

## **Chapter 6 EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT**

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REFERENCES: 42 CFR 441.56(b)(1), 42 U.S.C. 1396d(a), AMPM, A.A.C. R9-22-205, R9-22-213. AMPM Policy 510, AMPM 430 Attachment A, AMPM 431 Attachment A

### **PURPOSE**

This policy establishes provider requirements for the provision of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.

### **DEFINITIONS**

1. "Commercial Oral Supplemental Nutrition" means nourishment available without a prescription that serves as sole caloric intake or additional caloric intake.
2. "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.
3. "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.

4. "Early and Periodic Screening, Diagnostic and Treatment (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.
5. "Periodic" means at intervals established by AHCCCS for screening to assure that a condition, illness, or injury is not incipient or present.

6. "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.
7. "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

## **POLICY**

### **A. Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

Members age 20 years and under who are eligible for AHCCCS are also eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT). EPSDT offers comprehensive health care services through primary prevention, early intervention, diagnosis and medically necessary treatment to correct or ameliorate defects and physical or

behavioral health conditions discovered by screenings. This includes preventive, dental, physical, behavioral health, developmental, rehabilitative and specialty services in accordance with AMPM 430 Attachment A, and AMPM 431 Attachment A).

EPSDT services include, but are not limited to, the coverage of:

1. Inpatient and outpatient hospital services
2. Laboratory and x-ray services
3. Physician and nurse practitioner services
4. Medications and medical supplies
5. Dental services
6. Therapy services
7. Behavioral health services
8. Orthotics and prosthetic devices
9. Eyeglasses
10. Transportation
11. Family planning services

## 12. Diagnostic, screening, preventive, and rehabilitative services.

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

EPSDT screening services are provided in compliance with the periodicity requirements of 42 CFR 441.58. The Administrative Services Subcontractor (AdSS) shall ensure members receive required health screenings in compliance with AMPM Policy 430 Attachment A and the AMPM Policy 430 Attachment F, 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 are minimum requirements, and any services determined by a primary care provider (PCP) to be medically necessary shall be provided, regardless of the interval. The requirements and reporting forms for an EPSDT screening service are described in this Policy. 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.

## **B. EPSDT Covered Services**

All applicable Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Uniform Billing (UB-04) revenue codes are listed in the AHCCCS Rates and Billing webpage found on the AHCCCS website.

Providers are required to utilize national coding standards including the use of applicable modifier(s). Refer to the AHCCCS Medical Coding Resources webpage on the AHCCCS website.

## **C. EPSDT Visits Include**

1. A comprehensive health and developmental history, including growth and development screening [42 CFR 441.56(B)(1)] that includes physical, nutritional, and behavioral health assessments  
  
Refer to the Centers for Disease Control and Prevention website for Body Mass Index (BMI) and growth chart resources.
2. Nutritional Assessment provided by a PCP
  - a. Nutritional assessments are conducted to assist EPSDT members whose health status may improve with nutritional intervention,

- b. Nutritional assessment is a separately billable service by PCPs who care for EPSDT age members,
- c. The Division covers the assessment of nutritional status provided by the member's PCP as a part of the EPSDT screenings and on an inter-periodic basis, as determined necessary by the member's PCP,
- d. Division also covers nutritional assessments provided by a registered dietitian when ordered by the member's PCP. This includes EPSDT members who are underweight or overweight,
- e. To initiate the referral for a nutritional assessment, the PCP shall use the AdSS' referral form in accordance with AdSS protocols, and
- f. If a member qualifies for nutritional therapy due to a medical condition, the following is covered:
  - i. For medically necessary WIC-exempt formula
  - ii. Refer to Arizona WIC Programs Food List,

iii. For medically necessary WIC-exempt formula, the AdSS shall also be responsible for procurement of and the primary funding source for any other nutritional supplementation that is medically necessary.

3. Behavioral Health Screening and Services provided by a PCP

The AdSS covers behavioral health services for members eligible for EPSDT. PCPs may treat Attention Deficit Hyperactivity Disorder (ADHD), depression and anxiety.

