

# Guidance for Submitting EPSDT Claims

## Early Periodic Screening, Diagnostic & Treatment

Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) is a Medicaid benefit for children under age 21. This benefit ensures that eligible children and young adults can receive early care, acute care, and ongoing, long-term treatment and services to prevent, diagnose and treat health problems as early as possible. This is a federally mandated benefit and often offers coverage without many of the restrictions that are in place for the Medicaid program.

### How do I submit an EPSDT claim?

- Carolina Complete Health accepts EPSDT claims electronically and by mail using the CMS 1500 (2/12) and CMS 1450 (UB-04) paper claim forms.
- Processing will follow and apply all the regulations of Prompt Pay standards.
- When coordinating coverage with other insurers please follow state guidelines and procedures for claim submissions and evidence of coverage.
- Carolina Complete Health follows the [NC Health Check Guide](#) which can be located on the [NCTracks](#) website [www.nctracks.nc.gov](http://www.nctracks.nc.gov).

### How is the EP modifier used?

- An EP modifier is used to identify Early and Periodic Screens, and services provided in association with an Early and Periodic Screen, therefore any service provided in an Early and Periodic Screen should have an EP modifier. It is important to append an EP modifier to these services, as some of these CPT codes are also used for services provided to adults.

### Is prior authorization required for EPSDT related Diagnostic and Treatment?

- Prior Authorization is required when billing a medically necessary non-covered service or for services that exceed the clinical policy coverage limits.
- Prior authorizations can be submitted in one of three ways, via phone, fax or provider portal.
- Notice of approval or denials of EPSDT or any service will be sent via electronic fax. This notice is also available on the provider portal.
- For additional information on submitting prior authorizations review the CCH Prior Authorization Guide and other tip sheets located in the resources section of our website.

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## How can I appeal an authorization decision?

- To appeal an authorization denial, use one of the options below:
- Mail, fax or email: Fill out and sign the Appeal Request Form in the notice you received about our decision. Mail, fax, or email the form to:

### **Carolina Complete Health**

Attention: Grievance and Appeals

1701 North Graham Street

Suite 101

Charlotte, NC 28206

Fax: 1-833-318-7256

Email: [CCHGrievancesAppeals@carolinacompletehealth.com](mailto:CCHGrievancesAppeals@carolinacompletehealth.com)

- **Phone:** You may also submit the appeal by phone: 1-833-552-3876 (TTY: 711)
- We must receive your request no later than 60 days after the date on the notice. Appeal requests require written consent from the member.

## How can I submit a claim dispute?

- Providers may follow the Claim Dispute process outlined in the [Provider Claim Reconsideration and Grievance Form \(PDF\)](#).
- For more guidance on your rights regarding claim disputes, review the [CCH Provider Manual \(PDF\)](#).

## How will EPSDT Claims be paid?

- CCH will pay the provider and then chase the primary insurance for Early and Periodic Screening, Diagnostic and Treatment services when there is Coordination of Benefits involved. If providers are still dissatisfied after filing a claim complaint, they may file an appeal within 30 days of receiving decision notification.
- For additional information, review the [CCH Billing Manual \(PDF\)](#) and [CCH Claims Submission Reminder \(PDF\)](#).

## Support

Please view the Provider section of our website at [network.carolinacompletehealth.com](https://network.carolinacompletehealth.com) for additional tools and resources. You may also contact the Provider Network Specialist Team directly via Email at [NetworkRelations@cch-network.com](mailto:NetworkRelations@cch-network.com), or contact Provider Services for assistance at 1-833-552-3876 (TTY 711).

*Last Revised: March 6, 2024*