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SECTION 9-HEALTHY CHILDREN AND YOUTH PROGRAM

9.1 GENERAL INFORMATION

The Healthy Children and Youth (HCY) Program in Missouri is a comprehensive, primary and preventive health care program for Medicaid eligible children and youth under the age of 21 years. The program is also known as Early Periodic Screening, Diagnosis and Treatment (EPSDT). The Social Security Act authorizes Medicaid coverage of medical and dental services necessary to treat or ameliorate defects and physical and mental illness identified by an HCY screen. These services are covered by Medicaid regardless of whether the services are covered under the state Medicaid plan. Services identified by an HCY screening that are beyond the scope of the Medicaid state plan may require a plan of care identifying the treatment needs of the child with regard to amount, duration, scope, and prognosis. Prior authorization (PA) of services may be required for service needs and for services of extended duration. Reference Section 13, Benefits and Limitations, for a description of requirements regarding the provision of services.

Every applicant under age 21 (or his or her legal guardian) is informed of the HCY Program by the Family Support Division income-maintenance caseworker at the initial application for assistance. The recipient is reminded of the HCY Program at each annual redetermination review.

The goal of the Medicaid agency is to have a health care home for each child—that is, to have a primary care provider who manages a coordinated, comprehensive, continuous health care program to address the child’s health needs. The health care home should follow the screening periodicity schedule, perform interperiodic screens when medically necessary, and coordinate the child’s specialty needs.

9.2 PLACE OF SERVICE

A full or partial HCY screen may be provided in the following places of service (POS):

- 03 School
- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 25 Birthing Center
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 99 Other



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9.3 — ~~TYPE OF SERVICE~~ (text del. 9/04)

9.4 DIAGNOSIS CODE

The Early Periodic Screening (V20.2) diagnosis code *must* appear as the primary diagnosis on a claim form submitted for HCY screening services. The appropriate HCY screening procedure code should be used for the initial HCY screen and all other full or partial screens.

9.5 INTERPERIODIC SCREENS

Medically necessary screens outside the periodicity schedule that do *not* require the completion of all components of a full screen may be provided as an interperiodic screen or as a partial screen. An interperiodic screen has been defined by the Centers for Medicare & Medicaid Services (CMS) as any encounter with a health care professional acting within his or her scope of practice. This screen may be used to initiate expanded HCY services. Providers who perform interperiodic screens may use the appropriate level of Evaluation/Management visit (CPT) procedure code, the appropriate partial HCY screening procedure code, or the procedure codes appropriate for the professional's discipline as defined in their provider manual. Office visits and full or partial screenings that occur on the same day by the same provider are *not* covered unless the medical necessity is clearly documented in the recipient's record. The diagnosis for the medical condition necessitating the interperiodic screening *must* be entered in the primary diagnosis field, and the V20.2 diagnosis should be entered in the secondary diagnosis field.

The interperiodic screen does *not* eliminate the need for full HCY screening services at established intervals based on the child's age.

If all components of the full or unclothed physical are *not* met, the Reduced Preventative Screening codes *must* be billed.

PROCEDURE CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE AMOUNT
9938152EP - 9938552EP ----	Preventative Screen; new patient -----	\$23.00
9939152EP - 9939552EP ----	Preventative Screen; established patient -----	\$15.00

9.6 FULL HCY/EPSTD SCREEN

PROCEDURE CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE AMOUNT
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9938121EP-9938521EP----- Full Medical Screening-----\$60.00
 9939121EP-9939521EP

9938121EPUC- Full Medical Screening with Referral ----- \$60.00
 9938521EPUC -----
 9939121EPUC-
 9939521EPUC

A full HCY/EPST screen includes the following:

- A comprehensive unclothed physical examination;
- A comprehensive health and developmental history including assessment of both physical and mental health developments;
- Health education (including anticipatory guidance);
- Appropriate immunizations according to age;*
- Laboratory tests as indicated (appropriate according to age and health history unless medically contraindicated);*
- Lead screening according to established guidelines;
- Hearing screening;
- Vision screening; and
- Dental screening.

It is *not* always possible to complete all components of the full medical HCY screening service. For example, immunizations may be medically contraindicated or refused by the parent/guardian. The parent/guardian may also refuse to allow their child to have a lead blood level test performed. When the parent/guardian refuses immunizations or appropriate lab tests, the provider should attempt to educate the parent/guardian with regard to the importance of these services. If the parent/guardian continues to refuse the service the child’s medical record *must* document the reason the service was *not* provided. Documentation may include a signed statement by the parent/guardian that immunizations, lead blood level tests, or lab work was refused. By fully documenting in the child’s medical record the reason for *not* providing these services, the provider may bill a full medical HCY screening service even though all components of the full medical HCY screening service was *not* provided.

