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***CMCS Informational Bulletin***

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**FROM:** Vikki Wachino, Director  
Center for Medicaid and CHIP Services (CMCS)

**SUBJECT: Medicaid Benefits Available for the Prevention, Detection and Response to the Zika Virus**

The purpose of this CMCS Informational Bulletin is to inform Medicaid agencies and interested stakeholders about how Medicaid services and authorities can help states and territories prevent, detect, and respond to the Zika virus, including efforts to prevent the transmission and address health risks to beneficiaries from the Zika virus. We encourage states to use the flexibilities outlined below.

**Zika Virus Background**

Outbreaks of Zika have been reported in Africa, the South Pacific and most recently in the Americas. The Zika virus is spread to people primarily through the bite of an infected *Aedes* (*Ae. aegypti* and *Ae. albopictus*) species mosquito. The Zika virus can also be sexually transmitted from a man to his partner(s) regardless of gender. The Centers for Disease Control and Prevention (CDC) urges that men at risk of or with recent Zika virus infection use condoms or abstain from sex to prevent transmission.

The most common symptoms of Zika infection are fever, rash, joint pain, and conjunctivitis (red eyes). In past outbreaks, the illness has usually been mild with symptoms lasting for several days to a week after being bitten by an infected mosquito. People usually don't get sick enough to go to the hospital and they very rarely die of Zika infection. For this reason, many people might not realize they have been infected.

Zika virus infection during pregnancy can lead to serious health consequences. The CDC has stated that Zika virus can be passed from a pregnant woman to her fetus, and infection during pregnancy has been linked to a serious birth defect of the brain called microcephaly, which involves incomplete brain development, and other severe brain defects. Other problems have been detected in fetuses and infants infected with Zika virus, such as defects of the eye, hearing deficits, and impaired growth. A mother infected with the Zika virus near the time of delivery can pass on the virus to her newborn around the time of birth.

Zika has also been linked to Guillain-Barré syndrome (GBS), a rare disorder that can cause muscle weakness and paralysis for a few weeks to several months. Most people fully recover from GBS, but some have permanent damage.

The CDC is continuing to review medical information related to the Zika virus, and recently issued new guidance and information to prevent Zika virus transmission and its adverse health effects. Guidance includes updated interim guidance for healthcare professionals for counseling patients about pregnancy planning and the timing of pregnancy after possible exposure to Zika virus and updated interim guidance for preventing sexual transmission with information about how long men and women should consider using condoms or not having sex after possible exposure to Zika. We recommend monitoring the CDC website ([www.cdc.gov/zika/index.html](http://www.cdc.gov/zika/index.html)) for updated information and guidance on the Zika virus.

### **Key Services and Benefits in the Prevention, Diagnosis, and Treatment of Zika Virus and Related Health Conditions**

This section highlights services that will be particularly important to address Zika virus and associated health conditions. In each instance, we have identified authorities and flexibilities states and territories have to provide these critical services to beneficiaries in their programs.

#### **Prevention**

There is no vaccine available for Zika virus. The major means of prevention currently available are mosquito control, protection against mosquito bites, and contraception for women of childbearing age who do not wish to become pregnant.

##### ***Repellents***

Mosquito repellents that are applied to the skin can aid in preventing infection with the Zika virus. CDC recommends people use Environmental Protection Agency (EPA)-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus, or para-menthane-diol. EPA-registered repellents have been evaluated by the EPA for effectiveness. As a general matter, over the counter insect repellents would not be covered by Medicaid. However, state Medicaid programs may choose to cover mosquito repellents when prescribed by an authorized health professional and these products would be eligible for Federal Financial Participation (FFP) under such circumstances.

##### ***Family Planning and Services for Men and Women Who Are of Child Bearing Age or Women Who Are Pregnant***

The Zika virus has serious effects for pregnant women, fetuses and children, making the family planning services and supplies available through Medicaid critical. Counseling to help beneficiaries make informed and responsible decisions about family planning, reproductive health and contraception is a critical tool to prevent the spread of Zika virus and health conditions associated with Zika virus, such as microcephaly.

- *Family planning counseling.* States may offer family planning counseling to help beneficiaries make informed and responsible decisions about family planning and reproductive health, as well as learn safe sexual practices to reduce Zika transmission.
- *Contraception.* The family planning services and supplies benefit covers services that may prevent the transmission of the Zika virus by providing access to barrier method

contraceptives such as condoms and other methods of contraception that prevent or delay pregnancy. States may also cover items such as oral contraceptives, condoms, diaphragms, foams, gels, patches, rings, injections, tablets, emergency contraceptives, and long-acting reversible contraception (LARC). LARC includes both intrauterine devices (IUDs) and contraceptive implants. Reimbursement for LARC should be reasonable and include the device itself as well as its insertion and removal. For best-practices in LARC payment approaches, please see the CMCS Informational Bulletin titled “State Medicaid Payment Approaches to Improve Access to Long-Acting Reversible Contraception” issued on April 8, 2016 which can be accessed at <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB040816.pdf>.

Services provided under the family planning benefit are eligible for enhanced FFP at 90 percent.

### **Detecting Zika Infection and Associated Health Risks**

The Medicaid program offers a wide array of services that states can cover to assist with diagnosing the Zika virus.

