103 Local Education Agencies (LEAs)

Federal law has made it possible for state education agencies to finance health-related education services through Medicaid and private insurance companies. Medicaid works with the State Department of Education, Special Education Services (SES), and the Local Education Agencies (LEAs) throughout the state to reimburse for these services.

Background Information

In 1975, the Individuals with Disabilities Education Act, formerly the Education for All Handicapped Children Act (P.L. 94-142) was signed into law, guaranteeing every child the right to a free, appropriate public education (FAPE) and related services in the least restrictive environment possible. Section 300.301 (a) (b) of the 34 Code of Federal Regulations states the following:

- Each State may use whatever state; local, federal, and private sources of support are available in the State to meet the requirements of this part. For example, when it is necessary to place a handicapped child in a residential facility, a State could use joint agreements between agencies involved for sharing the cost of that placement.
- Nothing in this part relieves an insurer or similar third party from an otherwise valid obligation to provide or to pay for services provided to a handicapped child.

In 1986, a General Accounting Office report recommended that Medicaid law be amended to allow Medicaid to pay for related services they typically would have covered if P.L. 94-142 were not in effect (GAO HRD 86-62BR). Congress acted on this recommendation through the Medicare Catastrophic Coverage Act (P.L. 100-360), which was signed into law on July 1, 1988.

A provision of P.L. 100-360 amended Section 1903 of the Social Security Act specifying that Medicaid was not restricted from covering services furnished to a child with disability simply because the services are included in the child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). Congress further clarified that federal Medicaid matching funds are available for the cost of health services that are furnished to a child with disabilities, even though the services are included in the child's IEP or IFSP.

Regulations implementing the Individuals with Disabilities Education Act of 2004 require that school districts secure parental permission prior to billing Medicaid for services provided by the school districts. The regulation can be found at 34CFR 300.154(d).

In summary, Congress has established that while State education agencies are financially responsible for educational services, in the case of a Medicaid-eligible child, State Medicaid agencies remain responsible for the "related services" identified in a child's IEP if the services are covered under the State's Medicaid plan.

In November 1989, the Omnibus Budget Reconciliation Act of 1989 (OBRA ’89) was passed requiring Medicaid to cover all medically necessary services allowed under Section 1905(a) to “correct and ameliorate defects and physical and mental illnesses and conditions discovered by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening, regardless of whether these services are included in the Medicaid State Plan.” This act provides a mechanism for the local education agencies, through their professional staff, to bill Medicaid for health-related services that meet Medicaid’s criteria for reimbursement.

Participation

Effective 04/01/12, the scope of services that can be billed through the LEA was expanded. Refer to Section 103.5 for details on covered services. The LEA will need to have qualified subcontractors or employees in place to perform direct services. The LEA will bill the appropriate code identifying the procedure performed. Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

The LEA must verify that no practitioner providing service has been terminated, suspended, or barred from the Medicaid or Medicare Program. The lists of terminated, suspended and barred practitioners are available on Medicaid's website at www.medicaid.alabama.gov.

Federal requirements mandate providers re-enroll periodically with the Alabama Medicaid program. Providers will be notified when they are scheduled to re-enroll. Failure to re-enroll and provide appropriate documentation to complete enrollment will result in an end-date being placed on the provider file. Once a provider file has been closed for failure to timely re-enroll, providers will have to submit a new application for enrollment.

LEA National Provider Identifier

A provider who contracts with Alabama Medicaid as an LEA is added to the Medicaid system with the National Provider Identifiers (NPI) provided at the time application is made. Appropriate provider specialty codes are assigned to enable the provider to submit requests and receive reimbursements for LEA-related claims.

NOTE:
The 10-digit NPI is required when filing a claim.

The qualifications for direct service providers are delineated in the scope of services. It is the responsibility of the LEA to ensure that direct service providers meet these qualifications. RNs, LPNs and School nurses must practice within the scope of the Standards of Nursing Practice as defined in Rule 610-X-6. Other practitioners must meet their own licensing requirements and practice within the scope of those licenses or credentials.

