

# Healthy Kids

<http://dhcfp.nv.gov/Pgms/CPT/EPSDT/>



# EPSDT Authorities

- ▶ Section 1905(r)(5) of the Social Security Act.
- ▶ Sections 1902(a)(43)(D) and 2108(e) of the Social Security Act;
- ▶ CMS, State Medicaid Manual § 2700.4.

*The affirmative obligation to connect children with necessary treatment makes EPSDT different from Medicaid for adults.*

# EPSDT

- EARLY
- PERIODIC
- SCREENING
- DIAGNOSIS
- TREATMENT

*EPSDT's goal is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.*

# State Plan: Attachment 3.1 –A

- ▶ Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services as defined in 42 CFR 440.40(b).
- ▶ All medically necessary diagnostic and treatment services will be provided to EPSDT recipients to treat conditions detected by periodic and interperiodic screening services, even if the services are not included in the "State Plan."

# Medical Necessity

- ▶ The Act provides for coverage of all medically necessary services that are included within the categories of mandatory and optional services listed in section 1905(a), regardless of whether such services are covered under the State Plan.
- ▶ **Medical necessity** is a requirement, related to activities which may be justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care.

# Medicaid Services Manual (MSM)1500

- ▶ Preventive and diagnostic services available to most recipients under age 21 years (categorically needy).
- ▶ Prevention, early detection and treatment

# EARLY

- ▶ Assessing and identifying problems early

*Children's health problems should be addressed before they become advanced and treatment is more difficult and costly.*

# Periodic

- ▶ Checking children's health at periodic, age-appropriate intervals
  - BRIGHT FUTURES GUIDELINES  
(American Academy of Pediatrics)



# Screening

- ▶ Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems

# 5 components of a Medical screening

1. Comprehensive health and developmental history;
2. Comprehensive, unclothed physical examination;
3. Appropriate immunizations;
4. Laboratory testing; and
5. Health education and anticipatory guidance for both the child and caregiver

# Screenings

***Any qualified provider operating within the scope of his or her practice, as defined by state law, can provide a screening service.***

# Developmental Screenings

- ▶ Bright Futures Recommends developmental screenings be conducted at ages 9 months, 18 months and 24 or 30 months of age.
- ▶ Looking for basic skills: learning, speaking, behaving and moving
- ▶ 96110 & 96111

# Screening Outside of the Periodicity Schedule

- ▶ **EXAMPLE:** A child is screening at well child check at age 5; no problem detected.
- ▶ Next vision screening is due at age 7.
- ▶ At age 6, the school nurse recommended an evaluation by an optometrist; teacher suspects vision problems.
- ▶ Child is entitled to an “interperiodic” screening for vision problems.

# Vision Services

- ▶ At a minimum, diagnosis and treatment for defects in vision, including eyeglasses. Vision services must be provided according to a distinct periodicity schedule developed by the state and at other intervals as medically necessary.

# Dental Services

- ▶ At a minimum, dental services include relief of pain and infections, restoration of teeth, and maintenance of dental health. Dental services may not be limited to emergency services. Each state is required to develop a dental periodicity schedule in consultation with recognized dental organizations involved in child health.

# AAPD Periodicity Schedule

American Academy of Pediatric Dentistry

- ▶ First oral examination: eruption of first tooth, no later than 12 months of age
- ▶ Caries risk assessment
- ▶ Prophylaxis and topical fluoride treatment
- ▶ Fluoride supplementation (high-risk)
- ▶ Counseling
- ▶ Radiographic assessment
- ▶ Treatment of dental disease/injury
- ▶ Treatment of malocclusion
- ▶ Sealants
- ▶ Third molars

# Hearing Services

- ▶ At a minimum, hearing services include diagnosis and treatment for defects in hearing, including hearing aids.
  - Hearing aids and supplies
  - Cochlear Implants and supplies
  - BAHA (formerly bone-anchored hearing aid) and supplies
  - Auditory Brainstem Implant (ABI)

# Other Necessary Health Care Services

- ▶ States are required to provide any additional health care services that are coverable under the Federal Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in a state's Medicaid plan. It is the responsibility of states to determine medical necessity on a case-by-case basis.

# Diagnostic

- ▶ Performing diagnostic tests to follow up when a risk is identified
  - When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services must be provided.
  - Necessary referrals should be made without delay and there should be follow-up to ensure the enrollee receives a complete diagnostic evaluation.
  - States should develop quality assurance procedures to assure that comprehensive care is provided.

# Treatment

- ▶ Control, correct or reduce health problems found.
  - Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.

# Therapy/Rehab. Services

- ▶ Nevada Medicaid provides therapy services for most Medicaid-eligible individuals under the age of 21 years as a mandated service, a required component of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.

# MSM 1700 – Therapy

## ▶ Covered Services

- Physical Therapy
- Occupational Therapy
- Speech Therapy

## ▶ Coverage Criteria

- Medically Necessary
- All therapy services must be prior authorized with the exception of initial evaluations and re-evaluations

# State Program Guidelines

- ▶ State Medicaid agencies are required to:
  - Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations;
  - Provide or arrange for the provision of screening services for all children;
  - Arrange (directly or through referral) for corrective treatment as determined by child health screenings; and
  - Report EPSDT performance information annually via [Form CMS-416](#).

