Michigan Medicaid Policy | MMP

BULLETIN

BEHAVIORAL AND PHYSICAL HEALTH AND AGING SERVICES ADMINISTRATION

MDHHS

Bulletin Number: MMP 22-50

Distribution: Practitioners, Dentists, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, Tribal Health Centers, and Integrated Care Organizations

Issued: December 1, 2022

Subject: Update of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medicaid Policy per the Release of the 2022 American Academy of Pediatrics (AAP) Periodicity Schedule

Effective: January 1, 2023

Programs Affected: Medicaid, Healthy Michigan Plan, MIChild

The purpose of this policy is to update the EPSDT Medicaid policy per the most recent release of the 2022 AAP periodicity schedule. Federal regulations require state Medicaid programs to offer EPSDT services to Medicaid-eligible beneficiaries under 21 years of age. EPSDT visits cover any 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 2022 version of the periodicity schedule by the AAP can be found at: http://brightfutures.aap.org.

The AAP has added new components to its periodicity schedule, including screenings for suicide risk, hepatitis B virus infection, and sudden cardiac arrest and sudden cardiac death. In addition, the periodicity schedule includes updates to its psychosocial/behavioral assessment and fluoride varnish components. This policy includes further details regarding the new and updated components as indicated by the newly-released AAP periodicity schedule.

Depression and Suicide Risk Screening

A depression and suicide risk screening is to be performed annually for all adolescents beginning at 12 years of age until 21 years of age as indicated by the AAP periodicity schedule, and per the Guidelines for Adolescent Depression in Primary Care (GLAD-PC). A depression screening may be accomplished using a standardized screening tool such as the Patient Health Questionnaire-9 (PHQ-9), PHQ-9 modified for Adolescents (PHQ-A), or other screening tools available in the GLAD-PC toolkit. Every effort should be made to preserve the confidentiality of the adolescent. Any information obtained during the visit should only be shared outside of the office with the permission of the parent or caregiver to protect the adolescent's safety.

Hepatitis B Virus Infection

A risk assessment for hepatitis B virus (HBV) infection is to be performed for children from newborn to 21 years of age as indicated by the AAP periodicity schedule, according to recommendations per the United States Preventive Services Task Force (USPSTF), and the 2021–2024 edition of the AAP Red Book: Report of the Committee on Infectious Diseases. These screenings, provided for individuals under 21 years of age, are considered an EPSDT service. An HBV infection screening may be provided to any individual requesting the screen regardless of their disclosure of risk since there may be reluctance to disclose these risks.

Screening for hepatitis B should be performed with Hepatitis B Surface Antigen (HBsAg) tests approved by the U.S. Food and Drug Administration (FDA), followed by a confirmatory test for initially reactive results. Serologic panels performed concurrently with or after HBsAg screening aid in facilitating the diagnosis and to determine further management.

Individuals who test positive for an HBV infection generally receive education regarding reducing the risk of transmission to others (e.g., during childbirth or with sex and needle-sharing partners and household contacts). EPSDT services include the coverage of any follow-up services and referrals that are medically necessary to treat an HBV infection. Individuals with HBV infection should be provided information about treatment options, how to prevent transmission of HBV to others, and drug treatment, as appropriate. Every effort should be made to preserve the confidentiality of the patient.

Sudden Cardiac Arrest and Sudden Cardiac Death

Assessing for risk of sudden cardiac arrest (SCA) and sudden cardiac death (SCD) is to be performed as appropriate from 11 to 21 years of age and as indicated by the AAP periodicity schedule. The AAP recommends screening children for SCA and SCD by asking four questions whereas a positive response may indicate an increased risk for SCA and SCD. The primary care provider (PCP) may find a positive response to be a significant cue to perform a cardiovascular evaluation which may occur at their discretion.

It is recommended that SCA and SCD screening should be performed for all children regardless of their athletic participation. The screening should be performed at the same time as the pre-participation examinations, at a minimum of every three years, or on entry into middle or junior high school and into high school. Depending on family and PCP concerns, more frequent screening may be appropriate. The four questions that may be applied directly to a family questionnaire are as follows:

- Have you ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises such as doorbells, alarm clocks, and ringing telephones?
- Have you ever had exercise-related chest pain or shortness of breath?

- Has anyone in your immediate family (parents, grandparents, siblings) or other more distant relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or Sudden Infant Death Syndrome (SIDS).
- Are you related to anyone with hypertrophic cardiomyopathy or hypertrophic obstructive cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT) or anyone younger than 50 years with a pacemaker or implantable defibrillator?

A positive response from these four questions, or an abnormal electrocardiogram (ECG), should prompt further investigation that may include referral to a pediatric cardiologist or pediatric electrophysiologist.

Behavioral/Social/Emotional Screening

The psychosocial/behavioral assessment recommendation has been updated to a behavioral/social/emotional screening. The screening should be family-centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. A behavioral/social/emotional screening is to be performed during each well child visit from newborn through 21 years of age in accordance with the AAP periodicity schedule, the American College of Obstetricians and Gynecologists (Women's Preventive Services Initiative) recommendations, and the American Academy of Child & Adolescent Psychiatry guidelines.

The behavioral/social/emotional screening may be accomplished by using an evidence-based, validated and standardized screening tool such as the Ages and Stages Questionnaire – Social-Emotional (ASQ-SE) or Pediatric Symptom Checklist (PSC), with appropriate action to follow if the screening is positive. Providers should establish office routines for screening and surveillance. Children with significant risk factors should be monitored with heightened surveillance and more frequent screening. The use of validated and standardized screening tools improves the detection rate of social-emotional problems in children compared to the reliance on subjective clinical judgment.

A behavioral/social/emotional screening should also be performed whenever there are general development delays; at any time the clinician observes poor growth, poor attachment, or symptoms such as excessive crying, clinginess, or fearfulness for developmental stage, or regression to earlier behavior; and/or at any time the parent/caregiver identifies behavioral or social-emotional concerns.

If the screening is positive, the PCP should further evaluate the child, provide counseling, and refer the child as appropriate. (Refer to the Early and Periodic Screening, Diagnosis and Treatment chapter of the MDHHS Medicaid Provider Manual, Children in Foster Care section for more information regarding the administration of a behavioral/social/emotional screening for children in foster care.)

Fluoride Varnish

The PCP is to apply fluoride varnish, with parent or caregiver approval, to the primary teeth of all infants and children starting at the age of primary tooth eruption and until the establishment of a dental home. Once teeth are present, apply fluoride varnish to all children every three to six months in the primary care or dental office based on caries risk until six years of age as indicated by the AAP periodicity schedule.

The AAP recommends that providers receive additional training on oral screenings, fluoride varnish indications and application, and office implementation. Additional training on oral screenings, fluoride varnish indications and application, and office implementation can be found in the Smiles for Life Curriculum Course: Caries Risk Assessment, Fluoride Varnish and Counseling. Providers and staff are encouraged to complete the online training module and obtain certification prior to providing oral health screenings and fluoride varnish applications. (Refer to the Smiles for Life website at www.smilesforlifeoralhealth.org for more information.)

Manual Maintenance

Retain this bulletin until the information has been incorporated into the MDHHS 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-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved

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