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

4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services (07/01/2020; GCR # 19-060)

4.106.1 Introduction

Vermont Medicaid covers Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for Medicaid beneficiaries under 21 years old pursuant to Section 1905(r) of the Social Security Act (42 USC 1396d(r)). Vermont Medicaid covers as EPSDT services those services that are within the scope of the category of services listed in Section 1905(a) of the Social Security Act (42 USC 1396d(a)) and that are medically necessary, whether or not the service is covered by the Vermont Medicaid State Plan.

4.106.2 Definitions

- (a) “**EPSDT eligible beneficiaries**” means Medicaid beneficiaries (not including beneficiaries with limited Medicaid coverage) under 21 years old.
- (b) “**EPSDT services**” means services that are within the scope of category of services described as “medical assistance” at Section 1905(a) of the Social Security Act (42 USC 1396d(a)), regardless of whether the service is listed in the Medicaid State Plan or administrative rule, and regardless of whether the service is covered or has limitations for Medicaid beneficiaries 21 years old and older.

4.106.3 Informing

- (a) Vermont Medicaid will:
 - (1) Inform EPSDT eligible beneficiaries of the availability of EPSDT services within 60 days of a beneficiary being enrolled in Medicaid, and
 - (2) Annually inform EPSDT eligible beneficiaries who have not used EPSDT services within the prior year of the availability of EPSDT services.
- (b) When informing EPSDT eligible beneficiaries of the availability of EPSDT services, Vermont Medicaid will inform the beneficiary:
 - (1) The benefits of preventive health care,
 - (2) The services that are available under EPSDT,
 - (3) How to access EPSDT services, and
 - (4) The availability of transportation and scheduling assistance if necessary to access EPSDT services.

4.106.4 Screening

- (a) Vermont Medicaid covers medical, vision, dental, and hearing screenings for EPSDT eligible beneficiaries, at intervals based on medical/dental practice standards determined in consultation with recognized medical and dental organizations involved in child health care, and on an interperiodic basis, as needed, in order to identify and treat health conditions early.
 - (1) Vermont Medicaid will implement a periodicity schedule for screening services that specifies screening services applicable at each stage of the EPSDT eligible beneficiary’s life, beginning with neonatal examination, up to the age that a beneficiary is no longer eligible for EPSDT.
- (b) Vermont Medicaid covers medical screenings that include a comprehensive health and developmental history that assesses for physical, mental and developmental health and substance use disorders, a comprehensive physical examination, appropriate immunizations and laboratory tests (including lead blood level tests), and

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health education for both the EPSDT eligible beneficiary and, where appropriate, their caregiver.

4.106.5 Diagnostic and Treatment Services

- (a) Vermont Medicaid covers diagnostic services without delay to an EPSDT eligible beneficiary when a screening indicates a need for further evaluation.
- (b) Vermont Medicaid covers EDPST services that are medically necessary, as defined by Rule 4.101.
 - (1) Vermont Medicaid covers all medically necessary services for EPSDT eligible beneficiaries without regard to service limitations otherwise specified in these Health Care Administrative Rules.
 - (2) Vermont Medicaid will determine medical necessity on a case by case basis, based on the needs of the EPSDT eligible beneficiary.
- (c) Vermont Medicaid may approve a cost effective alternative to the requested EPSDT service provided the alternative is equally effective and available.

4.106.6 Qualified Providers

- (a) EPSDT services may be delivered by a variety of providers. The provider must be:
 - (1) Enrolled in Vermont Medicaid,
 - (2) Within the limits established by Section 1905(a) of the Social Security Act (42 USC 1396d(a)), and
 - (3) Working within the scope of their practice.

4.106.7 Prior Authorization

Fee Schedules, including for EPSDT services covered by the Agency of Human Services, contain detailed lists of covered procedures and services and indicate which of these require prior authorization. Fee Schedules can be found on the Department of Vermont Health Access website.

4.106.8 Non-covered Services

- (a) Services that cannot be covered as a category of services pursuant to Section 1905(a) of the Social Security Act (42 USC 1396d(a)) are not covered.
- (b) See Rule 4.104 for additional Medicaid non-covered services.