EPSDT

Early, Periodic, Screening, Diagnosis and Treatment

January 2024

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EPSDT

Early, Periodic, Screening, Diagnosis and Treatment

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History of Medicaid/ EPSDT

- 1965 – Medicare and Medicaid was passed by Congress
- 1967 – Social Security Amendments mandated EPSDT services up to age 21
- Many states were slow to implement its provisions
- In 1989, Congress amended the Medicaid statute to make EPSDT a statutory requirement
- In 2014, Aetna Better Health of Kentucky began providing healthcare benefits to Medicaid members throughout Kentucky

Aetna Better Health's EPSDT benefit provides:

Comprehensive and preventive health care services to applicable members

EPSDT is a key service to see that children and adolescents under age 21 receive appropriate preventive physical and dental, mental health, developmental and specialty services

Aetna Better Health informs applicable members that services are available highlighting the importance of well-child/well-adolescent care and age-appropriate immunizations

EPSDT

Early, Periodic, Screening, Diagnosis and Treatment

EPSDT is Medicaid's comprehensive and preventive child health program for individuals under the age of 21:

Early – identifying problems early, start at birth

Periodic – checking children's health at periodic, age-appropriate intervals

Screening – doing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems

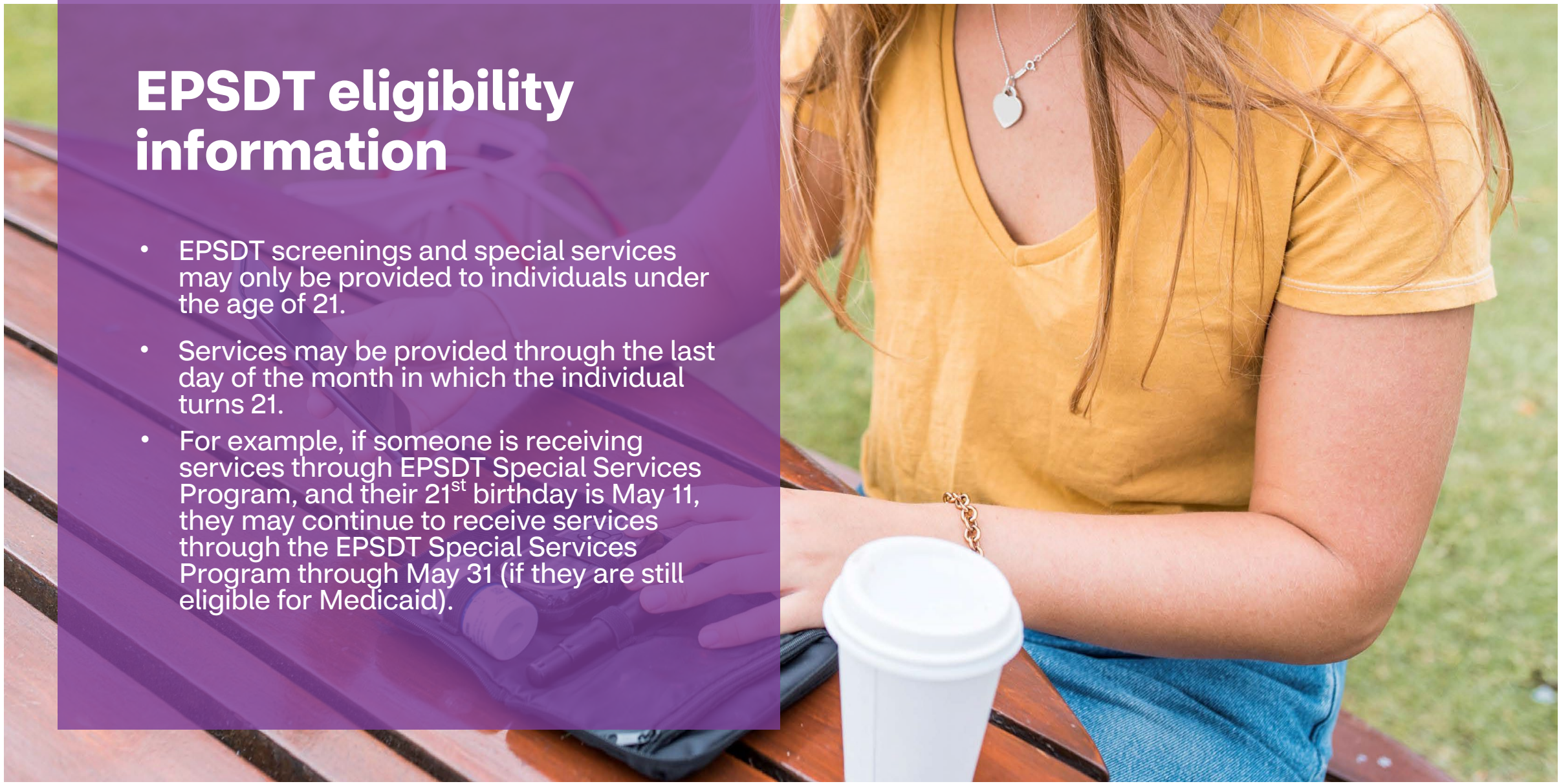
Diagnosis – performing diagnostic test to follow up when a risk is identified

