

## **430 EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT SERVICES**

REVISION DATES: 5/1/2024, 6/8/2022, 10/1/2019, 3/25/2016, 7/3/2015, 4/15/2015, 9/15/2014

REVIEW DATE: 11/7/2023

EFFECTIVE DATE: June 30, 1994

REFERENCES: 42 U.S.C. 1396d (a), Division Medical Policy Manual, 310-P

### **PURPOSE**

This policy establishes requirements for and describes covered Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for the Division of Developmental Disabilities (Division).

### **DEFINITIONS**

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

2. “Commercial Oral Supplemental Nutrition” means nourishment available without a prescription that serves as sole caloric intake or additional caloric intake.
3. “Diagnostic” means determination of the nature or cause of a condition, illness, or injury through the combined use of health history, physical, developmental, and psychological examination, laboratory tests, and X-rays, when appropriate.
4. “Early” means 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.
5. “Early and Periodic Screening, Diagnostic and Treatment” or “EPSDT” means 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.

6. "EPSDT Visit" means an appointment with a Provider who provides EPSDT services and bills an E/M code.
7. "Evaluation and Management" or "E/M" means the use of CPT codes from the range 99202-99499 to represent services provided by a physician or other qualified healthcare professional. As the name E/M indicates, these medical codes apply to visits and services that involve evaluating and managing patient health.
8. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
9. "Periodic" means at intervals established by AHCCCS for screening to assure that a condition, illness, or injury is not incipient or present.

10. "Periodicity Schedule" means EPSDT and dental services which are intended to meet reasonable and prevailing standards of medical and dental practice and specify screening services at each stage of the child's life. The service intervals represent minimum requirements. Any services determined by a Primary Care Provider (PCP) to be medically necessary shall be provided, regardless of the interval.
11. "Provider" means 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, as specified in 42 CFR 457.10 and 42 CFR 438.2.
12. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed.
13. "Screening" means 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.

14. "Sick Visit" means an appointment with a Provider to address an abnormality or preexisting condition.
15. "Treatment" means any of the 29 mandatory or optional services described in 42 U.S.C. 1396d(a), even if the service is not covered under the AHCCCS State Plan, when necessary to correct or ameliorate defects and physical and mental illnesses and conditions detected by screening.
16. "Well-Child Visit" means regular or preventative health appointment with the child's doctor or pediatrician used to track the child's growth and development and discuss milestones and concerns. .
17. "Work Plan" means a document that formally documents the program objectives, strategies and activities directed at achieving optimal outcomes, as based on the Contractor Requirements, outlined in the AMPM. The work plan goals may include select performance measures from Contract.

## **POLICY**

### **A. GENERAL REQUIREMENTS**

1. The Division shall ensure all physical and behavioral health services described within Medicaid covered services listed in 42 USC 1396d (a) are covered if the treatment or service is necessary to correct or ameliorate defects or physical and behavioral illnesses or conditions, and is consistent with EPSDT federal law Title XIX for Members under the age of 21 when medically necessary and cost effective.
2. The Division shall require the Member's health plan of enrollment inform all Medicaid-eligible individuals under the age of 21 that EPSDT services are available.
3. The Division shall require screening services to be provided for Medicaid-eligible individuals under the age of 21.
4. The Division shall require corrective treatment as determined by EPSDT health screenings be performed.
5. The Division shall review the Performance Measures Monitoring Report quarterly.

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

- i. Needs are identified,
  - ii. It supports the overall health and wellbeing of the child in the least restrictive setting, and
  - iii. Medically necessary when determined on a case-by-case basis.
7. The Division shall require any services determined by a PCP to be medically necessary be provided, regardless of the interval indicated on the Periodicity Schedule.
8. The Division shall require Members to receive required health screenings as specified in AMPM Attachment 430 (A) and the AMPM Attachment 430 (F).

