



EPSDT Provider Training 2023

Objectives

- Reinforce understanding of EPSDT in Kansas
- Describe requirements of EPSDT screenings
- Best coding practices and documentation for the EPSDT visit
- Learn Sunflower's role in provider and member support for EPSDT

What is EPSDT?

EPSDT in Kansas

What is Early and Periodic Screening, Diagnostic, Treatment (EPSDT)?

In Kansas, EPDST is also known as **KAN Be Healthy (KBH)**

Goal of EPSDT is to assure that individual children get the health care they need when they need it –

- The right care
- To the right child
- At the right time
- In the right setting

Covers health services provided under the Medicaid program for Medicaid-eligible children under age 21 and CHIP children under age 19

What is EPSDT?

Early: Assessing and identifying problems early

Periodic: Checking children's health at periodic, age-appropriate intervals

Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening 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

EPSDT in Kansas

- Kansas requires all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions as described in the federal Early and Periodic Screening, Diagnostic, Treatment (EPSDT) program be provided to Medicaid beneficiaries.
- Medically necessary services identified through a screening examination will be covered regardless of whether the service is covered in a state's Medicaid plan. Coverage of medically necessary services not generally covered will be subject to a prior authorization process, e.g., sleep study, applied behavior analysis, elective surgery.

EPSDT Medical Necessity Form



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

1. 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: _____

2. 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: _____ / _____	

3. In what capacity have you treated the recipient? (Include how long you have cared for the recipient and the nature of the care.)

4. What is the recipient's health history? (Include chronic illness.)

5. 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.)

6. What 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).)

6. What 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).)

7. 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.)

8. Is this request for an experimental or investigational treatment? _____ YES _____ NO
9. Is the requested product, service or procedure considered to be safe? _____ YES _____ NO
10. Is the requested product, service or procedure effective? _____ YES _____ NO
11. 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.

12. What is the expected duration of treatment?

REQUESTOR'S SIGNATURE & CREDENTIALS

DATE

*Kan. Admin. Regs. § 30-5-58 (g)(g)

(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.

Complete form available for download through KMAP Provider Portal.

What is Not Included in EPSDT

- EPSDT Medical Necessity does not include experimental or investigational treatments, services or items not generally accepted as effective, and/or not within the normal course and duration of treatment.
- Services for caregiver or providers convenience are not allowed.
- Services may be limited in scope and duration.
- The most cost-effective treatment may be used.

Requirements of EPSDT (KBH) Screenings

Kansas and Medicaid Requirements for EPSDT Screenings

- Kansas follows the Bright Futures/AAP Periodicity schedule, a Centers for Medicare and Medicaid Services (CMS) approved schedule of pediatric preventive services.
- In 1990, CMS established a goal of an **80 percent** enrollee participant ratio in EPDST in each state, per year. Only complete screenings may be included in this measure.
- Yearly EPSDT screenings are key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.



Components of a KBH/EPSDT Exam

A KBH screen must consist of at a minimum the following:

- Medical history
- Physical growth
- Body systems
- Developmental/emotional
- Nutrition
- Health education & anticipatory guidance
- Blood lead testing
- Laboratory
- Immunizations
- Hearing screening
- Vision screening
- Dental screening

Medical screenings (M) must follow the KBH minimum documentation requirements when billing an E&M preventive medicine or office visit CPT code found in the CPT codebook.

Vision screenings (V) are a required component of each KBH visit. School vision screening are a separate process and are not billed by physicians.

Hearing screenings (H) are a required component of each KBH visit. As with vision screenings school hearing screenings are a separate process and are not billed by physicians.

Dental screenings (D) are a required component of each KBH visit*

*Only screenings performed by dentists will update the KBH screen

KAN Be Healthy EPSDT Screening Form

KanCare
KAN Be Healthy - Early and Periodic Screening, Diagnostic, and Treatment Screening

ID number: _____

Name	Date of birth	Age	Date of screen

PHYSICAL GROWTH (An update of the growth chart is required at each screen.)

