	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT EPSDT: OBRA '89	**BY** Gerald F. Radke Deputy Secretary for Medical Assistance Programs
NUMBER:	99-91-06, 1101-91-01, 1121-91-02, 1123-91-01, 1241-91-01	
ISSUE DATE:	August 2, 1991	
EFFECTIVE DATE:	April 1, 1990	

PURPOSE:

The purpose of this bulletin is to provide comprehensive information about the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions of the Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239) (OBRA '89) and to highlight changes in DPW policy about expanded services.

SCOPE:

This bulletin applies to all providers for services related to the EPSDT Program. **This bulletin supersedes Medical Assistance Bulletin 99-90-07, issued October 15, 1990.**

BACKGROUND/DISCUSSION:

On October 6, 1990, the Department published a Notice of Rule Change in the Pennsylvania Bulletin (20 Pa. B. 5083). This Notice provided general information necessary to implement the EPSDT requirements of OBRA '89 and a corresponding bulletin was distributed to all providers under MA Bulletin 99-90-07.

POLICY/PROCEDURE:

To comply with the provisions of OBRA '89, the following policies will apply to all persons under the age of 21:

1. Payment will be made for necessary diagnostic and treatment services needed to correct or ameliorate illnesses or conditions detected during a periodic screening service or interperiodic screening visit. These diagnostic and treatment services include:

    a. services covered under the Department's approved State Plan. These services are extended to include Medically Needy individuals under the age of 21, e.g. drugs, medical supplies, durable medical equipment, prosthetics and orthotics, and

    b. services eligible for payment under the federal Medicaid program but currently not recognized under the Department's approved State Plan, e.g. services provided by occupational therapists and speech therapists. Payment for these non-state plan services must be prior approved by the Department.

2. Recent clarification received from the Health Care Financing Administration (HCFA) has clarified interperiodic screens and resulting services. As described by HCFA, an interperiodic screening visit may be any visit to a health care provider by a recipient that does not correspond to the established EPSDT screening visit schedule. The HCFA interpretation recognizes any encounter with a health care professional practicing within the scope of State law as an interperiodic screen and furthermore, any medically necessary health care, eligible under the federal Medicaid program, required to treat conditions detected during this visit must be covered.

    The Department will recognize interperiodic screening visits and payment will be made based on the currently established practitioner office visit rate or clinic rate found in the Medical Assistance Program Fee Schedule.

3. Health education is a required component of each screening service. Health education and counseling to parents (or guardians) and children are 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.

4. 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.

The above provisions relate to services provided to eligible individuals under the age of 21.

In implementing the above, please be aware of the following:

1. One component of the OBRA '89 mandate is the establishment of distinct periodicity schedules for screening, dental, vision and hearing services. The Department currently provides for a comprehensive and complete medical examination, which includes hearing, dental and vision components. The Department recognizes the value and importance of early and periodic screening, diagnosis and treatment and for this reason, will retain and encourage the comprehensive screen. The current, established periodicity schedule will be retained and this part of the EPSDT program will continue to be administered through a contractor, Automated Health Systems, Inc.

2. Screening services will be covered at intervals recommended by the American Academy of Pediatrics and the American Dental Association and are described on page 4. Future amendments to the recommendations will be issued and published by the Department through a Class II Bulletin.

   The required content of each screening service and the separate and distinct periodicity schedules for each service are defined as follows:

   a. The content of the Screening Service must include all of the following:

      1. A comprehensive health and developmental history (including assessment of both physical and mental health development);

      2. A comprehensive unclothed physical exam;

      3. Appropriate immunizations according to age and health history;

      4. Appropriate laboratory tests (including blood lead level assessment appropriate to age and risk); and

      5. Health education (including anticipatory guidance). Health education must be provided at the time of each screening service. Providers are reminded that a basic component of any medically necessary service is health education. Individuals have a right to information that enhances the quality of life.

   Please note that immunizations which are appropriate based on age and health history but which are medically contraindicated at the time of the screening may be rescheduled at an appropriate time.

   The Department has established the following provider specific procedure codes for the medical screening services described above. These procedure codes are to be used for providers who are not part of the established EPSDT program administered through Automated Health Systems, Inc.

