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TITLE 8 SOCIAL SERVICES
CHAPTER 320 EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES
PART 3 TOT TO TEEN HEALTHCHECK

8.320.3.1 ISSUING AGENCY: New Mexico Human Services Department.
[2/1/95; 8.320.3.1 NMAC - Rn, 8 NMAC 4.MAD.000.1, 3/1/12]

8.320.3.2 SCOPE: The rule applies to the general public.
[2/1/95; 8.320.3.2 NMAC - Rn, 8 NMAC 4.MAD.000.2, 3/1/12]

8.320.3.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the state human services department pursuant to state statute. See Sections 27-2-12 et seq. NMSA 1978 (Repl. Pamp. 1991).
[2/1/95; 8.320.3.3 NMAC - Rn, 8 NMAC 4.MAD.000.3, 3/1/12]

8.320.3.4 DURATION: Permanent
[2/1/95; 8.320.3.4 NMAC - Rn, 8 NMAC 4.MAD.000.4, 3/1/12]

8.320.3.5 EFFECTIVE DATE: February 1, 1995
[2/1/95; 8.320.3.5 NMAC - Rn, 8 NMAC 4.MAD.000.5, 3/1/12]

8.320.3.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico medicaid program. These policies describe eligible providers, covered services, noncovered services, utilization review, and provider reimbursement.
[2/1/95; 8.320.3.6 NMAC - Rn, 8 NMAC 4.MAD.000.6, 3/1/12]

8.320.3.7 DEFINITIONS: [RESERVED]

8.320.3.8 MISSION STATEMENT: The mission of the New Mexico medical assistance division (MAD) is to maximize the health status of medicaid-eligible individuals by furnishing payment for quality health services at levels comparable to private health plans.
[2/1/95; 8.320.3.8 NMAC - Rn, 8 NMAC 4.MAD.002, 3/1/12]

8.320.3.9 TOT TO TEEN HEALTHCHECK: The New Mexico medicaid program (medicaid) pays for medically necessary health services furnished to recipients. To help eligible medicaid recipients under twenty-one (21) years of age receive medically necessary health services, the New Mexico medical assistance division (MAD) developed the tot to teen healthcheck, New Mexico's screening segment of early and periodic screening, diagnosis and treatment (EPSDT) service. The tot to teen healthcheck includes periodic screening and regularly scheduled assessments of the recipient's general physical and mental health, growth, and development. Additional diagnostic and treatment services furnished under EPSDT are obtained only with a referral following a tot to teen healthcheck. This part describes the screening services covered under the tot to teen healthcheck, schedules and components of the various screening services, providers eligible to furnish these screening services, and general reimbursement methodology.
[2/1/95; 8.320.3.9 NMAC - Rn, 8 NMAC 4.MAD.741, 3/1/12]

8.320.3.10 ELIGIBLE PROVIDERS: Upon approval of New Mexico medical assistance program provider participation agreements by MAD, physicians, dentists, psychologists, and the groups these providers form, public health clinics, federally qualified health centers (FQHC), rural health clinics, community mental health centers, hospitals, school-based clinics, independent certified or licensed nurse practitioners and other health care providers are eligible to be reimbursed for performing tot to teen healthcheck screens. Providers must meet the participation requirements specified in applicable sections of the medical assistance program manual. Tot to teen healthcheck screens must be furnished within the scope of the provider's practice, as defined by law.
[2/1/95; 8.320.3.10 NMAC - Rn, 8 NMAC 4.MAD.741.1, 3/1/12]

8.320.3.11 PROVIDER RESPONSIBILITIES: Providers who furnish services to medicaid recipients must comply with all specified medicaid participation requirements. See 8.302.1 NMAC, *General Provider Policies*. Providers must verify that individuals are eligible for medicaid at the time services are furnished and determine if medicaid recipients have other health insurance. Providers must maintain records which are sufficient to fully disclose the extent and nature of the services furnished to recipients. See 8.302.1 NMAC, *General Provider Policies*. [2/1/95; 8.320.3.11 NMAC - Rn, 8 NMAC 4.MAD.741.2, 3/1/12]

8.320.3.12 COVERED SERVICES: Screening services are furnished to eligible recipients under twenty-one (21) years of age. Referrals or treatment for conditions detected during complete or partial screens which require further treatment are then covered as part of EPSDT. A tot to teen healthcheck can be performed during an office visit for an acute illness as long as the illness does not affect the results or the screening process.

A. Screening schedule for medical components:

(1) The New Mexico tot to teen healthcheck periodicity schedule allows for a total of twenty (20) screens. Screenings are encouraged at the following intervals:

- (a) under age 1: 6 screening/examination visits (1, 2, 4, 6, 9 and 12 mo.);
- (b) ages 1-5: 6 screening/examination visits (15, 18 and 24 mo.; 3, 4 and 5 yrs.);
- (c) ages 6-14: 5 screening/examination visits (6, 8, 10, 12 and 14 yrs.);
- (d) ages 15-20: 3 screening/examination visits (16, 18 and 20 yrs.).

(2) Additional screenings can be performed at an interval other than those listed above if a recipient receives care at a time not listed on the periodicity schedule or if any components of the screen were not completed at the scheduled ages. Additional screenings can be used to put the recipient on the periodicity schedule when possible.

(3) The established schedule must be followed unless the recipient's medical condition is such that a brief deviation is warranted.

B. Components of complete medical screens: Complete medical screens include the following components:

- (1) a comprehensive health and developmental history, including an assessment of both physical and mental health development;
- (2) a comprehensive unclothed physical exam;
- (3) appropriate immunizations, according to age and health history, unless medically contraindicated at the time;
- (4) laboratory tests, including an appropriate lead blood level assessment; and
- (5) health education, including anticipatory guidance.

