

**430 - EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT
(EPSDT) SERVICES**

EFFECTIVE DATES: 10/01/94, 03/01/19

APPROVAL DATES: 10/01/99, 10/01/01, 04/01/04, 08/01/05, 11/01/05, 03/03/06, 04/21/06,
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10/18/18, 04/16/20

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, TRBHAs, American Indian Health Program (AIHP), and FFS Providers excluding Federal Emergency Services (FES) (For FES, see AMPM Chapter 1100). This Policy establishes requirements for the provision of EPSDT services.

II. DEFINITIONS**COMMERCIAL ORAL
SUPPLEMENTAL NUTRITION**

Nourishment available without a prescription that serves as sole caloric intake or additional caloric intake.

**DEVELOPMENTAL
SCREENING**

The administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder. Developmental Screening that targets the area of concern is indicated whenever a problem is identified during Developmental Surveillance.

**DEVELOPMENTAL
SURVEILLANCE**

The process of recognizing children who may be at risk of developmental delays. Developmental Surveillance is a flexible, longitudinal, continuous, and a cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems. There are five components of Developmental Surveillance:

1. Eliciting and attending to the parents' concerns about their child's development.
2. Documenting and maintaining a developmental history.
3. Making accurate observations of the child.
4. Identifying the risk and protective factors.
5. Maintaining an accurate record and documenting the process and findings.

DIAGNOSTIC

The determination of the nature or cause of a condition, illness, or injury through the combined use of health history, physical, developmental, psychological examination, laboratory tests, and X-rays, when appropriate.

EARLY

In the case of a child already enrolled with an AHCCCS Contractor, as soon as possible in the child's life, or in other cases, as soon after the member's eligibility for AHCCCS services has been established.

**EARLY AND PERIODIC
SCREENING, DIAGNOSTIC,
AND TREATMENT
(EPSDT)**

A comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS members under the age of 21. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396d (a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

ENTERAL NUTRITION

Liquid nourishment provided directly to the digestive tract of a member who cannot ingest an appropriate amount of calories to maintain an acceptable nutritional status. Enteral Nutrition is commonly provided by Jejunostomy Tube (J-Tube), Gastrostomy Tube (G-Tube) or Nasogastric (N/G) Tube.

**NATUROPATHIC PHYSICIAN
(ND)**

An individual that diagnoses, treats, and helps prevent diseases using a system of practice that is based on the natural healing capacity of individuals. May use physiological, psychological, or mechanical methods. May also use natural medicines, prescription or legend drugs, foods, herbs, or other natural remedies.

PERIODIC

Intervals established by AHCCCS for screening to assure that a condition, illness, or injury is not developing or present.

PROVIDER

Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State in which it delivers the services, pursuant to 42 CFR 438.2. For the purposes of this Policy, Providers include Naturopaths (effective 03/01/19).

SCREENING

Regularly scheduled examinations and evaluations of the general physical and behavioral health, growth, development, and nutritional status of infants, children, and adolescents, and the identification of those in need of more definitive evaluation. For the purpose of the AHCCCS EPSDT program, screening and diagnosis are not synonymous.

**TOTAL
PARENTERAL
NUTRITIONAL
(TPN) THERAPY**

Nourishment provided through the venous system to members with severe pathology of the alimentary tract that does not allow absorption of sufficient nutrients to maintain weight and strength appropriate for the individual's general condition. Nutrients are provided through an indwelling catheter.

III. POLICY

Refer to Attachment E for the AHCCCS EPSDT Tracking Forms for required information related to EPSDT Screenings and visits. The purpose of EPSDT is to ensure the availability and accessibility of health care resources as well as to assist Medicaid members in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, Early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions for AHCCCS members less than 21 years of age. EPSDT covered services include services that correct or ameliorate physical and behavioral conditions and illnesses discovered by the Screening process when those services fall within one of the optional and mandatory categories of "Medical Assistance", as defined in the Medicaid Act.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program provides comprehensive treatment and preventive health care services for Title XIX members under the age of 21. EPSDT, which is comprised of Screening, Diagnostic, and treatment services, is critical for ensuring that children and adolescents receive appropriate preventive, dental, physical, behavioral health, developmental, and specialty services.

Under EPSDT, federal law requires that Title XIX cover all Medicaid-covered services listed in 42 USC 1396d(a) for members under the age of 21 when medically necessary and cost effective- even when the services are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies. This means that Contractors are required to cover all physical and behavioral health services described within all 29 categories of Medicaid covered services listed in 42 USC 1396d(a) if the treatment or service is necessary to "correct or ameliorate" defects or physical and behavioral illnesses or conditions. Medical necessity is determined on a case by case basis. Services and treatments that are considered experimental are not covered.

These comprehensive services shall be made available for treatment of all physical and behavioral health conditions and illnesses discovered by Screening and Diagnostic procedures. As part of EPSDT, Contractors are required to inform all Medicaid-eligible individuals under the age of 21 that EPSDT services are available, to provide or arrange for the provision of

Screening services for these individuals, to arrange (directly or through referral) for corrective treatment as determined by child health Screenings EPSDT, and to report EPSDT performance information.

EPSDT includes, but is not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical equipment, medical appliances and medical supplies, orthotics, prosthetic devices, eyeglasses, transportation, and family planning services. EPSDT also includes Diagnostic, Screening, preventive and rehabilitative services.

EPSDT services do not include services that are experimental, that are solely for cosmetic purposes, or that are not cost effective when compared to other interventions or treatments.

