

Title 23: Division of Medicaid

Part 223: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Chapter 1: General

Rule 1.1: Program Description

- A. The Division of Medicaid has established a program of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) which provides screenings, preventive and comprehensive health services for certain beneficiaries who are eligible for full Medicaid benefits. EPSDT services end on the last day of the beneficiary's twenty-first (21st) birthday month.
- B. EPSDT is defined as:
1. Early is 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.
 2. Periodic is assessing a child's health at regular, recommended intervals in the child's life to assure continued healthy development.
 3. Screening is the use of tests and procedures to determine if children being examined have conditions warranting closer medical or dental attention.
 4. Diagnosis is the determination of the nature or cause of conditions identified by the screening.
 5. Treatment is the provision of services needed to control, correct or lessen health problems.
- C. Providers of EPSDT screenings must be a currently enrolled Mississippi Medicaid provider, have signed an EPSDT specific provider agreement, and must adhere to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule. EPSDT screening providers include, but are not limited to:
1. The Mississippi State Department of Health,
 2. Public schools and/or public school districts certified by the Mississippi Department of Education,
 3. Federally Qualified Health Centers (FQHC),
 4. Rural Health Clinics (RHC),
 5. Comprehensive health clinics, and

6. Similar agencies which provide various components of EPSDT screenings.

D. EPSDT diagnostic and treatment services are primarily provided by referral to other enrolled Mississippi Medicaid providers.

Source: 42 U.S.C. § 1396d; Miss. Code Ann. § 43-13-121.

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.2: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Provider Enrollment

A. Physicians, physician assistants or nurse practitioners who wish to provide EPSDT screenings must meet the Mississippi Medicaid enrollment requirements, complete and sign an EPSDT specific provider agreement and pass an onsite clinic inspection performed by the Division of Medicaid.

B. Registered nurses employed through the Mississippi Department of Education (MDE), who meet the certification requirement and the established protocols 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. MDE employed registered nurses must 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 current letter of referral affiliation on file with the Division of Medicaid.

Source: 42 U.S.C § 1396d; Miss. Code Ann. § 43-13-121.

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.3: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Provider Participation Requirements

A. Enrolled Mississippi Medicaid providers who have signed an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) specific provider agreement must conduct periodic screenings and medically necessary interperiodic visits for all EPSDT-eligible beneficiaries in accordance with the EPSDT Periodicity Schedule as recommended by the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule and must provide or refer EPSDT-eligible beneficiaries with an identified need for additional assessment, diagnosis, and/or treatment services to an appropriate provider.

B. Dental providers must provide services to all EPSDT-eligible beneficiaries in accordance with the dental schedule of the American Academy of Pediatric Dentistry (AAPD) and in accordance with AAP guidelines. Dental providers must provide or refer EPSDT-eligible beneficiaries with an identified need for additional assessment, diagnosis, and/or treatment

services to an appropriate provider.

- C. EPSDT screening providers must refer EPSDT-eligible beneficiaries to other enrolled Mississippi Medicaid licensed practitioners of the beneficiary's choice for assessment, diagnosis and/or treatment services necessary to correct or ameliorate any physical, mental, psychosocial and/or behavioral health conditions discovered by the screenings, whether or not such services are covered under the State Plan.

Source: 42 U.S.C § 1396d; Miss. Code Ann. § 43-13-117.

