Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's Proposed Changes Blog.

OHCA COMMENT DUE DATE: February 16, 2018

The proposed policy is a Permanent Rule. The proposed policy was presented at the January 2, 2018 Tribal Consultation and is scheduled to be presented to the Medical Advisory Committee on March 15, 2018 and the OHCA Board of Directors on March 22, 2018.
Reference: APA WF # 17-32

SUMMARY:
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Periodicity Schedule Policy Revisions – The proposed revisions will update the EPSDT Periodicity Schedule recommended for physicians and other practitioners who provide screening services to children.

LEGAL AUTHORITY: The Oklahoma Health Care Authority Board; The Oklahoma Health Care Authority Act, Section 5003 through 5016 of Title 63 of Oklahoma Statutes; Title XIX State Plan; 42 Code of Federal Regulation, Sec. 441.58

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Tywanda Cox
Federal and State Policy

FROM: Sasha Teel
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 17-32

A. Brief description of the purpose of the rule:

The proposed revisions will update the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Periodicity Schedule recommended for physicians and other practitioners who provide screening services to children. The periodicity schedule recommended will reflect those recommended by the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD). Additionally, it amends other sections that refer to the old periodicity schedule recommendations and updates the hearing, vision and dental EPSDT sections to align with current industry standards. Finally, revisions will update acronyms and titles, and correct any grammatical mistakes for better flow and understanding.

B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

SoonerCare members, receiving EPSDT services, may be positively affected by the proposed rule as the change is intended to improve access and outline frequency to preventative services by encouraging providers to provide visits in line with industry standard. SoonerCare providers whom use the EPSDT periodicity schedule to treat members may also benefit from the change as mentioned the change intends to increase access and frequency to services.

C. A description of the classes of persons who will benefit from the proposed rule:

SoonerCare members, receiving EPSDT services, may be benefit by the proposed rule as the change is intended to improve access and outline frequency to preventative EPSDT services.

D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee changes:

There is no economic impact and there are no fee changes associated with the rule change for any other of the above classes of persons or any political subdivision.

E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The change should not result in any additional cost as current rules state that providers could provide optional screenings as indicated and/or as recommended in the guidelines established by the AAP.

F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule should have no economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule.

G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The proposed rule will not have an adverse impact on small business.

H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The proposed revisions will be at no cost to the agency. The agency has taken measures to determine that there is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule may have a positive impact on public health as rules are intended to improve access and outline frequency to preventative EPSDT services.

J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

OHCA does not believe there is a detrimental effect on the public health and safety if the rule is not passed.

K. The date the rule impact statement was prepared and if modified, the date modified:

The rule impact statement was prepared December 27, 2017.

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

SUBCHAPTER 3. GENERAL PROVIDER POLICIES

PART 4. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) PROGRAM/~~CHILD HEALTH SERVICES~~CHILD-HEALTH SERVICES

317:30-3-65. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) ~~program/Child Health Services~~Program/Child-health Services

Payment is made to eligible providers for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services on behalf of eligible individuals under the age of 21.

(1) The EPSDT program is a comprehensive child-health program, designed to ensure the availability of, and access to, required health care resources and help parents and guardians of Medicaid-eligible children and adolescents use these resources. An effective EPSDT program assures that health problems are diagnosed and treated early before they become more complex and their treatment more costly. The physician plays a significant role in educating parents and guardians about all services available through the EPSDT program. The receipt of an identified EPSDT screening makes the ~~Medicaid child~~member eligible for all necessary follow-up care that is within the scope of the ~~Medicaid~~SoonerCare program. ~~Federal regulations require that diagnosis and treatment be provided for conditions identified during a screening whether or not they are covered under the~~

~~Authority's current program. Such services must be allowable under federal regulations and must be necessary to ameliorate or correct defects and physical or behavioral health illnesses or conditions and will require prior authorization.~~ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) covers services, supplies, or equipment that are determined to be medically necessary for a child or adolescent, and which are included within the categories of mandatory and optional services in Section 1905(a) of Title XIX, regardless of whether such services, supplies, or equipment are listed as covered in Oklahoma's State Plan.