Treatment – treating the problems found

* Defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) legislation
* Requires states to cover all services within the scope of the federal Medicaid Program
* Includes periodic screening, vision, dental and hearing services among its requirements
* Requires (per Section 1905(r)(5) of the Social Security Act) that any medically necessary health care service listed in Section 1905(a) be provided to an EPSDT recipient even of the service is not available under the state's Medicaid plan to the rest of the Medicaid population.

EPSDT eligibility information

- EPSDT screenings and special services may only be provided to individuals under the age of 21.
- Services may be provided through the last day of the month in which the individual turns 21.
- For example, if someone is receiving services through EPSDT Special Services Program, and their 21st birthday is May 11, they may continue to receive services through the EPSDT Special Services Program through May 31 (if they are still eligible for Medicaid).



Who can provide screenings and Special Services

Any qualified provider operating within the scope of his or her practice, as defined by state law, can conduct an EPSDT screening or provide EPSDT special services:

- Physicians
- Naturopathic physicians
- Advanced registered nurse practitioners (APRNs)
- Physician assistants (PAs)
- Medical residents

Registered nurses working under the guidance of a physician or ARNP may also perform EPSDT screenings.

- However, only physicians, PA's and ARNPs can diagnose and treat problems found in a screening or provide EPSDT special services.

Early and Periodic Screenings

- The EPSDT Screening Program provides routine physicals or well-child checkup for Medicaid-eligible children at certain specified ages. It is considered preventive care. Children are checked for medical problems early. Specific tests and treatments are recommended as children grow older.

- The areas of health care that are checked include:
  - ✓ Preventive checkups
  - ✓ Growth and development assessments
  - ✓ Vision
  - ✓ Hearing
  - ✓ Dental
  - ✓ Immunizations
  - ✓ Laboratory tests

Assessments

Physical Exam

- Must consist of more than one body system to meet criteria
- Assessment must include height, weight and BMI percentile plotted on a growth chart
- If a sick visit must have more than the affected system

Developmental Surveillance

- Assessment for physical developmental milestones
- Include family and social history

Psychosocial/Behavioral Assessment

- Assessment of mental development milestones

Health education/anticipatory guidance

- General guidance for emerging issues for both the child and the caregiver

Alcohol and Drug use Assessment

- Assess early

Immunizations

- Addressed and given in accordance with the schedule for pediatric vaccines

Laboratory Testing

- Appropriate for age and risk factors

Diagnosis and Treatment

1) When a screening service indicates the need for further evaluation and diagnosis, a referral or treatment is required without delay.
2) Evaluation, diagnosis and/or treatment may be provided at the time of the screening visit if the health care professional is qualified to provide the services.
3) For services not covered by another type of Medicaid coverage, a prior authorization can be obtained for EPSDT special services.

