for childhood immunizations is limited to an administration fee.

For the current schedule of immunizations recommended by the American Academy of Pediatrics, refer to Section 15.4 "Child and Adolescent Clinical Practice Guidelines/EPSTD Periodicity Schedule."

#### **9.7.3.5.1 Vaccines for Children Program**

To enroll in the Vaccines for Children (VFC) program call (502) 564-4478. By enrolling in this program, providers can receive vaccines at no charge for eligible children (Medicaid enrolled, uninsured, American Indian or Native Alaskan). Passport Health Plan encourages its providers to participate in the Vaccines for Children program.

Vaccines for travel outside of the country are not a covered benefit.

### **9.7.3.6 Blood Pressure**

Blood pressure should be measured at every visit for children older than three years using an appropriate-sized pediatric cuff. Findings should be recorded in the child's medical record.

### **9.7.3.7 Dental Screening**

A dental screen is performed at every well-child visit. The practitioner is to check for the following and initiate treatment or recommend the child see a dentist as necessary:

- Cavities.
- Missing teeth (permanent).
- Fillings present.
- Oral infection.
- Other.

Documentation should be recorded in the child's medical record. Practitioners administering EPSTD health screens to members three years of age and older are required to make referrals to a dental practitioner for annual routine dental exams. The American Dental Association (ADA) and the American Association of Pediatrics (AAP) recommend that diagnostic dental exams by a dentist begin at age one.

## **9.7.3.8 Vision Testing**

### **9.7.3.8.1 Suggestions for Vision Testing**

The chart should be affixed to a light-colored wall with adequate lighting (10-30 foot candles) and no shadows. Ordinary room lighting usually does not provide this much light; therefore, the chart will need a light of its own. The 20-foot line on the chart should be set approximately at the level of the eyes of a six-year old. Placement of the child must be exactly 20 feet from the charts. Sites that do not have a 20-foot distance at which to test should obtain a 10-foot Snellen chart rather than use the 20-foot chart. The eye not being tested must be covered with an opaque occluder. The hand may not be used since it leads to inaccuracies. In older children who seem to have difficulty or in young children, bring the child up to the chart (preferably before testing), explain the procedure and be sure the child understands.

For screening, the test should start with the big E (20-foot line) and then proceed down rapidly line-by-line, as long as the child reads one letter per line, until the child cannot read. At this critical level, the child is tested on every letter on that line or adjacent line. Passing is reading a majority of letters in a line. It is not necessary to test for every letter on the chart. Tests for hyperopia may be done but are not required.

### **9.7.3.8.2 Recommendation Vision Care Standards**

A child seven years of age or older should be recommended for further evaluation if vision in either eye is 20/30 or worse. A child six years of age or younger should be recommended for evaluation if vision in either eye is 20/40 or worse. A child may be recommended for evaluation if parental complaints warrant or if the practitioner discovers a medical reason. Generally, sitting close to the television without other complaints is not a reason for further evaluation. A child failing a test for hyperopia may be identified for further evaluation.

A child who wears glasses should be tested wearing the glasses and the measurement should be recorded. If the child passes the test, nothing further is required. If the child fails, recommend for re-evaluation by a participating Passport Health Plan vision care provider.

If the practitioner is unable to render an eye examination for a child nine years of age or older because of the child's inability to read the chart or follow directions, for example, a mentally retarded child, please refer this child to a participating ophthalmologist or optometrist.

Passport Health Plan contracts with a vision benefits manager for routine eye refractions and glasses. Contact Provider Services or the vision benefits manager (see Section 20.2, "Other Important Contact Information" for telephone number) for help locating a participating vision care provider. Children with medical eye problems should be referred to a participating optometrist or ophthalmologist.

### **9.7.3.9 Hearing Screening**

Sweep audiometry is the most frequently used examination and must be administered to every screened child younger than five years of age. Tuning forks and uncalibrated noisemakers are not acceptable for hearing testing. Audiometers should be calibrated for accuracy.