American Indian members may receive behavioral health services through an Indian Health Service or Tribal operated 638 facility, regardless of AdSS enrollment or behavioral health assignment.

4. Developmental Screening Tools used by a PCP

a. Developmental screening is a separately billable service by PCPs who care for EPSDT age members.

b. PCPs who bill for developmental screening shall be trained in the use and scoring of the developmental screening



tools as indicated by the American Academy of Pediatrics (AAP).

- c. Any abnormal developmental screening finding shall result in referrals for appropriate follow-up.
- d. As specified in AMPM Behavioral Health Practice Tools 210 and AMPM Policy 320-O, a copy of the developmental screening tool shall be kept in the medical record.
- e. General Developmental Screening at nine months, 18 months, and 30 months EPSDT visits.
  - i. General developmental screening shall occur at the 9 months, 18 months, and 30 months EPSDT visits.
  - ii. Accepted tools are described in the CMS Core Measure Developmental Screening in the First Three Years of Life. AHCCCS approved tools include the Ages and Stages Questionnaire, Third Edition (ASQ-3), and the Parents' Evaluation of Developmental Status (PEDS), Birth to Age Eight.
  - iii. The CPT code 96110 shall be used with EP modifier.

- f. Autism Spectrum Disorder (ASD) Specific Developmental Screening at the 18 months and twenty-24 months EPSDT visits:
  - i. ASD specific developmental screening should occur at the 18 months and 24 months EPSDT visits. The Modified Checklist for Autism in Toddlers (M-CHAT-r) shall be used.
- 5. A comprehensive unclothed physical examination
- 6. Immunizations
  - a. EPSDT covers all child and adolescent immunizations, as specified in the Centers for Disease Control and Prevention (CDC) recommended childhood as specified in the CDC recommended childhood immunization schedules and as specified in AMPM Policy 310- M, according to age and health history, and
  - b. For members under age 19 years, unless otherwise noted in AMPM Policy 310-M, providers shall be registered as Vaccines for Children (VFC) providers and VFC vaccines shall be used.

- c. For adult immunizations, refer to AMPM Policy 310-M.

7. Laboratory tests

- a. 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).
- b. EPSDT covers blood lead screening and testing appropriate to age and risk. Blood lead testing is required for all members at 12 months and twenty- 24 months of age and for those members between the ages of 24 months through 6 years who have not been previously tested or who missed either the 12-month or 24-month test. Lead levels may be measured at times other than those specified if thought to be medically indicated by the provider, by responses to a lead poisoning verbal risk assessment, or in response to responsible person's concerns. Additional screening for children through 6 years of age is based on the child's risk as determined by either the member's residential zip code or presence of other known risk-factors.

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

9. Oral Health Screening

Appropriate oral health screening, intended to identify oral pathology, including tooth decay and/or oral lesions, and the application of fluoride varnish conducted by a physician, physician's assistant, or nurse practitioner

Fluoride varnish is limited in a PCPs office to once every six months, during an EPSDT visit for children who have reached six (6) months of age with at least 1 tooth erupted, with recurrent applications up to 2 years of age.

10. Appropriate vision, hearing, and speech screenings

a. EPSDT covers eye examinations as appropriate to age according to the AHCCCS EPSDT periodicity schedule and as medically necessary using standardized visual tools.

b. Ocular photo screening with interpretation and report, bilateral is covered for children ages 3 through 6 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.

- c. Automated visual Screening is for vision Screening only, and not recommended for or covered by AHCCCS when used to determine visual acuity for purposes of prescribing glasses or other corrective devices, and
- d. Prescriptive lenses and frames are provided to correct or ameliorate defects, physical illness, and conditions discovered by EPSDT screenings, subject to medical necessity. Frames for eyeglasses are also covered.

11. Tuberculin skin testing, as appropriate to age and risk

Children at increased risk of tuberculosis (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 5 years
- c. Living in a household with an HIV-infected person or the child is infected with HIV.

- d. Traveling/emigrating from, or having significant contact with persons indigenous to, endemic countries.

