



RULE-MAKING ORDER PERMANENT RULE ONLY

**CR-103P (December 2017)
(Implements RCW 34.05.360)**

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: June 11, 2025

TIME: 2:20 PM

WSR 25-13-048

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

- ☒ 31 days after filing.
☐ Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- ☐ Yes ☒ No If Yes, explain:

Purpose: The agency is updating and clarifying the Early Periodic Screening, Diagnosis and Treatment (EPSDT) chapter to align with guidance from the Centers for Medicare & Medicaid Services (CMS). The revised chapter adds sections identifying the purpose of the EPSDT program and related definitions. The proposed rules also clarify the review process for prior authorization requests.

Citation of rules affected by this order:

New: 182-534-0010, 182-534-0050
Repealed:
Amended: 182-534-0100, 182-534-0200
Suspended:

Statutory authority for adoption: RCW 41.05.021, RCW 41.05.160

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 25-10-064 on May 2, 2025 (date).

Describe any changes other than editing from proposed to adopted version: None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Web site:

Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted on the agency's own initiative:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>2</u>	Amended	<u>2</u>	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	<u>2</u>	Amended	<u>2</u>	Repealed	_____

Date Adopted: June 11, 2025

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



Chapter 182-534 WAC
EARLY ((AND)) PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

NEW SECTION

WAC 182-534-0010 Purpose. The purpose of the early periodic screening, diagnosis, and treatment program is to ensure that children and adolescents receive comprehensive preventive, diagnostic, and treatment services.

NEW SECTION

WAC 182-534-0050 Definitions. The following definitions and those found in chapter 182-500 WAC apply to this chapter:

"Early periodic screening, diagnosis, and treatment (EPSDT)" means the federally mandated health care benefit for clients from birth through age 20 that ensures access to medically necessary services. Federal statutes and rules govern EPSDT services; see, e.g., 42 U.S.C. § 1396d(r) and 42 C.F.R. Part 441, Subpart B.

"Well-child checkup" means the same as "screening" in 42 C.F.R. § 441.56(b).

AMENDATORY SECTION (Amending WSR 14-16-019, filed 7/24/14, effective 8/24/14)

WAC 182-534-0100 ((EPSDT.)) Standard for coverage. ~~((1) Persons who are eligible for medicaid are eligible for coverage through the early and periodic screening, diagnosis, and treatment (EPSDT) program up through the day before their twenty-first birthday.~~

~~(2) Access and services for EPSDT are governed by federal rules at 42 C.F.R., Part 441, Subpart B which were in effect as of January 1, 1998.~~

~~(a) The standard for coverage for EPSDT is that the services, treatment or other measures are:~~

- ~~(i) Medically necessary;~~
- ~~(ii) Safe and effective; and~~
- ~~(iii) Not experimental.~~

~~(b) EPSDT services are exempt from specific coverage or service limitations which are imposed on the rest of the CN and MN program. Examples of service limits which do not apply to the EPSDT program are the specific numerical limits in WAC 182-545-200.~~

~~(c) Services not otherwise covered under the medicaid program are available to children under EPSDT. The services, treatments and other measures which are available include but are not limited to:~~

- ~~(i) Nutritional counseling;~~
- ~~(ii) Chiropractic care;~~
- ~~(iii) Orthodontics; and~~

~~(iv) Occupational therapy (not otherwise covered under the MN program).~~

~~(d) Prior authorization and referral requirements are imposed on medical service providers under EPSDT. Such requirements are designed as tools for determining that a service, treatment or other measure meets the standards in subsection (2)(a) of this section.~~

~~(3) Transportation requirements of 42 C.F.R. 441, Subpart B are met through a contract with transportation brokers throughout the state.)) (1) People age 20 and younger who are enrolled in medicaid are eligible for coverage through the early periodic screening, diagnosis, and treatment (EPSDT) program. See WAC 182-501-0060, Health care coverage—Program benefit packages—Scope of service categories.~~

~~(2) Under the EPSDT program, the medicaid agency pays for health care services that fall under any of the categories listed in 42 C.F.R. Part 441, Subpart B, when they are:~~

