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MEDICAID BARRIERS TO IMPLEMENTATION OF THE THREE LEVEL IDENTIFICATION SYSTEM ABCD II

Guiding Principles

- Medicaid should not be expected to pay more for best practice. Medicaid should not accept a sub-standard level of care. Practitioners should be paid for what they are doing.
- Reimbursement for screening and assessment needs to be adequate; providers can't be expected to lose money when providing the service.
- Screening, assessment and treatment codes need to be adapted to match the payment system to the clinical reality.
- Services must be available and reimbursable; it is unethical to screen when there are no services.
- Changes in Medicaid policy implemented in the demonstration sites will be available statewide.

Coding

Level 1 Screening—*Periodic reviews of a child's development as an integrated part of a well-child exam to include a review of developmental milestones, behavior, family risk factors, and parent concerns.*

- Providers usually conduct an “informal” assessment at the time of a well child exam and do not use risk identification tools.
- Currently, there is not mechanism to bill for Level 1 screening; the cost is bundled into the full EPSDT exam rate. To reimburse providers for completing the Health Maintenance Clinical Notes or other approved risk identification tools. Current policy is to allow additional payment only for objective testing (i.e. 96110, 96111) not subjective. Use procedure code- 99420 administration and interpretation health risk assessment instrument. A second alternative is to use the 25 modifier on the well child visit code.
- Medicaid does not reimburse for well child screenings done on the same day of an “ill child visit”. Current Procedure Technology (CPT) allows this.

Note: We need to not build in a disincentive to the use of codes 96110 & 96111.

Definitions: 96110=developmental testing; limited with interpretation and report 96111=developmental testing; extended includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments. 25 modifier = significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service

Level 2 Screening—*A standardized procedure to identify children and families at risk for more definitive diagnosis or follow-up*

- Level 2 Screening is often provided by social service and mental health providers who can't bill Medicaid for providing the service; we need to expand our provider

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base to reimburse these groups. Current Medicaid policy allows independent psychologists and community mental health centers to bill procedure codes 96110 & 96111. Iowa Medicaid allows for treatment service for families at risk in the home health agency benefit under a plan of care monitored by DHS caseworker.

- There needs to be a mechanism for communication back to the physician.

Level 3 Assessment—*A systematic, comprehensive assessment including standardized measures of the child and family functioning in order to develop information for diagnosis and treatment.*

- Many providers are reluctant to label an infant or young child with a diagnosis, yet without a diagnosis a child is not eligible for a Medicaid Waiver and providers are not eligible for reimbursement for services. Providers are particularly reluctant to diagnose an infant who is not yet showing delays even if the infant has a condition that makes future delay a near certainty (e.g., Down’s Syndrome). . HCBS waivers are provided to assist with diagnosed conditions ie-MR, ill & handicapped, physical disability. Recommend use of the functional assessment tools. May still have a problem with the youngest children. Current IA Medicaid policy does not allow for assumption that children with Downs will be MR.

A child with a diagnosis of non-mosaic Downs Syndrome should be deemed eligible for the MR waiver until age 24-36 months.

- Early ACCESS can’t be reimbursed for assessments without an IFSP in force. Current CMS guidance allows for assessment services to be covered only if they are directly linked to a service in the IFSP
- More parent anticipatory guidance on accommodation and use of natural supports

Non-Medicaid issues

- In general, diagnosis and treatment codes do not address the needs of infants and young children; these codes need to be reviewed and consideration needs to be given to developing “crosswalks” for the inclusion of recognized Zero to Three codes. This is a provider education issue. In the crosswalks only 2 go directly from 0-3 to ICD-9 codes. Of the two Maine’s crosswalk is recommended. It is more comprehensive and includes a crosswalk for problems in the parent-child relationship. Washington’s coding crosswalks with personality disorders which is not appropriate for children 0-3.