

Revisit of CMS Mandated EPSDT coverage

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Purpose of Today's Session

- Briefly review history of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) under Medicaid.
- Briefly review components of the EPSDT benefit package.
- Provide special emphasis on the Diagnostic/Treatment portion of EPSDT.
- Provide education on special provisions that impact EPSDT coverage.
- Examples of EPSDT as it relates to HCBS Wait list and/or Waiver coverage

- July 1965: President Johnson signed the Medicare and Medicaid Amendment in the Social Security Act (Title XIX).
- Medicaid was originally designed for Americans of all ages.
- 1967: Congress introduced a mandatory Medicaid benefit for children and adolescents.
 - **Goal: Intended to ensure that children under the age of 21 had necessary well-child examinations to prevent or correct problems early.**



Medicaid/CHIP=KanCare Today

- Provides health care coverage to certain categories of low-income individuals:
 - Children, families, pregnant women, elderly and people with disabilities.
- Administered by states.
 - States have considerable flexibility in their program design which means no two state Medicaid programs look identical.
 - Though each state administers their program slightly differently, they all operate through the same federal regulations.
 - Kansas has a stand-alone Children's Health Insurance Program (CHIP), but EPSDT coverage is extended to this benefit group.
 - These programs are jointly funded by the states and the federal government.

Applicable Regulatory Language

- The Code of Federal Regulations promulgates EPSDT coverage under 42 CFR Part 441, Subpart B. This section lists the required components under EPSDT.
- Kansas Administrative Regulations K.A.R. 30-5-87 denotes the scope of KAN Be Healthy services which addresses:
 - Medical screening, dental screening, vision screening and hearing screening.
 - Diagnosis and treatment to correct defects and chronic conditions discovered during screening.
 - Other necessary health care, diagnostic services, treatment and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.