**B. COVERED SERVICES DURING AN EPSDT VISIT**

1. The Division shall ensure the following are included during an EPSDT Well Child visit:
  - a. A comprehensive health and developmental history, including growth and developmental screening which includes physical, nutritional, and behavioral health assessments;
  - b. Nutritional screening provided by a PCP;



- c. Nutritional assessment provided by a PCP as specified in AMPM 430 which are:
  - i. Conducted to assist EPSDT Members whose health status may improve with nutritional intervention;
  - ii. Separately billable service by PCPs who care for EPSDT age Members;
  - iii. Part of the EPSDT screenings and on an inter-periodic basis, as determined necessary by the Member's PCP;
  - iv. Provided by a registered dietitian when ordered by the Member's PCP. This includes EPSDT Members who are underweight or overweight;
  - v. Initiated by the PCP using the AdSS protocol for referrals for a nutritional assessment or counseling; and
  - vi. Covered if a Member qualifies for nutritional therapy due to a medical condition including the following:
    - a) Referral to Women, Infants, and Children (WIC) if the medically necessary formula is

- available through the Special Supplemental Nutrition Program;
- b) Medically necessary food items listed on the Arizona WIC Programs Food List, and
  - c) WIC-exempt formula which the AdSS is responsible for procuring and funding for any other nutritional supplementation that is medically necessary.
  - d. Behavioral health Screening and services
    - i. PCPs may provide behavioral health services within their scope of practice as specified in AMPM Policy 510;
    - ii. American Indian/Alaska Native (AI/AN) 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;
    - iii. The following Screenings are separately billable and a copy kept in the Member's medical record:

- a) Postpartum depression screening consisting of a standard criterion referenced screening tool to be performed for screening the mother for signs and symptoms of postpartum depression during the one-, two-, four- and six-month EPSDT visits. Positive screening results require referral to appropriate case managers and services at the respective health plan;
- b) Adolescent suicide screening consisting of a standard criterion referenced screening tool specific for suicide and depression shall be performed at annual EPSDT visits beginning at 10 years of age. Positive screening results require appropriate and timely referral for further evaluation and service provision; and
- c) Adolescent Substance Use Disorder (SUD) screening consisting of a standard criterion-referenced screening tool specific for substance use performed at annual EPSDT

visits beginning at 12 years of age. Positive screening results require appropriate and timely referral for further evaluation and service provision.

- e. Developmental Surveillance with anticipatory guidance performed by the PCP at each EPSDT visit. Refer to Attachment E for the AHCCCS EPSDT Clinical Sample Templates for required information related to EPSDT screenings and visits.
- f. Developmental Screening
  - i. Separately billable service by PCPs who care for EPSDT age Members.
  - ii. PCPs who bill for developmental screening are trained in the use and scoring of the developmental screening tools as indicated by the American Academy of Pediatrics (AAP).
  - iii. Any abnormal developmental screening finding result in referrals for appropriate follow-up.

- iv. A copy of the developmental screening tool is kept in the medical record as specified in AMPM Behavioral Health Practice Tools 210 and AMPM 320-O.
- v. General developmental screening occurs at the nine months, 18 months, and 30 months EPSDT visits. Accepted tools are described in the Centers for Medicare and Medicaid Services (CMS) Core Measure Developmental Screening in the First Three Years of Life and shall be used for screening purposes.
- g. Autism Spectrum Disorder (ASD)
  - i. ASD specific developmental screening occur at the 18 month and 24 month EPSDT visits.
  - ii. Accepted tools are described in the CMS Core Measure Developmental Screening in the First Three Years of Life (DEV) Measure Specifications and shall be used for screening purposes.
- h. A comprehensive unclothed physical examination

- i. Immunizations for all children and adolescents are covered under EPSDT, according to age and health history, as specified in:
  - i. Centers for Disease Control and Prevention (CDC) recommended childhood immunization schedules, and
  - ii. AMPM Policy 310-M.
- j. Laboratory tests
  - i. Laboratory including, 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.
  - ii. Blood lead screening and testing appropriate to age and risk.
    - a) Blood lead testing is required for all Members at 12 months and 24 months of age and for those Members between the ages of 24 through six years of age who have not been

previously tested or who missed either the 12 month or 24 month test.

