Rocky Mountain Health Plans: EPSDT Outreach and Education
EPSDT webinar 4
October 21, 2020
AGENDA

✓ Welcome and Introductions
✓ What Has Changed?
✓ Medicaid FFS and EPSDT Benefits
✓ Medical Necessity and Prior Authorization Requests
✓ Promising Practices and Coding
✓ Thank you and Q & A
What has changed?

Effective July 1, 2020, RMHP became responsible for coordinating onboarding and outreach activities to ensure Medicaid members between 0-20 receive the care they need to obtain positive health outcomes.

RAE responsibilities include outreach and education to members regarding Early Periodic Screening, Diagnosis & Treatment (EPSDT).

These responsibilities were previously managed by Healthy Communities
RMHP Care Coordination

• EPSDT Related Referrals to Care Coordination
  - Member Welcome Calls and Screenings
  - As a response to Member letters or emails
  - Social Determinants of Health (SDOH) Screenings
  - Community Referrals
Early and Periodic Screening, Diagnostic and Treatment

EPSDT is a mandatory preventive and comprehensive health benefit for most Medicaid-eligible individuals under the age of 21 for most any state that accepts federal funding.

EPSDT provides infants, children, and adolescents with access to comprehensive, periodic evaluations of health, development, and nutritional status, as well as vision, hearing, mental health and dental services.
Fee for Service (FFS) and EPSDT

Fee For Service

• State plan benefits
• Billed to Medicaid
• May have limits on amount or duration
• All services must be approved by legislature and contained in CMS regulations
• Wraps around RAE non-contracted services and benefits
• Has definition of medical necessity (8.076)

EPSDT

• EPSDT is a state plan benefit program
• Not a separate checkbook – no services paid under this program or billed to this program
• Removes limits on amount or duration in fee for service benefits
• Wraps around RAE non-contracted services and benefits
• Allows any benefit to be requested even if not in the state plan
• Adds to the definition of medical necessity (8.280)
Release of Information?

EPSDT is Medicaid

• No separate eligibility
• No application
• No separate release of information
## Medicaid Covered Services

Under EPSDT, states must cover all medically necessary services, including those that are “optional” for adults

### Mandatory Services
- Family planning services and supplies
- Federally Qualified Health Clinics and Rural Health Clinics
- Home health services
- Inpatient and outpatient hospital services
- Laboratory and X-Rays
- Medical supplies and durable medical equipment
- Non-emergency medical transportation
- Nurse-midwife services
- Pediatric and family nurse practitioner services
- Physician services
- Pregnancy-related services
- Tobacco cessation counseling and pharmacotherapy for pregnant women

### Optional Services
- Community supported living arrangements
- Chiropractic services
- Clinic services
- Critical access hospital services
- Dental services
- Dentures
- Emergency hospital services (in a hospital not meeting certain federal requirements)
- Eyeglasses
- State Plan Home and Community Based Services
- Inpatient psychiatric services for individuals under age 21
- Intermediate care facility services for individuals with intellectual disabilities
- Optometry services
- Other diagnostic, screening, preventive and rehabilitative services
- Other licensed practitioners’ services
- Physical therapy services
- Prescribed drugs
- Primary care case management services
- Private duty nursing services
- Program of All-Inclusive Care for the Elderly (PACE) services
- Prosthetic devices
- Respiratory care for ventilator dependent individuals
- Speech, hearing and language disorder services
- Targeted case management
- Tuberculosis-related services

Source: Social Security Act §1905(a)
Required Services under EPSDT

• Screening – comprehensive unclothedd exam and health/ developmental history, appropriate immunizations (per Advisory Committee on Immunization Practices (ACIP) schedule) health education (including anticipatory guidance), includes lab (including blood lead)

• Vision Services - Including eyeglasses

• Dental Services - Including relief of pain and infections, restoration of teeth, and maintenance of dental health

• Hearing Services - Including hearing aids

• Such other necessary health care, diagnostic services, treatment, and other measures described in section 1905(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 state plan.
Providers who feel a service or item is medically necessary can and should ask for that service even if it is not listed as a covered services – this is possible because of the EPSDT program!

Follow the directions on the ColoradoPAR website for how to make an EPSDT request.
Medical necessity is state defined; there is no federal definition.

EPSDT entitles children to any treatment or procedure that fits within one of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to “correct or ameliorate” defects and physical and mental illnesses or conditions identified by screens.