EPSDT Screening services are provided in compliance with the periodicity requirements of 42 CFR 441.58. The AHCCCS Periodicity Schedule for EPSDT and dental services (AMPM Policy 430, Attachment A and AMPM Policy 431, Attachment A) are intended to meet reasonable and prevailing standards of medical and dental practice and specifies Screening services at each stage of the child's life. The service intervals represent minimum requirements, and any services determined by a Primary Care Provider (PCP) to be medically necessary shall be provided, regardless of the interval. Attachment A is based on recommendations by the Arizona Medical Association and is closely aligned with the guidelines of the American Academy of Pediatrics. The service intervals represent minimum requirements, and any services determined by a PCP to be medically necessary shall be provided, regardless of the interval.

EPSDT focuses on continuum of care by: assessing health needs, providing preventive Screening, initiating needed referrals, and completing recommended medical treatment and appropriate follow-up.

EPSDT services include all Screenings and services described in this Policy, as well as referenced in AMPM Policy 430, Attachment A and AMPM Policy 431, Attachment A). An 'EPSDT visit' is synonymous with a 'Well Child' visit.

A. COVERED SERVICES DURING AN EPSDT VISIT

EPSDT visits are all-inclusive visits. The payment for the EPSDT visit is intended to cover all elements outlined in Attachment A. Exceptions to payments are noted in each of the paragraphs listed below. Only those services specifically identified below as a separately billable service may be billed separately or in addition to the EPSDT visit.

The EPSDT/Well Child visit includes the following:

1. A comprehensive health and Developmental history, including growth and Developmental Screening 42 CFR 441.56(b)(1) which includes physical, nutritional, and behavioral health assessments. Refer to the Centers for Disease Control and

Prevention website: www.cdc.gov/growthcharts/for Body Mass Index (BMI) and growth chart resources.

2. Nutritional Screening provided by a PCP.
3. Nutritional Assessment provided by a PCP:
 - a. Nutritional assessments are conducted to assist EPSDT members whose health status may improve with nutritional intervention,
 - b. Nutritional assessment is a separately billable service by PCPs who care for EPSDT age members,
 - c. AHCCCS covers the assessment of nutritional status provided by the member's PCP as a part of the EPSDT Screenings and on an inter-periodic basis, as determined necessary by the member's PCP,
 - d. AHCCCS also covers nutritional assessments provided by a registered dietitian when ordered by the member's PCP. This includes EPSDT members who are underweight or overweight,
 - e. To initiate the referral for a nutritional assessment, the PCP shall use the Contractor's referral form in accordance with Contractor protocols, and
 - f. If an AHCCCS covered member qualifies for nutritional therapy due to a medical condition, Contractors are the primary payor for the following:
 - i. Infant formulas above the amount provided through the Women, Infants and Children (WIC) program or formula types deemed medically necessary that are not provided through the WIC program. This does not include formulas outside of those offered through the WIC program that are not medically necessary, such as formula types selected based on brand preference,
 - ii. For AHCCCS members, infants and children under the age of five, requiring formula types deemed medically necessary that are not provided through the WIC program, an AHCCCS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements (Attachment C) is to be submitted directly to the Contractor, as WIC is considered a secondary payor of specialty exempt formulas, and
 - iii. For AHCCCS members, infants (0-1 year), requiring infant formulas above the amount provided through the WIC program, an AHCCCS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements (Attachment C) is to be submitted directly to the Contractor for the amount of formula that exceeds that provided through the WIC program.
4. Behavioral Health Screening and Services provided by a PCP:
 - a. AHCCCS covers behavioral health services for members eligible for EPSDT. PCPs may provide behavioral health services within their scope of practice. Refer to AMPM Policy 510,
 - b. American Indian members may receive behavioral health services through an Indian Health Service or Tribally operated 638 facility, regardless of health plan enrollment or behavioral health assignment, and
 - c. Developmental Surveillance shall be performed with the PCP at each EPSDT visit.

5. Developmental Screening:
 - a. Developmental Screening is a separately billable service by PCPs who care for EPSDT age members,
 - b. PCPs shall use AHCCCS approved tools. PCPs shall be trained in the use and scoring of the Developmental Screening tools, as indicated by the American Academy of Pediatrics. A list of available training resources may be found in the Arizona Department of Health Services website:
www.azdhs.gov/clinicians/training-opportunities/developmental/index.php,
 - c. The Developmental Screening shall be completed for EPSDT members from birth until three years of age during the nine month, 18 month, and 24 month EPSDT visits,
 - d. A copy of the Developmental Screening tool shall be kept in the medical record,
 - e. Use of AHCCCS approved Developmental Screening tools may be billed separately using CPT-4 code 96110 (Developmental Screening, with interpretation and report, per standardized instrumentation),
 - f. Other CPT-4 codes, such as: 96111 (Developmental Testing (includes assessment of motor, language, social, adaptive)) are not considered Screening tools and are not separately billable,
 - g. Only for the nine month, 18 month and 24 month visit when the Developmental Screening tool is used, may the modifier “EP” be added to the 96110. For all claims to be eligible for payment of code 96110: the provider shall have satisfied the training requirements, the claim shall be a nine, 18, or 24-month EPSDT visit, and an AHCCCS approved Developmental Screening tool shall have been completed. In addition, only for these EPSDT visits may the 96110 code be used twice for the same visit when the clinical circumstances warrant more than one tool is used during the visit,
 - h. AHCCCS approved Developmental Screening tools include:
 - i. The Parent’s Evaluation of Developmental Status (PEDS) tool which may be obtained from www.pedstest.com or www.forepath.org. (Age range: Birth to 8 years of age),
 - ii. Ages and Stages Questionnaire (ASQ) tool which may be obtained from www.agesandstages.com. (Age range: Birth to 5 years of age), and
 - iii. The Modified Checklist for Autism in Toddlers (M-CHAT-r) may be used only as a Screening tool by a primary care provider, for members 15-30 months of age, to screen for autism when medically indicated. (Age range: 15 to 30 months).
6. A comprehensive unclothed physical examination.
7. Immunizations:
 - a. EPSDT covers all child and adolescent immunizations, as specified in the Centers for Disease Control and Prevention (CDC) recommended childhood immunization schedules,
 - b. Appropriate immunizations according to age and health history (administration of the immunizations may be billed in addition to the EPSDT visit using the CPT-4

