



Did you know ...?

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



Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) - is Medicaid's Well Child Check-up program designed to find children with actual or potential health problems and to screen, diagnose, and treat problems before they become permanent, lifelong disabilities.

- If the doctor finds a medical problem during a well child check-up, he or she can refer the child to another doctor or specialist for additional care. Some services may need special approval or prior authorization.
- Children under the age of 21 with full Medicaid have a recipient's benefit of 14 physician office visits per calendar year. However, a Medicaid eligible child who has received an EPSDT screening (well child check-up or interperiodic screening) may receive additional medically necessary health care. These services are considered above the normal benefit limitations and require a referral from an EPSDT screening provider and Patient 1st PMP, if applicable. You must use an EP modifier when billing in order to bypass office visit benefit limits. The following steps are required to qualify for visits beyond the 14 office visit limit:
 - The Alabama Medicaid Referral Form (Form 362) must be appropriately completed by the screening physician, and include the screening date that the problem was identified and the reason for the referral.
 - Same group practice/one common medical record—Providers are not required to complete written referrals (ACHN or EPSDT) to other providers in the same group, provided that all documentation by all physicians in that group for a specific recipient is included in one common medical record (electronic or paper). Medical record documentation shall clearly indicate that the screening provider performed a screening, identified the problem, and the referral was made to self or to a specialist within the same group. Referrals to specialists and other physicians outside of the group are required to have a written ACHN and/or EPSDT referral.
 - Same group practice/no common medical record—Providers are required to complete written ACHN and/or EPSDT referrals to other specialists in the same group if a common medical record is not used. Referrals to specialists and other physicians outside of the group are required to have a written ACHN and/or EPSDT referral as well.
 - A cascading referral is used in situations where more than one consultant may be needed to provide treatment for identified condition(s). When this situation arises, the original referral form is generated by the EPDST screening provider. If the first consultant determines that a recipient should be referred to another consultant/specialist, it is the first consultant's responsibility to provide a copy of the referral form from the screening provider to the second consultant. This process continues until the condition(s) have been rectified or in remission, or referral expires, at which time a new screening and referral must be obtained. A new approval/EPSDT screening must be provided any time the diagnosis, plan of care (care plan, plan of treatment, treatment plan, etc.) or treatment changes. The consultant must contact the screening provider for a new referral/screening at that time.
- More information is available in the current Provider Manual Appendix A. Click on the following link https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals.aspx.
- **Contact:** physicians.program@medicaid.alabama.gov