It is mandatory that the Healthy Children and Youth Screening guide be retained in the patient’s medical record as documentation of the service that was provided. The Healthy Children and Youth

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Screening guide is *not* all-inclusive; it is to be used as a guide to identify areas of concern for each component of the HCY screen. Other pertinent information can be documented in the comment fields of the guide. **The screener *must* sign and date the guide and retain it in the patient's medical record.**

The Title XIX participation agreement requires that providers maintain adequate fiscal and medical records that fully disclose services rendered, that they retain these records for 5 years, and that they make them available to appropriate state and federal officials on request. The Healthy Children and Youth Screening guide may be photocopied or obtained at no charge from the Division of Medical Services. Providers *must* have this form in the medical record if billing the screening.

The Division of Medical Services is required to record and report to the Centers for Medicare & Medicaid Services all HCY screens and referrals for treatment. Reference Sections 13 and 15 for billing instructions. *Claims for the full medical screening and/or full medical screening with referral should be submitted promptly within a maximum of 60 days from the date of screening.*

Office visits and screenings that occur on the same day by the same provider are *not* covered unless the medical necessity is clearly documented in the recipient's record and a Certificate of Medical Necessity form is attached to the claim when submitting for payment.

* Reimbursement for immunizations and laboratory procedures is *not* included in the screening fee and may be billed separately.

9.6.A QUALIFIED PROVIDERS

The full screen *must* be performed by an enrolled Medicaid physician, nurse practitioner or nurse midwife*.

* only infants age 0-2 months; and females age 15-20 years

9.7 PARTIAL HCY/EPSDT SCREENS

Segments of the full medical screen may be provided by different providers. The purpose of this is to increase the access to care for all children and to allow providers reimbursement for those separate screens. When expanded HCY services are accessed through a partial or interperiodic screen, it is the responsibility of the provider completing the partial or interperiodic screening service to have a referral source to refer the child for the remaining components of a full screening service.



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Office visits and screenings that occur on the same day by the same provider are *not* covered unless the medical necessity is clearly documented in the recipient's record.

The Healthy Children and Youth Screening guide provides age-specific guidelines for the screener's assistance.

9.7.A DEVELOPMENTAL ASSESSMENT

PROCEDURE CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE AMOUNT
9942959 -----	Developmental/Mental Health partial screen -----	\$15.00
9942959UC -----	Developmental/Mental Health partial screen with Referral -----	\$15.00

This screen includes the following:

- Assessment of social and language development. Age-appropriate behaviors are identified in the HCY Screening guide.
- Assessment of fine and gross motor skill development. Age-appropriate behaviors are identified in the HCY Screening guide.
- Assessment of emotional and psychological status. Some age-appropriate behaviors are found in the HCY Screening guide.

9.7.A(1) Qualified Providers

The Developmental/Mental Health partial screen may be provided by the following enrolled Medicaid providers:

- Physician, nurse practitioner or nurse midwife*;
- Speech/language therapist;
- Physical therapist;
- Occupational therapist; or
- Professional Counselors, Social Workers, and Psychologists.

* only infants age 0-2 months; and females age 15-20 years

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**9.7.B UNCLOTHED PHYSICAL, ANTICIPATORY GUIDANCE, AND
INTERVAL HISTORY, LAB/IMMUNIZATIONS AND LEAD SCREEN**

PROCEDURE CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE AMOUNT
99381EP-99385EP----- 99391EP-99395EP	HCY Unclothed Physical and History -----	\$20.00
99381EPUC- 99385EPUC ----- 99391EPUC- 99395EPUC	HCY Unclothed Physical and History with Referral ---	\$20.00

The HCY unclothed physical and history includes the following:

- Check of growth chart;
- Examination of skin, head (including otoscopy and ophthalmoscopy), neck, external genitals, extremities, chest, hips, heart, abdomen, feet, and cover test;
- Appropriate laboratory;
- Immunizations; and
- Lead screening according to established guidelines.

9.7.B(1) Qualified Providers

The screen may be provided by an enrolled Medicaid physician, nurse practitioner or nurse midwife*.

* Reimbursement for immunizations and laboratory procedures is *not* included in the screening fee and may be billed separately.

9.7.C VISION SCREENING

PROCEDURE CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE AMOUNT
9942952 -----	Vision Screening -----	\$5.00
9942952UC -----	Vision Screening with Referral-----	\$5.00



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This screen can include observations for blinking, tracking, corneal light reflex, pupillary response, ocular movements. To test for visual acuity, use the Cover test for children under 3 years of age. For children over 3 years of age utilize the Snellen Vision Chart.