- code appropriate for the immunization with an SL modifier). Combination vaccines are paid as one vaccine,
- c. Providers shall be registered as Vaccines for Children (VFC) providers and VFC vaccines shall be used,
 - d. AHCCCS will cover the Human Papilloma Virus (HPV) vaccine for female and male EPSDT member's age 11 to 21 years of age. AHCCCS will cover members nine and 10 years of age, if the member is deemed to be in a high-risk situation. For those members whose HPV schedule is not completed by age 22 years, completion of the schedule will be covered when determined to be medically necessary, and
 - e. For adult immunizations, refer to AMPM Policy 310-M.
8. Laboratory tests including blood lead Screening:
- a. Laboratory including blood lead Screening assessment and blood lead testing appropriate to age and risk, anemia testing and Diagnostic testing for sickle cell trait (if a child has not been previously tested with sickle cell preparation or a hemoglobin solubility test),
 - b. EPSDT covers blood lead Screening for all members at 12 months and 24 months of age and for those members between the ages of 24 and 72 months who have not been previously tested or who missed either the 12th or 24-month test. Lead levels may be measured at times other than those specified if thought to be medically indicated by the provider, by responses to a lead poisoning verbal risk assessment, or in response to parental concerns. Additional Screening for children under six year of age is based on the child's risk as determined by either the member's residential zip code or presence of other known risk-factors, and
 - c. Payment for laboratory services that are not separately billable and considered part of the payment made for the EPSDT visit include but are not limited to: 99000, 36415, 36416, 36400, 36406 and 36410. In addition, payment for all laboratory services shall be in accordance with limitations or exclusions specified in Contractor's contract with the providers.
9. Health education, counseling, and chronic disease self-management.
10. Oral Health Screening:
- a. Appropriate oral health Screening, intended to identify oral pathology, including tooth decay and/or oral lesions, and the application of fluoride varnish conducted by a physician, physician's assistant, or nurse practitioner. Refer to AMPM Policy 431,
 - b. Application of fluoride varnish may be billed separately from the EPSDT visit using CPT Code 99188, and
 - c. Fluoride varnish is limited in a primary care provider's office to once every six months, during an EPSDT visit for children who have reached six months of age with at least one tooth erupted, with recurrent applications up to two years of age.

11. Appropriate vision, hearing, and speech Screenings:
 - a. EPSDT covers eye examinations as appropriate to age according to the AHCCCS EPSDT Periodicity Schedule and as medically necessary using standardized visual tools,
 - b. Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92285, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP’s office during an EPSDT visit, are considered part of the EPSDT visit and are not a separately billable services,
 - c. Ocular photo screening with interpretation and report, bilateral (CPT code 99177) is covered for children ages three to six as part of the EPSDT visit due to challenges with a child’s ability to cooperate with traditional chart-based vision Screening techniques. Ocular photo screening is limited to a lifetime coverage limit of one. This procedure, although completed during the EPSDT visit, is a separately billable service and is eligible for a one-time only enhanced reimbursement (use 99177-EP on claim form),
 - d. Automated visual Screening, described by CPT code 99177, is for vision Screening only, and not recommended for or covered by AHCCCS when used to determine visual acuity for purposes of prescribing glasses or other corrective devices,
 - e. Vision CPT codes with the EP modifier shall be listed on the claim form in addition to the preventive medicine CPT codes for visit Screening assessment. With the exception of CPT code 99177, no additional reimbursement is allowed for these codes,
 - f. Prescriptive lenses and frames are provided to correct or ameliorate defects, physical illness, and conditions discovered by EPSDT Screenings, subject to medical necessity. Frames for eyeglasses are also covered, and
 - g. Hearing CPT codes with the EP modifier shall be listed on the claim form, in addition to the preventive medicine CPT codes, for a Periodic hearing Screening assessment. With the exception of CPT code 99177, no additional reimbursement is allowed for these codes.

12. Tuberculosis (TB) Screening:
 - a. Tuberculin skin testing as appropriate to age and risk. Children at increased risk of Tuberculosis (TB) include those who have contact with individuals:
 - i. Confirmed or suspected as having TB,
 - ii. In jail or prison during the last five years,
 - iii. Living in a household with an HIV-infected person or the child is infected with HIV, and/or
 - iv. Traveling/immigrating from, or having significant contact with individuals indigenous to endemic countries.

B. SICK VISIT PERFORMED IN ADDITION TO AN EPSDT VISIT

Billing of a “sick visit” (CPT Codes 99201-99215) at the same time as an EPSDT visit is a separately billable service if:

1. An abnormality is encountered or a preexisting problem is addressed in the process of performing an EPSDT service and the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service.
2. The “sick visit” is documented on a separate note.
3. Modifier 25 is added to the Office/Outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventive medicine service.

