

<b>Division of Medicaid</b>	<b>New:</b>	<b>Date:</b>
<b>State of Mississippi</b>	<b>Revised: X</b>	<b>Date: 08/01/05</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: EPSDT</b>	<b>Section: 73.09</b>	
	<b>Pages: 1</b>	
<b>Subject: Expanded EPSDT Services</b>	<b>Cross Reference:</b>	

The EPSDT Program was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental and hearing services. These services were expanded in section 1905 (r) (5) of the Social Security Act (the Act) to require that any medically necessary health care service listed in section 1905 (a) of the Act be provided to an EPSDT beneficiary even if the service is not available under the State Plan.

Expanded EPSDT services include any necessary Medicaid reimbursable health care to correct or ameliorate illnesses and conditions found on screening. Services not covered, or exceeding the limits set forth in the Mississippi State Plan, must be prior authorized by DOM to ensure medical necessity. Expanded services are available to children from birth to 21 years of age. Eligibility extends through the last day of the child's birth month only.

"Medical Necessity" is defined as the determination by the Medical Assistance Program that a service is reasonably necessary to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap or cause physical deformity or malfunction. There must also be no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the client requesting the service.

Mississippi Medicaid provides coverage for the following services as outlined in the State Plan. EPSDT beneficiaries may receive services in excess of those allowed in the Plan, as required by the Act when such services are used to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State Plan.

- Inpatient Hospital
- Outpatient Hospital Services
- Physician Services
- Dental Services
- Home Health Services
- Durable Medical Equipment/ Prosthetics
- Private Duty Nursing
- Therapy Services (Physical, Occupational, Speech, Hearing and Language)
- Prescription Drug
- Podiatrist
- Optometrist
- Eyeglass
- Hearing Aid
- Mental Health

Refer to the appropriate manual sections in the Provider Policy Manual for coverage limits for these services.