(2) Federal regulations also require that the State set standards and protocols for each component of EPSDT services. The standards must provide for services at intervals which meet reasonable standards of medical and dental practice. The standards must also provide for EPSDT services at other intervals as medically necessary to determine the existence of certain physical or behavioral health illnesses or conditions.

(3) ~~Medicaid~~SoonerCare providers who perform EPSDT screenings must assure that the screenings they provide meet the minimum standards established by the ~~OHCA and outlined at OAC 317:30-3-65.1~~Oklahoma Health Care Authority in order to be reimbursed at the level established for EPSDT services.

(4) An EPSDT screening is considered a comprehensive examination. A provider billing ~~the Medicaid program~~SoonerCare for an EPSDT screen may not bill any other Evaluation and Management Current Procedure Terminology (CPT) code for that patient on that same day. It is expected that the screening provider will perform necessary treatment as part of the screening charge. However, there may be other additional diagnostic procedures or treatments not normally considered part of a comprehensive examination, including diagnostic tests and administration of immunizations, required at the time of screening. Additional diagnostic procedures or treatments may be billed independently from the screening. Some services as set out in this section may require prior authorization.

(5) For an EPSDT screening to be considered a completed reimbursable service, providers must perform, and document, all required components of the screening examination. Documentation of screening services performed must be retained for future review.

(6) All comprehensive screenings provided to individuals under age 21 must be filed on HCFA-1500 using the appropriate preventive medicine procedure code or an appropriate Evaluation and Management code from the Current Procedural

Terminology Manual (CPT) accompanied by the appropriate "V" diagnosis code.

317:30-3-65.1. Minimum required screenings [REVOKED]

~~(a) The Oklahoma EPSDT program has established and adopted a periodicity schedule based on recommendations from recognized medical and dental organizations and individuals involved in child health care in Oklahoma.~~

~~(b) A complete description of services to be provided at each screening interval is outlined in the Periodicity Schedule found at OAC 317:30-3-65.2.~~

317:30-3-65.2. Periodicity schedule

The OHCA requires that physicians providing reimbursable ~~EPSDT Screens~~Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screens adopt and utilize ~~the version of the Oklahoma Health Care Authority EPDST Periodicity schedule. Providers are allowed and encouraged to provide optional screenings as indicated and/or as recommended in~~ the guidelines established by the ~~American Academy of Pediatrics~~American Academy of Pediatrics' Bright Futures periodicity schedule. ~~Optional screenings may be completed at one week, fifteen months, and eleven, thirteen, fifteen, seventeen and nineteen years of age. At a minimum, practitioners are required to perform the OHCA recommended elements for each age related visit as follows:~~

~~(1) Each EPSDT visit whether optional or required will consist, at a minimum, of a history of occurrences since the last screening visit (Health History), measurements of height, weight and head circumference (as appropriate through age two), an age appropriate developmental and a behavioral screening as well as a complete unclothed physical exam. Immunizations are to be checked and provided as needed according to the Advisory Committee on Immunization Practices (ACIP) schedule and any appropriate laboratory testing should be performed. Additionally, age appropriate anticipatory guidance is also required to be given to parents in the areas of injury prevention, violence prevention, sleep positioning (through 6 months of age), and nutritional counseling. Beginning at age 4 and with each subsequent visit, a Body Mass Index (BMI) is to be calculated and charted. A tuberculin test is required to be given to any at risk child from the ages of 12 months to age 20 years and a cholesterol screening is required to be given to at risk children between the ages of 2 years and 20 years. Beginning at age 12, at risk female children should also be given a pelvic exam and all at risk children should be given STD screening. Dental~~