103.1 Records and Samples

Providers of service are required to keep the following records and, upon request, furnish these records to authorized State representatives of the Alabama Medicaid Agency, the Department of Health and Human Services, the State Examiners of Public Accounts, the State Attorney General, the Comptroller General, the General Accounting Office, and the State Department of Education:

- A copy of the original and all updates of the Individualized Education Program (IEP), including parental signature. The IEP should be updated yearly.
- Description of specific professional services and activities provided with the date, the duration of services and activities rendered, and the name and title of the professional providing services and activities
- Dated updates/progress notes describing the student's progress, or lack thereof, signed or initialed by the professional providing services and activities
- The School's Official Attendance Record
- Discharge notes from services completed/treatment summary
- Description of the provider's activity during sampled time study moments

All records shall be completed promptly, filed, and retained for a minimum of five years from the date of services or until all audit questions, appeal hearings, investigations, or court cases are resolved, whichever is longer.

NOTE:
Failure to furnish records upon request may result in recoupment of funds paid.

103.1.1 Progress Notes

Medicaid highly recommends that therapists follow the SOAP method for recording appropriate documentation. The letters SOAP outline the four parts of documentation:

Subjective comment
Objective or goal
Assessment
Plan: Continue, Add, or Delete

An example of a progress note developed using the SOAP method would be:

Date	*Student progressing in all areas. Auditory discrimination tasks are improving (50 to 70%). Single word level production for new goals continues to be difficult. Continue present plan.* *Signature of Therapist*

After the initial date of treatment, it is recommended that the therapist also SOAP all additional visits.

Date	*Showed marked improvement aud-dis (l) and blends; otherwise about the same. Encouraged to continue notebook. Continue present plan.* *Signature of Therapist*

NOTE:

Progress notes must be written after each service. Each progress note must be dated and signed or initialed. Electronic signatures on electronic medical records are acceptable.

103.1.2 Recipient Signature Requirement

Medicaid recognizes that the parents do not take their children to school each day; therefore, it would be impossible to obtain a parental signature for each date of service. To meet Medicaid's recipient signature requirement, the LEA must have the following:

- An IEP signed by the parent or responsible guardian that indicates the services the student will receive (for example, speech therapy three times a week for nine months)
- An attendance record that reflects the student was in attendance for the date of service

103.2 Prior Authorization and Referral Requirements

Services provided through an LEA do not require EPSDT, prior authorization or Patient 1st referral.

103.3 Cost Sharing (Copayment)

Copayment does not apply to services provided through LEA providers.

103.4 New Cost Report Reimbursement Methodology

As approved by the Centers for Medicare and Medicaid Services (CMS) in August 2013 and effective as of April 1, 2012, the Alabama Medicaid Agency will begin calculating Medicaid reimbursement for direct medical services, through a Cost Report mechanism, for all Local Education Agencies. The Cost Report program is a cost-based, provider-specific methodology. LEAs complete a quarterly cost report with an annual Cost Settlement.

The reimbursement process for the direct medical services is comprised of the following parts:

- LEAs identify direct service providers on a quarterly basis (Participant List)
- LEAs participate in a Random Moment Time Study on a quarterly basis
- LEAs complete a quarterly Cost Report
- Annual cost reconciliation and cost settlement is completed

103.5 FFS Interim Billing Process

The Cost Report is the mechanism that will be used to determine LEA interim payments and annual cost settlement amounts. However, LEAs may elect to continue to submit electronic claims through the MMIS vendor for additional documentation purposes. Reimbursement rates through the MMIS system have been set to zero to enable payments to be processed through the quarterly Cost Report and annual settlement process.

Refer to Appendix B, Electronic Media Claims Guidelines, for information.

103.5.1 Performing and Billing National Provider Identifiers

BILLING: In block 33 of the CMS-1500 claim form, enter the billing provider NPI and the billing provider's name.

PERFORMING: In block 24J of the CMS-1500 claim form, enter the School District's individual NPI.

The 10-digit NPI reflects services provided, per school district. A separate NPI will not be needed for each specialty that is providing services at each school district.

