

1 **430 EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND**
2 **TREATMENT SERVICES**
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11 **PURPOSE**
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13 This policy establishes requirements for and describes covered ~~the provision~~
14 ~~of~~ Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
15 for the Division of Developmental Disabilities (Division).
16

17 **DEFINITIONS**

- 18 1. "Care Management" means a group of activities
19 performed by the Contractor to identify and manage
20 clinical interventions or alternative treatments for
21 identified members to reduce risk, cost, and help achieve
22 better health care outcomes. Distinct from Case
23 Management, Care Management does not include the day-
24 to-day duties of service delivery.

25 1.2. “Commercial Oral Supplemental Nutrition” means nourishment
26 available without a prescription that serves as sole caloric intake
27 for additional caloric intake.

28 2.3. “Diagnostic” means determination of the nature or cause of a
29 condition, illness, or injury through the combined use of health
30 history, physical, developmental, and psychological
31 examination, laboratory tests, and X-rays, when appropriate.

32 3.4. “Early” means in the case of a child already enrolled with an
33 AHCCCS Contractor, as soon as possible in the child's life, or in
34 other cases, as soon after the member's eligibility for
35 AHCCCS services has been established.

36 4.5. “Early and Periodic Screening, Diagnostic and Treatment” or
37 (“EPSDT)” means a comprehensive child health program of
38 prevention, treatment, correction, and improvement of physical
39 and behavioral health conditions for AHCCCS members under the
40 age of 21. EPSDT services include screening services, vision
41 services, dental services, hearing services and all other medically
42 necessary mandatory and optional services listed in Federal Law
43 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical

44 and mental illnesses and conditions identified in an EPSDT
45 screening whether or not the services are covered under the
46 AHCCCS State Plan. Limitations and exclusions, other than the
47 requirement for medical necessity and cost effectiveness, do not
48 apply to EPSDT services.

49 5.6. “EPSDT Visit” means an appointment with a Provider who
50 provides EPSDT services and bills an E/M code.

51 6.7. “Evaluation and Management” or “E/M” means the use of CPT
52 codes from the range 99202-99499 to represent services
53 provided by a physician or other qualified healthcare
54 professional. As the name E/M indicates, these medical codes
55 apply to visits and services that involve evaluating and managing
56 patient health.

57 7.8. “Member” means the same as “Client” as defined in A.R.S. § 36-
58 551.

59 8.9. “Periodic” means at intervals established by AHCCCS for
60 screening to assure that a condition, illness, or injury is not
61 incipient or present.

62 10. "Periodicity Schedule" means EPSDT and dental services which
63 are intended to meet reasonable and prevailing standards of
64 medical and dental practice and specify screening services at
65 each stage of the child's life. The service intervals represent
66 minimum requirements. Any services determined by a Primary
67 Care Provider (PCP) to be medically necessary shall be provided,
68 regardless of the interval.

69 11. "Provider" means any individual or entity that is engaged in the
70 delivery of services, or ordering or referring for those services,
71 and is legally authorized to do so by the State in which it delivers
72 the services, as specified in 42 CFR 457.10 and 42 CFR 438.2.

73 12. "Responsible Person" means the parent or guardian of a minor
74 with a developmental disability, the guardian of an adult with a
75 developmental disability or an adult with a developmental
76 disability who is a member or an applicant for whom no guardian
77 has been appointed.

78 ~~11.~~13. "Screening" means regularly scheduled examinations and
79 evaluations of the general physical and behavioral health,
80 growth, development, and nutritional status of infants, children,

81 and adolescents, and the identification of those in need of more
82 definitive evaluation. For the purpose of the AHCCCS EPSDT
83 program, screening and diagnosis are not synonymous.

84 14. "Sick Visit" means an appointment with a Provider to address an
85 abnormality or preexisting condition.

86 15. "Treatment" means any of the 29 mandatory or optional services
87 described in 42 U.S.C. 1396d(a), even if the service is not
88 covered under the (AHCCCS) State Plan, when necessary to
89 correct or ameliorate defects and physical and mental illnesses
90 and conditions detected by screening.

91 16. "Well-Child Visit" means regular or preventative health
92 appointment with the child's doctor or pediatrician used to track
93 the child's growth and development and discuss milestones and
94 concerns.

95 12.14. "Work Plan" means a document that formally documents the
96 program objectives, strategies and activities directed at
97 achieving optimal outcomes, as based on the Contractor
98 Requirements, outlined in the AMPM. The work plan goals may
99 include select performance measures from Contract.

100 **POLICY**

101 **A. GENERAL REQUIREMENTS**

102 **1.** The Division shall ensure all physical and behavioral health
103 services described within Medicaid covered services listed in 42
104 USC 1396d(a) are covered if the treatment or service is
105 necessary to correct or ameliorate defects or physical and
106 behavioral illnesses or conditions and is consistent with EPSDT
107 federal law Title XIX for Members under the age of 21 when
108 medically necessary and cost effective.

109 **2.** The Division shall require the Members health plan of enrollment
110 inform Medicaid-eligible individuals under the age of 21 are
111 informed that EPSDT services are available.

112 **3.** The Division shall require screening services to be provided for
113 Medicaid-eligible individuals under the age of 21.

114 **4.** The Division shall require corrective treatment as determined by
115 child EPSDT health screenings be performed.

116 **5.** The Division shall review the Performance Measures Monitoring
117 Report quarterly.