# Transportation Services

- ▶ In order to promote access to needed preventive, diagnostic and treatment services, states must offer appointment scheduling assistance and are required to assure necessary transportation, to and from medical appointments, for children enrolled in Medicaid.
- ▶ MSM 1900, Transportation Services

# Cultural Competence

- ▶ State Medicaid programs, managed care entities, and Medicaid-participating health care providers should all be culturally competent.
- ▶ Given changing demographics, this process is ongoing.

# Interpreter Services

- ▶ Though interpreters are not Medicaid qualified providers, their services may be reimbursed when billed by a qualified provider rendering a Medicaid covered service.
- ▶ States may consider the cost of language services to be included in the regular rate of reimbursement for the underlying direct service.

# Service Location

## ▶ Out of State

- The out-of-state services are required because of an emergency;
- The child's health would be endangered if she or he were required to travel to their home state;
- The state determines that the needed services are more readily available in the other state; or
- It is a general practice of the locality to use the services of an out-of-state provider, for example, in areas that border another state.

# Service Location

## ▶ SCHOOLS

- Services provided in schools can play an important role in the health care of adolescents and children.
- School-Based Health Services, MSM 2800
  - Services based upon an IEP
- School-Based Health Centers, MSM 600

# IEPs

- ▶ The Individuals with Disabilities Education Act (IDEA) requires that every child with a disability have available a free appropriate public education that includes special education and related services.
- ▶ Part B of IDEA requires the development and implementation of an individualized education program (IEP) that addresses the unique needs of each child with a disability ages 3 through 21.

# Most Integrated Setting Appropriate

- ▶ Community-based care is a best practice for supporting children with disabilities and chronic conditions.

# ABA Services

- ▶ On January 1, 2016, Nevada will cover Applied Behavioral Analysis (ABA) for children (under 21) having autism under the EPSDT benefit.

## *Applied Behavior Analysis:*

“Is the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce meaningful changes in human behavior.”

- ▶ Located in MSM 1500, Healthy Kids Program

# ABA Medical Coverage Criteria Highlights

- ▶ Recipients must be under 21 years of age;
- ▶ Have an established supporting diagnosis of ASD, and medical necessity;
- ▶ Exhibits excesses and/or deficits in behavior that impedes access to age appropriate home or community activities;
- ▶ Services are rendered in accordance with an individual's treatment plan with realistic and obtainable goals;
- ▶ Reasonable expectation individual will improve, or maintain to the maximum extent practical functional gains;
- ▶ Evidence based assessment criteria and individual test results; and
- ▶ Must be prior authorized.

# Non-covered services

- ▶ Medicaid does not cover a "sick kid" visit and a Healthy Kids exam for the same recipient on the same date of service. A Healthy Kids exam should be rescheduled if the child is too ill to complete the exam.
- ▶ Services that are not medical in nature, including educational interventions, are not Medicaid covered benefits.
- ▶ Healthy Kids exams are not available to recipients who are Medicaid-eligible solely because of pregnancy.

# CMS-416

- ▶ Annual Participation Report
  - Assesses the effectiveness of the program
  - Numbers of those under age 21 who are provided child health screening services, referred for corrective treatment and receiving dental services

CODE	MODIFIER	DESCRIPTION
99381	EP or TS	New patient, infant (age under 1 year)
99382	EP or TS	New patient, early childhood (age 1–4)
99383	EP or TS	New patient, late childhood (age 5–11)
99384	EP or TS	New patient, adolescent (age 12–17)
99385	EP or TS	New patient, adult (age 18–20)
99391	EP or TS	Established patient, infant (age under 1 year)
99392	EP or TS	Established patient, early childhood (age 1–4)
99393	EP or TS	Established patient, late childhood (age 5–11)
99394	EP or TS	Established patient, adolescent (age 12–17)
99395	EP or TS	Established patient, adult (age 18–20)

CODE	MODIFIER	DESCRIPTION
90460	No Modifier	Immunization Administration through 18 years of age; first vaccine/toxoid component (Bill at the usual and customary charge)
90461	No Modifier	Immunization Administration through 18 years of age; each additional vaccine/toxoid component (Add-on code to 90460)
90471	No Modifier	Vaccine Administration – Single
90472	No Modifier	Vaccine Administration – Each Additional Unit
90476–90749	No Modifier	Vaccines (Bill the appropriate vaccine code at a zero dollar amount.)
96110	59	Developmental Screening
96127	No Modifier	Brief emotional/behavioral assessment (e.g., Depression inventory, ADHD) with scoring and documentation per standardized instrument
99188	No Modifier	Application of fluoride varnish by physician or other qualified health care professional
99401	FP	Family Planning Services
99420	No Modifier	Screening for Postpartum Depression (mother of child)