T	Weight (lbs/kg)	%	Head circumference (Birth-24 months)
P	Length (cm/in)	Weight/length%	cm/in
R	Height (cm/in)	%	
BP	BMI*	%	Male <input type="checkbox"/> Female <input type="checkbox"/>

*If the BMI is greater than or equal to 85%, recommend appropriate nutrition input and physical activity.

BENEFICIARY & FAMILY HISTORY

Refer to completed history form in chart. Present concerns _____

No changes in medical Hx unless indicated. _____

Patient currently in foster care, no previous Hx. Medications _____

Previous Hx reviewed from visit on: _____

Allergies (food and drug) _____ Serious illness/accidents (if yes, date & type.) (including hospital or ER visits) _____

Birth history (measurements & complications) _____ Operations (if yes, date & type.) _____

Diseases & Issues (Circle and indicate relationship: P - parent, G - grandparent, B - brother, S - sister, SELF)

Asthma	Cold/sore throat	Epilepsy/seizures	Lung disease	Speech/visual/hearing
Birth defect	Diabetes	Headaches	Mental illness	Ulcers/colitis
Blood disorder/sickle cell	Drug or ETOH abuse	High blood pressure	Obesity	Urinary/bowel
Cancer	Earaches	Kidney/liver disease	Scoliosis/arthritis	Heart disease/stroke

BODY SYSTEMS (Check and comment appropriately.)

SYSTEMS	WNL	ABN	Comments (describe any abnormal findings)
General appearance			
Integumentary			
Head/neck			
Eyes/ears/nose/throat			
Oral/dental			
Pulmonary			Lung sounds?
Cardiovascular			Murmur?
Abdomen/gastrointestinal			
Genitourinary			Tanner score Menstrual bleeding evaluation Enuresis
Trunk/spine			
Musculoskeletal			
Neurological			

LAB/IMMUNIZATIONS (circle and complete as applicable)
 Follow the recommended immunization schedule approved by the ACIP, AAP, and AAFP.

Copy of record in chart: Parent requested Referred to VFC provider Current Behind Unknown

Immunizations given today: _____

Obtain CBC with automated differential: Male - Age 15 Female - Time of menarche 9-12 mos Annual*

*Required depending on lifestyle and health needs. Reference the KBH-EPSDT Provider Manual.

Was CBC obtained? YES NO Indicate further follow-up in Plan of Care.

The Blood Lead Questionnaire is a separate document.

Negative screen Positive screen - draw blood level

1 **KBH - EPSDT Screening** Revised 05 2016

KanCare
VISION SCREEN

Ages 0-3: Corneal light reflex present YES NO

Ages 3-20: Bruckner exam Pass Refer

All ages	Distance acuity Score L _____ R _____ Both _____
Outer inspection	Tool used _____
Eye tracking	Near acuity Score L _____ R _____ Both _____
Ocular motility (strabismus/cross cover test)	Tool used _____
	Last exam _____

DENTAL
 It is recommended assessment preventative dental services and oral treatments begin at 6-12 months of age and repeat every 6 months or as needed.

Sees dentist? Yes No Fluoride varnish? Yes No

Last dental exam date: _____ Dental referral: _____

HEARING SCREEN
 Maintain in record completed paper hearing screens and report or qualifying hearing screen procedure and report.

Birth-4 years	Risk Indicators for Hearing Loss & Hearing Developmental Scales	Pass <input type="checkbox"/>	Refer <input type="checkbox"/>
4-21 years	Hearing Health History	Pass <input type="checkbox"/>	Refer <input type="checkbox"/>
Screen procedure _____			

NUTRITION

WIC participant Referred to WIC

Formula Breastfeeding Amount & frequency _____

Number of servings per day

Bread/cereal	Fruit	Vegetable	Protein source	Dairy	Fat/sweet/sugar

Fluid intake per day (ounces)

Water	Milk	Soda	Juice

PHYSICAL ACTIVITY (circle all that apply)

Biking Basketball Skating Walking Other sports Playing outside

DEVELOPMENTAL/EMOTIONAL Refer to the ACIP, AAP, and AAFP for recommended developmental tools.
 A completed developmental screening tool (indicate tool used): _____

Birth-6 years Include the screener's interpretation and report regarding meeting developmental milestones

