



COLORADO

Department of Health Care
Policy & Financing

EPSDT Exceptions to State Plan Benefit Limits and Coverage Standards

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What is the EPSDT Benefit and how does it work?

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children and youth ages 20 and under, as well as case management for any adults who are pregnant and enrolled in Medicaid. EPSDT is key to ensuring that children and youth receive appropriate preventive, dental, mental health, developmental and specialty services.

Additional health care services that are covered under the Federal Medicaid program and found to be medically necessary to treat, correct or ameliorate illnesses and conditions, are covered regardless of whether the service is covered in a state's Medicaid plan. It is the responsibility of states to determine medical necessity on a case-by-case basis.

What are the exceptions to limits and standards?

The Social Security Act requires states to provide any medically necessary health care services to correct or ameliorate physical and mental conditions, even if the service is not included under the state's Medicaid plan.

Medicaid benefits and coverage limits vary in each state making comparisons of EPSDT exceptions challenging. In Virginia, the following items and services are listed as EPSDT "specialized services" because they are not currently routinely covered.

- *Hearing Aids*
- *Assistive Technology*
- *Private Duty Nursing*

In Colorado all of the items listed above are contained in our state plan and not considered 'specialized services' or tracked as EPSDT exceptions. Another example is in

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Florida where their Medicaid program does not cover more than two pair of glasses every year for children. Colorado Medicaid feels that glasses are medically necessary for all children and therefore covers eyewear as needed, not on a timeline, and without a 'specialized service' request.

Since Medicaid does not transfer from state to state and looks different in each state, a straight numbers comparison between states is not a viable measurement of program effectiveness.

How Colorado tracks exceptions

Colorado uses its utilization management (UM) vendor to track EPSDT state plan exceptions that are outside of the state plan. Requests for EPSDT medical and DME services go to the UM vendor for a review of medical necessity. All requests are reviewed on an individual basis and this process includes codes that are closed or have some type of benefit limit.

The most frequently requested exceptions were for circumcisions, sensors and external transmitters. Requests were denied by the UM vendor most often because another provider had provided the service, the provider was not able to provide the service under his or her provider type, or another billing code was open and the service could be obtained under the other coding option.

Our Oral Health and Pharmacy contractors also follow the EPSDT requirement to review and make exceptions to its benefits and policy limits. They track those as EPSDT requests as well.

Out of state treatment

EPSDT also requires that if a medically necessary service cannot be obtained within the state, states should look outside their borders for available providers. Colorado was not able to obtain this information from the past vendor, but in their short time with the Department, Total Transit has already provided out of state transportation for children to receive medically necessary services due to EPSDT.



How to Request an EPSDT exception to the state plan benefits and services

The provider simply needs to make a request for services, even if the code for the service is closed in our fee schedule. For example, a contracted pediatrician or family medicine provider believes a child needs a circumcision, but circumcisions are not routinely covered by Colorado Medicaid. If the provider believes a child needs one for medical reasons, the provider should make the request through the ColoradoPAR website, which is found at <http://www.coloradopar.com/>. The request will be reviewed based on EPSDT and approved or denied. This process works even though the code for this procedure is closed in the Colorado fee schedule and in Colorado Medicaid provider bulletins. Remember: Just ask!

For more information contact

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