#### **9.7.3.9.1 Technique Tips for Hearing Testing**

For children under five years of age, observation should be made of the child's reactions to noises and to voices, unless the child is sufficiently cooperative to actually do the audiometry. For audiometry, explain the procedure to the child. Present one tone loud enough for the child to hear. Explain that when it is heard, the child should raise his or her hand and keep it raised until the sound disappears. Once the child understands, proceed with the test. Doing one ear at a time, set the decibel level at 25, testing at 500 HZ. Then go successively to 1000, 2000, 4000 and 6000 HZ. Repeat for the other ear. The quietest room at the site should be used for hearing testing.

#### **9.7.3.9.2 Referral Standards**

Any cooperative child failing sweep audiometry at any two frequencies should be referred to an ENT specialist. If a child fails one tone, retest for that tone with threshold audiometry to be certain it is not a severe single loss. To be certain of the need for referral, the practitioner should immediately retest for all failed tones by threshold audiometry. If there is any question about the child's cooperation or ability at the time of testing, bring the child back for another sweep audiometry before referring.

### **9.7.3.10 Development/Behavior Appraisal**

If treatment is begun early, children with slow development and abnormal behavior may be successfully treated. It is important to identify these problems as early as possible. The history must document assessment of behavior, social activity and development at each visit. Close observation for clues to deviations is also needed during the entire visit.

#### **9.7.3.10.1 Younger than Age Five**

In addition to history and observation, a developmental evaluation must be done. In children who are regular patients of the practitioner, this may consist of charting the child's development milestones sufficiently to make a judgment on developmental progress.

Marked slowness in any area should be cause for a referral to a participating specialist: for example, developmental center, a MH/MR agency, a development specialist, a pediatric neurologist, or a physiologist. If only moderate deficiencies exist in one area, the same practitioner should retest the patient in 30-60 days.

### **9.7.3.10.2 Social Activity / Behavior**

Determine how the child relates to his or her family and peers and whether any noticeable deviation in any of his or her behavior exists. The practitioner should observe for similar behavior when the child is in the office.

### **9.7.3.10.3 Speech Development**

Attention should be paid to the child's speech pattern to see whether it is appropriate for age. The DASE test may be used as an evaluation tool.

### **9.7.3.10.4 Ages Five to Twenty**

Observation and history must be used to determine the child's normality in the areas listed below. Each child should be evaluated and the evaluation recorded appropriately. Major difficulty in any one area or minor difficulty in two or more areas should be cause for referral to a participating mental health professional for further diagnosis.

- Social activity/behavior - Does the child relate with family and peers appropriately?
- School - Is the child's grade level appropriate for his or her age? Has the child been held back in school?
- Peer relationships.
- Physical/athletic dexterity.
- Sexual maturation.
- Speech – DASE.
- Mental health screening (see Section 9.7.3.10.4.1 below).

If during the medical history, general health assessment, or developmental assessment any abnormalities or discrepancies have been noted, the screening practitioner shall either perform a complete developmental assessment using a tool such as the Denver Development Screening Test, or its equivalent, or refer the child to the appropriate referral source.

If a specialist is asked to perform EPSDT screening or treatment, a referral is needed. Prior authorization from Passport Health Plan's Utilization Management staff is required for any medically-necessary treatment that is beyond usual covered benefits.

#### **9.7.3.10.4.1 Developmental Assessments and Mental Health Screenings**

Providers must perform a complete developmental assessment at each EPSDT visit, to include a range of activities to determine whether a member's developmental process falls within a normal range of achievement according to age group and cultural background. Providers may use a standardized screening device which is normed and validated for the age-group tested, or they may assess and document the following elements. At a minimum, the following areas must be assessed:

1. Gross motor development, focusing on strength, balance, and locomotion;
2. Fine motor development, focusing on hand-eye coordination;

3. Communication skills or language development, focusing on expression, comprehension, and speech articulation;
4. Self-help and self-care skills; and,
5. Cognitive skills, focusing on problem solving or reasoning.