103.5.2 Place of Service

Claims should be filed with Place of Service (POS) Code 11 – office.

103.5.3 Time Limit for Filing Claims

Medicaid requires all claims for local education agencies to be filed within one year of the date of service. Refer to Section 5.1.5, Filing Limits and Approved Exceptions, for more information regarding timely filing limits and exceptions.

103.5.4 Diagnosis Codes

The *International Classification of Diseases - 9th Revision - Clinical Modification* (ICD-9-CM) manual lists required diagnosis codes. These manuals are updated annually, and providers should use the current version. The ICD-9-CM manual may be obtained by contacting the American Medical Association, P.O. Box 10950, Chicago, IL 60610. The diagnosis code must come from the direct provider of service unless a diagnosis code is listed.

NOTE:

ICD-9 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

103.5.5 Required Claim Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to the following circumstances:

- Claims With Third Party Denials

Refer to Section 5.7, Required Attachments, for more information on attachments.

103.6 Covered Services

Covered services are face-to-face health related services provided to a student, group of students, or parent/guardian on behalf of the student. Covered services are listed in the Alabama State Plan of Medical Assistance and are medically necessary for the development of the IEP or fully documented in the IEP. An IEP must be completed in order for services to be billed. Covered services are:

- Audiology Services
- Counseling Services
- Occupational Therapy
- Physical Therapy
- Personal Care Services
- Speech/Language Services
- Nursing Services
- Transportation Services

The CPT manual lists most required procedure codes. Certain CPT codes must be billed with the SE modifier as indicated. The services in this section may be covered by Medicaid when provided by an authorized provider according to an IEP. **Annual limitations are based on calendar year.**

The following paragraphs provide a detailed list of covered services, grouped by service.

103.6.1 Audiology Services

Service Description: Audiology services or documented in the IEP includes, but is not limited to evaluations, tests, tasks and interviews to identify hearing loss in a student whose auditory sensitivity and acuity are so deficient as to interfere with normal functioning.

Professional Qualifications:

Audiology services must be provided by:

- A qualified audiologist who meets the requirements of, and in accordance with, 42 CFR §440.110(c), and other applicable state and federal law or regulation;

- A licensed/certified audiology assistant when the services are provided in a school setting and when these providers are acting under the supervision or direction of a qualified Audiologist in accordance with 42 CFR §440.110 and other applicable state or federal law.

Procedure Codes:

Procedure Code/ Modifier	*Description*	*Daily Limits*	*Annual Limits*
92551 SE	Screening test, pure tone, air only	1	12
92552 SE	Pure tone audiometry (threshold); air only	1	12
92553 SE	Pure tone audiometry (threshold); air and bone	1	12
92555 SE	Speech audiometry threshold	1	12
92556 SE	Speech audiometry threshold with speech recognition	1	12
92567 SE	Tympanometry (impedance testing)	1	12
92592 SE	Hearing aid check; monaural	1	12
92593 SE	Hearing aid check; binaural	1	12

103.6.2 Counseling Services

Counseling services are available to Medicaid-eligible recipients under the age of 21 years, who are eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), and for whom the services are medically necessary. Medically necessary EPSDT services are health care, diagnostic services, treatment, and other measures described in section 1905(a) of Title XIX of the Social Security Act and, 42 CFR 440.130, that are necessary to correct or ameliorate any defects and physical and mental illnesses and conditions. These services are intended for the exclusive benefit of the Medicaid eligible child, documented in the IEP, and include but are not limited to:

1. Services may include testing and/or clinical observations as appropriate for chronological or developmental age. Such services are provided to:

    a. Assist the child and/or parents in understanding the nature of the child's disability;
    b. Assist the child and/or parents in understanding the special needs of the child;
    c. Assist the child and/or parents in understanding the child's development

2. Health and behavior interventions to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems. Qualified professionals may incorporate the following examples as a form of service. These examples are also recognized by the American Psychological Association as a therapeutic form of service. Qualified providers can determine the type of modalities that can be utilized based on the condition and treatment requirements of each individual and are not limited to these examples.