9.7.C(1) Qualified Providers

The vision partial screen may be provided by the following enrolled Medicaid providers:

- Physician, nurse practitioner or nurse midwife*;
- Optometrist.

* only infants age 0-2 months; and females age 15-20 years

9.7.D HEARING SCREEN

PROCEDURE CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE AMOUNT
99429EP-----	HCY Hearing Screen -----	\$5.00
99429EPUC -----	HCY Hearing Screen with Referral-----	\$5.00

This screen can range from reports by parents to assessment of the child’s speech development through the use of audiometry and tympanometry.

If performed, audiometry and tympanometry tests may be billed and reimbursed separately. These tests are *not* required to complete the hearing screen.

9.7.D(1) Qualified Providers

The hearing partial screen may be provided by the following enrolled Medicaid providers:

- Physician, nurse practitioner or nurse midwife*;
- Audiologist or hearing aid dealer/fitter; or
- Speech pathologist.

* Reimbursement for immunizations and laboratory procedures is *not* included in the screening fee and



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may be billed separately.

9.7.E DENTAL SCREEN

PROCEDURE CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE AMOUNT
99429 -----	HCY Dental Screen -----	\$20.00
99429UC -----	HCY Dental Screen with Referral-----	\$20.00

A dental screen is available to the HCY/EPSTDT population on a periodicity schedule that is different from that of the full HCY/EPSTDT screen.

Children may receive age-appropriate dental screens and treatment services until they become 21 years old. *A child's first visit to the dentist should occur no later than 12 months of age so that the dentist can evaluate the infant's oral health, intercept potential problems such as nursing caries, and educate parents in the prevention of dental disease in their child.* It is recommended that preventive dental services and oral treatment for children begin at age 6 to 12 months and be repeated every six months or as indicated.

When a child receives a full medical screen by a physician, nurse practitioner or nurse midwife*, it includes an oral examination, which is *not* a full dental screen. A referral to a dental provider *must* be made where medically indicated when the child is under the age of 1 year. When the child is 1 year or older, a referral *must* be made, at a minimum, according to the dental periodicity schedule. The physician, nurse practitioner or nurse midwife may *not* bill the dental screening procedure 99429 or 99429UC separately.

* only infants age 0-2 months; and females age 15-20 years

9.7.E(1) Qualified Providers

A dental partial screen may only be provided by a Medicaid participating dentist.

9.7.F ALL PARTIAL SCREENERS

The provider of a partial medical screen *must* have a referral source to send the recipients for the remaining required components of the full medical screen and is expected to help make arrangements for this service.

9.8 LEAD RISK ASSESSMENT AND TREATMENT—HEALTHY CHILDREN AND YOUTH (HCY)

The Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) has identified all children between 6 months and 72 months to be at risk for lead poisoning and has mandated they *must* receive a lead risk assessment as part of the HCY full or partial screening.

A complete lead risk assessment consists of a verbal risk assessment and blood test(s) when indicated, and at the mandatory testing ages of 12 and 24 months. Lead risk assessment is included as a component of a full HCY medical screen, 9938121EP through 9938521EP and 9939121EP through 9939521EP, or a partial HCY screen, 99381EP through 99385EP and 99391EP through 99395EP, which also includes the following components: Interval History, Unclothed Physical, Anticipatory Guidance, Lab, Immunization. See Section 9.7.B for additional information.

CMS has also determined that there are no guidelines or policies for states or local health departments to refer to in determining that an area is a lead free zone. Until there is specific information or guidance from the Centers for Disease Control (CDC) on how lead free zones are determined, CMS will *not* recognize them in the context of screening Medicaid eligible children for lead poisoning.

9.8.A SIGNS, SYMPTOMS AND EXPOSURE PATHWAYS

The signs and symptoms of lead exposure and toxicity may vary because of differences in individual susceptibility. A continuum of signs and symptoms exist, ranging from asymptomatic persons to those with overt toxicity.

Mild toxicity is usually associated with blood lead levels in the 35 to 50 µg/dL range for children and in the 40 to 60 µg/dL range for adults. Severe toxicity is frequently found in association with blood lead levels of 70 µg/dL or more in children and 100 µg/dL or more in adults.

The following signs and symptoms and exposure pathways are provided to assist providers in identifying children who may have lead poisoning or be at risk of being poisoned.

