

8.280 EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT [Eff. 10/01/2007]

8.280.1 DEFINITIONS

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) means the child health component of Medicaid. The EPSDT program is the pediatric component of Medicaid and requires coverage of periodic and interperiodic screens, vision, dental and hearing care, diagnostic services needed to confirm the existence of a physical or mental illness or condition and all medical assistance services that are recognized under Section 1905 of the Social Security Act, even if not offered under the state plan persons federal laws applicable to the program (including 42 U.S.C. §§1396a(a)(42), 1396d(a)(4)(B) and 1396d(r)."

Early and Periodic Screening, Diagnosis and Treatment Case Management means an activity that assists Medicaid clients in getting and/or coordinating services based on individual need.

EPSDT Outreach means methods to inform recipients or potential recipients, such as those found to be presumptively eligible, to enter into care.

EPSDT Outreach and Case Management Entity means an entity that has contracted with the Department to provide the activities specified in 8.280.3 below.

Medical necessity means that a covered service shall be deemed a medical necessity or medically necessary if, in a manner consistent with accepted standards of medical practice, it:

1. Is found to be an equally effective treatment among other less conservative or more costly treatment options, and
2. Meets at least one of the following criteria:
 - a. The service will, or is reasonably expected to prevent or diagnose the onset of an illness, condition, primary disability, or secondary disability.
 - b. The service will, or is reasonably expected to cure, correct, reduce or ameliorate the physical, mental cognitive or developmental effects of an illness, injury or disability.
 - c. The service will, or is reasonably expected to reduce or ameliorate the pain or suffering caused by an illness, injury or disability.
 - d. The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing Activities of Daily Living.

Medical necessity may also be a course of treatment that includes mere observation or no treatment at all.

8.280.2 EPSDT ELIGIBILITY

A child or youth age 20 and under, a pregnant woman of any age, are who are enrolled in Medicaid is eligible for EPSDT services.

8.280.3 EPSDT OUTREACH AND CASE MANAGEMENT

8.280.3.A. EPSDT Outreach and Case Management entities shall provide pregnant women, children, their parents or legal guardians (based on the current eligibility information received from the Department) the following within 60 days of eligibility through oral communication including face to face meetings, discussions

or telephone conversations as well as written materials upon request from the individual client and/or family:

1. Information about EPSDT services and how to access them.
2. Education on the importance of preventive health care with an emphasis on well child exams, developmental and depression screenings, dental screenings, immunizations, and prenatal care.
3. Assistance in selecting a Primary Care Physician (PCP) or Managed Care Organization (MCO), and to supply a list of available options if requested. Children without a PCP shall be informed of the choices of PCPs and/or MCOs. Families/children shall notify the enrollment broker of their choice as described in 10 C.C.R. 2505-10, Section 8.205.
- ~~4. Assist clients in choosing an Accountable Care Organization if appropriate.~~
54. Assistance with coordinating primary health coverage with Medicaid benefits.
56. Assistance with coordinating in-arranging appointments with providers, including assistance with missed appointments.
67. ~~Follow up when an appointment is not kept including efforts to assist with rescheduling the missed appointment.~~
7. Assistance with reporting the birth of newborns to the local department of human/social services.
8. A current list of covered and uncovered services available in the community.
9. Information regarding the availability of non-emergency medical transportation if such assistance is required and approved.

8.280.4 EPSDT SERVICES

- 8.280.4.A. Periodic screening is a procedure used to determine a child's mental and physical growth progress, and to identify a disease or abnormality. Screening identifies additional diagnosis and treatments of physical or emotional problems.
1. Screening shall include a comprehensive health assessment performed soon after birth or as early as possible in a child's life and repeated at periodic intervals of time as recommended by the Colorado periodicity schedules.
 2. The periodicity schedules describe the intervals at which preventive physical, sensory, developmental and behavioral screening, including vision; hearing and dental services shall be performed for enrolled children and youth age 20 and under. The periodicity schedules also include the recommended frequency of follow-up examinations.
 3. The components of a screen shall include:
 - a. A comprehensive unclothed physical exam.
 - b. A detailed health and development history.
 - c. An assessment of vision, hearing, mouth, oral cavity and teeth, including referral to a dentist beginning at age 1, mental/behavioral health, nutritional status, cardiovascular and respiratory function, genital/urinary and gastrointestinal systems.
 - d. A developmental assessment including a range of activities to determine whether a child's emotional and developmental processes fall within a benchmarked range of achievement schedule according to the child's age group and cultural background. This assessment shall include self-help and self-care skills, gross and fine motor development, communication skills or language development, social-emotional development, cognitive skills and appropriate mental/behavioral health screening.
 - e. Appropriate immunizations according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines.
 - f. Lead Toxicity Screening - All children are considered at risk and should be screened for lead poisoning via blood testing. Children between the ages of 36 months and 72 months of age should receive a screening blood lead test if they have not been previously screened for lead poisoning.

Commented [RG1]: Actually federal regulations require outreach to the family without their approval. Or does this mean that we would only send materials to the family at their request? That may mean that HC or the Department could not mail them information proactively

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- g. Any appropriate age-specific screening or laboratory tests at intervals recommended by the Colorado Periodicity Schedule.
- h. Health education and anticipatory guidance.
- 4. Screenings shall be age appropriate and performed in a culturally and linguistically sensitive manner by a provider qualified to furnish primary medical and/or mental health care services.
- 5. Results of screenings and examinations shall be recorded in the child's medical record. Documentation shall include at a minimum identified problems and negative findings and further diagnostic studies and/or treatments needed and date ordered.

8.280.4.B. Inter-Periodic exam

Inter-periodic exam shall be any health care that occurs outside the periodic preventive care screening such as a further diagnosis, evaluation, acute or sick care.