~~screens begin at the first sign of tooth eruption by the primary care provider and with each subsequent visit to determine if the children needs a referral to a dental provider. In addition to the elements listed above, each compensable EPSDT visit also requires the following as designated by age:~~

~~(2) Newborn visit. The newborn visit occurs inpatient. The visit consists, at a minimum, of a prenatal history and physical examination of all body systems. The practitioner also conducts a screening of vision that consists of an assessment of the anatomy of the lids, alignment of the eyes and clarity of the ocular media with particular attention to documenting the presence of a normal red reflex. A newborn hearing screen is required. The Heb B Immunizations is required. A Hereditary/Metabolic Screening is required between birth and one month.~~

~~(3) One week visit. One week visit occurs approximately one week from the hospital discharge date. A hearing screen is required to be done if the child failed the newborn hearing screen or if there are parental concerns or any other indicator of potential problems. A Hereditary/Metabolic Screening is required between birth and one month. This is an optional visit for infants who were discharged early or have other health concerns.~~

~~(4) By one month old visit. The practitioner conducts a screening of vision that consists of a Red reflex and external appearance exam. A hearing screen is required if there are parental concerns or any other indicator of potential problems. A Hereditary/Metabolic Screening is required between birth and one month.~~

~~(5) Two month old visit. The practitioner conducts a screening of vision that consists of a Red reflex and external appearance exam. A hearing screen is required if there are parental concerns or any other indicator of potential problems.~~

~~(6) Four month old visit. The practitioner conducts a screening of vision that consists of a Red reflex and external appearance exam. A hearing screen is required if there are parental concerns or any other indicator of potential problems.~~

~~(7) Six month old visit. The practitioner conducts a screening of vision that consists of a Red reflex and external appearance exam and evaluation of ocular alignment with a corneal light reflex test. A hearing screen is required to be done if there are parental concerns or any other indicator of potential problems.~~

~~(8) Nine month old visit. The practitioner conducts a screening of vision between the ages of nine and twelve months (if the vision screening is done at this visit, it need not be repeated at the twelve month visit) that consists of a Red reflex and external appearance exam and evaluation of ocular alignment with a corneal light reflex test. A hearing screen is required to be done if there are parental concerns or any other indicator of potential problems. A blood lead test may be provided as early as nine months but is required at 12 and 24 months. A hematocrit or hemoglobin test is required to be performed between the ages of nine months and three years.~~

~~(9) One year old visit. The practitioner conducts a screening of vision between the ages of nine and twelve months (if the vision screening was deferred at the nine month visit, it must be provided at the twelve month visit) that consists of a Red reflex and external appearance exam and evaluation of ocular alignment with a corneal light reflex test. A hearing screen is required to be done if there are parental concerns or any other indicator of potential problems. A blood lead test may be provided as early as nine months but is required at 12 and 24 months. A hematocrit or hemoglobin test is required to be performed between the ages of nine months and three years and a tuberculin test is required to be given to any at risk child from the ages of 12 months to age 20 years.~~

~~(10) Fifteen month old visit. A hearing screen is required to be done if there are parental concerns or any other indicator of potential problems. A hematocrit or hemoglobin test is required to be performed between the ages of nine months and three years. A tuberculin test is required to be given to any at risk child from the ages of 12 months to age 20 years. This is an optional visit.~~

~~(11) Eighteen month old visit. A hearing screen is required to be done if there are parental concerns or any other indicator of potential problems. A hematocrit or hemoglobin test is required to be performed between the ages of nine months and three years. A tuberculin test is required to be given to any at risk child from the ages of 12 months to age 20 years.~~

~~(12) Two years old visit. A hearing screen should be done if there are parental concerns or any other indicator of potential problems. A blood lead test may be provided as early as nine months but is required at 12 and 24 months. A hematocrit or hemoglobin test is required to be performed between the ages of nine months and three years.~~

~~(13) Three years old visit. The practitioner conducts one vision screening between the ages three to five. The~~