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.4: Periodicity Schedule

- A. EPSDT providers must adhere to the current American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule.
- B. EPSDT providers must schedule all health assessment screening appointments for the EPSDT-eligible beneficiary according to the AAP Bright Futures Periodicity Schedule.
- C. EPSDT providers must maintain a screening periodicity tracking system for EPSDT-eligible beneficiaries seen for initial screening to ensure that subsequent screenings are performed timely and in accordance to the AAP Bright Futures Periodicity Schedule. EPSDT-eligible beneficiaries, guardians and/or legal representatives must be informed of the AAP Bright Futures Periodicity Schedule.
 - 1. EPSDT providers must follow up on missed appointments. If the beneficiary fails to keep the scheduled appointment, or the beneficiary, guardian and/or legal representative fails to contact the provider to reschedule, an appointment letter or telephone contact must be made providing the beneficiary another opportunity to be screened within thirty (30) days of the initial appointment.
 - 2. Two (2) good faith efforts, defined as a successful contact by telephone or letter to the beneficiary, guardian and/or legal representative, are required to reschedule a screening appointment. EPSDT providers must document in the medical record any missed appointments and two (2) good faith efforts to reschedule the appointment.
 - 3. Failure of a beneficiary, guardian and/or legal representative to keep the second appointment and respond to the provider's attempted contact is considered a declination of that screening only. The provider must continue to maintain periodicity and schedule the beneficiary for the next screening due following the same process.

Source: 42 C.F.R § 441.58; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.5: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Screenings

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) providers must perform screenings and assessments according to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule including, but not limited to, the following services:

- A. An initial or established age appropriate medical screening which must include at a minimum:
 1. A comprehensive health and developmental history including assessment of both physical and mental health development and family history,
 2. A comprehensive unclothed physical examination,
 3. Appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP), and specific to age and health history,
 4. Laboratory tests adhering to the AAP Bright Futures Periodicity Schedule,
 5. Sexual development and sexuality screening adhering to the AAP Bright Futures Periodicity Schedule, and
 6. Health education, including anticipatory guidance.
- B. Adolescent counseling and risk factor reduction intervention to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- C. Developmental screening or surveillance to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- D. Psychosocial/behavioral assessment to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- E. Vision screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid optometry or ophthalmology provider for diagnosis and treatment for defects discovered.
- F. Hearing screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid audiologist, otologist, otolaryngologist or other physician hearing specialists for diagnosis and treatment for defects discovered.
- G. Dental screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid dental provider for beneficiaries at eruption of the first tooth or twelve (12) months of age for diagnosis and referral to a dentist for treatment and relief of pain and infections, restoration of teeth and maintenance of dental health.

Source: 42 C.F.R Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.6: Documentation Requirements for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Screenings

A. The medical record must include, at a minimum, documentation of the specific age appropriate screening requirements according to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule including the date the test or procedure was performed, the specific tests or procedures performed, the results of the tests or procedures or an explanation of the clinical decision to not perform a test or procedure in accordance with the AAP Bright Futures Periodicity Schedule, and the following:

1. Consent for screening with the beneficiary's and/or legal guardian/representative's signature,
2. Beneficiary and family history with appropriate updates at each screening visit, including, but not limited to, the following:
 - a) Psychosocial/behavioral history,
 - b) Developmental history,
 - c) Adolescent counseling and risk factor history, and
 - d) Immunization history,
3. Measurements, including, but not limited to:
 - a) Length/height and weight,
 - b) Head circumference,
 - c) Weight for length percentiles,
 - d) Body mass index (BMI), and
 - e) Blood pressure,
4. Sensory screenings, subjective and/or objective:
 - a) Vision, and
 - b) Hearing,

5. Developmental/behavioral assessment, as appropriate, including:
 - a) Developmental screening to include, but not limited to:
 - 1) A note indicating the date the test was performed,
 - 2) The standardized tool used which must have:
 - (a) Motor, language, cognitive, and social-emotional developmental domains,
 - (b) Established reliability scores of approximately 0.70 or above,
 - (c) Established validity scores of approximately 0.70 or above for the tool conducted on a significant amount of children and using an appropriate standardized developmental or social-emotional assessment instrument, and
 - (d) Established sensitivity/specificity scores of approximately 0.70 or above, and
 - 3) Evidence of a screening result or screening score,
 - b) Autism screening,
 - c) Developmental surveillance,
 - d) Psychosocial/behavioral assessment,
 - e) Alcohol and drug use assessment, and
 - f) Depression screening,
6. Unclothed physical examination,
7. Procedures, as appropriate, including, but not limited to:
 - a) Newborn blood screening,
 - b) Vaccine administration, if indicated,
 - c) Hematocrit and/or hemoglobin,
 - d) Lead screening and testing,
 - e) Tuberculin test, if indicated,
 - f) Dyslipidemia screening,