- 118 6. The Division shall ensure the following EPSDT services are
119 covered:
- 120 a. Inpatient and outpatient hospital services;
 - 121 b. Laboratory and x-ray services;
 - 122 c. Physician and nurse practitioner services;
 - 123 d. Naturopathic services;
 - 124 e. Medications and medical supplies;
 - 125 f. Dental services;
 - 126 g. Therapy services;
 - 127 h. Behavioral health services;
 - 128 i. Orthotics and prosthetic devices;
 - 129 j. Eyeglasses;
 - 130 k. Transportation;
 - 131 l. Family planning services and supplies;
 - 132 m. Women's preventative care and maternity services;
 - 133 n. Diagnostic, screening, preventive, and rehabilitative
134 services; and
 - 135 o. Long term services and supports although not explicitly
136 covered as part of EPSDT are also considered when:

- 137 i. Needs are identified,
138 ii. It supports the overall health and wellbeing of the
139 child in the least restrictive setting, and
140 iii. Medically necessary when determined on a case-by-
141 case basis.

142 7. The Division shall require any services determined by a Primary
143 Care Provider (PCP) to be medically necessary shall be provided,
144 regardless of the interval indicated on the Periodicity Schedule.

145 8. The Division shall require Members to receive required health
146 screenings as specified in AMPM Policy 430 Attachment A and
147 the AMPM Policy 430 Attachment F.

148 **A.B. COVERED SERVICES DURING AN EPSDT VISIT /Well Child Visit**

149 ~~The EPSDT/Well Child visit is all inclusive and includes the following:~~

150 **1. The Division shall ensure the following are included**
151 **during that an EPSDT Well Child visit:**

- 152 a. A comprehensive health and ~~D~~developmental history,
153 including growth and ~~D~~developmental ~~S~~screening which
154 includes physical, nutritional, and behavioral health
155 assessments; ~~z~~z. ~~Refer to the Centers for Disease Control and~~

- 156 ~~Prevention website: www.cdc.gov/growthcharts/ for Body~~
157 ~~Mass Index (BMI) and growth chart resources.~~
- 158 b. ~~Nutritional S~~creening provided by a PCP; ~~primary care~~
159 ~~physician (PCP).~~
- 160 c. ~~Nutritional A~~assessment provided by a PCP, ~~refer to as~~
161 ~~specified in AMPM AdSS Medical Policy 430~~ which are:
162 i. Conducted to assist EPSDT members whose health
163 status may improve with nutritional intervention;
164 ii. Separately billable service by PCPs who care for
165 EPSDT age members;
166 iii. Part of the EPSDT screenings and on an inter-
167 periodic basis, as determined necessary by the
168 member's PCP;
169 iv. Provided by a registered dietitian when ordered by
170 the member's PCP. This includes EPSDT members
171 who are underweight or overweight;
172 v. Initiated by the PCP using the AdSS protocol for
173 referrals for a nutritional assessment or counseling;
174 and

- 175 vi. Covered if a Member qualifies for nutritional therapy
176 due to a medical condition including the following:
177 1) Referral to Women, Infants, and Children
178 (WIC) if the medically necessary formula is
179 available through the Special Supplemental
180 Nutrition Program;
181 2) Medically necessary food items listed on the
182 Arizona WIC Programs Food List, and
183 1)3) WIC-exempt formula which the AdSS is
184 responsible for procuring and funding for any
185 other nutritional supplementation that is
186 medically necessary.
- 187 d. Behavioral Hhealth Screening and Services ~~provided by a~~
188 PCP.
- 189 i. ~~The Division covers behavioral health services for~~
190 ~~members eligible for EPSDT. PCPs may provide~~
191 behavioral health services within their scope of
192 practice as specified in AMPM Policy 510;-

- 193 ii. American Indian/Alaska Native (AI/AN) Members
194 may receive behavioral health services through an
195 Indian Health Service or Tribally operated 638
196 facility, regardless of health plan enrollment or
197 behavioral health assignment;
- 198 iii. Screenings are separately billable and a copy must
199 be kept in the member's medical record. Screenings
200 include:
- 201 1) Postpartum depression screening consisting of
202 a standard criterion referenced screening tool
203 to be performed for screening the parent for
204 signs and symptoms of postpartum depression
205 during the one-, two-, four- and six-month
206 EPSDT visits. Positive screening results require
207 referral to appropriate case managers and
208 services at the respective health plan;
- 209 2) Adolescent suicide and depression screening
210 consisting of a standard criterion referenced
211 screening tool specific for suicide and

212 depression shall be performed at annual EPSDT
213 visits beginning at 10 years of age. Positive
214 screening results require appropriate and
215 timely referral for further evaluation and
216 service provision; and

217 h.3) Adolescent Substance Use Disorder (SUD)
218 screening consisting of a standard criterion-
219 referenced screening tool specific for substance
220 use performed at annual EPSDT visits
221 beginning at 12 years of age. Positive
222 screening results require appropriate and
223 timely referral for further evaluation and
224 service provision.

225 e. Developmental Surveillance with anticipatory guidance
226 shall be performed by the PCP at each EPSDT visit. Refer
227 to Attachment E for the AHCCCS EPSDT Clinical Sample
228 Templates for required information related to EPSDT
229 screenings and visits. shall be performed by with the PCP at
230 each EPSDT visit.

231 f. Developmental Screening:

232 i. Separately billable service by PCPs who care for
233 EPSDT age members.

234 ii. PCPs who bill for developmental screening are
235 trained in the use and scoring of the developmental
236 screening tools as indicated by the American
237 Academy of Pediatrics (AAP).

238 iii. Any abnormal developmental screening finding result
239 in referrals for appropriate follow-up.

240 iv. A copy of the developmental screening tool is kept in
241 the medical record as specified in AMPM Behavioral
242 Health Practice Tools 210 and AMPM 320-O.

243 v. General developmental screening occurs at the nine
244 months, 18 months, and 30 months EPSDT visits.
245 Accepted tools are described in the Centers for
246 Medicare and Medicaid Services (CMS) Core Measure
247 Developmental Screening in the First Three Years of
248 Life and shall be used for screening purposes.