~~screening consists of an alignment and an acuity test e.g., Allen Cards, Snellen chart or HOTV Test in each eye. A hearing screen, subjective by history, is done if there are parental concerns or any other indicator of potential problems. A hematocrit or hemoglobin test is required to be performed between the ages of nine months and three years.~~

~~(14) Four years old visit. The practitioner conducts one vision screening between the ages three to five. The screening consists of an alignment and an acuity test e.g., Allen Cards, Snellen chart or HOTV Test in each eye. A hearing screen should be done.~~

~~(15) Five years old visit. The practitioner conducts one vision screening between the ages three to five. The screening consists of an alignment and an acuity test e.g., Allen Cards, Snellen chart or HOTV Test in each eye. A hearing screen is required to be done if the screening was not provided in the school.~~

~~(16) Six years old visit. The practitioner conducts a screening of vision that consists of visual acuity testing. An objective hearing screen is required if the screening was not provided in the school.~~

~~(17) Eight years old visit. The practitioner conducts a screening of vision that consists of visual acuity testing. An objective hearing screen is required if the screening was not provided in the school.~~

~~(18) Ten years old visit. The practitioner conducts a screening of vision that consists of visual acuity testing. An objective hearing screen should be done if the screening was not provided in the school.~~

~~(19) Eleven and thirteen years old visit. The practitioner conducts one screening of vision that consists of visual acuity testing between the ages of 11 through 18. Hearing screens are subjective by history. A hematocrit or hemoglobin test and a urinalysis test are required to be done once from ages 11 through age 20 on menstruating females. These visits are optional visits.~~

~~(20) Twelve years old visit. The practitioner conducts one screening of vision that consists of visual acuity testing between the ages of 11 through 18 (all other years are subjective by history). Hearing screens are subjective by history. A hematocrit or hemoglobin test and a urinalysis test are required to be done once from ages 11 through age 20 on menstruating females.~~

~~(21) Fourteen, sixteen, eighteen, and twenty years old visit. The practitioner conducts one screening of vision that consists of visual acuity testing between the ages of 11 through 18. Hearing screenings are subjective by history.~~

~~(22) Fifteen, seventeen and nineteen years old visit. The practitioner conducts one vision screening that consists of visual acuity testing between the ages of 11 through 18. Hearing screenings are subjective by history. These are all optional visits.~~

317:30-3-65.4. Screening components

Comprehensive ~~EPSDT~~Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screenings are performed by, or under the supervision of, a SoonerCare physician or other SoonerCare practitioner. SoonerCare physicians are defined as all licensed allopathic and osteopathic physicians in accordance with the rules and regulations covering OHCA's SoonerCare program. Other SoonerCare practitioners are defined as all contracted physician assistants and ~~advanced practice nurses~~advanced practice registered nurses in accordance with the rules and regulations covering the OHCA's SoonerCare program. At a minimum, screening examinations must include, but not be limited to, the following components:

(1) **Comprehensive health and developmental history**. Health and developmental history information may be obtained from the parent or other responsible adult who is familiar with the ~~child's~~member's history and include an assessment of both physical and mental health development. Coupled with the physical examination, this includes:

(A) **Developmental assessment**. Developmental assessment includes a range of activities to determine whether an individual's developmental processes fall within a normal range of achievement according to age group and cultural background. Screening for development assessment is a part of every routine, initial and periodic screening examination. Acquire information on the ~~child's~~member's usual functioning as reported by the ~~child,~~member, teacher, health professional or other familiar person. Review developmental progress as a component of overall health and well-being given the ~~child's~~member's age and culture. As appropriate, assess the following elements:

(i) Gross and fine motor development;

(ii) Communication skills, language and speech development;

(iii) Self-help, self-care skills;

(iv) Social-emotional development;

(v) Cognitive skills;

(vi) Visual-motor skills;

(vii) Learning disabilities;

(viii) Psychological/psychiatric problems;

(ix) Peer relations; and

(x) Vocational skills.

