



COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Health First Colorado EPSDT Policy

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Background

Federal Medicaid law, 42 U.S.C. § 1396d(r), requires state Medicaid programs to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for members under 21 years of age. Within the scope of EPSDT benefits under federal law, Health First Colorado (Colorado's Medicaid program) is required to cover any service for members age 20 or younger that is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition identified by screening," whether or not the service is covered under the Colorado State Medicaid Plan. "Ameliorate" means to improve or maintain the member's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Even if the service will not cure the member's condition, it must be covered if it is medically necessary to improve or maintain the member's overall health. The services covered under EPSDT are limited to those within the scope of the category of services listed in federal law at 42 U.S.C. § 1396d(a).

This means that EPSDT benefits include medically necessary treatments that a recipient under 21 years of age needs to stay as healthy as possible, and Health First Colorado must provide or arrange for (directly or through referral to appropriate agencies, organizations, or individuals) corrective treatment. EPSDT benefits are more robust than the adult Medicaid benefit package and include a separate medical necessity definition for services rendered to or requested for members under the age of 21, see 10 CCR 2505-10 § 8.280.4.E.

EPSDT makes short-term and long-term services available to all members under 21 years of age, without many of the limits Medicaid imposes for services for members over the age of 21. The services must be prescribed by the member's treating provider(s) and prior authorization may be required for some services.

EPSDT Fast Facts

1. No Medicaid Wait List for EPSDT Services.

Medicaid cannot impose any waiting list and must provide coverage for treatment for members under 21 years of age. However, Health First Colorado cannot guarantee that Medicaid providers will not have scheduling delays.



2. No Monetary Cap on the Total Cost of EPSDT Services.

A member under 21 years of age, who is eligible for Medicaid, is entitled to receive services without any monetary cap, provided that the services meet EPSDT's medical necessity criteria.

3. No Upper Limit on the Number of Visits, Hours, or Units under EPSDT.

Medically necessary EPSDT services are not subject to Medicaid limits on the number of visits, hours, or units of a service. However, for Medicaid limits to be exceeded, providers must document why it is medically necessary to exceed the limits in order to correct or ameliorate a defect, physical or mental illness, or condition. Prior authorization is allowed for services but must not impede the delivery of necessary services.

4. Coverage for Services That Are Never Covered for Members 21 Years of Age and Older.

Medically necessary services within the scope of 42 U.S.C. § 1396d(a) are covered under EPSDT. Provider documentation must demonstrate that the service is medically necessary to prevent, diagnose, evaluate, correct, ameliorate, or treat a defect, physical and mental illness, or condition.

5. There is no requirement to make special requests for EPSDT coverage.

EPSDT describes a core set of Medicaid benefits for individuals under the age of 21. Members and their providers are not required to cite or mention EPSDT to have requests reviewed under the EPSDT medical necessity standard.

Important Information about EPSDT Coverage

1. Members under 21 must be afforded access to the full scope of EPSDT services, including administrative case management, which includes providing lists of providers and a description of benefit categories in the Member Handbook.
2. Health First Colorado will cover treatment that members under 21 years of age need under federal law and this EPSDT policy.
3. EPSDT services need not be services that are covered under Health First Colorado's or its managed care entities' clinical coverage policies or service definitions.
4. If the requested service, product, or procedure requires prior approval, the fact that the member is under 21 years of age does NOT eliminate the requirement for prior approval.
5. Health First Colorado is required to make available a variety of providers who are qualified and willing to provide EPSDT services.



6. Consistent with federal law, Health First Colorado contracts with all providers qualified and willing to provide EPSDT services.
7. When vendors and contractors review covered Medicaid service requests for prior approval or continuing authorization (Utilization Review or UR) for a member under 21 years of age, the reviewer will apply EPSDT criteria to the review. Regarding services requiring prior authorization, EPSDT operational principles include the following:
 - A. Coverage reviews, including medical necessity reviews:
 - 1) Requests for EPSDT services do **NOT** have to be labeled as such. Any request for services for a member under 21 years of age is a request for EPSDT services. The decision to approve or deny the request will be based on the member's medical need for the service to prevent, diagnose, evaluate, correct, ameliorate, or treat a defect, physical or mental illness, or condition.
 - 2) The specific coverage criteria (e.g., particular diagnoses, signs, or symptoms) in clinical coverage policies or service definitions do **NOT** have to be met for members under 21 years of age so long as the service is medically necessary to prevent, diagnose, evaluate, correct, ameliorate, or treat a defect, physical or mental illness, or condition.
 - 3) Specific numerical limits (number of hours, number of visits, or other limitations on scope, amount or frequency) in clinical coverage policies, service definitions, or billing codes do **NOT** apply to members under 21 years of age if more hours or visits of the requested service are medically necessary to prevent, diagnose, evaluate, correct, ameliorate, or treat a defect, physical or mental illness, or condition.
 - 4) Out-of-state services are not covered if similarly effective services to prevent, diagnose, evaluate, correct, ameliorate, or treat a defect, physical or mental illness, or condition are available anywhere in the state of Colorado. Services which require prior authorization will be denied reimbursement if not prior approved.
 - 5) Vendors and contractors must consider any request for Medicaid services for a member under 21 years of age under EPSDT criteria when the request is made in accordance with the Health First Colorado's prior authorization policies.
 - 6) Requests for prior approval for EPSDT services must include documentation showing that the service is medically necessary as defined in 10 CCR 2505-10 § 8.280.4.E. Prior approval requests require current information from the requesting qualified provider.
 - 7) Health First Colorado retains the authority to determine how an identified type of equipment, therapy, or service will be provided, subject to compliance with federal law.
 - 8) Health First Colorado will take into account a number of factors, including the opinion of the treating physician and sufficient access to alternative services.
 - 9) Services will be provided in the most economical manner, as long as the determination process does not delay the delivery of the needed service, and



