

MEDICAID and EPSDT

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

What is Medicaid's EPSDT?

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is Medicaid's child health program of prevention and treatment for people under the age of 21. It includes periodic screening, vision, dental, and hearing services.

The goal of the EPSDT program is to assess a child's health needs through initial and regular examinations and evaluations, and also to assure that the health problems found are diagnosed and treated early, before they become more complicated and expensive.

What benefits does the EPSDT include?

Screening services must include all of the following services:

- ❑ **Comprehensive health and developmental history** -- (including assessment of both physical and mental health development);
- ❑ **Comprehensive unclothed physical exam;**
- ❑ **Appropriate immunizations;**
- ❑ **Laboratory tests** -- to be performed by medical providers for particular age or population groups;
- ❑ **Lead Toxicity Screening** - All children are considered at risk and must be screened;
- ❑ **Health Education;**
- ❑ **Vision Services** -- At a minimum, include diagnosis and treatment for defects in vision, including eyeglasses.
- ❑ **Dental** --At a minimum, include relief of pain and infections, restoration of teeth and maintenance of dental health. See also "*The Guide to Children's Dental Care in Medicaid;*"
- ❑ **Hearing Services** -- At a minimum, include diagnosis and treatment for defects in hearing, including hearing aids; and
- ❑ **Other Necessary Health Care** -- Necessary health care, diagnosis services, treatment, and other measures to correct or treat defects, and physical and mental illnesses and conditions discovered by the screening services.

Do I Qualify for EPSDT?

If you have a Medicaid Card you can apply for items under EPSDT through local Medicaid. It is important to get the proper documentation together when making an application through a service provider in order to avoid delays. *The materials that you may need to accompany an EPSDT application include:*

1. **A physician's order** (on a prescription pad).
2. **A Letter of Medical Necessity** from a physician, physical therapist or other qualified personnel. This letter should include:
 - ❑ Patient history;
 - ❑ A diagnosis and prognosis;
 - ❑ A medical justification for each item;
 - ❑ A description of the benefit to the patient (particularly important, should be very thorough); and
 - ❑ How long the patient will need the item.
3. **Product information.** Any product information that is applicable should be provided. A description of how the particular item will fit the needs of the patient should be supplied as well as pictures, preferably with the patient using the item.
4. **Prices from different manufacturers** with comparable products that might fit the patient's needs.

Contact 1-800-MEDICARE for more information.

The ALSP Law Series is produced by the Center for Arkansas Legal Services, Legal Aid of Arkansas, Inc., and Arkansas Volunteer Lawyers for the Elderly. These agencies provide free legal services to eligible Arkansans. Additional information can be found at: <http://www.arlegalservices.org> or call 1-800-9LAW AID.

This fact sheet is given to you as a guide to help you generally understand the way legal matters are handled. Local courts interpret things differently. The information and statements of law contained in this fact sheet are not intended to be used as legal advice. Before you take any action, talk to an attorney and follow his or her advice. Always do what the court tells you to do.

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