

Division of Medicaid	New: X	Date: 03/01/06
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: EPSDT School Health-Related Services	Section: 76.01	
	Pages: 1	
Subject: Introduction	Cross Reference:	

Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

Medicaid provides expanded-health related services through the EPSDT program for children with disabilities or special needs as defined in IDEA and identified through the IEP process and who are Medicaid eligible. Even though the services outlined in this section are for a targeted population, any Medicaid eligible child has a package of preventive health services as outlined in the EPSDT section.

A provider's participation in the Mississippi Medicaid program is voluntary. However, if a provider does choose to participate in Medicaid, he/she must accept the Medicaid payment as payment in full for those services covered by Medicaid. He/she cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment to the beneficiary. Services not covered under the Medicaid program can be billed directly to the Medicaid beneficiary.

The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act. DOM is responsible for formulating program policy. DOM staff is directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers, and for notifications regarding billing. Medicaid Policy as it relates to these factors is initiated by DOM.

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Subject: Enrollment of a Provider	Cross Reference:	

To enroll in the Mississippi Medicaid Program, school districts, school cooperatives, and individuals or entities must meet Medicaid-approved and recognized certification and licensing requirements. To begin enrollment the applicant must complete the Mississippi Medicaid Provider Application and an EPSDT Related Services for Children Provider Agreement (Provider Agreement). A qualified provider may be an institution, agency, person, or organization chosen by the parent who agrees in writing with DOM to:

1. Provide EPSDT health related services as listed in the IEP or IFSP.
2. Provide EPSDT health related services in the least restrictive environment as set forth in the IEP.
3. Maintain and submit all records and reports required by the school district to ensure compliance with the IEP or IFSP.
4. Maintain and submit all records and reports required by Medicaid to ensure compliance with Medicaid guidelines.

An individual who is authorized to execute contracts on behalf of the school* must sign the Provider Agreement. Do not "white out", scratch through, or cross out anything on the Provider Agreement.

All staff or contracted personnel who will be providing services must meet specific provider requirements for Expanded EPSDT health related services in order to service Medicaid eligible children. The credentials for each individual who will be providing professional services (ex: the servicing provider) must be attached to the Provider Agreement. If after the initial application process is completed, there are additional servicing providers, the school district must submit the names and credentials for each individual who will be providing services. This information should be on file in the DOM prior to providing services.

If you need assistance with the enrollment process, please call Provider Enrollment at DOM. You will receive written notification of DOM's decision on your enrollment within 15 days of receipt of your completed application and Provider Agreement. The enrollment notification letter will also advise you of your Medicaid provider number.

***Authorized signature: You will be asked to submit a certified copy of the minutes (or an excerpt) of the School Board meeting wherein the person signing the Application, Provider Agreement, and the Direct Deposit Authorization / Agreement Form is authorized to sign on behalf of the school. The minutes must contain a list of all board members and titles within the corporation. (If there are no minutes, then all board members and the Chairman must sign a document indicating signature authority. The document must be on letterhead and embossed with the corporate seal.)**

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Subject: Documentation Requirements	Cross Reference:	

All professional and institutional providers participating in the Medicaid program are required to maintain records that will disclose services rendered and billed under the program and, upon request, make such records available to representatives of DOM or Office of Attorney General in substantiation of any or all claims. These records should be retained a minimum of five (5) years in order to comply with all state regulations and laws. Federal guidelines governing public education require records to be stored for seven (7) years.

Providers must maintain proper and complete documentation to verify the services provided. The provider has full responsibility for maintaining documentation to justify the services provided.

DOM and/or fiscal agent have the authority to request any patient records at any time to conduct a random sampling review and/or documentation of any services billed by the provider.

If a provider's records do not substantiate services paid for under the Mississippi Medicaid program, as previously noted, the provider will be asked to refund to the Mississippi Medicaid program any money received from the program for such non-substantiated services. If a refund is not received within 30 days, a sum equal to the amount paid for such services will be deducted from any future payments that are deemed to be due the provider.

In order for DOM to fulfill its obligation to verify services to Medicaid beneficiaries and those paid for by Medicaid, providers must maintain auditable records that will substantiate the claims submitted to Medicaid. At a minimum, the records must contain the following on each patient:

- Parental consent to treat
- Parental consent to bill Third Parties (including Medicaid)
- An Individual Education Plan (IEP)
- Provider qualifications (licenses or certifications)
- Physician prescriptions (OT and PT) or referrals (Speech, Audiology, and Psych. Services)
- Dates of service
- Who provided the service
- Where the service was provided
- Any required medical documentation related to diagnosis or condition
- Length of time required for the service (if relevant)
- Supervision logs
- Progress notes/reports (that at a minimum are sufficient to substantiate billing)
- Evaluations (if medical in nature and provided by a qualified Medicaid provider)

Other documents that should be collected and maintained:

- Subcontract or agreements with non-school providers
- Claims submittal and payment histories (EOBs)
- State fund certification statements including the following information:
 - Identifying the source of funds (such as salaries) used for the state/local match *and*
 - Documentation that the state/local funds certified were actually expended for the purpose of providing health related services.

