

# Early and Periodic Screening, Diagnostic and Treatment Provider Training

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Provider Network, Molina Healthcare of CA (MHC)

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# Background

- The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is a Federal preventive health and treatment service program that delivers periodic health assessments and comprehensive services to low-income children and youth enrolled in Medicaid.
- The EPSDT benefit is designed to treat and diagnose health problems in children as early as possible through early detection and regular check-ups.
- In California, EPSDT services are provided at no cost to individuals under age 21 with full-scope Medi-Cal.
  - The California Department of Health Care Services (DHCS) refers to the benefit as “Medi-Cal for Kids and Teens.”
  - For more information on state-specific requirements, please reference the [DHCS Medi-Cal for Kids and Teens Provider Training](#).
- Any qualified Medi-Cal provider (acting within their scope) may provide EPSDT services.

## Early

Assessing and identifying problems early.

## Periodic

Checking children's health at periodic, age-appropriate intervals as directed by the American Academy of Pediatrics' (AAP) Bright Futures guidelines.

## Screening

Providing or arranging for screening services for medical, dental, vision, hearing, and mental health domains, including substance use disorders, developmental, and specialty services.

## Diagnostic

Ensuring a complete diagnostic evaluation is rendered whenever potential risk is identified or a need for further evaluation and follow-up is required.

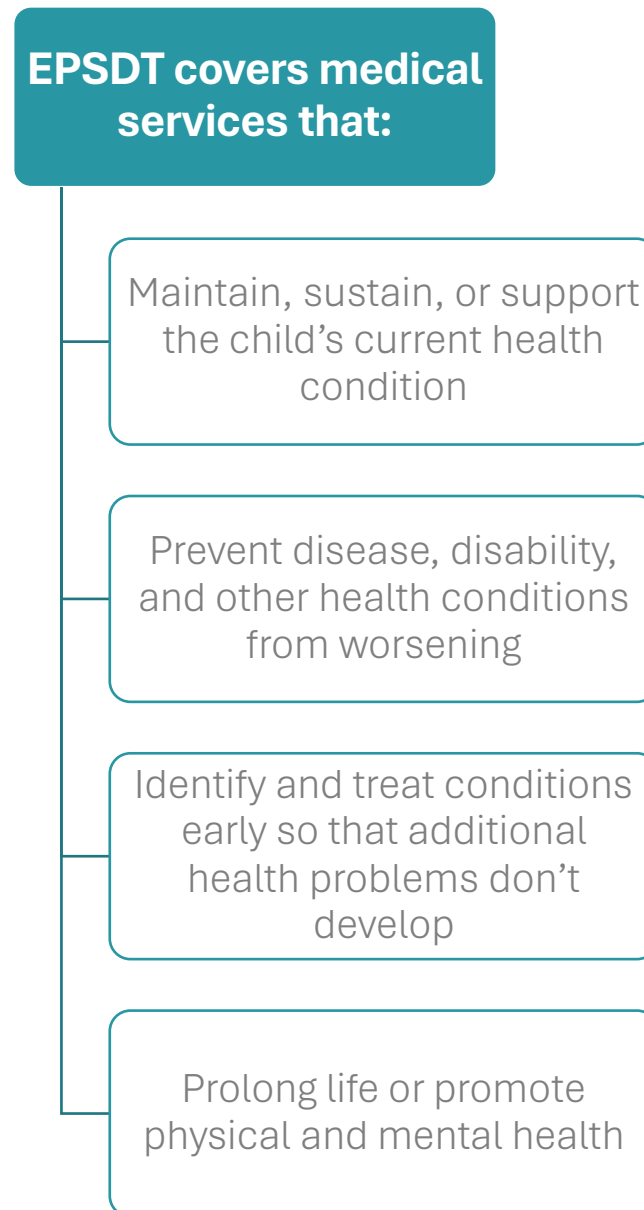
## Treatment

Controlling, correcting, or improving health problems discovered by screening and diagnostic procedures through the provision of necessary health care services.

Any service that “corrects or ameliorates” an identified condition must be covered under this benefit.

