

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b> <b>Revised: X</b> <b>Current:</b>	<b>Date:</b> <b>Date: -08/01/05</b> <b>04/01/08</b>
<b>Section: <u>EPSDT- Mississippi Cool Kids (EPSDT) Program</u></b>	<b>Section: 73.01</b>	
<b>Subject: Introduction</b>	<b>Pages: 1</b>	
	<b>Cross Reference:</b>	

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.

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, a mandatory service under Medicaid, provides preventive and comprehensive health services for Medicaid-eligible children and youth up to age twenty-one (21). The service ends on the last day of the 21<sup>st</sup> birthday month. The acronym EPSDT combines to make the program unique:

- Early ----- Assessing health care in early life so that potential disease and disabilities can be prevented or detected in their preliminary states, when they are most effectively treated.
- Periodic ----- Assessing a child's health at regular, recommended intervals in the child's life to assure continued healthy development.
- Screening ----- The use of tests and procedures to determine if children being examined have conditions warranting closer medical or dental attention.
- Diagnosis ----- The determination of the nature or cause of conditions identified by the screening.
- Treatment ----- The provision of services needed to control, correct or lessen health problems.

In order to administer the EPSDT program, the Division of Medicaid (DOM) and potential EPSDT providers, including but not limited to, the State Department of Health, other public and private agencies, private physicians, rural health clinics, comprehensive health clinics, and similar agencies which provide various components of EPSDT services, must sign an EPSDT specific provider agreement. Diagnostic and treatment services are primarily provided by referral to other providers.

During February of 2007, the Mississippi Division of Medicaid began marketing its EPSDT program as the "Mississippi Cool Kids" program. The marketing and outreach efforts for this program are in line with the overall prevention and wellness philosophy that the Division of Medicaid has embraced. Any reference to the "Mississippi Cool Kids" program is the same as EPDST. The purpose, requirements and functions of the program have not changed, only the name.

An EPSDT provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, the provider must accept the Medicaid payment as payment in full for those services covered by Medicaid. The provider 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 rebate 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. The Division of Medicaid (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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<b>Section: <u>EPSDT—Mississippi Cool Kids (EPSDT) Program</u></b>	<b>Section: 73.02</b>	
<b>Subject: <u>Provider Enrollment/Participation Requirements</u></b>	<b>Pages: 2</b>	<b>Cross Reference:</b>

### **Enrollment**

Physicians, physician assistants or nurse practitioners who wish to become EPSDT screening providers must complete the enrollment requirements and must sign an EPSDT specific provider agreement with DOM. If this is the first provider agreement entered into between the provider and DOM, a Medicaid provider number will be issued and a special EPSDT indicator will be added to the new Medicaid provider number. An onsite clinic inspection must be conducted, prior to receiving the EPSDT provider segment. (See Clinic Preparation: On Site).

For current Medicaid providers, a special EPSDT indicator will be added to their existing Medicaid provider number. However, the provider facility on-site review must be approved prior to finalizing the EPSDT provider agreement with the effective begin date as the date the facility on-site review is completed and approved.

Registered Nurses who are employed through the Mississippi Department of Education (MDE), who have met the certification requirement, and who meet the established protocols mandated by the Mississippi State Department of Health (MSDH), Mississippi Department of Education (MDE), Mississippi School Nurse Association, and Mississippi Board of Nursing, may perform EPSDT health assessments following the protocols established by the MSDH. Those nurse-run clinics sponsored by medical practices/hospitals and issued provider numbers prior to 2002 will be recognized as acceptable if they conform to the above. However, after 2002, all established and new nurse-run clinics must adhere to the above-stated policy. This process assures that registered nurses have the educational basis and clinical basis needed to perform health assessments. In addition to the certification requirement, claims submitted for these services must be submitted under the school's provider number and the billing provider must have a letter of referral affiliation on file with the Division of Medicaid.

