

5101:3-14-01 **Healthchek: early and periodic screening, diagnostic and treatment (EPSDT) mandatory services for medicaid recipients under twenty-one years of age.**

(A) Definitions. The following definitions apply to Chapter 5101:3-14 of the Administrative Code:

- (1) "Current procedural terminology" (CPT) has the same meaning as in Chapter 5101:3-1 of the Administrative Code.
- (2) "Healthchek" is Ohio's early and periodic screening, diagnostic and treatment (EPSDT) benefit for all medicaid recipients under twenty-one years of age.
- (3) "Healthchek services," also known as "EPSDT services," has the same meaning as in rule 5101:1-38-05 of the Administrative Code.
- (4) "Medically necessary services" has the same meaning as in rule 5101:3-1-01 of the Administrative Code.
- (5) "Prior authorization" for a member of a medicaid managed care plan is the process established by the medicaid managed care plan as required by rule 5101:3-26-05.1 of the Administrative Code. For all other medicaid recipients, prior authorization is the process outlined in rule 5101:3-1-31 of the Administrative Code.
- (6) "Screening" means the identification of individuals at risk of health problems. Results of a screening do not represent a diagnosis, but rather may indicate the need for referral to an appropriate resource for additional evaluation, diagnosis, treatment, or other follow-up when concerns or questions remain as a result of the screening.

(B) Subject to the limitations of 42 U.S.C. 1396d(r) (1/1/2011), healthchek requires the coverage of the following screening services, described in Chapter 5101:3-14 of the Administrative Code:

- (1) A comprehensive health and developmental history (including assessment of both physical and mental health development);
- (2) A comprehensive unclothed physical examination;
- (3) Appropriate immunizations;
- (4) Appropriate vision testing;
- (5) Appropriate laboratory tests; and
- (6) Appropriate dental screenings.

(C) Healthcek requires coverage of medically necessary services and items listed in 42 U.S.C. 1396d(a) (1/1/2011) to correct or ameliorate a condition discovered by a screening service described in paragraph (B) of this rule. If approved through prior authorization, such services and items include those services and items listed at 42 U.S.C. 1396d(a) (1/1/2011) that are in excess of state medicaid plan limits applicable to adults. Nothing in Chapter 5101:3-14 requires healthcek to cover services or items that are not listed in 42 U.S.C. 1396d(a) (1/1/2011).

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