

# IDAHO MEDICAID POLICY FOR EARLY & PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES FOR INDIVIDUALS UP TO THE AGE OF 21 YEARS

## I. POLICY METADATA

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| (1) Policy Type – Medical       | (4) Initial Effective Date – 6/14/2017       |
| (2) Policy Status – Approved    | (5) Revision Approval Date – NA              |
| (3) Policy Author – Cindy Brock | (6) Next Review Date – 6/1/2018 or as needed |

## II. POLICY INTENT/RATIONALE

Providing Medicaid reimbursement for services under EPSDT for children (through the month of their 21<sup>st</sup> birthday), is required by federal and state regulations. This policy defines the criteria and process for determining when Idaho Medicaid will approve services under EPSDT and provide reimbursement for those services.

## III. BACKGROUND

Federal Medicaid law at [42 U.S.C. 1396\(a\) \[1905\(r\) of the Social Security Act\]](#) requires state Medicaid programs to provide EPSDT Services for Medicaid participants (through the month of their 21<sup>st</sup> birthday).

The scope of EPSDT benefits under the federal Medicaid law and [IDAPA 16.03.09.880](#), requires Idaho Medicaid to cover any medically necessary service which “corrects or ameliorates a defect, physical or mental illness, or a condition identified by the screening”, whether or not the service is covered under the Idaho Medicaid State Plan. The services covered under EPSDT are limited to those within the scope of the category of services listed in the federal law at 42 U.S.C. 1396(a) [1905(a) of the Social Security Act]. See Section 2.8. of the General Provider and Participant handbook (located at [www.idmedicaid.com](http://www.idmedicaid.com)) for the listing of EPSDT Services.

EPSDT Services include any medical or remedial care that is medically necessary to correct or ameliorate a physical or mental health condition. This means that EPSDT covers most of the treatments a participant (through the month of their 21<sup>st</sup> birthday) needs to stay as healthy as possible. Idaho Medicaid must provide or arrange for (directly or through referral to appropriate agencies, organizations or individuals) corrective treatment identified during the screening services.

## IV. POLICY

### a) Medical Necessity

- i. Services requested on the EPSDT Prior Authorization Request form require a signature of the licensed provider recommending the service and documentation of the need for the service. The documentation must support why the service is medically necessary (in accordance with IDAPA 16.03.09.880).
- ii. The licensed provider’s recommendation must be within the scope of their practice.
- iii. All service requests will be reviewed in accordance with [IDAPA 16.03.09.880](#) and all other applicable Medicaid requirements.

- iv. Submitting documentation to support medical necessity as defined in [IDAPA 16.03.09.880](#) is the responsibility of the licensed medical professional who is making the request for service(s). If necessary, the licensed medical professional may need to request records from other providers (e.g. developmental disability agency) to support the request for services.
- v. The specific numerical limits (number of hours, number of visits, or other limitations on scope, amount or frequency) in Idaho Medicaid clinical coverage policies, service definitions, or billing codes do NOT apply to recipients (through the month of their 21<sup>st</sup> birthday). This includes the hourly limits and location limits on Medicaid Personal Care Services (PCS).
- vi. Other restrictions in the clinical coverage policies, such as the location of the service, prohibitions on multiple services on the same day or at the same time (e.g., day treatment and residential) may not apply if the services are medically necessary.

**b) Provider Enrollment**

- i. EPSDT services can only be covered if they are provided by an Idaho Medicaid enrolled provider.
- ii. If a provider chooses not to enroll with Idaho Medicaid, then an alternative provider may be recommended by the PCP/Specialty Physician.

**c) Out-of-State Services**

- i. Upon request, Idaho Medicaid can assist with coordination activities such as identifying enrolled out-of-state providers or assisting with provider enrollment.
- ii. If out-of-state EPSDT services are approved. Support services such as transportation and lodging are available. These support services must be requested and approved prior to the date of the service or procedure.

**d) No waiting list for EPSDT services**

- i. Medicaid does not impose a waiting list for services and must provide coverage for corrective and ameliorative treatment for participants up to 21 years of age.
- ii. Physicians and other licensed practitioners or hospitals/clinics chosen by the recipient and/or his/her legal representative may have waiting lists to schedule appointments or medical procedures, which may apply to participants regardless of whether they have EPSDT coverage.

**e) No monetary caps on the total cost of EPSDT services**

- i. A child (through the month of their 21<sup>st</sup> birthday), who is eligible for Idaho Medicaid or the Idaho Children's Health Insurance Program (CHIP) is entitled to receive EPSDT services without any monetary cap.
- ii. If the child is enrolled in a community based waiver, the participant may receive both waiver and EPSDT services. (see Section IV.h of this policy for additional waiver information)

**f) Screening Services and Interperiodic Screens**

- i. Child wellness exams (physicals) are covered based on the requirements in [Section 2.8 of the General Provider and Participant Information](#) handbook (located at [www.idmedicaid.com](http://www.idmedicaid.com)).
- ii. More frequent screens are covered when there are indications it is medically necessary to determine whether a child has an illness or health condition that may require further assessment, diagnosis or treatment. More frequent screens may be provided to children if there are indications that a previously diagnosed illness or health condition has become more severe or changed significantly.

**g) Limitations on EPSDT Services or Equipment**

- i. Only those services within the scope of those listed in the federal law at 42 U.S.C. 1396d(a) [1905(a) of the Social Security Act] can be covered under EPSDT. See Section 2.8. of the General Provider and Participant handbook (located at [www.idmedicaid.com](http://www.idmedicaid.com)) for the listing of EPSDT services.
- ii. Provider documentation must address why the service is medically necessary in accordance with [IDAPA 16.03.09.880](#)

**h) Waiver Services**

- I. With the federal update on February 27, 2015 to Section 1302 of the Affordable Care Act, Idaho Medicaid was required to move services that fall into the rehabilitative and habilitative service benefit category out of the current 1915(c) waivers into Idaho Medicaid's state plan.
- II. Waiver services are typically only available to participants in the waiver program due to the federal updates discussed above. However, rehabilitative and habilitative services are now considered State Plan services and are considered part of the EPSDT benefit. Support type services are not a part of the EPSDT benefit.
- III. Any request for services for a waiver recipient (through the month of their 21<sup>st</sup> birthday) must be evaluated under BOTH the waiver and EPSDT.
- IV. Any child enrolled in a waiver program can receive BOTH waiver services and EPSDT services. However, if enrolled in a waiver, the cost of the recipient's care under the waiver still must not exceed their allocated budget. EPSDT service expenses DO NOT decrease the participant's waiver budget. EPSDT services are not calculated in the recipient's cost of care under the waiver.
- V. EPSDT services must be provided to recipients (through the month of their 21<sup>st</sup> birthday) enrolled in a waiver program. EPSDT providers must have the same qualifications and provide services meeting the same quality standards as services for children receiving State Plan Medicaid services.
- VI. EPSDT services (i.e. daily in-school intervention services or personal care services) may be provided in the school setting, including to waiver participants.
- VII. A community provider can deliver state plan eligible waiver services in a school setting, as long as the service is not already identified in the IEP. The service must be included in the participant's waiver budget.

**i) Review Time**

- i. Requests for prior approval of services are to be decided with reasonable promptness. Requests for services covered by the Idaho Medicaid State Plan and provided by a provider enrolled with Idaho Medicaid will usually be decided within 15 business days. Requests for services not covered under the State Plan, may take longer to secure, enroll a provider, and to determine medical necessity for the service. No request for services for a recipient (through the month of their 21<sup>st</sup> birthday) will be denied, formally or informally, until it is evaluated under EPSDT. The timeframe for the review of the application will be longer if:
  - Additional documentation is needed to make a determination of medical necessity
  - The provider fails to submit requested documentation in a timely manner
  - Medicaid must do further research on the request to determine if it meets the current standards of medical care

**j) Denial, Reduction or Termination of Services**

If services are denied, reduced, or terminated, proper written notice with appeal rights will be provided to the recipient and copied to the provider.

I. The notice must meet all federal noticing requirements including:

- Appeal rights
- The right to be represented at the hearing by anyone of their choosing including an attorney, family member, or friend.
- The right to continued Medicaid payment for services currently provided pending an informal and/or formal appeal. This includes the right to reinstatement of services pending appeal if there was less than a 10 day interruption after the date of the notice.

## **V. THIRD PARTY LIABILITY (TPL)**

Idaho Medicaid providers are required to bill all known TPL sources prior to billing Medicaid, except for prenatal or preventive pediatric care including EPSDT screenings and diagnostic services. [see [IDAPA 16.03.09.215.05](#)]

Treatment services under EPSDT are not exempt from TPL. The State will only make payment if all requirements for billing the third party have been met and the liable third party has not made payment within 90 days after the date the provider submitted a valid claim to the third party. Please refer to Section 2.11 of the General Billing Instructions Handbook ([located at idmedicaid.com](http://idmedicaid.com)) for more information.

