

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 are provided to beneficiaries under age twenty-one (21).
- B. EPSDT stands for:
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 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. 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; 42 C.F.R. Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 18-0014 (eff. 10/01/2018) effective 12/01/2018. Revised to correspond with SPA 15-017 (eff. 11/01/2015), eff. 10/01/2016.

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

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. Developmental screening or surveillance to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

C. Psychosocial/behavioral assessment to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

D. 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.

E. 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.

F. 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.

G. Maternal depression screening, to include a referral:

1. To an enrolled Medicaid provider if the mother is eligible for Medicaid, or
2. To other healthcare providers as medically indicated including, but not limited to:
 - a) Federally Qualified Health Center (FQHC),
 - b) Rural Health Clinic (RHC), or
 - c) Community Mental Health Center (CMHC).

Source: 42 U.S.C. §1396d; 42 C.F.R Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 18-0014 (eff. 10/01/2018) effective 12/1/2018. Revised to correspond with SPA 15-017 (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 documentation of 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, and
 - c) 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) Tobacco, alcohol and drug use assessment,
 - f) Depression screening, and

- g) Maternal 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) Anemia testing,
 - d) Lead screening and testing,
 - e) Tuberculin test, if indicated,
 - f) Dyslipidemia screening,
 - g) Sexually transmitted infection screening,
 - h) Human immunodeficiency virus (HIV) testing,
 - i) Cervical dysplasia screening, and
 - j) 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, and
 - d) Supplemental Nutrition Assistant Program (SNAP) and Women, Infants and Children (WIC) status,

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 Miss. Admin. Code 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 18-0014 (eff. 10/01/2018) effective 12/01/2018. Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.8: Reimbursement

- A. 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 Title 23, Part 223, Rule 1.6.A.
1. Developmental screenings according to the American Academy of Pediatrics (AAP) guidelines,
 2. Vision screenings,
 3. Hearing screenings,
 4. Autism screenings,
 5. Depression screenings,
 6. Maternal depression screening, and
 7. Other medically necessary services prior authorized by the Division of Medicaid or designee, if required:
 - a) Lab tests, excluding hemoglobin or hematocrit,
 - b) Diagnostic tests, and

c) Other procedures.

- B. The Division of Medicaid reimburses EPSDT screening fees using Current Procedural Terminology (CPT) Codes based on the American Medical Association (AMA) methodology for determining medical services at ninety (90) percent of the Medicare fee schedule per state law.
- C. The Division of Medicaid only reimburses Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and Mississippi Department of Health (MSDH) Clinics an encounter rate that is all inclusive of all items listed in Miss. Admin. Code Title 23, Part 223, Rule 1.8.A.

Source: 42 U.S.C. § 1396d; 42 C.F.R Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.

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Source: 42 U.S.C. § 1396d; 42 C.F.R Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 18-0014 (eff. 10/01/2018) effective 12/01/2018. New Rule to correspond with SPA 15-017 (eff. 11/01/2016) eff. 10/01/2016.

Rule 1.9: Off Site Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Screenings

~~A. The Division of Medicaid defines:~~

- ~~1. An off-site Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening as an EPSDT screening that is provided by employees of a medical facility at a location other than the medical facility's permanent physical address and those services are billed under the medical facility's Medicaid Provider Identification Number.~~
- ~~2. A medical facility as a physician office, Rural Health Clinic (RHC), or Federally Qualified Health Center (FQHC) where diagnosis of health problems are rendered and treatment of diseases occur.~~
 - ~~a) The medical facility is limited to physician offices, RHCs and FQHCs and must have:
 - ~~1) A permanent location,~~
 - ~~2) Regularly scheduled hours of operation which are posted in the facility, and~~
 - ~~3) A published telephone number.~~~~
 - ~~b) A physician's office must have regularly scheduled appointments.~~

~~B. The Division of Medicaid covers off-site EPSDT screening to the following locations:~~