Follow-up care can be provided by:

- PCPs (for example, family physicians or pediatricians)
- Specialist (for example, neurologists, ophthalmologists and audiologists)
- Other health professionals (for example, dentists, advanced practice nurses, psychologists and nutritionists)
- Community agencies

Periodicity schedule

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families

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 become 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.

	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[2]	Prenatal[2]	Newborn[3]	3-5 d[3]	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/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																															
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																					
Weight for Length		•	•	•	•	•	•	•	•	•	•																						
Body Mass Index[4]												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure[5]		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	•	•	•	•	•	•	*	*	*	*	*	*	*	*	*	*
SENSORY SCREENING																																	
Vision[7]		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	*	•	*	•	*	•	*	*	•	*	*	*	*	*	*	*
Hearing		•[8]	•[9]	——→		*	*	*	*	*	*	*	*	*	•	•	•	*	•	*	•	←——	——	•[12]	—→	←——	•	—→	←——	——	•	—→	
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 EXAMINATION[17]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES[18]																																	
Newborn Blood		•[19]	•[20]	——→																													
Newborn Bilirubin[21]		•																															
Critical Congenital Heart Defect[22]		•																															
Immunization[23]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia[24]						•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Lead[25]							•	•	•[26]		•	•[26]		•	•	•	•																
Tuberculosis[27]				•			•		*			*		•	•	•	•	•	•	•	•	•	•	•	[28]	•	•	•	•	•	•	•	•
Dyslipidemia[29]												*			•		•		•	←—	•[30]	—→	•	•	•	•	•	←——	——	•[31]	—→	
Sexually Transmitted Infections[32]																						•	•	•	•	•	•	•	•	•	•	•	•
HIV[33]																						•	•	•	•	—→							
Hepatitis B Virus Infection[34]		*	—→																														
Hepatitis C Virus Infection[35]																														•	—→		
Sudden Cardiac Arrest/Death[36]																						•	—→										
Cervical Dysplasia[37]																																	•
ORAL HEALTH[38]							•[39]	•[39]	*		*	*	*	*	*	•	•																
Fluoride Varnish[40]							←—		——		•	——				—→																	
Fluoride Supplementation[41]							*	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*					
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

1. 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.
2. A prenatal visit is recommended for parents who are at high risk, 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).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. 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).
5. 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).
6. 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.
7. 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).
8. 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).
9. Verify results as soon as possible, and follow up, as appropriate.
10. 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/S1054139X16000483).
11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://doi.org/10.1542/peds.2018-3259).
12. 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).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://doi.org/10.1542/peds.2019-3447).

(continued)

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

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Periodicity schedule (pg 2)

(continued)

14. Screen for behavioral and social-emotional problems per "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (https://doi.org/10.1542/peds.2014-3716), "Mental Health Competencies for Pediatric Practice" (https://doi.org/10.1542/peds.2019-2757), "Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders" (https://pubmed.ncbi.nlm.nih.gov/32439401), and "Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative" (https://pubmed.ncbi.nlm.nih.gov/32510990). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See "Poverty and Child Health in the United States" (https://doi.org/10.1542/peds.2016-0339), "The Impact of Racism on Child and Adolescent Health" (https://doi.org/10.1542/peds.2019-1765), and "Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health" (https://doi.org/10.1542/peds.2021-052582).
15. A recommended assessment tool is available at https://crafft.org.
16. Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management" (https://doi.org/10.1542/peds.2017-4081), "Mental Health Competencies for Pediatric Practice" (https://doi.org/10.1542/peds.2019-2757), "Suicide and Suicide Attempts in Adolescents" (https://doi.org/10.1542/peds.2016-1420), and "The 21st Century Cures Act & Adolescent Confidentiality" (https://www.adolescenthealth.org/Advocacy-Activities/2019-(1)/NASPAG-SAHM-Statement.aspx).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (https://doi.org/10.1542/peds.2011-0322).
18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel. (https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://www.babysfirsttest.org/) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (https://doi.org/10.1542/peds.2009-0329).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (https://doi.org/10.1542/peds.2011-3211).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at https://publications.aap.org/redbook/pages/immunization-schedules. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (https://doi.org/10.1542/peds.2016-1493) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (https://www.cdc.gov/nceh/lead/docs/final_document_030712.pdf).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per "Human Immunodeficiency Virus (HIV) Infection: Screening" (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening); after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per "Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis" (https://doi.org/10.1542/peds.2021-055207).
31. Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening) and in the 2021-2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*, making every effort to preserve confidentiality of the patient.
32. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening) and Centers for Disease Control and Prevention (CDC) recommendations (https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.
33. Perform a risk assessment, as appropriate, per "Sudden Death in the Young: Information for the Primary Care Provider" (https://doi.org/10.1542/peds.2021-052044).
34. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (https://doi.org/10.1542/peds.2010-1564).
35. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (https://doi.org/10.1542/peds.2014-2984).
36. Perform a risk assessment (https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/). See "Maintaining and Improving the Oral Health of Young Children" (https://doi.org/10.1542/peds.2014-2984).
37. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1). Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (https://doi.org/10.1542/peds.2020-034637).
38. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (https://doi.org/10.1542/peds.2020-034637).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in December 2022 and published in April 2023. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN DECEMBER 2022