SIGNS AND SYMPTOMS

MILD TOXICITY

Myalgia or paresthesia
Mild fatigue
Irritability
Lethargy
Occasional abdominal discomfort

MODERATE TOXICITY

Arthralgia
General fatigue

SEVERE TOXICITY

Paresis or paralysis
Encephalopathy—may abruptly lead to seizures, changes in level of consciousness, coma and death
Lead line (blue-black) on gingival tissue
Colic (intermittent, severe abdominal cramps)

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Decrease in play activity
Difficulty concentrating
Muscular exhaustibility
Tremor
Headache
Diffuse abdominal pain
Vomiting
Weight loss
Constipation

EXPOSURE PATHWAYS

OCCUPATIONAL

Plumbers, pipe fitters
Lead miners
Lead smelters and refiners
Auto repairers
Glass manufacturers
Shipbuilders
Printers
Plastic manufacturers
Police Officers
Steel welders and cutters
Construction workers
Bridge reconstruction workers
Rubber products manufacturers
Gas station attendants
Battery manufacturers
Chemical and chemical preparation
Manufacturers
Industrial machinery and equipment operators
Firing Range Instructors

ENVIRONMENTAL

Lead-containing paint
Soil/dust near industries, roadways, lead
painted homes
Plumbing leachate
Ceramicware
Leaded gasoline

HOBBIES AND RELATED ACTIVITIES

Glazed pottery making
Target shooting at firing ranges
Lead soldering (e.g., electronics)
Painting
Preparing lead shot, fishing sinkers,
bullets
Stained-glass making
Car or boat repair
Home remodeling

SUBSTANCE USE

Folk remedies
“Health foods”
Cosmetics
Moonshine whiskey
Gasoline “huffing”+

Regardless of risk, all families *must* be given detailed lead poisoning prevention counseling as part of the anticipatory guidance during the HCY screening visit for children up to 72 months of age.

9.8.B LEAD RISK ASSESSMENT

The HCY Lead Risk Assessment Guide should be used at *each* HCY screening to assess the exposure to lead, and to determine the risk for high dose exposure. The HCY Lead Risk Assessment Guide is designed to allow the same document to follow the child for all visits from 6 months to 6 years of age. The HCY Lead Risk Assessment Guide has space on the reverse side to identify the type of blood test, venous or capillary, and also has space to identify the dates and results of blood lead levels.

A comprehensive lead risk assessment includes both the verbal lead risk assessment and blood lead level determinations. Blood Lead Testing is mandatory at 12 and 24 months of age and if the child is deemed high risk.

The HCY Lead Risk Assessment Guide is available for providers' use. The tool contains a list of questions that require a response from the parent. A positive response to any of the questions requires blood lead level testing by capillary or venous method.

9.8.C MANDATORY RISK ASSESSMENT FOR LEAD POISONING

All children between the ages of 6 months and 72 months of age MUST receive a lead risk assessment as a part of the HCY full or partial screening. Providers are *not* required to wait until the next HCY screening interval and may complete the lead risk assessment at the next office visit if they choose.

The HCY Lead Risk Assessment Guide and results of the blood lead test *must* be in the patient's medical record even if the blood lead test was performed by someone other than the billing provider. If this information is *not* located in the medical record a full or partial HCY screen may *not* be billed.

9.8.C(1) Risk Assessment

Beginning at six months of age and at each visit thereafter up to 72 months of age, the provider *must* discuss with the child's parent or guardian childhood lead poisoning interventions and assess the child's risk for exposure by using the HCY Lead Risk Assessment Guide.

9.8.C(2) Determining Risk

Risk is determined from the response to the questions on the HCY Lead Risk Assessment Guide. This verbal risk assessment determines the child to be low risk or high risk.

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- If the answers to all questions is no, a child is *not* considered at risk for high doses of lead exposure.
- If the answer to any question is yes, a child is considered *at risk* for high doses of lead exposure and a capillary or venous blood lead level *must* be drawn. Follow-up guidelines on the reverse side of the HCY Lead Risk Assessment Guide *must* be followed as noted depending on the blood test results.

Subsequent verbal lead risk assessments can change a child’s risk category. As the result of a verbal lead risk assessment, a previously low risk child may be recategorized as high risk.

9.8.C(3) Screening Blood Tests

The Centers for Medicare & Medicaid Services (CMS) requires mandatory blood lead testing by either capillary or venous method at 12 months and 24 months of age regardless of risk. If the answer to any question on the HCY Lead Risk Assessment Guide is positive, a venous or capillary blood test *must* be performed.

If a child is determined by the verbal risk assessment to be high risk, a blood lead level test is required, beginning at six months of age. If the initial blood lead level test results are less than 10 micrograms per deciliter (µg/dL) no further action is required. Subsequent verbal lead risk assessments can change a child's risk category. A verbal risk assessment is required at every visit prescribed in the EPSDT periodicity schedule through 72 months of age and if considered to be high risk *must* receive a blood lead level test, unless the child has already received a blood lead test within the last six months of the periodic visit.

