

# EPSDT

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This section provides overview and policy of the services available under the comprehensive Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) benefit.

## **EPSDT Benefit Overview**

EPSDT services are a benefit of the Medi-Cal program as specified in Title XIX of the *Social Security Act* (SSA), Section 1905(r)(5), Title 42 of the *United States Code*, Section 1396d(r). The benefits covered under EPSDT provide comprehensive and preventive health care services for individuals younger than 21 years of age who are enrolled in Medi-Cal. These services are key to ensuring children and youth receive appropriate preventive medical, dental, vision, hearing, mental health, substance use disorder, developmental and specialty services, as well as all necessary services to address any defects, illnesses or conditions identified.

The following chart defines the separate components of the EPSDT benefit.

«**Table of EPSDT Benefit Components**»

<b>Term</b>	<b>Meaning</b>
Early	Assessing and identifying problems early
Periodic	Checking children’s health at periodic, age-appropriate intervals
Screening	Providing physical, dental, vision, hearing, mental health, developmental and other comprehensive screening exams and tests to detect potential problems
Diagnostic	Performing diagnostic tests to follow up when a risk is identified
Treatment	Control, correct or reduce health problems found

More information about each of the above is detailed in this section.

## **Benefit Coverage**

A variety of programs and provider types help render the different aspects of EPSDT, as follows.

### **CHDP Program**

The Child Health and Disability Prevention (CHDP) program oversees the provision of screening and preventive services for beneficiaries younger than 21 years of age who are enrolled in fee-for-service Medi-Cal, including those who have special health care needs. The CHDP program also helps to schedule appointments and arrange transportation to medical appointments.

### **Managed Care Health Plans**

For beneficiaries enrolled in managed health care plans (MCPs), plan providers are required to render all EPSDT services as specified in an All Plan Letter located on the Department of Health Care Services (DHCS) website at [www.dhcs.ca.gov/formsandpubs/Pages/MgdCareAPLPLSubjectListing.aspx](http://www.dhcs.ca.gov/formsandpubs/Pages/MgdCareAPLPLSubjectListing.aspx).

### **Drug Medi-Cal or Drug Medi-Cal Organized Delivery System**

For beneficiaries receiving in services through Drug Medi-Cal (DMC) or the Drug Medi-Cal Organized Delivery System (DMC-ODS), all DMC or DMC-ODS providers are required to render substance use disorder related EPSDT services, except for Screening, Assessment, Brief Intervention and Referral to Treatment (SABIRT) which is delivered through fee for service (FFS) and MCP delivery systems for beneficiaries aged 11 years and older.

### **Mental Health Services**

Medi-Cal fee-for-service providers may render and bill for mental health services; for example, psychological services and other services rendered by mental health professionals under the scope of their practice.

For beneficiaries receiving Specialty Mental Health Services (SMHS), mental health plans are required to render SMHS under the EPSDT benefit. Mental health plan contact information is listed on the [County Mental Health Plan Information](#) page of the DHCS website.

### **«Palliative Care**

Medi-Cal providers may bill for medically necessary palliative care services for eligible Medi-Cal recipients diagnosed with a serious and/or life-threatening illness, as determined and documented by the patient's treating health care provider.

More information can be found in the *Palliative Care* section of the appropriate Part 2 Medi-Cal provider manual.»

## **Medical Necessity**

The standards to meet medical necessity differ between Medi-Cal and EPSDT. The EPSDT standard is as follows:

EPSDT services are medically necessary or a medical necessity if they correct or ameliorate defects and physical and mental illnesses and conditions discovered through screening. This standard is set forth in Title XIX of the *Social Security Act*, Section 1905(r)(5) and in *Welfare and Institutions Code* (W&I Code), Section 14059.5(b)(1).

## **Early and Periodic Screening**

Medi-Cal covers services as recommended by the Bright Futures/American Academy of Pediatrics (AAP) periodicity schedule, which is available on the AAP's Bright Future's website.

Dental services must be provided at intervals determined to meet reasonable standards of dental practice. A referral to a Medi-Cal dentist is required for every child at 1 year of age and subsequently in accordance with the *CHDP/EPSDT Periodicity Schedule for Dental Referral by Age*, and at other intervals as medically necessary.

Preventive services are covered both at periodic, age-appropriate intervals recommended in the Bright Futures/AAP periodicity schedule and inter-periodic intervals when determined to be medically necessary by a treating health care provider. «Additional information about these services is available under "Section 3: American Academy of Pediatrics Bright Futures" in the [Preventative Services](#) section of the Medi-Cal provider manual.»

When diagnostic and/or treatment services are indicated as a result of a screening, providers are required to take all reasonable steps, including follow-up, to ensure beneficiaries are referred to and receive medically necessary diagnostic and treatment services without delay.

For fee-for-service Medi-Cal beneficiaries, the local CHDP program is responsible for developing and maintaining a referral and follow-up system for diagnostic and treatment services to ensure referrals are carried out. Additional information is available in the *Child Health and Disability Prevention (CHDP) Program* section of the appropriate Part 2 Medi-Cal provider manual.

If a screening provider, under scope of practice, can also offer diagnostic and treatment services, referrals are not necessary.

## **Diagnostics**

Diagnostic services to fully evaluate defects and physical or mental illnesses or conditions discovered through screening are covered services.

## **Treatment**

Medi-Cal covers all health care services needed to correct or ameliorate defects, physical and mental illnesses, substance use disorders, dental disease and other conditions discovered through screening.

