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 (DOM), 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~~ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program for children with disabilities or special needs as defined in ~~IDEA~~ Individuals with Disabilities Education Act (IDEA) and identified through the ~~IEP~~ Individual Education Plan (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.

To enroll in the Mississippi Medicaid Cool Kids (EPSDT) Health-Related Service Program, ~~school districts, school cooperatives, and individuals or entities must~~ school districts and/or school cooperatives must meet Medicaid-approved and recognized certification and licensing requirements. To begin enrollment the applicant must complete the Mississippi Medicaid Provider Application and a Mississippi Cool Kids (EPSDT) Health-Related Service Provider Agreement. An individual who is authorized to execute contracts on behalf of the school district must sign all required sections in both documents. 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 Individual Education Plan (IEP) or the Individual Family Service Plan (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.

~~All staff or contracted personnel providing services must meet specific provider requirements for the Mississippi Cool Kids (EPSDT) Health-Related Service Program. Credentials for each individual who will be providing professional services (e.g., 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. All information should be on file with DOM prior to providing services.~~

All servicing providers, whether on contract or employed by the school providing services to Medicaid beneficiaries, must meet specific provider requirements for the Mississippi Medicaid Program. Each servicing provider must be separately qualified and enrolled as a Medicaid Provider and must have a separate provider number for their individual specialty (PT, OT, ST). The servicing providers will not be required to bill Medicaid, i.e. only the school districts will receive reimbursements. If after the initial application process is completed, there are additional servicing providers, the school district must submit the names for each individual who will be providing services along with required documentations. All information should be on file with DOM prior to providing services.

Copies of the Mississippi Medicaid Provider Application are available by request from DOM's fiscal agent. Providers may obtain applications by calling 1-800-884-3222 or by accessing the web site at https://msmedicaid.acs-inc.com/msenvision/. The Provider Enrollment Package may be downloaded under the Provider tab. Upon approval the provider will receive written notification from the fiscal agent. The notification will include the approval start date and the provider number for claims reimbursement.

~~Copies of the Mississippi Cool Kids (EPSDT) Health-Related Service Provider Agreement may be obtained by accessing the web site at https://msmedicaid.acs-inc.com/msenvision/. The link to access the Mississippi Cool Kids (EPSDT) Health-Related Service Provider Agreement is located in the Provider Enrollment Package under the Provider tab. The agreement may also be obtained through the Division of Medicaid, Bureau of Maternal and Child Health Services.~~

Copies of the Mississippi Cool Kids (EPSDT) Health-Related Service Provider Agreement may be

obtained by accessing the web site at http://domweb.gov/ProviderForms.aspx. The agreement may also be obtained through the Division of Medicaid, Bureau of Maternal and Child Health Services.

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:~~ **At a minimum, all providers delivering outpatient occupational therapy, outpatient physical therapy, outpatient speech-language pathology, psychological, audiological, and/or transportation services must maintain records that contain the following on each beneficiary:**

- Beneficiary demographic information, i.e., name, Medicaid ID number, age, sex, etc.
- Signed and dated parental consent to treat
- Signed and dated parental consent to bill Third Parties (including Medicaid)
- ~~An~~ Individual Education Plan (IEP)
- **Individual Family Service Plan (IFSP)**
- Provider qualifications (licenses or certifications)
- ~~Physician prescriptions (OT and PT) or referrals (Speech, Audiology, and Psych. Services)~~
- Physician/NP/PA orders and/or referrals (signed, dated, and timed)
- ~~Dates of service~~ Description of services performed including the name/signature of the person providing the service, the date(s) of service, and the place of service

- ~~Who provided the service~~
- ~~Where the service was provided~~

- ~~Any required medical Documentation related to diagnosis or condition~~ Medical history/chief complaint

- ~~Length of time required for the service (if relevant)~~ Duration of service i.e., length of assessment and/or treatment session in minutes

- ~~Supervision logs~~

- Progress notes/reports ~~(that at a minimum are sufficient to substantiate billing)~~

- A copy of all tests performed or summary of all test results and a written evaluation report for each.

