



# Arkansas Department of Health and Human Services

## Division of Medical Services



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**TO:** Arkansas Medicaid Health Care Providers – Child Health Services/EPSTD

**DATE:** October 1, 2006

**SUBJECT:** Provider Manual Update Transmittal #80

**REMOVE**

Section	Date
202.000	4-1-05
211.000	3-1-06
217.000	10-13-03
242.100	5-1-06

**INSERT**

Section	Date
202.000	10-1-06
211.000	10-1-06
217.000	10-1-06
242.100	10-1-06

**Explanation of Updates**

Section 202.000 has been revised to allow Licensed Practical Nurses (LPNs) as well as Registered Nurses (RNs) to provide visual and hearing screenings in schools and education service cooperatives.

Section 211.000 is included to add the last word of the last paragraph, “services,” which was inadvertently left off of the original.

Section 217.00 has been revised to remove the requirement for a PCP referral before a hearing screen can be initiated.

Section 242.000 is included to add the footnote references to Procedure Codes DO120, DO140, and 36415.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:  
[www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.



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Roy Jeffus, Director

**202.000 Arkansas Medicaid Participation Requirements for School-Based Child Health Services Providers**

10-1-06

School districts and education service cooperatives may provide all Child Health Services (CHS/EPSTD) screening services. A school district or cooperative may participate at one of two levels, as either a comprehensive screening provider who will provide all EPSTD screening components, or as a provider for vision and/or hearing screens.

Schools enrolling as comprehensive screening providers must meet the following criteria:

- A. The provider must complete a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9). [View or print a provider application \(form DMS-652\), a Medicaid contract \(form DMS-653\) and a Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
- B. The provider application and Medicaid contract must be approved by the Arkansas Medicaid Program.
- C. The Arkansas Medicaid Program must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid Program. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.
- D. The provider must sign an agreement to participate as a Child Health Services (CHS) screening provider. [View or print participating EPSTD provider agreement.](#)
- E. The provider must be certified as a comprehensive CHS/EPSTD provider by the superintendent of schools. [View or print Certification of Schools to Provide Comprehensive EPSTD Services form.](#)

Schools or education service cooperatives enrolling as screeners for hearing and vision, hearing only or vision only must meet the following criteria:

- A. The provider must complete a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9). [View or print a provider application \(form DMS-652\), a Medicaid contract \(form DMS-653\) and a Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
- B. The provider application and Medicaid contract must be approved by the Arkansas Medicaid Program.
- C. The Arkansas Medicaid Program must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid Program. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.
- D. The provider must sign an agreement to participate as a CHS screening provider per Section 201.000 of this manual. [View or print participating EPSTD provider agreement.](#)
- E. The provider must employ a licensed registered nurse or licensed practical nurse who has completed training in vision screening conducted by the Arkansas Department of Education, in conjunction with the Arkansas Eye and Vision

**Commission.** The RN or LPN must also have completed training in hearing screening conducted by the regional Educational Service Cooperative's Community Health Nurse Specialist. A copy of the nurse's current license and the certificate of completion of vision and hearing screening training must accompany the application. All vision and hearing screenings must be performed in accordance with the Arkansas State Board of Nursing School Nurse Practice Guidelines.

**NOTE:** School districts or education service cooperatives employing a qualified speech pathologist may complete an agreement to participate as a screening provider, using the speech pathology Medicaid provider number. The qualified speech pathologist may perform hearing screens and be reimbursed under the Medicaid provider number for speech pathology.

In situations where speech pathology services are provided by a qualified speech pathologist who is contracted with a school district or an education service cooperative, the individual qualified speech pathologist may complete the agreement to participate as a CHS screening provider and perform hearing screens under the individual Medicaid number.

## 211.000 Introduction

10-01-06

A comprehensive medical screening program for all eligible Medicaid children requires the medical provider to assume overall responsibility for detection and treatment of conditions found among these young patients. This means the provider should have knowledge of specialized referral services available within the community and should maintain continuing relationships with physician specialists. It also requires the provider to work closely with the Arkansas Department of Health and Human Services office staff to ensure that eligible children in need of medical attention take full advantage of the medical services available to them.

The screening procedures outlined in Sections 213.000 and 215.000 of this manual are considered the minimal elements of a comprehensive screening. Other procedures may be included depending upon the child's age and health history. Each of the screening procedures is based on recommendations from the federal Department of Health and Human Services and the American Academy of Pediatrics. Each screening should be billed separately, providing the appropriate information for each of the applicable screening components. Other specific procedures may be used at the screener's discretion as long as the following federally mandated components are included in the complete medical screening procedure: observe and measure growth and development, give nutritional advice, immunize, counsel and give health education and perform laboratory procedures applicable for the age of the child.

### **Requirements for Periodic Medical, Visual, Hearing and Dental Screenings**

Distinct periodicity schedules have been established for medical screening services, vision services, hearing services and dental services (i.e., each of these services has its own periodicity schedule). Periodic visual, hearing and dental screens should not duplicate prior services.

## 217.000 Hearing Screen

10-1-06

Administer an age-appropriate hearing assessment. Consult with audiologists or the Department of Health or Department of Education to obtain appropriate procedures to use for screening and methods of administering the screens. This includes, at a

minimum, diagnosis and treatment for defects in hearing, including hearing aids. See Section 242.100 for procedure codes.

Hearing services are subject to their own periodicity schedule; however, where the periodicity schedule coincides with the schedule for medical screening services, hearing screens may be included as part of the required minimum medical screening services.

See Sections 215.310 through 215.340 for the age-specific vision screening periodicity schedule.

## 242.100 Procedure Codes

10-1-06

See section 212.000 for EPSDT screening terminology.

Effective for dates of service on and after May 1, 2006, a primary care physician (PCP) may bill a sick visit and a Child Health Services (EPSDT) periodic screening for a patient on the same date of service if the screening is due to be performed.

Claims for EPSDT medical screenings must be billed electronically or using the DMS-694 EPSDT paper claim form. [View or print a DMS-694 sample claim form.](#)

Procedure Code	Modifier 1	Modifier 2	Description
99381-99385	EP	U1	EPSDT Periodic Complete Medical Screen (New Patient)
99391-99395	EP	U2	EPSDT Periodic Complete Medical Screen (Established Patient)
99431 <sup>1</sup>	EP		Initial Newborn Care/EPSDT screen in hospital
99432 <sup>1</sup>	EP		
99435 <sup>1</sup>	EP		
99173 <sup>1</sup>	EP		EPSDT Periodic Vision Screen
V5008 <sup>1</sup>	EP		EPSDT Periodic Hearing Screen
DO120 <sup>1</sup>			CHS/EPSDT Oral Examination
D0140 <sup>1</sup>			EPSDT Interperiodic Dental Screen, with prior authorization
99401	EP		EPSDT Health Education - Preventive Medical Counseling
36415 <sup>2</sup>			Collection of venous blood by venipuncture
83655			Lead

<sup>1</sup> Exempt from PCP referral requirements

<sup>2</sup> Covered when specimen is referred to an independent lab

Immunizations and laboratory tests may be billed separately from comprehensive screens.

The verbal assessment of lead toxicity risk is part of the complete CHS/EPSDT screen. The cost for the administration of the risk assessment is included in the fee for the complete screen.

Laboratory/X-ray and immunizations associated with an EPSDT screen may be billed on the DMS-694 EPSDT claim form.

Electronic and paper claims require use of the above modifiers. When filing paper claims for an EPSDT screening service, type of service code "6" and the applicable modifier must be entered on the claim form.

For billing on paper, immunizations must be billed with a type of service code "1."