- g) Sexually transmitted infection/disease screening,
 - h) Cervical dysplasia screening, and
 - i) Other pertinent lab and/or medical tests, as indicated,
8. Oral health, including:
- a) Dental assessment,
 - b) Dental counseling, and
 - c) Referral to a dental home at the eruption of the first tooth or twelve (12) months of age,
9. Anticipatory guidance, including, but not limited to:
- a) Safety,
 - b) Risk reduction,
 - c) Nutritional assessment,
 - d) Supplemental Nutrition Assistant Program (SNAP) and Women, Infants and Children (WIC) status, and
 - e) Adolescent counseling, including but not limited to:
 - 1) Reproductive health,
 - 2) Substance abuse,
 - 3) Relationships,
 - 4) Coping skills, and
 - 5) Wellness,
10. Appropriate referral(s) to other enrolled Mississippi Medicaid providers for diagnosis and treatment,
11. Follow-up on referral(s) made to other enrolled Mississippi Medicaid providers for diagnosis and treatment,
12. Next scheduled EPSDT screening appointments, and

13. Missed appointments and any contacts or attempted contacts for rescheduling of EPSDT screening appointments.

B. Medical records must be available to the Division of Medicaid and/or designated entity upon request. [Refer to Maintenance of Records Part 200, Rule 1.3]

Source: Miss. Code Ann. §§ 43-13-117, 43-13-118, 43-13-121, 43-13-129.

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.7: Diagnostic and Treatment Program Services

The Division of Medicaid covers any medically necessary Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) diagnostic and treatment services required to correct or ameliorate physical, mental, psychosocial, and/or behavioral health conditions discovered by a screening, whether or not such services are covered under any Medicaid Administrative Rule or the State Plan for EPSDT-eligible beneficiaries and, if required, prior authorized by a Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity. [Refer to Miss. Admin. Code Part 200, Rule 5.1].

Source: 42 U.S.C § 1396d; Miss. Code Ann. § 43-13-121.

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.8: Reimbursement

The Division of Medicaid reimburses a separate fee in addition to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) periodic screenings and medically necessary interperiodic visits for each of the following when documented in accordance with Miss. Admin. Code Part 223 Rule 1.6.A.

- A. Developmental screenings according to American Academy of Pediatrics (AAP) guidelines,
- B. Vision screenings,
- C. Hearing screenings,
- D. Adolescent counseling,
- E. Autism screenings,
- F. Depression screenings, and

G. Other medically necessary services prior authorized by a Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity, if required:

1. Lab tests, excluding hemoglobin or hematocrit,
2. Diagnostic tests, and
3. Other procedures.

Source: Miss. Code Ann. § 43-13-121.

History: New Rule to correspond with SPA 15-017 (eff. 11/01/2016) eff. 10/01/2016.

Title 23: Division of Medicaid

Part 223: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Chapter 1: General

Rule 1.1: Program Description

- A. The Division of Medicaid has established a program of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); which provides screenings, preventive and comprehensive health services for certain Medicaid-eligible children and youth up to beneficiaries age twenty-one (21) who are eligible for full Medicaid benefits. The service EPSDT services ends on the last day of the beneficiary's twenty-first (21st) birthday month.
- B. EPSDT is defined as:
1. Early is 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.
 2. Periodic is assessing a child's health at regular, recommended intervals in the child's life to assure continued healthy development.
 3. Screening is the use of tests and procedures to determine if children being examined have conditions warranting closer medical or dental attention.
 4. Diagnosis is the determination of the nature or cause of conditions identified by the screening.
 5. Treatment is the provision of services needed to control, correct or lessen health problems.
- C. ~~In order to administer the EPSDT program, the Division of Medicaid and potential EPSDT providers; including but not limited to,~~ of EPSDT screenings must be a currently enrolled Mississippi Medicaid providers, have signed an EPSDT specific provider agreement, and must adhere to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule. EPSDT screening providers include, but are not limited to:
1. ~~T~~he Mississippi State Department of Health,
 2. ~~other p~~Public schools and/or public school districts certified by the Mississippi Department of Education, private agencies, private physicians,
 3. Federally Qualified Health Centers (FQHC),
 4. ~~r~~Rural hHealth eClinics (RHC),
 5. eComprehensive health clinics, and