A provider who knowingly or willfully makes, or causes to be made, false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments may be prosecuted under federal and state criminal laws. A false attestation can result in civil monetary penalties as well as fines, and may automatically disqualify the provider as a provider of Medicaid services.

Name of School

Authorization for Services

Pediatric or Minor Beneficiary

I, _____, parent/guardian of _____, date of
birth: _____, give _____, permission for my minor child
(name of school)

to receive the following health-related services:

I understand that my child's medical records are strictly confidential.

This authorization is limited to the services described above. I understand that if there are any changes in my child's condition _____ will notify me. This authorization is valid for the school year _____ to _____. I retain the right to withdraw permission for services at any time during the school year.

I hereby authorize payment of insurance benefits to the above named school under the term of the child's policy. I hereby authorize the school to release any information acquired in the course of treatment so that insurance benefits may be promptly and correctly filed.

Insurance Company

ID number

Signature

Date

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Subject: Program Requirements	Cross Reference:	

In an attempt to alleviate the administrative burden on schools in the area of prior authorization for a Medicaid-covered service in an IEP/IFSP, Medicaid will deem prior authorization to be based on the IEP/IFSP and use the IEP/IFSP to establish medical necessity. All services must be furnished in the interest of establishing or modifying a child's IEP or an infant or toddler's IFSP or the services you furnish must already be included in the current IEP or IFSP.

Medicaid will cover services included in an IEP or IFSP as long as:

1. The services are medically necessary and included under a Medicaid coverage category (speech therapy, physical therapy, etc.); and
2. All other federal and state regulations are followed, including those for provider qualifications, comparability of services and the amount, duration, and scope provisions; and
3. The services are included in the State Plan or available under EPSDT.

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Subject: Covered Services	Cross Reference:	

The following services are covered in the School Based EPSDT program, when they are provided to Medicaid eligible children with disabilities as defined in the Individuals with Disabilities Education Act (IDEA) and identified through the Individualized Education Plan (IEP) or the Individualized Family Service Plan (IFSP).

1. Occupational therapy evaluations and treatment services
2. Physical therapy evaluations and treatment services
3. Psychological evaluations and psychotherapy services
4. Speech and language evaluations and therapy (individual and group)
5. Transportation (These services are provided through the Bureau of Compliance and Financial Review.)

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Subject: Credentials for Therapy Services Staff		

Audiologist

The DOM requires a provider of audiological services to meet the following criteria:

1. Must be licensed in the state of Mississippi,
2. Must have met the criteria for designation as a qualified audiologist in accordance with federal regulations. A "qualified audiologist" is defined as any individual with a master's degree or doctoral degree in audiology and any of the following conditions is met:
 - a) The individual that furnishes audiology services meets or exceeds state licensure requirements and is licensed by the state as an audiologist to furnish audiology services, or
 - b) The individual furnishes audiology services in a state that does **not** license audiologists or the individual is exempted from state licensure requirements based on practice in a specific institution or setting. If this condition exists, the individual must have:
 - (1) a certificate of clinical competence in audiology granted by the American Speech Language Hearing Association, or
 - (2) successfully completed a minimum of 350 clock-hours of supervised clinical practicum (or is in the process of accumulating that supervised clinical experience under the supervision of a qualified master or doctoral level audiologist);
 - (3) performed at least nine (9) months of full-time audiology services under the supervision of a qualified master or doctoral level audiologist after obtaining a master's or doctoral degree in audiology, or related field; and
 - (4) successfully completed a national examination in audiology approved by the Secretary.

Occupational Therapist

The DOM requires a provider of occupational therapy services to meet the following criteria:

1. Must be licensed in the state of Mississippi
2. Must have met the following criteria in accordance with federal regulations:
 - a) Registered by the American Occupational Therapy Association (AOTA); **OR**
 - b) A graduate of a program in occupational therapy approved by the Committee on Allied

Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before registration by the AOTA.

Physical Therapist

The DOM requires a provider of physical therapy services to:

1. Be licensed in the state of Mississippi
2. Have met the following criteria for designation as a qualified physical therapist in accordance with federal regulations:
 - a) Must be a graduate of a program of physical therapy approved by the Committee on Allied Health Education and Accreditation of American Medical Association and the American Physical Therapy Association or its equivalent and;
 - b) Where applicable, be licensed by the state in which they operate.