Medicaid providers who wish to become EPSDT screening providers should contact DOM Maternal Child Health Bureau (MCH) at the following address to obtain EPSDT provider agreements:

Division of Medicaid  
Maternal and Child Health Bureau  
~~Robert E. Lee Building, Suite 801~~ Walter Sillers Building, Suite 1000  
~~239 North Lamar Street~~ 550 High Street  
Jackson, MS 39201-1399  
Phone 1-800-421-2408 ext. 6150 or  
601-359-6150

### **Clinic Preparation: On-Site**

An on-site clinic inspection must be conducted prior to receiving the EPSDT provider segment. An on-site visit is also required if the physical setting is moved to a new location or an additional satellite clinic is opened as a part of the original facility. A separate Medicaid facility number must be obtained for each clinic setting, and an on-site inspection must be conducted by an EPSDT Review Nurse from the MCH Bureau prior to EPSDT screenings and submission of Medicaid claims for screening services.

### **Equipment and Supplies:**

The following list of equipment/supplies must be available in all clinics which offer EPSDT screening services:

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- An acceptable visual screening chart, placed in an area at a distance of twenty (20) feet. (Paper cups are recommended for covering the eyes.)
  - A device for hyperopic screening (plus lens)
  - A tape measure (in centimeters), necessary for measuring hernias, describing lesions and other abnormalities, and for obtaining routine infant measurements
  - Standard weight scales with measuring rod, and infant scales
  - Child and adult size blood pressure cuffs
  - An otoscope
  - Audiometer or audioscope for hearing screens (Yearly calibration certificate required.)
  - Tongue blades
  - Flashlight for viewing the pharynx
  - Penlight for testing for strabismus
  - A small bell to test for infant hearing
  - An ophthalmoscope to check for the red reflex
  - Materials necessary in the documentation of patient records
  - Directions from support physicians or protocols
  - Urine test strips for glucose and protein
  - Necessary lab slips
  - A Hemocue or a centrifuge, set up with capillary tubes, lancets, clay for capillary tubes and charts for reading hematocrits
  - Materials for venipuncture, blood specimens and finger stick lead tests
  - Materials for providing immunizations
  - A stethoscope
  - Growth charts specific for age/sex
  - Materials for establishing an appointment/recall/tracking system

### **Provider Agreement**

The Division of Medicaid enters into an EPSDT provider agreement with Medicaid providers who wish to participate in the EPSDT program. Participation as an EPSDT screening provider is entirely voluntary. A physician, physician assistant or nurse practitioner who wishes to become an EPSDT screener must complete all enrollment requirements and sign an EPSDT specific provider agreement with DOM. The provider agrees to abide by all existing laws, regulations, and procedures pursuant to the EPSDT program and Medicaid participation. This includes policies and procedures stated in the EPSDT section of the Medicaid Provider Policy Manual. The agreement may not be transferred or reassigned and may be terminated on thirty (30) days written notice by either the provider or DOM. Changes in ownership or corporate entity must be reported immediately to DOM, and failure to do so may invalidate the agreement.

**An EPSDT provider agreement must be on file prior to providing EPSDT services, billing, and being reimbursed by Medicaid for services rendered. An EPSDT provider cannot have a retroactive effective date.**

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<b>Provider Policy Manual</b>	<b>Current:</b>	<b>04/01/08</b>
<b>Section: <del>EPSDT</del> Mississippi Cool Kids (EPSDT) Program</b>	<b>Section: 73.03</b>	
<b>Subject: Program Services</b>	<b>Pages: 1</b>	
	<b>Cross Reference:</b>	

The EPSDT program combines screening services and diagnostic and treatment services to provide preventive and comprehensive health services to Medicaid eligible beneficiaries from birth to age twenty-one (21).

### **Screening Services**

Mandatory periodic screening services include:

- A comprehensive health and developmental history
- A comprehensive unclothed physical examination
- Appropriate immunizations
- Laboratory tests, including blood lead levels
- Adolescent Counseling
- Health education, including anticipatory guidance
- Vision and Hearing Screens

Screening services must be provided at intervals recommended by the American Academy of Pediatrics.

Periodic vision, hearing, and dental services are done at intervals that meet reasonable standards of medical and dental practice. Children may be seen by providers of these partial screening services without being referred by the EPSDT screener.

All procedures and tests must be recorded in the case history of the individual. When it is impossible to perform all procedures and tests, the reasons must be documented and/or appropriate referrals must be documented. These requirements are subject to federal and state audit.

### **Diagnostic and Treatment Services**

Diagnostic and treatment services which are medically necessary to treat a condition identified during a screen must be covered by the Medicaid program to the extent that federal Medicaid law allows such coverage.