b) Lead levels may be measured at times other than those specified, if thought to be medically indicated:

- 1) By the Provider;
- 2) By responses to a lead poisoning verbal risk assessment;
- 3) In response to Responsible Person's concerns; and
- 4) Additional Screening for children under six years of age based on the child's risk as determined by either the Member's residential zip code or presence of other known risk-factors.

k. Health education, counseling, and chronic disease self-management

l. Oral Health Screening

- i. Identify oral pathology, including tooth decay or oral lesions;
- ii. The application of fluoride varnish conducted by a physician, physician's assistant, or nurse practitioner.
  - a) Fluoride varnish is limited in a PCP's office to once every three 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 five years of age; and
  - b) Application of fluoride varnish by the PCP does not take the place of a visit at the dental home.
- m. Vision Screenings and services
  - i. Eye examinations as appropriate to age per the AHCCCS EPSDT Periodicity Schedule and as medically necessary using standardized visual tools.
  - ii. Any abnormal screening finding results in a referral to an appropriate provider for follow-up.



- iii. Ocular photo screening with interpretation and report, bilateral is covered for children ages three through 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.
- iv. Automated visual Screening is for vision Screening only, and not recommended for or covered when used to determine visual acuity for purposes of prescribing glasses or other corrective devices.
- v. Prescriptive lenses and frames are provided subject to medical necessity to correct or ameliorate defects, physical illness, and conditions discovered through vision screenings at:
  - a) EPSDT visits,
  - b) Head Start,
  - c) School,
  - d) Childcare, or

- e) Other community health programs.
- n. Hearing Screening and services
  - i. Newborn hearing screening must be performed per state statute.
  - ii. Medically necessary audiology services to evaluate hearing loss for EPSDT Members are provided on both an inpatient and outpatient basis.
  - iii. Hearing aids are covered only for Members under the age of 21 receiving EPSDT services.
- o. Tuberculosis (TB) Screening
  - i. Tuberculin skin testing as appropriate to age and risk.
  - ii. Tuberculin skin testing for children at increased risk of TB include those who have contact with persons who have been:
    - a) Confirmed or suspected as having TB;
    - b) In jail or prison during the last five years;

- c) Living in a household with an individual infected with Human Immunodeficiency Virus (HIV) or the child is infected with HIV; or
  - d) Traveling or immigrating from, or having significant contact with individuals indigenous to, endemic countries.
- 2. The Division shall require Providers to be registered as Vaccines for Children (VFC) Providers.
- 3. The Division shall require VFC vaccines are used for Members under 19 years of age, unless otherwise noted in AMPM Policy 310-M.
- 4. The Division shall require adult immunizations as detailed in AMPM Policy 310-M.
- 5. The Division shall require Providers provide COVID-19 vaccine counseling whether the vaccine counseling occurs:
  - a. In conjunction with a preventive health visit,
  - b. In conjunction with an office visit when another service was provided, or

- c. When COVID-19 vaccine counseling is the sole reason for the office visit.

**C. SICK VISIT PERFORMED IN ADDITION TO AN EPSDT VISIT**

- 1. The Division shall require a Sick Visit be performed at the same time as an EPSDT visit if:
  - a. 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;
  - b. The Sick Visit is documented on a separate progress note;
  - c. History, exam, and medical decision making components of the separate Sick Visit already performed during an EPSDT visit are not to be considered when determining the level of the additional services;
  - d. An insignificant or trivial problem or abnormality that is encountered in the process of performing the preventive medicine E/M 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.

**D. AdSS SPECIFIC REQUIREMENTS**

The Division shall refer to AMPM Medical Policy 430 for AdSS specific requirements.