Providers must all conduct a brief age-appropriate mental health screening at each visit. The screener may use any approved standardized device normed and validated for the age-group tested. At a minimum, the screener must assess each child in the following areas:

1. School and learning;
2. Management of anger, sadness, and other emotions;
3. Responsiveness to family values and responsibilities;
4. Active pursuit of interests;
5. Making and maintaining of friendships;
6. Communication of needs and feelings;
7. Avoidance of trouble in the community (i.e. stealing, bullying, threatening, vandalism);
8. Functioning in family relationships;
9. Ability to perform age-appropriate cognitive tasks; and,
10. Ability to show empathy for others.

If a standardized tool is not used, the screener must document in the child's chart the mechanism used for both developmental assessment and mental health screen and the results, recording how the above components of each were assessed.

Examples of standardized screening tests are the Denver Developmental Screening test (developmental only), Ages and Stages (developmental and mental), and the Pediatric Symptom Checklist (mental only).

### **9.7.3.11 Labs**

#### **9.7.3.11.1 Anemia Screening**

A hemoglobin or hematocrit should be performed at the nine month well-visit or at the first well-visit thereafter. Additional screenings are based on member risk. All premature or lowbirth-weight infants should have hemoglobin or hematocrit performed on the first well-visit and repeated according to the schedule above. The results of the test should be entered in the child's medical record.

Diagnosis of anemia should be based on the practitioner's evaluation of the child and the blood test. It is strongly suggested that a child with a hemoglobin of less than 11 and/or a hemtocrif of less than 33 be further evaluated for anemia. However, even though 10 grams may represent the lower limit of normal for most of childhood, it should be realized that in early infancy and adolescence these levels should be higher. For those physicians who use charts to evaluate hemoglobin/hematocrit normals, it should be emphasized that average or mean Hgb/Hct for age is not the level to determine anemia, but rather two standard deviations below the mean.

### **9.7.3.11.2 Sickle Cell**

Unless a newborn screening for sickle cell disease is documented in the member's medical record, infants under eight (8) months of age with African-American, Puerto Rican, or Mediterranean parentage should have a sickle cell test at their first well-child visit to determine the possibility of sickle cell disease. After that age, all children of African-American, Puerto Rican, or Mediterranean parentage should have a sickle cell test only if they exhibit symptoms of anemia or have a Hgb/Hct below normal unless they have already been tested and the results are known.

### **9.7.3.11.3 Tuberculin Test**

Although the incidence of tuberculosis was decreasing, it now may constitute a significant health problem in some high-risk communities, especially in lower-socio-economic groups. Early recognition of the primary conveyor will permit 1) prompt and inexpensive treatment of these cases and 2) earlier detection of the source cases of these patients for public health purposes. Children should be screened by using a Mantoux Test or multiple puncture skin test (Tine, Heaf, Mono-Vacc, Aplitest) commonly used by the PCP's office. Any child with a positive tuberculin test should be further evaluated.

It is the responsibility of the PCP's office to secure the results of the tuberculin test 48 to 96 hours after it has been administered. Tuberculosis testing for patients at risk should begin at 12 months or at the first well-child visit thereafter and at two year intervals. Results should be entered in the child's medical record.

### **9.7.3.11.4 Albumin and Sugar**

Tests for urinary albumin and sugar should be done on every child at every well-visit. Dipsticks are acceptable.

Members with positive tests should be suitably followed up or referred for further care. A member with a 1+ albumin (or trace) with no symptoms need not be referred since this is not an unusual finding.

### **9.7.3.11.5 Lead Level Screening**

Beginning at the child's six months of age visit and at each visit thereafter, the practitioner must discuss with the child's parent or guardian childhood lead poisoning interventions and assess the child's risk of exposure. Initially, all children six months through six years of age are to be considered at risk. It is highly recommended that the practitioner test for elevated lead levels at 12 or 24 month well-visits. Risk questions should be asked at every visit. At a minimum, the following questions should be asked:

- Does your child live in or regularly visit a house built before 1960 with peeling or chipping paint? This could include a day-care center, preschool, the home of a baby-sitter or a relative.
- Does your child live in a house built before 1960 with recent, ongoing, or planned renovation or remodeling?

