

**Early and Periodic Screening, Diagnosis, and Treatment Special Services (EPSDT)
Provider Type 45
[907 KAR 11:034](#)**

**PROVIDER MUST CONTACT THE DEPARTMENT FOR MEDICAID SERVICES
EPSDT COORDINATOR AT 502-564-9444 PRIOR TO ENROLLMENT**

If applicable, the provider must be actively enrolled with Medicare at the Primary Practice Location listed on the application.

Information about the program:

- An entity or individual may apply for this provider type
- Out of state providers may enroll per [907 KAR 3:035](#)
- Provider shall have a permanent physical address/location
- Providers shall meet the requirements of 907 KAR 11:034 Section 8 to participate as an EPSDT provider
- Provider shall receive approval from the ESPDT Coordinator before enrollment

Application Information and Supporting Documentation required:

- [Map-811 \(Enrollment\) application](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- State licensure or certification (current and reflecting requested enrollment date)
- A copy of the Social Security Card or IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted
- [NPI and Taxonomy Code Verification](#)

Submit completed MAP-811 (Enrollment) application with supporting documentation to:

KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

Other Important Addresses:

For the EPSDT Coordinator, contact
Department for Medicaid Services
Division of Program Quality and Outcomes
Disease and Case Management Branch
275 East Main Street, 6 C-C
Frankfort, KY 40621
Phone: 502-564-9444