HIV

The HIV screening recommendation has been updated to extend the upper age limit from 18 to 21 years (to account for the range in which the screening can take place) to align with recommendations of the US Preventive Services Task Force and AAP policy ("Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis").

- Footnote 30 has been updated to read as follows: "Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per 'Human Immunodeficiency Virus (HIV) Infection: Screening' (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening); after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per 'Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis' (https://doi.org/10.1542/peds.2021-055207)."

CHANGES MADE IN NOVEMBER 2021

HEPATITIS B VIRUS INFECTION

Assessing risk for HBV infection has been added to occur from newborn to 21 years (to account for the range in which the risk assessment can take place) to be consistent with recommendations of the USPSTF and the 2021-2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.

- Footnote 31 has been added to read as follows: "Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening) and in the 2021-2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*, making every effort to preserve confidentiality of the patient."

SUDDEN CARDIAC ARREST AND SUDDEN CARDIAC DEATH

Assessing risk for sudden cardiac arrest and sudden cardiac death has been added to occur from 11 to 21 years (to account for the range in which the risk assessment can take place) to be consistent with AAP policy ("Sudden Death in the Young: Information for the Primary Care Provider").

- Footnote 33 has been added to read as follows: "Perform a risk assessment, as appropriate, per 'Sudden Death in the Young: Information for the Primary Care Provider' (https://doi.org/10.1542/peds.2021-052044)."

DEPRESSION AND SUICIDE RISK

Screening for suicide risk has been added to the existing depression screening recommendation to be consistent with the GLAD-PC and AAP policy.

- Footnote 16 has been updated to read as follows: "Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See 'Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management' (https://doi.org/10.1542/peds.2017-4081), 'Mental Health Competencies for Pediatric Practice' (https://doi.org/10.1542/peds.2019-2757), 'Suicide and Suicide Attempts in Adolescents' (https://doi.org/10.1542/peds.2016-1420), and 'The 21st Century Cures Act & Adolescent Confidentiality' (https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-(1)/NASPAG-SAHM-Statement.aspx)."

BEHAVIORAL/SOCIAL/EMOTIONAL

The Psychosocial/Behavioral Assessment recommendation has been updated to Behavioral/Social/Emotional Screening (annually from newborn to 21 years) to align with AAP policy, the American College of Obstetricians and Gynecologists (Women's Preventive Services Initiative) recommendations, and the American Academy of Child & Adolescent Psychiatry guidelines.