# EPSDT Program Specifics

- The Medicaid EPSDT program includes all services deemed medically necessary as follows:
  - Medical necessity under EPSDT includes services that “correct or ameliorate” defects and physical and mental illnesses or conditions.
  - This definition extends beyond the standard Medi-Cal medical necessity definition applied to adults, aiming to offer more expansive care for children and youth under age 21 so that pediatric members’ health can be optimized.
- The determination of whether a service is medically necessary for an individual child must be made on a case-by-case basis.
  - MHC considers all aspects of a child’s needs, physical and mental, including nutritional, social development, mental health, and substance use disorders.
- The EPSDT benefit also covers care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.



# Initial Health Assessment Under EPSDT

- Members are encouraged by MHC to set up evaluations for initial health appointments (IHAs) and immunizations during the **first 120 days of enrollment** with MHC.
- MHC sends new members welcome letters and reminders advising them of this service.
  - Members will also receive written notice from their primary care provider (PCP) to prompt them to come in for needed immunizations.
- The IHA for members under age 21 is based on American Academy of Pediatrics (AAP) Bright Futures guidelines and includes the recommended childhood immunization schedule in accordance with the most current AAP, California Department of Public Health (CDPH) and federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (CDC-ACIP) Childhood Immunization Schedule, as appropriate. All pediatric and adolescent preventive visits must include age-specific assessments and services required by the AAP/Bright Futures under the EPSDT Program.

Components of a complete IHA include the following:

Health history
Unclothed physical “head-to-toe” examination
Developmental assessment
Nutritional assessment
Dental assessment of mouth, teeth, and gums and application of fluoride varnish when appropriate
Anticipatory guidance as delineated in the California Health Assessment Guidelines
Appropriate health education, including the harmful effects of using tobacco products and exposure to secondhand smoke
Vision testing
Hearing testing
Laboratory screening tests appropriate to age/sex (e.g., anemia, diabetes, and urinary tract infections)
Tuberculosis screening, with Tuberculin testing as appropriate
Sickle cell trait test, when appropriate
Blood lead test per California state guidelines
Immunization(

# Covered Services

The DHCS requires that all Medi-Cal members from birth through their 20th year and 11 months receive periodic health screening exams at intervals that meet reasonable standards of medical practice.

California follows the nationally recognized pediatric periodicity schedule recommendations from the AAP’s [Bright Futures guidelines](#) for well-child visits.

Well-child preventive care appointments should be scheduled **within seven working days** of a member’s request.

Appropriate follow-up EPSDT services are to be initiated as soon as possible but **no later than 60 calendar days** following either a preventive screening or other visit that identifies a need for follow-up.

<b>Screening Services</b>	<ul style="list-style-type: none"><li>• Comprehensive health and developmental history, including assessment of both physical and mental health development.</li><li>• Unclothed “head-to-toe” physical examination.</li></ul>
<b>Dental services</b>	<ul style="list-style-type: none"><li>• At a minimum, dental services include relief of pain and infections, restoration of teeth, fluoride varnish as applicable based on age and maintenance of dental health.</li><li>• Dental services may not be limited to emergency services.</li></ul>
<b>Health education</b>	<ul style="list-style-type: none"><li>• Anticipatory guidance, including child development, healthy lifestyles, and accident and disease prevention.</li></ul>
<b>Vision services</b>	<ul style="list-style-type: none"><li>• At a minimum, diagnosis and treatment for defects in vision, including referral for eyeglasses.</li></ul>
<b>Hearing services</b>	<ul style="list-style-type: none"><li>• At a minimum, diagnosis and treatment for defects in hearing, including referral for hearing aids.</li><li>• This is a California Children’s Services (CCS) benefit, so referral to CCS is indicated if hearing aids are needed.</li></ul>
<b>Diagnostic Services</b>	<ul style="list-style-type: none"><li>• When a screening examination indicates the need for further evaluation of an individual’s health, diagnostic services must be provided.</li></ul>
<b>Laboratory tests</b>	<ul style="list-style-type: none"><li>• As specified by the AAP, including screening for lead poisoning, as mandated by California regulations.</li></ul>
<b>Treatment</b>	<ul style="list-style-type: none"><li>• Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures, either directly provided or by referral.</li></ul>
<b>Immunizations</b>	<ul style="list-style-type: none"><li>• In accordance with the most current AAP, California and federal Childhood Immunization Schedule.</li></ul>

# Provider Responsibility

Providers are responsible for:

- Passing an on-site Facility Site Review (FSR) as part of the PCP credentialing process every three years.
  - The former CHDP review has now been folded into the FSR.
  - Members cannot be assigned until a facility has passed the review.
  - For more information, please review [Provider/Practitioner Facility Site Review](#) in the MHC Medi-Cal Provider Manual.
- Ensuring members are up to date with immunizations and receiving all age-specific assessments and services.

