



# Imagine Different...Achieve Different Coalition

## **FAST FACTS:** Early and Periodic Screening, Diagnostic and Treatment

### What is EPSDT?

Medical Assistance (MA), also known as Medicaid, pays for health care services for eligible individuals. In Pennsylvania, virtually all children with significant disabilities are eligible for MA regardless of family income. Children can be covered by both MA and private health insurance.

**EPSDT** stands for **E**arly and **P**eriodic, **S**creening, **D**iagnostic and **T**reatment services. It is a comprehensive package of health benefits for every child who is eligible for MA. EPSDT includes standard childhood screening services as well as most medical items and services that a child is determined to need, including services provided by any type of PA-licensed health care practitioner, hospital services, laboratory services, medication, therapies, equipment, supplies, and aides. EPSDT also includes other medical or remedial services prescribed by an MA-enrolled physician for the restoration of a child to their best functional status. In Pennsylvania, EPSDT does NOT include home modifications, respite, room and board costs, or purely educational or vocational services such as tutoring or job coaching. Still, it is more comprehensive than any standard private health insurance.

### How do I get started?

**Enrollment** – Enroll your child in MA at your local County Assistance Office or online at <https://www.compass.state.pa.us>. Provide all requested information (including income) and documentation of your child's disability, such as medical or school evaluations. You will be asked to choose a physical health managed care plan. Check to make sure your child's most important providers accept the plan you choose. For behavioral health coverage, your child will be automatically enrolled in the local behavioral health plan.

**Service Request** – Most health services and items require a prescription from a MA-enrolled physician, and many require a physician's letter explaining the medical need for the service. If you have a service provider who is enrolled in your child's health plan, that provider can submit the request. You can call the health plan or check their website for help finding an enrolled provider.

If the plan cannot identify an enrolled provider, they must allow you to use an out-of-network, but MA-enrolled, provider. The plan must respond in writing within two business days with an authorization, denial, or request for additional information. Any denial must provide a reason and information on how to appeal. If your child also has private insurance, providers must bill that insurance first. If you use a provider who accepts both insurances you should not have a copay.

#### ADDITIONAL RESOURCES

[https://www.medicaid.gov/sites/default/files/2019-12/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf)

[PH-95: A Guide to Getting Medicaid for a Child With a Disability \(PHLP\)](#)

Pennsylvania Health Law Project  
[www.phlp.org](http://www.phlp.org)

Disability Rights Pennsylvania  
[www.disabilityrightspa.org](http://www.disabilityrightspa.org)