History, Exam, and Medical Decision Making components of the separate “sick visit” already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99201-99215).

An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and management service, and which does not require additional work and the performance of the key components of a problem-oriented E/M service is included in the EPSDT visit and should not be reported.

C. CONTRACTOR REQUIREMENTS

Contractors shall:

1. Implement processes to ensure age appropriate Screening and care coordination when member needs are identified.
2. Ensure providers utilize AHCCCS approved standard Developmental Screening tools and complete training in the use of these tools, as indicated by the American Academy of Pediatrics. Contractors shall monitor providers and implement interventions for non-compliance.
3. Develop policies and procedures to identify the needs of EPSDT age members, inform members of the availability of EPSDT services, coordinate their care, provide care management, conduct appropriate follow-up, and ensure members receive timely and appropriate treatment.
4. Develop policies and procedures to monitor, evaluate, and improve EPSDT participation.
5. Ensure members receive required health Screenings in compliance with the AMPM Policy 430, Attachment A and AMPM Policy 431, Attachment A.
6. Ensure that the Bloodspot Newborn Screening Panel hearing and, if indicated, bilirubin Screening tests are conducted, including initial and secondary Screenings, in accordance with 9 A.A.C. 13, Article 2.

7. Ensure that providers report blood lead levels equal to or greater than 10 micrograms of lead per deciliter of whole blood to ADHS (A.A.C. R9-4-302). Contractors shall implement protocols for the following:
 - a. Care coordination for members with elevated blood lead levels (e.g. parents, PCP and ADHS) to ensure timely follow-up and retesting,
 - b. Case management is required for all children with a level of 10 micrograms per deciliter or greater, or per current CDC recommendations. Case management shall align with CDC's recommendations for actions based on blood lead level and ADHS recommendations,
 - c. Appropriate care coordination for an EPSDT child who has an elevated blood lead level and is transitioning to or from another AHCCCS Contractor, and
 - d. Referral of members who lose AHCCCS eligibility to low-cost or no-cost follow-up testing and treatment for those members that have a blood lead test result equal to or greater than ten micrograms of lead per deciliter of whole blood.

8. Ensure that:
 - a. Each hospital or birthing center screens all newborns using a physiological hearing Screening method prior to initial hospital discharge,
 - b. Each hospital or birthing center provides outpatient re-screening for babies who were missed or are referred from the initial Screening. Outpatient re-screening shall be scheduled at the time of the initial discharge and completed between two and six weeks of age,
 - c. When there is an indication that a newborn or infant may have a hearing loss or congenital disorder, the family shall be referred to the PCP for appropriate assessment, care coordination and referral(s), and
 - d. All infants with confirmed hearing loss receive services before turning six months of age.

9. Implement protocols for care and coordination of members who received TB testing to ensure timely reading of the TB skin test and treatment, if medically necessary.

10. Employ sufficient numbers of appropriately qualified local personnel in order to meet the health care needs of members and fulfill Federal and State EPSDT requirements, as well as achieve contractual compliance.

11. Inform all participating PCPs about EPSDT requirements and monitor compliance with the requirements. This shall include informing PCPs of Federal, State and AHCCCS policy requirements for EPSDT and updates of new information as it becomes available, and ensuring PCPs providing care to children are trained to use implemented Developmental Screening tools. This shall also include a process to monitor the utilization of AHCCCS approved Developmental Screening tools.

12. Develop, implement, and maintain a program to inform members about EPSDT services within 30 days of enrollment with the Contractor. This information shall include:
 - a. The benefits of preventive health care,
 - b. Information that an EPSDT visit is a Well Child visit,
 - c. A complete description of the services available as described in this section,
 - d. Information on how to obtain these services and assistance with scheduling appointments,
 - e. Availability of care management assistance in coordinating EPSDT covered services,
 - f. A statement that there is no copayment or other charge for EPSDT Screening and resultant services, and
 - g. A statement that assistance with medically necessary transportation and scheduling appointments is available to obtain EPSDT services.

13. Conduct written and other member educational outreach related to immunizations, available community resources (e.g. WIC, AzEIP, CRS, Behavioral Health, Head Start), dangers of lead exposure and recommended/mandatory testing, childhood obesity and prevention measures, age appropriate risk prevention efforts (addressing injury and suicide prevention, bullying, violence, and sexual behavior and development), education on importance of utilizing primary care provider in place of ER visits for non-emergent concerns, recommended periodicity schedule, and other Contractor selected topics at a minimum of once every 12 months. These topics may be addressed separately or combined into one written outreach material; however, each topic shall be covered during the 12-month period. EPSDT related outreach material, shall include a statement informing members that an EPSDT visits is synonymous to a Well Child visit. Refer to AMPM Exhibit 400-3 and ACOM Policy 404.

14. Provide EPSDT information accordance with the requirements ACOM Policy 405.

15. Develop and implement processes to assist members and their families regarding community health resources, including but not limited to WIC, AzEIP, and Head Start.

16. Develop and implement processes to ensure the identification of members needing care management services and the availability of care management assistance in coordinating EPSDT covered services.

17. Participate in community and/or quality initiatives, to promote and support best local practices and quality care, within the communities served by the Contractor.

