

North Carolina Medicaid Special Bulletin

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Medicaid for Children

Early Periodic Screening, Diagnostic and Treatment (EPSDT) and Health Check

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Introduction

Medicaid covers a broad array of health and dental services for recipients under the age of 21. **Early Periodic Screening, Diagnostic, and Treatment (EPSDT)** is defined by federal law and includes periodic screening, vision, dental and hearing services. In addition, section 1905 (a) of the Social Security Act (the Act) requires that any medically necessary health care service listed in section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the State’s Medicaid plan to the rest of the Medicaid population.

EPSDT may cover some services that are not covered for recipients aged 21 and older. Services must be ordered by the recipient’s physician or other licensed clinician. The services cannot be experimental/investigational, unsafe, or ineffective. Prior approval from the Division of Medical Assistance (DMA) may be required for some services or procedures before they can be provided. If approval is denied or services are reduced or terminated, the recipient or his/her representative can appeal the decision.

Health Check Overview

In North Carolina, EPSDT is known as Health Check and is important because it:

1. Provides early and regular medical and dental screenings for all Medicaid recipients under the age of 21.
2. Is part of the federal Medicaid EPSDT requirement that provides recipients with medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination.

Health Check examinations and other Medicaid covered services are free of charge to the recipient. Health Check recommends regular medical screening examinations for a recipient as indicated in the table below. This table is only a guideline, and, if a recipient needs to have examinations on a different schedule, the visits are still covered.

Within 1st month	9 or 15 months	3 years	9 years
2 months	12 months	4 years	12 years
4 months	18 months	5 years	15 years
6 months	2 years	6 years	18 years

Screening Examinations

Screening examinations identify health problems before they become more serious. The components of the examinations are specific to the age of the child but usually each examination includes:

- ❖ Review of the recipient's health history
- ❖ An unclothed physical examination
- ❖ Measurement of height, weight, basal metabolic index (BMI), head circumference, and vital signs
- ❖ Evaluation of a recipient's growth and development and behavioral health
- ❖ Vision and hearing tests
- ❖ Evaluation of a recipient's teeth and education about dental care
- ❖ Immunizations when needed
- ❖ Medically necessary laboratory tests
- ❖ Education and information on food and diet
- ❖ Discussion with the recipient/representative about the recipient's risk of lead poisoning
- ❖ Health education

Covered Services

The results of the examination may indicate that the recipient should be referred for specific medically necessary Medicaid covered services. For example:

- ❖ Mental health services
- ❖ Rehabilitative services for recipients with developmental disabilities
- ❖ In-home nursing, personal care, and specialized therapies (physical, occupational, and speech)
- ❖ Medical and adaptive equipment
- ❖ Out-of-home residential, facility and hospital services
- ❖ Other medically necessary care

Health care services are provided in a frequency and amount consistent with the recipient's medical needs. Certain limits on services documented in Medicaid's clinical coverage policies may not be applicable to recipients under 21 years of age. For recipients under 21 years of age, the physician or licensed clinician can provide guidance about whether the service is necessary to correct or ameliorate the recipient's condition.

Note: If the service requires prior approval, the fact that the recipient is under the age of 21 does **NOT** eliminate the requirement for prior approval.

When Medicaid recipients under the age of 21 receive care through a Home and Community Based Waiver program (such as the Community Alternatives Program for Children [CAP/C], for

Disabled Adults [CAP/DA], for AIDS [CAP/AIDS]), all home and community based services paid for by Medicaid are subject to the budget limits imposed by the waiver.

More information about Health Check and Medicaid covered services is available from the following sources:

- ❖ *A Medicaid Consumer's Guide to North Carolina Medicaid Health Insurance for Families and Children* online at <http://www.dhhs.state.nc.us/dma/consinfo.htm>.
- ❖ DMA's EPSDT Policy Instructions on line at <http://www.dhhs.state.nc.us/dma>.
- ❖ The Department of Health and Human Services **CARE-LINE Information and Referral Services**, Monday-Friday, except state holidays, by calling the numbers specified below.
 - Outside Triangle Area: 1-800-662-7030 (English/Spanish)
 - Outside Triangle Area: 1-877-452-2514 (TTY number for the deaf or hearing impaired)
 - Inside Triangle Area: 919-855-4400 (English/Spanish)
 - Inside Triangle Area: 919-733-4851 (TTY number for the deaf or hearing impaired)
- ❖ The recipient's primary care provider, local mental health program, or any other health care provider who accepts Medicaid.
- ❖ Health Check Coordinators.
 - The Health Check Coordinator's telephone number or other informational numbers are included in the Health Check letters sent to each recipient.
 - The Health Check Coordinator telephone list is also available on line at <http://www.dhhs.state.nc.us/dma/prov.htm>.
- ❖ The current *Health Check Billing Guide* located online at <http://www.dhhs.state.nc.us/dma/healthcheck.htm>

Non-Covered Services

Medicaid recipients under the age of 21 may also receive health care services that are not covered under the North Carolina Medicaid State Plan. **However, only services that may be covered under federal Medicaid law can be considered for approval.** If the recipient needs a service not covered by North Carolina Medicaid, the physician or other North Carolina enrolled Medicaid provider should submit a request for the non-covered service on behalf of the recipient to:

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

Examples of non-covered service might include, but are not limited to requests for certain durable medical equipment (DME), specialized therapies (physical, occupational, and speech) beyond established limits and oral formula.

The non-covered service request form will be available beginning January 01, 2006, online at <http://www.dhhs.state.nc.us/dma/forms.html> or from the **CARE-LINE, Information and Referral Services, by calling the telephone numbers specified above.** Once a request is received, DMA staff and/or their contractors have 15 business days to make a decision on the request. The request will either be approved or denied or additional information will be requested. Using this form will help to assure that all the needed information is submitted for a prompt decision. The recipient will be notified in writing if additional information is requested from the provider or if the request is denied. The denial notice will explain why the request is denied and how the recipient may appeal Medicaid's decision in the event he/she thinks Medicaid's decision is wrong.

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