6-21 years Include the screener's interpretation and report or document all developmental/emotional below

Sleep habits	Tired/overactive?	Special education
Discipline	Vocational concerns?	Special needs
Grade level	Average grades	Exercise
Emotional observations _____		

Pregnant? NO YES If YES, complete the following:

Prenatal vitamins? YES NO Prenatal record initiated? YES NO Referred for OB/GYN care? YES NO

Referred to: _____

HEALTH EDUCATION & ANTICIPATORY GUIDANCE (circle all that apply)

Behavior/discipline	Family planning	Parenting	Oral/dental	Development	Physical activity	Substance abuse	Nutrition
Self breast exam	Self testicular exam	Sexuality	Safety/poisons	Immunization	Weapon safety	Exercise	Lifestyle
Other _____							

RESULTS/PLAN OF CARE

Screening results _____

Plan/referrals (dental, vision, hearing, dietary) _____

Recommended return date _____

Parent/caregiver and/or patient informed of KBH - EPSDT screen findings and verbalizes YES NO

understanding of findings and recommendations. Parent/caregiver or patient signature _____ Date _____

Screening provider signature _____
A licensed physician, ARNP, PA, or registered nurse can perform KBH - EPSDT screens.

2 **KBH - EPSDT Screening** Revised 05 2016

Complete form available for download through KMAP Provider Portal.

