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1.0 Description of the Service

This service refers specifically to refugee health assessments in the local health department setting. The assessment includes medical history, physical examination, review of documents, determination of immunization status/upgrade immunizations, TB skin testing, ova and parasite testing, sexually transmitted disease testing, other lab tests as indicated, and treatment or referral as appropriate.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Limitations

Eligible recipients are those documented by the United States Citizenship and Immigration Services on form I-94 who have been in the United States for less than 18 months.

2.3 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **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). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain 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. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

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

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a

condition” [health problem]; that is, 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.

****EPSDT and Prior Approval Requirements**

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **NOT** eliminate the requirement for prior approval.
- b. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

Basic Medicaid Billing Guide: <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

EPSDT provider page: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

3.0 When the Service Is Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, 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.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

3.1 General Criteria

Refugee health assessment is covered when the individual meets the eligibility requirement listed above.

4.0 When the Service Is Not Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, 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.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

4.1 General Criteria

Service is not covered when the eligibility criteria listed in Section 3.0 are not met.

5.0 Requirements for and Limitations on Coverage

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, 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.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

5.1 Lifetime Limit

Refugee health assessment is allowed once per lifetime.

6.0 Providers Eligible to Bill for the Service

The following providers in a local health department setting are eligible to perform this service:

- a. Physicians
- b. Nurse practitioners
- c. Physician assistants
- d. Public health nurses who have completed the *Physical Assessment of Adults* course (for refugees 21 years of age or older) or the *Child Health Training Program* (for refugees under 21 years of age)

7.0 Additional Requirements

All Medicaid documentation requirements apply. Documentation must also include

- a. Review of United States Citizenship and Immigration Services documents
- b. All components of service

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in the Medicaid managed care programs.

8.1 Claim Type

CMS-1500 (HCFA-1500)

8.2 Diagnosis Codes That Support Medical Necessity

V20.2	Routine infant or child health check (for all recipients under age 21)
V70.0	Routine general medical examination at a health care facility (for N.C. Medicaid program recipients aged 21 and older)
V70.5	Health examination of defined subpopulations (for all MRF and RRF recipients—primary diagnosis ages 21 and older, secondary diagnosis for recipients under 21 years of age)

8.3 Procedure Code(s)

Refugees under 21 years old	Follow the Health Check billing guidelines in the current N.C. Health Check Billing Guidelines
Refugees 21–39	99385—Initial comprehensive preventive medicine; 18–39 years
Refugees 40–64	99386—Initial comprehensive preventive medicine; 40–64 years
Refugees 65 years and older	99387—Initial comprehensive preventive medicine; 65 years and older

Bill laboratory codes for laboratory tests provided on site.

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: October 1, 2002

Revision Information:

Date	Section Revised	Change
10/01/03	Section 8.0	ICD-9-CM diagnosis codes that support medical necessity were added.
12/01/03	Section 5.0	The section was renamed from Policy Guidelines to Requirements for and Limitations on Coverage.
12/01/03	Section 6.0	A sentence was added to the section stating that providers must comply with Medicaid guidelines and obtain referrals where appropriate for Managed Care enrollees.
12/01/03	Section 8.0	Subsection numbers were added to the subsection titles.
12/01/03	Section 8.0	Subsection 8.4, Reimbursement Rate, was added to the section.
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	The sentence stating that providers must comply with Medicaid guidelines and obtain referral where appropriate for Managed Care enrollees was moved from Section 6.0 to Section 8.0.
12/1/05	Section 2.3	The web address for DMA's EDPST policy instructions was added to this section.
12/1/06	Section 2.3	A special provision related to EPSDT was added.

Date	Section Revised	Change
3/1/07	Sections 2.2 and 7.0	Updated federal agency name from INS to United States Citizenship and Immigration Services.
3/1/07	Section 6.0, item 4	Updated name of course from "Physical Assessment of Children course" to "Child Health Training Program."
5/1/07	Sections 2.3, 3.0, 4.0, and 5.0	EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age