A blood lead test result equal to or greater than 10 µg/dL obtained by capillary specimen (fingerstick) *must* be confirmed using venous blood according to the time frame listed below:

- 10-19 µg/dL- confirm within 2 months
- 20-44 µg/dL- confirm within 2 weeks
- 45-69 µg/dL- confirm within 2 days
- 70+ µg/dL- IMMEDIATELY

For future reference and follow-up care, completion of the HCY Lead Risk Assessment Guide is still required at these visits to determine if a child is at risk.



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9.8.C(4) MC+ Managed Care Health Plans

The MC+ managed care health plans are responsible for mandatory risk assessment for children between the ages of 6 months and 72 months. MC+ managed care health plans are also responsible for mandatory blood testing if a child is at risk or if the child is 12 or 24 months of age. MC+ managed care health plans must follow the HCY Lead Risk Assessment Guide when assessing a child for risk of lead poisoning or when treating a child found to be poisoned.

MC+ managed care health plans are responsible for lead case management for those children with elevated blood lead levels. MC+ managed care health plans are encouraged to work closely with Division of Medical Services and local public health agencies when a child with an elevated blood lead level has been identified.

Referral for an environmental investigation of the child's residence must be made to the local public health agency. This investigation is not the responsibility of the MC+ managed care health plan, but can be reimbursed by the Division of Medical Services on a fee-for-service basis.

9.8.D LABORATORY REQUIREMENTS FOR BLOOD LEAD LEVEL TESTING

When performing a lead risk assessment in Medicaid eligible children, CMS requires the use of the blood lead level test at 12 and 24 months of age and when a child is deemed high risk. The erythrocyte protoporphyrin (EP) test is not acceptable as a blood lead level test for lead poisoning. The following procedure code must be used to bill the blood lead test:

(Capillary specimen or venous blood samples.)

PROCEDURE CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE AMOUNT
83655	Lead, quantitative blood	\$15.00

This code must be used by Medicaid enrolled laboratories. Laboratories must be CLIA certified to perform blood lead level tests. All blood lead level tests must be reported to the Missouri Department of Health and Senior Services as required in Missouri Code of State Regulations 19 CSR 20-20.

9.8.E BLOOD LEAD LEVEL—RECOMMENDED INTERVENTIONS

9.8.E(1) Blood Lead Level <10 µg/dL

This level is *NOT* indicative of lead poisoning. No action required unless exposure sources change.

Recommended Interventions:

- The provider should refer to Section 9.8.C(3) and follow the guidelines for risk assessment blood tests.

9.8.E(2) Blood Lead Level 10-19 µg/dL

Children with results in this range are in the borderline category. The effects of lead at this level are subtle and are *not* likely to be measurable or recognizable in the individual child.

Recommended Interventions:

- Provide family education and follow-up testing.
- *Retest every 2-3 months.
- If 2 venous tests taken at least 3 months apart both result in elevations of 15 µg/dL or greater, proceed with retest intervals and follow-up guidelines as for blood lead levels of 20-44 µg/dL.

* Retesting *must* always be completed using venous blood.

9.8.E(3) Blood Lead Level 20-44 µg/dL

If the blood lead results are in the 20-44 µg/dL range, a confirmatory venous blood lead level *must* be obtained within 2 weeks. Based upon the confirmation, a complete medical evaluation *must* be conducted.

Recommended Interventions:

- Provide family education and follow-up testing.
- Assure coordination of care (case management) either through the MC+ health plan, provider or local public health agency. The provider assures medical management.

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- Contact local public health agency to provide environmental investigation and to assure lead-hazard control.
- *Retest every 1-2 months until the blood lead level remains less than 15 µg/dL for at least 6 months, lead hazards have been removed, and there are no new exposures.
- When these conditions are met, proceed with guidelines for blood lead levels 10-19 µg/dL.

* Retesting *must* always be completed using venous blood.

9.8.E(4) Blood Lead Level 45-69 µg/dL

These children require urgent medical evaluation.

If the blood lead results are in the 45-69 µg/dL range, a confirmatory venous blood lead level *must* be obtained within 48 hours.

Children with symptomatic lead poisoning (with or without encephalopathy) *must* be referred to a setting that encompasses the management of acute medical emergencies.