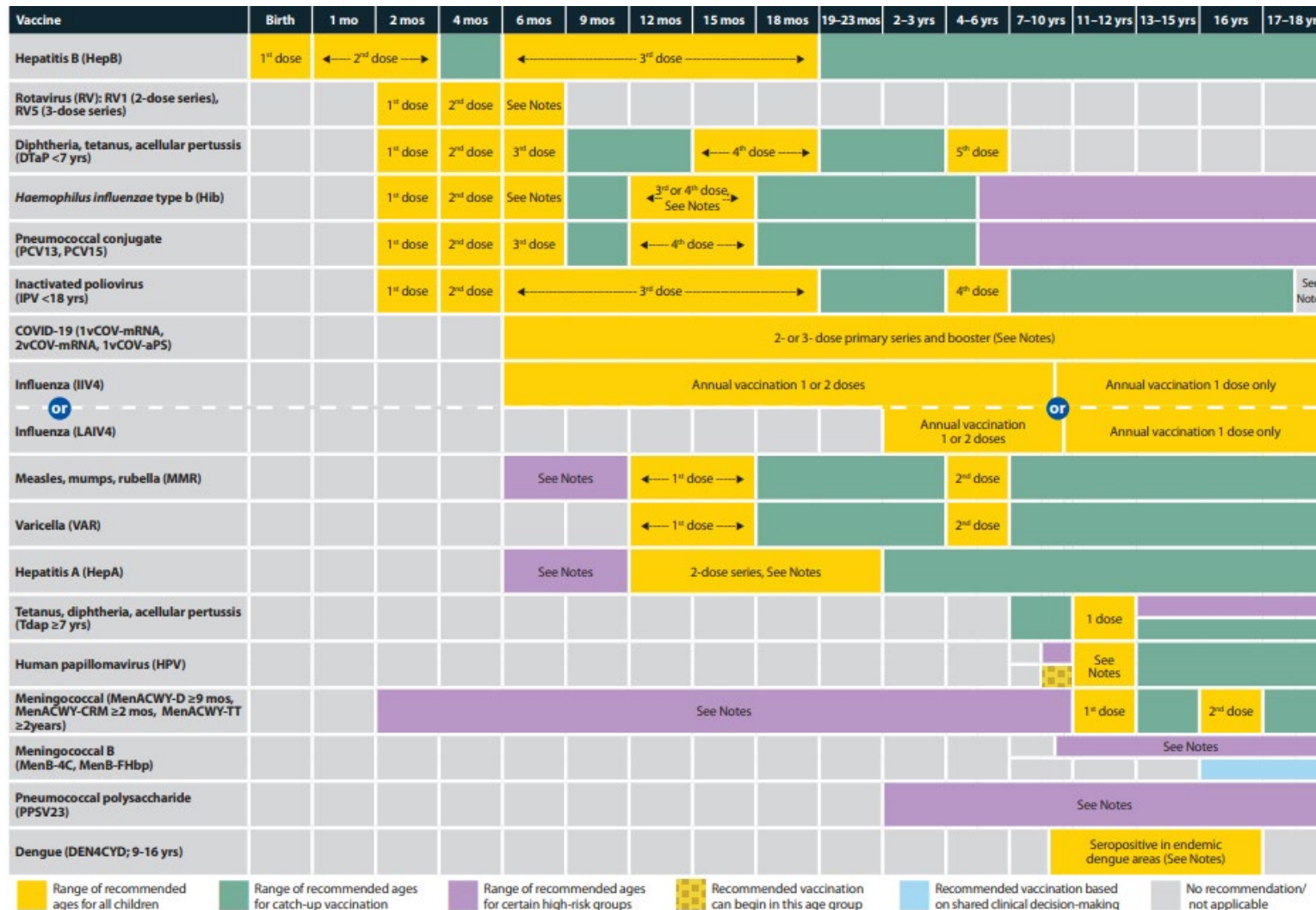
EPSDT/KBH Screening Schedule

	MEDICAL	VISION	HEARING	DENTAL*
Birth	M	V	H	
2-5 Days	M	V	H	
2 months	M	V	H	
4 months	M	V	H	
6 months	M	V	H	D
9 months	M	V	H	D
12 months	M (include blood-lead test)	V	H	D
15 months	M	V	H	D
18 months	M	V	H	D
24 months	M (include blood-lead test)	V	H	D
30 months	M	V	H	D
Yearly 3-20	M	V	H	D

Every KBH visit must have all components completed and documented.

*Dental screening/attention is recommended once teeth erupt, as early as 6 months of age

Immunizations



Appropriate immunizations in accordance with the schedule of pediatric vaccines established by the Advisory Committee on Immunization Practices (ACIP) is an important component of the KBH/EPSTD well-child visit.

*Catch up schedule and further information can be found at www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

Best Coding Practices and Documentation for the EPSDT Visit

Coding and Billing

Claims will not recognize an EPSDT visit, unless the preventive visit codes are used correctly.

This includes the CPT[®] codes for:

- Well-child visit
- Lead screening (when age appropriate)
- Immunizations
- Dental screenings
- Vision screenings
- Hearing screenings

If this is not done correctly, claims will not reflect that a KBH visit was completed and the KBH data will not be updated.

EPSDT and HEDIS

Although EPSDT does not necessarily have HEDIS specific measures, EPSDT is usually monitored through the NCQA HEDIS measures of:

- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well Care Visits (WCV)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Lead Screening in Children (LSC)
- Oral Evaluation, Dental Services (OED)
- Topical Fluoride for Children (TFC)

Well Child Visits (W30 and WCV)

MEDICAL RECORD DOCUMENTATION

- Clearly indicate encounter is for well-child visit
- Discussion of the child's physical and behavior problems
- A health assessment and review of immunizations
- Discussion of child's health history since the last visit
- Appropriate developmental screenings
- Hearing/vision screenings
- Written instructions concerning child's care, diet, physical activity and recommendations
- Referrals when necessary

CODING

ICD-10 for well exams – Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129

W30 (0-30 months)

- 0-15 months of age – 6 or more well child visits with PCP
- 15-30 months of age - 2 or more well visits with PCP

CPT Codes - 99381-99385, 99391-99395, 99461

WCV (3-21 years of life) - One or more comprehensive well-care visits with a PCP

CPT Codes - 99381-99385, 99391-99395

CPT Codes for screenings

- 96110, 96112, 96113 - Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
- 96127 – Emotional/Behavioral Assessment
- 92550-92553, 92555-92557, 92567, 92582, 92587 – Hearing Screen
- 92002, 92004, 92012, 92014, 99173 – Vision Screen

Weight Assessment & Counseling for Nutrition & Physical Activity (WCC)

MEDICAL RECORD DOCUMENTATION

Monitoring ages 3-17 (minimum of once per year) of three components of care:

- **BMI Percentile:** Add **Z68.51-Z68.54** to claim
 - Must have height and weight documented and BMI recorded as a percentile (e.g., 85th percentile)
 - Will not meet standard: notation of height/weight only (or) BMI only
- **Counseling for Nutrition:** Add **Z71.3** to claim, CPT 97802-97804
 - Discuss daily nutrition (e.g., eating habits, dieting, intake)
 - Weight or obesity counseling or referral
 - Distribute materials on nutrition
 - Will not meet standard: documentation on “appetite”
- **Counseling for Physical Activity:** Add **Z71.82** to claim
 - Discuss daily physical activity or exercise routine (e.g., “no sports,” “physical activity: WNL,” “Physical activity: active, plays sports”)
 - Weight or obesity counseling or referral
 - Distribute materials on physical activity
 - Will not meet standard: documentation of “plays with peers” or “cleared for gym class”

CODING

WCC Component	ICD 10 Code
BMI <5th percentile	Z68.51
BMI 5th to <85th percentile	Z68.52
BMI 85th to <95th percentile	Z68.53
BMI > or = to 95th percentile	Z68.54
Nutritional Counseling	Z71.3
Physical Activity Counseling	Z71.82, Z02.5

Childhood Immunization Status (CIS)

MEDICAL RECORD DOCUMENTATION

Immunizations are given according to AAP periodicity schedule. By age 2, child should have completed:

- Four diphtheria, tetanus and acellular pertussis (DTaP)
- Three polio (IPV)
- One measles, mumps and rubella (MMR)
- Three haemophiles influenza type B (HiB)
- Three hepatitis B (HepB)
- One chicken pox (VZV)
- Four pneumococcal conjugate (PCV)
- One hepatitis A (HepA)
- Two or three rotavirus (RV)
- Two influenza (flu) vaccines

CODING

ICD-10 for all vaccines – Z23

- In order to be reimbursed for administration of VFC vaccines, the provider must bill the appropriate CPT® codes for administration and for the vaccine(s) covered under the VFC program for all children 18 years of age and younger
- Vaccine CPT code differs by type of vaccine
- Immunization Administration Codes (must be accompanied with the appropriate vaccine code for payment): 90460, 90471, 90472, 90473, 90474

Immunizations for Adolescents (IMA)

MEDICAL RECORD DOCUMENTATION

Immunizations are given according to AAP periodicity schedule and by the 13th birthday, the adolescent should have completed:

- One dose of meningococcal vaccine
- One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine
- The human papillomavirus (HPV) vaccine series (2 doses)

CODING

ICD-10 for all vaccines – Z23

- In order to be reimbursed for administration of VFC vaccines, the provider must bill the appropriate CPT® codes for administration and for the vaccine(s) covered under the VFC program for all children 18 years of age and younger
- Vaccine CPT code differs by type of vaccine
- Immunization Administration Codes (must be accompanied with the appropriate Vaccine code for payment): 90460, 90471, 90472, 90473, 90474

Lead Screening in Children (LSC)

MEDICAL RECORD DOCUMENTATION

- All children enrolled in Medicaid are required to receive blood lead screening tests at ages 12 months and 24 months.
 - HEDIS guidelines require 1 blood lead test prior to 2nd birthday, but Medicaid guidelines differ and should set standard.
- In addition, any child between 24 and 72 months with no record of a previous blood lead screening test must receive one.
- Completion of a risk assessment questionnaire does not meet the Medicaid requirement.

Medical Record Documentation Needs to Reflect:

- Date the blood test was performed
- Results of findings

CODING

ICD-10 for lead testing ordered or performed:

- Z13.88 Encounter for screening for disorder due to exposure to contaminants
- CPT for blood lead test performed in office: 83655

Oral Evaluation, Dental Services (OED) Topical Fluoride for Children (TFC)

MEDICAL RECORD DOCUMENTATION

Only screenings performed by dentists will update the KBH screen.