249 g. Autism Spectrum Disorder (ASD)

- 250 i. ASD specific developmental screening occur at the
251 18 month and 24 month EPSDT visits.
- 252 ~~iii.~~ii. Accepted tools are described in the CMS Core
253 Measure Developmental Screening in the First Three
254 Years of Life (DEV) Measure Specifications and shall
255 be used for screening purposes.
- 256 ~~e.h.~~ A comprehensive unclothed physical examination.
- 257 f. Immunizations for
- 258 ~~i.~~ EPSDT covers all children and adolescents are covered
259 under EPSDT immunizations, according to age and health
260 history, as specified in: the
- 261 1) Centers for Disease Control and Prevention
262 (CDC) recommended childhood immunization
263 schedules, and
- 264 2) AMPM Policy 310-M., according to age and
265 health history.
- 266 i. The Division shall require Providers are registered as
267 Vaccines for Children (VFC) Providers.

- 268 ii. The Division shall require VFC vaccines are used for
269 Members under 19 years of age, unless otherwise
270 noted in AMPM Policy 310-M.
- 271 iii. The Division shall require adult immunizations as
272 detailed in AMPM Policy 310-M.
- 273 iv. The Division shall ensure Providers provide COVID-
274 19 vaccine counseling whether the vaccine
275 counseling occurs:
- 276 1) In conjunction with a preventive health visit,
277 2) In conjunction with an office visit when another
278 service was provided, or
- 279 i:3) When COVID-19 vaccine counseling is the sole
280 reason for the office visit.
- 281 ~~g.i. Appropriate immunizations according to age and health~~
282 ~~history (administration of the immunizations may be billed~~
283 ~~in addition to the EPSDT visit using the CPT-4 code~~
284 ~~appropriate for the immunization with an SL modifier).~~
285 ~~Combination vaccines are paid as one vaccine.~~

286 ~~h.k. Providers shall be registered as Vaccines for Children (VFC)~~
287 ~~providers and VFC vaccines shall be used.~~

288 j. Laboratory tests

289 i. Laboratory including, anemia testing and ~~Diagnostic~~
290 testing for sickle cell trait. if a child has not been
291 previously tested with sickle cell preparation or a
292 hemoglobin solubility test.

293 ii. ~~EPSDT covers~~ Blood lead Sscreening and testing
294 appropriate to age and risk.

295 1) Blood lead testing is required for all members
296 at 12 months and 24 months of age and for
297 those members between the ages of 24
298 through six6 years of age who have not been
299 previously tested or who missed either the 12
300 month or 24 month test.

301 2) Lead levels may be measured at times other
302 than those specified, if thought to be medically
303 indicated. ~~by~~

304 a) By the provider,

- 305 ~~b)~~ b) By responses to a lead poisoning verbal
306 risk assessment, ~~or~~
- 307 ~~a)c)~~ a)c) In response to ~~parent or/ r~~ Responsible
308 ~~p~~ Person's concerns, and.
- 309 ~~b)d)~~ b)d) Additional Screening for children under
310 ~~six~~ 6 years of age ~~is~~ based on the child's
311 risk as determined by either the
312 member's residential zip code or
313 presence of other known risk-factors.
- 314 k. Health education, counseling, and chronic disease self-
315 management.
- 316 ~~i.i.~~ i.i. Dental and Oral Health Screening
- 317 i. ~~Appropriate oral health Screening, intended to~~
318 ~~i~~ Identify oral pathology, including tooth decay ~~and/or~~
319 oral lesions; ~~and~~
- 320 ~~i.ii.~~ i.ii. ~~The application of fluoride varnish conducted by a~~
321 physician, physician's assistant, or nurse
322 practitioner; and.

- 323 1) Fluoride varnish is limited in a primary care
324 provider's office to once every three months,
325 during an EPSDT visit for children who have
326 reached six months of age with at least one
327 tooth erupted, with recurrent applications up to
328 five years of age; and.
- 329 ~~1~~) Application of fluoride varnish by the PCP does
330 not take the place of a visit at the dental
331 home.
- 332 ~~j.m.~~ Appropriate vVision, hearing, and speech Screenings and
333 services
- 334 i. ~~EPSDT covers e~~Eye examinations as appropriate to
335 age per the AHCCCS EPSDT Periodicity Schedule and
336 as medically necessary using standardized visual
337 tools.
- 338 ii. Any abnormal screening finding results in a referral
339 to an appropriate provider for follow-up.
- 340 ~~ii-iii.~~ Ocular photo screening with interpretation and
341 report, bilateral is covered for children ages three

342 through ~~six~~6 as part of the EPSDT visit due to
343 challenges with a child's ability to cooperate with
344 traditional chart-based vision Screening techniques.
345 Ocular photo screening is limited to a lifetime
346 coverage limit of ~~one~~1.

347 ~~iii.~~iv. Automated visual Screening is for vision Screening
348 only, and not recommended for or covered when
349 used to determine visual acuity for purposes of
350 prescribing glasses or other corrective devices.

351 v. Prescriptive lenses and frames are provided subject
352 to medical necessity to correct or ameliorate defects,
353 physical illness, and conditions discovered through
354 vision screenings at: by EPSDT Screenings, subject
355 to medical necessity. Frames for eyeglasses are also
356 covered. As part of EPSDT, eyeglasses and other
357 vision services, including replacement and repair of
358 eyeglasses, for members under the age of twenty
359 one years are covered, without restrictions, by

- 360 AHCCCS to correct or ameliorate conditions
361 discovered during vision screenings for EPSDT.
362 a) EPSDT visits,
363 b) Head Start,
364 c) School,
365 d) Childcare, or
366 e) Other community health programs.
367 n. Hearing Screening and services
368 i. Newborn hearing screening must be performed per
369 state statute, and
370 ii. Medically necessary audiology services to evaluate
371 hearing loss for EPSDT Members are provided on
372 both an inpatient and outpatient basis.
373 ~~iv.iii.~~ Hearing aids are covered only for members under
374 the age of 21 receiving EPSDT services.
375 ~~k.o.~~ Tuberculosis (TB) Screening
376 i. Tuberculin skin testing as appropriate to age and
377 risk.