C. Partial medical screens: "Partial medical screens" are defined as screens where all the required components of a complete medical screen are not completed for medical reasons.

D. Additional medical screens covered by medicaid: The following are additional medical screens which are covered by medicaid and billed by providers as a medical examination:

- (1) dental examinations performed at intervals which meet reasonable dental standards; usually these examinations are furnished every six (6) months, however, examinations can be furnished at other intervals as medically necessary;
- (2) vision examinations performed at intervals which meet reasonable vision standards or at other intervals as medically necessary; a vision examination should be furnished before the recipient reaches three (3) years of age and again prior to five (5) years of age or prior to entering school; if no abnormalities are found, vision screenings should be furnished every two (2) years and a complete examination furnished if indicated;
- (3) hearing testing performed at intervals which meet reasonable standards or at other intervals as medically necessary for the diagnosis or treatment of defects in hearing; a hearing test using an audiogram should be given at five (5) years of age or prior to entering school; annual examinations should be furnished if abnormalities are identified;
- (4) mental health examinations performed at intervals which meet reasonable standards or at other intervals as medically necessary for the diagnosis or treatment of mental illness; and
- (5) other necessary health care or diagnostic services.

E. Interperiodic screens: "Interperiodic screens" are defined as screening encounters with health care, developmental, or educational professionals to determine the existence of suspected physical or mental illnesses or conditions. Interperiodic screens can be performed at intervals beyond those specified in the periodicity schedule. Reimbursement for the performance of interperiodic screens is made only to eligible medicaid providers.

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F. **Role of the primary care network providers:** For EPSDT-eligible recipients enrolled in the primary care network (PCN), primary care providers are responsible for the performance of tot to teen healthcheck screens and to refer recipients for further evaluation and/or treatment when applicable. PCN providers can choose to perform the complete or partial medical screen or arrange for the performance of screens by another medicaid provider. PCN providers are the continuing care practitioner for purposes of EPSDT reporting. [2/1/95; 8.320.3.12 NMAC - Rn, 8 NMAC 4.MAD.741.3, 3/1/12]

8.320.3.13 REIMBURSEMENT FOR COMPLETE, PARTIAL, OR INTERPERIODIC SCREENS:

The tot to teen healthcheck screens are reimbursed on a fee-for-service basis established by MAD. The fee includes payment for all components of the screening, with the exception of immunizations and specimen collection fees for laboratory work done outside the office.

- A. Partial screenings are reimbursed according to the fee schedule.
- B. Providers who perform partial screens are reimbursed for covered follow-up diagnostic and treatment services. Treatment services are billed separately, not as part of the tot to teen healthcheck screen.
- C. Providers are not reimbursed for providing complete screens unless the immunizations due are given and the verbal assessments and blood tests required to determine lead exposure are performed.

[2/1/95; 8.320.3.13 NMAC - Rn, 8 NMAC 4.MAD.741.4, 3/1/12]

8.320.3.14 TREATMENT FOR IDENTIFIED CONDITIONS: Medicaid covers services considered medically necessary for the treatment or amelioration of conditions identified as a result of a complete tot to teen healthcheck screen, partial medical screen, or interperiodic screen. Diagnostic or evaluation services furnished during the screening cannot be duplicated as part of the follow-up treatment. If appropriate, treatment is furnished by the screening provider at the time of the tot to teen healthcheck.

A. **Referrals for treatment:** Eligible recipients can be referred for treatment as a result of a tot to teen healthcheck, regardless of whether the provider making the referral is a participating medicaid provider. If it is inappropriate for screening providers to furnish treatment needed by recipients, referrals must be made only to qualified medicaid providers.

B. **Treatment of recipients with mental health conditions:** If recipients are identified through the tot to teen healthcheck as having a mental health condition which could require extensive or long term treatment, recipients must be referred by the screening provider for further evaluation or treatment.

- (1) Providers to whom recipients are referred must develop an individualized treatment plan.
- (2) The plan must consider the total mental health needs of the recipient.
- (3) The plan must be developed in cooperation with recipients, parents, or guardians and other health care professionals, as appropriate. In the case of recipients under twenty-one (21) years of age who are placed in the custody of the children, youth and families department (CYFD) in foster care, social workers, juvenile probation officers or parole officers from CYFD are to be included in the development of the plan.
- (4) Mental health plans must be submitted to MAD or its designee for prior approval of any mental health EPSDT services.

C. **Recipient rights:** Recipients have the right to refuse medical treatment and the freedom to select among participating medicaid providers. Information in this section does not restrict or limit recipient rights or choice.

[2/1/95; 8.320.3.14 NMAC - Rn, 8 NMAC 4.MAD.741.5, 3/1/12]

HISTORY OF 8.320.3 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center: ISD 310.1700, EPSDT Services; filed 2/13/80.

ISD 310.1700, EPSDT Services, filed 6/25/80.

ISD Rule 310.1700, EPSDT Services, filed 10/22/84.

MAD Rule 310.17, EPSDT Services, filed 5/1/92.

MAD Rule 310.17, EPSDT Services, filed 7/14/93.

MAD Rule 310.17, EPSDT Services, filed 11/12/93.

MAD Rule 310.17, EPSDT Services, filed 12/17/93.

MAD Rule 310.17, EPSDT Services, filed 3/14/94.

MAD Rule 310.17, EPSDT Services, filed 6/15/94.

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(EPSDT) SERVICES
TOT TO TEEN HEALTHCHECK

History of Repealed Material:

MAD Rule 310.17, EPSDT Services, filed 11/30/94 - Repealed effective 2/1/95.