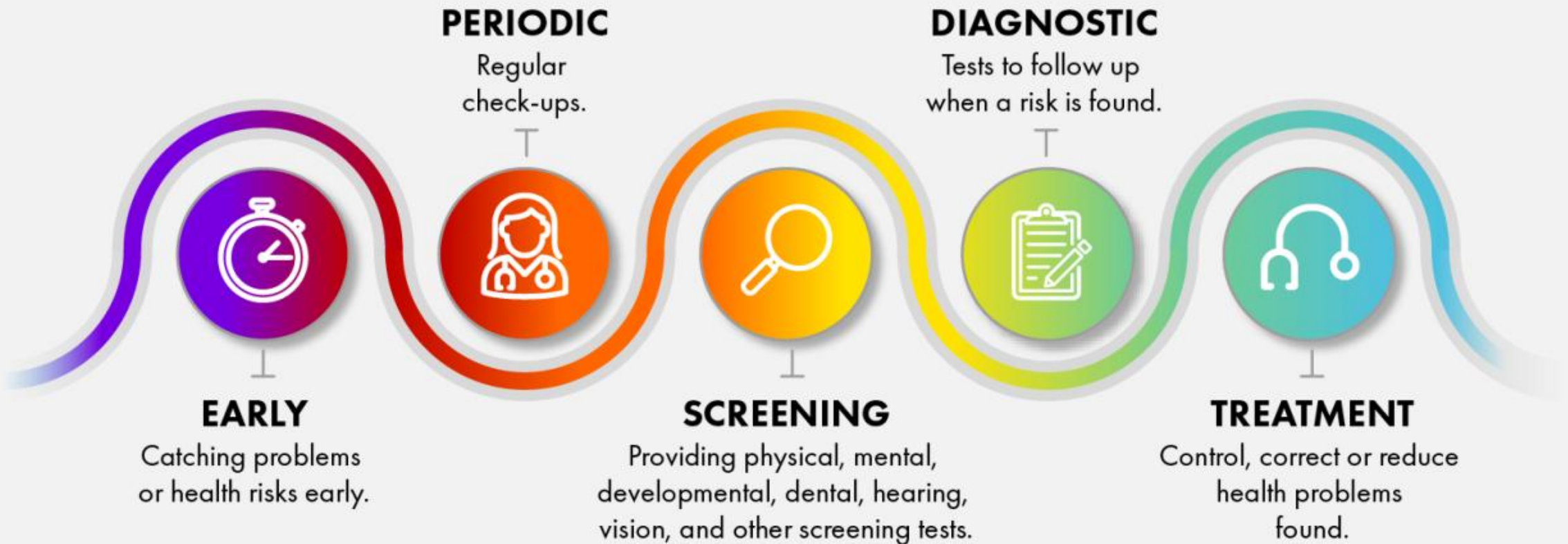


EPSDT = KAN Be Healthy in Kansas

- Think of EPSDT coverage as providing health care benefits for children. If a child has KanCare coverage, they are entitled to the ESPDT “package”.
- EPSDT provides a comprehensive array of preventative, diagnostic and treatment services for infants, children and adolescents.
- EPSDT, known in Kansas as KAN Be Healthy, is the umbrella under which these populations, both Medicaid and CHIP, are covered with the goal being that children receive the right care at the right time in the right setting. That means that EPSDT benefits apply to all children including those in foster care, children on an HCBS waiting list, and CHIP kids (under the age of 19).
- Several provisions apply under EPSDT that do not apply to coverage for adults. This broader range of services focuses on preventative and corrective care. Section 1905(r) of the Social Security Act specifically requires that any medically necessary health care service listed in section 1905(a) of the Social Security Act be provided to an EPSDT recipient even if the service is not available to adults under the state’s Medicaid plan.

EPSDT Medicaid Benefit

For children enrolled in Medicaid from birth to age 21



- Covered screening services are medical, mental health, vision, hearing and dental.
- Comprehensive health and developmental history that assess for physical and mental health, as well as for substance use disorders.
- Periodic and interperiodic (as needed) screening and preventative services.
- Comprehensive unclothed physical exam.
- Appropriate immunizations.
- Laboratory tests (including blood lead screening).
- Health education and anticipatory guidance for both the child and caregiver.
- Kansas uses the Bright Futures Periodicity Schedule guidance in the KAN Be Healthy program.

Bright Futures Periodicity Schedule

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may be necessary if circumstances suggest concerns. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017). The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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AGE ¹	INFANCY										EARLY CHILDHOOD						MIDDLE CHILDHOOD					ADOLESCENCE														
	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y				
HISTORY	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			
Initial/Intentional	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			
MEASUREMENTS																																				
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			
Head Circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
Weight for Length	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
Body Mass Index ⁶																																				
Blood Pressure ⁶	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★		
SENSORY SCREENING																																				
Vision ⁷	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★		
Hearing ⁸	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹	● ⁹			
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																				
Maternal Depression Screening ¹¹				●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Developmental Screening ¹²																																				
Autism Spectrum Disorder Screening ¹³																																				
Developmental Surveillance																																				
Behavioral/Social/Emotional Screening ¹⁴																																				
Tobacco, Alcohol, or Drug Use Assessment ¹⁵																																				
Depression and Suicide Risk Screening ¹⁶																																				
PHYSICAL EXAMINATION¹⁷																																				
PROCEDURES¹⁸																																				
Newborn Blood		● ¹⁹	● ²⁰	→																																
Newborn Bilirubin ²¹		●																																		
Critical Congenital Heart Defect ²²		●																																		
Immunization ²³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Anemia ²⁴										★																										
Lead ²⁵										★																										
Tuberculosis ²⁷										★																										
Dyslipidemia ²⁸																																				
Sexually Transmitted Infections ²⁹																																				
HIV ³⁰																																				
Hepatitis B Virus Infection ³¹		★																																		
Hepatitis C Virus Infection ³²																																				
Sudden Cardiac Arrest/Death ³³																																				
Cervical Dysplasia ³⁴																																				
ORAL HEALTH³⁵																																				
Fluoride Varnish ³⁷																																				
Fluoride Supplementation ³⁸																																				
ANTICIPATORY GUIDANCE																																				