378 h.ii. Tuberculin skin testing for children at increased risk
379 of TB include those who have contact with persons
380 who have been:

- 381 1) Confirmed or suspected as having TB,
- 382 2) In jail or prison during the last five5 years,
- 383 3) Living in a household with an HIV-infected
384 individual or the child is infected with HIV,
385 and/or
- 386 4) Traveling or/ immigrating from x or having
387 significant contact with individuals indigenous
388 to x endemic countries.

389 **B.C. SICK VISIT PERFORMED IN ADDITION TO AN EPSDT VISIT**~~Sick~~
390 **Visit Performed in Addition to an EPSDT**

391 1. _____ **The Division shall ensure** Aa "sSick vVisit" can be
392 performed at the same time as an EPSDT visit if:

393 1.a. An abnormality is encountered, or a preexisting problem is
394 addressed in the process of performing an EPSDT service
395 and the problem or abnormality is significant enough to
396 require additional work to perform the key components of

397 a problem-oriented ~~Evaluation and Management (E/M~~
398 ~~service;~~ and
399 2.b. The “~~S~~ick ~~v~~isit” is documented on a separate progress
400 note; and
401 c. History, exam, and medical decision making ~~m~~Member ~~or/~~
402 ~~r~~Responsible ~~p~~Person components of the separate “~~s~~ick
403 ~~v~~isit” already performed during an EPSDT visit are not to
404 be considered when determining the level of the additional
405 services.
406 3.d. An insignificant or trivial problem or ~~/~~abnormality that is
407 encountered in the process of performing the preventive
408 medicine E/M~~evaluation and management~~ service, and
409 which does not require additional work and the
410 performance of the key components of a problem-oriented
411 E/M service is included in the EPSDT visit and should not
412 be reported.

413 **D. AdSS SPECIFIC REQUIREMENTS**~~Specific Requirements~~

414 a.1. The Division shall refer to AdSS Medical Policy 430 for AdSS
415 specific requirements.

416 D.E. REQUIREMENTS FOR THE EPSDT PROGRAM PLAN AND CHECKLIST

417 **~~Requirements for the EPSDT Program Plan Checklist~~**

418 1. The Division and AdSS shall have a written EPSDT Program Plan
419 and Checklist that addresses minimum requirements, as well as
420 the objectives of the programs, that are focused on achieving
421 AHCCCS requirements.

422 2. The Division shall ensure the Checklist incorporates the following
423 monitoring and evaluation activities for these requirements: -

424 ~~For AdSS specific requirements, see AdSS Medical Policy 430.~~

425 a. EPSDT Program Plan which includes a written description
426 of all planned activities to address the minimum
427 requirements for EPSDT services including:

428 i. Informing providers and members that EPSDT is a
429 comprehensive child health program of prevention,
430 treatment, correction, and improvement of physical
431 and behavioral health problems for members under
432 the age of twenty-one,

433 ii. Activities to identify Member needs,

434 iii. Coordination of care, and

- 435 iv. Follow-up activities to ensure appropriate treatment
436 is received in a timely manner.
- 437 b. EPSDT Work Plan Evaluation of the previous year's Work
438 Plan to determine the effectiveness of strategies,
439 interventions, and activities used toward meeting stated
440 objectives.
- 441 c. EPSDT Work Plan that includes:
- 442 i. Specific measurable objectives based on AHCCCS
443 established Minimum Performance Standards.
- 444 ii. Strategies and specific measurable interventions to
445 accomplish objectives.
- 446 iii. Targeted implementation and completion dates of
447 Work Plan activities.
- 448 iv. Assigned local staff position(s) responsible and
449 accountable for meeting each established goal and
450 objective.
- 451 v. Ensure all relevant staff are trained in EPSDT
452 requirements annually and training materials and

- 453 documentation that training has occurred for staff
454 including:
- 455 1. EPSDT Coordinator,
 - 456 2. Medical Director,
 - 457 3. Dental Director,
 - 458 4. Tribal Nurse Liaison, and
 - 459 5. Others as addressed in Division Medical Policy
460 Manual 1630.
- 461 vi. Identification and implementation of new
462 interventions, continuation of, or modification to
463 existing interventions, based on quarterly analysis of
464 the previous year's Work Plan Evaluation.
- 465 1.3. The Division shall ensure all relevant current EPSDT
466 policies and procedures are submitted as separate attachments.
- 467 ~~D.F. PROVIDER REQUIREMENTS Provider Requirements~~
468 ~~EPSDT services shall be provided according to community~~
469 ~~standards of practice and Division rules and policies including the~~
470 ~~AHCCCS EPSDT and Dental Periodicity Schedules. Providers~~

- 471 1. The AdSS shall ensure provider awareness of all EPSDT
472 requirements through:
473 a. Annual provider newsletters or forums, and
474 b. Provider manual.
475 2. The Division shall ensure providers:
476 a. ~~Refer~~ members for follow-up, diagnosis, and treatment.
477 Treatment is to be initiated within ~~sixty~~60 days of
478 screening services.
479 b. ~~Providers are required to provide health counseling and/~~
480 education at initial and follow-up visits.
481 c. Regarding Prior Authorization (PA) requirements, Refer to
482 the specific AdSS for managed care members and to the
483 Division for Tribal Health Plan (THP) members, ~~regarding~~
484 ~~(Prior Authorization) (PA) requirements.~~
485 d. Are educated about Arizona Early Intervention Program
486 (AzEIP) and the process for requesting services and
487 reimbursement. ~~A PCP referral is not required for~~
488 ~~Naturopathic services.~~

489 ~~1.2. Additionally, The Division shall ensure providers shall adhere to~~
490 ~~the below specific standards and requirements for the following~~
491 ~~covered services; see AdSS Medical Policy 430:~~

