5101:3-14-02 <u>Healthchek: Eligibleeligible</u> providers of <u>"HealthChek"early</u> and periodic screening, diagnosis, and treatment (EPSDT) services.

- (A) ScreeningHealthchek (EPSDT) screening services, composed of the components described in rule 5101:3-14-03 of the Administrative Code, mayshall be provided by the following eligible providers of physician services as defined in Chapter 5101:3-4 of the Administrative Code.:
 - (1) Eligible providers of physician services, in accordance with Chapter 5101:3-4 of the Administrative Code may provide physician services; and
 - (2) Advanced practice nurses (APNs) may also provide healthchek (EPSDT) screening services, in accordance with Chapter 5101:3-8 of the Administrative Code.
- (B) Healthchek (EPSDT) diagnosis and treatment services, composed of the components described in rule 5101:3-14-05 of the Administrative Code, may be provided by the following eligible providers:
 - (1) Eligible providers of vision services as defined in Chapter 5101:3-6 of the Administrative Code may provide vision services;
 - (2) Eligible providers of dental services as defined in Chapter 5101:3-5 of the Administrative Code may provide dental services;
 - (3) Eligible providers of physician or clinic services as defined in Chapters 5101:3-4 and 5101:3-13 of the Administrative Code may provide hearing services; and
 - (4) Other medically necessary health care, diagnostic, or treatment services that are covered under the medicaid program may be provided by eligible medicaid providers.
- (B) Vision services may be provided by eligible providers of vision services as defined in Chapter 5101:3-6 of the Administrative Code.
- (C) Dental services may be provided by eligible providers of dental services as defined in Chapter 5101:3-5 of the Administrative Code.
- (D) Hearing services may be provided by eligible providers of physician or elinic services as defined in Chapters 5101:3-4 and 5101:3-13 of the Administrative Code.
- (E) Other health care, diagnostic services or treatments may be provided by eligible medicaid providers as long as the services are within the coverage and limitations set forth for the provider in Chapters 5101:3-1 to 5101:3-22 of the Administrative

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Code.

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