Recommended Interventions:

- Provide family education and follow-up testing.
- Assure coordination of care (case management) either through the MC+ health plan, provider or local public health agency. The provider assures medical management.
- Contact local public health agency to provide environmental investigation and to assure lead-hazard control.
- Within 48 hours begin coordination of care (case management), medical management, environmental investigation, and lead hazard control.
- A child with a confirmed blood lead level greater than 44 µg/dL should be treated promptly with appropriate chelating agents and *not* returned to an environment where lead hazard exposure may continue until it is controlled.
- *Retest every 1-2 months until the blood lead level remains less than 15 µg/dL for at least 6 months, lead hazards have been removed, and there are no new exposures.

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- When these conditions are met, proceed with guidelines for blood lead levels 10-19 µg/dL.

* Retesting *must* always be completed using venous blood.

9.8.E(5) Blood Lead Level 70 µg/dL or Greater

Children with blood lead levels in this range constitute a medical emergency.

If the blood lead results are in the 70 µg/dL range, a confirmatory venous blood lead level *must* be obtained immediately.

Recommended Interventions:

- Hospitalize child and begin medical treatment immediately.
- Begin coordination of care (case management), medical management, environmental investigation, and lead hazard control immediately.
- Blood lead levels greater than 69 µg/dL *must* have an urgent repeat venous test, but chelation therapy should begin immediately (*not* delayed until test results are available.)
- *Retest every 1-2 months until the blood lead level remains less than 15 µg/dL for at least 6 months, the lead hazards have been removed, and there are no new exposures.
- When these conditions are met, proceed with guidelines for blood lead levels 10-19 µg/dL.

* Retesting *must* always be completed using venous blood.

9.8.F COORDINATION WITH OTHER AGENCIES

Coordination with local health departments, WIC, Head Start, and other private and public resources enables elimination of duplicate testing and ensures comprehensive diagnosis and treatment. Also, local public health agencies' Childhood Lead Poisoning Prevention programs may be available. These agencies may have the authority and ability to investigate a lead-poisoned child's environment and to require remediation. Local public health agencies may have the authority and ability to investigate a lead poisoned child's environment. We encourage providers to note referrals and coordination with other agencies in the patient's medical record.

9.8.G ENVIRONMENTAL LEAD INVESTIGATION

When two consecutive lab tests performed at least three months apart measure 15 µg/dL or above, an environmental investigation *must be obtained*. Furthermore, where there is a reading above 10 µg/dL, the child *must* be re-tested in accordance to the recommended interventions listed in Section 9.8.E.

9.8.G(1) Environmental Lead Investigation

Children who have a blood lead level 20 µg/dL or greater or children who have had 2 blood lead levels greater than 15 µg/dL at least 3 months apart should have an environmental investigation performed.

The purpose of the environmental lead investigation is to determine the source(s) of hazardous lead exposure in the residential environment of children with elevated blood lead levels. Environmental lead investigations are to be conducted by licensed lead risk assessors who have been approved by the Missouri Department of Health and Senior Services. Approved licensed lead risk assessors shall comply with the Missouri Department of Health and Senior Services Lead Manual and applicable State laws.

All licensed lead risk assessors *must* be registered with the Missouri Department of Health and Senior Services. Approved lead risk assessors who wish to receive reimbursement for Medicaid eligible children *must* also be enrolled as a Missouri Medicaid provider. Lead risk assessors *must* use their Missouri Medicaid provider number when submitting claims for completing an environmental lead investigation.

The following procedure codes have been established for billing environmental lead investigations:

- T1029UATG Initial Environmental Lead Investigation
- T1029UA First Environmental Lead Reinvestigation
- T1029UATF Second Environmental Lead Reinvestigation
- T1029UATS Subsequent Environmental Lead Reinvestigation
Certificate of Medical Necessity *must* be attached to claim for this procedure

Federal Medicaid regulations prohibit Medicaid coverage of environmental lead investigations of locations other than the principle residence. The Missouri



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Department of Health and Senior Services recommends that all sites where the child may be exposed be assessed, e.g., day care, grandparents' home, etc.

Federal Health Care Financing policy prohibits Medicaid paying for laboratory testing of paint, soil and water samples.

Contact the local health department to arrange for environmental lead investigation services.

9.8.H ABATEMENT

Medicaid cannot pay for abatement of lead hazards. Lead risk assessors may be able to provide information and advice on proper abatement and remediation techniques.

9.8.I LEAD CASE MANAGEMENT

Children with 1 blood lead level of 20 µg/dL or greater, or who have had 2 venous tests at least 3 months apart with elevations of 15 µg/dL or greater must be referred for case management services through the HCY Program. In order to be reimbursed for these services the lead case management agency must be an enrolled provider with Missouri Division of Medical Services. For additional information on Lead Case Management, go to Section 13.66.D of the Physician's Manual.

