

EPSDT Billing Information

For children who require a service beyond the benefit package limitations, the primary care provider must have documented the medical necessity for the service during an EPSDT exam. Any specialist providing services must coordinate service needs with the primary care provider.

To obtain reimbursement for services that have been identified as a result of the EPSDT exam that are not covered in the member's benefit package or for service limitations that have been previously met, the specialist must provide appropriate documentation and a copy of the EPSDT referral from the child's PCP documenting medical necessity for the service requested. All documentation must be faxed to the attention of BMS' EPSDT Program at 304-558-1509. If the Medicaid member is enrolled in a Managed Care Organization (MCO), the respective member's MCO must be contacted for coordination of benefits.

All documentation faxed to the Bureau will be submitted to the appropriate Utilization Management (UM) Vendor for medical necessity review. The UM Vendor will notify the provider whether services are approved or denied and if approved, will provide the appropriate authorization number for billing purposes.

The rendering provider will be required to bill all claims on paper and mailed to the physical address of Molina, 1600 Pennsylvania Avenue, Charleston, WV 25302, Attn: BMS EPSDT Program Unit. The prior authorization number issued by the UM vendor must be entered on the claim to be considered for payment.

Any further billing instructions should be referred to: Molina Provider Relations Department at 1-888-483-0793.