UnitedHealthcare Community Plan of Arizona care provider EPSDT toolkit

PCA-1-26-01325-C&S-QRG_07162026

UnitedHealthcare Community Plan

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Requirements for EPSDT and family planning preventive care visits

We created this toolkit to help primary care providers (PCPs) better understand state requirements for providing Early and Periodic Screening, Diagnostic and Treatment (EPSDT) or family planning preventive care services for UnitedHealthcare Community Plan members.

If you have questions about the information presented in this guide, please discuss them with your assigned clinical practice consultant.

Requirements for EPSDT (well-child) services

As a UnitedHealthcare Community Plan network health care professional, you're required to follow Arizona Health Care Cost Containment System (AHCCCS) guidelines for EPSDT services for members younger than age 21. EPSDT is a comprehensive child health care program that includes preventive services and screenings, early intervention, diagnosis, treatment and follow-up care for physical and behavioral health conditions. The following EPSDT topics are outlined in this toolkit:

- Periodicity schedule for EPSDT services
- Developmental screening requirements
- Billing guidelines for developmental screenings
- Billing for sick and well visits
- EPSDT Clinical Sample Templates
- Arizona Early Intervention Program
- Childhood immunization requirements
- UnitedHealthcare Community Plan of Arizona dental home structure
- Weight assessment
  - Growth charts
  - Nutritional counseling
  - Physical activity counseling
- Appointment availability
- Family planning

For information about AHCCCS EPSDT requirements, review **Chapter 400 - Maternal and Child Health** of the AHCCCS Medical Policy Manual.

Periodicity schedule for EPSDT services

According to the AHCCCS Periodicity Schedule, health care professionals must complete all age-appropriate screenings and services listed in the EPSDT Clinical Sample Templates, including:

- Newborn metabolic screenings, bilirubin recommended when indicated
- Developmental surveillance
- Developmental screening
- Lab tests, including:
  - Blood lead testing at ages 12 months and 24 months
  - Tuberculosis (TB) skin test, if at risk
  - Syphilis testing — annually for members ages 15 and over, or under age 15 at the provider's discretion
- Nutritional screening
- Oral health screening
- Vision screening and services
- Hearing screening and services
- Social-emotional health, including:
  - Postpartum depression for birthing mother
  - Suicide screening for members ages 10 to 20 years
  - Adolescent substance use disorder (SUD) for members ages 12 up to 21 years

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Periodicity schedule for EPSDT services (cont.)

We require health care professionals in our network to follow specific schedules when providing EPSDT services for members. The periodicity schedules for immunizations, pediatric oral health care and fluoride varnish review and application training are as follows:

- Well-child visits: Conduct all age-appropriate screenings and services during each EPSDT visit. The frequency of visits is based on the most current **AHCCCS EPSDT periodicity schedule**.
- Immunizations: Complete all immunizations according to the recommended schedules from the **American Academy of Pediatrics** and/or the Advisory Committee on Immunization Practices as specified in the **CDC Child and Adolescent Immunization Schedule** and when determined to be medically necessary. Refer to **Attachment G** for the AHCCCS Routine Pediatric Immunization Schedule.
- Pediatric oral health care: The first dental examination is encouraged by age 1. Refer the member for repeat dental examinations every 6 months or as indicated by the child's oral health status and/or susceptibility to disease.
  - View the most current **AHCCCS Dental Periodicity Schedule**
- Fluoride varnish review and application training: Fluoride use can help prevent caries in children's teeth and should be part of their oral health treatment
  - To view the AHCCCS training for fluoride varnish application, go to **Oral Health Education and Training**
  - Once you've completed the training, submit your certificate directly to UnitedHealthcare Community Plan or the Council for Affordable Quality Healthcare (CAQH) by uploading it to **proview.caqh.org/login**
  - We require the certificate before you can request payment for fluoride varnish application. We also use the certificate during the credentialing process to verify you've completed the training required for reimbursement.

Developmental screening requirements

EPSDT well-child visits allow you to monitor children's health and development through periodic developmental screening. Developmental screenings can help you determine if a child is experiencing any developmental delays.

To utilize the EP modifier and receive the enhanced payment associated with it for CPT® code 96110, the developmental screening must meet the following criteria:

- The right type of screening tool has been used at the right EPSDT visit
- The provider satisfied the training requirements for the screening tool used
- An AHCCCS-approved developmental screening tool has been completed

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Developmental screening requirements (cont.)