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (<https://doi.org/10.1542/peds.2018-1218>).
- Newborns should have an evaluation after birth, and breastfeeding should be encouraged and instruction and support should be offered.
- Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<https://doi.org/10.1542/peds.2011-3552>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (<https://doi.org/10.1542/peds.2015-0699>).
- Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (<https://doi.org/10.1542/peds.2007-2329C>).
- Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<https://doi.org/10.1542/peds.2017-1904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<https://doi.org/10.1542/peds.2015-3596>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<https://doi.org/10.1542/peds.2015-3597>).
- Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<https://doi.org/10.1542/peds.2007-2333>).
- Verify results as soon as possible, and follow up, as appropriate.
- Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<https://www.sciencedirect.com/science/article/abs/pii/S104889160400483>).
- Screening should occur per "Incorporating Recognition and Management of Perinatal Depression into Pediatric Practice" (<https://doi.org/10.1542/peds.2018-3259>).
- Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (<https://doi.org/10.1542/peds.2019-3449>).
- Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (<https://doi.org/10.1542/peds.2019-3447>).

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← * or ● → = range during which a service may be provided

(continued)
BFC, 2013, PSFEB
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<https://www.aap.org/periodicityschedule>

Slide adapted from Kan Be Healthy: Early Periodic Screening Diagnosis and Treatment DHCF Medicaid Training on KanLearn

- Providers are encouraged to perform all five components of the EPSDT screenings, but Medicaid may not exclude providers who perform only partial screenings from being reimbursed for the parts they do provide.
- CMS guidance states that any visit or contact with a qualified medical professional is sufficient to satisfy EPSDT's screening requirements.
- Transportation services to and from medical appointments are covered in order to access needed preventative, diagnostic and treatment services.

- The use of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) can be applied to children from birth to five years of age.
- DC:0-5 is a multiaxial classification system for mental disorders in early childhood, intended to provide an age-appropriate and developmentally informed approach to assessing mental health and developmental disorders in children from birth through five years that focuses on the development and caregiving relationships as part of understanding context of behaviors.

Source: [KMAP General Bulletin 25291](#)

- EPSDT covers medically necessary diagnostic services.
- Well child or interperiodicity screenings may identify a condition that triggers a referral for further evaluation and/or diagnostic testing for follow up when a health risk is identified.
- This also includes necessary referrals so that the child receives needed treatment.
- A child's diagnosis may be performed by a physician, dentist, or other practitioners qualified to evaluate and diagnose health problems.
- Though diagnosis can generally be made on an outpatient basis, inpatient services are covered when necessary to complete a diagnosis.

- EPSDT requires the provision of all medically necessary services that could be covered under 1905a Social Security Act (SSA), whether the state covers the services in the state plan or not.
- Correct physical and mental illness and conditions discovered by the screening or diagnostic services or otherwise identified.
- Maintain, improve or correct the child's current health and/or mental health condition. Services are covered when they prevent a condition from worsening or preventing development of additional health problems.
- Treatment may **ameliorate** a condition but not necessarily **cure** the condition. (CMS defines the term ameliorate to mean that it makes the condition more tolerable.)

For treatment to be approved through EPSDT it must:

- Be medically necessary.
- Fit within a recognized Medicaid service category listed in the next two slides.
- Be prescribed and provided by a Medicaid physician/provider.
- Treatment can meet a child's need for mental health and substance use, rehabilitative services (with the service plan of care reflecting goals appropriate for the child's developmental stage), oral health/dental services, vision and hearing services.