**E. REQUIREMENTS FOR THE EPSDT PROGRAM PLAN CHECKLIST**

1. The Division shall have a written EPSDT Program Plan Checklist that addresses minimum requirements, as well as the objectives of the programs, that are focused on achieving AHCCCS requirements.
2. The Division shall ensure the Checklist incorporates the following monitoring and evaluation activities for these requirements:
  - a. EPSDT Narrative Plan which includes a written description of all planned activities to address the minimum requirements for EPSDT services including:
    - i. Informing providers and Members that EPSDT is a comprehensive child health program of prevention, treatment, correction, and improvement of physical

- and behavioral health problems for Members under the age of 21;
- ii. Activities to identify Member needs;
  - iii. Coordination of care; and
  - iv. Follow-up activities to ensure appropriate treatment is received in a timely manner.
- b. EPSDT Work Plan Evaluation of the previous year's Work Plan to determine the effectiveness of strategies, interventions, and activities used toward meeting stated objectives.
- c. EPSDT Work Plan that contains the following:
- i. Specific measurable objectives based on AHCCCS established Minimum Performance Standards.
    - a) In cases where AHCCCS Minimum Performance Standards have been met, the following accepted benchmarks that continue the AdSS' improvement efforts will be used:
      - 1) National Committee on Quality Assurance;

- 2) Center for Medicare and Medicaid Services Core Measures; and
  - 3) Healthy People standards.
- ii. Specific measurable goals and objectives aimed at enhancing the EPSDT program when Minimum Performance Standards have been met.
  - iii. Strategies and specific measurable interventions to accomplish the following objectives:
    - a) Member outreach,
    - b) Provider education, and
    - c) Provider compliance with mandatory components of the EPSDT program.
  - iv. Targeted implementation and completion dates of Work Plan activities.
  - v. Assigned local staff position(s) responsible and accountable for meeting each established goal and objective.
  - vi. Ensure all relevant staff are trained in EPSDT requirements annually and training materials and

documentation that training has occurred for staff including:

- a) EPSDT Coordinator,
- b) Medical Director,
- c) Dental Director,
- d) Tribal Nurse Liaison, and
- e) Others as addressed in Division Medical Policy Manual 1630.

vii. Identification and implementation of new interventions, continuation of, or modification to existing interventions, based on quarterly analysis of the previous year's Work Plan Evaluation.

- d. EPSDT Program Plan policies and procedures submitted by the AdSS as separate attachments.

## **F. PROVIDER REQUIREMENTS**

1. The Division shall require Provider awareness of all EPSDT requirements through:
  - a. Annual Provider newsletters or forums; and
  - b. Provider manual.



2. The Division shall require Providers:
  - a. Refer Members for follow-up, diagnosis, and treatment.  
Treatment is to be initiated within sixty days of screening services unless medically indicated to be sooner;
  - b. Provide health counseling and education at initial and follow-up visits;
  - c. Refer to the specific AdSS for managed care Members and to the Division for Tribal Health Plan (THP) Members regarding Prior Authorization (PA) requirements; and
  - d. Are educated about Arizona Early Intervention Program (AzEIP) and the process for requesting services and reimbursement.
  
3. The Division shall require Providers to adhere to standards and requirements for the following covered services:
  - a. Breastfeeding Support per AAP recommendation that provides families with evidence-based breastfeeding information and support as relevant.
  - b. Immunizations:

- i. Provide all appropriate immunizations according to the Advisory Committee on Immunization Practices Recommended Schedule as specified in the CDC recommended immunization schedules and AMPM Policy 310-M.
  - ii. Document in the Member's medical record the Member or Responsible Person's decision not to utilize EPSDT services or receive immunizations, if appropriate.
  - iii. Coordinate with the Arizona Department of Health Services (ADHS) for the VFC program in the delivery of immunization services.
- c. Lead Screening:
- i. Utilize the ADHS Parent Questionnaire 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;