General (global) developmental screenings must be completed at the 9-, 18- and 30-month visits using an AHCCCS-approved developmental screening tool.

- The most common AHCCCS-approved general developmental screenings tools used by PCPs are:
  - Ages & Stages Questionnaire, Third Edition (ASQ-3)
  - Parents' Evaluation of Developmental Status (PEDS)
  - Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)
  - Survey of Well-being in Young Children – Milestones (SWYC)
- Use CPT code 96110 and ICD-10 Z13.42 on claim submissions

Autism spectrum disorder (ASD) specific developmental screenings must be completed at the 18- and 24-month visits.

- Use CPT code 96110 on claim submissions. The code may be used twice only for the 18-month EPSDT visit, as the clinical circumstances warrant more than 1 tool is used during this visit.
- Common ASD-specific developmental screenings tools used by PCPs include:
  - Ages & Stages Questionnaire: Social-Emotional (ASQ:SE)
  - Modified Checklist for Autism in Toddlers (M-CHAT)

Additional requirements:

- A copy of the completed tool(s) must be kept in the patient's medical record
- PCPs who bill for developmental screening must be trained in the use and scoring of the developmental screening tool(s) they're administering, as indicated by the American Academy of Pediatrics. Evidence of completion of training must be:
  - Available upon request by UnitedHealthcare Community Plan
  - Uploaded to CAQH

Billing for sick and well visits

You may perform a sick visit and an EPSDT visit for growth and development during the same time as a member's sick visit. You may perform a sick visit and an EPSDT visit during the same date of service and be reimbursed for both services.

You may bill for a sick visit (CPT codes 99202–99205, 99211–99215) at the same time as an EPSDT service if you:

- Find an abnormality or address a preexisting problem while performing an EPSDT service. The problem is significant enough to require additional evaluation and management service
- Add modifier 25 to the office/outpatient code. This indicates a significant, separately identifiable E&M service was provided by the same physician on the same day as the preventive medicine service.

  The history, exam and medical decision-making components of a separate sick visit already performed during the course of an EPSDT visit are not considered when determining the level of the additional service (CPT codes 99202–99205, 99211–99215).

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EPSDT Clinical Sample Templates

To document EPSDT services at each well visit, use only the most current **AHCCCS EPSDT Clinical Sample Templates** or an equivalent form approved by UnitedHealthcare Community Plan as part of the member's medical record. You can download sample templates by going to **UHCprovider.com/azcommunityplan** > Provider Forms, Programs and References > General Forms > Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Clinical Sample Templates. Or you can get information on ordering EPSDT forms and print a forms ordering sheet at **UHCprovider.com/azcommunityplan.**

When performing an EPSDT well-child visit during a member's sick visit, please ensure the following actions are completed:

- Documentation of comprehensive physical exam (including appropriate weight and vital signs)
- Age-appropriate screenings (vision, hearing, oral health, nutrition, developmental, TB and lead)
- Developmental surveillance
- Anticipatory guidance (age-appropriate education and guidance)
- Social-emotional health (behavioral health) surveillance
- Age-appropriate labs and immunizations
- Medically necessary referrals, including those to the member's dental home starting at age 1, or sooner as needed, for routine biannual examinations

New EPSDT screening requirements went into effect on Nov. 5, 2025. Refer to the Medical Coding page at azahcccs.gov > Plans/Providers > **Medical Coding Resources** for more information. Bill the following screenings separately and keep a copy in the member's medical record:

- Postpartum depression screening for members during well-child visits of their infant(s) ages 6 months and younger (CPT code 96161). Perform the screening using a standard norm-criterion referenced screening tool to identify potential signs and symptoms of postpartum depression during the 1-, 2-, 4- and 6-month EPSDT visits. Positive screening results require referral to appropriate case managers and services at the respective maternal health plan.
- Adolescent suicide screening for the members ages 10 to 20 years during well-child visits (CPT code 96127). Perform the screening at the annual EPSDT visits, using a standardized, norm-referenced screening tool specific for suicide and depression. Positive screening results require appropriate and timely referral for further evaluation and service provision.
- Adolescent substance use disorder (SUD) screening for members beginning at age 12 years (CPT code 99408 and 99409). Perform the screening at the annual EPSDT visit, using standardized, norm-referenced screening tool specific for SUD. Positive screening results require appropriate and timely referral for further evaluation and service provision.

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EPSDT Clinical Sample Templates (cont.)

After completing the EPSDT Clinical Sample Template, or its equivalent, submit a copy on a timely basis to UnitedHealthcare Community Plan using one of the following methods:

Fax: 844-236-1507
Email: az_qmp@uhc.com
Mail: Attn: EPSDT Forms
Plan Quality Management
UnitedHealthcare Community Plan
1 E. Washington, Suite 900
Phoenix, AZ 85004

Lead testing

AHCCCS requires blood lead testing for all members at ages 12 months and 24 months. Members who have not been tested at these ages must be tested between ages 24 months through 6 years.

- The CDC currently uses a blood lead reference value of 3.5 ug/dL to identify children with blood lead levels that are higher than most children's levels in the United States. However, no safe level of lead in children has been identified; even low levels of lead in the blood can negatively impact a child's health and should be viewed as a concern.
- Care coordination for members with elevated blood lead levels is required to ensure timely follow-up and retesting
- Providers are required under A.A.C. R9-4-302 to report blood lead levels, either personally or through a representative, to the Arizona Department of Health Services (ADHS)

Arizona Early Intervention Program (AzEIP)

AzEIP is Arizona's statewide interagency system of services and supports for families of infants and toddlers with disabilities or delays, from birth to age 36 months. The following section is an overview of the AzEIP program:

- Eligibility: Any child from birth to age 36 months who meets AzEIP's eligibility criteria of 50% developmental delay is eligible for AzEIP services.
  - If the evaluation report from the AzEIP service provider indicates that the child does not have a 50% developmental delay, UnitedHealthcare Community Plan will conduct anticipatory guidance to PCP and service providers and continue to coordinate medically necessary care and services for the child
  - If the evaluation report indicates the child has a developmental delay but is not eligible for early intervention services through AzEIP, please contact UnitedHealthcare Community Plan's EPSDT Coordinator at **480-333-5563** or **azeip_service_request@uhc.com** for support

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Arizona Early Intervention Program (AzEIP) (cont.)

- Referrals for AzEIP services: Parents or other family members, doctors, nurses, childcare workers, social workers or anyone who has contact with the child may make a referral for AzEIP services. The child's parents will always be contacted in advance for permission to initiative an evaluation for AzEIP services. To make a referral to AzEIP, go to **azeip.azdes.gov/azeip/azeipref/forms/categories.aspx.**
- AzEIP process: If a child is referred to AzEIP and determined to be eligible for services, AzEIP will develop an Individual Family Service Plan (IFSP) and send an AzEIP Service Request form to the member's UnitedHealthcare Community Plan EPSDT coordinator. The following steps will occur as a part of this process:
  1. The UnitedHealthcare Community Plan EPSDT coordinator will send a fax with the coordinator's contact information and a copy of the AHCCCS AzEIP Service Request form received from the AzEIP agency
  2. You will be requested to make a determination of medical necessity based on the information provided in the IFSP. The services request form should be completed and faxed back to us within 3 business days. The response should include the diagnosis code(s), your signature and date. Additionally, you should check the box on the services request form indicating that services are medically necessary. If, after your review, you determine the services are not medically necessary, please make a note on the request form and return it to us so the AzEIP service coordinator and member's family can be notified.

Childhood immunization requirements

To treat members who are ages 18 or younger, you should be registered as a Vaccines for Children (VFC) provider and administer VFC vaccines. You must provide all appropriate immunizations to establish and maintain an up-to-date immunization status for each EPSDT member.

- You must coordinate with the Arizona Department of Health Services Vaccines for Children Program in the delivery of immunization services
- If you treat members ages 18 or younger who are assigned to a panel, you must participate in the VFC program and meet standardized vaccine management requirements related to ordering, storage/handling and reporting.
- You must re-enroll in VFC annually based on AHCCCS contract requirements
- Through the VFC program, the federal and state governments purchase and make available vaccines for AHCCCS members younger than age 19 at no cost to providers. Your office must order the immunizations. We do not reimburse for the vaccine ordered by the VFC program, but we do reimburse for administering the vaccine.

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Childhood immunization requirements (cont.)

