

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



TEXAS (TX)

Medicaid's EPSDT benefit provides comprehensive health care services to children under age 21, with an emphasis on prevention, early detection, and medically necessary treatment. Each state Medicaid program establishes a periodicity schedule for physical, mental, developmental, vision, hearing, dental, and other screenings for infants, children, and adolescents to correct and ameliorate health conditions.

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA). The *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (4th Edition)¹ and the corresponding Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)² provide theory-based and evidence-driven guidance for all preventive care screenings and health supervision visits through age 21. Bright Futures is recognized in federal law as the standard for pediatric preventive health insurance coverage.³ The Centers for Medicare and Medicaid Services (CMS) encourages state Medicaid agencies to use this nationally recognized Bright Futures/AAP Periodicity Schedule or consult with recognized medical organizations involved in child health care in developing their EPSDT periodicity schedule of pediatric preventive care.^{4,5} The following analysis of Texas's EPSDT benefit was conducted by the AAP to promote the use of Bright Futures as the professional standard for pediatric preventive care.

Texas's profile compares the state's 2018 Medicaid EPSDT benefit with the [*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*](#), and the [*Bright Futures/AAP Recommendations for Preventive Pediatric Health Care \(Periodicity Schedule\)*](#) published in *Pediatrics* in April 2017.² This state profile also contains information about Texas's 2016 Medicaid pediatric preventive care quality measures and performance based on the state's voluntary reporting on selected Child Core Set measures. Information about the state Medicaid medical necessity definition used for EPSDT and a promising practice related to pediatric preventive care is also found here. Texas's profile is based on a review of the state's Medicaid website, provider manual, and other referenced state documents, and an analysis of 2016 state Medicaid data reported to CMS on child health quality.⁶ This profile was also reviewed by state Medicaid EPSDT officials. Information is current as of April 2018.

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Summary of Findings

- Texas’s 2018 EPSDT screening recommendations are similar to the Bright Futures/AAP recommendations.
- The total number of Texas’s EPSDT checkups is the same as the Bright Futures/AAP Periodicity Schedule.
- The Texas medical necessity definition for EPSDT below incorporates a preventive purpose.
 - Medically necessary – Medical services that are supported by documentation which show the services are:
 - (A) Reasonable and necessary to prevent illness, medical or dental conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a client, or endanger life;
 - (B) Consistent with health care practice guidelines and standards that are issued by professional recognized health care organizations or governmental agencies;
 - (C) Consistent with the diagnoses of the conditions;
 - (D) No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - (E) Not experimental or investigative; and
 - (F) Not primarily for the convenience of the client or provider.
- According to CMS, in 2016, Texas selected all but one of the 10 pediatric preventive care measures in the Child Core Set: childhood immunizations.
- Texas’s quality performance rates, as shown in the table below, were higher than the national average for 7 of the 10 pediatric preventive care measures: PCP visits, well care visits for children ages 3 to 6 years and adolescents ages 12 to 21, adolescent immunizations, HPV vaccinations, and preventive dental services. The state’s performance rates were lower than the national average for well visits for infants in the 1st 15 months, chlamydia screening, and BMI documentation.
- The state has pediatric preventive care performance improvement projects underway related to well child and adolescent visits and preventive dental care.

Promising Practice

Texas has implemented a comprehensive “First Dental Home” initiative to improve the oral health of children ages 6-35 months of age. The state, with its dental and pediatric medical home provider leaders, have developed a set of simple consistent messages for parents of very young children, training for providing a dental home, specification of first dental home visit, caries risk assessment, and dental anticipatory guidance. For those who have completed training, Texas Medicaid has established enhanced reimbursement.

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Comparison of TX EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Texas’s EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Texas Medicaid EPSDT requirements with the 2017 Bright Futures/AAP Recommendations for Preventive Pediatric Health Care.²

Code	Number of Well Child Visits by Age	TX EPSDT	Bright Futures
U = Universal screening (all screened)	- Birth through 9 months	7	7
	- 1 through 4 years	7	7
S = Selective screening (only those of higher risk screened)	- 5 through 10 years	6	6
	- 11 through 14 years	4	4
U/S = Visits in that age group have universal and selective requirements.	- 15 through 20 years	6	6
NS = Not specified.			
¹ = dental referral			
See Bright Futures/AAP Periodicity Schedule for complete information.			