### **Expanded Services**

The EPSDT Program was expanded in the Omnibus Budget Reconciliation Act of 1989 to allow additional services. 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.

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<b>Section: EPSDT Mississippi Cool Kids (EPSDT) Program</b>	<b>Section: 73.04</b>	
<b>Subject: Periodic Exam Referral Schedule/ Appointments</b>	<b>Pages: 3</b>	<b>Cross Reference:</b>

### Periodic Schedule Referral

All eligible Medicaid beneficiaries under age 21 should be offered EPSDT services. To receive Medicaid reimbursement for EPSDT screening, the providers must follow the periodicity schedule.

All children and adolescents under age 21 who qualify for full medical assistance benefits coverage are eligible to receive Mississippi Cool Kids (EPSDT) services.

For children whose eligibility is certified by one of the Medicaid Regional Offices, the referral process for the Mississippi Cool Kids (EPSDT) preventative health program must take place during the in-person interview process. The Medicaid Specialists are responsible for providing written and oral information pertaining to the Mississippi Cool Kids (EPSDT) program and then completing the DOM-315 Referral form. The DOM-315 form will be used for referring the beneficiary to the provider of their choice.

Parents or guardians whose children do not get referred through the process described above may select the provider of their choice to conduct their Mississippi Cool Kids (EPSDT) screenings.

### Periodic Schedule

In order for Mississippi Cool Kids (EPSDT) providers to receive Medicaid reimbursement for those eligible Medicaid beneficiaries for screening services, the provider must follow the periodicity schedule.

Periodicity refers to the frequency and time of the well-child check-up.

Frequency is as follows:

- 0-1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months

Yearly beginning at the age 2 years, up to age 21.

Yearly visit must be planned to occur once during the state fiscal year (July 1st- June 30<sup>th</sup>).

Time refers to appointment scheduling/re-appointing/ tracking system.

**Note:** ~~When scheduling appointments (initial or periodic) be mindful of the following:~~

~~An eligible Medicaid beneficiary will be considered to have reached a certain age on the first of the month following his/her birthday. For example, a beneficiary whose third birthday is 04/21/03 will still be considered by the Medicaid eligibility system as two years old until 05/01/03.~~

The schedule is based on the American Academy of Pediatrics "Recommendations for Preventive Pediatric Health Care."

## EPSDT Periodic Examination Schedule

Screening Code		Modifier	Age of Child	Period Limits for Allowable Screening	Unit
New Patient	Established Patient				
99381	99391	EP	0 – 1 Months	0 – 45 days	1
99381	99391	EP	2 Months	46 – 90 days	1
99381	99391	EP	4 Months	91 – 150 days	1
99381	99391	EP	6 Months	151 – 240 days	1
99381	99391	EP	9 Months	241 – 330 days	1
99382	99392	EP	12 Months	331 – 400 days	1
99382	99392	EP	15 Months	401 – 500 days	1
99382	99392	EP	18 Months	501 – 731 days	1
99382	99392	EP	2 – 4 years*	Annually*	1
99383	99393	EP	5 - 11 years*	Annually*	1
99384	99394	EP	12 – 17 years*	Annually*	1
99385	99395	EP	18 - 21 years*	Annually*	1

\*Beginning at 2 years of age EPSDT Screenings can be done annually.\*

### Vision and Hearing

Screening Code	EPSDT Description	Age of Child	Period Limitations	Unit
99173-EP	Vision Screen	3 – 21 Years	Annually*	1
92551-EP	Hearing Screen	3 – 21 Years	Annually*	1

### Adolescent Counseling

Screening Code	EPSDT Description	Age of Child	Period Limitations	Unit
99401-EP	Adolescent Counseling	9 – 21 Years	Annually*	1

- Vision, Hearing and Adolescent counseling must be billed in conjunction with an EPSDT comprehensive age-appropriate screening.

## Appointments

### Health Assessments

#### 1. Appointments for Initial Assessments

The provider will make an appointment for the eligible beneficiary according to the periodicity schedule. If the family fails to keep the scheduled appointment or fails to contact the provider for a change in date and time, a second appointment letter will be sent providing the family another opportunity to participate in the EPSDT program within thirty (30) days of the initial appointment. Failure of the family to keep the second appointment or to contact the clinic for a change in date and time will be considered a declination of services. Further attempts to contact the patient are

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not required for that periodic schedule.