(B) **Assessment of nutritional status**. Nutritional assessment may include preventive treatment and follow-up services including dietary counseling and nutrition education if appropriate. This is accomplished in the basic examination through:

(i) Questions about dietary practices;

(ii) Complete physical examination, including an oral dental examination;

(iii) Height and weight measurements;

(iv) Laboratory test for iron deficiency; and

(v) Serum cholesterol screening, if feasible and appropriate.

(2) **Comprehensive unclothed physical examination**. Comprehensive unclothed physical examination includes the following:

(A) **Physical growth**. Record and compare height and weight with those considered normal for that age. Record head circumference for children under one year of age. Report height and weight over time on a graphic recording sheet.

(B) **Unclothed physical inspection**. Check the general appearance of the ~~child~~member to determine overall health status and detect obvious physical defects. Physical inspection includes an examination of all organ systems such as pulmonary, cardiac, and gastrointestinal.

(3) **Immunizations.** Legislation created the Vaccine for Children Program effective October 1, 1994. Vaccines are provided free of charge to all enrolled providers for SoonerCare eligible children and adolescents. Participating providers may bill for an administration fee set by the Centers for Medicare and Medicaid Services (CMS) on a regional basis. They may not refuse to immunize based on inability to pay the administration fee.

(4) **Appropriate laboratory tests**. A blood lead screening test (by either finger stick or venipuncture) must be performed between the ages of nine and 12 months and at 24 months. A blood lead test is required for any child up to age 72 months who had not been previously screened. A blood lead test equal to or greater than 10 micrograms per deciliter (ug/dL) obtained by capillary specimen (fingerstick) must be confirmed using a venous blood sample. If a child is found to have blood lead levels equal to or greater than 10 ug/dL, the Oklahoma Childhood Lead Poison Prevention Program (OCLPPP) must be notified according to rules set forth by the Oklahoma State Board of Health ~~(OAC 310:512-3-5)~~defined in Oklahoma Administrative Code (OAC) 310:512-3-5.

(A) The OCLPPP schedules an environmental inspection to identify the source of the lead for children who have a persistent blood lead level 15 ug/dL or greater. Environmental inspections are provided through the Oklahoma State Department of Health (OSDH) upon notification from laboratories or providers and reimbursed through the OSDH cost allocation plan approved by OHCA.

(B) Medical judgment is used in determining the applicability of all other laboratory tests or analyses to be performed unless otherwise indicated on the periodicity schedule. If any laboratory tests or analyses are medically contraindicated at the time of the screening, they are provided when no longer medically contraindicated. Laboratory tests should only be given when medical judgment determines they are appropriate. However, laboratory tests should not be routinely administered. ~~General procedures including immunizations and lab tests, such as blood lead, are outlined in the periodicity schedule found at OAC 317:30-3-65.2.~~

(5) **Health education**. Health education is a required component of screening services and includes anticipatory guidance. At the outset, the physical and dental assessment, or screening, gives the initial context for providing health education. Health education and counseling to parents, guardians or ~~children~~members is required. It is designed to assist in understanding expectations of the ~~child's~~member's development and provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.

(6) **Vision and hearing screens**. Vision and hearing services are subject to their own periodicity schedules. However, age-appropriate vision and hearing assessments may be performed as a part of the screening as outlined ~~in the periodicity schedule found~~ at OAC 317:30-3-65.7 and 317:30-3-65.9.

(7) **Dental screening services**. An oral ~~dental examination~~screening may be included in the EPSDT screening and as a part of the nutritional status assessment. Federal regulations require a direct dental referral for every ~~child~~member in accordance with the American Academy of Pediatric Dentistry periodicity schedule and at other intervals as medically necessary. Therefore, when an oral ~~examination~~screening is done at the time of the EPSDT screening, the ~~child~~member may be referred directly to a dentist for further screening and/or treatment. Specific dental services are outlined in OAC 317:30-3-65.8.