~~6. Similar agencies which provide various components of EPSDT screenings services, must sign an EPSDT specific provider agreement.~~

~~D. EPSDT Diagnostic and treatment services are primarily provided by referral to other enrolled Mississippi Medicaid providers.~~

~~Source: 42 U.S.C. § 1396d;(a)(4)(b) and (r) and Miss. Code Ann. § 43-13-121.~~

~~History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.~~

Rule 1.2: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Provider Enrollment and Participation Requirements

~~A. Physicians, physician assistants or nurse practitioners who wish to become provide EPSDT screenings providers must meet complete the Mississippi Medicaid enrollment requirements, complete and sign an EPSDT specific provider agreement and have pass an onsite clinic inspection performed by the Division of Medicaid. before an EPSDT provider segment will be issued. EPSDT providers are designated by a special EPSDT indicator.~~

~~B. Registered nurses employed through the Mississippi Department of Education (MDE), who meet the certification requirement and 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.~~

~~1. Nurse run clinics sponsored by medical practices/hospitals and issued provider numbers will be recognized as acceptable if they conform to the above.~~

~~2. All established and new nurse run clinics must adhere to the above. This process assures that MDE employed registered nurses have must 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 current letter of referral affiliation on file with the Division of Medicaid.~~

~~Source: 42 U.S.C § 1396d; Miss. Code Ann. § 43-13-121.~~

~~History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.~~

Rule 1.3: Early and Periodic Screening Services Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Provider Participation Requirements

~~A. Primary care p Mississippi Medicaid enrolled providers or other health centers who have signed an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) specific provider agreement that provide primary care services must offer to conduct periodic~~

~~screenings and medically necessary interperiodic visits to screen for all EPSDT-eligible Medicaid-eligible children and youth beneficiaries up to age twenty one (21) in accordance with the EPSDT Periodicity Schedule as recommended by the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule and must provide or refer such EPSDT-eligible beneficiaries with an identified need for additional to assessment, diagnosis, and/or treatment services to an appropriate provider.~~

- B. ~~Dental care providers must offer to provide services to all EPSDT-eligible Medicaid-eligible children and youth up beneficiaries to age twenty one (21) in accordance with the dental schedule of the American Academy of Pediatric Dentistry (AAPD) and in accordance with AAP guidelines. Dental Schedule, and Dental providers must provide or refer such EPSDT-eligible beneficiaries with an identified need for additional assessment, diagnosis, and/or treatment services to an appropriate provider to assessment, diagnosis, and treatment services. The Dental Schedule is a tool to help dental providers identify beneficiaries with suspected or actual dental problems that may require additional investigations, diagnosis, or treatment.~~
- C. EPSDT screening providers must refer EPSDT-eligible beneficiaries to other enrolled Mississippi Medicaid licensed practitioners of the beneficiary's choice for assessment, diagnosis and/or treatment services necessary to correct or ameliorate any physical, mental, psychosocial and/or behavioral health conditions discovered by the screenings, whether or not such services are covered under the State Plan.

