

<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: 07/01/09</b>
<b>Section: EPSDT School Health-Related Services</b>	<b>Section: 76.01</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 (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 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program for children with disabilities or special needs as defined in Individuals with Disabilities Education Act (IDEA) and identified through the Individual Education Plan (IEP) and the Individual Family Service Plan (IFSP) 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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<b>State of Mississippi</b>	<b>Revised: X</b>	<b>Date: 07/01/09</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: EPSDT School Health-Related Services</b>	<b>Section: 76.02</b>	
	<b>Pages: 1</b>	
<b>Subject: Provider Enrollment</b>	<b>Cross Reference:</b>	

To enroll in the Mississippi Medicaid Cool Kids (EPSDT) Health-Related Service Program, 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 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 <http://domweb.gov/ProviderForms.aspx>. The agreement may also be obtained through the Division of Medicaid, Bureau of Maternal and Child Health Services.

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<b>Section: EPSDT School Health-Related Services</b>	<b>Section: 76.03</b>	
<b>Subject: Documentations Requirements</b>	<b>Pages: 2</b>	
	<b>Cross Reference:</b>	
	<b>Maintenance of Records 7.03;</b>	
	<b>Documentation 47.15;</b>	
	<b>Documentation 48.15;</b>	
	<b>Documentation 49.15</b>	

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.

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, 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)
- Individual Education Plan (IEP)
- Individual Family Service Plan (IFSP)
- Provider qualifications (licenses or certifications)
- Physician/NP/PA orders and/or referrals (signed, dated, and timed)
- Description of services performed including the name/signature of the person providing the service, the date(s) of service, and the place of service
- Medical history/chief complaint
- Duration of service i.e., length of assessment and/or treatment session in minutes
- Progress notes/reports
- 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.

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- 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.**

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<b>Section: EPSDT School Health-Related Services</b>	<b>Section: 76.04</b>	
<b>Subject: Program Requirements</b>	<b>Pages: 1</b>	<b>Cross Reference: Covered Services 76.05</b>

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

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<b>Section: EPSDT School Health-Related Services</b>	<b>Section: 76.05</b>	
<b>Subject: Covered Services</b>	<b>Pages: 1</b>	
	<b>Cross Reference:</b> <b>Non-Emergency Transportation (NET) 12.0,</b> <b>Outpatient Physical Therapy 47.0,</b> <b>Outpatient Occupational Therapy 48.0,</b> <b>Outpatient Speech-Language Pathology 49.0</b>	

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.**

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<b>Section: EPSDT School Health-Related Services</b>	<b>Section: 76.06</b>	
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<b>Section: EPSDT School Health-Related Services</b>	<b>Section: 76.07</b>	
<b>Subject: Audiological Services</b>	<b>Pages: 1</b>	
	<b>Cross Reference:</b> <b>Audiologist/Hearing Aid Dealer</b> <b>4.12</b>	

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**

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.

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<b>Section: EPSDT School Health-Related Services</b>	<b>Section: 76.10</b>	
<b>Subject: Prior Authorization/Pre-certification of Outpatient Physical Therapy, Outpatient Occupational Therapy and Outpatient Speech-Language Pathology Services</b>	<b>Pages: 1</b> <b>Cross Reference: Prior Authorization/Pre-Certification 47.09; Prior Authorization/Pre- Certification 48.09; Prior Authorization/Pre-Certification 49.09</b>	

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.

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<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: EPSDT School Health-Related Services</b>	<b>Section: 76.11</b>	
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