MDHHS Michigan Department of Health & Human Services

Medical Services Administration

BULLETIN MSA

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Distribution: Practitioners, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, Tribal Health Centers, Prepaid Inpatient Health Plans, Community Mental Health Services Programs

Issued: December 1, 2017

Subject: Updates to the Early and Periodic Screening, Diagnosis and Treatment Chapter of the Medicaid Provider Manual and 2017 American Academy of Pediatrics Periodicity Schedule

Effective: January 1, 2018

Programs Affected: Medicaid, Healthy Michigan Plan, MIChild

I. Background

This bulletin updates the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) chapter of the Medicaid Provider Manual due to the issuance of new preventive pediatric healthcare guidelines and a new periodicity schedule by the American Academy of Pediatrics (AAP). The periodicity schedule by the AAP was updated to include changes of previously endorsed ages and recommendations, and includes additions of new screenings, procedures, and guidelines.

Federal regulations require state Medicaid programs to offer EPSDT services to Medicaid eligible beneficiaries under 21 years of age. EPSDT visits cover medically necessary screening and preventive support services for children and are to be performed in accordance with the AAP periodicity schedule, its components, and medical guidelines. The purpose of this bulletin is to communicate changes to existing Medicaid policy resulting from the AAP's 2017 recommendations. Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017). The current AAP periodicity schedule is found in its entirety at: http://brightfutures.aap.org.

A. Vision

Primary care providers (PCPs) are to perform a subjective vision screening (i.e., by history) or risk assessment at each well child visit as recommended by the AAP periodicity schedule. The AAP has updated and changed the scheduled requirement of a routine vision screening at 18 years of age to a risk assessment. In addition, a visual acuity screen is recommended at 4 and 5 years of age, as well as in cooperative children 3 years of age. Instrument-based screening may be used to assess risk at 12 and 24 months of age, in addition to the well child visits at 3 through 5 years of age.

For children of any age, referral to an optometrist or ophthalmologist should be made if there are symptoms or other medical justification (e.g., parent/guardian has suspicions about poor vision in the child). A routine eye examination by an optometrist or ophthalmologist once every two years is a Medicaid benefit and does not require prior authorization.

B. Hearing – All Ages

For children of any age, a subjective hearing screening (i.e., by history) is to be performed at each well child visit as recommended by the AAP periodicity schedule. Screen the child with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. Confirm the initial screen was completed, verify the results as soon as possible, and follow-up as appropriate.

II. Developmental/Behavioral Health

A. Psychosocial/Behavioral Assessment

A psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health.

B. Depression Screening

A depression screening is to be performed annually for all children and adolescents who are 12 years of age and older as recommended by the AAP periodicity schedule.

C. Maternal Depression Screening

Screening for maternal depression with a screening tool, such as the Edinburgh scale, is to be performed by the infant's PCP as recommended by the AAP periodicity schedule. The infant's PCP may bill the 96161 Current Procedural Terminology (CPT) code. It is intended that the service should be reported under the infant's Medicaid ID number as it is a service rendered for the benefit of the infant. If the screening is positive, the PCP should address the mother-child dyad relationship (attachment and bonding), follow-up, and refer as appropriate.

III. Physical Health Screenings / Assessments

A. Newborn Bilirubin

A universal predischarge newborn bilirubin screening (measurement and assessment of clinical risk factors) is to be performed using total serum bilirubin (TSB) or transcutaneous bilirubin (TcB) measurements to evaluate the risk of subsequent severe hyperbilirubinemia as recommended by the AAP periodicity schedule. The PCP should confirm initial screening was accomplished, verify the results, and follow-up as appropriate.

B. Sexually Transmitted Infections (STIs)

A risk assessment for sexually transmitted infections (STIs) is to be performed annually for all sexually active individuals beginning at 11 years of age as recommended by the AAP periodicity schedule. Adolescents and children should be fully immunized, screened for risk, and appropriately tested and treated for STIs. It is recommended to screen males who have sex with males (MSM) at least annually for STIs and screen every 3 to 6 months if the male adolescent is considered high risk because of multiple or anonymous partners, sex in conjunction with illicit drug use, or having sex partners who participate in these activities.

C. Human Immunodeficiency Virus (HIV)

A risk assessment for the human immunodeficiency virus (HIV) is to be performed annually for children beginning at 11 years of age and as recommended by the AAP periodicity schedule. A routine HIV screening should be offered to all individuals at least one time between 15 and 18 years of age, making every effort to preserve confidentiality of the adolescent. Youth at increased risk of HIV infection (including those who are sexually active, participate in injection drug use, or are being tested for other STIs) should be tested for HIV and reassessed annually. The PCP should verify the results, follow-up, and refer as appropriate.

IV. Oral Health

The dental health of the beneficiary begins with an oral health screening and caries risk assessment by the child's PCP for beneficiaries at each well child visit as recommended by the AAP periodicity schedule.

Children should be referred to establish a dental home when the first tooth erupts and as recommended by the AAP periodicity schedule. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the PCP should continue to perform an oral health risk assessment during each well-child visit. The PCP should follow-up, educate, and refer as appropriate. Encourage parents/caregivers to brush their child's teeth as soon as teeth erupt with fluoride toothpaste in the proper dosage appropriate for the child's age. The AAPD Caries Risk Assessment Tool is available online at www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf. Refer to the Dental chapter of the Medicaid Provider Manual for additional information.

A. Fluoride Varnish

Providers should apply fluoride varnish as recommended by the AAP periodicity schedule. Fluoride varnish should be applied to the teeth of all infants and children under the delegation and supervision of the PCP when the first tooth erupts until establishment of a dental home as recommended by the AAP periodicity schedule. The AAP recommends that providers receive additional training on oral screenings, fluoride varnish indications and application, and office implementation. Providers and staff are encouraged to complete the online Children's Oral Health Smiles for Life Course 6: Caries Risk Assessment, Fluoride Varnish and Counseling training module at www.smilesforlifeoralhealth.org and obtain certification prior to providing oral health screenings and fluoride varnish applications. Providers are no longer required to complete the online training and certification process in order to bill Medicaid for these services. Additional information regarding oral health resources and certification is available on the AAP Oral Health website at www.aap.org >> About the AAP >> Committees, Councils & Sections >> Section Websites >> Oral Health >> Resources. Oral Health resource materials can also be found at www.michigan.gov/oralhealth. Contact the MDHHS-Oral Health Program at OralHealth@michigan.gov for additional education and technical assistance on oral health resources regarding oral screenings, caries risk assessment and fluoride varnish applications.

Billing Instructions: Current Dental Terminology (CDT) code D1206 will be end dated on November 30, 2017, for medical providers. The PCP may bill Current Procedural Terminology (CPT) code 99188 beginning December 1, 2017, for the application of topical fluoride varnish.

B. Fluoride Supplementation

The PCP should consider oral fluoride supplementation as recommended by the AAP periodicity schedule if the primary water source is deficient in fluoride. It is important to consider a child's overall systemic exposure to fluoride from multiple sources (e.g., water fluoridation, toothpaste, supplements, and/or varnish) prior to prescribing fluoride supplements to minimize the risk of mild fluorosis.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

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