

To: AmeriHealth Caritas Pennsylvania Providers

Date: May 6, 2026

Re: Critical Reminder – EPSDT Billing Requirements/Timely Filing Requirements

AmeriHealth Caritas Pennsylvania would like to remind providers of the following requirements for claim/encounter submission for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) care provided.

- Professional providers billing for complete EPSDT screens must submit **all** information pursuant to your Provider Agreement using the CMS-1500 claim form or electronically using the 837P format whether reimbursed fee for service, capitation or through an all-inclusive encounter rate (i.e., FQHC/RHC providers) **within 90 days of the date of service**.
 - **Original claims submitted greater than 90 days** from the date of service of the EPSDT visit **will be denied**.
- Hospital-based clinics billing for complete EPSDT screens must submit **all** information pursuant to your Provider Agreement using UB-04 claim form or electronically using the 837I format **within 90 days of the date of service**.
 - **Original claims submitted greater than 90 days** from the date of service of the EPSDT visit **will be denied**.
- Providers must bill with the individual age-appropriate procedure codes, including immunizations, for a complete screen, please refer to www.amerhealthcaritasp.com > **Provider > Resources > EPSDT**.
- EPSDT complete screen procedure codes must be submitted with the EP modifier on the first claim line.

If you have questions regarding this notice, please contact your Provider Account Executive or Provider Services at **1-800-521-6007**.