- We may reimburse vaccine administration fees when submitted with an appropriate CPT and modifier code. We cannot reimburse for private stock vaccines when they are available through VFC.
- The "SL" (state supplied) modifier indicates vaccines administered under the federal VFC program. Code them accordingly on the 837p or CMS-1500 claim form. Immunizations may be billed in addition to the EPSDT visit using the CPT-4 code appropriate for the immunization with an SL modifier.
- Document each EPSDT age member's immunizations in the Arizona State Immunization Information System (ASIIS) registry. Also keep the ASIIS immunization records of each EPSDT member in ASIIS, based on A.R.S. Title 36, Chapter 135.
- You may also provide vaccine counseling, whether it's the sole reason for the office visit or if the vaccine counseling occurs in conjunction with:
  - A preventive health visit (e.g., EPSDT)
  - An office visit when another service is provided (e.g., office visit to address diagnosed illness(es), new issues and/or prescription refills)

Vaccine counseling is also covered in instances when it's the sole reason for the office visit but a vaccine is not administered during that visit.

For information about ASIIS trainings, visit **azdhs.gov.** You may also call the ASIIS hotline at 602-364-3899 or 877-491-5741. For information on Arizona immunizations, visit The Arizona Partnership for Immunizations at **whyimmunize.org.**

Dental home structure

In accordance with AHCCCS guidelines, we assign members younger than age 21 to a "dental home." A dental home is a dental office. As the member's PCP, you will conduct an oral health screening as part of a routine physical examination. This screening determines dental needs and can help connect members to covered dental services available at a dental home. Coverage includes emergency dental services and medically necessary dental services.

When we assign members to a dental home, we will send them contact information for their dental home and a recommendation to schedule a dental visit.

- **Assignment: New members**
  - Members are auto-assigned to a dental home based on the member's residential address on file
  - Family units will have the same dental home

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Dental home structure (cont.)

- **Reassignment**
  - Member reassignment can be triggered by a provider termination, suspension or other network-related reasons
  - Member reassignment can also be triggered if a member requests a reassignment to another dental provider of their choice
- **Member notification**
  - The member will receive a dental home assignment notification letter that contains the demographic information for their dental home assigned dentist
  - The member will receive a dental home reminder letter in their birthday month each year
  - The member will receive a reassignment letter when a reassignment is triggered/initiated
- **Member rights**
  - The member can exercise the right to change dental homes at any time
  - Members are allowed to visit a dentist of their choice, at any time, despite the dental home assignment on file

If UnitedHealthcare Community Plan members ask for information about their dental home, please direct them to call one of the following phone numbers, depending on their plan type:

UnitedHealthcare membership	Phone number
AHCCCS/Medicaid	**800-348-4058**
Developmental Disabilities Program	**800-348-4058**
Long-Term Care	**800-293-3740**
UnitedHealthcare Dual Complete® LP (HMO D-SNP) and UnitedHealthcare Dual Complete® ONE (HMO D-SNP)	**877-614-0623**

Members can also sign in to myuhc.com® to find information about their dental home.

If you have any questions about the dental home assignment process, please call Provider Dental Services at **855-812-9208.**

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Growth charts

Use age- and gender-appropriate growth charts to determine Body Mass index (BMI) percentiles.

- When a referral for underweight assessment is made for members under age 2 years, use the BMI growth charts from the World Health Organization
- Go to Centers for Disease Control and Prevention at **cdc.gov/growthcharts/** for BMI and growth chart resources

Weight assessment and nutrition and physical activity counseling for children/adolescents

You must include the following documentation and ICD-10 diagnosis codes to close care opportunities and meet HEDIS® measures for members ages 3–17:

- Weight assessment
  - A BMI value and/or BMI percentile ranges or thresholds do not meet compliance regulations
  - A BMI percentile or BMI percentile plotted on an age growth chart meets compliance regulations
  - ICD-10 diagnosis codes Z68.51, Z68.52, Z68.53, Z68.54, Z68.55 or Z68.56
  - Always record height and weight in a member's medical record
- Nutrition counseling:
  - Discussion of any of the following topics meet compliance regulations:
    - Current nutrition behaviors
    - Counseling or referral for nutrition education
    - Anticipatory guidance (AG) for nutrition
    - Weight or obesity counseling
    - Referral to WIC
  - Annotation of "well nourished" during a physical exam will not meet compliance regulations for nutritional counseling. However, a checklist indicating that "nutrition was addressed" will.
  - ICD-10 diagnosis code Z71.3 or CPT codes 98702, 97803 or 97804
- Physical activity counseling:
  - Discussion of any of the following topics meet compliance regulations:
    - Current physical activity behaviors
    - Counseling or referral for physical activity
    - Anticipatory guidance (AG) for physical activity
    - Weight or obesity counseling
  - A notation of "cleared for gym class" or "health education" will not meet compliance regulations for physical activity counseling. However, a checklist indicating "physical activity was addressed" or evidence of sports physical will.
  - ICD-10 diagnosis codes Z02.5 or Z71.82

