

MEDICAID FOR CHILDREN

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

Medicaid covers a broad array of health and dental services for individuals under age 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 at 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 over the age of 21. 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 reduced or terminated, the recipient or his/her representative can appeal the decision.

In North Carolina, the screening portion of 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 find health problems before they become more serious. Medical screening examinations vary with age but usually include the following:

- ❖ 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

Depending upon examination findings, the recipient may receive medically necessary Medicaid covered services. For example:

- ❖ mental health services
- ❖ rehabilitative services for recipients with developmental disabilities
- ❖ in-home nursing, personal care and therapy
- ❖ medical and adaptive equipment
- ❖ out-of-home residential, facility and hospital services
- ❖ other medically necessary care

Health care services will be provided in a frequency and amount consistent with the recipient's medical needs. Certain limits on services that are included in Medicaid 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. Please note that if the service requires prior approval, the fact that the recipient is under age 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.

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 which 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), therapies beyond established limits and oral formula.

No later than January 01, 2006, a non-covered service request form can be obtained on-line at <http://www.dhhs.state.nc.us/dma/prov.htm> or by calling the **CARE-LINE, Information and Referral Services, at 1-800-662-7030**. Once the request is received, DMA staff and/or contractors have 15 business days to make a decision about the request. The request will either be approved or denied or additional information will be requested. Using this form will help to assure all the needed information is submitted for a prompt decision. The recipient will be notified in writing if the request is denied or if additional information is requested from the provider.

More information about Health Check and EPSDT covered services is available:

- ❖ in “**A Consumer’s Guide to North Carolina Medicaid Programs for the Aged, Blind, and Disabled**” and in “**A Medicaid Consumer’s Guide to North Carolina Medicaid Health Insurance for Families and Children**”
- ❖ on the DMA website at http://www.dhhs.state.nc.us/dma/epsdt_policy.pdf
- ❖ by calling the **CARE-LINE, Information and Referral Services, at 1-800-662-7030**
- ❖ by contacting the recipient’s physician, local mental health program, or any other health care provider who accepts Medicaid
- ❖ by calling the **Health Check Coordinator** or the telephone number provided in the recipient’s Health Check letters.

Note: The CARE-LINE Information and Referral Service are also available in Spanish and through a TTY dedicated line.