Universal (U) and Selected (S) Screening Requirements	TX EPSDT	Bright Futures
Infancy (Birth-9 months)		
- Length/height & weight	U	U
- Head circumference	U	U
- Weight for length	U	U
- Blood pressure	NS	S
- Vision	S	S
- Hearing	U/S	U/S
- Developmental screening	U	U
- Developmental surveillance	U	U
- Psychosocial/behavioral assessment	U	U
- Maternal depression screening	S	U
- Newborn blood screening	U	U
- Critical congenital heart screening	U	U
- Anemia	NS	S
- Lead	NS	S
- Tuberculosis	NS	S
- Oral health	U/S ¹	U/S
- Fluoride varnish	U	U
- Fluoride supplementation	NS	S
- Nutritional screening	U	—

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Comparison of TX EPSDT and AAP/Bright Futures Periodicity Schedules *continued*

Code	Universal (U) and Selected (S) Screening Requirements	TX EPSDT	Bright Futures
U = Universal screening (all screened)	Early Childhood (Ages 1-4)		
S = Selective screening (only those of higher risk screened)	- Length/height & weight	U	U
U/S = Visits in that age group have universal and selective requirements.	- Head circumference	U	U
NS = Not specified.	- Weight for length	U	U
¹ = dental referral	- Body mass index	U	U
See Bright Futures/AAP Periodicity Schedule for complete information.	- Blood pressure	U	U/S
	- Vision	U/S	U/S
	- Hearing	U/S	U/S
	- Developmental screening	U	U
	- Autism spectrum disorder screening	U	U
	- Developmental surveillance	U	U
	- Psychosocial/behavioral assessment	U	U
	- Anemia	U/S	U/S
	- Lead	U/S	U/S
	- Tuberculosis	U/S	S
	- Dyslipidemia	S	S
	- Oral health	S ¹	S
	- Fluoride varnish	NS	U
	- Fluoride supplementation	NS	S
	- Nutritional screening	U	—
	Middle Childhood (Ages 5-10)		
	- Length/height & weight	U	U
	- Body mass index	U	U
	- Blood pressure	U	U
	- Vision	U/S	U/S
	- Hearing	U/S	U/S
	- Developmental surveillance	U	U
	- Psychosocial/behavioral assessment	U	U
	- Anemia	NS	S
	- Lead	S	S
	- Tuberculosis	U	S
	- Dyslipidemia	U/S	U/S
	- Oral health	S ¹	S
	- Fluoride varnish	NS	U
	- Fluoride supplementation	NS	S
	- Nutritional screening	U	—
	Adolescence (Ages 11-20)		
	- Length/height & weight	U	U
	- Body mass index	U	U
	- Blood pressure	U	U
	- Vision	U/S	U/S
	- Hearing	U/S	U
	- Developmental surveillance	NS	U
	- Psychosocial/behavioral assessment	U	U
	- Tobacco, alcohol or drug use assessment	S	S
	- Depression screening	S	U
	- Anemia	NS	S
	- Tuberculosis	S	S
	- Dyslipidemia	U/S	U/S
	- Sexually transmitted infections	S	S
	- HIV	U/S	U/S
	- Fluoride supplementation	NS	S

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are Texas's 2016 quality performance information on pediatric preventive care measures reported to CMS⁶, as well as their use of financial incentives for pediatric preventive care.

Pediatric Preventive Care Quality Measures and Performance, 2016 Child Core Set	TX	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	96.2	95.2
• Ages 25 months-6 years (in past year)	89.6	87.7
• Ages 7-11 (in past 2 years)	92.7	90.9
• Ages 12-19 (in past 2 years)	90.4	89.6
- % of children by 15 months receiving 6 or more well-child visits	54.4	60.8
- % of children ages 3-6 with one or more well-child visits	76.4	68
- % of adolescents ages 12-21 receiving 1 well care visit	61.3	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	—	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	79.3	70.3
- % of sexually active women ages 16-20 screened for chlamydia	47.5	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	21.6	20.8
- % of children ages 3-17 whose BMI was documented in medical records	50.1	61.2
- % of children ages 1-20 with at least 1 preventive dental service	67.4	48.2

Pediatric Preventive Care Financial Incentives, 2016	TX	US
- Use of preventive incentives for consumers	Yes	NA
- Use of performance incentives for providers	Yes	NA

References

- ¹Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2017.
- ²Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Work Group. 2017 Recommendations for Preventive Pediatric Health Care. *Pediatrics*. 2017;139(4):e20170254.
- ³FAQs about Affordable Care Act Implementation. Washington, DC: US Department of Labor, Employee Benefits Security Administration, May 11, 2015.
- ⁴EPSDT – A Guide for State: Coverage in the Medicaid Benefit for Children and Adolescents. Baltimore, MD: Centers for Medicare and Medicaid Services, June 2014.
- ⁵*Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits*. Baltimore, MD: Centers for Medicare and Medicaid Services, February 2014.
- ⁶Quality information from the CMS Medicaid/CHIP child core set for federal fiscal year 2016 was obtained from: <https://data.medicare.gov/Quality/2016-Child-Health-Care-Quality-Measures/wnw8-atzy>.



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