Source: ~~42 U.S.C § 1396d; Miss. Code Ann. § 43-13-121; 43-13-117(5); Section 1905 (r) (5) of the Social Security Act (the Act), Omnibus Budget Reconciliation Act of 1989 (OBRA 89).~~

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.4: Periodicity Schedule

~~A. All children and adolescents under age twenty one (21) who qualify for full medical assistance benefits coverage are eligible to receive EPSDT services. Eligible children must be provided written and oral information regarding the EPSDT preventative health program and a referral must be made to the provider of their choice. Medicaid beneficiaries have the right to freedom of choice of providers for Medicaid covered services. Refer to Part 200, Chapter 3, Rule 3.6.~~

BA. The EPSDT providers must adhere to the current American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule, below to receive Medicaid reimbursement for screening services:

- ~~1) Zero to one (0-1) month,~~
- ~~2) Two (2) months,~~
- ~~3) Four (4) months,~~

- 4) ~~Six (6) months,~~
- 5) ~~Nine (9) months,~~
- 6) ~~Twelve (12) months,~~
- 7) ~~Fifteen (15) months,~~
- 8) ~~Eighteen (18) months, and~~
- 9) ~~Yearly beginning at the age two (2) years, up to age twenty one (21).~~

B. C. ~~The EPSDT providers must schedule all health assessment screening appointments for the eligible EPSDT-eligible beneficiary, according to the AAP Bright Futures Periodicity Schedule. The provider must also make every effort to assist the beneficiary in keeping appointments for the health assessments.~~

C. D. ~~The Division of Medicaid defines declination of services as the failure of the family to keep appointments after two (2) attempts within a thirty (30) day period have been made by the provider to continue their participation in the EPSDT program. A refusal of services from the family is required to remove the child from the EPSDT program. EPSDT providers must maintain a screening periodicity tracking system for EPSDT-eligible beneficiaries seen for initial screening to ensure that subsequent screenings are performed timely and in accordance to the AAP Bright Futures Periodicity Schedule. EPSDT-eligible beneficiaries, guardians and/or legal representatives must be informed of the AAP Bright Futures Periodicity Schedule.~~

1. EPSDT providers must follow up on missed appointments. If the beneficiary fails to keep the scheduled appointment, or the beneficiary, guardian and/or legal representative fails to contact the provider to reschedule, an appointment letter or telephone contact must be made providing the beneficiary another opportunity to be screened within thirty (30) days of the initial appointment.
2. Two (2) good faith efforts, defined as a successful contact by telephone or letter to the beneficiary, guardian and/or legal representative, are required to reschedule a screening appointment. EPSDT providers must document in the medical record any missed appointments and two (2) good faith efforts to reschedule the appointment.
3. Failure of a beneficiary, guardian and/or legal representative to keep the second appointment and respond to the provider's attempted contact is considered a declination of that screening only. The provider must continue to maintain periodicity and schedule the beneficiary for the next screening due following the same process.

Source: 42 C.F.R § 441.58; Miss. Code Ann. §§ 43-13-117+21,; 42 CFR 441.58; 43-13-121+17(5).

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.5: *Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Screenings Components*

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) providers must perform screenings and assessments according to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule including, but not limited to, the following services:

- A. An initial or established age appropriate medical screening which must include at a minimum:
 - 1. A comprehensive health and developmental history including assessment of both physical and mental health development and family history,
 - 2. A comprehensive unclothed physical examination,
 - 3. Appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP), and specific to age and health history,
 - 4. Laboratory tests adhering to the AAP Bright Futures Periodicity Schedule,
 - 5. Sexual development and sexuality screening adhering to the AAP Bright Futures Periodicity Schedule, and
 - 6. Health education, including anticipatory guidance.
- B. Adolescent counseling and risk factor reduction intervention to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- C. Developmental screening or surveillance to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- D. Psychosocial/behavioral assessment to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- E. Vision screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid optometry or ophthalmology provider for diagnosis and treatment for defects discovered.
- F. Hearing screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid audiologist, otologist, otolaryngologist or other physician hearing specialists for diagnosis and treatment for defects discovered.
- G. Dental screening, at a minimum, to include diagnosis with referral to an enrolled

Mississippi Medicaid dental provider for beneficiaries at eruption of the first tooth or twelve (12) months of age for diagnosis and referral to a dentist for treatment and relief of pain and infections, restoration of teeth and maintenance of dental health.

