



Health
Choice

Dear Valued Provider:

The Health Choice Arizona, EPSDT (Early and Periodic Screening, Diagnostics and Treatment) department has noted a remarkable reduction in EPSDT Clinical Sample Templates and/or Electronic Health Records (EHR), submitted by our contracted providers.

EPSDT is providing the following information as a reminder regarding the use and submission of the AHCCCS EPSDT Clinical Sample Templates or equivalent EHR's to the Health Plan EPSDT Coordinator, for proper follow up and processing.

Per the AHCCCS Medical Policy Manual Chapter 430 Attachment E, accessible through the below link, the following are a few of the key guidelines for use and submission of the AHCCCS EPSDT Clinical Sample Templates & EHR's.

<https://www.azahcccs.gov/shared/MedicalPolicyManual/index.html>

Providers must complete the AHCCCS EPSDT Clinical Sample Templates and/or Electronic Health Records (EHR), at every EPSDT/Well Child Visit, complete all age appropriate screenings in accordance with the AHCCCS EPSDT and Dental Periodicity Schedule.

AHCCCS requires provider use of the AHCCCS EPSDT Clinical Sample Templates or Electronic Health Record (EHR) for documentation of the Well Child Visit.

"The Arizona Health Care Cost Containment System (AHCCCS) EPSDT Clinical Sample Templates may be used by all providers offering care to AHCCCS members less than 21 years of age to document age-specific, required information related to EPSDT screenings and visits. Providers may choose to utilize an AHCCCS, or an equivalent form approved by the contracted health plan, so long as the form includes all components present on the AHCCCS EPSDT Clinical Sample Templates."

Where to submit the AHCCCS EPSDT Clinical Sample Templates or equivalent Electronic Health Records (EHR's).

Please submit EPSDT Clinical Sample Templates and EHR's directly to the EPSDT department, either by email or fax. It is not necessary to attach templates to claims submissions.

Email: HCHEPSDTCHEC@azblue.com Fax: (480) 760-4716

Health Choice Arizona EPSDT Department

**410 N. 44th Street, Suite 900, Phoenix, AZ 85008
Phone: 480-968-6866 | Toll-Free: 800-322-8670 | TTY 711 | Fax: 480-784-2933
HealthChoiceAZ.com**

EPSDT CLINICAL SAMPLE TEMPLATES ORDER SHEET

Please fax your request to: 480-760-4716

Provider/Practice Name: _____

Physical Address: _____

City	State	Zip Code
Shipping Address (if different from physical address)		

City	State	Zip Code
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Contact Person:	Phone Number:
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Total # of Health Choice Arizona (HCA) EPSDT eligible (0-21 yrs) members assigned at this location: _____

Please circle the number of packets (1 or 2) needed for each age group (25 forms per packet).
If you have multiple sites under your practice, please submit ONE request per site.

<p>3 – 5 Days <u> 1 2 </u></p> <p>1 Month <u> 1 2 </u></p> <p>2 Months <u> 1 2 </u></p> <p>4 Months <u> 1 2 </u></p> <p>6 Months <u> 1 2 </u></p> <p>9 Months <u> 1 2 </u></p> <p>12 Months <u> 1 2 </u></p> <p>15 Months <u> 1 2 </u></p> <p>18 Months <u> 1 2 </u></p>	<p>24 Months <u> 1 2 </u></p> <p>3 Years <u> 1 2 </u></p> <p>4 Years <u> 1 2 </u></p> <p>5 Years <u> 1 2 </u></p> <p>6 Years <u> 1 2 </u></p> <p>7 – 8 Years <u> 1 2 </u></p> <p>9 – 12 Years <u> 1 2 </u></p> <p>13 – 17 Years <u> 1 2 </u></p> <p>18 – 21 Years <u> 1 2 </u></p>
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These EPSDT Clinical Sample Templates are being dispensed for utilization during Well Care Visits for Health Choice Arizona (HCA) enrolled members. Please contact other AHCCCS health plans to obtain copies for other AHCCCS health plan enrolled members.