

# Stage I

**ROUTED:** Proposed to Ad Staff \_\_\_\_\_ 7/17/2023 \_\_\_\_\_ Superseded by Policy #s: \_\_\_\_\_  
 Stage I to Fiscal Agent/MCO's \_\_\_\_\_ 7/18/2023 \_\_\_\_\_ Related to Policy #s: \_\_\_\_\_  
 Stage III to Fiscal Agent/MCO's \_\_\_\_\_ Related Clarification #s: \_\_\_\_\_  
 Stage IV sent to Fiscal Agent \_\_\_\_\_

**Approvals:** KDHE/DHCF Liaison  KDHE/DHCF Policy  Policy Review Mtg. Date: 7/12/2023

## KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT DIVISION OF HEALTH CARE FINANCE - MMIS POLICY

**TO:** Anil Karunakaran, Satish Kumar D, Carrie Kimes, Michelle Boller, Ally Martinez, Aleeta Spencer \_\_\_\_\_ **MMIS POLICY #:** E2023-105  
**FROM:** Christine Osterlund \_\_\_\_\_ **POLICY CODE(s):** KBH, MN  
**DATE:** July 18, 2023 \_\_\_\_\_

**POLICY TITLE: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medical Necessity Form**

**Initiating Agency(ies) (If other than KDHE/DHCF)**  Juvenile Justice Authority  Managed Care Organizations  
 KS Dept. for Aging and Disability Services  Other \_\_\_\_\_  
**KDHE/DHCF Liaison** \_\_\_\_\_

**POLICY TYPE:**  Standard Policy Process  
 Simple Rate Change Process (future effective date, no publication required)  
 Other (MCO Capitation Rates, Publication/Documentation Only)

**POLICY ORIGINATOR(s):** Shalae Harris

**OTHER DIVISIONS / AGENCIES / CONTRACTORS AFFECTED:** MCO's

**RELATED REFERENCES / PROCESSES:**

<b>Related Policy #(s):</b> _____	<b>Related Advanced Planning Document?</b> Yes <input type="checkbox"/>   No <input checked="" type="checkbox"/>
<b>Related Policy Clarification #(s):</b> _____	If yes: APD#: _____
<b>Superseded Policy #(s):</b> _____	<b>Related Contract Amendment?</b> Yes <input type="checkbox"/>   No <input checked="" type="checkbox"/>
<input type="checkbox"/> Portion of - Explain: _____	If yes: CA#/Contractor: _____
<b>K.A.R. Change Required?</b> Yes <input type="checkbox"/>   No <input checked="" type="checkbox"/>	<b>Consumer Education Required?</b> Yes <input type="checkbox"/>   No <input checked="" type="checkbox"/>
If yes: What reference #(s): _____	Explain: _____
Date to Initiate Revision: _____	<b>Additional Field Notification?</b> Yes <input type="checkbox"/>   No <input checked="" type="checkbox"/>
Proposed Effective Date: _____	Explain: _____
Proposed Open Mtg. Date: _____	<b>Measurable Outcomes Report?</b> Yes <input type="checkbox"/>   No <input checked="" type="checkbox"/>
<b>State Plan Change Required?</b> Yes <input type="checkbox"/>   No <input checked="" type="checkbox"/>	<b>Post Implementation Clean-Up Required?</b> Yes <input type="checkbox"/>   No <input checked="" type="checkbox"/>
If yes: Submission Date: _____	<b>Publication Required?</b> Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>
<b>Waiver Change Required?</b> Yes <input type="checkbox"/>   No <input checked="" type="checkbox"/>	RA Banner <input type="checkbox"/> Global Message <input type="checkbox"/>
If yes: Submission Date: _____	Bulletin/Manual <input checked="" type="checkbox"/> Bulletin Only <input type="checkbox"/>
<b>Publish in the Kansas Register?</b> Yes <input type="checkbox"/>   No <input checked="" type="checkbox"/>	Other <input type="checkbox"/> Explain: _____

**Policy Statement:**

Effective November 1, 2023, Providers may submit the EPSDT Medical Necessity Form to the appropriate Managed Care Organization (MCO) or KMAP to request medically necessary non-covered services for EPSDT coverage consideration when more information is needed for consideration of coverage. The form is an attachment to this policy.

Medical Necessity is defined in regulation at KAR 30-5-58 (ooo).  
 EPSDT Medical Necessity does not include experimental or investigational treatments, services or items not generally accepted as effective, and/or not within the normal course and duration of treatment. Services for caregiver or providers convenience are not allowed.

Services may be limited in scope and duration. The most cost-effective treatment may be utilized.

The determination of whether a service is medically necessary for an individual child must be made on a case-by-case basis, considering the particular needs of the child.

To request medically necessary non-covered EPSDT services, providers should send a request to the appropriate MCO using the standard prior authorization (PA) process. If the MCO requests more information on the non-covered service, providers can use this form to provide additional information for the medically necessary service.

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## Rationale for Change:

EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act (the Act).

Per EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents, Section 1905(r)(5) of the Act requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to “correct or ameliorate” defects and physical and mental illnesses or conditions discovered by the screening services, to an eligible individual through EPSDT, even if the service is not available under the State's Medicaid plan.

This form will help streamline the process on how to request medically necessary non-covered services for persons under 21 years of age through EPSDT when more information is needed for review to determine medical necessity and coverage under EPSDT.

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## Fiscal Information/Impact:

NONE

*Fiscal Impact Analysis Performed by:*

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- **This form is to be utilized in all correspondence between the Kansas Department of Health and Environment/ Division of Health Care Finance and the Fiscal Agent and/or contracted Managed Care Organizations for the purpose of policy establishment, rate or reimbursement change, and policy change. Rev. 01/27/2016**