18. Attend EPSDT related meetings when required by AHCCCS.

19. Coordinate with other entities when the Contractor determines a member has third party coverage.

20. Develop, implement, and maintain a procedure for ensuring timeliness and care coordination of re-screening and treatment for all conditions identified, including behavioral health services, as a result of examination, Screening, and diagnosis. Treatment, if required, shall occur on a timely basis, generally initiating services no longer than six months beyond the request for Screening services, unless stated otherwise in this Policy.
21. Develop, implement, and maintain a process to provide appropriate follow-up care for members who have abnormal blood lead test results.
22. Require the use of the AHCCCS EPSDT and Dental Periodicity Schedules (AMPM Policy 430, Attachment A and AMPM Policy 431, Attachment A) by all contracted providers.
23. Develop and implement a process for monitoring that providers use the most current EPSDT Periodicity Schedule at every EPSDT visit and that all age appropriate Screenings and services are conducted during each visit.
24. Develop, implement, and maintain a procedure to notify all members/responsible parties of visits required by the AHCCCS EPSDT and Dental Periodicity Schedules (AMPM Policy 430, Attachment A and AMPM Policy 431, Attachment A). Processes other than mailings shall be pre-approved by AHCCCS Quality Management. This procedure shall include:
 - a. Notification to members or responsible parties regarding due dates of each EPSDT visit. If an EPSDT visit has not taken place, a second written notice shall be sent, and
 - b. Notification to members or responsible parties regarding due dates of biannual (one visit every six months) dental visits. If a dental visit has not taken place, a second notice shall be sent.
25. Develop and implement processes to reduce no-show appointment rates for EPSDT services.
26. Provide targeted outreach to those members who did not show for appointments.
27. Encourage providers to schedule the next EPSDT Screening at the current office visit, particularly for children 24 months of age and younger.
28. Ensure providers enroll and re-enroll annually with the VFC program, in accordance with AHCCCS Contract requirements.
 - a. Contractors shall not utilize AHCCCS funding to purchase vaccines covered through the VFC program for members younger than 19 years of age, and
 - b. Contractors shall ensure providers document each EPSDT age member's immunizations in the Arizona State Immunization Information System (ASIIS) registry. In addition, Contractors shall ensure providers maintain the ASIIS immunization records of each EPSDT member in ASIIS, in accordance with A.R.S.

Title 36, Chapter 135. Contractors are required to monitor provider's compliance with immunization registry reporting requirements and take action to improve reporting when issues are identified.

29. Submit the EPSDT and Adult Monitoring Report to AHCCCS as specified in Contract describing the activities of the quarter and the progress made in reaching the established goals of the plan. The Report shall include documentation of monitoring and evaluation of EPSDT requirements, and implementation of improvement processes. The Report shall include results of Contractor's ongoing monitoring of performance rates, in a format that will facilitate comparison of rates in order to identify possible need for interventions to improve or sustain rates. The report shall also identify the Contractor's established goals. Refer to AMPM Appendix A for report template and requirements/ instructions.
30. Participate in an annual review of EPSDT requirements conducted by AHCCCS, including but not limited to: Contractor results of on-site visits to providers and medical record audits.
31. Include language in PCP contracts that requires PCPs to:
 - a. Provide EPSDT services for all assigned members from birth up to 21 years of age. Services shall be provided in accordance with the AHCCCS EPSDT and Dental Periodicity Schedules (AMPM Policy 430, Attachment A and AMPM Policy 431, Attachment A),
 - b. Implement procedures to ensure compliance by PCPs with all EPSDT standards and contract requirements,
 - c. Implement protocols to ensure that health problems are diagnosed and treated Early, before they become more complex and the treatment more costly (including follow-up related to blood lead Screening and tuberculosis Screening),
 - d. Have a process for assisting members in navigating the healthcare system, as well as inform members of any other community-based resources that support optimal health outcomes, to ensure that members receive appropriate support services,
 - e. Implement protocols for coordinating care and services with the appropriate state agencies for EPSDT members, and ensure that members are referred to support services, as well as other community-based resources to support good health outcomes,
 - f. Refer eligible members to Head Start and the special supplemental nutrition program for WIC, for WIC approved formula and support services. Ensure that medically necessary nutritional supplements are covered by the Contractor. For more information, refer, EPSDT Service Standards, Nutritional Assessment and Nutritional Therapy of this Policy),
 - g. Utilize the criteria specified in this Policy when requesting medically necessary nutritional supplements,
 - h. Coordinate with Arizona Early Intervention Program (AZEIP) to identify children 0-3 years of age with Developmental disabilities needing services, including family education and family support needs focusing on each child's natural environment,

- to optimize child health and development (EPSDT services, as defined in 9 A.A.C. 22, Article 2, shall be provided by the Contractors), Refer to Attachment D, and
- i. Require providers to communicate results of assessments and services provided to AzEIP enrollees within 45 days of the member's AzEIP enrollment. Refer to Attachment C for more information related to the coordination and referral process for Early interventions services.
32. Provide education and assistance with referrals of eligible members to the special supplemental nutrition program for WIC, for WIC approved formula and support services, and ensure medically necessary nutritional supplements are covered.
 33. Provide education and assist with referrals of eligible members to Head Start to ensure eligible members receive appropriate EPSDT services to optimize child health and development.
 34. Coordinate with behavioral health services agencies and providers to ensure continuity of care for members who are receiving or are eligible to receive behavioral health services.
Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based "best practices. AHCCCS has implemented 12 Principles to maintain the integrity of the best practices and approaches to providing behavioral health services for children. Contractors are required to integrate these principles in the provision of behavioral health services for EPSDT age members. Refer to AMPM Policy 100.
 35. Develop guidelines for use by the PCP in providing the following:
 - a. Information necessary to obtain PA for commercial oral nutritional supplements,
 - b. Encouragement and assistance to the parent/guardian in weaning the member from the necessity for supplemental nutritional feedings, and
 - c. Education and training, if the member's parent/guardian elects to prepare the member's food, regarding proper sanitation and temperatures to avoid contamination of foods that are blended or specially prepared for the member.
 36. Implement protocols for transitioning a child who is receiving nutritional therapy, to or from another Contractor or another service program (e.g. WIC).
 37. Implement a process for verifying medical necessity of nutritional therapy through the receipt of supporting medical documentation dated within three months of the request, prior to giving initial or ongoing authorizations for nutritional therapy. Documentation shall include clinical notes or other supporting documentation from the member's PCP, specialty provider, or registered dietitian, including a detailed history and thorough physical assessment that provides evidence of member meeting all of the required criteria, as indicated on Attachment B.

