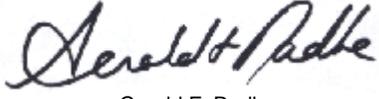


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT EPSDT Services	BY  Gerald F. Radke Deputy Secretary for Medical Assistance Programs
NUMBER:	99-90-07, 1241-90-02	
ISSUE DATE:	October 15, 1990	
EFFECTIVE DATE:	April 1, 1990	

PURPOSE:

The purpose of this bulletin is to announce the Department's intent to implement the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions of the Omnibus Budget Reconciliation Act of 1989 (Public Law 101-239).

SCOPE:

This bulletin is applicable to all providers of services related to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

BACKGROUND/DISCUSSION:

On December 19, 1989, the President signed into law the Omnibus Budget Reconciliation Act of 1989 (OBRA '89). Provisions of Section 6403 of the Act require that Pennsylvania make the following changes in administering its EPSDT program:

Include health education as a component of the screening services;

Establish distinct periodicity schedules for screening, dental, vision, and hearing services;

Permit screenings outside the periodicity schedule; and

Provide payment for treatment of physical or mental problems identified during EPSDT screenings that are eligible for federal cost-sharing reimbursement, even if the treatment is not otherwise covered by the Medical Assistance Program.

Regulations contained in 55 PA Code Chapter 1241 (relating to the Early and Periodic Screening, Diagnosis and Treatment Program) establish the policies which govern medical assistance payments for this benefit in Pennsylvania. Under these regulations, eligible children under 21 years of age have been entitled to regularly scheduled comprehensive examinations and evaluations of their physical and mental health status.

In addition, medical assistance pays for routine health assessments, diagnosis procedures, and treatment services provided by physicians and clinics, well as vision and hearing services, and dental care, including orthodontia.

POLICY:

The Medical Assistance Program will comply with the OBRA provisions by implementing the following:

1. Health education will be a required component of each screening service. Health education and counseling to parents (or guardians) and children is designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.
2. Screening services will be covered at intervals recommended by the American Academy of Pediatrics and the American Dental Association. An initial screening examination may be requested at any time, without regard to whether the individual's age coincides with the established periodicity schedule.
3. Procedure codes will be established and payment will be made for partial screening examinations, performed at intervals outside of the established schedules, if medically necessary.
4. Payment will be made for medically necessary diagnostic and treatment services needed to correct or ameliorate

illnesses or conditions discovered by the screening services, whether or not such diagnostic or treatment services are covered under the State Medicaid plan.

PROCEDURE:

1. The Medical Assistance Program will continue to pay for EPSDT services, including health education, according to the policies contained in Chapter 1241 (relating to the Early and periodic Screening, Diagnosis and Treatment Program), the periodicity schedule issued under Bulletin No. 1241-88-01 and at rates contained in the Medical Assistance Program Fee Schedule.
2. Payment will be made for additional medically necessary screens, provided outside of the periodicity schedule issued under Bulletin No. 1241-88-01, at the applicable office or clinic visit rates, or the appropriate dental, vision or hearing examination rates appearing in the Medical Assistance Program Fee Schedule. The Department will issue a separate periodicity schedule for vision, dental and hearing under a separate bulletin.
3. When a medically needy individual (green card) under 21 years of age is prescribed pharmaceuticals, medical supplies, durable medical equipment, prosthetics or orthotics as the result of the discovery of a medical condition during a periodic or interperiodic screen, the provider of service must do the following:
 - a. For services billed on the Physician's Invoice or Medical Services/Supplies Invoice (MA319/3169C), ENTER visit Code 03 (EPSDT Referral) in field items 29 D or E, 30 D or E, 31 D or E, 32 D or E
 - b. For services billed on the Drug Invoice (MA 302/302C), enter Visit code 03 (EPSDT Referral) in field items 20 I or J, 21 I or J, 22 I or J, 23 I or J, 24 I or J.
 - c. For those services listed in the Medical Assistance Program Fee Schedule that require prior authorization, follow the instructions in the provider handbook. For services required as a result of a screen, Visit Code 03 (EPSDT Referral) must be entered in field 26 F on the Medical Service/Supplies Prior Authorization Request form (MA 97).
4. For a categorically needy (blue card) or medically needy (green card) individual under 21 years of age who is ordered or prescribed a service for a condition discovered as the result of a periodic or interperiodic screen, and the service is not one listed in the fee schedule, we will use the Administrative Waiver process as described in your handbook. The provider must:
 - a. Complete the MA 325 form. (The form can be obtained from the local County Assistance Office)
 - b. Indicate on the MA 325 that the requested item or service is the result of an EPSDT screen.
 - c. Document the medical necessity.

The completed MA 325 must be forwarded to the address indicated in the instructions for completion of the MA 325.

If the recipient is enrolled in HealthPASS, the provider should call HealthPASS at 1-800-345-3627 to indicate a program exception.

NOTE: The Pennsylvania Medical Assistance Program currently provides payment for a broad range of diagnostic, therapeutic, and rehabilitative services provided by physicians, hospital clinics, community health centers, rural health and psychiatric partial hospitalization facilities. Therefore, where possible, these enrolled providers should be used when referrals are needed for further diagnosis and treatment.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Division of Outpatient Programs
P.O. Box 8046
Harrisburg, Pennsylvania 17105

1-800-537-8862

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.