492 a. ~~Breastfeeding Support~~

493 a.b. ~~PCPs shall ensure that families receive evidence-based~~
494 ~~breastfeeding information and support as relevant.~~

495 c. ~~Immunizations:~~

496 i. ~~Provide all appropriate immunizations according to~~
497 ~~the Advisory Committee on Immunization Practices~~
498 ~~Recommended Schedule as specified in the CDC~~
499 ~~recommended immunization schedules and AMPM~~
500 ~~Policy 310-M;~~

501 ii. ~~Document in the member's medical record the~~
502 ~~member or responsible person's decision not to~~
503 ~~utilize EPSDT services or receive immunizations, if~~
504 ~~appropriate; and~~

505 b.d. ~~Coordinate with the ADHS for the VFC program in the~~
506 ~~delivery of immunization services.~~

507 e. ~~Blood-Lead Screening:~~

- 508 i. Utilize the ADHS Parent Questionnaire to help
509 determine if a lead test should be performed outside
510 of the required testing ages. Screening efforts should
511 focus on assuring that these children receive blood
512 lead testing;
- 513 ii. Give anticipatory guidance to provide an
514 environment safe from lead as part of each EPSDT
515 visit from 6 months through 6 years of age; and
- 516 e.f. Confirm a blood lead test result equal to or greater than
517 the current CDC recommended blood lead reference
518 values, obtained by capillary specimen or fingerstick, using
519 a venous blood sample.
- 520 d.g. Organ and Tissue Transplantation Servicese Transplants
521 covered by AHCCCS as specified in ~~AHCCCS covered~~
522 transplants, Rrefer to AMPM Policy 310-DD, for
523 information regarding ~~AHCCCS covered~~ transplants.
- 524 e. Metabolic Medical Foods as specified in AMPM policy 310-
525 GG.

- 526 i. ~~If a Division member has a congenital metabolic~~
527 ~~disorder identified through the Bloodspot Newborn~~
528 ~~Screening Panel (such as Phenylketonuria,~~
529 ~~Homocystinuria, Maple Syrup Urine Disease, or~~
530 ~~Galactosemia), refer to AMPM Policy 310GG.~~
- 531 f. Nutritional Therapy ~~The Division covers nutritional therapy~~
532 ~~for~~ for EPSDT members on an Enteral Nutrition, Total
533 Parenteral Nutrition (TPN) Therapy, or orally ~~basis~~ when
534 ~~determined medically necessary to provide either complete~~
535 ~~daily dietary requirements, or to supplement a m~~ Member's
536 daily nutritional and caloric intake when determined
537 medically necessary.
- 538 i. PA is required from the AdSS or Tribal ALTCS Case
539 Manager or T ~~the Division for Tribal Health Plan (THP)~~
540 ~~members~~ for Commercial Oral Supplemental
541 Nutrition, unless the member is also currently
542 receiving nutrition through Enteral Nutrition or TPN
543 Therapy.

- 544 ii. Medical necessity for commercial oral nutritional
545 supplements shall be determined on an individual
546 basis by the Member's PCP or specialty provider.
- 547 iii. The PCP or specialty provider shall use the AHCCCS
548 approved form, AMPM Policy 430 Attachment B, to
549 obtain authorization and provide the following
550 supporting documentation with the Certificate of
551 Medical Necessity for Commercial Oral Nutritional
552 Supplements demonstrating that the Member meets
553 all of the required criteria:
- 554 a) The member has been diagnosed with a
555 chronic disease or condition;
- 556 b) The member is below the recommended BMI
557 percentile or weight-for-length percentile for
558 members less than two years of age for the
559 diagnosis per evidence-based guidance as
560 issued by the AAP; and

- 561 c) There are no alternatives for adequate
562 nutrition or the member has met at least two
563 of the criteria that establish medical necessity:
- 564 1) Is at or below the 10th percentile for
565 weight-for-length or BMI on the
566 appropriate growth chart for age and
567 gender, as recommended by the CDC,
568 for three months or more.
- 569 2) Reached a plateau in growth or
570 nutritional status for more than six
571 months, or more than three months if
572 the member is an infant less than one
573 year of age.
- 574 3) Demonstrated a medically significant
575 decline in weight within the three month
576 period prior to the assessment.
- 577 4) Can consume or eat no more than 25%
578 of their nutritional requirements from
579 age-appropriate food sources.

- 580 d) Each of the following requirements must be
581 met:
582 1) The member has been evaluated for the
583 following medical conditions that may
584 cause problems with growth and treated
585 if indicated:
586 a) Feeding problems,
587 b) Behavioral conditions,
588 c) Psychosocial problems,
589 d) Endocrine, or
590 e) Gastrointestinal problems.
591 1) The member has had a trial of higher
592 caloric foods, blenderized foods, or
593 commonly available products that may
594 be used as dietary supplements for a
595 period of no less than 30 days in
596 duration.
597 2) If it is determined through clinical
598 documentation and other supporting

599 evidence that a trial of higher caloric
600 foods would be detrimental to the
601 member's overall health, the provider
602 may submit:

603 a) The Certificate of Medical
604 Necessity for Commercial Oral
605 Nutritional Supplements located in
606 the AMPM Policy 430 Attachment
607 B;

608 b) Supporting documentation
609 demonstrating the risk posed to
610 the member, for the AdSS Medical
611 Director or designee's
612 consideration in approving the
613 provider's prior authorization
614 request.