Medical providers can meet this requirement by completing the dental portion of the KBH form or by documenting in the medical record:

- Sees dentist
- Fluoride varnish
- Last dental exam date
- A dental referral was made

CODING

Dental codes allowable by primary care physicians, health departments and dental providers:

Fluoride treatment (these do not update the dental screen): D1206, D1208, 99188

Non-dental providers can apply fluoride varnish and bill using the code 99188 up to 3x per year. Refer to Health Department if fluoride varnish unavailable in physician office.

Chlamydia Screening in Women (CHL)

While not a standard component of a EPSDT screening, according to the AAP/Bright Futures Periodicity Schedule, testing for chlamydia is indicated if an adolescent is identified as sexually active.

Providers should order an annual chlamydia screening for female patients between the ages of 15 (who turn age 16 by December 31 of the measurement year) and 24 who are present in the office for any of the following reasons:

- Any time a urine screening is performed
- Pregnancy testing
- Contraception services
- Annual gynecological exam
- Prior history of sexual abuse or assault
- Prior history of Sexually Transmitted Infections (STI)

Chlamydia Screening in Women (CHL)

Medical Record Documentation must include:

- Date the test was performed
- Urine screen acceptable
- CPT: 81025, 84702, 84703, 87110, 87270, 87320, 87490-87492, 87810

Inform your patient this is a routine urine test. If they ask for more information, please provide it. Do not give them reasons to refuse the test. Upon recognizing a patient is at risk, the provider should offer STI prevention counseling and make a note in the chart to routinely test for chlamydia and other STIs.

Other Special Circumstances

- When a child is seen for a sick visit, they also can be seen for a KBH (well-child) check. This requires all the components of the EPSDT screening to be completed and to be billed utilizing an ICD-10 code as the first diagnosis. The second diagnosis is then determined by the detected problem.
- **A sports physical alone will not satisfy all EPSDT/KBH requirements,** but a sports physical can be completed during an EPSDT visit. Consider adopting an office policy to not schedule or perform a sports physical alone unless the child had an EPSDT screening prior to May 1st. Parents and patients often do not understand that a sports physical is not the same as a well visit, so they are less likely to return for a more thorough, complete wellness exam.

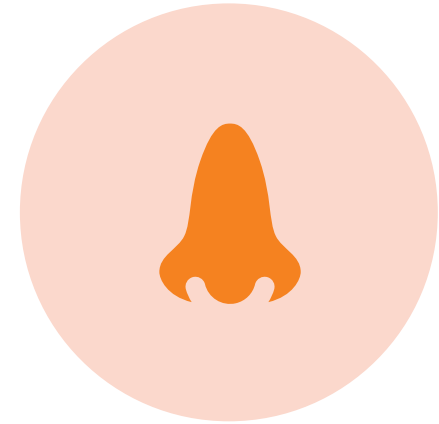
A Special Note on Upper Respiratory Infections (URI)



As a key quality measure, Sunflower monitors the percentage of members from 3 months and older who were diagnosed with an upper respiratory infection and were NOT prescribed antibiotics.



Antibiotic resistance can be reduced through proper prescribing practices.



Sneezing, scratchy throat and runny nose are symptoms of the common cold or upper respiratory infection (URI). Typically, upper respiratory infections are viral and do not benefit from antibiotics.

URI – How Providers Can Help

Document competing diagnosis- if prescribing an antibiotic for a child who has been diagnosed with an URI and has a competing diagnosis, be sure to document the proper diagnosis code on the claim to ensure that you do not get inappropriately counted as prescribing an antibiotic for an URI.

Diagnoses Indicative of a Bacterial Infection of the Upper Respiratory Tract	ICD-10-CM
Bacterial infection unspecified	A49, A49.8, A49.9
Acute sinusitis	J01.00, J01.01, J01.10, J01.11, J01.2, J01.21, J01.3, J01.31, J01.4, J01.41, J01.8, J01.81, J01.9, J01.91, J00, J01.0, J01.20, J01.30, J01.40, J01.80, J01.90
Acute pharyngitis (confirmed with strep test)	J02.0
Chronic sinusitis	J32, J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9
Infections of pharynx, larynx, tonsils, adenoids	J35.01, J35.02, J35.03, J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91, J35.0, J03, J03.0, J03.9