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Appointment availability

In accordance with AHCCCS guidelines, you're required to schedule appointments with UnitedHealthcare Community Plan members within the following time frames:

- PCP appointments:
  - After-hours care phone number: 24 hours, 7 days a week
  - Urgent care appointment: As quickly as the member's condition requires but no later than 2 business days of request
  - Routine care appointment: Within 21 calendar days
- Dental care appointments:
  - Routine appointments: 45 calendar days of request
  - Urgent appointments: As quickly as the member's condition requires but no later than 3 business days

Requirements for family planning services

Overview

Pregnancy and sexually transmitted infection (STI) screenings are covered under family planning services for members.

In accordance with AHCCCS guidelines, we cover family planning services for members who choose to delay or prevent pregnancy. Members may receive the following medical, surgical, pharmacological and/or laboratory services:

- Contraceptive counseling, medication and/or supplies, including but not limited to:
  - Condoms
  - Diaphragms
  - Foams
  - Oral and injectable contraceptives
  - Suppositories
  - Long-acting reversible contraceptive (LARC)
- Related medical and laboratory examinations and radiological procedures, including ultrasounds related to family planning
- Treatment of complications resulting from contraceptive use, including emergency treatment
- Natural family planning education or a referral to qualified health care professionals
- Post-coital emergency oral contraception within 72 hours after unprotected sexual intercourse. Please note that RU 486 is not considered post-coital emergency oral contraception.

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Requirements for family planning services (cont.)

- Voluntary sterilization:

1. The following criteria must be met for a member to qualify for sterilization:
   - The member is at least age 21 when they give informed consent for sterilization
   - The member has not been declared mentally incompetent
   - The member gives voluntary consent without coercion
   - 30 days, but no more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of a premature delivery or emergency abdominal surgery.
   - Members may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery if at least 72 hours have passed since they gave information consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected delivery
2. Any member requesting sterilization shall sign an appropriate consent form with a witness present when consent is obtained. Make sure members with limited English proficiency or reading skills, those with diverse cultural and ethnic backgrounds, and members with vision and hearing concerns fully understand the information in the consent form. Before the member signs the consent form, give them a copy of the form and provide the following, consent form requirements (see 42 CFR § 50.204):
   - An explanation of the procedure as well as answers to their questions
   - A description of available alternative methods
   - Knowledge that they can withdraw consent at any time before surgery without affecting future care and/or loss of federally funded program benefits
   - Advice that the sterilization procedure is irreversible
   - A full description of the risks that may follow the procedure, including the type and possible effects of anesthetic
   - A full description of what members can expect as a result of the sterilization
   - Notification that sterilization cannot be performed for at least 30 days after they give consent
3. Sterilization consent may not be obtained when a member:
   - Is in labor or childbirth
   - Wants or is terminating a pregnancy
   - Is under the influence of alcohol or other substances that affect the member's state of awareness

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Requirements for family planning services (cont.)

Limitations

The following are not covered for the purpose of family planning services and supplies:

- Infertility services including diagnostic testing, treatment services and reversal of surgically induced infertility
- Pregnancy termination counseling
- Pregnancy terminations except as specified in AMPM Policy 410
- Hysterectomies for sterilization. Refer to AMPM Policy 310-L for hysterectomy coverage requirements.

Additional resources

You can help members who have barriers to care by leading them to the following services:

Resource name	Services provided	Contact information
Medical Transportation Brokerage of Arizona	Covered service for Medicaid enrollees from anywhere in the state who need a ride to health care appointments.	**888-889-0358**
UnitedHealthcare Community Plan Member Services	Language and cultural interpretation and translation assistance.	**800-348-4058**
Arizona Department of Housing	Housing resources.	**602-771-1000**
Arizona Rehabilitation Services Administration	Employment and independent living support for patients with disabilities.	**800-563-1221**
Arizona@Work	Assistance for patients who are unemployed.	**877-600-2722**
Long Term Care Call Center	For members enrolled in UnitedHealthcare Community Plan long-term care.	**800-293-3740**

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