

# **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)**

## **Current Approved State Plan Language**

**STATE PLAN CHART**

Type of Service

Program Coverage\*\*

Authorization and Other Requirements\*

4b Early and periodic screening, diagnosis, and treatment services, and treatment of conditions found.

Covered for Medi-Cal eligibles under 21 years of age.

Prior Authorization is not required.

Includes rehabilitative mental health services for seriously emotionally disturbed children: collateral, assessment, individual therapy, group therapy, medication service, crisis intervention, day care intensive, day care habilitation offered in local and mental health clinics or in the community.

Medical necessity is the only limitation.

Includes Local Education Agency (LEA) Medi-Cal Billing Option Program services (LEA services). LEAs are the governing body of any school district or community college district, the county office of education, a state special school, a California State University campus, or a University of California campus.

Service Limitations

LEA services are limited to a maximum of 24 services per 12-month period for a beneficiary without prior authorization, provided that medical necessity criteria are met. LEAs may obtain authorization for LEA services beyond 24 services per 12-month period from the beneficiary's:

- Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) developed for the special education student,
- California Children Services Program,
- Short-Doyle Program,
- Medi-Cal field office authorization (TAR)
- Prepaid health plan authorization (including Primary Care Case Management)

\* Prior Authorization is not required for emergency service.  
\*\*Coverage is limited to medically necessary services.

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4b Early and periodic screening, diagnosis, and treatment services, and treatment of conditions found.

Local Education Agency (LEA) Services (cont.)

Program Coverage \*\*

LEA services are defined as:  
Non-IEP/IFSP Assessments

- Health and mental health evaluation and education (EPDST also covered in Subsection 13d). Health and mental health evaluation and education includes parts of the EPSDT assessment such as assessment of nutritional status and nutritional education, vision assessment, developmental assessment, assessment of psychosocial status, health education and anticipatory guidance appropriate to age and health status which includes wellness counseling.

Authorization and Other Requirements\*

LEA services are covered when provided to, or directed exclusively toward the treatment of, a Medicaid eligible student under 21 years of age.

Provider Qualifications

Services must be performed by providers who meet the applicable qualification requirements as described in 42 C.F.R. Part 440 who render services, within their scope of practice, as established in state law. Rendering providers of LEA services are licensed physicians/psychiatrists, licensed physician’s assistants, licensed optometrists, licensed registered nurses, licensed credentialed school nurses, certified public health nurses, trained health care aides, registered school audiometrists, licensed clinical social workers, licensed psychologists, licensed educational psychologists, licensed marriage and family therapists (formerly licensed marriage, family and child counselors), credentialed school psychologists, credentialed school social workers, credentialed pupil service workers, licensed speech pathologists, licensed audiologists, credentialed language, speech and hearing specialists, licensed physical therapists, registered occupational therapists, and registered dieticians.

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Local Education Agency (LEA) Services (cont.)

IEP/IFSP Assessments

- Health and mental health evaluation and education (EPSDT also covered in Subsection 13d) includes psychosocial and development assessments to determine a student’s eligibility for services under the Individuals with Disabilities Education Act (IDEA) or to obtain information on the student to identify and modify the health related services in the IEP/IFSP. These assessments, referred to as IEP/IFSP assessments, include psychological, speech language, occupational therapy, physical therapy, audiological and health evaluations.

In addition, the following limitations apply:

- Credentialed school psychologists may provide psychosocial assessments, health education and anticipatory guidance, and psychological treatment services recommended by a physician or other licensed practitioner of the healing arts only to the extent authorized under Business and Professions Code Section 2909 and Education Code Sections 49422 and 49424 to Medicaid eligible students.
- Credentialed school social workers may provide psychosocial assessments, health education and anticipatory guidance, and psychosocial treatment services recommended by a physician or other licensed practitioner of the healing arts only to the extent authorized under Business and Professions Code Sections 4996, 4996.9, 4996.14 and 4996.15 and Education Code Section 44874 to Medicaid eligible students.

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Type of Service	Program Coverage**	Authorization and Other Requirements*
<p>4b Early and periodic screening, diagnosis, and treatment services, and treatment of conditions found.</p> <p>Local Education Agency (LEA) Services (cont.)</p>	<p><u>Treatment Services</u></p> <ul style="list-style-type: none"> <li>• Physical therapy, (as covered in Subsection 11(a);</li> <li>• Occupational therapy (as covered in Subsection 11(b);</li> <li>• Speech/audiology (as covered in Subsection 11(c);</li> <li>• Physician services (as covered in Subsection 5(a);</li> <li>• Psychology (as covered in Subsections 6(d) and 13(d);</li> <li>• Nursing services (as covered in Subsection 13(c);</li> <li>• School health aide services (as covered in Subsections 13(d) and 24(a);</li> <li>• Medical transportation (as covered in Subsection 24(a).</li> </ul>	<ul style="list-style-type: none"> <li>• Credentialed language, speech and hearing specialists may provide audiological and communication disorders assessments and treatment services, for which a student has been referred by a physician or other licensed practitioner of the healing arts, under the direction of licensed speech pathologists or licensed audiologists only to the extent authorized under Business and Professions Code Sections 2530.2, 2530.5 and 2532 and Education Code Sections 44225 and 44268 to Medicaid eligible students.</li> </ul> <p>The definition of “under the direction of” a licensed practitioner is that the licensed practitioner is individually involved with the patient under his or her direction and accepts professional and legal responsibility for the actions of the credentialed language, speech and hearing specialist that he or she agrees to direct. The licensed practitioner must see each patient at least once, have some input into the type of care provided, and review the patient after treatment has begun.</p>

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<p>4b Early and periodic screening, diagnosis, and treatment services, and treatment of conditions found.</p> <p>Local Education Agency (LEA) Services (cont.)</p>		<ul style="list-style-type: none"> <li>• Credentialed pupil service workers may provide psychosocial assessments only;</li> <li>• Registered dietitians and nutritionists may provide assessments of nutritional status and nutritional education only;</li> <li>• School health aides may provide trained health aide services only under the direct supervision of a physician, registered nurse or nurse practitioner or licensed vocational nurse and only to the extent authorized under federal law and the California Business and Professions Code.</li> </ul>
		<p>LEAs providing LEA services may be subject to on-site review and/or audit by the Centers for Medicare and Medicaid Services and/or its agents, the single state agency and/or its agents or the Department of Education under an interagency agreement with the single state agency.</p>
<p>4c. Family planning services and supplies for individuals of child bearing age.</p>	<p>Covered as physician and pharmaceutical services.</p>	<p>Prior authorization is not required, and informed consent must be properly obtained for all sterilizations. Sterilization of persons under 21 years of age is not covered.</p>
<p>5a. Physician's Services</p> <p>*Prior Authorization is not required for emergency service. **Coverage is limited to medically necessary services.</p>	<p>As medically necessary, subject to limitations; however, experimental services are not covered.</p>	<p>Physician services do not require prior authorization except as noted below:</p>

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