the determination does not limit the member's right to free choice of Health First Colorado enrolled providers who provide the approved service.

- 10) If the member is enrolled in a Managed Care Entity, the member also has the right to free choice within the managed care entity's network of providers.
- 11) It is not sufficient to cover a standard, lower cost service instead of a requested specialized service if the lower cost service is not equally effective in that individual case.
- 12) Requests for prior approval of services are to be decided with reasonable promptness, usually within 15 business days from receipt of all required or requested information.
- 13) No request for services for a member under 21 years of age will be denied, formally or informally, until it is evaluated under EPSDT.

B. Denial notice requirements and appeal rights:

- 1) If services are denied, reduced, or terminated, proper written notice with appeal rights must be provided to the member and copied to the provider.
- 2) Denials of service requests for children and youth under the age of 21 must describe that EPSDT requirements were considered during the review process.
- 3) As with all Health First Colorado benefit denial notices, denial notices for individuals under the age of 21 must comply with federal and state accessibility standards, including the Americans with Disabilities Act and the Affordable Care Act's language accessibility requirements.
- 4) The notice must include reasons for the intended action, citation that supports the intended action, and notice of the right to appeal. Such a denial can be appealed in the same manner as any Medicaid service denial, reduction, or termination.
- 5) The member has the right to continued benefits for services currently provided pending appeal. This includes the right to reinstatement of services pending appeal if there was less than a 30-day interruption before submitting a re-authorization request.

EPSDT Criteria

It is important to note that the service can only be covered if all criteria specified below are met.

1. EPSDT services must be coverable services within the scope of those listed in the Medicaid statute at 42 U.S.C. § 1396d(a). For example, "maintenance" and "rehabilitative services" are covered by EPSDT, even if the particular maintenance or rehabilitative service requested is not listed in Health First Colorado clinical policies or service definitions.
2. The service must be medically necessary to prevent, diagnose, evaluate, correct, ameliorate, or treat a defect, physical or mental illness, or a condition diagnosed by the member's physician, therapist, or other licensed practitioner. By requiring coverage of



services needed to prevent, diagnose, evaluate, correct, ameliorate, or treat a defect, physical or mental illness, EPSDT also requires payment of services that are medically necessary to sustain, maintain or support, rather than improve, cure or eliminate health problems, to the extent that the service is needed to prevent, diagnose, evaluate, correct, ameliorate, or treat a defect, physical or mental illness, or condition.

3. The requested service must be determined to be medical or behavioral health in nature.
4. The service must be safe.
5. The service must be effective.
6. The service must be generally recognized as an accepted method of medical practice or treatment.
7. The service must not be experimental/investigational.
8. Health First Colorado may cover services in the most cost-effective mode so long as the less expensive service is equally effective and actually available. Health First Colorado may not deny medically necessary treatment to a member based on cost alone but may consider the relative cost effectiveness of alternatives as part of the prior authorization process.

Additionally, consistent with federal and state law, Health First Colorado will only cover services if they are provided by an enrolled or contracted Health First Colorado provider for the specific service type. This may include an out-of-state provider who is willing to enroll if an in-state provider or service is not available.

EPSDT and Managed Care

Health First Colorado requires its contractors - including its managed care entities, which manage benefits including behavioral health, oral health, and pharmacy services - to comply with EPSDT. In Colorado, managed care entities (MCEs) must make available to all enrolled children the entire scope of services included in EPSDT services that is appropriate for treating or ameliorating diagnoses covered within their contract. This means that:

1. Regional Accountable Entities (RAEs) are responsible for providing EPSDT benefits related to the prevention, diagnosis, evaluation, correction, amelioration, or treatment of mental health and substance use disorder diagnoses covered within their contract.
2. Health First Colorado is responsible for providing EPSDT benefits for all diagnoses not covered under contracts with Regional Accountable Entities for members not enrolled with Denver Health Medicaid Choice or Rocky Mountain Health Plans Prime.
3. Denver Health Medicaid Choice and Rocky Mountain Health Plans Prime are responsible



for covering their enrolled members' state plan benefits, including EPSDT benefits. These organizations follow Bright Futures Recommendations for Preventative Health Care for well care. They are required to coordinate any needed services that are found during any screening or diagnostic visit.