D. CONTRACTOR REQUIREMENTS FOR THE EPSDT PLAN AND EVALUATION

Contractors shall have a written EPSDT Plan and Evaluation that addresses minimum Contractor requirements as specified above as well as the objectives of the Contractor's program that are focused on achieving AHCCCS requirements. It shall also incorporate monitoring and evaluation activities for these minimum requirements. Refer to Attachment F. The EPSDT Plan and Evaluation shall be submitted as specified in Contract and is subject to AHCCCS approval. The EPSDT Plan and Evaluation shall contain, at a minimum, the following:

1. EPSDT Narrative Plan

A written description of all planned activities to address the Contractor's minimum requirements for EPSDT services, as specified above, including, but not limited to, informing providers and members that EPSDT is a comprehensive child health program of prevention, treatment, correction, and improvement (amelioration) of physical and behavioral health problems for AHCCCS members under the age of 21. The narrative description shall also include Contractor activities to identify member needs, coordination of care, and follow-up activities to ensure appropriate treatment is received in a timely manner.

2. EPSDT Plan Evaluation

An evaluation of the previous year's Plan to determine the effectiveness of strategies, interventions, and activities used toward meeting stated objectives.

3. EPSDT Plan that includes:

- a. Specific measurable objectives. These objectives shall be based on AHCCCS established Minimum Performance Standards. In cases where AHCCCS Minimum Performance Standards have been met, other generally accepted benchmarks that continue the Contractor's improvement efforts will be used (e.g. National Committee on Quality Assurance, Healthy People 2020 standards). Contractors may also develop their own specific measurable goals and objectives aimed at enhancing the EPSDT program when Minimum Performance Standards have been met. Objectives shall include a focus toward blood lead testing and follow-up for abnormal blood lead test levels identified, childhood obesity, care coordination efforts, and member utilization,
- b. Strategies and specific measurable interventions to accomplish objectives (e.g. member outreach, provider education and provider compliance with mandatory components of the EPSDT program),
- c. Targeted implementation and completion dates of Plan activities,
- d. Assigned local staff position(s) responsible and accountable for meeting each established goal and objective, and
- e. Identification and implementation of new interventions, continuation of, or modification to existing interventions, based on quarterly analysis of the previous year's Plan Evaluation.

4. All relevant current EPSDT policies and procedures shall be submitted as separate attachments.

E. PROVIDER REQUIREMENTS

EPSDT services shall be provided according to community standards of practice in accordance with Section 42 USC 1396d(a) and (r), 1396a(a)(43), 42 CFR 441.50 et seq. and AHCCCS rules and policies including the AHCCCS EPSDT and Dental Periodicity Schedules (AMPM Policy 430, Attachment A and AMPM Policy 431, Attachment A).

Providers shall refer members for follow-up, diagnosis, and treatment. Treatment is to be initiated within 60 days of Screening services.

Providers are required to provide health counseling/education at initial and follow-up visits.

Refer to the specific AHCCCS Contractor for managed care members and to AMPM Policy 820 for Fee-For-Service members, regarding (Prior Authorization) PA requirements.

A PCP referral is not required for Naturopathic services.

Additionally, providers shall adhere to the below specific standards and requirements for the following covered services:

1. Immunizations

- a. All appropriate immunizations shall be provided according to the Advisory Committee on Immunization Practices Recommended Schedule.
Refer to the CDC website: www.cdc.gov/vaccines/schedules/index.html for current immunization schedules. The vaccine schedule shall also reflect current state statutes governing school immunization requirements as listed on www.AZDHS.gov. If appropriate, document in the member's medical record the member/guardian/ designated representative's decision not to utilize EPSDT services or receive immunizations, and
- b. Providers shall coordinate with the Arizona Department of Health Services (ADHS) Vaccines for Children (VFC) program in the delivery of immunization services.

2. Blood Lead Screening

- a. The ADHS Parent Questionnaire, which was formerly used as part of Screening, is no longer required in this population. However the questionnaire may be utilized to help determine if a lead test should be performed outside of the required testing ages. Screening efforts should focus on assuring that these children receive blood lead testing,
- b. Anticipatory guidance to provide an environment safe from lead, shall still be included as part of each EPSDT visit from six to 72 months of age, and
- c. A blood lead test result equal to or greater than 10 micrograms of lead per deciliter of whole blood obtained by capillary specimen or fingerstick shall be confirmed using a venous blood sample.