KAN Be Healthy/EPSTD T Benefits

Mandatory 1905 (a) Medical Benefits

- Inpatient hospital services
- Outpatient hospital services
- EPSTD T
- Nursing facility services
- Home health services
- Physician services
- Rural Health Clinic services
- Federally Qualified Health Center Services
- Laboratory and X-Ray services
- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Freestanding Birth Center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco cessation counseling for pregnant women
- Medication Assisted Treatment (MAT)
- Routine patient cost of items and services for beneficiaries enrolled in qualifying clinical trials

1905 (a) Optional Medicaid Benefits

- Other licensed practitioner services
- Private duty nursing services
- Clinic services
- Dental services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Prescription drugs
- Dentures
- Prosthetics
- Eyeglasses
- Other diagnostic, screening, preventive, and rehabilitative services
- Hospice
- TB-related services
- Respiratory care services
- Personal care
- Primary care case management
- Primary and secondary medical strategies, treatment, and services for individuals with sickle cell disease
- Other services approved by the Secretary
- Services in an intermediate care facility for individuals with Intellectual Disability
- Inpatient psychiatric services for individuals under age 21
- Optometry services
- Chiropractic services
- Podiatry services
- Case Management

- By federal statute, services available under EPSDT are not limited to services currently available in the Kansas Medicaid State Plan.
- Services must be those which could be provided in the State Plan and noted as 1905 (a) services.
- States determine necessity of services and are not required to provide:
 - Experimental treatments or items
 - Services or items determined not to be safe or effective
 - Services for caregiver
- States may consider relative cost effectiveness of alternative services.
- MCOs are to determine medical necessity on a case-by-case basis.

Service Requirements

- States are allowed to establish:
 - Amount
 - Duration
 - Scope
- “Soft” limits may be placed on EPSDT services.
- Additional services must be provided if determined to be medically necessary for an individual child.
- A child’s needs should be determined on a case-by-case basis.
- Some state plan services require prior authorization; all non-state plan services will require a prior authorization.

- Once a practitioner visit has been completed that demonstrates a need for further evaluation, the provider makes a diagnosis or refers for a diagnosis without delay.
- Based on that, the provider would determine if treatment is medically necessary to correct or ameliorate the condition found.
- If the treatment requires a prior authorization or is a treatment that is not a covered Medicaid service but falls into one of the optional 1905 (a) benefits, a medical necessity request through EPSDT coverage is made.

Kansas Medicaid defines medical necessity in K.A.R.129-1-1(oo):

- The MCOs are responsible for determining medical necessity on a case-by-case basis and this determination is made based on the child's needs.
- A designated health care provider makes the recommendation.
- If there is a difference of opinion with the MCO and a denial results, there are appeal rights granted.

Home and community-based (HCBS) waiver services are additional services which a child might qualify for and some of these services would not be services that EPSDT can cover.



Non-State Plan EPSDT Services

- Providers can complete the EPSDT medical necessity form and submit it to the appropriate MCO.
- Providers should use the designated MCO prior authorization portal or pathway – listed in the MCO provider manual and at the top of the EPSDT medical necessity form.
- Providers should submit specific case information based on EPSDT medical necessity to correct and ameliorate a condition.
- Providers should submit the claim with the billing code(s) and EP modifier which indicates it is a service that is not listed in the state plan but coverable under EPSDT provisions.



EPSDT Medical Necessity Form

KanCare Kansas Medical Assistance Program PA Phone 800-933-6593 PA Fax 800-913-2229	Healthy Blue PA Medical Phone 833-405-9086 PA Medical Fax 800-964-3627 PA Pharmacy Phone 833-838-2595 PA Pharmacy Fax 877-941-9901	Sunflower PA Medical Phone 877-644-4623 PA Medical Fax 888-463-4316 PA Pharmacy Phone 877-387-9526 PA Pharmacy Fax 833-645-2740	United Healthcare PA Medical Phone 877-842-3210 UHCprovider.com PA Pharmacy Phone 800-310-6826 PA Pharmacy Fax 866-940-7328

All fields may not be appropriate or necessary for all requests. Please submit information based on EPSDT considerations reflected in the form that, in your judgment may be pertinent/helpful for the specific case in aiding a determination of medical necessity.