~~(a) Medically necessary, as defined in WAC 182-500-0070;~~

~~(b) Safe and effective; and~~

~~(c) Not experimental.~~

~~(3) Services under the EPSDT program are exempt from specific coverage or service limitations, including amount, duration, and scope of services applicable to the Washington apple health categorically needy and medically needy programs.~~

~~(a) The agency may establish utilization controls to safeguard against unnecessary use of care and services. These limits may be exceeded through a process in which the agency reviews medical necessity in a manner consistent with federal EPSDT requirements.~~

~~(b) The agency conducts reviews of prior authorization requests on a case-by-case basis, evaluating each client's needs individually, so that delivery of needed treatment services is not delayed. The agency evaluates these requests using the process described in WAC 182-501-0165.~~

~~(c) Services not otherwise covered under the medicaid program, including optional services under 42 U.S.C. § 1396d, are available to children through EPSDT when the agency determines the services are medically necessary.~~

~~(4) Under the EPSDT program, the agency evaluates requests for noncovered services, as defined by WAC 182-500-0020 and 182-500-0075, under WAC 182-501-0165.~~

~~(5) Providers must document all EPSDT services furnished to each client as required by WAC 182-502-0020.~~

~~(6) To ensure clients have transportation to medically necessary services, the agency covers various modes of transportation under chapter 182-546 WAC.~~

AMENDATORY SECTION (Amending WSR 24-21-163, filed 10/23/24, effective 11/23/24)

WAC 182-534-0200 Enhanced payments for EPSDT ((screens)) well-child checkups for children in out-of-home placement. The medicaid agency ((pays providers an enhanced fee for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screens provided to)) covers early periodic screening, diagnosis, and treatment (EPSDT) services, as described in WAC 182-534-0100, for children in out-of-home place-

ment to ensure medically necessary needs are promptly addressed. ((See the agency's EPSDT provider guide for specific billing code requirements, and see the agency's fee schedule for the fee.))

(1) For the purposes of this section, out-of-home placement means temporary, 24 hour-per-day, substitute care for a child age 20 and younger:

(a) Placed away from the child's parents or guardians in licensed, paid, out-of-home care; and

(b) For whom the department of ~~((social and health services or a licensed or certified child placing agency has placement and care responsibility.~~

(2) The agency pays an enhanced fee to the providers listed in subsection (3) of this section for EPSDT screens provided to only those children in out-of-home placement.

(3) The following providers are eligible to perform EPSDT screens and bill the enhanced rate for children in out-of-home placement:

(a) EPSDT clinics;

(b) Physicians;

(c) Advanced registered nurse practitioners (ARNPs); and

(d) Physician assistants (PAs).

(4) To be paid an enhanced fee, services furnished by the providers listed in subsection (3) of this section must meet the federal requirements for EPSDT screens at 42 C.F.R. Part 441 Subpart B.

(5) The provider must retain documentation of the EPSDT screens in the client's medical file. The provider must use the agency's Well Child Exam forms or provide equivalent information. The Well Child Exam forms include the required elements for an EPSDT screen. The Well Child Exam forms are available for downloading at no charge at <http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx>.

(6)) children, youth, and families or a tribe has placement and care authority.

(2) The agency pays an enhanced fee only for well-child checkups provided to children in out-of-home placement when the placement meets the federal requirements under 42 C.F.R. Part 441, Subpart B.

(3) For children in out-of-home placement, the agency exempts well-child checkups from coverage limitations, regardless of the periodicity schedule recommended by the American Academy of Pediatrics' Bright Futures guidelines or a comparable standard. The periodicity schedule is found in the agency's EPSDT well-child program billing guide.

(4) The agency pays for initial health screenings for children transitioning to out-of-home placement to identify and address immediate health needs.

(a) The agency pays for an initial health screening in addition to well-child checkups.

(b) Children must have an initial health screen within five days of entering out-of-home placement and a required well-child checkup within 30 days of entering out-of-home placement.

(c) The provider must document the initial health screening using the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Out-of-Home Placement Initial Health Screen Form (HCA 13-843).

(5) The agency evaluates client files and payments made under this program. The agency may recover the enhanced payment amount when:

(a) The ~~((client))~~ child was not in out-of-home placement as defined in subsection (1) of this section when the EPSDT screen was provided; or

(b) Documentation was not in the ((~~client's~~)) child's medical file ((~~(see subsection (5) of this section)~~)).