    a. Cognitive Behavior Modification- This is a therapeutic approach that combines the cognitive emphasis on the role of thoughts and attitudes influencing motivations and response with the behavioral emphasis on changing performance through modification of reinforcement contingencies.
    b. Rational-emotive therapy- A comprehensive system of personality change based on changing irrational beliefs that cause undesirable, highly charged emotional reactions such as severe anxiety.

c. Psychotherapy- Any of a group of therapies, used to treat psychological disorders, that focus on changing faulty behaviors, thoughts, perceptions, and emotions that may be associated with specific disorder. Examples include. individual interactive psychotherapy using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication, family therapy and sensory integrative therapy.

3. Assessing needs for specific counseling services.

Professional Qualifications:
Counseling services may be provided by:

- Licensed Psychologist;
- Licensed Psychological Associate;
- Licensed Certified Social Worker;
- Licensed Marriage and Family Therapist;
- Licensed Professional Counselor;
- Licensed Psychiatrist
- Registered nurse who has completed a master's degree in psychiatric nursing;
- Licensed School Psychologist when the services are provided in a school setting; or
- Licensed Specialist in School Psychology when the services are provided in a school setting.

Procedure Code/ Modifier	***Description***
96152 UB	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153 UB	Intervention – group (per person)

103.6.3 Occupational Therapy

Service Description: Occupational Therapy services, for the development of the students IEP or documented in the IEP include, but are not limited to:

1. Evaluation of problems which interfere with the student's functional performance

2. Implementation of a therapy program or purposeful activities which are rehabilitative, active or restorative as prescribed by a licensed physician,

These activities are designed to:

a) improve, develop or restore functions impaired or lost through illness, injury or deprivation,

b) improve ability to perform tasks for independent functioning when functioning is impaired or lost,

c) prevent, through early intervention, initial or further impairment or loss of function,

d) correct or compensate for a medical problem interfering with age appropriate functional performance.

Professional Qualifications:

- Must be licensed by the Alabama State Board of Occupational Therapy and meet the requirements of, and in accordance with, 42 CFR §440.110(b);

- Occupational therapy assistants may assist in the practice of occupational therapy only under the supervision of an OT. Occupational therapy assistants must have an Associate of Arts degree and must be licensed by the Alabama State Board of Occupational Therapy. Supervision of certified OT assistants must include one-to-one on-site supervision at least every sixth (6th) visit. Each supervisory visit must be documented and signed by the OT making the visit.

All services must be performed within the scope of services as defined by the licensing board.

Procedure Codes:

Medicaid **does not** cover group occupational therapy. Covered occupational therapy services do not include recreational and leisure activities such as movies, bowling, or skating. Use the following procedure codes for services prescribed by a physician and provided by a qualified occupational therapist:

Procedure Code/ Modifier	***Description***	***Daily Limits***	***Annual Limit***
97003 SE	Occupational therapy evaluation	1	1
97004 SE	Occupational therapy re-evaluation	1	1
97110 SE	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility*	4	96

*If additional services are needed, provider of service must use modifier 22. Medicaid monitors the use of this modifier. Documentation in medical record must support use of modifier 22 by reflecting continued improvement of condition for which therapy is ordered.

103.6.4 Physical Therapy

Service Description: Physical Therapy services, necessary for the development of the student's IEP or documented in the IEP include, but are not limited to:

1. Evaluations and diagnostic services
2. Therapy services which are rehabilitative, active, restorative. These services are designed to correct or compensate for a medical problem and are directed toward the prevention or minimization of a disability, and may include:
    a. developing, improving or restoring motor function
    b. controlling postural deviations
    c. providing gait training and using assistive devices for physical mobility and dexterity

d. maintaining maximal performance within a student's capabilities through the use of therapeutic exercises and procedures.

Professional Qualifications: Must be licensed by the Alabama Board of Physical Therapy. Physical therapy assistants may provide services only under the supervision of a qualified physical therapist. PT assistants must be licensed by the Alabama Board of Physical Therapy. Supervision of licensed PT assistants must include one-to-one on-site supervision at least every sixth (6th) visit. Each supervisory visit must be documented and signed by the PT.

