
SECTION 15

MEDICAID, EPSDT, HEALTH CHECK

Learning Objectives

1. State the importance of EPSDT.
2. List the EPSDT criteria.
3. List the features of EPSDT.
4. Describe the process for obtaining services under EPSDT.
5. Describe how EPSDT services are affected by the CAP/C waiver.

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WHY HEALTH CHECK/ EPSDT ARE IMPORTANT

- Promotes preventative health care by providing for early and regular medical and dental screenings.
- Provides medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening.

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HEALTH CHECK/EPSDT OVERVIEW

- **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)** defined by federal law and includes:
 - Periodic Screening Services
 - Vision Services
 - Dental Services
 - Hearing Services
 - Other Necessary Health Care

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HEALTH CHECK AND EPSDT OVERVIEW

Recipients under 21 must be afforded access to the full array of EPSDT services within the scope of the category of services listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act].

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EPSDT CRITERIA

Required to cover any service that is medically necessary "to correct or **ameliorate** a defect, physical or mental illness, or a condition [health problem] identified by screening".

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EPSDT CRITERIA CONT'D

“Ameliorate” means to:

- 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.

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EPSDT CRITERIA CONT'D

- Must be a category of services listed at 1905(a).
- Must be determined to be medical in nature.
- Must be generally recognized as an accepted method of medical practice or treatment.
- Must not be experimental, investigational.

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EPSDT CRITERIA CONT'D

- Must be safe.
- Must be effective.
- Must be medically necessary.

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EPSDT FEATURES

- No Waiting List for EPSDT Services
- No Monetary Cap on the Total Cost of EPSDT Services

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EPSDT FEATURES CONT'D

- No Upper Limit on the Number of Hours under EPSDT
- No Limit on the Number of EPSDT Visits to a Physician, Therapist, Dentist or Other Licensed Clinician

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EPSDT FEATURES CONT'D

- No Set List that Specifies When or What EPSDT Services or Equipment May Be Covered
- No Co-payment or Other Cost to the Recipient

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EPSDT FEATURES CONT'D

- Coverage for Services that Are Never Covered for Recipients Over 21 Years of Age
- Coverage for Services Not Listed in the N.C. State Medicaid Plan

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IMPORTANT POINTS ABOUT EPSDT

The full array of EPSDT services must be coverable within the scope of those listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act]. EPSDT requires Medicaid to cover these services if they are medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition [health problem].

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IMPORTANT POINTS ABOUT EPSDT CONT'D

Does **NOT** eliminate the need
for prior approval if prior
approval is required.

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IMPORTANT POINTS ABOUT EPSDT_{CONT'D}

EPSDT services do not have to be services that are covered under the North Carolina State Medicaid Plan or under any of the Division of Medical Assistance's (DMA) clinical coverage policies or service definitions or billing codes.

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EPSDT OPERATIONAL PRINCIPLES

The decision to approve or deny the request under EPSDT must be based on the recipient's medical need for the service to correct or ameliorate a defect, physical [or] mental illness, or condition [health condition].

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EPSDT OPERATIONAL PRINCIPLES CONT'D.

The specific numerical limits (number of hours, number of visits, or other limitations on scope, amount or frequency) in DMA clinical coverage policies, service definitions, or billing codes do **NOT** apply to recipients under 21 years of age if more hours or visits of the requested service are medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem]. This includes the hourly limits on Medicaid Personal Care Services (PCS) and Community Support Services (CSS).

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EPSDT OPERATIONAL PRINCIPLES CONT'D

Requests for EPSDT services do **NOT** have to be labeled as such. Any proper request for services for a recipient under 21 years of age is a request for EPSDT services. For recipients under 21 years of age enrolled in a CAP waiver, a request for services must be considered under EPSDT as well as under the waiver.

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EPSDT OPERATIONAL PRINCIPLES CONT'D

It is not sufficient to cover a standard, lower cost service instead of a requested specialized service if the lower cost service is not equally effective in that individual case.