9.8.J POISON CONTROL HOTLINE TELEPHONE NUMBER

The statewide poison control hotline number is (800) 366-8888. This number may also be used to report suspected lead poisoning. The Department of Health and Senior Services, Section for Environmental Health, hotline number is (800) 392-0272.

9.8.K MEDICAID ENROLLED LABORATORIES THAT PERFORM BLOOD LEAD TESTING

Baptist Medical Center 6601 Rockhill Kansas City, MO 64131	Biological Technology Lab 10114 Woodfield St. Louis, MO 63132
Boyce & Bynum Pathology Laboratories 2703 Clarke Ln. Columbia, MO 65205	Children's Mercy Hospital 2401 Gillham Rd. Kansas City, MO 64108
Kansas City Health Department Lab 2400 Troost, LL#100 Kansas City, MO 64108	LabCorp Holdings-Kansas City 1706 N. Corrington Kansas City, MO 64120
Missouri State Public Health Laboratory 307 W. McCarty Jefferson City, MO 65109	Quest Diagnostics 11636 administration St. Louis, MO 63146
Springfield-Greene County Public Health 227 E. Chestnut	St. Francis Medical Center 211 St. Francis Drive



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Springfield, MO 65802
 St. Louis City Health Department Lab
 634 N. Grand
 St. Louis, MO 63103
 St. Luke's Hospital Dept. of Pathology
 4401 Wornall
 Kansas City, MO
 University of MO-Columbia Hospital & Clinics
 One Hospital Drive
 Columbia, MO 65212

Cape Girardeau, MO 63703
 St. Louis County Environmental Health Lab
 111 S. Meramec
 Clayton, MO 63105
 Truman Medical Center East
 7900 Lee's Summit Rd.
 Kansas City, MO 64139

9.8.L OUT-OF-STATE LABS CURRENTLY REPORTING LEAD TEST RESULTS TO THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

Corning Clinical Laboratories
 1355 Mittel Blvd.
 Wood Dale, IL 60191
 LabCorp Holdings-Burlington
 1447 York Court
 Burlington, NC 27215
 LeadTech
 One Marine Plaza
 North Bergen, NJ 07047
 Specialty Laboratories
 2211 Michigan Ave.
 Santa Monica, CA 90404

Lab One Inc.
 10101 Renner Blvd.
 Lenexa, KS 66219
 LabCorp Holdings-Louisville
 4500 Conaem Dr. US 23 South
 Louisville, KY 40213
 Physician's Reference Laboratory
 7800 W. 110th St.
 Overland Park, KS 66210

9.9 HCY CASE MANAGEMENT

PROCEDURE CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE AMOUNT
T1016EP -----	HCY Case Management-----	\$12.50
T1016TSEP-----	HCY Case Management; Follow-up-----	\$10.00

For more information regarding HCY Case Management, refer to Section 13.66.D of the Physician's Manual.

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9.10 IMMUNIZATIONS

Immunizations *must* be provided during a full medical HCY screening unless medically contraindicated or refused by the parent or guardian of the patient. When an appropriate immunization is *not* provided, the patient's medical record *must* document why the appropriate immunization was *not* provided. Immunization against polio, measles, mumps, rubella, pertussis, chicken pox, diphtheria, tetanus, haemophilus influenzae type b, and hepatitis B *must* be provided according to the Recommended Childhood Immunization Schedule found on the Department of Health and Senior Services' website at: <http://www.dhss.mo.gov/Immunizations/index.html>.

9.10.A VACCINE FOR CHILDREN (VFC)

For information on the Vaccine for Children (VFC) program, reference Section 13.13.A of the Physician Program.

9.11 ASSIGNMENT OF SCREENING TIMES

Recipients under 21 years of age become eligible for the initial screening, as well as for the periodic screenings, at the time Medicaid eligibility is determined regardless of how old they are. A periodic screen should occur thereafter according to the established periodicity schedule. A notification letter is sent in the month the recipient again becomes eligible for an HCY screening. The letter is to notify the recipient that a screening is due.

9.12 PERIODICITY SCHEDULE FOR HCY (EPSDT) SCREENING SERVICES

The periodicity schedule represents the minimum requirements for frequency of full medical screening services. Its purpose is *not* to limit the availability of needed treatment services between the established intervals of the periodicity schedule.