- ii. Give anticipatory guidance to provide an environment safe from lead as part of each EPSDT visit from six months through six years of age; and
  - iii. Confirm a blood lead test result equal to or greater than the current CDC recommended blood lead reference values, obtained by capillary specimen or fingerstick, using a venous blood sample.
- d. Transplants covered by AHCCCS as specified in AMPM 310-DD.
  - e. Metabolic Medical Foods as specified in AMPM policy 310-GG.
  - f. Nutritional Therapy for EPSDT Members on Enteral Nutrition, Total Parenteral Nutrition (TPN), or orally to provide either complete daily dietary requirements, or to supplement a Member's daily nutritional and caloric intake when determined medically necessary.
    - i. PA is required for Commercial Oral Supplemental Nutrition, unless the Member is also currently

receiving nutrition through Enteral Nutrition or TPN Therapy.

- ii. Medical necessity for commercial oral nutritional supplements is determined on an individual basis by the Member's PCP or specialty Provider.
- iii. The PCP or specialty Provider uses the AHCCCS approved form, AMPM Policy 430 Attachment B, to obtain authorization and provide the following supporting documentation with the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements demonstrating that the Member meets all of the required criteria:
  - 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 AAP, and

- c) There are no alternatives for adequate nutrition or the Member has met at least two of the criteria that establish medical necessity:
- 1) 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.
  - 2) Reached a plateau in growth or nutritional status for more than six months, or more than three months if the Member is an infant less than one year of age.
  - 3) Demonstrated a medically significant decline in weight within the three month period prior to the assessment.
  - 4) Can consume or eat no more than 25% of their nutritional requirements from age-appropriate food sources.

- d) Each of the following requirements are met:
- 1) The Member has been evaluated for the following medical conditions that may cause problems with growth and treated if indicated:
    - i) Feeding problems,
    - ii) Behavioral conditions,
    - iii) Psychosocial problems,
    - iv) Endocrine, or
    - v) Gastrointestinal problems.
  - 2) 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 of no less than 30 days in duration.
  - 3) 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 submits:

- i) The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements located in the AMPM Attachment 430 (B);
- ii) Supporting documentation demonstrating the risk posed to the Member, for the AdSS Medical Director or designee's consideration in approving the Provider's prior authorization request;
- iii) Supporting documentation must accompany Attachment B Certificate of Medical Necessity for Commercial Oral Nutritional Supplements and must

demonstrate that the Member  
meets all of the required criteria.

- e) Initial requests
  - 1) 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.
  - 2) Clinical notes or other supporting documentation dated within 3 months of the request, providing a detailed history and thorough physical assessment demonstrating evidence of the required criteria. The physical assessment must include the Member's current and past:
    - i) Weight,
    - ii) Length, and



- iii) BMI percentiles if the Member is two years of age or older.
- 3) Documentation detailing efforts to resolve the nutritional concern identified:
  - i) Unsuccessful efforts to boost caloric intake and alternatives that were tried;
  - ii) Unsuccessful changes in food consistencies, and
  - iii) Unable to adhere to the attempted prescribed dietary plan and alternatives.
- f) Subsequent requests containing:
  - 1) A clinical note or other supporting documentation dated within three months of the request;
  - 2) Member's overall response to supplemental therapy and justification for continued supplement use;

- 3) Member's tolerance to formula, recent hospitalizations, and current:
    - i) Weight,
    - ii) Length, and
    - iii) BMI percentile if the Member is two years of age or older.
  - d) Must be physically assessed by the Member's PCP, specialty Provider, or registered dietitian at least annually.
  - e) Documentation demonstrating encouragement and assistance provided to the caregiver in weaning the Member from supplemental nutritional feedings should be included, when appropriate.
- f. Dental and Oral Health Services
- i. As part of the physical examination, the physician, physician's assistant, or nurse practitioner performs a dental and 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.