Diagnostic services are instrumental in detecting a Zika virus infection as well as associated health risks, such as microcephaly. They include services such as CAT scans, MRIs, ultrasounds, blood tests, urine tests, and genetic testing. For example, if a pregnant women has recently traveled to an area with active mosquito-borne transmission of the Zika virus, her primary care doctor may recommend a blood test. If positive, her doctor may order an ultrasound to assess the health and development of the fetus. If abnormalities are detected, further testing may be required, including CAT scans and MRIs to ensure the health of the mother and fetus.

States can make these services available to adults through the optional diagnostic services<sup>1</sup> benefit, screening services<sup>2</sup> benefit, other preventive services benefit, and other laboratory and x-ray services benefit.

States are required to cover all medically necessary diagnostic services related to the detection of a Zika virus infection, including diagnosis of microcephaly and other birth defects without limit to individuals under the age of 21 through the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

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<sup>1</sup> The optional diagnostic services benefit provides coverage for any medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts. This benefit enables the provider to identify the existence, nature or extent of the Zika virus, including any injury or other health conditions associated with the virus.

<sup>2</sup> The optional screening services benefit provides for standardized testing under medical direction for screening of a population to detect the existence of illness, injury or other health deviations including the Zika virus.

## **Treatment**

Treatment of individuals with the Zika virus or those with conditions that may be a result of the Zika virus is supported by services available through the Medicaid program.

A comprehensive range of services for beneficiaries under the age of 21, including services related to the treatment of the Zika virus and microcephaly or other Zika-related disabilities, is covered without limit under the mandatory EPSDT benefit. The EPSDT benefit provides coverage of all medically necessary treatment services described in section 1905(a) of the Social Security Act for beneficiaries under the age of 21, even if the services are not covered for adults.

### ***Targeted Case Management Services***

Targeted case management (TCM) is an optional benefit that can be used by states to assist Medicaid beneficiaries in gaining access to needed medical, social, educational and other services. TCM includes assessment, development of a care plan, referral and monitoring. Children with Zika related disabilities are likely to require supportive care, symptom management, as well as treatment for intellectual, developmental, and speech and hearing disabilities. TCM can assist by connecting children to needed medical care and other services in a coordinated manner.

### ***Physical Therapy and Related Services***

People with Zika related disabilities, including those recovering from GBS, likely would need physical therapy and related services. States have the option to provide speech, physical, occupational, and audio logic therapy to beneficiaries.

### ***Prescribed Drugs***

All states cover prescribed drugs under their Medicaid programs. States should ensure that this coverage is sufficient for the management of symptoms related to Zika infections. Specifically, individuals with Zika may be prescribed antipyretic analgesics, like acetaminophen, to relieve fever and pain, as well as electrolyte solutions to prevent dehydration.

### ***Long-Term Services and Supports***

Children born with microcephaly or other serious Zika-related disabilities or individuals who require long-term rehabilitative care while recovering from GBS may require nursing home services or home and community-based long-term services and supports. Medicaid offers many options for coverage of these services, which can also be used to support children living at home. States have significant flexibility in designing these services.

## **Additional Benefit Options and Relevant Authorities**

*Additional services provided by managed care plans.* At their discretion, managed care plans may choose to provide products and/or services beyond what is included in the benefit package under their contracts, provided that such additional services are not included in the capitation rates. Such additional services could include mosquito repellents (described above) that are not included in the contract benefit package, or non-medical measures to deter mosquitoes, such as

inspections to determine likely mosquito breeding locations, aerosol insecticides (dispensed to the air or environmental surfaces), protective clothing, window screens, and other environmental modifications to combat the spread of the Zika virus. Although the managed care plan may determine that there is value in providing such products or services, as they may prevent more costly future health care needs, per current 42 CFR 438.6(e)<sup>3</sup>, the state may not consider those costs when developing the capitation rates, nor may the state mandate the provision of these additional services to enrollees.

*Extended Medicaid Services for Pregnant Women.* States may provide extended Medicaid pregnancy-related services for pregnant women that are greater in amount, duration and scope than is provided to other individuals in the state plan. The extended services must be equal in amount, duration, and scope for all pregnant women in the state plan. For example, a state may have a limitation of one ultrasound for non-pregnant women in the state plan. However, because of health concerns associated with the Zika virus, the state could determine that all pregnant women may receive more than one ultrasound when medically appropriate or necessary. The CDC recommends serial ultrasounds should be considered to monitor fetal anatomy and growth every 3-4 weeks as well as referral to a maternal-fetal medicine or infectious disease specialist with expertise in pregnancy management.

*Waivers and Demonstrations.* There may be additional opportunities to cover products and/or services related to the prevention, detection, and treatment of Zika through a section 1115 demonstration or through a section 1915(b)(3) waiver. Each demonstration or waiver proposal is unique and state-specific; CMS would be interested in potential approaches that serve the needs of particular states.

CMS is available to provide technical assistance to states and the territories using existing Medicaid authorities to address the serious health challenges posed by the Zika virus. For additional information about this Informational Bulletin, please contact Kirsten Jensen, Director Division of Benefits and Coverage at 410-786-8146.

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<sup>3</sup> Effective July 5, 2016, this requirement will be found at 42 CFR 438.3(e).