All services must be performed within the scope of services as defined by the licensing board.

Procedure Codes:

Use the following procedure codes for services prescribed by a physician and provided by a qualified physical therapist. Physical therapy is not covered for groups. Physical therapy services may not be span billed.

Procedure Code/Modifier	***Description***	***Daily Limits***	***Annual Limit***
97001 SE	Physical therapy evaluation	1	1
97002 SE	Physical therapy re-evaluation	1	1
97110 SE	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility*	4	96

*If additional services are needed, provider of service must use modifier 22. Medicaid monitors the use of this modifier. Documentation in medical record must support use of modifier 22 by reflecting continued improvement of condition for which therapy is ordered.

103.6.5 Personal Care Services

Service Description: EPSDT services are health care, diagnostic services, treatments, and other measures necessary to correct or ameliorate defects and physical and mental illnesses and conditions.

Personal care services are support services furnished to a client who has physical, cognitive, or behavioral limitations related to the client's disability or chronic health condition that limit the client's ability to accomplish activities of daily living ADLs), instrumental activities of daily living (IADLs), or health-related functions. Personal care services provided to students on specialized transportation vehicles are covered under this benefit. Services must be authorized by a physician in accordance with a plan of treatment or (at the State's option) in accordance with a service plan approved by the State. Personal care services may be provided in an individual or group setting, and must be documented in the IEP/IFSP.

Individuals providing personal care services must be a qualified provider in accordance with 42 CFR *5* 440.167, who is 18 years or older, has a high school diploma or GED, and has been trained to provide the personal care-services required by the client. Training is defined as observing a trained employee on a minimum of three patients and verbalization of understanding the personal care service. When competence cannot be demonstrated through education and experience, individuals must perform the personal assistance tasks under supervision.

Personal care services will not be reimbursed when delivered by someone who is a legally responsible relative or guardian. Service providers include: individual attendants, attendants employed by agencies that meet the state requirements. Special education teachers and special education teacher's aides can qualify as personal care worker. They must demonstrate the services they are providing meet the personal care service definition that the personal care service is documented in the IEP, and their services are to assist the student is accomplishing ADL and IADL and not activities that support education or instruction.

Procedure Code/ Modifier	***Description***	***Unit of Service***
T1019 U5	Individual, school	15 minutes
T1019 U5 & UD	Group, school	15 minutes
T1019 U6	Individual, bus	Per one-way trip
T1019 U6 & UD	Group, bus	Per one-way trip

103.6.6 Speech/Language Services

Service Description: Speech/language therapy services necessary for the development of the student's IEP or documented in the student's IEP include, but are not limited to:

1. Diagnostic services
2. Screening and assessment
3. Preventive services
4. Corrective services

Speech therapy services may be provided in an individual, group or family setting. The number of participants in the group should be limited to assure effective delivery of service.

Professional Qualifications:

Speech and language services must be provided by:

- A qualified speech/language pathologist (SLP) who meets the requirements of, and in accordance with, 42 CFR §440.110(c), and other applicable state and federal law or regulation;

- American Speech-Language-Hearing Association (ASHA) certified SLP with Alabama license and ASHA-equivalent SLP (i.e., SLP with master's degree and Alabama license) when the services are provided in a school setting; or

- A provider with a state education agency certification in speech language pathology or a licensed SLP intern when the services are provided in a school setting and when these providers are acting under the supervision or direction of a qualified SLP in accordance with 42 CFR §440.110 and other applicable state or federal law

All services must be performed within the scope of services as defined by the licensing board.

Procedure Codes:

Use the following procedure codes for services provided by a qualified speech pathologist for individuals with speech disorders. Speech therapy services may not be span-billed.

Procedure Code/ Modifier	***Description***	***Daily Limits***	***Annual Limits***
92506 SE	Evaluation of speech, language, voice, communication, and/or auditory processing	1	4
92507 SE	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	1	300
92508 SE	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group 2 or more individuals	1	300

103.6.7 Nursing Services

Service Description: Nursing services outlined in this section of the state plan are available to Medicaid eligible recipients under the age of 21 years, who are eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and for whom the service is medically necessary, and these services must be documented in the IEP/IFSP.