8.280.4.C. Diagnosis and treatment

- 1. When a screening examination indicates the need for further evaluation of the individual's health, diagnostic services are provided.
- 2. If the screening provider is not licensed or equipped to render the necessary treatment or further diagnosis, the screening provider shall refer the individual to an appropriate enrolled practitioner or facility, or to the Healthy Communities Office for supportive help in locating an appropriate provider.
- 2. Treatment to correct or ameliorate defects, physical and mental illnesses or conditions discovered by the screening and diagnostic services shall be available.

8.280.4.D. ~~EXPANDED EPSDT BENEFITS~~Other health care services

Other health care services may include expanded EPSDT benefits if the need for such services is identified during a periodic screening or inter-periodic exam. The services are a benefit when they meet the following requirements:

- 1. The service is in accordance with generally accepted standards of medical practice.
- 2. The service is clinically appropriate in terms of type, frequency, extent, and duration.
- 3. The service provides a safe environment or situation for the child.
- 4. The service is not for the convenience of the caregiver.
- 5. The service is medically necessary.
- 6. The service is not experimental or investigational and is generally accepted by the medical community for the purpose stated.
- 7. The service is the least costly, effective means.
 - a. ~~Early language intervention for children ages birth through three with a hearing loss may be provided by audiologists, speech therapists, speech pathologists and Colorado Home Intervention Program (CHIP) providers.~~
 - b. ~~Family Planning Services shall be provided in accordance with 10 C.C.R. 2505-10, Sections 8.730 et seq.~~
 - c. ~~Obstetrical services shall include prenatal care services and physician or certified nurse-midwife services in pregnancy, labor, delivery and 60 days postpartum.~~
 - d. ~~Mental and behavioral health care and treatment shall be provided in accordance with the State Plan, Sections 3.1 and 4.39.~~
 - e. ~~Wrap-around services~~
 - i) ~~Wrap-around services include those services not included in the client's MCO benefit package, or services that exceed coverage limitations under the contract between the MCO and the Department.~~
 - f. ~~EPSDT extraordinary home health services shall be provided in accordance with 10 C.C.R. 2505-10, Sections 8.257 et seq.~~

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8.280.5 LIMITATIONS/SPECIAL CONSIDERATIONS

- 8.280.5.A. Experimental services or procedures are excluded.
- 8.280.5.B. Services or items not generally accepted as effective by the medical community are excluded.
- 8.280.5.C. Pharmaceutical items not requiring a prescription are excluded unless prior authorized and medically necessary.
- 8.280.5.D. ~~Determination of the refractive state only is allowable as a partial vision screening. The code shall not be billed with general ophthalmologic examinations or other evaluation and management codes. Separate or "stand-alone" charges for refractions are not billable to clients as non-benefit services.~~
- 8.280.5.E. Eyeglasses are a benefit only when ordered by an ophthalmologist or an optometrist. Vision benefits are limited to single or multi-focal clear plastic lenses and one standard frame. Repair of eyeglasses is covered only when due to broken frames or lenses. Replacement glasses shall be provided when medically necessary or when the glasses are damaged to the extent that repairs are not cost effective.
1. If a child, parent or legal guardian desires options that have additional costs, the amount reimbursed for standard frames and clear lenses shall be applied to the total cost of these services. This shall also apply to repair or replacement of broken eyeglasses. The EPSDT provider shall be permitted to charge the child for the difference between the retail price of the service and the amount paid by the Department. Providers shall notify the child and the child's parent or legal guardian or the child's designated client representative in writing of the difference and obtain the signature of the child's parent or guardian or designated client representative indicating agreement to pay the additional costs.
 2. Contact lenses or orthoptic vision treatment services shall be a benefit when medically necessary and shall require prior authorization submitted by an Ophthalmologist, Optometrist, or Optician.
 3. Orthodontic services are available for children with congenital, severe developmental or acquired handicapping malocclusions when the orthodontist documents Medical Necessity that is confirmed by pre-treatment case review. Orthodontists shall submit requests for prior authorization of covered orthodontic services.

8.280.6 REFERRALS

When a client is enrolled a managed care plan, a referral from his/her primary care physician may be required for care provided by anyone other than the primary care physician. Any client may self-refer for routine vision, dental, hearing, mental health services or family planning services.

8.280.7 PRIOR AUTHORIZATIONS

Providers shall be responsible for obtaining prior authorization when required for identified services such as home health, orthodontia, private duty nursing and pharmaceuticals. Prior authorization of services is not a guarantee of payment.

8.280.8 MANAGED CARE AND CONTRACTED HEALTH CARE SERVICES

The Contractor must ensure the delivery of EPSDT services for Contractor Covered Services. The Plan must have written policies and procedures for providing EPSDT services including lead screenings and immunizations to Members under twenty-one (21) years of age and all pregnant women.

The Plan must comply with all EPSDT regulations set forth in 42 USC '1396d(r)(5) and 42 USC '1396d(a), and performance will be verified by paid claims.

The Plan must assure the provision of all required components of periodic health screens, including lead screenings at twelve (12) and twenty-four (24) months of age, children between thirty six (36)-seventy two (72) months if not previously screened for lead.

At a minimum, such efforts shall include:

1. education and outreach to Enrollees of the importance of EPSDT services;
2. a proactive approach to ensure eligibles obtain EPSDT services;
3. systematic communication process with network providers regarding the Division's EPSDT requirements;
4. process to measure and assure compliance with the EPSDT schedule; and,
5. a process to assure that the medically necessary services not covered by the Plan are referred to the Office of Medical Services for action

8.280.9 REIMBURSEMENT

Reimbursement shall be in accordance with the regulations for pricing health services as reflected at 10 C.C.R. 2505-10, Section 8.200 for all EPSDT medical screening, diagnostic and treatment services.