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

**Benefit Coverage** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, §§ 51184, 51340, 51532)  
(DHCS Contract 04-35765, Amend. 10, Exhibit A, Attach. 10, § 4F)

Members less than 21 years of age shall be provided medically necessary EPSDT supplemental services, as defined in Medi-Cal Regulations, except when EPSDT supplemental services are provided as a carve out service by California Children's Services (CCS), a county Mental Health provider or a Denti-Cal provider.

### **Benefit Exclusion**

None listed

### **Examples of Covered Benefits**

1. EPSDT screening services (commonly referred to as Child Health and Disability Prevention (CHDP) services).
2. EPSDT diagnostic and treatment services, including EPSDT supplemental services.

**See: Child Health and Disability Prevention (CHDP)**

## Eating Disorders

### Benefit Coverage

Treatment for medical conditions caused by eating disorders such as anorexia nervosa, bulimia, purging and obesity is covered.

### Benefit Exclusions

Eating disorder programs are not covered benefits. Patients who require long term counseling for psychological treatment for underlying causes of the eating disorder should be referred to a Short-Doyle Medi-Cal (SD/MC) or Medi-Cal Fee-For-Service (FFS) provider (See: Behavioral Health).

### Examples of Covered Benefits

1. Diet or nutritional instruction in the PCP office for conditions, which may be complicated or exacerbated by obesity (e.g., diabetes, high blood pressure).
2. Treatment of severe electrolyte imbalances brought on by anorexia or purging.
3. Medically necessary laboratory tests required to monitor a specific medical condition that may be exacerbated by weight loss.
4. Medically necessary gastrostomy tube placement in an anorexic patient.
5. Medically necessary bariatric surgery for morbid obesity for individuals >40 BMI, or >35 BMI with co-morbidities, who have failed conservative treatment.

### Examples of Non-Covered Benefits

1. Eating disorder programs, whether inpatient or outpatient.
2. Gastric bubble - insertion and removal.
3. Liposuction.
4. Laboratory tests in association with weight reduction or weight gain programs.
5. Psychological counseling (See: Behavioral Health).
6. Food and food supplements and vitamins.

## **Emergency Care Services**

**Definition** (DHCS Contract 04-35765, Amend 10, Exhibit E, Attach. 1, Definition No. 38)

Emergency Medical Condition means a medical condition, which is manifested by acute symptoms of sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part.

**Benefit Coverage** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, §§ 51056, 53855)  
(DHCS Contract 04-35765, Amend. 10, Exhibit A, Attach. 9, § 7)

Hospital and physician services required for the diagnosis and treatment of an emergency medical condition. Emergency services are exempt from prior authorization.

### **Benefit Exclusion**

The use of an Emergency Room by Members who do not have an emergency medical condition is not a generally covered benefit.

### **Examples of Covered Benefits**

1. Emergency services necessary to diagnose, stabilize and/or treat an individual with an emergency medical condition.

## **Emergency Care Services** (continued)

### Examples of Non-Covered Benefits

1. Use of an emergency room for non-emergency medical condition obtained **during the period of time the PCP office is open and available**, or access to the PCP is available (e.g., 24-hour nurse advice line, on-call physician).
2. Use of the closest emergency room (non-plan hospital) for Members' convenience when they do not have an emergency medical condition.
3. Follow-up care when the Member could have returned to his or her PCP for follow-up treatment (e.g., cast check, suture removal, wound/dressing check).

## **Epidural Anesthesia**

### Benefit Coverage (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51303)

Epidural anesthesia is a covered benefit under Medi-Cal Managed Care when medically necessary.

### Benefit Exclusion

Epidural anesthesia that is not medically necessary is not a covered benefit under Medi-Cal Managed Care.

### Examples of Covered Benefits

1. Epidural anesthesia during labor and delivery when determined to be medically necessary. Examples of medical necessity during labor and delivery include: alleviation of pain, facilitation of labor, anesthesia for deliveries requiring instrumentation, etc.
2. Epidural anesthesia in other circumstances when it is the anesthesia of choice and medically necessary.

### Examples of Non-Covered Benefits

1. Epidural anesthesia that is not medically necessary, one example being when it is patient preference only.

## **Experimental Services and Investigational Treatment**

### Definitions (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51056.1)

Experimental services means those drugs, equipment, procedures or services that are in a testing phase undergoing laboratory and/or animal studies prior to testing in humans.

Investigational services means those drugs, equipment, procedures or services for which laboratory and animal studies have been completed and for which human studies are in progress but:

1. Testing is not complete;
2. The efficacy and safety of such services in human subjects are not yet established; and
3. The service is not in wide usage.

The determination that a service is experimental or investigational may be based on:

1. Reference to relevant federal regulations, such as those contained in the Code of Federal Regulations, Title 42, Chapter IV (Health Care Financing Administration) and Code of Federal Regulations, Title 21, Chapter I (Food and Drug Administration);
2. Consultation with provider organizations, academic and professional specialists pertinent to the specific service; and
3. Reference to current medical literature.

At the discretion of IEHP, an Independent Medical Review may be ordered to assist with the determination.

### Benefit Coverage (Welf. & Inst. Code § 14137.6)

Limited coverage of drugs for patients with Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Conditions (ARC), or Human Immunodeficiency Virus (HIV).

## **Experimental Services and Investigational Treatment** (continued)

### **Benefit Exclusion**

Experimental services or investigational services are not covered except when it is clearly documented that all of the following apply:

1. Conventional therapy will not adequately treat the intended patient's condition;
2. Conventional therapy will not prevent progressive disability or premature death;
3. The provider of the proposed services has a record of safety and success with it equivalent or superior to that of other providers of the investigational service;
4. The investigational service is the lowest cost item or service that meets the patient's medical needs and is less costly than all conventional alternatives;
5. The service is not being performed as a part of a research study protocol;
6. There is a reasonable expectation that the investigational service will significantly prolong the intended patient's life or will maintain or restore a range of physical and social function suited to activities of daily living.