Speech Pathologist/Audiologist

The DOM requires any provider of speech/language therapy to:

1. Be licensed in the state of Mississippi,
2. Have met the criteria for licensure as a speech pathologist or audiologist in accordance with federal regulations (42 CFR 440.110). The individual must have:
 - a) acquired a certificate of clinical competence from the American Speech and Hearing Association (ASHA); or
 - b) completed the equivalent educational requirements and work experience necessary for the certificate; or
 - c) completed the academic program and is acquiring supervised work experience to qualify for the certificate.

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Subject: Audiological Services	Cross Reference:	

Audiological evaluation is the determination of the range, nature, and degree of a child's hearing loss and communication functions for the purpose of modifying communicative behavior. Audiological services must be provided by a qualified audiologist who is licensed by the State of Mississippi.

Reimbursement

Mississippi Medicaid will reimburse one (1) unit per fiscal year (July 1 through June 30) for audiological services. Providers must bill the appropriate CPT code for audiological evaluation when billing for audiological services.

Section: EPSDT School Health-Related Services

Section: 76.08

Subject: Psychological Services

Pages: 1

**Cross Reference:
21.20 Psychological Therapy
Services**

Psychological evaluation includes a battery of tests, interviews, and behavioral evaluations that appraise cognitive, emotional, and social functioning and self-concept. These services must be provided by a licensed psychiatrist or licensed clinical psychologist. The standard tests must be used, when appropriate.

The tests approved by DOM are:

Adaptive Behavior Inventory for Children

AAMD Adaptive Behavior Scale

Alpern-Boll Developmental Inventory

Battelle Developmental Inventory

Behavior Rating Inventory for Autistic
and Other Atypical Children

Bender Visual Motor Gestalt Test

Brigance Kindergarten Screening

Burks Behavior Ranging Scales

Catell Infant Intelligence Scale

Children's Appreciation Test

Cognitive Observation Guide

Columbia Mental Maturity Scale Functional
Profile

Developmental Test of Visual Motor Integration

Frostig Development Test of Visual Motor
Integration

Psycho-Diagnostic Tests

Rorschach Projective Technique

Raven Progressive Matrices

Sentence Completion Test

Test of Visual Perceptual Skills

Uguziris-Hunt Ordinal Scales of Infant
Development

Wechsler Intelligence Scale for Children-III

Gilmore Oral Reading Test

Inventory of Reading Mastery Test

Woodcock Reading Mastery Test

Kaufman Assessment Battery for Children

Wide Range Achievement Test

Key Math Diagnostic Arithmetic Test

Westby Play Scale

Largo and Howard Play Assessment

Test of Nonverbal Intelligence

Leiter International Performance Scale

Projective Drawings

McCarthy Scales of Children's Abilities

Merrill Palmer Scale of Mental Abilities

Motor-Free Visual Perception Test

Nonverbal Test of Cognitive Skills

Peabody Picture Vocabulary Test-Revised

Thematic Appreciation Test (TAT)

Wechsler Adult Intelligence Scale-Revised

Wechsler Preschool and Primary Scale of

Intelligence-Revised

Hiskey-Nebraska Test of Learning Aptitude

The child receiving psychological services is allowed one (1) evaluation per fiscal year (July 1 through June 30).

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Subject: Psychotherapy Services

Cross Reference:

Psychotherapy services may include planning, managing, and providing a program of psychological services including counseling for children with psychological problems. Mississippi Medicaid requires that these services be provided by a licensed clinical psychologist. Providers of psychotherapy services must bill the appropriate code from the CPT code range 90810-90814 with the EP modifier.

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Subject: Occupational Therapy and Physical Therapy	Pages: 2	Cross Reference:

Occupational Therapy (OT) Evaluation

Occupational therapy evaluations must include assessment of the functional abilities and deficits as relates to the child's needs in the following areas:

- Muscle tone, movement patterns, reflexes, and fine motor/perceptual motor development;
- Daily living skills including self – feeding, dressing, and toileting (informal assessment tools may be used);
- Sensory integration;
- Orthotic (splint) evaluation, when appropriate; and,
- Need for positioning/seating equipment and other adaptive equipment.

All evaluation methods must be appropriate to the child's age, education, cultural and ethnic background, medical status, and functional ability. The evaluation method may include observation, interview, record review, and the use of evaluation techniques or tools.

The following standardized tests are approved for use by the DOM for occupational therapy evaluation and should be billed using the appropriate CPT code:

- Early Intervention Developmental Profile (EIDP)
- Denver II Developmental Screening Test
- Beery Developmental Test of Visual-Motor Integration (VMI)
- Joint Range of Motion Test
- Test of Visual Perceptual Skills (TVPS)
- Preschool Development Profile (PDP)
- Motor Free Visual Perception Test
- Bruiniks-Oseretsky Test of Motor Proficiency
- The Macquarie Test for Mechanical Ability
- Southern California Sensory Integration Test (SCSIT)-must have SI certification
- Miller Assessment for Preschoolers (MAP)
- The Developmental Test of Visual Perception (Frostig)

Informal Methods, including observation of behavior during testing and supplemental

observations

- Early Learning Assessment Profile (E-LAP)
- Batelle Developmental Inventory (BDI)
- Manual Muscle Test

Occupational Therapy (OT) Method

A prescription written by a physician licensed by the state of Mississippi must be provided every six (6) months. Occupational Therapy services must be provided to a child by a qualified occupational therapist licensed in Mississippi. In addition, Federal regulations require that the occupational therapist be:

1. Registered by the American Occupational Therapy Association (AOTA); OR
2. A graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before registration by the AOTA.

