

Early and Periodic Screening, Diagnosis, and Treatment Special Services
(EPSDT)
Provider Type 40 (Screening Clinics)

Information about the program:

- An entity or individual can apply for this provider type.
- Provider must have "bricks and mortar".
- Must be qualified to provide screening services, and must be under the direction of a duly licensed physician (M.D.), pediatric advanced registered nurse practitioner (ARNP), or a registered professional nurse (R.N.) currently licensed by the State of Kentucky. If screening clinics are conducted under the direction of a registered professional nurse, a physician licensed in the state of Kentucky must act as medical consultant.

Information to be submitted by the provider for application processing:

- [Map-811 Non-Credentialed](#)
- [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
- Must provide current documentation to support qualifications above and reflect requested enrollment date
- 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 \(If applicable\)](#)

Important addresses:

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