“Maintenance” is a benefit under EPSDT

Medical necessity defined in 8.076 and 8.280
Medical Necessity

- It is a reasonable, appropriate, and effective method for meeting the client’s medical need;

- The expected use is in accordance with current medical standards or practices (clinical guidelines exist);

- It is cost effective; and

- It provides for a safe environment or situation for the client
Limitations of Medicaid Services for Children

**Utilization Controls**
- Permitted: Utilization controls, such as prior authorization for some services
- Prohibited: Prior authorization for screenings, Using utilization controls that delay the provision of necessary treatment, Service caps ("Hard limits")

**Experimental Treatment**
- Permitted: While EPSDT does not require coverage of experimental services, a state may do so if it determines that treatment would address a child’s condition, Relying on the latest scientific evidence to inform coverage decisions
- Prohibited: Denying treatment due to cost alone

**Cost Effective Alternatives**
- Permitted: Considering cost when deciding to cover a medically necessary treatment or an alternative, Covering services in a cost effective way, permitted they are as good as or better than the alternative
- Prohibited:  

Medical Necessity Is NOT

- Experimental or investigational
- To enhance the personal comfort of the caregiver
- To provide convenience for the client or the client’s caretaker
- To take the place of clinical guidelines or evidence-based medicine
  - A single provider cannot write an order and override the lack of evidence based medicine
Utilization Management

Physical Health Requests to:

http://www.coloradopar.com/

ColoradoPAR Customer Service Line

1-888-801-9355

Oral Health Requests to:

https://dentaquest.com/state-plans/regions/colorado/

NEMT Requests to:

https://gointelliride.com/colorado/

1-855-489-4999

Pharmacy Requests to:

RxNetworksDept@magellanhealth.com

Pharmacy Call Center –

1-800-424-5725
Utilization Management

Behavioral Health Requests to:

RAE Prime and non-Prime Behavioral Health services, including: inpatient hospitalization, acute treatment units, short- and long-term residential, day treatment, IOP, testing and ECT therapy

Call RMHP at 888-282-8801.

Admitting facilities can call the same number
Common Wrap Around Requests

- Methadone vs Suboxone
- Diapers over 240 per month
- Inpatient SUD treatment for youth
- Continuous Glucose Monitors (CGMs) for children and youth
- Out of state residential treatment for children and youth
- Private Duty Nursing (PDN) over 16 hours per day for children and youth
- Pediatric Behavioral Therapy
- Spinraza (for spinal muscular atrophy) requests for children and youth
RAE Responsibilities for Wrap Around

RAE is responsible for care coordination and case management even when the child is in Department of Human Services (DHS) custody

– DHS acting as the parent and should be treated as such

EPSDT doesn’t ‘care’ about custody – if it’s medically necessary, it’s possible to cover it via RAE, FFS or EPSDT

– RAE cares about custody only for residential services

– Placement needs vs needs which are medically necessary
EPSDT In Portal

EPSDT Well Child Service Details

<table>
<thead>
<tr>
<th>Service</th>
<th>Last Exam</th>
<th>Next Exam</th>
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<tbody>
<tr>
<td>EPSDT- Medical</td>
<td>02/11/2020</td>
<td>02/11/2021</td>
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Volume 7 – specifically requires counties to follow EPSDT periodicity schedule

Bright Futures has a separate periodicity schedule for children who are in out of home placement

- Testing, well care, etc. can be provided as often as medically necessary.
- Medicaid will not deny a well child visit because one was completed 3 months ago.
Promising Practices

- Accommodate group well visits for families with multiple kids
- **Allow for well-visits in your open scheduling strategy** – many are open to walk-in acute care but not well care
- Use multiple approaches to ask families about barriers to care and what may help:
  - Patient & Family Advisory Committees, short surveys, routine questions asked by “rooming” staff (MA, RN, etc.), Advisory councils open to community groups that work with kids, educators, etc.
- **Employ Population Health Management tools for patient recall to target high risk groups:** Adolescents, Children with special healthcare needs, frequent ER visitors, School age populations
- **Combine comprehensive well-child visit with sports/school physicals**
## Preventive Care Codes for EPSDT

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<thead>
<tr>
<th>EPSDT Procedure Coding</th>
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<tr>
<td>Procedure(s) Codes</td>
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<tr>
<td><strong>Periodic Screening: Preventive Medicine Codes</strong>*</td>
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<tr>
<td>99381 – 99385</td>
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<td>99391 – 99395</td>
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<td>99431</td>
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<td>99432</td>
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<td><strong>Periodic Screening: Evaluation and Management Codes</strong></td>
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<td>99203 – 99205</td>
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<td>Procedure Code(s)</td>
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<td>99214 – 99215</td>
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*Note: These CPT-4 codes (above) must be used in conjunction with the following Z codes:
Z76.2, Z00.121, Z00.129, Z00.110, Z00.111, Z00.00-01, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.81, Z02.82, Z02.83, Z02.89, Z00.8, Z00.6, Z00.5, Z00.70, Z00.71.