- ~~1. School,~~
- ~~2. Daycare center, or~~

~~3. Head start center.~~

~~C. Off site EPSDT screening providers must:~~

- ~~1. Provide off-site screenings only within the county or within thirty (30) miles of the county where the physician's office, RHC or FQHC is located,~~
- ~~2. Develop and adhere to confidentiality policies that are approved by the Division of Medicaid.~~
- ~~3. Ensure medical personnel performing the physical examination are limited to Mississippi Medicaid-enrolled physicians, nurse practitioners or a physician assistants employed by the physician's office, RHC or FQHC.~~
- ~~4. Complete all age appropriate components of the EPSDT screening during one (1) visit or encounter.~~
- ~~5. Have a designated well lit private room to perform the screening assessments which must be in close proximity to:
 - ~~a) Hot and cold running water, and~~
 - ~~b) A bathroom.~~~~
- ~~6. Obtain written parental/guardian consent:
 - ~~a) Which the written consent must contain the following statements:
 - ~~1) Parent/guardian right to be present during EPSDT screenings,~~
 - ~~2) The physical examination will be unclothed,~~
 - ~~3) The EPSDT screenings takes the place of the yearly wellness exam performed at the beneficiary's primary care provider's office, and~~
 - ~~4) Vaccines will be administered, if applicable,~~~~
 - ~~b) Must include a space for the parent/guardian signature and date giving approval for the EPSDT screenings to be performed, and~~
 - ~~c) Must be received within sixty (60) days prior to the EPSDT screenings.~~~~
- ~~7. Encourage the parent/guardian to be present during the EPSDT screenings,~~

~~8. Follow up with the parent/guardian on the results of the screening by mail or in a one-on-one meeting.~~

~~9. Utilize the anticipatory guidance materials that are:~~

~~a) Age appropriate,~~

~~b) Mailed to the parent/guardian for beneficiaries under the age of fourteen (14).~~

~~c) Given to beneficiaries fourteen (14) years of age and above.~~

~~D. The Division of Medicaid does not reimburse for services other than EPSDT screenings in an off-site location.~~

~~E. EPSDT screenings provided by mobile units are not considered EPSDT off-site screenings and must meet the requirements listed in Miss. Admin. Code Part 200, Rule 5.5.~~

~~Source: 42 U.S.C. § 1396d; 42 C.F.R. Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.~~

~~History: New Rule to correspond with SPA 18-0014 (eff. 10/01/2018) effective 12/01/2018.~~

~~*Rule 1.10: Enrollment of Off Site Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Providers*~~

~~A. Off-site Early, Periodic Screening, Diagnosis and Treatment (EPSDT) screening providers must submit the follow information to the Division of Medicaid:~~

~~1. A completed and signed secondary location form documenting the off-site provider's ability to complete all age-appropriate components of EPSDT screenings;~~

~~2. An attestation that the EPSDT screenings will be completed by an approved EPSDT screening provider who has completed the Division of Medicaid's EPSDT provider agreement and that all required equipment and supplies are available at the off-site location.~~

~~3. A signed agreement between the off-site location authority including, but not limited to, a school superintendent, principal, day care director, and the screening provider.~~

~~4. A list of all physical addresses of the off-site locations where the EPSDT screenings will be provided and a monthly schedule for each location designating the dates and times the EPSDT screenings will be offered.~~

~~5. Information packet materials including, but not limited to, letters, consent forms, and examples of anticipatory guidance information sheets to be provided which must be prior approved by the Division of Medicaid.~~

~~6. A copy of the provider's Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver or CLIA number.~~

~~B. EPSDT screenings cannot begin at an off site location until an approval has been authorized in writing by the Division of Medicaid.~~

~~Source: 42 U.S.C. § 1396d; 42 C.F.R. Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.~~

~~History: New Rule to correspond with SPA 18-0014 (eff. 10/01/2018) effective 12/01/2018.~~