3. Organ and Tissue Transplantation Services
Refer to AMPM Policy 310-DD 1 for information regarding AHCCCS-covered transplants.
4. Metabolic Medical Foods
If an AHCCCS covered member has a congenital metabolic disorder identified through the Bloodspot Newborn Screening Panel (such as Phenylketonuria, Homocystinuria, Maple Syrup Urine Disease, or Galactosemia), refer to AMPM Policy 310-GG.
5. Nutritional Therapy
 - a. AHCCCS covers nutritional therapy for EPSDT members on an Enteral Nutrition, TPN Therapy, or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member's daily nutritional and caloric intake,
 - b. PA is required from the member's Managed Care Contractor or Tribal ALTCS Case Manager or AHCCCS DFSM for Fee-For-Service members for Commercial Oral Supplemental Nutrition, unless the member is also currently receiving nutrition through Enteral Nutrition or TPN Therapy,
 - i. Medical necessity for commercial oral nutritional supplements shall be determined on an individual basis by the member's PCP or specialty provider, using the criteria specified in this policy. An example of a nutritional supplement is an amino acid-based formula used by a member for eosinophilic gastrointestinal disorder. The PCP or specialty provider shall use the AHCCCS approved form, Attachment B, to obtain authorization from the member's Managed Care Contractor or Tribal ALTCS Case Manager or AHCCCS DFSM for FFS members.
 - 1) Attachment B shall indicate which criteria were met when assessing the medical necessity of providing commercial oral nutritional supplements.
 - a) The member has been diagnosed with a chronic disease or condition,
 - b) The member is below the recommended BMI percentile (or weight-for-length percentile for members less than two years of age) for the diagnosis per evidence-based guidance as issued by the American Academy of Pediatrics, and
 - c) There are no alternatives for adequate nutrition.
 - OR**
 - 2) At least two of the following criteria have been met for the basis of establishing medical necessity:
 - a) The member is at or below the 10th percentile for weight-for-length or BMI on the appropriate growth chart for age and gender, as recommended by the CDC, for three months or more,
 - b) The member has reached a plateau in growth and/or nutritional status for more than six months, or more than three months if member is an infant less than one year of age,
 - c) The member has already demonstrated a medically significant decline in weight within the three month period prior to the assessment, and

- d) The member is able to consume/eat no more than 25% of his/her nutritional requirements from age-appropriate food sources.
- 3) Additionally, the following requirements shall be met:
 - a) The member has been evaluated and treated for medical conditions that may cause problems with growth (e.g. feeding problems, behavioral conditions or psychosocial problems, endocrine or gastrointestinal problems), and
 - b) The member has had a trial of higher caloric foods, blenderized foods, or commonly available products that may be used as dietary supplements for a period no less than 30 days in duration. If it is determined through clinical documentation and other supporting evidence that a trial of higher caloric foods would be detrimental to the member's overall health, the provider may submit Attachment B, along with supporting documentation demonstrating the risk posed to the member for the Contractor's Medical Director or Designee's consideration in approving the provider's PA request.
- 4) Supporting documentation shall accompany Attachment B. This documentation shall demonstrate that the member meets all of the required criteria and includes:
 - a) Initial Requests
 - i. Documentation demonstrating that nutritional counseling has been provided as a part of the health risk assessment and Screening services provided to the member by the PCP or specialty provider, or through consultation with a registered dietitian,
 - ii. Clinical notes or other supporting documentation dated within three months of the request, providing a detailed history and thorough physical assessment demonstrating evidence of member meeting all of the required criteria, as indicated on Attachment B. The physical assessment shall include the member's current/past weight-for-length and BMI percentiles (if member is two years of age or older), and
 - iii. Documentation detailing alternatives that were tried in an effort to boost caloric intake and/or change food consistencies that have proven unsuccessful in resolving the nutritional concern identified, as well as member adherence to the prescribed dietary plan/alternatives attempted.
 - b) Ongoing Requests
 - i. Subsequent submissions shall include a clinical note or other supporting documentation dated within three months of the request that includes the members overall response to supplemental therapy and justification for continued supplement use. This shall include the member's tolerance to formula, recent hospitalizations, current weight-for-length or BMI percentile (if member is two year of age or older).
- 5) Members receiving nutritional therapy shall be physically assessed by the member's PCP, specialty provider, or registered dietitian at least annually.

Additionally, documentation demonstrating encouragement and assistance provided to the parent/guardian in weaning the member from supplemental nutritional feedings should be included, when appropriate. When requesting initial or ongoing PA for commercial oral nutritional supplements, providers shall ensure the following:

- a) Documents are submitted with the completed Attachment B to support all of the necessary requirements for Commercial Oral Nutritional Supplements as detailed above,
- b) If the member's parent/guardian elects to prepare the member's food, education and training regarding proper sanitation and temperatures to avoid contamination of foods that are blended or specially prepared for the member is provided,
- c) Ongoing monitoring is conducted to assess member adherence/tolerance to the prescribed nutritional supplement regimen and determine necessary adjustments to the prescribed amount of supplement are appropriate based on the member's weight loss/gain, and
- d) Documentation demonstrating encouragement and assistance provided to the parent/guardian in weaning the member from the necessity for supplemental nutritional feedings, when appropriate.

6. Oral Health Services

As part of the physical examination, the physician, physician's assistant, or nurse practitioner shall perform an oral health Screening. A Screening is intended to identify gross dental or oral lesions, but is not a thorough clinical examination and does not involve making a clinical diagnosis resulting in a treatment plan. Referral to a dentist or dental home shall be made as outlined in policy. Refer to AMPM Policy 431, for more details pertaining to covered services, provider and Contractor requirements.