- ii. Referral to a dentist or dental home is made as outlined in AMPM Policy 431.
- g. Cochlear and Osseointegrated Implantation
  - i. Cochlear Implantation and Osseointegrated Implantation services are covered solely for EPSDT age Members if medically necessary.
  - ii. Cochlear implantation meets the following criteria for medical necessity:
    - a) A diagnosis of either unilateral or bilateral profound sensorineural deafness with little or no benefit from a hearing or vibrotactile aid, as established by audiologic and medical evaluation;
    - b) 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;
- c) No known contraindications to surgery;
  - d) Demonstrated age-appropriate cognitive ability to use auditory clues; and
  - e) The device shall be used in accordance with the Food and Drug Administration (FDA) approved labeling.
- iii. Coverage of cochlear implantation includes the following treatment and service components:
- a) Complete auditory testing and evaluation by an otolaryngologist, speech-language pathologist, or audiologist;
  - b) Pre-surgery inpatient or outpatient evaluation by a board-certified otolaryngologist;
  - c) Diagnostic procedures and studies, including CT scan or other appropriate radiologic evaluation, for determining suitability;

- d) Pre-operative psychosocial assessment or evaluation by psychologist or counselor;
- e) Prosthetic device for implantation shall be:
  - 1) Non-experimental,
  - 2) Non-investigational,
  - 3) FDA approved, and
  - 4) Used according to labeling instructions.
- f) Surgical implantation and related services;
- g) Post-surgical rehabilitation, education, counseling, and training;
- h) Equipment maintenance, repair, and replacement of the internal or external components or both, if not operating effectively. Documentation which establishes the need to replace components not operating effectively shall be provided at the time PA is sought; and
- i) Cochlear implantation requires PA from the AdSS Medical Director.

- iv. Osseointegrated implants (Bone Anchored Hearing Aid [BAHA])
  - 1) 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.
  - 2) Osseointegrated implantation requires PA.
- v. Maintenance of the Osseointegrated implants is the same as described in section (g) (iii) (8) of this policy.
- h. Conscious Sedation is covered as medically indicated for Members receiving EPSDT services.
- i. Behavioral Health Services include the services necessary to correct or ameliorate mental illnesses and conditions discovered by Screening services.
- j. Religious nonmedical Health Care Institution Services for Members eligible for EPSDT services as specified in AMPM Policy 1210.

- k. Care Management services for both physical and behavioral health care, as indicated for Members eligible for EPSDT services. Care Management involves:
  - i. Identifying the health needs;
  - ii. Ensuring necessary referrals are made;
  - iii. Maintaining health history;
  - iv. Initiating further evaluation, diagnosis, and treatment when necessary.
- l. Chiropractic Services for Members eligible for EPSDT services, when ordered by the Member's PCP to ameliorate the Member's medical condition.
  - i. PCP may order up to 20 visits annually that include treatment, and
  - ii. PCP may request authorization for additional chiropractic services in that same year, if additional chiropractic services are medically necessary.
- m. Personal Care Services
- n. Incontinence Briefs, including pull-ups and incontinence pads, in order to prevent skin breakdown and to enable

participation in social, community, therapeutic and educational activities under the following circumstances:

- i. The Member is over three years and under 21 years of age;
- ii. The Member is incontinent due to a documented disability that causes incontinence of bowel or bladder;
- iii. The PCP or attending physician has issued a prescription ordering the incontinence briefs;
- iv. 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;
- v. The Member obtains incontinence briefs from approved vendors; and
- vi. PA has been obtained as required and:
  - a) Require a new PA to be issued no more frequently than every 12 months;



- b) Renew an existing prescription provided by the physician through telephone contact with the Member rather than an in-person physician visit;
- c) Require that PA ascertain:
  - 1) The Member is over three years and under 21 years of age;
  - 2) The Member has a disability that causes incontinence of bladder or bowel;
  - 3) A physician has prescribed incontinence briefs as medically necessary;
  - 4) A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs; and
  - 5) The prescription is for 240 briefs or fewer per month unless evidence of medical necessity for over 240 briefs is provided.