615 e) Supporting documentation must accompany
616 Attachment B Certificate of Medical Necessity
617 for Commercial Oral Nutritional Supplements

618 and must demonstrate that the member meets
619 all of the required criteria:
620 1) Initial requests
621 a) Documentation demonstrating that
622 nutritional counseling has been
623 provided as a part of the health
624 risk assessment and screening
625 services provided to the member
626 by the PCP or specialty provider, or
627 through consultation with a
628 registered dietitian.
629 b) Clinical notes or other supporting
630 documentation dated within 3
631 months of the request, providing a
632 detailed history and thorough
633 physical assessment demonstrating
634 evidence of the required criteria.
635 The physical assessment must

- 636 include the member's current and
637 past:
638 1) Weight,
639 2) Length, and
640 3) BMI percentiles if the
641 Member is two years of age
642 or older.
643 c) Documentation detailing efforts to
644 resolve the nutritional concern
645 identified:
646 1) Unsuccessful efforts to boost
647 caloric intake and alternatives that
648 were tried;
649 2) Unsuccessful changes in food
650 consistencies, and
651 3) Unable to adhere to the attempted
652 prescribed dietary plan and
653 alternatives.
654 f) Subsequent requests shall include:

- 655 1) A clinical note or other supporting
656 documentation dated within three
657 months of the request;
- 658 2) Member's overall response to
659 supplemental therapy and justification
660 for continued supplement use;
- 661 3) Include the Member's tolerance to
662 formula, recent hospitalizations, and
663 current:
- 664 a) Weight,
665 b) Length or
666 c) BMI percentile if the Member is two
667 years of age or older.
- 668 4) Must be physically assessed by the
669 Member's PCP, specialty provider, or
670 registered dietitian at least annually.
- 671 i-5) Documentation demonstrating
672 encouragement and assistance provided
673 to the caregiver in weaning the Member

674 from supplemental nutritional feedings

675 should be included, when appropriate.

676 f. Dental and Oral Health Services

- 677 1) As part of the physical examination, the physician,
678 physician's assistant, or nurse practitioner shall
679 perform an dental and oral health Screening. A
680 Screening is intended to identify gross dental or oral
681 lesions but is not a thorough clinical examination and
682 does not involve making a clinical diagnosis resulting
683 in a treatment plan.

- 684 2) Referral to a dentist or dental home shall be made as
685 outlined in ~~policy~~, see AMPM Policy 431.

686 g. Cochlear and Osseointegrated Implantation

- 687 i. Cochlear Implantation and Osseointegrated
688 Implantation services are covered solely for EPSDT
689 age members if medically necessary.

- 690 ii. Cochlear implantation shall meet criteria for medical
691 necessity including:

- 692 1) A diagnosis of either unilateral or bilateral
693 profound sensorineural deafness with little or
694 no benefit from a hearing or vibrotactile aid, as
695 established by audiologic and medical
696 evaluation;
- 697 2) Presence of an accessible cochlear lumen
698 structurally suited to implantation, with no
699 lesions in the auditory nerve and acoustic
700 areas of the central nervous system, as
701 demonstrated by CT scan or other appropriate
702 radiologic evaluation;
- 703 3) No known contraindications to surgery;
- 704 4) Demonstrated age-appropriate cognitive ability
705 to use auditory clues; and
- 706 5) The device shall be used in accordance with
707 the FDA approved labeling.
- 708 iii. Coverage of cochlear implantation includes the
709 following treatment and service components:

- 710 1) Complete auditory testing and evaluation by an
711 otolaryngologist, speech-language pathologist,
712 or audiologist;
- 713 2) Pre-surgery inpatient or outpatient evaluation
714 by a board-certified otolaryngologist;
- 715 3) Diagnostic procedures and studies, including
716 CT scan or other appropriate radiologic
717 evaluation, for determining suitability;
- 718 4) Pre-operative psychosocial assessment or
719 evaluation by psychologist or counselor;
- 720 5) Prosthetic device for implantation shall be;
- 721 a) Non-experimental,
722 b) Non-investigational,
723 c) FDA approved, and
724 d) Used according to labeling instructions.
- 725 6) Surgical implantation and related services;
- 726 7) Post-surgical rehabilitation, education,
727 counseling, and training;

- 728 8) Equipment maintenance, repair, and
729 replacement of the internal or external
730 components or both if not operating
731 effectively. Documentation which establishes
732 the need to replace components not operating
733 effectively shall be provided at the time PA is
734 sought; and
- 735 9) Cochlear implantation requires PA from the
736 AdSS Medical Director.
- 737 iv. Osseointegrated implants (Bone Anchored Hearing
738 Aid [BAHA])
- 739 1) These devices are indicated only when hearing
740 aids are medically inappropriate or cannot be
741 utilized due to congenital malformation,
742 chronic disease, severe sensorineural hearing
743 loss, or surgery.
- 744 2) Osseointegrated implantation requires PA.
- 745 iii.v. Maintenance of the Osseointegrated implants is the
746 same as described in (g) (iii) (8).

747 h. Conscious Sedation is covered as medically indicated for
748 Members receiving EPSDT services.

749 ~~The Division covers conscious sedation for members~~
750 ~~receiving EPSDT services.~~

751 i. Behavioral Health Services include the services necessary
752 to correct or ameliorate mental illnesses and conditions
753 discovered by Screening services.

754 ~~The Division covers behavioral health services for~~
755 ~~members eligible for EPSDT services as described in~~
756 ~~Contract and Policy. EPSDT behavioral health services~~
757 ~~include the services necessary to correct or ameliorate~~
758 ~~mental illnesses and conditions discovered by the~~
759 ~~Screening services.~~

760 ~~For the diagnosis of behavioral health conditions including,~~
761 ~~but not limited to Attention Deficit Disorder/Attention~~
762 ~~Deficit Hyperactivity Disorder (ADD/ADHD), depression~~
763 ~~(including postnatal depression), and/or anxiety disorders,~~
764 ~~there are clinical guidelines that include assessment tools~~
765 ~~and algorithms. If allowable within their scope of practice,~~

766 ~~the clinical guidelines are to be used by PCPs as an aid in~~
767 ~~treatment decisions.~~

768 j. Religious nonmedical~~Non-Medical~~ Health Care Institution
769 Services

770 ~~The Division covers religious non-medical health care~~
771 ~~institution services for members eligible for EPSDT services~~
772 as specified in AMPM Policy 1210.