## **2. Appointments for Periodic Assessments**

Appointment should be made according to the periodicity schedule. The clinic will contact the family, setting forth the nature and benefit of EPSDT services and arranging an appointment for a health assessment.

## **3. Appointment Failures**

After two appointment failures, the provider shall place the child for recall for the next screening date on the periodicity schedule. It is the responsibility of the screening provider to document efforts made to ensure the family an opportunity to participate in the EPSDT program. In no circumstances should the child be deleted from the system, unless the family refuses the services.

## **4. Documentation Requirements**

- The date of the scheduled appointment for screening.
- The date the screening service was provided.
- The attempts to reschedule the beneficiary for services requested. If scheduled, which appointments were not kept.
- The condition(s) found and/or the referral(s) for diagnostic treatment.
- The offer of transportation and scheduling assistance.

### **Dental Assessments**

At the time of the exit counseling session following the initial or periodic screen, the screening provider will give notice to a family who has requested EPSDT services that a dental assessment is due. This provides the counselor an opportunity to stress the importance of dental care by a dentist and the importance of seeing the dentist on a routine basis.

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<b>Section: <del>EPSDT</del> Mississippi Cool Kids (EPSDT) Program</b>	<b>Section: 73.05</b>	
<b>Subject: EPSDT Screenings</b>	<b>Pages: 5</b>	
	<b>Cross Reference:</b>	

The EPSDT screen is composed of the following components which must be documented in the medical record:

COMPONENT	DESCRIPTION
Unclothed physical exam	This is a comprehensive head to toe assessment that must be performed at each screening visit with the child unclothed but suitably draped. It includes the following: Height and weight at each screening visit. Head circumference (up to age two). Plot growth parameters at each visit on an age/sex specific growth and development chart. Blood pressure at age three and yearly thereafter. (included in EPSDT screening fee)
Comprehensive Family/Medical/Developmental History	This information must be obtained at the initial screening visit from the parent(s), guardian, or responsible adult who is familiar with the child's history. The history must include an assessment of both physical and mental health development and the history must be updated at each subsequent visit. (included in EPSDT screening fee)
Immunization Status	Immunizations and applicable records must be updated according to the current immunization schedule of the Advisory Committee on Immunization Practices (ACIP). A record of past immunization history must be maintained in the child's health record. Immunizations, if needed, should be updated at the time of the screening visit. For additional information about the vaccines please visit the National Immunization Program home page at <a href="http://www.cdc.gov/nip">http://www.cdc.gov/nip</a> (additional reimbursement fee(s) is/are paid by DOM to Medicaid providers enrolled as a Vaccines for Children(VFC) Provider for vaccines covered under the VFC program.)
Lead Assessment and Testing	Blood lead levels (BLL's) are done at ages 12 and 24 months. All children ages 24-72 months who have not previously been tested must also receive a blood lead test. Additionally, a verbal lead risk assessment/questionnaire is required at each screening visit from 6 months to 6 years. A lead level is required upon recognition of one or more high risk factors beginning at age six (6) months. An elevated BLL is a blood lead test result equal to or greater than 10 mcg/dl. A BLL test result equal to or greater than 10 mcg/dl obtained by a capillary specimen (finger stick)