- Footnote 14 has been updated to read as follows: "Screen for behavioral and social-emotional problems per 'Promoting Optimal Development: Screening for Behavioral and Emotional Problems' (https://doi.org/10.1542/peds.2014-3716), 'Mental Health Competencies for Pediatric Practice' (https://doi.org/10.1542/peds.2019-2757), 'Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders' (https://pubmed.ncbi.nlm.nih.gov/32439401), and 'Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative' (https://pubmed.ncbi.nlm.nih.gov/32510990/). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See 'Poverty and Child Health in the United States' (https://doi.org/10.1542/peds.2016-0339), 'The Impact of Racism on Child and Adolescent Health' (https://doi.org/10.1542/peds.2019-1765), and 'Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health' (https://doi.org/10.1542/peds.2021-052582)."

FLUORIDE VARNISH

- Footnote 37 has been updated to read as follows: "The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1). Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in 'Fluoride Use in Caries Prevention in the Primary Care Setting' (https://doi.org/10.1542/peds.2020-034637)."

FLUORIDE SUPPLEMENTATION

- Footnote 38 has been updated to read as follows: "If primary water source is deficient in fluoride, consider oral fluoride supplementation. See 'Fluoride Use in Caries Prevention in the Primary Care Setting' (https://doi.org/10.1542/peds.2020-034637)."

HRSA

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Reporting EPSDT services

PROVIDERS MUST BILL AETNA USING CORRECT CODING GUIDELINES TO ENSURE ACCURATE REPORTING FOR EPSDT SERVICES.

PROVIDER ARE ENCOURAGED TO SUBMIT INFORMATION DIRECTLY TO THE KENTUCKY IMMUNIZATION REGISTRY.

ENROLL IN YOUR STATE'S VACCINES FOR CHILDREN PROGRAM.

Addressing Gaps In Care

Member communications

- Preventive health services monthly mailers regarding the importance of:
  - Lead screenings
  - Childhood immunizations
  - Adolescent immunizations to include HPV immunizations
- EPSDT overdue service reminder postcard
- Aging out reminder letter
- Incentive programs
- NBA Campaign
- IVR (Interactive Voice Response system) calling campaign
- Member quarterly newsletters
- Mobile app
- Informed Health Line

Provider communications

- Faxblast
- Flyers
- Webinars
- Trainings
- Provider quarterly newsletters
- Tip Tuesdays