## California Children Services (CCS)

- The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.
- If a CCS-eligible condition is identified as part of an EPSDT evaluation, providers are required to refer members to CCS on **the same day**.
- Once referred, CCS-paneled providers and practitioners will deliver care for the CCS-eligible condition.
- For further details on medical eligibility, refer to the [DHCS Overview of CCS](#).

- Supervising practitioner extenders, ongoing care, and the coordination of care for all services that the member receives.
- Performing or referring members for diagnostic services when appropriate and without delay when further evaluation is needed.
- Providing or arranging treatment for the referral or provision of medically necessary treatment for physical and mental illness or conditions discovered by screening services.

CCS-Eligible Conditions
Chronic and complex medical conditions including but not limited to: <ul style="list-style-type: none"><li>• Cystic fibrosis</li><li>• Hemophilia</li><li>• Cerebral palsy</li><li>• Heart disease</li><li>• Cancer</li><li>• Traumatic injuries</li><li>• Congenital anomalies</li><li>• Accidents, poisonings, violence, and immunization reactions</li><li>• Infectious diseases producing major sequelae</li></ul>



# Dental

- Members should be referred annually to the appropriate Medi-Cal Dental Program providers for routine dental care, starting at one year of age, or when the first tooth erupts, whichever occurs first.
  - In addition, providers should provide fluoride varnish to all eligible children under age six.
- Dental screenings/oral health assessments are part of the IHA and must be conducted during every periodic assessment.
  - Dental services, with the exception of dental screenings, are carved out of the MHC contract to the DHCS Medi-Cal Dental Program.
- The Molina Pediatric Care Management Department assists in making referrals for carve-out programs, such as dental.
  - MHC will provide prior authorization for medical services required in support of dental procedures.

## Providers must:

Initiate an initial dental exam referral to a Medi-Cal-approved dentist with the eruption of the child's first tooth or at 12 months of age, whichever occurs first.



Conduct a dental assessment (including fluoride varnish application if age-appropriate) to check for normal growth and development and for the absence of tooth and gum disease.

- This assessment should occur at the time of the IHA and at each EPSDT examination visit, according to the periodic health examination schedules.



Annually refer members directly to a dentist or through the Medi-Cal Dental Program.

- Contact the Medi-Cal Dental Program at (800) 322-6384 or review the [Medi-Cal Provider Directory](#) to find dental providers that are currently accepting new members.



# Behavioral Health

- Any child or youth members in need of behavioral health (BH) treatment needs to be referred for such services
  - Molina is responsible for providing BH services for patients with mild to moderate conditions
  - Prior authorization is not needed for in-network services
  - You (PCP) or the parent/member can initiate a referral to an in-network provider by calling Member Services at 888-665-2621
  - A child/youth's local county mental health department is responsible for serving members with severe BH conditions
- Behavioral Health Treatment (BHT) services, such as Applied Behavior Analysis (ABA) therapy, are available for all Medi-Cal members under age 21 who meet state requirements
  - These services require prior authorization (PA)
  - Molina has trained Board Certified Behavior Analysts (BCBAs) who help handle PA requests for BHT
  - They work with Molina's BH Medical Directors to address these requests, and work closely with community ABA and BHT providers
  - Specialized Pediatric Care Managers assist families in getting the necessary evaluations and initiating BHT services for their eligible children
- Services to **address teen substance use** are carved out of Molina. They are covered by the youth's county health department.
- Services to **address eating disorders** are covered jointly by Molina and the youth's county mental health department.

# Immunizations

- The provision of immunizations is an essential component of comprehensive periodic health assessments required for members under age 21.
- Immunization services may be accessed during any PCP visit.
  - MHC does not require rescheduling of visits for immunizations if it is identified, at an acute visit, that a child needs immunizations, unless the child has a medical contraindication to receiving immunizations at the time of their visit to the PCP.
- When a member experiences complications from an immunization (e.g., infection or abscess), members should contact their PCP for follow-up care just as they would with any other medical condition or concern.
  - Upon request, the Local Health Department (LHD) can provide technical assistance, training, and material related to immunizations for MHC providers.