**Note:** These codes must be used in conjunction with diagnosis codes for a well-child exam including 99202-99205, 99213-99215

### Inter-periodic Visit Codes

| Range 99201 – 99350 |

**Note:** Used in conjunction with the appropriate diagnosis codes excluding the well-child diagnosis codes: Z76.2, Z00.121, Z00.129, Z00.110, Z00.111, Z00.00-01, Z02.0 –Z02.6, Z02.81-Z02.83, Z02.89, Z00.5, Z00.6, Z00.70, Z00.71, Z00.8
Blood Lead Screening

- Federal regulations require that all Health First Colorado-enrolled children have a blood lead test at 12 and 24 months of age.
- If a child between the ages of 24 months and 72 months has not received a screening blood lead test, the child must receive it immediately.
- Use CPT code 83655 with diagnosis code of V15.86 (exposure to lead) or V82.5 (special screening for other conditions such as a screening for heavy metal poisoning).
- 2016 CDC State data show that 3% of Colorado kids who were screened had a blood lead level of greater than 5 µg/dL.

[https://www.cdc.gov/nceh/lead/data/national.htm](https://www.cdc.gov/nceh/lead/data/national.htm) 16 of 22 Region 1 Counties have a risk for lead exposure in drinking water.
Developmental Screening

• The EPSDT benefit is designed to identify and treat developmental delays as early as possible.

• Health First Colorado covers developmental screening for children ages 0-4, using a standardized, validated developmental screening tool (e.g., PEDS, Ages and Stages) at the child’s periodic visits.

• The American Academy of Pediatrics (AAP) recommends developmental screens at 9, 18, and 30 months, and 3- and 4-year well-child visit.

• Use CPT 96110 for developmental screening.
EPSDT Take Away

1. No limits or caps in services are allowed even if the limits is in state rules
2. All services that could be provided under Medicaid regardless of whether they are covered in the state plan
3. EPSDT applies to all XIX eligibility categories for those 20 and under (not CHP+)
4. Case management and outreach required
5. JUST ASK!
QUESTIONS??
Lunchtime EPSDT Webinars

Please find Recordings and Slides for this and previous EPSDT Provider Webinars here:
https://www.rmhp.org/i-am-a-provider/provider-resources/provider-trainings

**Webinar 1** – Best Practices for Timely Preventive Care

**Webinar 2** – EPSDT Coding & Billing

**Webinar 3** – EPSDT Comprehensive Benefit and Prior Authorizations

**Webinar 4** – (EPSDT) Benefits: How Rocky Mountain Health Plans is now managing EPSDT benefits for Region 1
THANK YOU!

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Government Programs

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Resources

AAFP – Remove Roadblocks and Improve Access to Preventive Care

RMHP Getting Started Guide for Members
https://www.rmhp.org/medicaid-chp-plus/understand-health-first-co/regional-organization

RMHP Provider Resources & Support
https://www.rmhpcommunity.org/acc/resources

Health First Colorado (Colorado’s Medicaid Program) Provider Web Portal User Guides

Health First Provider Webinars and Quick Guides
https://www.colorado.gov/hcpf/interchange-resources

Health First List of Procedure Codes requiring Prior Authorization
https://www.colorado.gov/pacific/sites/default/files/Appendix%20M-Procedures%20Requiring%20PARs%201_2.pdf

Health First Provider information regarding EPSDT
Resources

Information on the Health First (Colorado Medicaid) Provider Services Call Center
https://www.colorado.gov/pacific/sites/default/files/Provider%20Call%20Center%20Cheat%20Sheet.pdf

Health First General Provider Billing Manual
https://www.colorado.gov/pacific/sites/default/files/General_Provider_Information%20v2_2.pdf

Health First EPSDT Billing Manual
https://www.colorado.gov/pacific/sites/default/files/CMS1500_EPSDT%20v1_2.pdf

Health First Pediatric Behavioral Health Therapy general info:
https://www.colorado.gov/pacific/hcpf/pediatric-behavioral-therapies

Health First Pediatric Behavioral Health Therapy Billing Manual
https://www.colorado.gov/pacific/sites/default/files/CMS1500_Pediatric_Behavioral%20Therapies%20v1_2.pdf

Rocky Mountain Health Plans (RMHP) Prior Authorization lists for Medical and Behavioral Health
https://www.rmhp.org/i-am-a-provider/provider-resources/prior-authorization
Resources

Provider tutorial on using the EPSDT 837P eClaim submission form

RMHP Formulary and Prior Authorization list for Pharmacy
https://www.rmhp.org/i-am-a-provider/provider-resources/pharmacy---prior-authorization

Colorado Lead Health Department Reporting Requirements
https://www.colorado.gov/pacific/cdphe/lead-health-professionals