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

- ~~1. Unclothed physical exam,~~
- ~~2. Comprehensive family/medical/developmental history,~~
- ~~3. Immunization status,~~
- ~~4. Lead assessment and testing,~~
- ~~5. Urine screening,~~
- ~~6. Sickle cell trait screening,~~
- ~~7. Anemia screening,~~
- ~~8. Serology,~~
- ~~9. TB skin test,~~
- ~~10. Developmental assessment,~~
- ~~11. Nutritional assessment/counseling,~~
- ~~12. Adolescent counseling,~~
- ~~13. Vision testing/screening,~~
- ~~14. Hearing testing/screening, and~~
- ~~15. Dental referral services.~~

~~B. Every effort should be made to assure that the required components of an EPSDT screen are accomplished in one (1) visit and that fragmentation or duplication of screening services is prevented.~~

~~C. Scheduling of initial and periodic screening of EPSDT eligible Medicaid beneficiaries is the responsibility of the EPSDT screening providers, as well as, overall care coordination.~~

Source: 42 C.F.R Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121; 42 CFR 441, Subpart B.

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.6: Documentation Requirements for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Screenings

A. ~~The medical record must include, at a minimum, the following critical components~~ documentation of the specific age appropriate screening requirements according to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule including the date the test or procedure was performed, the specific tests or procedures performed, the results of the tests or procedures or an explanation of the clinical decision to not perform a test or procedure in accordance with the AAP Bright Futures Periodicity Schedule, and the following:

1. Consent for screening with the beneficiary's and/or legal guardian/representative's signature,
2. ~~Past family medical/social history and~~ Beneficiary and family history with appropriate and updates at each screening visit including, but not limited to, the following:
 - a) Psychosocial/behavioral history,
 - b) Developmental history,
 - c) Adolescent counseling and risk factor history, and
 - d) Immunizations history,
3. ~~Beneficiary medical, and social, history and with updates at each screening visit,~~
3. Measurements, including, but not limited to:
 - a) Length/height and weight,
 - b) Head circumference,
 - c) Weight for length percentiles,
 - d) Body mass index (BMI), and
 - e) Blood pressure,
4. ~~Mental health assessment,~~
4. Sensory screenings, subjective and/or objective:

a) Vision, and

b) Hearing,

5. Developmental/behavioral assessment, as appropriate, including:

a) Developmental screening to include, but not limited to:

1) A note indicating the date the test was performed,

2) The standardized tool used which must have:

(a) Motor, language, cognitive, and social-emotional developmental domains,

(b) Established reliability scores of approximately 0.70 or above,

(c) Established validity scores of approximately 0.70 or above for the tool conducted on a significant amount of children and using an appropriate standardized developmental or social-emotional assessment instrument, and

(d) Established sensitivity/specificity scores of approximately 0.70 or above, and

3) Evidence of a screening result or screening score,

b) Autism screening,

c) Developmental surveillance,

d) Psychosocial/behavioral assessment,

e) Alcohol and drug use assessment, and

f) Depression screening,

6. Unclothed physical examination,

7. Procedures, as appropriate, including, but not limited to:

a) Newborn blood screening,

b) Vaccine administration, if indicated,

c) Hematocrit and/or hemoglobin,

d) Lead screening and testing,

- e) Tuberculin test, if indicated,
- f) Dyslipidemia screening,
- g) Sexually transmitted infection/disease screening,
- h) Cervical dysplasia screening, and
- i) Other pertinent lab and/or medical tests, as indicated,

8. Oral health, including:

- a) Dental assessment,
- b) Dental counseling, and
- c) Referral to a dental home at the eruption of the first tooth or twelve (12) months of age,

9. Anticipatory guidance, including, but not limited to:

- a) Safety,
- b) Risk reduction,
- c) Nutritional assessment,
- d) Supplemental Nutrition Assistant Program (SNAP) and Women, Infants and Children (WIC) status, and
- e) Adolescent counseling, including but not limited to:
 - 1) Reproductive health,
 - 2) Substance abuse,
 - 3) Relationships,
 - 4) Coping skills, and
 - 5) Wellness,