(8) **Child abuse.** ~~Instances of child abuse and/or neglect discovered through screenings and regular examinations are to~~

~~be reported in accordance with State Law. Section 7103 of Title 10 of the Oklahoma Statutes mandates reporting suspected abuse or neglect to the Oklahoma Department of Human Services. Section 7104 of Title 10 of the Oklahoma Statutes further requires reporting of criminally injurious conduct to the nearest law enforcement agency.~~Instances of child abuse and/or neglect are to be reported in accordance with state law, including, but not limited to, 10A Oklahoma Statutes, Section 1-2-101. Any person suspecting child abuse or neglect shall immediately report it to the Oklahoma Department of Human Services (DHS) Hotline at 1-800-522-3511.

317:30-3-65.6. Documentation of Services

Records for ~~EPSDT~~Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screens must contain adequate documentation of services rendered. Such documentation must include the physicians'~~s~~ signature or identifiable initials for every prescription or treatment. Documentation of records may be completed manually or electronically in accordance with guidelines found at OAC 317:30-3-15. Each required element of the age specific screening must be documented with a description of any noted problem, anomaly or concern. In addition, a plan for following necessary diagnostic evaluations, procedures and treatments, must be documented. ~~The OHCA Child Health Provider Manual contains forms that may be used for this purpose.~~

317:30-3-65.7. Vision services

Children and adolescents should receive periodic eye and vision examinations to diagnose and treat any eye disease in its early stages in order to prevent or minimize vision loss and maximize visual abilities.

~~(a) At a minimum, vision services include diagnosis and treatment for defects in vision, including eyeglasses once each 12 months. In addition, payment is made for glasses for children with congenital aphakia or following cataract removal (refer to OAC 317:30-5-2(b)(5) for amount, duration, and scope). Payment is limited to two glasses per year. Any glasses beyond this limit must be prior authorized and determined to be medically necessary. The following schedule outlines the services required for vision services adopted by the OHCA.~~

~~(1) Each newborn should have an assessment of the anatomy of the lids, alignment of the eyes and clarity of the ocular media with particular attention to documenting the presence of a normal red reflex. The history should document either a normal birth or other condition such as prematurity.~~

~~(2) Red reflex and external appearance should be repeated and recorded on infants between one and four months of age.~~

~~(3) At six months of age, repeat red reflex and external exam and add an evaluation of ocular alignment with a corneal light reflex test.~~

~~(4) One screen should occur between nine and 12 months to mirror the six month screening.~~

~~(5) One screening from age three to five including alignment and an acuity test e.g., Allen Cards, Snellen chart or HOTV Test in each eye.~~

~~(6) Objective visual acuity testing should be provided at ages five through ten, and once during ages 11 through 18. All other years are subjective by history.~~

~~(b) Interperiodic vision examinations are allowed at intervals outside the periodicity schedule when a vision condition is suspected.~~

(1) At a minimum, vision services include diagnosis and treatment for defects in vision, including eyeglasses once each twelve (12) months. In addition, payment is made for glasses for members with congenital aphakia or following cataract removal (refer to OAC 317:30-5-2(b)(5) for amount, duration, and scope). Payment is limited to only two (2) glasses per year for a member. Any glasses beyond the two (2) glasses limit must be prior authorized and determined to be medically necessary (refer to 317:30-5-432.1 for more information on corrective lenses and optical supplies).

(2) The OHCA recommends that physicians adopt and utilize the American Optometric Association standards for vision screenings and examinations.