- o. Medically necessary therapies on an inpatient or outpatient basis to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by Screening services including:
  - i. Physical therapy,
  - ii. Occupational therapy, and
  - iii. Speech therapy.

**G. AdSS OVERSIGHT AND MONITORING**

- 1. The Division shall meet with the AdSS at least quarterly to:
  - a. Provide ongoing evaluation including data analysis and recommendations to refine processes; and
  - b. Identify successful interventions and care pathways to optimize results.
- 2. The Division shall perform an Operational Review of the AdSS on an annual basis that includes review of compliance.

## **Supplemental Information**

### **Behavioral health screening and services**

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

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 allowable within their scope of practice, the clinical guidelines are to be used by PCPs as an aid in treatment decisions.

Postpartum consists of a standard norm-referenced screening tool to be performed for screening the birthing mother for signs and symptoms of postpartum depression during the one-, two-, four- and six-month EPSDT visits. Positive screening results require referral to appropriate case managers and services at the respective maternal health plan.

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

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 visit is synonymous to a Well Child visit. Refer to AMPM Exhibit 400-3, AMPM Policy 431 and ACOM Policy 404 for additional Member information requirements.

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. AdSS and Providers are required to integrate these principles in the provision of behavioral health services for EPSDT age Members. Refer to AMPM Policy 100.

### **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 post-lingual. AHCCCS covers medically necessary services for cochlear implantation solely for EPSDT age Members' candidates for cochlear implants.

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.

### **EPSDT Narrative Plan**

A written description of all planned activities to address the AdSS' 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 Members under the age of 21.

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

### **General Information**

EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary, mandatory, and optional services listed in 42 U.S.C. 1396d (a) to correct or ameliorate defects and physical and behavioral/mental illnesses and conditions identified in an EPSDT screening, whether or not the services are covered under the AHCCCS State Plan. All Members age out of Oral Health & EPSDT services at age twenty-one 21. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

EPSDT services include all screenings and services described in this policy and as referenced in AMPM 430 Attachment A and AMPM431 Attachment A. The Division has adopted AMPM Policy 430 Attachment E, which are to be used by Providers to document all age-specific, required information related to EPSDT screenings and visits.

Providers shall use AMPM Policy 430 Attachment E referenced above or electronic equivalent that includes all components found in the hard copy form, at every EPSDT visit.

The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary health care, Diagnostic services, treatment and other measures described in 42 U.S.C. 1396d (a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the (AHCCCS) State Plan.” This means that EPSDT covered services include services that correct or ameliorate physical and mental defects, 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. Services covered under EPSDT include all 29 categories of services in the Federal Law, even when they are not listed as covered services in the AHCCCS State Plan, statutes, rules, or policies, as long as the services are medically necessary and cost effective.

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. 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.

### **Immunizations**

Refer to the CDC website: [www.cdc.gov/vaccines/schedules/index.html](http://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](http://www.AZDHS.gov). If appropriate, document in the Member's medical record the Member or Responsible Person's decision not to utilize EPSDT services or receive immunizations.

### **Metabolic Medical Food**

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 Division Medical Policy 310-GG.

### **Nutritional Therapy**

Members receiving nutritional therapy must 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 caregiver in weaning the Member from supplemental nutritional feedings should be included, when appropriate.

### **Oral Health Services**

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.

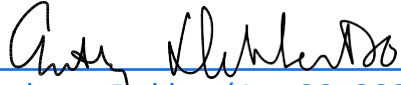
### **Osseointegrated implants (Bone Anchored Hearing Aid [BAHA])**

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 AdSS Medical Director. Maintenance of the Osseointegrated implants is the same as described above for cochlear implants.

### **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).

Signature of Chief Medical Officer:   
[Anthony Dekker \(Apr 29, 2024 01:21 PDT\)](#)  
Anthony Dekker, D.O.