~~5. Past immunization history and vaccine administration, as indicated,~~

~~6. Age appropriate developmental assessment,~~

- ~~7. Age appropriate health education/anticipatory guidance,~~
- ~~8. Nutritional assessment to include:

 - ~~a) Plotted growth and development chart,~~
 - ~~b) WIC status,~~
 - ~~c) Anemia testing, and~~
 - ~~d) Other pertinent lab and/or medical test.~~~~
- ~~9. Sickle cell test results, if indicated,~~
- ~~10. Hemoglobin or hematocrit,~~
- ~~11. Urine test for glucose and protein,~~
- ~~12. Lead assessment/lead testing with results according to age and risk,~~
- ~~13. RPR beginning at age fifteen (15), then yearly, or sooner if sexually active,~~
- ~~14. Tb skin test, if indicated,~~
- ~~15. Height, weight, and head circumference, up to age two (2), plotted on an age/sex specific growth and development chart,~~
- ~~16. Vision and hearing screening, subjective and objective testing results,~~
- ~~17. Pulse from birth to age twenty one (21),~~
- ~~18. Blood pressure,~~
- ~~19. Documentation of unclothed physical examination,~~
- ~~20. Dental counseling and/or referral/status, birth through twenty one (21) years,~~
- ~~21~~10. Appropriate referral(s) to other enrolled Mississippi Medicaid providers for diagnosis and treatment, when required, included but not limited to vision, medical and hearing,
- ~~22~~11. Referral fFollow-up on referral(s) made to other enrolled Mississippi Medicaid providers for diagnosis and treatment, conditions related to documented medical, vision or hearing abnormalities,
- ~~23. Adolescent counseling~~

~~12.24.Documentation of next~~ Next scheduled EPSDT screening appointments, date, and

134.Missed appointments and any contacts or attempted contacts for rescheduling of EPSDT screening appointments.

- B. Medical records must be available to the Division of Medicaid and/or designated entity upon request. the Division of Medicaid 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. [Refer to Maintenance of Records Part 200, Chapter 1, Rule 1.3].

Source: Miss. Code Ann. §§ 43-13-117, 43-13-118, 43-13-121,; 43-13-117; 43-13-118; 43-13-129.

History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.7: Diagnostic and Treatment Program Services

- A. The Division of Medicaid covers any medically necessary Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) diagnostic and treatment services consists of all medically necessary services needed required to correct or ameliorate physical, or mental, illnesses psychosocial, and/or behavioral health and conditions discovered by a screening, whether or not such services are covered under any Medicaid Administrative Rule or the State Plan; and for a Medicaid eligible child or youth EPSDT-eligible beneficiaries under age twenty one (21) years and, if required, prior authorized by a Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity. [Refer to Miss. Admin. Code Part 200, Rule 5.1]., if the service is determined by the Division of Medicaid or its representative to be medically necessary.

- B. A medically necessary service is defined as any service that 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.

- C.To receive payment for any service that is not specifically included as a covered service under any Medicaid Administrative Rule or under the federally approved State Plan, the requestor must submit a request for prior authorization.

Source: 42 U.S.C § 1396d; Miss. Code Ann. § 43-13-121; Section 1905 (r) (5) of the Social Security Act.

History: Revised eff. 10/01/2016.

Rule 1.8: Reimbursement

The Division of Medicaid reimburses a separate fee in addition to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) periodic screenings and medically necessary interperiodic visits for each of the following when and documented in accordance with Miss. Admin. Code Part 223 Rule 1.6.A:

- A. Developmental screenings according to American Academy of Pediatrics (AAP) guidelines,
- B. Vision screenings,
- C. Hearing screenings,
- D. Adolescent counseling,
- E. Autism screenings,
- F. Depression screenings, and
- G. Other medically necessary services and prior authorized, when required, by a Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity:
 - 1. Lab tests, excluding hemoglobin or hematocrit,
 - 2. Diagnostic tests, and
 - 3. Other procedures.

Source: Miss. Code Ann. § 43-13-121.

History: New Rule to correspond with SPA 15-017 (eff. 11/01/2016), eff. 10/01/2016.