- Other evaluations (if medical in nature and provided by a qualified Medicaid provider)

- Date, time and signature for all entries i.e., orders, logs, progress notes, evaluations, tests/treatments etc.

- Documentation that meets the requirements of Provider Policy Manual Section 7.03 Maintenance of Records policy

Providers of outpatient occupational therapy, physical therapy, and speech-language pathology services must meet additional requirements. **Refer to Provider Policy Manual Sections 47.15 for Outpatient Physical Therapy Documentation policy; Section 48.17 for Outpatient Occupational Therapy Documentation policy; and, Section 49.17 for Outpatient Speech-Language Pathology Documentation policy.**

Section 76.04 Program Requirements has been combined with Section 76.05. Refer to Provider Policy manual Section 76.05 for Covered Services policy.

~~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.~~

~~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.)~~

The following medically necessary services are covered when provided to Medicaid eligible children with disabilities as defined in the Individuals with Disabilities Education Act (IDEA):

- Outpatient Physical Therapy (Refer to Provider Policy Manual Section 47.0 for Outpatient Physical Therapy policy)
- Outpatient Occupational Therapy (Refer to Provider Policy Manual Section 48.0 for Outpatient Occupational Therapy policy)
- Outpatient Speech-Language Pathology (Refer to Provider Policy Manual Section 49.0 for Outpatient Speech-Language Pathology policy)
- Psychological evaluations and psychotherapy services
- Audiology services
- Transportation (Refer to Provider Policy Manual Section 12.0 for Non-Emergency Transportation (NET) policy

Coverage Criteria

The following criteria must be met for all covered services:

- Services must be medically necessary and identified in a child's Individualized Education Plan

(IEP) or Individualized Family Services Plan (IFSP)

- Providers/services must meet all federal and state laws/regulations including, but not limited to, those relating to provider qualifications, comparability of services and the amount, duration, and scope provisions
- Service must be part of the State Plan or available under EPSDT
- When required, services must be prior authorized

Additional coverage criteria are applicable for physical therapy, occupational therapy and speech-language pathology services. Refer to Provider Policy Manual Section 47.0 for Outpatient Physical Therapy Policy, Section 48.0 for Outpatient Occupational Therapy policy, and 49.0 for Outpatient Speech-Language Pathology policy.

Section 76.06 is INTENTIONALLY LEFT BLANK.

~~**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.

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 included in a child's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) must be provided by a qualified audiologist who is licensed by the State of Mississippi.

Qualifications

A qualified audiologist is one who:

- Is licensed by the state in which the individual furnishes the services, **AND**
- Meets the requirements of CFR 440.120:
  - Has a certificate of clinical competence from the American Speech and Hearing Association
  - Has completed the equivalent educational requirements and work experiences necessary for the certificate. **OR**
  - Has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

For additional provider requirements, refer to Provider Policy Manual Section 4.12 Audiologist/Hearing Aid Dealer.

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.~~

DOM will provide reimbursement for one (1) medically necessary audiological evaluation per fiscal year (July 1 through June 30). Providers must bill using the appropriate CPT code.

Effective for dates of services on and after July 1, 2009, pre-certification of certain outpatient therapy services is required by the Division of Medicaid. School providers must prior authorize/pre-certify the therapy services through the Utilization Management and Quality Improvement Organization (UM/QIO) for the Division of Medicaid. Failure to obtain prior authorization will result in denial of payment to the providers billing for services.

Refer to following sections in the Provider Policy Manual for prior authorization policies:

- Section 47.09 for Outpatient Physical Therapy Prior Authorization/Pre-Certification policy
- Section 48.09 for Outpatient Occupational Therapy prior Authorization/Pre-Certification policy
- Section 49.09 for Outpatient Speech-Language Pathology Prior Authorization/Pre-Certification policy.

~~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.~~

Section 76.11 is INTENTIONALLY LEFT BLANK.

~~**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.~~