

Recommended Language:

SPECIAL PROVISION: EXCEPTION TO POLICY LIMITATIONS FOR CLIENTS AGED 20 AND YOUNGER

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is the Medicaid program benefit for clients ages 20 and younger. Under federal EPSDT requirements, the state Medicaid agency must cover all medically necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, regardless of whether such services are covered under the State Plan. Service limitations on scope, amount, duration, frequency, or other specific criteria described in this coverage standard may be exceeded or may not apply to EPSDT clients if the requested service meets the requirements set forth in Colorado Medicaid's EPSDT rule at 10 CCR 2505-10 § 8.280.

EPSDT does not require the state Medicaid agency to cover treatments, services, or items that are:

- Unsafe, ineffective, experimental, or investigational.
- Not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Summary of Recommended Changes

SPECIAL PROVISION: EXCEPTION TO POLICY LIMITATIONS FOR CLIENTS AGED 20 AND YOUNGER

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is ~~a federal-the~~ Medicaid program benefit for clients ages 20 and younger. ~~Under federal EPSDT requirements, that requires~~ the state Medicaid agency ~~must~~ cover medically necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State Plan. Service limitations on scope, amount, duration, frequency, or other specific criteria described in this coverage standard may be exceeded or may not apply to EPSDT clients if the requested service meets the requirements set forth in Colorado Medicaid's EPSDT rule at 10 CCR 2505-10 § 8.280. ~~services, products, or procedures for Medicaid clients ages 20 and younger if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination (includes any evaluation by a physician or other licensed clinician). EPSDT covers most of the medical or remedial care a child needs to improve or maintain their/his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.~~

EPSDT does not require the state Medicaid agency to provide any service, ~~product, or procedure~~ that is:

- ~~Unsafe, ineffective, or experimental/investigational.~~
- ~~Not medical in nature~~ or not generally recognized as an accepted method of medical practice or treatment.

~~Service limitations on scope, amount, duration, frequency, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider documentation shows how the service, product, or procedure will correct or improve, or maintain, the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.~~