317:30-3-65.8. Dental services

(a) At a minimum, dental services include relief of pain and infection; limited restoration of teeth and maintenance of dental health; and oral prophylaxis every 184 days. Dental care includes emergency and preventive services and therapeutic services for dental disease which, if left untreated, may become acute dental problems or may cause irreversible damage to the teeth or supporting structures. Other dental services include inpatient services in an eligible participating hospital, and amalgam ~~composites and posterior amalgam~~composite restorations, pulpotomies, chrome steel crowns, anterior root canals, pulpectomies, band and loop space maintainers, ~~cement bases,~~ acrylic partial and lingual arch bars; other restoration, repair and/or replacement of dental defects after the treatment plan submitted by a dentist has been authorized (refer to ~~OAC~~Oklahoma Administrative Code 317:30-5-696(3) for amount, duration and scope).

(b) Dental screens should begin at the first sign of tooth eruption by the primary care provider and with each subsequent

visit to determine if the ~~child~~member needs a referral to a dental provider. Dental examinations by a qualified dental provider should begin ~~before the age of two~~by age one (1)(unless otherwise indicated) and ~~once yearly~~every six (6) months to one (1) year thereafter. Additionally, ~~children~~members should be seen for prophylaxis once every 184 days, if indicated by risk assessment. All other dental services for relief of pain and infection, restoration of teeth and maintenance of dental health should occur as the provider deems necessary.

(c) Separate payment will be made to the member's primary care provider for the application of fluoride varnish during the course of a ~~well child~~child-health screening for members ages ~~6 months to 60 months~~six (6) months to sixty (60) months. Reimbursement is limited to two applications per year by eligible providers who have attended an OHCA-approved training course related to the application of fluoride varnish.

317:30-3-65.9. Hearing services

(a) At a minimum, hearing services include hearing evaluation once every ~~12~~twelve (12) months, hearing aid evaluation if indicated and purchase of a hearing aid when prescribed by a state licensed audiologist who:

(1) holds a certificate of clinical competence from the American Speech and Hearing Association of the American Academy of Audiologists; or

(2) has completed the equivalent educational requirements and work experience necessary for the certificate; or

(3) has completed the academic program and is acquiring supervised work experience necessary for the certificate; and

(4) holds a contract with ~~OHCA~~Oklahoma Health Care Authority to perform such an evaluation and obtains prior authorization for the evaluation.

(b) Interperiodic hearing examinations are allowed at intervals outside the periodicity schedule when a hearing condition is suspected (refer to OAC 317:30-5-676 for amount, duration and scope). The following schedule outlines the services required in the EPSDT/OHCA ~~child Health~~child-health screening program for hearing services adopted by the OHCA.

(1) Birth. Physiologic screen utilizing automated brainstem response testing or ~~transient-evoked~~ otoacoustic emissions testing.

(2) Two (2) to five (5) months. Subjective screens. Question if passed physiologic newborn hearing screen months in both ears in addition to caregiver concerns regarding hearing sensitivity.

(3) Six (6) to twelve (12) months. Infants with ~~JCIH~~Joint Committee on Infant Hearing (JCIH) risk factors are

~~screened~~screened/assessed with physiologic or behavioral ~~months~~ measures ~~including either~~which can include visual reinforcement audiometry, acoustic immittance/reflexes testing, auditory brainstem response testing ~~or~~and/or otoacoustic emissions testing. Infants without risk factors are screened subjectively with~~y~~ auditory behavior development checklist.

(4) ~~18~~Eighteen (18) months. Subjective screen. To include brief questionnaire regarding appropriate speech and language development.

(5) ~~24~~Twenty-four (24) months. ~~Children~~Members with JCIH risk factors ~~screened~~screened/assessed with physiologic or behavioral measures including visual reinforcement audiometry, immittance/reflex testing and/or otoacoustic emissions, or acoustic ~~immittance/reflex testing~~. Subjective screen for all others to include concerns of caregivers and brief questionnaire regarding speech and language development.

(6) Three (3) years. Behavioral or physiologic ~~screen~~screen/assessment ~~including~~which can include either conditioned play audiometry, acoustic immittance testing (including reflexes), pneumatic otoscopy, or otoacoustic emissions.