#### **D. Sick Visit Performed In Addition To An EPSDT Visit**

A “sick visit” can be performed at the same time as an EPSDT visit if:

1. An abnormality is encountered, or a preexisting problem is addressed in the process of performing an EPSDT service and the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented Evaluation and Management (E/M) service, and
2. The “sick visit” is documented on a separate note.

History, exam, and medical decision-making components of the separate “sick visit” already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service.

An insignificant or trivial problem/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.

### **E. Provider Requirements**

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

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

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

Refer to the specific AdSS regarding PA requirements.

A PCP referral is not required for Naturopathic services.

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

1. Breastfeeding Support per AAP recommendation, PCPs will ensure that families receive evidence-based breastfeeding information and support.
  
2. Immunizations:
  - a. All appropriate immunizations shall be provided according to the Advisory Committee on Immunization Practices Recommended Schedule as specified in the CDC recommended immunization schedules and AMPM Policy 310-M.  
  
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/responsible person's decision not to utilize EPSDT services or receive immunizations, and
  
  - b. Providers shall coordinate with the ADHS for the VFC program in the delivery of immunization services.



### 3. Blood Lead Screening

- a. The ADHS Parent Questionnaire, which was formerly used as part of Screening, is no longer required in this population. However, the questionnaire may be utilized to help determine if a lead test should be performed outside of the required testing ages. Screening efforts should focus on assuring that these children receive blood lead testing,
- b. Anticipatory guidance to provide an environment safe from lead, shall still be included as part of each EPSDT visit from 6 months through 6 years of age, and
- c. A blood lead test result equal to or greater than 10 micrograms of lead per deciliter of whole blood obtained by capillary specimen or fingerstick shall be confirmed using a venous blood sample.

4. Organ and Tissue Transplantation Services Refer to Division Medical Policy 310-DD for information regarding AHCCCS-covered transplants.

5. Metabolic Medical Foods

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

#### 4. Nutritional Therapy

- a. AHCCCS covers nutritional therapy for EPSDT members on an Enteral Nutrition, TPN Therapy, or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member's daily nutritional and caloric intake,
- b. PA is required from the AdSS for Commercial Oral Supplemental Nutrition, unless the member is also currently receiving nutrition through Enteral Nutrition or TPN Therapy,
  - i. Medical necessity for commercial oral nutritional supplements shall be determined on an individual basis by the member's PCP or specialty provider, using the criteria specified in this policy. An example

of a nutritional supplement is an amino acid based formula used by a member for eosinophilic gastrointestinal disorder. The PCP or specialty provider shall use the AHCCCS approved form, AMPM Policy 430 Attachment B, to obtain authorization from the AdSS.

- 1) Attachment B shall indicate which criteria were met when assessing the medical necessity of providing commercial oral nutritional supplements.
  - a) The member has been diagnosed with a chronic disease or condition,
  - b) The member is below the recommended BMI percentile (or weight-for-length percentile for members less than two years of age) for the diagnosis per evidence-based guidance as issued by the AAP, and

c) There are no alternatives for adequate nutrition

**OR**

a) The member had met at least two of the following criteria to establish medical necessity:

- 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.
- Reached a plateau in growth and/or nutritional status for more than 6 months, or more than 3 months if member is an infant less than 1 year of age.
- Demonstrated a medically significant decline in weight within

the 3 month period prior to the assessment.

- Can consume/eat no more than 25% of his/her nutritional requirements from age-appropriate food sources.

c. Additionally, each of the following requirements must be met:

- i. The member has been evaluated and treated for medical conditions that may cause problems with growth (such as feeding problems, behavioral conditions or psychosocial problems, endocrine or gastrointestinal problems).
- ii. 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. If it is determined through clinical documentation and other supporting evidence that a trial of higher caloric

foods would be detrimental to the member's overall health, the provider may submit the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements located in the AMPM Policy 430 Attachment B), along with 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 the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements (Members 21 Years of Age or Greater - Initial or Ingoing Requests). This documentation must demonstrate that the member meets all of the required criteria, and it includes:

- 1) Initial Requests

- 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

Clinical notes or other supporting documentation dated within 3 months of the request, providing a detailed history and thorough physical assessment demonstrating evidence of member meeting all of the required criteria, as indicated on the Certificate of Medical Necessity (The physical assessment must include the member's current/past weight-for-length and BMI percentiles (if member is two years of age or older.)

