Assistive Technology Fact Sheet

The Early Periodic Screening Diagnostic and Treatment (EPSDT) program allows the Virginia Department of Medical Assistance Services (DMAS) to provide medically necessary Assistive Technology to eligible children under the age of 21.

EPSDT Assistive Technology is defined as medically necessary items not available through either the Medicaid Durable Medical Equipment benefit or a Medicaid Home and Community Based Waiver. The items must be primarily and customarily used to serve a medical purpose and be medically necessary for the treatment of the individual's disability or to improve a physical or mental condition. Assistive Technology must also be appropriate for use in both the home and the community.

The Assistive Technology benefit is defined in the EPSDT Supplement available on the DMAS website at the following link: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0

Who Is Eligible?

While the EPSDT benefit is available to all Medicaid-eligible children under the age of 21, those children requiring Assistive Technology services must meet additional criteria to access these services. The services must:

- Be determined to be medically necessary to correct or ameliorate a condition by an appropriately licensed healthcare provider acting within the scope of their license.
- Each Assistive Technology item must be recommended and determined appropriate to meet the individual's needs by a qualified professional such as an occupational therapist, physical therapist, speech language pathologist or behavioral consultant.
- Medical documentation must provide DMAS with a clear understanding of the individual's needs.
- Fee For Service eligible members must receive service authorization through Acentra Health. Assistive Technology for individuals enrolled in Managed Care Organizations (MCOs) must be approved through the MCO.

Process for Accessing Services

Families who believe their child may be eligible for Assistive Technology services should contact their local Medicaid office or Managed Care Organization for specific eligibility requirements and information on how to apply for these services. Health care providers can advocate for children who may benefit from services by documenting their medical needs and submitting the necessary paperwork for authorization. Find an overview of the service authorization process at Service Authorizations Landing Page | MES (virginia.gov)

DMAS

- The physician's office must send the CMN (**DMAS 363)** Assistive Technology, Orthotics, Chiropractic, and Hearing Aids
- The provider sends documents to Acentra Health for authorization of services and approval of reimbursement
- Specific information regarding the methods of submission for individuals enrolled in FFS are found at the contractor's website, https://dmas.kepro.com/ The contractor may also be reached by phone at 1-888-VAPAUTH or 1-888-827-2884, or via fax at 1-877OKBYFAX or 1-877-652-9329. Submission information is also found on the DMAS 363 form.
- individuals enrolled in an MCO will go through the MCO for a list of available providers and service authorization.

For more information contact the EPSDT mailbox: EPSDT@dmas.virginia.gov

EPSDT Provider Manual can be found at:
https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0

Provider information and forms can be found at: