



North Carolina  
Department of Health and Human Services  
**Division of Medical Assistance**  
2501 Mail Service Center - Raleigh, N.C. 27699-2501

Michael F. Easley, Governor  
Dempsey Benton, Secretary

William W. Lawrence, Jr., M.D., Acting Director

October 24, 2007

**Re: EPSDT Medicaid Identification  
(MID) Card Inserts for October  
and November 2007**

Dear DSS Director and Medicaid Supervisor:

Attached is a copy of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid identification card inserts for October and November 2007. For your convenience, we are providing some general information about EPSDT.

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]: Early and Periodic Screening, Diagnostic, and Treatment

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:

1. That is unsafe, ineffective, experimental/investigational.

2. 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**

1. 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.
2. **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>

We hope this information is helpful. If you have questions regarding this information, please contact your Medicaid Program Representative.

Sincerely,

William W. Lawrence, Jr., M.D.  
Acting Director

Enclosures: EPSDT MID Card Inserts for October and November 2007

**OCTOBER 2007 MID INSERT (Card Front)**

**IMPORTANT INFORMATION** about EPSDT (**Medicaid for children under 21 years of age**) is printed on the back of the card. Additional EPSDT information is also available on Medicaid's website at <http://www.ncdhhs.gov/dma/EPSDTconsumer.htm>.

**Una versión en español de este aviso se le enviará junto con la tarjeta de Medicaid el próximo mes.**

**Translation of Spanish sentence** (Does not appear on card): "A Spanish version of this advisement will be sent together with the Medicaid card the next month".

**OCTOBER 2007 MID INSERT (Card Back)**

See next page.

## MEDICAID SERVICES YOUR CHILD CAN GET NOW

The federal government requires Medicaid to cover services listed in the Social Security Act for children **under 21 years of age**. Services must be medically necessary. Medicaid services may have been denied, reduced, or stopped in the past. Talk with your child’s doctor, therapist, or case manager. Here is some important information about Medicaid services:

- When your child gets Medicaid, he/she also gets Health Check/EPSDT (Early and Periodic Screening, Diagnostics, and Treatment). Medicaid must cover most treatments your child needs to stay as healthy as possible. There is no cost to you.
- There is no state or county imposed Medicaid waiting list for EPSDT services, no dollar limit on the cost of EPSDT services and no limit on the number of service hours or visits. **But, services must be medically necessary** under EPSDT.
- There is no set list that says when or what EPSDT services or equipment are covered. Your child can get services that are never covered for adults as long as the services are medically necessary.
- Children in a Community Alternatives Program (CAP) may receive **BOTH** waiver services **AND** EPSDT services as long as services are medically necessary and fit into your child’s CAP budget. A child under age 21 with a Medicaid card on a waiting list for CAP is eligible **NOW** for needed EPSDT services without a waiting list.
- **Services may be provided in the school for medical reasons. This includes children in CAP.**
- If your child needs a special service, Medicaid must cover it unless a lower cost service works as well for your child. NC Medicaid must make available a variety of NC Medicaid enrolled providers to provide EPSDT services.
- If services for your child are denied, reduced, or stopped, you will get a letter telling you how you can appeal. You have **11 days** from the date of that letter to ask for an informal appeal or **60 days** to ask for a formal appeal. If your child currently gets services and you receive a letter that they are to be reduced or stopped, your child will continue to get the same services or those requested by your child’s clinician until the appeal is decided.
- For more information, call your Health Check Coordinator or the **CARE-LINE, Information and Referral Service**, Monday-Friday, 8:00 a.m.-5:00 p.m., except state holidays, at the numbers below or visit <http://www.ncdhhs.gov/dma/EPSTProvider.htm>.

INSIDE RALEIGH/DURHAM/ CHAPEL HILL AREA	OUTSIDE RALEIGH/DURHAM/ CHAPEL HILL AREA
919-855-4400 (English/Spanish)	1-800-662-7030 (English/Spanish)
919-733-4851 (TTY # for deaf/hearing impaired)	1-877-452-2514 (TTY # for deaf/hearing impaired)

### **NOVEMBER 2007 MID INSERT (Card Front)**

This mailing includes information about EPSDT (**Medicaid for children under 21 years of age**) in Spanish. The same information in English was mailed with the October 2007 Medicaid cards. Please visit <http://www.ncdhhs.gov/dma/EPSDTconsumer.htm> for further information.