	<p>must be confirmed by using a venous blood sample. All venous BLLs greater than or equal to 10mcg/dl must be reported to the MSDH Lead Program at 601-576-7447.</p> <p>Providers that utilize an in-house lead analyzer must report all lead results to the Mississippi State Department of Health (MSDH) Lead Program at 601-576-7447. For the Childhood Lead Poisoning Prevention Guidance document visit the MSDH website at <a href="http://www.msdh.state.ms.us">http://www.msdh.state.ms.us</a>. (included in EPSDT screening fee)</p>
Urine Screening	Urine dipstick for glucose and protein is done at every screening on every child age 2 to 21 (included in EPSDT screening fee)
Sickle Cell Trait Screening	Effective 10/01/1988 sickle cell testing is done at birth at all hospitals. Children born prior to 10/01/1988 should be tested if not previously tested. For more information on genetic screening contact the MSDH Genetic Program at 601-576-7611.
Anemia Screening	HCT or HGB from venous blood or finger stick beginning at age 9 months and repeated between 15 months and 4 years; 5 years and 12 years; repeated between 13 years and 20 years. Additional HCT's/HGB's may be done during periodic screens based on the child's need and the physician's judgment. This follows the AAP guidelines. (Included in the EPSDT screening fee.)
Serology	RPR is done on all children at age 15 years and every year thereafter and any child that is sexually active regardless of the age.
TB Skin Test	TB exposure assessed and TB skin test is done as indicated. (See Provider Policy Manual Section 34.03 for guidelines)
Developmental Assessment	A comprehensive developmental history is required to determine the existence of motor, speech, language and physical problems or to detect the presence of any developmental lags. Information must be acquired on the child's usual functioning as reported by the child's parent, teacher, health care professional or other knowledgeable individual. An age appropriate developmental assessment is required at each screening. The assessment should include whether an individual's developmental processes fall within normal

	range of achievement according to age group and cultural background. (included in EPSDT screening fee)
Nutritional Assessment/Counseling	A nutritional assessment and counseling is required at each screening visit. Screenings are based on dietary history, physical observation, growth parameters and growth chart, WIC participation, anemia testing, and any other laboratory determinations carried out in the screening process. (included in EPSDT screening fee)
Adolescent Counseling (Additional Reimbursement Fee)	Adolescent counseling begins at age 9 years and is done at each screening visit to age 21. It includes discussion with the child regarding reproductive health and explores anatomy and physiology; sexuality/pubertal changes; directed abstinence based sex education; AIDS/STDS. Substance abuse is investigated including alcohol, tobacco and other drugs. Relationships are discussed including relationships with parents, siblings, peers/friends and the presence of physical abuse/neglect. Coping skills reviewed with the child are relaxation techniques, decision making, life planning, and building self esteem. Wellness is also reviewed. The topics that are covered are nutrition, exercise, personal hygiene, dental health, accident prevention, speech and hearing conservation and cancer detection.
Vision Testing/Screening (Additional Reimbursement Fee For Objective Testing Only)	A subjective screening for visual problems must be performed on children from birth to age 3 by history and observation. Gross examinations should include ocular motility, alignment, pupil response to light and red reflex. This should be documented as grossly normal or abnormal. Objective testing begins at age 3 to age 21. Visual acuity screening must be performed through the use of the Snellen Test, the Titmus vision test or an equivalent acuity test, in addition to physical inspection. If a child passed the visual acuity test, then administer the plus lens test for hyperopia. The ability of the child to read the 30 foot line or lower with both eyes while looking through these lenses indicates the need for referral. If the child has glasses or contacts, then he/she must be tested wearing his/her glasses or contacts. If he/she does not have them at the exam, then the vision screen must be rescheduled. If a child is uncooperative, perform the subjective assessment. The reason(s) for not being able to perform the test must be documented in the medical record. The vision screening must be billed on the date of the initial screening or periodic screening.

<p>Hearing Testing/Screening (Additional Reimbursement Fee For Objective Testing Only)</p>	<p>The initial hearing screening should be done in the hospital after birth prior to discharge from the newborn nursery.</p> <p>See section 25.32 Newborn Hearing Screens of this Provider Policy Manual. A subjective screening for hearing problems must be performed on children from birth to age 3 by history and observation. Suggested measures for providing gross screenings are bells, noisemakers, and verbal stimuli and to observe auditory response and ability to localize the source of sound. From 2 to 3 years of age, continue to test for response to auditory stimuli and observe for child's ability to localize sounds and assess for response to the spoken words or sounds and attempts to imitate words. The development of vocabulary should also be evaluated. This is done in conjunction with the physical examination. Objective testing begins at age 3. Objective hearing screenings are to be performed with the use of an audiometric testing device such as an audiometer or an audioscope.</p> <p>If a child fails to respond to the tones in either ear, a complete audiogram must be done. Refer to an audiologist or specialist with a detected hearing loss of 30 decibels at any two frequencies. If a child is uncooperative, do a subjective assessment. The reason(s) for not being able to complete the test must be documented in the medical record. The child should be rescheduled for an appointment to complete the hearing screening. The hearing screening must be billed on the same date of service as the initial or periodic screening. The most generally acceptable frequencies that should be screened are 1000, 2000, 4000 &amp; 6000 or 8000. The screening level acceptable for Medicaid purposes is 30db.</p> <p>The audiometric testing device should be calibrated yearly to ensure testing accuracy. A certificate documenting date of calibration is required.</p>
<p>Dental Services</p>	<p>Beginning at age 3 the child should be referred to a locally enrolled dentist if the child is not currently under the care of a dentist. The parent(s) or guardian is to be given a list of local dentists who see Medicaid beneficiaries. If there are obvious dental problems prior to this age, the child should be referred to the dentist. A periodic oral examination is recommended once each year.</p>