- Have any of your children or their playmates been treated for lead poisoning (blood level at or above 20 ug/dL)?
- Does your child live with an adult whose job or hobby involves exposure to lead, for example: work with lead batteries; firing range; work with chemicals and/or chemical preparations; bridge, tunnel, and elevated highway construction, etc.?
- Does your child live near a lead smelter, battery recycling plant, or other industry likely to release lead in your community?
- Do you give your child any home or folk remedies which may contain lead?
- Does your child live near a heavily traveled major highway where the soil or dust may be contaminated with lead?
- Does your home's plumbing have lead pipes or copper with lead solder joints?

Ask any additional questions that may be specific to situations that exist in your particular community. The blood obtained for lead screening is done by obtaining capillary blood (finger stick). Confirmatory testing for lead is obtained preferably by venous sampling. Providers should contact their local Department of Public Health for information on abatement programs.

### **9.7.3.11.6 Gonorrhea, VDRL, Chlamydia Screening, and Pap Smear**

These tests are to be performed when, in the judgment of the PCP, they are appropriate and consent is obtained from either the child or parent or both. Adolescents should be questioned about sexual activity and given assistance, diagnosis, treatment, or information as the situation requires. See Section 15.4, "Preventive Health Clinical Practice Guidelines."

### **9.7.3.11.7 Bacteria Screening**

Test for bacteria must be performed on any child who has symptoms relating to possible urinary tract involvement. The simple nitrate test by dipstick is acceptable for bacterium testing at every screen. Although it is best performed on a first morning specimen, it may be performed on a random specimen. A single dipstick is available to test for albumin, sugar, and bacteria.

## **9.8 EPSDT Reporting/Billing (Preventive Health Screens/Immunizations)**

Practitioners who perform complete EPSDT health screens according to the recommendations in the Preventive Health Guidelines will be reimbursed a fee-for-service rate. EPSDT health screens must be billed on the EPSDT Screening Form (see Section 19.0 for a sample form).

Practitioners will be reimbursed an additional administrative fee for recommended childhood and adolescent immunizations. Immunizations are a Direct Access Service and must be billed on the CMS-1500 encounter form.

The following services are capitated and should be made available to members

- Auditometry/tympanometry.
- Urine dipstick.

- Hemoglobin/Hematocrit.
- Tuberculin tests (tine/PPD).
- Vision screening.
- Completion of forms and related physical examinations for the following administrative services:
  - Camp.
  - School.
  - Participation in sports (children under 21).

### 9.8.1 Billing Requirements for EPSDT Preventive Health Screens

Providers must bill for EPSDT health screens on the EPSDT Screening Form, which incorporates the HIPAA compliant standard codes. The HIPAA compliant modifier “EP” identifies the completion of a full EPSDT health screen. The HIPAA Compliant CPT Codes and the EP Modifier are preprinted on the EPSDT Screening Form.

CPT Code	Modifier	Code Description	Billing Format
99381-99385	EP	New Patient	EPSDT Screening Form
99391-99395	EP	Established Patient	EPSDT Screening Form

A practitioner performing a complete EPSDT health screen must submit a bill for this service on the EPSDT Screening Form. Please refer to Section 19 for a sample of the EPSDT Screening Form and instructions for completion.

## 9.9 EPSDT Expanded Services

EPSDT Expanded Services are available to some Passport Health Plan members younger than the age of 21 years depending on the category of aid. Kentucky Children’s Health Insurance (KCHIP) eligible members with a KCHIP-3 card are not eligible for EPSDT Expanded Services.

EPSDT expanded services are those required to treat conditions detected during an encounter with a health care professional and are eligible for payment under the federal Medicaid program but not currently recognized under the state plan.

Some services not covered by Medicaid may be covered under EPSDT Expanded Services. To be eligible for payment, these services must be determined to be medically necessary, and an authorization must be issued by the Plan’s Utilization Management department. These services may include expanded dental and vision care, allergy serum and immunizations, health education and other specialty care and supplies.

There is no limitation on the length of approval for services as long as the conditions for medical necessity continue to be met and the member remains eligible for Passport Health Plan benefits.