Type Service	Procedure Code	Terminology	Limits	Fee
PERIODIC SCREENS				
60	W0160	Comprehensive Screening Service-Physician		$18.00
60	W0161	Comprehensive Screening Service-Independent Clinic		$23.00
60	W0162	Comprehensive Screening Service-Basic Hospital Clinic		$19.00
60	W0163	Comprehensive Screening Service-Hospital Outpatient Clinic		$23.00
60	W0164	Comprehensive Screening Service-Rural Health Clinic		I.C.
60	W0165	Comprehensive Screening Service-Certified Registered Nurse Practitioner		$18.00

The periodicity schedule for this screening service, is as follows:

By one month	12 months	4 years	12 years
2 months	15 months	5 years	14 years
4 months	18 months	6 years	16 years
6 months	24 months	8 years	18 years
9 months	3 years	10 years	20 years

b. Vision Services must include diagnosis and treatment for defects in vision, including eyeglasses. The Department currently covers vision services provided medical assistance recipients under the age of 21. Payments for vision services are made in accordance with the Medical Assistance Program Fee Schedule. The recommended periodicity schedule for vision services is every twelve months beginning at the age of 1.

c. Dental Services must include care necessary for the relief of pain and infections, restoration of teeth, and maintenance of dental health. The Department currently covers dental services provided to medical assistance recipients under the age of 21. Payments for dental services are made in accordance with the Medical Assistance Program Fee Schedule. The American Academy of Pediatrics' Dentistry recommends that the first dental examination occur by age 1 and then every 6 months thereafter. Routine preventative care should begin by age 3.

d. Hearing Services must include diagnosis and treatment for defects in hearing, including hearing aids. Hearing services are currently covered for medical assistance recipients under the age of 21. Payments for hearing services are made in accordance with the Medical Assistance Program Fee Schedule. Under provisions of the School Health Law, hearing tests are required at kindergarten, 1st, end, 3rd, 7th and 11th grade. If a regularly scheduled test indicates a hearing problem, another test must be given the following year. Additional testing may be necessary for children in Special Education, children who have suffered head trauma or if there is a medical condition or observation which indicates a need.

Invoices for the above services must be completed in accordance with the appropriate provider billing instructions and use of the existing Medical Assistance Program Fee Schedule.

3. As previously discussed, services required to treat conditions detected during an encounter with a health care professional and eligible for payment under the federal Medicaid program but currently not recognized under the Department's approved State Plan must be covered. For these services, prior approval is required.

This prior approval process will be used 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 detected during a periodic or interperiodic screen, and the service is not listed in the fee schedule. The provider must:

a. Complete the MA 325 (1150 Administrative Waiver Request) form. (Enrolled providers may order the form on the MA 300X. The MA 325 is available in packs of 50.

b. Document the medical necessity.

The completed MA 325 must be forwarded to the address indicated in the instructions for completion of the MA 325. The Department will render a decision on a request within 21 days of the date the written request is received by the Department.

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

Any currently nonenrolled provider may request enrollment for a service which has been prior approved by the Department.

For providers to bill for services previously not available to medically needy individuals (green-card) under the Department's approved state plan but which are now covered, e.g. drugs, medical supplies, durable medical equipment, prosthetics and orthotics, the Department has implemented the necessary automated claims processing changes to accommodate payment. Providers are no longer required to use the 03 (EPSDT Referral) visit code when completing the invoice. Providers should follow the normal billing procedures as found in the appropriate billing information section(s) of their handbook. If the above services require prior authorization as indicated by a PA in the Medical Assistance Program Fee Schedule providers must follow the Department's prior authorization procedures as described in the provider's handbook.