4. The Department is responsible for training managed care entities and organizations about EPSDT each year.

Additionally, the MCEs in collaboration with their network providers are responsible for providing care coordination, sometimes referred to as administrative case management, for any member, including EPSDT benefits for all children and youth enrolled in Health First Colorado.

Colorado requires through contract that MCEs follow the state's medical necessity definitions established in rule (10 CCR 2505-10 §§ 8.076.1.8 and 8.280.4.E.). Each year, Health First Colorado reviews the utilization management policies and procedures of its managed care entities for the annual Mental Health Parity Report, including an analysis of the medical necessity definitions used by each entity. Furthermore, Health First Colorado's External Quality Review Organization annually reviews a sample of service denial notices to determine whether each MCE has implemented and followed its own written policies, procedures, and organizational processes related to utilization management regulations.

As a further step to provide consistency across the delivery system and proper implementation of the children's benefit package, Health First Colorado requires its contracted MCEs to educate members and providers about EPSDT requirements. Through regular deliverables, Health First Colorado reviews managed care entities' activities to:

1. Inform managed care network providers about EPSDT;
2. Offer trainings to managed care network providers on EPSDT at least every 6 months; and
3. Outreach EPSDT-eligible members and their families within 60 days of enrollment and at least one time annually.

Informing Members and Providers about EPSDT

In accordance with 42 C.F.R. § 441.56(a), Health First Colorado "provides for a combination of written and oral methods designed to inform effectively all EPSDT eligible individuals or their families about the EPSDT program," including their providers. EPSDT policy instructions are posted on the Health First Colorado and RAE webpages. Health First Colorado makes information about EPSDT available to enrollees in the Health First Colorado Member Handbook, also in accordance with 42 C.F.R. § 438.210(a)(4). The MCEs send a



welcome letter to all members or their families that explains how to access member handbooks.

Furthermore, the MCEs are responsible for:

1. Annually informing EPSDT eligible members who have not utilized EPSDT services in the previous 12 months in accordance with the American Association of Pediatrics “Bright Futures Guidelines” and “Recommendations for Preventive Pediatric Health Care.”
2. Collaborating with contracted providers to outreach EPSDT eligible members to ensure children receive regularly scheduled examinations of physical and mental health, growth, development, and nutritional status in accordance with the American Association of Pediatrics “Bright Futures Guidelines.”
3. Any provider or member/family needing assistance to understand or receive EPSDT services, should contact the MCE in which the member is enrolled.

EPSDT Coverage and Waiver Programs

1. HCBS Waiver services are available only to participants in the waiver programs and are not a part of the EPSDT benefit.
2. Any member enrolled in a waiver program can receive BOTH waiver services and EPSDT services.
3. EPSDT services must be provided to members under 21 years of age in a waiver program under the same standards as other under-21 members receiving Medicaid services.

Prior Authorizations for Covered Services

Should the service, product, or procedure require prior approval, the fact that the member is under 21 years of age does not eliminate the requirement for prior approval. If prior approval is required and if the member does not meet the clinical coverage criteria or needs to exceed clinical coverage policy limits, providers should submit documentation to the appropriate vendor or contractor with the prior approval request that shows how the service at the requested frequency and amount is medically necessary and meets all EPSDT criteria, including to prevent, diagnose, evaluate, correct, ameliorate, or treat, physical or mental illness, or condition. The General Provider Information Manual contains instructions for requesting prior authorization for services paid under fee-for-service. Should further information be needed, the provider is required to produce requested information.



Non-Covered Services and EPSDT

1. Requests for non-covered services are requests for services, products, or procedures that are not included in the Health First Colorado State Plan but are coverable under federal Medicaid law for members under 21 years of age.
2. Service requests for non-covered state Medicaid plan services, and requests for a review when there is no established review process for a requested service, should be submitted to HCPF_EPSDT@state.co.us email box. The form for these requests is listed as the EPSDT Request Form for Non-Covered State Medicaid Plan Services for Members under Age 21 on the Department's Early and Periodic Screening, Diagnostic and Treatment [web page](#).
3. Requests where there are established review processes should be submitted to the appropriate system, such as Coloropar.com for State Plan services and other EPSDT coverage.

A review of a request for a non-covered state Medicaid plan service includes a determination that ALL EPSDT criteria specified in these instructions are met.

If a provider is not sure where to send a prior authorization request, they should contact the Regional Provider Support Representative for the Health First Colorado program. Contact information can be found at <https://hcpf.colorado.gov/regional-provider-support>.

For More Information about EPSDT

Important additional information about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the Department's EPSDT provider page.

Basic Medicaid Billing Guides

<https://hcpf.colorado.gov/gen-info-manual>

EPSDT Program Page

[Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) | Colorado Department of Health Care Policy & Financing](#)

Additional Information:

[EPSDT Request Form for Non-Covered State Medicaid Plan Services for Members under Age 21](#)