Every effort should be made to assure that the required components of an EPSDT screen are accomplished in one visit, and that fragmentation or duplication of screening services is prevented.

Scheduling of initial and periodic screening of EPSDT eligible Medicaid beneficiaries is the responsibility

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of the EPSDT screening providers, as well as overall care coordination. EPSDT screening providers can access the Automated Voice Response System (AVRS) to verify the availability of the EPSDT screen at 1-800-884-3222.

Note: To be reimbursed for EPSDT screening the provider must be one of the provider types listed in the provider qualifications section and be enrolled as a Medicaid provider of services. An EPSDT screening agreement must be on file with the Bureau of Maternal and Child Health to provide this service.

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<b>Section: <del>EPSDT</del> Mississippi Cool Kids (EPSDT) Program</b>	<b>Section: 73.06</b>	
<b>Subject: Off Site Screenings</b>	<b>Pages: 3</b>	
	<b>Cross Reference:</b>	

Off-site screenings are defined as screenings that are provided off-site from the medical facility, which is defined as and limited to hospitals, physician offices, Public Health clinics, and Federal/State certified clinics and certain designated public schools. Each clinic site must have its own facility Medicaid number and be approved with an on-site survey by the DOM EPSDT Nurse prior to actual screening activities.

“Provider” is defined as a clinic provider such as a county public health clinic, Federally Qualified Health Center (FQHC), rural health clinic, community health clinic and certain designated public schools. Medical personnel performing the physical examination must be physicians, certified nurse practitioners or physician assistants employed by the facilities and must submit claims under their own individual or group Mississippi Medicaid Provider number.

Registered nurses who are employed through the Mississippi Department of Education (MDE), who have met the certification requirement, and who meet the established protocol mandated by the Mississippi State Department of Health (MSDH), MDE, Mississippi School Nurse Association, and Mississippi Board of Nursing may perform EPSDT health assessments following the protocols established by the MSDH. Those nurse-run clinics sponsored by medical practices/hospitals and issued provider numbers prior to 2002 will be recognized as acceptable if they conform to the above. However, after 2002, all established and new nurse-run clinics must adhere to the above stated policy. This process assures that registered nurses have the educational basis and clinical basis needed to perform health assessments. In addition to the certification requirement, claims submitted for these services must be submitted under the school's provider number, and the billing provider must have a letter of referral affiliation on file with the Division of Medicaid.

The primary care referral list of the providers in the county in which registered nurses render services must include pediatricians, family and general practice physicians, internal medicine physicians, vision and hearing providers and dentists (i.e., provider confirms in writing to accept referrals).

The provider must submit the following information to Medicaid for approval: child abuse and confidentiality polices; signed statement of responsibilities between the off-site agency and the provider agency; and information packet materials, including letters, forms and examples of anticipatory guidance information sheets to be used. Any changes to these forms by the provider must be prior approved by Medicaid.

A list of all physical locations at which EPSDT screenings are available will be provided. A separate provider/facility number will be assigned to each off-site location. A separate application, provider agreement and on-site visit are required for each off-site location before screenings can be done.

### **Eligibility for screening services**

Any student and/or child under 21 years of age may access EPSDT screening services with a signed parental consent for services. However, Medicaid eligibility cannot be required in order for a child to access the off-site screening program. When a parent or guardian identifies on the Health Services Information sheet that there are siblings who need the health checkup, the EPSDT provider will contact the parent/guardian to schedule a time and place for the screening of these siblings.