Nursing services are defined as the promotion of health, prevention of illness, and the care of ill, disabled and dying people through the provision of services essential to the restoration of health.

Professional Qualifications:

The Registered Nurse and Licensed Practical Nurse shall be licensed by the State of Alabama to provide the services and practice within the scope as outlined by the Alabama Board of Nursing. Nursing services must be provided by a qualified nurse who meets qualification requirements of, and in accordance with, 42 CFR 440.60 and, on a restorative basis, under 42 CFR 440.130(d), including services delegated in accordance with the Alabama Board of Nursing to individuals who have received appropriate training from an RN , including nursing services delivered by advanced practice nurses (APNs) including nurse practitioners (NPs) and clinical nurse specialists (CNSs), registered nurses (RNs), licensed practical nurses (LPNs) and licensed vocational nurses (LVNs).

Procedure Code/ Modifier	***Description***	***Unit of Service***
T1002 TD	RN services up to 15 minutes/Individual	15 minutes
T1002 TD & UD	RN services up to 15 minutes /Group	15 minutes
T1502 TD	Medication admin visit/RN	Medication administration, per visit
T1002 U7	RN services up to 15 minutes /Delegation, Individual	15 minutes
T1002 U7 & UD	RN services up to 15 minutes /Delegation, Group	15 minutes
T1502 U7	Medication admin visit	Delegation, medication administration, per visit

Procedure Code/ Modifier	***Description***	***Unit of Service***
T1003 TE	LPN/LVN services up to 15min/individual	15 minutes
T1003 TE & UD	LPN/LVN services up to 15min /Group	15 minutes
T1502 TE	Medication admin visit/LPN or LVN	Medication, administration per visit

103.6.8 Transportation

Service Description: Specialized transportation services include transportation to receive Medicaid approved school health services. This service is limited to transportation of covered, authorized services in an IEP or IFSP.

1) The special transportation is Medicaid reimbursable if:

   a. It is provided to a Medicaid eligible EPSDT child who is a student in a public school in Alabama;
   b. It is being provided on a day when the child receives a prior authorized covered service;
   c. The student's need for specialized transportation services is documented in the child's plan of care, IEP or IFSP; and
   d. The driver has a valid driver's license

2) Specialized transportation services are defined as transportation that requires a specially equipped vehicle, or the use of specialized equipment to ensure a child is taken to and from the child's residence to school or to a community provider's office for prior authorized related services:

   a. Medical Services provided in School: Transportation provided by or under contract with the school, to and from the students place of residence, to the school where the student receives one of the health related services covered by Title XIX;
   b. Medical Service provided off- site: Transportation provided by or under contract with the school from the students place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by the Title XIX;

      i. Transportation from school to the offsite service and back to school is reimbursable. No home to school transportation is reimbursed when the ride is from school to the medical service and back to school.
      ii. Transportation from school to the offsite medical service and to home is reimbursable if the offsite medical appointment takes place and it is not feasible to return to school in time for child to be transported back home.

3) Specialized transportation services will not be Medicaid reimbursable if the child does not receive a Medicaid covered service on the same day. When claiming these costs as direct services, each school district is responsible for maintaining written documentation, such as a trip log, for individual trips provided. No payment will be made to, or for parents providing transportation.

4) In cases where Personal Care Services are provided as part of the Specialized Transportation Service for a student, the cost of this service is covered under the Personal Care Services benefit described in Section 103.6.5; provided that the personal care service provider meets the qualifications defined in this section.

Procedure Code/ Modifier	***Description***	***Unit of Service***
T2003 U5	Non-emergency transportation; encounter/trip	Per one-way trip

The recommended maximum billable units for procedure code T2003 is a total of four one-way trips per day.

103.7 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Chapter 5
Patient 1st	Chapter 39
EPSDT	Appendix A
Electronic Media Claims (EMC) Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N