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EPSDT OPERATIONAL PRINCIPLES CONT'D

DMA will enroll providers, set reimbursement rates, set provider qualifications, and assure the means for claims processing when the service is not already established in the North Carolina State Medicaid Plan.

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EPSDT OPERATIONAL PRINCIPLES CONT'D

If services are denied, reduced, or terminated, proper written notice with appeal rights must be provided to the recipient and copied to the provider. The notice must include reasons for the intended action, law that supports the intended action, and notice of the right to appeal. Such a denial can be appealed in the same manner as any Medicaid service denial, reduction, or termination.

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EPSDT OPERATIONAL PRINCIPLES CONT'D

The following are **NOT** acceptable reasons for denial of coverage under EPSDT:

1. "This is the responsibility of the school system."
2. "Close supervision, redirection, safety monitoring, assistance with mobility and other ADL's, improving socialization and community involvement, and controlling behavior are not service goals covered under EPSDT."
3. "The services would not correct or improve the child's diagnosis."

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EPSDT OPERATIONAL PRINCIPLES CONT'D

4. “EPSDT criteria do not include monitoring a child’s actions for event which may occur.”
5. “EPSDT services are not long term or ongoing.”
6. “Teaching coping skills cannot be covered under EPSDT.”

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EPSDT COVERAGE AND CAP WAIVERS

A recipient under 21 years of age on a waiting list for CAP services, who is an authorized Medicaid recipient without regard to approval under a waiver, is eligible for necessary EPSDT services without any waiting list being imposed.

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If your county has a waiting list, this statement does not mean that you must prioritize the assessment of these children. It does mean that the child should get other services (such as PCS or PDN) while awaiting CAP/C assessment.

REQUESTING PA FOR NON-COVERED STATE MEDICAID PLAN SERVICES

Requests for non-covered state Medicaid plan services and requests for a review when there is no established review process for a requested service should be submitted to:

Assistant Director for Clinical Policy and Programs
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501
FAX: 919-715-7679

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REQUESTING PA FOR NON-COVERED STATE MEDICAID PLAN SERVICES

- Requests for non-covered state Medicaid plan services may be submitted on the Non-Covered State Medicaid Plan Services Request form.
- This form is located on the DMA website:

www.ncdhhs.gov/dma/forms/noncoveredservicesrequest.pdf

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EPSDT WEBSITE

- www.ncdhhs.gov/dma/EPSTProvider.htm
- www.ncdhhs.gov/dma/epsdt/epsdtpolicyinstructionsupdate081707.pdf

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DMA CONTACTS

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SUMMARY

- EPSDT stands for Early and Periodic Screening, Diagnosis, and Treatment
- EPSDT is available to all Medicaid recipients under the age of 21
- EPSDT covers services that are medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition identified by screening.
- EPSDT services must be medically necessary, generally accepted, and covered by federal Medicaid
- EPSDT does not eliminate the need for prior approval
- There are no numeric or monetary limits to EPSDT services provided under regular Medicaid.
- Numeric and monetary limits DO apply to EPSDT services provided under a waiver (CAP/C).
- Any denial, reduction, or termination of EPSDT services is appeal-able.

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REVIEW QUESTIONS

Please make sure you can answer the following questions before proceeding to the next section.

1. The correct acronym for Early and Periodic Screening, Diagnosis, and treatment is
 - A. EPSTD
 - B. ESPTD
 - C. EPSDT

Answer the following true or false.

2. There is no limit to the EPSDT services that a CAP/C participant can receive.
3. EPSDT can be use to get experimental treatments covered.
4. Services approved under EPSDT must be medically necessary.
5. EPSDT includes all the potential services and supplies a participant could ask for.

REVIEW ANSWERS

1. C, EPSDT
2. False. The budget and the other limitations set forth by the waiver do apply.
3. False. EPSDT does not cover services that are experimental, investigational, or not generally accepted safe medical treatment.
4. True. Services must be medically necessary to be provided under EPSDT.
5. False. Services not covered by North Carolina Medicaid may be requested, but they would have to be allowable under federal Medicaid in order to be approved.