### **Medical Records Management**

The EPSDT screening provider is responsible for the creation and maintenance of the medical records. The medical records must be securely housed in a medical office to maintain appropriate record confidentiality and must be accessible during normal working hours. A fax and a phone must be available. Accessibility by walk-ins is also desirable. The location must be convenient to parents or other

providers. The EPSDT screening provider must submit for Medicaid's approval a designated location for the medical record storage so the EPSDT ~~auditors~~ review nurses can access them as necessary. All medical record forms must be approved by Medicaid.

**Confidentiality**

The EPSDT screening provider must develop and adhere to confidentiality policies set by the Division of Medicaid and the off-site location. All policies, rules and regulations must adhere to HIPAA guidelines. Release of information may only take place if parental consent has been given. Children must have written consent from their parent/guardian before participating in the screening program. The parent/guardian should be encouraged to be present during the screening. However, the level of parental involvement should be a joint decision made by the EPSDT screening providers and off-site location.

Once the health screening is complete, the parent/ guardian must be informed of the results of the screening by mail or face to face. The anticipatory guidance materials must be age appropriate, and the material may be given to children 14 years of age and above.

Refer to the post screening information listed below.

**Information Packets**

All medical forms containing information regarding EPSDT screenings that are distributed by the provider must be prior approved by the DOM EPSDT Program and the off-site provider.

<b>Information</b>	<b>Pre-Screening</b>	<b>Post-Screening</b>
Cover Letter	Letter explaining the packet	Parent follow-up letter
Health services info sheet	Authorization for services	Appropriate Referral Form
	Student Medical history form	Anticipatory guidance

- The pre-screening packet should be sent to interested parents/guardians. Each item in the pre-screening packet must be completed by the parent/guardian and returned to the off-site location. If forms are not completed or are unclear, the EPSDT provider must contact the parent/guardian for clarification before performing the screening.
- Post-screening: If the parent/guardian is not present during the screening, the EPSDT provider will be responsible for sending the post-screening packets to the parent/guardian. The post-screening packet must include contacting parents by telephone or mail, arranging appropriate parent consultation visits and referring eligible children for follow-up.

Results of the screening tests and procedures should be noted in the medical record when results are determined and appropriate action taken. Abnormal conditions must be documented in the medical history or physical exam portion of the medical record if a referral is necessary. Notation of the condition on the EPSDT referral form alone will not be considered sufficient documentation. Medicaid may recoup the fee for screening service from the referring provider when a referral is made for a condition not documented in the medical history or physical exam portion of the medical record.

**Referrals/ Follow-up:**

No follow-up is needed in cases where no abnormality or disability is indicated; the nurse will inform the parent/guardian of such by telephone or mail and inform them when the next screening exam is needed.

Additional follow-up is needed in identified cases where problems are indicated; the screening provider will discuss with the parent/guardian and make appropriate referral for diagnosis. The parent/guardian must be given the freedom of choice to choose a treatment provider. Children can be referred to the provider of choice or by the provider's primary care referral list.

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In accordance with Mississippi Law Regarding Reporting of Suspected Child Abuse or Neglect, providers are required to report any suspected or documented child abuse or neglect.

<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>04/01/08</b>
<b>Section: <u>EPSDT Mississippi Cool Kids (EPSDT) Program</u></b>	<b>Section: 73.07</b>	
<b>Subject: Documentation Requirements for EPSDT Screenings</b>	<b>Pages: 2</b>	
	<b>Cross Reference:</b>	

All professional and institutional providers participating in the Medicaid program are required to maintain records that will disclose service rendered and billed under the program and, upon request, make such records available to representatives of DOM in substantiation of any and all claims. These records should be retained for a minimum of five (5) years in order to comply with HIPAA, all state and federal regulations and laws.

In order for DOM to fulfill its obligations to verify services to Medicaid beneficiaries and those paid for by Medicaid, EPSDT providers must maintain auditable records that will substantiate the claim submitted to Medicaid. Providers must maintain proper and complete documentation to verify the services. The provider has full responsibility for maintaining documentation to justify the services.