## **VI. EXCLUDED SERVICES**

All services under EPSDT must be considered safe, effective, and generally recognized as appropriate under acceptable standards of medical practice. Services listed as “Excluded Services” in [IDAPA 16.03.09.390](#) (including experimental and cosmetic) are not covered.

## **VII. CRITERIA**

Services can only be covered under EPSDT if each of the following criteria is met:

- a) Service(s) must be determined to be medical in nature
- b) Service(s) must be safe, effective, generally recognized as an accepted method of medical practice or treatment
- c) Service(s) must not be experimental, investigational or cosmetic
- d) Must be a Medicaid (EPSDT) coverable service within the scope of those listed in the federal law at 42 U.S.C. 1396d(a) [1905(a) of the Social Security Act]. (e.g. “rehabilitative services” are a covered EPSDT service, even if the particular rehabilitative service requested is not listed in clinical policies or service definitions.
- e) Service(s) must be medically necessary to correct or ameliorate (needed to sustain or support) an illness or a health condition.
- f) Illness or health condition must be diagnosed by the recipient’s physician, therapist, or other licensed practitioner operating within the parameters of their licensure.
- g) Utilization of other services to treat the illness or health condition must support the medical necessity for the requested service.

## VIII. PRIOR AUTHORIZATION PROCEDURE

To request EPSDT services (other than community based behavioral health or dental services (see Section X below)) an EPSDT prior authorization is required.

### a) **Medical Services**

To request services outside service limitations, you must submit the following:

- Appropriate prior authorization form from the [Medical Care Unit website](#) (i.e. Therapies, durable medical equipment, surgical services, etc.)
- Documentation to support medical necessity and how the service(s) will correct, maintain or improve the participant's health
- Physician's order and any other documentation specified on the prior authorization request form

### b) **Other Services**

To request services not listed on the Idaho Medicaid fee schedule (i.e. Intervention Services, Residential Behavioral Health Services) you must submit the following:

- EPSDT prior authorization request form, (available at [www.EPSDT.idaho.gov](http://www.EPSDT.idaho.gov))
- Documentation to support medical necessity and how the service(s) will correct, maintain or improve the participant's health
- Physician's order and any other documentation specified on the prior authorization request form

## X. BEHAVIORAL HEALTH OR DENTAL SERVICES

Community based mental health services are provided under the Idaho Behavioral Health Plan by Optum Idaho's provider network. EPSDT requests for community based mental health services must be completed on the Optum Idaho EPSDT form. Click [here](#) for the form or contact Optum Idaho by calling 1-855-202-0973 or visit the [Optum Idaho website](#). Prior authorization requests for behavioral health services not provided in the community under the Idaho Behavioral Health Plan should be requested through the Division of Medicaid. (See *Section VIII Prior Authorization Procedure* of this policy.)

Preventive and restorative dental services are provided under the Idaho Smiles plan by Managed Care of North America's (MCNA) provider network. EPSDT requests for dental services must be designated on the MCNA prior authorization form. Click [here](#) for the form or contact Idaho Smiles by calling 1-855-233-6262 or visit [Idaho Smiles website](#).

## XI. OUTREACH

The State utilizes several informing mediums for outreach to Medicaid participants.

### a) **Routine notices**

Mailed to parents/guardians at appropriate intervals based on the child's age. These notices provide: general education and information about EPSDT screenings and contact information for services available through our managed care organizations.

### b) **Participant handbook**

The "Idaho Health Plan Coverage Handbook" has a section dedicated to EPSDT. It's located at [www.Medicaid.Idaho.gov](http://www.Medicaid.Idaho.gov).

- c) **EPSDT website**  
[www.EPSDT.dhw.idaho.gov](http://www.EPSDT.dhw.idaho.gov) provides basic information for the general public on EPSDT, prior authorization information and federal and state guidance

## XII. REFERENCES

### Federal Law & References

- [42 U.S.C. 440.345\(a\)](#) {1902(a)(10)(A) of the Social Security Act}
- [Medicaid.gov](http://Medicaid.gov)
- [Medicaid Manual](#) (sections 5000 & 5010-5360)
- [EPSDT – A Guide for States “Coverage in the Medicaid Benefits for Children and Adolescents”](#)

### IDAPA

- [IDAPA 16.03.09.215.05](#)
- [IDAPA 16.03.09.880-882](#)
- [IDAPA 16.03.09.390](#)

### Other

- [Idaho Medicaid Provider Handbooks](#)
- [North Carolina Medicaid EPSDT Policy](#)<sup>1</sup>

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<sup>1</sup> Idaho’s policy was patterned after the North Carolina EPSDT policy.