(7) Four (4) years. Behavioral or physiologic ~~screen~~screen/assessment ~~including~~which can include either conditioned play audiometry, acoustic immittance testing (including reflexes), or otoacoustic emissions.

(8) Five (4) to six (6) years. Behavioral screen if not completed in school including conventional behavioral pure tone screening.

(9) Eight (8), ten (10) and ~~12~~twelve (12) years. Behavioral screen if not completed in school including conventional behavioral pure tone screening.

(10) ~~15 and 18~~Fifteen (15) and eighteen (18) years. Subjective screening to include concerns regarding school and home communicative performance.

317:30-3-65.10. Periodic and interperiodic screening examinations

(a) **Periodic screening examination.** ~~Periodic screening must be provided in accordance with the periodicity schedule as described in OAC 317:30-3-65.2 following the initial screening.~~ Periodic screenings must be provided in accordance with the recommended American Academy of Pediatrics' Bright Futures periodicity schedule following the initial screening.

(b) **Interperiodic screening examination.** Interperiodic screenings must be provided when medically necessary to

determine the existence of suspected physical or mental illnesses or conditions. This may include, but is not limited to, physical, mental or dental conditions. The screening components must include health and physical history, physical examination, assessment and administration of necessary immunizations, check of nutritional status, appropriate lab and x-ray and anticipatory guidance. The determination of whether an interperiodic screen is medically necessary may be made by a health, developmental or educational professional who comes into contact with the ~~child~~member outside of the formal health care system. Claims for interperiodic screenings must be billed under the appropriate ~~CPT~~Current Procedural Terminology codes on form HCFA-1500 for services that are determined medically necessary.

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 73. EARLY INTERVENTION SERVICES

317:30-5-640.1. Periodicity schedule

(a) ~~A complete description of services to be provided at each screening interval is outlined in the Periodicity Schedule found at OAC 317:30-3-65.2.~~The Oklahoma Health Care Authority requires that all physicians providing reimbursable Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screens adopt and utilize the American Academy of Pediatrics and Bright Futures periodicity schedule.

(b) ~~Medicaid eligible children~~Medicaid-eligible children and adolescents enrolled in SoonerCare are referred to their SoonerCare provider for EPSDT screens. In cases where the SoonerCare provider authorizes the qualified provider of health related services to perform the screen or fails to schedule an appointment within three (3) weeks and a request has been made and documented by the staff of the OSDE or OSDH, or the latter's contractors, the ~~OSDH~~Oklahoma State Department of Health may then furnish the EPSDT ~~child health~~child-health screening and bill it as a fee-for-service activity. Results of the ~~child health~~child-health screening are forwarded to the ~~child's~~member's SoonerCare provider.

PART 103. QUALIFIED SCHOOLS AS PROVIDERS OF ~~HEALTH RELATED~~HEALTH-RELATED SERVICES

317:30-5-1022. Periodicity schedule

(a) The ~~Oklahoma~~ SoonerCare ~~Program~~program has adopted the recommendations of the American Academy of ~~Pediatrics~~Pediatrics'

Bright Futures periodicity schedule for services~~, which include at least the following:~~.

~~(1) Six screenings during the first year of life;~~

~~(2) Two screenings in the second year;~~

~~(3) One screening yearly for ages two through five years;~~

~~(4) One screening every other year for ages six through 20 years~~.

(b) Children and adolescents enrolled in SoonerCare are referred to their SoonerCare provider for services. In cases where the SoonerCare provider authorizes the ~~School~~school to perform the screen or fails to schedule an appointment within three (3) weeks and a request has been made and documented by the ~~School~~school, the ~~School~~school may then furnish the ~~EPSDT~~Early and Periodic Screening, Diagnosis and Treatment ~~child health~~child-health screening and bill it as a fee-for-service activity. Results of the ~~child health~~child-health screening are forwarded to the ~~child's~~member's SoonerCare provider.