Children may be screened at any time the physician, nurse practitioner or nurse midwife* feels it is medically necessary to provide additional screening services. *If it is medically necessary for a full medical screen (See Section 9.6 for procedure list) to occur more frequently than the suggested periodicity schedule, then the screen should be provided. There must, however, be documentation in the patient's medical record that indicates the medical necessity of the additional full medical screening service.*

The HCY Program makes available to Medicaid recipients under the age of 21 a full HCY screening examination during each of the age categories in the following periodicity schedule:

Newborn (2-3) days 3 Years

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By one Month	4 Years
2-3 Months	5 Years
4-5 Months	6-7 Years
6-8 Months	8-9 Years
9-11 Months	10-11 Years
12-14 Months	12-13 Years
15-17 Months	14-15 Years
18-23 Months	16-17 Years
24 Months	18-19 Years
	20 Years

* only infants age 0-2 months; and females age 15-20 years

9.12.A DENTAL SCREENING SCHEDULE

- Twice a year from age 6 months to 21 years.

9.12.B VISION SCREENING SCHEDULE

- Once a year from age 3 to 21 years.

9.12.C HEARING SCREENING SCHEDULE

- Once a year from age 3 to 21 years.

9.13 REFERRALS RESULTING FROM A FULL, INTERPERIODIC OR PARTIAL SCREENING

The full HCY screen is to serve as a complete screen and should *not* result in a referral for an additional partial screen for the component that identified a need for further assessment or treatment. A child referred as a result of a full screen should be referred for diagnostic or treatment services and *not* for additional screening except for dental (see Section 9.7.E).

Diagnostic and treatment services beyond the scope of the Medicaid state plan may require a plan of care and prior authorization (see Section 9.13.A). Additional information regarding specialized services can be found in Section 13, Benefits and Limitations.

Section 9 - Healthy Children and Youth Program**9.13.A PRIOR AUTHORIZATION FOR NON-STATE PLAN SERVICES
(EXPANDED HCY SERVICES)**

Medically necessary services beyond the scope of the traditional Medicaid Program may be provided when the need for these services is identified by a complete, interperiodic or partial HCY screening. When required, a Prior Authorization Request form *must* be submitted to the Division of Medical Services. Refer to instructions found in Section 13 of the provider manual for information on services requiring prior authorization. Complete the Prior Authorization Request form in full, describing in full detail the service being requested and submit in accordance with requirements in Section 13 of the provider manual.

Section 8 of the provider manual indicates exceptions to the prior authorization requirement and gives further details regarding completion of the form. Section 14 may also include specific requirements regarding the prior authorization requirement.

9.14 RECIPIENT NONLIABILITY

Medicaid covered services rendered to an eligible recipient are *not* billable to the recipient if Medicaid would have paid had the provider followed the proper policies and procedures for obtaining payment through the Medicaid Program as set forth in 13 CSR 70-4.030.

**9.15 EXEMPTION FROM COST SHARING AND COPAY
REQUIREMENTS**

Providers *must* refer to appropriate program manuals for specific information regarding cost sharing and copay requirements.

9.16 STATE-ONLY FUNDED RECIPIENTS

Children eligible under a state-only funded category of assistance are eligible for all services including those available through the HCY Program to the same degree any other person under the age of 21 years is eligible for a service. Refer to Section 1 for further information regarding state-only funded recipients.

9.17 MANAGED CARE PLUS (MC+)

MC+ managed care health plans are responsible for insuring that Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) screens are performed on all MC+ eligibles under the age of 21.



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	9939121EP through 9939521EP
Unclothed Physical and History	99381EP through 99385EP and 99391EP through 99395EP
Developmental/Mental Health	9942959 9942959UC
Hearing Screen	99429EP 99429EPUC
Vision Screen	9942952 9942952UC
Dental Screen	99429 99429UC

The history and exam of a normal newborn infant and initiation of diagnostic and treatment programs may be reported by the plans with procedure code 99431. Normal newborn care in other than a hospital or birthing room setting may be reported by the plans with procedure code 99432. Both of the above newborn procedure codes are equivalent to a full HCY screening.

Plans are responsible for required immunizations and recommended laboratory tests. Lab services are *not* part of the screen and are reported separately using the appropriate CPT-4 code. Immunizations are recommended in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines and an acceptable medical practice.

If a problem is detected during a screening examination, the child *must* be evaluated as necessary for further diagnosis and treatment services. The MC+ managed care health plan is responsible for the treatment services.

9.18 ORDERING HEALTHY CHILDREN AND YOUTH SCREENING AND HCY LEAD SCREENING GUIDE

The Healthy Children and Youth Screening and HCY Lead Screening Guide may be ordered from Infocrossing Healthcare Services, P.O. Box 5600, Jefferson City, Missouri 65102 by checking the appropriate item on the Forms Request. If a provider needs additional screening forms they can also make copies.

END OF SECTION
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