773 k. Care Management Services ~~The Division covers care~~
774 ~~management services for both physical and behavioral~~
775 ~~health care, as indicated appropriate for mMembers eligible~~
776 ~~for EPSDT services. In EPSDT, e_Care mManagement~~
777 ~~involves:~~

778 i. Identifying the health needs; ~~of a child,~~

779 ii. Ensuring necessary referrals are made; ~~and~~

780 iii. Maintaining health history; ~~and~~

781 ~~k.l. Initiating further evaluation, /diagnosis, and treatment~~
782 ~~when necessary.~~

783 m. Chiropractic Services ~~The Division covers chiropractic~~
784 ~~services to for mMembers eligible for EPSDT services,~~

785 when ordered by the ~~m~~Member's PCP and approved by the
786 AdSS to ameliorate the ~~m~~Member's medical condition.

787 i. PCP may order up to 20 visits annually that include
788 treatment, and

789 ~~l.n.~~ PCP may request authorization for additional chiropractic
790 services in that same year, if additional chiropractic
791 services are medically necessary.

792 ~~m.o.~~ Personal Care Services

793 ~~The Division covers personal care services, as appropriate,~~
794 ~~for members eligible for EPSDT services.~~

795 p. Incontinence Briefs, including pull-ups and incontinence
796 pads, in order to prevent skin breakdown and to enable
797 participation in social, community, therapeutic and
798 educational activities under the following circumstances:

799 i. The Member is over three years and under 21 years
800 of age;

801 ii. The Member is incontinent due to a documented
802 disability that causes incontinence of bowel or
803 bladder;

- 804 iii. The PCP or attending physician has issued a
805 prescription ordering the incontinence briefs;
- 806 iv. Incontinence briefs do not exceed 240 briefs per
807 month unless the prescribing physician presents
808 evidence of medical necessity for more than 240
809 briefs per month for a Member diagnosed with
810 chronic diarrhea or spastic bladder;
- 811 v. The Member obtains incontinence briefs from
812 approved vendors; and
- 813 vi. PA has been obtained as required and:
- 814 1) May require a new PA to be issued no more
815 frequently than every 12 months.
- 816 2) Renewal of an existing prescription may be
817 provided by the physician through telephone
818 contact with the Member rather than an in-
819 person physician visit.
- 820 3) Require that PA ascertain:
- 821 a) The member is over three years and
822 under 21 years of age;

- 823 b) The Member has a disability that causes
824 incontinence of bladder or bowel;
- 825 c) A physician has prescribed incontinence
826 briefs as medically necessary;
- 827 d) A physician prescription supporting
828 medical necessity may be required for
829 specialty briefs or for briefs different
830 from the standard briefs; and
- 831 n.g. The prescription is for 240 briefs or fewer per month
832 unless evidence of medical necessity for over 240 briefs is
833 provided.
- 834 r. Medically Necessary Therapies on an inpatient or
835 outpatient basis to correct or ameliorate defects, physical
836 and mental illnesses, and conditions discovered by
837 Screening services including:
- 838 i. Physical therapy,
- 839 ii. Occupational therapy, and
- 840 s. Speech therapy.

841 ~~The Division covers medically necessary therapies~~
842 ~~including physical therapy, occupational therapy, and~~
843 ~~speech therapy, necessary to correct or ameliorate~~
844 ~~defects, physical and mental illnesses, and conditions~~
845 ~~discovered by the Screening services. Therapies are~~
846 ~~covered under both an inpatient and outpatient basis when~~
847 ~~medically necessary.~~

848 **E. AdSS OVERSIGHT AND MONITORING** ~~Oversight and Monitoring~~

849 ~~1. At least quarterly, the~~ The Division shall ~~meets~~ with the AdSS at
850 least quarterly to:

- 851 a. ~~Provide~~ ongoing evaluation including data analysis and
852 recommendations to refine processes, and
853 b. ~~Identify~~ successful interventions and care pathways to
854 optimize results.

855 ~~2. On an annual basis, the~~ The Division shall ~~performs~~ an
856 Operational Review of the AdSS on an annual basis that includes
857 review of compliance.

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864 Supplemental Information

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866

867 General Information

868 EPSDT services include screening services, vision services, dental services, hearing services and all other

869 medically necessary, mandatory, and optional services listed in 42 U.S.C. 1396d (a) to correct or

870 ameliorate defects and physical and behavioral/mental illnesses and conditions identified in an EPSDT

871 screening, whether or not the services are covered under the AHCCCS State Plan. All members age out

872 of dental and oral health and EPSDT services at age twenty-one (21). Limitations and exclusions, other

873 than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

874 A well child visit is synonymous with an EPSDT visit. EPSDT services include all screenings and services

875 described in this policy and as referenced in AMPM 430 Attachment A and AMPM431 Attachment A.

876 The Division has adopted AMPM Policy 430 Attachment E , which are to be used by providers to

877 document all age-specific, required information related to EPSDT screenings and visits.

878 Providers shall use AMPM Policy 430 Attachment E referenced above or electronic equivalent that

879 includes all components found in the hard copy form, at every EPSDT visit.