## At each visit, providers are expected to:

1. Inquire if the member has received immunizations from another provider.
2. Educate members regarding their responsibility to inform their PCP if they receive immunization elsewhere, i.e., non-plan providers/practitioners, LHD, etc.
3. Administer immunizations to patients upon request during routine office hours.
4. Update the immunization card supplied by the LHD.
5. Follow the [AAP/CDPH childhood immunization requirements and schedule](#).
6. Participate in the [Vaccines for Children \(VFC\) Program](#) and the [California Immunization Registry \(CAIR\)](#).
7. Cooperate with out-of-network providers when requested to share member's immunization history.
8. Document all efforts in assessing the actual immunization status of the MHC member prior to any immunization.
9. Review MHC's Provider Bulletins for updated immunization information.

# Documentation

## Follow-Up

- For members who are a “no-show” at the time of their appointment(s), the member (parent/guardian) should be followed up with through a telephone call.
  - If necessary, a letter from the physician’s office should be sent to schedule another appointment.
- Documentation of the telephone call or a copy of the letter must be maintained in the member’s medical record.

## Consent

- Physicians must obtain the voluntary written consent of the member (if over 18 years) or parent/guardian (if under 18 years) before performing an EPSDT exam.
- Consent is also required for any release of information.
- If the member or parent/guardian refuses to have the exam or any portion of the exam performed, this information must be documented in the member’s medical record.

## Referrals

- Covered EPSDT screening services **do not require** prior authorization.
- Once a medical, dental, nutritional, or developmental problem is identified during the EPSDT health exam, the child may need further diagnosis and/or treatment of that problem.
- If the child needs specialty care, the EPSDT provider is obligated to make the referrals to assist the family in coordinating the care their children need.
  - All referrals and medical justification for them should be documented in the child’s medical record.
- Molina Pediatric Medical Care Managers are available to provide care coordination if indicated and requested by the PCP or if a service is needed but cannot be covered by MHC.
- MHC cannot pay for non-covered services.
  - Providers must submit a Prior Authorization (PA) request through the [Molina Availability Provider Portal](#) to request services on the MHC PA matrix if needed as part of EPSDT services.
  - Any services that could be eligible for CCS need to be referred immediately to that program for coverage.

# Encounter/Claims Submission

Contact Information	Encounters	Submission
<p>The Molina EPSDT Services Department handles all EPSDT wellness services and collects data from PCP encounters/claims submissions for EPSDT incentive payments.</p> <p><b>Address:</b> Molina Healthcare of California PO Box 16027 Mailstop “HFW” Long Beach, CA 90806 Attn: EPSDT Department</p> <p><b>Phone:</b> (800) 526-8196</p> <p><b>Fax:</b> (562) 499-6117</p>	<ul style="list-style-type: none"><li>• All providers who deliver care to eligible EPSDT members must submit standard claim and/or encounter forms for EPSDT services.</li><li>• An encounter or claim must be completed for each child who receives an EPSDT health assessment.</li><li>• All encounters or claims forms must be complete and accurate.</li><li>• Incomplete or inaccurate encounters or claims forms will be rejected or denied.</li></ul>	<ul style="list-style-type: none"><li>• If a PCP is contracted with an IPA/Medical Group, the PCP should follow their respective IPA/Medical Group’s data submission guidelines.</li><li>• All providers should submit timely claims and/or encounter data through normal and current reporting channels to ensure the receipt of incentive payouts by MHC.</li><li>• For more information on billing codes, please refer to the <a href="#">DHCS Medi-Cal For Kids and Teens Training</a>.</li></ul>

# Resources

## EPSDT Information

[What You Need to Know About EPSDT Cheat Sheet](#)

[EPSDT FAQ](#)

[DHCS Medi-Cal EPSDT Coverage](#)

[DHCS Medi-Cal for Kids & Teens Provider Training](#)

[Medicaid EPSDT Overview](#)

[DHCS Requirements for Coverage of EPSDT Services for Medi-Cal Members Under the Age of 21, APL 23-005](#)

[Medi-Cal Provider Manual \(Provider Handbook\)](#)

## Additional Resources

[CCS Medical Eligibility](#)

[Medi-Cal Dental Provider Directory](#)

[California Immunization Registry \(CAIR\)](#)

[AAP/BF Periodicity Schedule](#)

[BF Guidelines](#)

[AAP Immunization Schedule | Red Book Online | American Academy of Pediatrics](#)

[Medi-Cal Dental Member Home Page](#)

# Thank You