Physical Therapy (PT) Evaluation

PT evaluation includes testing of gross motor skills, orthotic and/or prosthetic, neuromuscular, musculoskeletal, cardiovascular, respiratory, and sensorimotor functions. The appropriate CPT code should be used when billing for a physical therapy evaluation.

Less formal methods, including observation of behavior during the evaluation and testing, may be used. Standard assessment tools must be used when appropriate.

The specific evaluation tools and methods utilized must be documented. Evaluation data must be analyzed and documented in summary form to indicate the child's current status and retained in the record. The appropriate therapeutic procedure codes for PT must be used when billing for services.

Physical Therapy (PT) Method

The DOM requires a prescription from a physician licensed in Mississippi documenting a continued need for PT services every six (6) months. All PT services must be provided by an individual licensed to provide physical therapy in the state of Mississippi in accordance with state licensure regulations. In addition, federal regulations require that the individual meet the criteria for designation as a qualified physical therapist. The individual must:

- Be a graduate of a program of physical therapy approved by the Committee on Allied Health Education and Accreditation of American Medical Association and the American Physical Therapy Association or its equivalent and;
- Where applicable, be licensed by the state in which they operate.

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Subject: Speech/Language Services	Pages: 2	Cross Reference:

Speech/Language Therapy

Speech/language therapy services are covered when provided for the prevention of or rehabilitation of communicative oral pharyngeal disorders, dysphagia disorders and delays in development of communication.

Speech/language therapy may include the following services when appropriate and medically necessary:

- Speech/language therapy (individual or group)
- Stuttering therapy
- Speech reading/aural rehabilitation
- Voice therapy
- Feeding/dysphagia training
- Esophageal speech training therapy
- Speech defect training therapy

Providers of individual and group speech/language and hearing therapy services must bill using the appropriate CPT code and the EP modifier.

A physician or other licensed practitioner of the healing arts, within the scope of his/her practice under state law, must refer individuals with speech, hearing, and language disorders for diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist licensed in the state of Mississippi. In addition, federal regulations, 42 CFR 440.110, require that the individual be a speech pathologist or audiologist who has:

1. acquired a certificate of clinical competence from the American Speech and Hearing Association(ASHA); or
2. completed the equivalent educational requirements and work experience as stated in 42 CFR 440.110(c)(2)(ii) necessary for the certification; or
3. completed the academic program and is acquiring supervised work experience to qualify for the certificate.

In accordance with 42 CFR 440.110(c), services are to be provided by or under the direction of a speech pathologist or audiologist. The "direction" requirement is interpreted to mean that each patient's care must be under the supervision of a qualified speech pathologist who meets the requirements of 42 CFR 440.110 and who is directly affiliated with the entity providing speech pathology services. For purposes of this policy, the school district is designated as the entity providing speech pathology services. To meet this requirement, a speech pathologist must:

- (1) see the patient face-to-face at least once,
- (2) prescribe the appropriate type of care needed, and,
- (3) periodically review the need for continued services.

The speech pathologist must assume professional responsibility for the services provided and assure that such services are medically necessary. The concept of professional responsibility supports face-to-face contact by the speech pathologist at least at the beginning of the treatment and, in addition, during the delivery of services.

There must be a contractual agreement or some type of formal arrangement between the speech pathologist and the school district that obligates the speech pathologist to supervise the school district's patients. The speech pathologist would accept ultimate responsibility for the care provided.

If DOM chooses to provide speech and other therapies under the rehabilitation option as stated in 42 CFR 440.130 or item 13 in the State Plan, Attachment 3.1-A and B, the provider qualifications in 42 CFR 440.110 still must be met.

Speech/Language Evaluation

Speech/language evaluation tests are used to determine a child's ability to understand and use appropriate verbal communication, identify communication impairments, assess articulation and language, voice and fluency, oral structure, mechanism and functioning.

The speech/language evaluation must include the following:

- Oral motor examination/consultation
- Velopharyngeal examination/consultation
- Child language consultation
- Observations of feeding dysphagia, when appropriate

The appropriate CPT code for the evaluation procedure should be billed. Providers of the speech language therapy may be reimbursed once in a one year period for the evaluation procedure.

Test instruments providing standard scores or quotients are preferable.