EPSDT Medical Necessity Form

Non-Covered State Medicaid Plan Services Request Form for Recipients Under 21 Years Old

- Recipient Information:** This must be completed by a physician, licensed clinician or other provider.
NAME: _____
DATE OF BIRTH (mm/dd/yyyy): _____ MEDICAID ID NUMBER: _____
ADDRESS: _____

- Medical Necessity:** All requested information, including CPT and HCPCS codes if applicable, as well as provider information, must be complete. Please submit records that support medical necessity.
REQUESTOR NAME: _____ PROVIDER NAME: _____
NPI: _____ NPI: _____
ADDRESS: _____ ADDRESS: _____
TELEPHONE: _____ TELEPHONE: _____
FAX: _____ FAX: _____
REQUESTED PROCEDURE, PRODUCT OR SERVICE: _____
CPT/HCPCS CODE: _____ / _____
- In what capacity have you treated the recipient?** (Include how long you have cared for the recipient and the nature of the care)

- What is the recipient's health history?** (Include chronic illness)

- What is/are the recent diagnosis(es) related to this request?** (Include the onset and course of the disease and the recipient's current status)

- Treatment has been given for the diagnosis(es) above?** (Include previous and current treatment regimens, duration, treatment goals and the recipient's response to treatment(s))

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- Please provide a description of how the requested procedure, product or service will correct or ameliorate the recipient's defect, physical or mental illness, or condition (the problem).** (Must include a detailed discussion about how the service, product or procedure will improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening or prevent the development of additional health problems)

- Is this request for an experimental or investigational treatment?**
 YES NO
- Is the requested product, service or procedure considered to be safe?***
 YES NO
- Is the requested product, service or procedure effective?***
 YES NO
- Are there alternatives to the product, service or procedure requested that would be more cost effective but similarly medically effective?**
 YES NO
If yes, specify what alternatives are appropriate for the recipient and provide evidence base with this request, if available.

- What is the expected duration of treatment?**

REQUESTOR'S SIGNATURE & CREDENTIALS

DATE

*Kan. Admin. Regs. § 129-1-1 (oo)

(2) "Effective" means that the intervention can be reasonably expected to produce the intended results and to have expected benefits that outweigh potential harmful effects."
 (4) The scientific evidence for each existing intervention shall be considered first and, to the greatest extent possible, shall be the basis for determinations of medical necessity. If no scientific evidence is available, professional standards of care shall be considered. If professional standards of care do not exist, or are outdated or contradictory, decisions about existing interventions shall be based on expert opinion. Coverage of existing interventions shall not be denied solely on the basis that there is an absence of conclusive scientific evidence. Existing interventions may be deemed to meet this regulation's definition of medical necessity in the absence of scientific evidence if there is a strong consensus of effectiveness and benefit expressed through up-to-date and consistent professional standards of care or, in the absence of those standards, convincing expert opinion.

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Summary of Bulletin 23192

KMAP bulletin 23192 addresses the need for the EP modifier addition on a claim to demonstrate the service being billed has met the medical necessity criteria to be billed for an otherwise non-covered services through the prior authorization process with the MCO. (As a reminder: this service must be listed in section 1905 (a).)

[23192 - General - EP Modifier for EPSDT Medically Necessary Non-Covered Services.pdf](#)

(Please note: at the time this bulletin was published the listed K.A.R. was the correct one but this regulatory language can now be found in K.A.R. 129-1-1 (oo).)

Special considerations under HCBS waivers:

- HCBS waivers complement and supplement EPSDT
- Kids on waivers qualify for Medicaid and thus have access to both waiver specific service benefits and state plan coverage with expanded EPSDT services that are medically necessary.
- Kids on an HCBS waiting list with KanCare coverage can access the EPSDT benefit for those services that meet the medical necessity criteria.

Special note: EPSDT does not cover all of the waiver allowed services such as home/vehicles modification, respite care and self-directed services.

HCBS waivers include:

- Autism Waiver
- Brain Injury Waiver
- Frail Elderly Waiver
- Intellectual Developmental Disability Waiver
- Physical Disability Waiver
- Serious Emotional Disturbance Waiver
- Technology Assistance Waiver

(And coming later in 2026, the Community Support Waiver)

Following are some examples of how EPSDT and HCBS waivers provide support for children under different scenarios. These will touch on service considerations under EPSDT allowances and/or HCBS waiver service delivery.