NOTE: These lists are not all inclusive

EPSDT Special Services

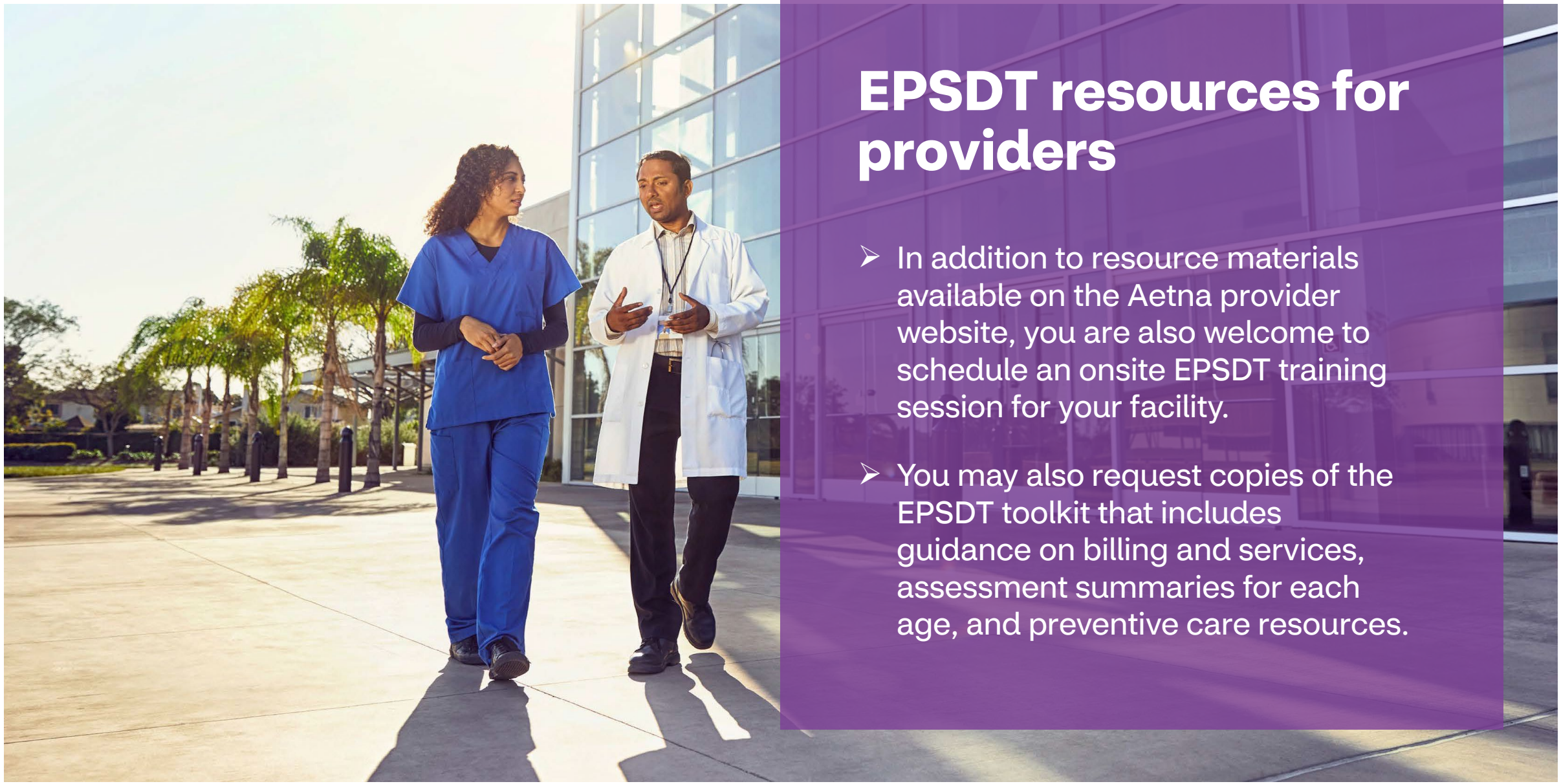
1. Any Medicaid-eligible child may receive EPSDT special services as long as the services are medically necessary and are not covered in another Medicaid program area.

2. EPSDT special services may be preventive, diagnostic, treatment or rehabilitative.

3. All EPSDT special service require prior authorization and approval from Aetna Better Health of Kentucky.

Examples of services covered through the EPSDT special services include but are not limited to:

- Additional pairs of eyeglasses after the Medicaid Vision Program has paid for the first two pair in a year
- Additional dental cleanings after the Medicaid Dental Program has paid for one cleaning
- Nitrous oxide when used in dental treatment
- Nutritional products when they are used as a supplement rather than as the child's total nutrition



EPSDT resources for providers

- In addition to resource materials available on the Aetna provider website, you are also welcome to schedule an onsite EPSDT training session for your facility.
- You may also request copies of the EPSDT toolkit that includes guidance on billing and services, assessment summaries for each age, and preventive care resources.

Resources

- EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents. https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf
- Health Resources & Services Administration HRSA Maternal and Child Health; CMS Centers for Medicare & Medicaid Services. https://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs/early-periodic-screening-diagnosis-and-treatment
- Making Connections: Strengthening Care Coordination in the Medicaid Benefit for Children & Adolescents. CMS Centers for Medicare & Medicaid Services. https://www.medicaid.gov/sites/default/files/2019-12/epsdt-care-coordination-strategy-guide.pdf
- Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children & Adolescents. CMS Centers for Medicare & Medicaid Services. https://www.medicaid.gov/sites/default/files/2019-12/keep-kids-smiling.pdf
- Paving the Road to Good Health Strategies for Increasing Medicaid Adolescent Well-Care Visits. CMS Centers for Medicare & Medicaid Services. https://www.medicaid.gov/sites/default/files/2019-12/paving-the-road-to-good-health.pdf
- Coding for Pediatric Preventive Care 2021; Bright Futures American Academy of Pediatrics. https://downloads.aap.org/AAP/PDF/Coding%20Preventive%20Care.pdf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