### **Medical Record**

The medical records must include the following critical components:

- Consent signature
- Past family medical/social history and updates at each screening visit
- Beneficiary medical history and updates at each screening visit
- Mental health assessment
- Past immunization history and vaccine administration as indicated
- Age appropriate developmental assessment
- Age appropriate health education/anticipatory guidance
- Nutritional assessment to include plotted growth and development chart; WIC status; anemia testing; other pertinent lab and/or medical tests
- Sickle cell test results (if indicated)
- Hemoglobin or Hematocrit
- Urine test for glucose and protein
- Lead assessment/ Lead testing /results according to age and risk
- RPR (beginning at age 15, then yearly; sooner if sexually active)
- Tb skin test (if indicated)
- Height, weight, and head circumference (up to age 2) plotted on an age/sex specific growth and development chart
- Vision and hearing screening (subjective and objective testing results)
- Pulse from birth to age 21
- Blood pressure
- Documentation of unclothed physical examination
- Dental counseling and/or referral/status (birth – 21 years)
- Appropriate referral, when required (i.e., vision, medical, hearing)
- Referral follow-up on conditions related to documented medical, vision or hearing abnormalities
- Adolescent counseling using the appropriate form for documentation
- Documentation of next screening date

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

If the EPSDT provider's records do not substantiate services paid 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.

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If a refund is not received within sixty (60) days, a sum equal to the amount paid for such services will be deducted from any future payments that are deemed to be due to the provider.

An EPSDT 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 EPSDT provider as a provider of Medicaid services.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b>	<b>Date:</b>
	<b>Revised: X</b>	<b>Date: <del>08/01/05</del></b>
	<b>Current:</b>	<b>04/01/08</b>
<b>Section: <del>EPSDT</del> Mississippi Cool Kids (EPSDT) Program</b>	<b>Section: 73.08</b>	
<b>Subject: Additional Services</b>	<b>Pages: 2</b>	
	<b>Cross Reference: Perinatal High Risk Management/ Infant Services System 71.0 Immunization 34.0</b>	

There are five (5) additional services in which an EPSDT provider may choose to participate. A separate provider agreement is required for each of the services described in this section.

### **Perinatal High Risk Management/ Infant Services System**

The Perinatal High Risk Management/Infant Services System (PHRM/ISS) program is a multidisciplinary case management program established to improve access to health care and to provide enhanced services to certain Medicaid eligible pregnant/postpartum women and infants. The enhanced services for this target population are case management, psychosocial and nutritional assessment/counseling, home visits, and health education. Participating providers must employ or have access to an interdisciplinary team that consists of the following:

- Mississippi licensed physician, physician assistant, nurse practitioner, certified nurse-midwife or registered nurse, **AND**
- Mississippi licensed social worker, **AND**
- Mississippi licensed nutritionist or registered dietitian.

For additional information refer to section 71.0 PHRM/SS of this Provider Policy Manual.

### **Expanded Services (EPSDT)**

EPSDT (Expanded) services are any medical services for children from birth to age 21 (eligible through the last day of their birthday month only) that fall outside of the regular services covered by Medicaid and are deemed medically necessary.

For additional information refer to section 73.09 Expanded EPSDT Services.

### **School Services**

This EPSDT expanded health-related services program serves children with disabilities or special needs as defined in IDEA (Individuals with Disabilities Education Act) and identified through the IEP (Individualized Education Plan) or the IFSP (Individualized Family Services Plan) 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 this manual.

### **Early Intervention/Targeted Case Management**

Early Intervention/Targeted Case Management (EI/TCM) is an active ongoing process that involves activities carried out by a case manager to assist and enable a child enrolled and participating in a Mississippi Early Intervention Program to gain access to needed medical, social, educational and other services. Service coordination assists the child and child's family, as it relates to the child's needs, from the notice of referral through the initial development of the child's needs identified on the Individualized Family Services Plan (IFSP) for infants and toddlers from birth to age three.

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### **Vaccines For Children (VFC)**

The Vaccines for Children program was established to help increase the number of immunized Medicaid eligible, uninsured, and underinsured children from birth to age 18. Vaccines are provided at no cost to participating health care providers. Refer to the section 34.0 Immunization.

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<b>Section: <del>EPSDT</del> Mississippi Cool Kids (EPSDT) Program</b>	<b>Section: 73.09</b>	
<b>Subject: Expanded EPSDT Services</b>	<b>Pages: 1</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.