These MAY Warrant Antibiotics

Do not prescribe	Do not prescribe antibiotics for a URI diagnosis only
Explain	<p>Explain that unnecessary antibiotics can be harmful and most URIs are caused by viruses</p> <ul style="list-style-type: none"> •Only bacterial infections use antibiotic treatment •Explain that yellow or green mucus does not always indicate an infection
Refer	<p>Refer to the illness as a ‘chest cold’ or viral URI and suggest at home treatment</p> <ul style="list-style-type: none"> •Comfort measures (OTC medications, rest, extra fluids, steam)
Advise	<p>Advise patient to call back if symptoms worsen (antibiotics can be prescribed, if necessary, after 3 days of initial diagnosis)</p> <ul style="list-style-type: none"> •Schedule telehealth appointments for follow up if needed
Submit	Submit any comorbid/competing diagnosis codes that apply
Resubmit	Resubmit an encounter if you missed a second/competing diagnosis code

Sunflower's Role to Support Providers and Members

How Sunflower Engages Members to Seek Preventive Services

Sunflower uses incentives and outreach communication to our members to encourage preventive services for the health of our child/adolescent members.

- Transportation assistance via gas mileage reimbursement or non-emergency medical transportation services.
- Conduct outreach through phone calls to encourage members to access preventive care and assist with making appointments, as necessary.
- Post card mailing to members – happy birthday for all members to age 21. Welcome letters are sent to the parents of babies born in the previous month.
- Automated phone call reminders are sent to the parents/guardians of children who are due for a well-child visit, encouraging them to schedule and attend the child's upcoming visit.

My Health Pays[®] Healthy Rewards Program

My Health Pays[®] Healthy Rewards program provides financial rewards for members who seek various healthy activities. Many of the healthy activities are objectives of the EPSDT program, such as:

- **\$10** per infant well-care visit up to 15 months old. (\$60 max.)
- **\$15** annual well-care visit with child's primary care doctor. Ages 2-20.
- **\$10** blood lead test screening. Ages 12-24 months. One per calendar year.
- **\$15** for completing chlamydia testing. Ages 16-24. One per calendar year.

How Sunflower Supports Providers

Sunflower Health Plan is committed to providing preventive health screenings and improving the overall health of children enrolled in its health plan. With the proportion of children in the population, the ability to impact the incidence of EPSDT screening is of vital importance to the overall health and well-being of our membership.

Sunflower sends HEDIS Physician Quality Reports throughout the year to providers who have at least one patient who may not be current on their well-child visits or immunizations.

Because the HEDIS Physician Quality Reports do not address all of the EPSDT components, Sunflower can give support to providers by monitoring and creating reports for EPSDT participation if requested.

The EPSDT participation reports may be helpful to providers to identify moderate to large panels of EPSDT eligible members with low participation scores. This report will be made available to requestors in order to increase communication and participation in the EPSDT program.

Resources

- Medicaid page for Early and Periodic Screening, Diagnostic, and Treatment www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html
- AAP/Bright Futures Periodicity Schedule https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
- Health Resources and Services Administration, Maternal and Child Health <https://mchb.hrsa.gov/programs-impact/early-periodic-screening-diagnosis-treatment>
- KAN Be Healthy EPSDT Provider Manual https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/KBH_23069_22161.pdf
- Center for Medicare and Medicaid Services; EPSDT – A Guide for States www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/epsdt_coverage_guide_137.pdf
- EPSDT Billing and Coding Tips reference guide www.sunflowerhealthplan.com/content/dam/centene/sunflower/pdfs/epsdt-coding-billing-tips.pdf
- Sunflower Health Plan EPSDT Provider Reference Kit www.sunflowerhealthplan.com/providers/resources/forms-resources/epsdt-provider-reference-kit.html
- KMAP Provider Portal <https://portal.kmap-state-ks.us/PublicPage/Public/ProviderHome/>
- CDC/ACIP Child and Adolescent Immunization Schedule www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html



Questions?

Lindsey DeLaGarza, RN, EPSDT Coordinator
Quality Improvement Specialist Senior
Sunflower Health Plan
lindsey.delagarza@sunflowerhealthplan.com