880

881 The Medicaid Act defines EPSDT services to include screening services, vision services, dental services,

882 hearing services and “such other necessary health care, diagnostic services, treatment and other

883 measures described in 42

884 U.S.C. 1396d (a) to correct or ameliorate defects and physical and mental illnesses and conditions
885 discovered by the screening services, whether or not such services are covered under the (AHCCCS)
886 State Plan.” This means that EPSDT covered services include services that correct or ameliorate physical
887 and mental defects, conditions, and illnesses discovered by the screening process when those services
888 fall within one of the optional and mandatory categories of “Medical Assistance”, as defined in the
889 Medicaid Act. Services covered under EPSDT include all 29 categories of services in the Federal Law,
890 even when they are not listed as covered services in the AHCCCS State Plan, statutes, rules, or policies,
891 as long as the services are medically necessary and cost effective.
892
893 EPSDT services do not include services that are experimental, that are solely for cosmetic purposes, or
894 that are not cost effective when compared to other interventions or treatments.
895
896 EPSDT screening services are provided in compliance with the periodicity requirements of 42 CFR
897 441.58. EPSDT focuses on continuum of care by assessing health needs, providing preventive screening,
898 initiating needed referrals, and completing recommended medical treatment and appropriate follow-up.
899
900 Behavioral health screening and services
901 Postpartum CONSISTS of a standard norm-referenced screening tool to be performed for screening the
902 birthing parent⁸ for signs and symptoms of postpartum depression during the one-, two-, four- and six-

903 month EPSDT visits. Positive screening results require referral to appropriate case managers and
904 services at the respective maternal health plan, and

905
906 Adolescent Suicide consisting of a standardized, norm-referenced screening tool specific for suicide and
907 depression shall be performed at annual EPSDT visits beginning at age 12 years of age. Positive
908 screening results require appropriate and timely referral for further evaluation and service provision.

909
910 Outreach Material

911 These topics may be addressed separately or combined into one written outreach material; however,
912 each topic shall be covered during the 12-month period. EPSDT related outreach material shall include a
913 statement informing members that an EPSDT visit is synonymous to a Well Child visit. Refer to AMPM
914 Exhibit 400-3, AMPM Policy 431 and ACOM Policy 404 for additional member information requirements.

915
916 Coordination with Behavioral Health Services

917 Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based
918 “best practices”. AHCCCS has implemented 12 Principles to maintain the integrity of the best practices
919 and approaches to providing behavioral health services for children. AdSS and providers are required to
920 integrate these principles in the provision of behavioral health services for EPSDT age members. Refer to
921 AMPM Policy 100.

922
923 EPSDT Narrative Plan

924 A written description of all planned activities to address the AdSS' minimum requirements for EPSDT
925 services, as specified above, including, but not limited to, informing providers and members that EPSDT
926 is a comprehensive child health program of prevention, treatment, correction, and improvement
927 (amelioration) of physical and behavioral health problems for members under the age of 21.

928
929 In cases where AHCCCS Minimum Performance Standards have been met, other generally accepted
930 benchmarks that continue the AdSS' improvement efforts will be used (e.g. National Committee on
931 Quality Assurance, current Healthy People standards). The AdSS may also develop their own specific
932 measurable goals and objectives aimed at enhancing the EPSDT program when Minimum Performance
933 Standards have been met.

934
935 Provider Requirements

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

940
941 Immunizations

942 Refer to the CDC website: www.cdc.gov/vaccines/schedules/index.html for current immunization
943 schedules. The vaccine schedule shall also reflect current state statutes governing school immunization

944 requirements as listed on www.AZDHS.gov. If appropriate, document in the member's medical record
945 the member/responsible person's decision not to utilize EPSDT services or receive immunizations.

946
947 Metabolic Medical Food

948 If an AHCCCS covered member has a congenital metabolic disorder identified through the Bloodspot
949 Newborn Screening Panel (such as Phenylketonuria, Homocystinuria, Maple Syrup Urine Disease, or
950 Galactosemia), refer to Division Medical Policy 310-GG.

951
952 Nutritional Therapy

953 Members receiving nutritional therapy must be physically assessed by the member's PCP, specialty
954 provider, or registered dietitian at least annually. Additionally, documentation demonstrating
955 encouragement and assistance provided to the caregiver in weaning the member from supplemental
956 nutritional feedings should be included, when appropriate.

957
958 Dental and Oral Health Services

959 A Screening is intended to identify gross dental or oral lesions but is not a thorough clinical examination
960 and does not involve making a clinical diagnosis resulting in a treatment plan.

961
962 Cochlear Implantation

963 Cochlear implantation provides an awareness and identification of sounds and facilitates
964 communication for individuals who have profound, sensorineural hearing loss (nerve deafness).

965 Deafness may be prelingual/perilingual or post-lingual. AHCCCS covers medically necessary services for
966 cochlear implantation solely for EPSDT age members' candidates for cochlear implants.

967
968 Osseointegrated implants (Bone Anchored Hearing Aid [BAHA]) AHCCCS coverage of medically necessary
969 services for Osseointegrated implantation is limited to EPSDT members. Osseointegrated implants are
970 devices implanted in the skull that replace the function of the middle ear and provide mechanical energy
971 to the cochlea via a mechanical transducer. These devices are indicated only when hearing aids are
972 medically inappropriate or cannot be utilized due to congenital malformation, chronic disease, severe
973 sensorineural hearing loss, or surgery. Osseointegrated implantation requires PA from the AdSS Medical
974 Director. Maintenance of the Osseointegrated implants is the same as described above for cochlear
975 implants.

976
977 Osseointegrated implants are devices implanted in the skull that replace the function of the middle ear
978 and provide mechanical energy to the cochlea via a mechanical transducer.

979
980 Behavioral Health Services

981 The AdSS covers behavioral health services for members eligible for EPSDT services as described in
982 Contract and Policy. EPSDT behavioral health services include the services necessary to correct or
983 ameliorate mental illnesses and conditions discovered by the Screening services.

984 For the diagnosis of behavioral health conditions including, but not limited to Attention Deficit
985 Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD), depression (including postnatal

986 depression), and/or anxiety disorders, there are clinical guidelines that include assessment tools and
987 algorithms. If allowable within their scope of practice, the clinical guidelines are to be used by PCPs as an
988 aid in treatment decisions.

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991

992 Signature of Chief Medical Officer:

Draft Policy for Public Comment