Case Scenario for Robbie

- Robbie is 6 years old and on the waitlist for the Intellectual and Developmental Disability (I/DD) Waiver.
- Robbie has Medicaid coverage.
- Mother would like both personal care services and respite care services and understands that some families receive both services. She requests that her son's Pediatrician requests them.

Robbie's Case Scenario

- Personal care services are listed as an optional 1905 (a) benefit and, if determined to be medically necessary by the Pediatrician and approved by the MCO, this is a service that could be approved through EPSDT. (And as a reminder, when a service is covered through EPSDT and is not an otherwise covered State Plan service, the EP modifier should be attached to a claim for that approved service.)
- Respite care is not listed on either the mandatory or optional 1905 (a) benefit so is not eligible for coverage through EPSDT.
- Until Robbie moves from the waiting list to an I/DD HCBS waiver slot, he cannot receive respite care through Medicaid.

Case Scenario for Addie

- Addie, aged 16, is on the HCBS PD waiver and has become wheelchair dependent. She needs home modifications and a ramp to leave home for appointments and school attendance.
- Home modifications are not a service listed as either a mandatory or optional 1905 (a) service and therefore cannot be covered through EPSDT.
- Home modification is a service covered by the PD waiver and so Addie's family can pursue that coverage through the waiver.

Case Scenario for Susie

- Susie is 3 years old and recently met the functional eligibility score to be placed on the Technology Assistance (TA) HCBS waiver.
- Mother agrees with the Waiver assessor that private duty nursing is a needed service, and a request is made for the Pediatrician to complete the medical necessity form for submission to the MCO.
- Private duty nursing services is listed as an optional 1905 (a) service and, if determined to be medically necessary by the Pediatrician and approved by the MCO, is a service that could be covered through EPSDT. (Coverage would require use of the EP modifier.)

Example of Michael

- Michael attends daycare and is the infant son of a first-time mom.
- Michael's pediatrician office has coached the mother on the importance of regular well child visits as outlined on the Bright Futures periodicity schedule.
- The daycare worker catches Michael's mother at pick up time and mentioned that Michael does not seem to babble as much as his age-related peers.

- Given the information provided to Michael's mother, she schedules an appointment with the pediatrician for an interperiodic check.
- The pediatrician examines Michael and makes a referral to an ear/nose/throat (ENT) physician.
- The ENT physician orders an audiology test which shows that Michael's hearing is impaired and there is evidence of numerous ear infections and result fluid built up.
- The ENT physician recommends surgery for placement of tiny tubes in his ears to drain this fluid.

Jennie's Case

- Jennie is in her primary care office for her 24-month check-up.
- Jennie has a temperature of 100 degrees F with both a runny nose and a cough.
- Tests are done for influenza, RSV, and COVID.
- These tests are negative and so the PCP determines that Jennie has a cold.
- Dad is concerned with symptoms and requests antibiotics.
- Criteria is not met for antibiotic treatment of a cold and therefore not deemed medically necessary.
- Suggestions are made for supportive care measures instead.

Thank You/Questions



- EPSDT in Medicaid: <https://www.macpac.gov/subtopic/epsdt-in-medicaid/>
- EPSDT: A Guide for States: <https://www.hhs.gov/guidance/document/epsdt-guide-states-coverage-medicaid-benefit-children-and-adolescents>
- Kaiser Family Foundation: <https://www.kff.org/medicaid/>
- EPSDT page on Medicaid.gov: <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
- Bright Futures: <https://www.aap.org/periodicityschedule>

- [Medical Necessity: Kan. Admin. Regs. § 129-1-1 - Definitions | State Regulations | US Law | LII / Legal Information Institute](#)
- [eCFR :: 42 CFR Part 441 Subpart B -- Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\) of Individuals Under Age 21](#)
- <https://eohhs.ri.gov/consumer/families-children/childrens-services>
- [KMAP General Bulletin 25291](#)
- <https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits>
- [23192 - General - EP Modifier for EPSDT Medically Necessary Non-Covered Services.pdf](#)