Documentation detailing alternatives that were tried in an effort to boost caloric intake and/or change food consistencies that have proven unsuccessful in resolving the nutritional concern identified, and as member adherence to the prescribed dietary plan/alternatives attempted.

## 2) Ongoing Requests

Subsequent submissions shall include a clinical note or other supporting documentation dated within 3 months of the request, that includes the members overall response to supplemental therapy and justification for continued supplement use. This must include the member's tolerance to formula, recent hospitalizations, current weight-for-length or BMI percentile (if member is two year of age or older).

**Note:** 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.

## 5. Oral Health Services



As part of the physical examination, the physician, physician's assistant, or nurse practitioner shall perform an oral health Screening. A Screening is intended to identify gross dental or oral lesions but is not a thorough clinical examination and does not involve making a clinical diagnosis resulting in a treatment plan. Referral to a dentist or dental home shall be made as outlined in policy, see AdSS Medical Policy 431.

6. Cochlear and Osseointegrated Implantation

a. Cochlear implantation

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

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

- i. Complete auditory testing and evaluation by an otolaryngologist, speech-language pathologist, or audiologist,
- ii. Pre-surgery inpatient/outpatient evaluation by a board-certified otolaryngologist,
- iii. Diagnostic procedures and studies, including CT scan or other appropriate radiologic evaluation, for determining candidacy suitability,
- iv. Pre-operative psychosocial assessment/evaluation by psychologist or counselor,
- v. Prosthetic device for implantation (shall be non-experimental/non-investigational and be Food and Drug Administration approved and used according to labeling instructions),
- vi. Surgical implantation and related services,
- vii. Post-surgical rehabilitation, education, counseling, and training,

- viii. Equipment maintenance, repair, and replacement of the internal/external components or both if not operating effectively. Examples include but are not limited to the device is no longer functional or the used component compromises the member's safety. Documentation which establishes the need to replace components not operating effectively shall be provided at the time prior authorization is sought,
- ix. Cochlear implantation requires PA from the AdSS Medical Director, and
- c. Osseointegrated implants (Bone Anchored Hearing Aid [BAHA]) AHCCCS coverage of medically necessary services for Osseointegrated implantation is limited to EPSDT members. Osseointegrated implants are devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via a mechanical transducer. These devices are indicated only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformation, chronic disease, severe sensorineural hearing loss, or surgery.

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

d. Conscious Sedation

The AdSS covers conscious sedation for members receiving EPSDT services.

7. Behavioral Health 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.

8. Religious Non-Medical Health Care Institution Services

The AdSS covers religious non-medical health care institution services for members eligible for EPSDT services as specified in AMPM Policy 1210.

9. Care Management Services

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

10. Chiropractic Services

The AdSS covers chiropractic services to members eligible for EPSDT services, when ordered by the member's PCP and approved by the AdSS to ameliorate the member's medical condition.

## 11. Personal Care Services

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

## 12. Incontinence Briefs

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

- a. The member is over 3 years and under 21 years of age,
- b. The member is incontinent due to a documented disability that causes incontinence of bowel and/or bladder,
- c. The PCP or attending physician has issued a prescription ordering the incontinence briefs,
- d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder,

- e. The member obtains incontinence briefs from vendors within the AdSS' network, and
- f. PA has been obtained as required by the Division, AdSS, or AdSS' designee. The AdSS may require a new PA to be issued no more frequently than every 12 months. PA for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit. PA will be permitted to ascertain that:
  - i. The member is over 3 years and under 21 years of age,
  - ii. The member has a disability that causes incontinence of bladder and/or bowel,
  - iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the AdSS, and



- iv. The prescription is for 240 briefs or fewer per month unless evidence of medical necessity for over 240 briefs is provided.

### 13. Medically Necessary Therapies

AHCCCS covers medically necessary therapies including physical therapy, occupational therapy, and speech therapy, necessary to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the Screening services. Therapies are covered under both an inpatient and outpatient basis when medically necessary.