REGULATION:

The Department, in compliance with changes as a result of OBRA '89, will make revisions to appropriate regulation chapters. Effective upon publication in the Pennsylvania Bulletin, the Department will apply the designated chapters as follows:

1101.31 Scope of Benefits

* * * * *

(c) The medically needy are eligible for all the benefits in subsection (b) of this section with the exception of the following, unless provided as a result of a condition detected during an EPSDT periodic or interperiodic screening visit:

* * * * *

1101.32 Coverage Variations

(a) Expanded Coverage

(1) Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). Recipients under age 21 are entitled to benefit coverage for preventive health screening and vision, dental, and hearing problems. The basis for this coverage is the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). The Department will pay for scheduled periodic and interperiodic health screening services for all such categorically needy and medically needy individuals. Clients may receive these benefits at approved providers sites. All recipients under age 21 are also entitled to necessary vision care by a doctor of optometry or a physician skilled in the diseases of the eye, hearing and dental exams and treatment by virtue of being screened under EPSDT. A child need not be screened first if an existing vision problem can be diagnosed and treated by an appropriate specialist. Medically needy children are eligible for pharmaceuticals, medical supplies, equipment, prostheses and orthoses needed to correct or ameliorate illnesses and conditions detected during an EPSDT periodic screening service or interperiodic screening visit. In addition services eligible for payment under the federal Medicaid program but currently not recognized under the Department's approved state plan are covered if the service is prior approved by the Department or its designee.

* * * * *

1121.22 Scope of Benefits for the Medically Needy

Medically needy recipients are not eligible for pharmaceutical services covered by the Medical Assistance Program unless one of the following occurs:

* * * * *

3. The medically needy recipient is under the age of 21 and the compensable pharmaceuticals or compensable vaccine is prescribed through an EPSDT periodic screening service or an interperiodic screening visit.

* * * * *

1123.22 Scope of Benefits for the Medically Needy

4. Medically needy recipients are not eligible for medical supplies except for the following:

* * * * *

5. The medically needy recipient is under the age of 21 and the medical supply item is prescribed through an EPSDT periodic screening service or an interperiodic screening visit.

* * * * *

1241.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

* * * * *

Comprehensive Screen: A screening service which includes the components described in Appendix A and administered through the Department's Administrative Contractor.

* * * * *

Interperiodic Screening visit – Any encounter with a health care professional practicing within the scope of State Law.

* * * * *

Screening Service – A periodic EPSDT visit which includes all of the following services:

A comprehensive health and developmental history (including assessment of both physical and mental health development);

A comprehensive unclothed physical exam;

Appropriate immunizations according to age and health history;

Laboratory tests (including lead blood level assessment appropriate to age and risk); and

Health education (including anticipatory guidance).

* * * * *

1241.21 Scope of Benefits for the categorically needy.

Categorically needy recipients under age 21 are eligible for EPSDT screening services listed in the Medical Assistance Fee Schedule in addition to the services for which they are ordinarily eligible as categorically needy recipients. Categorically needy individuals, under the provisions of this chapter, are also eligible for hearing aids and eyeglasses. In addition, other diagnostic services and treatment necessary to correct or ameliorate illnesses and conditions detected during an EPSDT periodic screening service or interperiodic screening visit are eligible for reimbursement. If the diagnostic service or treatment is eligible for payment under the federal Medicaid program but currently not recognized under the Department's approved state plan, prior approval by the Department or its designee, is required. All services must be medically necessary and eligible for federal funding as described in section 1905 (a) or the Social Security Act.

1241.22 Scope of Benefits for medically needy

Medically needy recipients under age 21 are eligible for EPSDT screening services listed in the Medical Assistance Program Fee Schedule in addition to the services for which they are ordinarily eligible as medically needy recipients. Medically needy recipients, under the provisions of this chapter, are also eligible for hearing aids, eyeglasses, pharmaceuticals, medical supplies, and dental services. In addition, other diagnostic services and treatment necessary to correct or ameliorate illnesses and conditions detected during an EPSDT periodic screening service or interperiodic screening visit are eligible for reimbursement. If the diagnostic serviced or treatment is eligible for payment under the federal Medicaid program but currently not recognized under the Department's approved state plan, prior approval by the Department or its designee, is required. All services must be medically necessary and eligible for federal funding as described in section 1905 (a) of the Social Security Act.

* * * * *

1241.54 Noncompensable services and items.

* * * * *

(b) The following services and items are noncompensable for medically needy screened individuals unless the service is the result of a condition detected during an EPSDT periodic screening service or interperiodic screening visit.

* * * * *

The Department will be revising its regulations, in the near future, to conform with this policy.

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.