# Managed Care

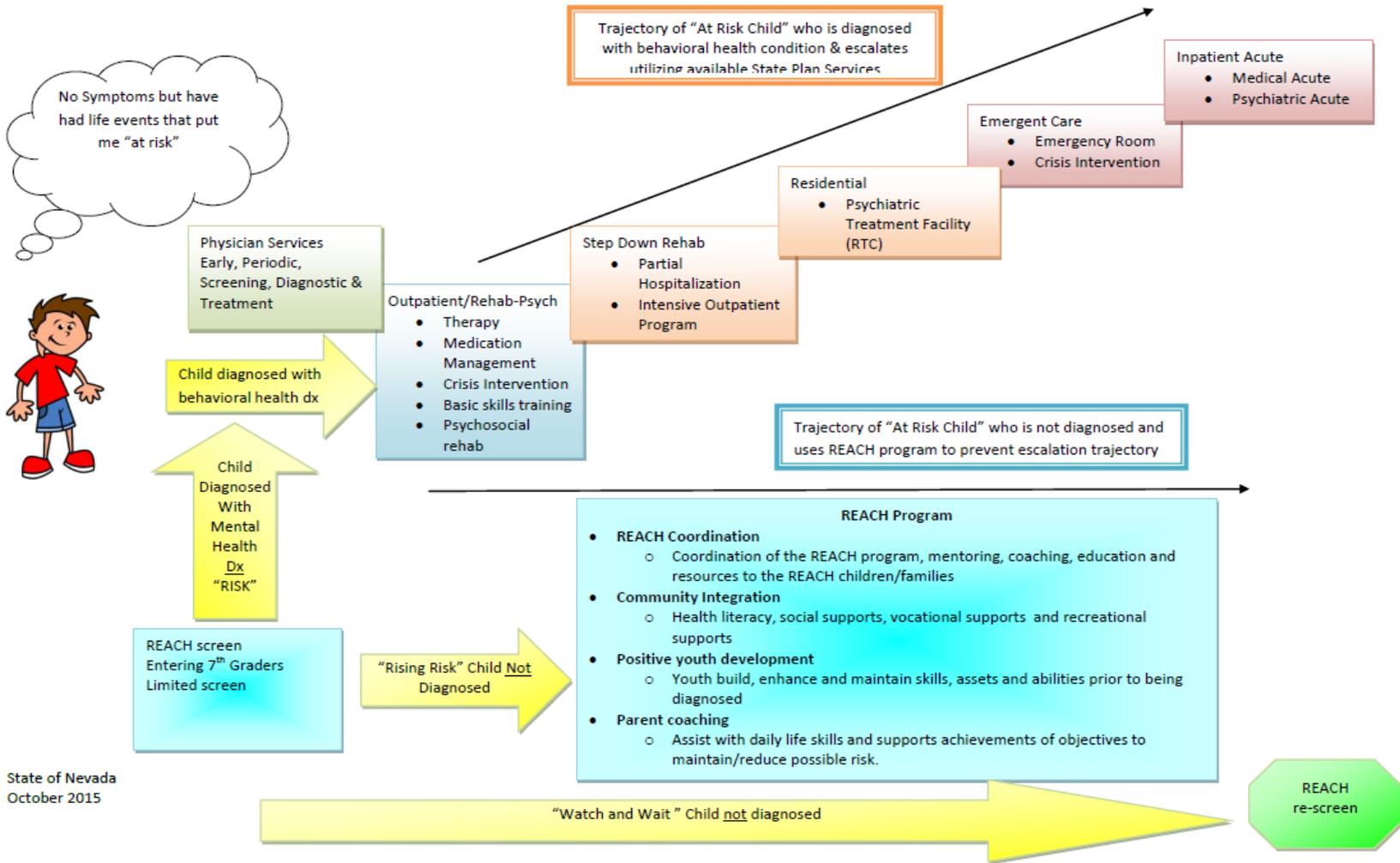
- ▶ Health Plan of Nevada & Amerigroup
  - Managed Care Organizations (MCOs) are required to cover everything allowed per policy and may include additional benefits as well.
    - Boys and Girls Club (ages 6–11 years)
    - Asthma classes
    - Nutrition classes
    - Phones
    - Nurse HelpLine

# Telehealth Services

- ▶ MSM 3400, Telehealth Services
- ▶ Expanding to all provider types for appropriate services within their scope of practice (effective Dec. 1, 2015)
- ▶ GT modifier (distant site)
- ▶ Q3014–facility fee (originating site)

# NGA–Medicaid Transformation Project

- ▶ Nevada–Modified CANS screening  
(Child and Adolescent Needs and Strengths)
- ▶ Rising Risk Youth identified
- ▶ REACH program



State of Nevada  
October 2015

# Quick Links

- ▶ <http://dhcfnv.gov/>
- ▶ <https://www.medicaid.nv.gov/>
- ▶ <https://brightfutures.aap.org/Pages/default.aspx>

# QUESTIONS / COMMENTS??

Jenni Bonk, M.S.

[jenni.bonk@dhcfp.nv.gov](mailto:jenni.bonk@dhcfp.nv.gov)

(775) 684-3697