## **Informing Families of EPSDT Benefits**

Providers play an important role in communicating EPSDT benefits to families, pregnant women and guardians, including adoptive and foster parents. A combination of face-to-face, oral and written informing activities is recommended. Medi-Cal providers who deliver EPSDT services should inform all Medi-Cal eligible families of the following:

- Benefits of preventive health and dental care
- How to contact the local CHDP program for assistance in linking with a CHDP provider (for fee-for-service Medi-Cal beneficiaries)
- Tips and information for choosing a health or dental care provider
- Nature and scope of EPSDT-covered medical and dental services
- Appointment scheduling and transportation assistance availability
- Need for prompt diagnosis of suspected defects, illnesses, diseases or other conditions
- Availability of treatment for problems diagnosed during screening
- Referrals to other providers when beneficiary needs services not offered by the initial provider(s)
- Ability to ask for and receive services, even if the beneficiary was initially denied those services, as long as the beneficiary is still Medi-Cal and EPSDT eligible

## **Provider Types**

EPSDT services are covered when performed by, or under the supervision of, Medi-Cal providers acting within the scope of their practice.

### **CHDP Providers**

The Medi-Cal program encourages eligible providers to additionally enroll as CHDP providers through the local CHDP program office in the county where they render services.

CHDP-enrolled providers increase access to health care through pre-enrollment of children into the Medi-Cal program, pursuant to W&I Code, Section 14011.7. Through the enrollment of uninsured children into temporary Medi-Cal, CHDP providers offer parents and authorized representatives the option to receive and complete an application for continuing health coverage. When necessary, CHDP providers also enroll newborns into the Medi-Cal program as authorized under *United States Code*, Title 42, Section 1396a(e)(4).

In addition, CHDP enrolled providers and their Medi-Cal fee-for-service clients receive the value-added benefit of care coordination by the CHDP program staff. CHDP-enrolled providers and their clients who are referred to the local county CHDP program receive, among other services, assistance to schedule appointments; transportation resources; identification of specialty providers in or outside the county, when necessary; help to find a dental home; and EPSDT informing and age-appropriate health education brochures that encourage families and caregivers to participate in preventive health care.

A listing of local CHDP programs is available on the DHCS website at [www.dhcs.ca.gov](http://www.dhcs.ca.gov). The website also contains information about CHDP provider enrollment and scope of CHDP services.

## **Transportation and Appointment Assistance**

To promote access to needed preventive, diagnostic and treatment services, providers are required to offer appointment scheduling assistance and ensure necessary transportation to and from medical appointments for EPSDT services.

## **Appointment Assistance**

All providers must offer and provide, as requested, assistance with scheduling appointments for EPSDT services. Beneficiaries may request or refuse this assistance at any time.

Local CHDP offices must document whether the beneficiary requested appointment assistance and must provide the same assistance for each subsequent service as well.

Managed care health plans must provide appointment assistance as specified in an All Plan Letter located on the DHCS website at [www.dhcs.ca.gov/formsandpubs/Pages/MgdCareAPLPLSubjectListing.aspx](http://www.dhcs.ca.gov/formsandpubs/Pages/MgdCareAPLPLSubjectListing.aspx).

## **Non-Emergency Medical Transportation (NEMT)**

Non-emergency medical transportation (NEMT) used to transport a beneficiary so they may receive EPSDT services is covered only when a beneficiary's medical and physical condition does not allow that recipient to travel by bus, passenger car, taxicab or other form of public or private conveyance.

NEMT that is necessary for a recipient to obtain medical services is covered subject to the written authorization of a licensed practitioner consistent with their scope of practice. A *Treatment Authorization Request* (TAR) is required for non-emergency transportation. A legible prescription (or order sheet signed by a physician for institutional beneficiaries) must accompany the TAR.

Detailed information about NEMT is located in the *Medical Transportation: Ground* section of the appropriate Part 2 Medi-Cal provider manual.

## **Non-Medical Transportation (NMT)**

All providers must offer and provide, as requested, assistance with arranging non-medical transportation (NMT) used to transport a beneficiary so they may receive EPSDT services. Beneficiaries may request or refuse assistance with NMT at any time. More information about NMT services is available on the DHCS website at [www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx). Additional information is in the *Medical Transportation: Ground* section of the appropriate Part 2 Medi-Cal provider manual.

Local CHDP offices must document whether the beneficiary requested NMT assistance and must provide the same assistance for each subsequent service as well.

Managed care health plans must provide NMT assistance as specified in an All Plan Letter located on the DHCS website at [www.dhcs.ca.gov/formsandpubs/Pages/MgdCareAPLPLSubjectListing.aspx](http://www.dhcs.ca.gov/formsandpubs/Pages/MgdCareAPLPLSubjectListing.aspx).

## **Vaccines For Children (VFC)**

The federal Vaccines For Children (VFC) program supplies free vaccines to enrolled physicians. Every Medi-Cal eligible child under the age of 19 is eligible to receive vaccines supplied by the VFC program. To participate, providers must enroll in VFC, even if already enrolled with Medi-Cal and CHDP.

If vaccines cannot be administered at the time of the visit, providers must instruct the beneficiary about how to obtain recommended vaccines or an appointment must be made and documented in the beneficiary's chart.

More information can be found in the *Vaccines For Children (VFC) Program* section of the appropriate Part 2 Medi-Cal manual.

## **Pasteurized Donor Human Breast Milk**

«HCPCS code T2101 (human breast milk processing, storage and distribution only), to be billed per 3 ounces per unit, 35 ounces per day, only good for 30 days; can be used for medically necessary pasteurized donor human milk (PDHM) when obtained from a licensed and approved facility. Coverage may be up to 12 months of age. For more information, refer to the [Pregnancy: Postpartum and Newborn Referral Services](#) section in this manual.

HCPCS code K1005 (disposable collection and storage bag for breast milk, any size, any type, each).»

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.