**INFORMACIÓN IMPORTANTE** sobre EPSDT (**el programa de Medicaid para niños menores de 21 años de edad**) se encuentra escrito en la parte de atrás de esta tarjeta.

**Translation of Spanish sentence** (Does not appear on card): **“IMPORTANT INFORMATION** about EPSDT (**Medicaid for children under 21 years of age**) is printed on the back of the card.”

### **NOVEMBER 2007 MID INSERT (Card Back)**

See next page. The Spanish translation is the English text found on the back of the October 2007 MID card.

## SERVICIOS DE MEDICAID QUE SU HIJO PUEDE OBTENER AHORA

El gobierno federal exige que Medicaid cubra los servicios listados en la ley federal para los niños **menores de 21 años de edad**. Los servicios deben ser médicamente necesarios. **Su hijo puede recibir más servicios de Medicaid**, incluso si le fueron negados, reducidos o suspendidos en el pasado. Hable con el doctor, terapeuta o administrador de caso de su hijo sobre la solicitud de los servicios médicamente necesarios que su hijo necesite. A continuación encontrará información importante sobre los servicios de Medicaid:

- Cuando su hijo(a) tiene Medicaid, también recibe Health Check/Detección temprana y estudios periódicos, diagnóstico y tratamiento (EPSDT, por sus siglas en inglés). Medicaid debe cubrir la mayoría de los tratamientos que necesita su hijo para mantenerse lo más saludable posible. No existe ningún costo para usted.
- No hay una lista de espera de Medicaid impuesta por el estado o condado para los servicios EPSDT, no hay un límite de dinero para el costo de los servicios EPSDT y no hay límite para el número de horas de servicio o consultas. **Sin embargo**, según lo establecido en el EPSDT, **los servicios deben ser médicamente necesarios**.
- No hay una lista que establezca cuáles servicios o equipos EPSDT están cubiertos o bajo qué circunstancias lo estarán. Su hijo(a) puede recibir servicios que nunca se cubren para adultos, siempre y cuando dichos servicios sean médicamente necesarios.
- Los niños que viven en un Programa Comunitario de Alternativas (CAP, por sus siglas en inglés) pueden recibir **TANTO** servicios de excepción **COMO** servicios EPSDT, siempre y cuando dichos servicios sean médicamente necesarios. Para CAP/C y CAP/DA, los servicios tienen que ajustarse al límite presupuestario del CAP. Un niño menor de 21 años de edad con tarjeta de Medicaid que se encuentre en una lista de espera para participar en un CAP **AHORA** es elegible para los servicios EPSDT sin lista de espera.
- **Los servicios Medicaid tales como Apoyo Comunitario o servicios de cuidado personal pueden ser proporcionados en la escuela por razones médicas. Esto incluye a los niños en un CAP.**
- Si su hijo necesita un servicio especial, Medicaid debe cubrirlo a menos que un servicio de menor costo también le sirva a su hijo. Medicaid debe poner a su disposición una variedad de proveedores inscritos en NC Medicaid para proporcionar los servicios EPSDT.
- Si los servicios que requiere su hijo le son negados, reducidos o suspendidos, usted recibirá una carta que le indicará cómo puede apelar la decisión. Usted tiene **11 días** a partir de la fecha de la carta para solicitar una apelación informal o **60 días** para solicitar una apelación formal. Si su hijo está recibiendo actualmente servicios y usted recibe una carta en la que le indican que serán reducidos o suspendidos, su hijo continuará recibiendo los mismos servicios o aquéllos solicitados por su médico hasta que su apelación se concluya.
- Para mayor información, llame al Coordinador de Health Check o al **Servicio de Información y Referencia de CARE-LINE**, de lunes a viernes, de 8:00 a.m. a 5:00 p.m., excepto durante los días feriados estatales, a los siguientes números o visite <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>.

En el área de RALEIGH/DURHAM/CHAPEL HILL	Fuera del área de RALEIGH/DURHAM/CHAPEL HILL
919-855-4400 (Inglés/español)	1-800-662-7030 (Inglés/español)
919-733-4851 (TTY # para personas sordas/con problemas de audición)	1-877-452-2514 (TTY # para personas sordas/con problemas de audición)