7. Cochlear and Osseointegrated Implantation

a. Cochlear implantation

Cochlear implantation provides an awareness and identification of sounds and facilitates communication for individuals who have profound, sensorineural hearing loss (nerve deafness). Deafness may be prelingual/perilingual or postlingual. AHCCCS covers medically necessary services for cochlear implantation solely for EPSDT age members. Candidates for cochlear implants shall meet criteria for medical necessity, including but not limited to, the following indications:

- i. A diagnosis of bilateral profound sensorineural deafness (using age-appropriate standard testing), with little or no benefit from a hearing (or vibrotactile) aid, as established by audiologic and medical evaluation,
- ii. Presence of an accessible cochlear lumen structurally suited to implantation, with no lesions in the auditory nerve and acoustic areas of the central nervous system, as demonstrated by CT scan or other appropriate radiologic evaluation,
- iii. No known contraindications to surgery,
- iv. Demonstrated age appropriate cognitive ability to use auditory clues, and
- v. The device shall be used in accordance with the FDA approved labeling.

- b. Coverage of cochlear implantation includes the following treatment and service components:
 - i. Complete auditory testing and evaluation by an otolaryngologist, speech-language pathologist or audiologist,
 - ii. Pre-surgery inpatient/outpatient evaluation by a board certified otolaryngologist,
 - iii. Diagnostic procedures and studies, including CT scan or other appropriate radiologic evaluation, for determining candidacy suitability,
 - iv. Pre-operative psychosocial assessment/evaluation by psychologist or counselor,
 - v. Prosthetic device for implantation (shall be non-experimental/non-investigational and be Food and Drug Administration approved and used according to labeling instructions),
 - vi. Surgical implantation and related services,
 - vii. Post-surgical rehabilitation, education, counseling and training,
 - viii. Equipment maintenance, repair, and replacement of the internal/external components or both if not operating effectively. Examples include but are not limited to: the device is no longer functional or the used component compromises the member's safety. Documentation which establishes the need to replace components not operating effectively shall be provided at the time prior authorization is sought,
 - ix. Cochlear implantation requires PA from the Contractor Medical Director, or from the AHCCCS Medical Director or designee for FFS members, and
- c. Osseointegrated implants (Bone Anchored Hearing Aid [BAHA])
AHCCCS coverage of medically necessary services for osseointegrated implantation is limited to EPSDT members. Osseointegrated implants are devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via a mechanical transducer. These devices are indicated only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformation, chronic disease, severe sensorineural hearing loss, or surgery. Osseointegrated implantation requires PA from the Contractor Medical Director, or from the AHCCCS Medical Director or designee for FFS members. Maintenance of the Osseointegrated implants is the same as described above for cochlear implants.

8. Conscious Sedation

AHCCCS covers conscious sedation for members receiving EPSDT services.

9. Behavioral Health Services

AHCCCS covers behavioral health services for members eligible for EPSDT services as described in Contract and Policy. EPSDT behavioral health services include the services listed in 42 U.S.C.1396d (a) necessary to correct or ameliorate mental illnesses and conditions discovered by the Screening services whether or not the services are covered under the AHCCCS State Plan.

For the diagnosis of behavioral health conditions including, but not limited to Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD), depression (including postnatal depression), and/or anxiety disorders, there are clinical guidelines that include assessment tools and algorithms. If in their scope of practice, the clinical guidelines are to be used by PCPs as an aid in treatment decisions.

10. Religious Non-Medical Health Care Institution Services

AHCCCS covers religious non-medical health care institution services for members eligible for EPSDT services as described in AMPM Policy 1210.

11. Care Management Services

AHCCCS covers care management services for both physical and behavioral health care, as appropriate for members eligible for EPSDT services. In EPSDT, care management involves identifying the health needs of a child, ensuring necessary referrals are made, maintaining health history, and initiating further evaluation/diagnosis and treatment when necessary.

12. Chiropractic Services

AHCCCS covers chiropractic services to members eligible for EPSDT services, when ordered by the member's PCP and approved by the Contractor in order to ameliorate the member's medical condition.

13. Personal Care Services

AHCCCS covers personal care services, as appropriate, for members eligible for EPSDT services.

14. Incontinence Briefs

Incontinence briefs, including pull-ups and incontinence pads, are covered in order to prevent skin breakdown and to enable participation in social, community, therapeutic and educational activities under the following circumstances:

- a. The member is over three years and under 21 years of age,
- b. The member is incontinent due to a documented disability that causes incontinence of bowel and/or bladder,
- c. The PCP or attending physician has issued a prescription ordering the incontinence briefs,
- d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder,
- e. The member obtains incontinence briefs from vendors within the Contractor's network, and
- f. PA has been obtained as required by AHCCCS, Contractor, or Contractor's designee. Contractors may require a new PA to be issued no more frequently than every 12 months. PA for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit. PA will be permitted to ascertain that:
 - i. The member is over three years and under 21 years of age,

- ii. The member has a disability that causes incontinence of bladder and/or bowel,
- iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the Contractor, and
- iv. The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.

15. Medically Necessary Therapies

AHCCCS covers medically necessary therapies including physical therapy, occupational therapy, and speech therapy, necessary to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the Screening services. Therapies are covered under both an inpatient and outpatient basis when medically necessary. For children identified by the PCP as needing Early intervention services, Contractors are required to provide services in the natural environment whenever possible. Refer to Attachment C for more information related to the coordination and referral process for Early interventions services.

F. CLAIM FORMS

Claims for EPSDT services shall be submitted on a CMS (formerly HCFA) 1500 form. Providers shall bill for preventative EPSDT services using the preventative service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier. EPSDT visits are paid at a global rate for the services specified in this Policy. With the exception of those items listed above as separately reimbursable services, no additional reimbursement is allowed. Providers shall use an EP modifier to designate all services related to the EPSDT Visit/Well Child visit, including routine vision and hearing Screenings.