

# HCFA PROGRAM ISSUANCE

## Transmittal Notice

### REGION IV

PLANNING SECTION

NOV 05 1991

Division of Medical Assistance

T-44  
5-9

Copies/10  
File  
Kempis - Action  
C. J. ADJ. PRP/BDM - FYI

DATE: October 29, 1991

PROGRAM IDENTIFIER: MCD-111-91

TO: All Title XIX Agencies

SUBJECT: Clarification of EPSDT Requirements Concerning "Pre-Existing" Conditions and State Plan Limitations--INFORMATION

This is to share policy clarification concerning several issues related to EPSDT services that we have recently received from our Central Office.

The policies discussed below have not been codified in regulations at this time. We are in the process of developing proposed regulations. States (and other interested parties) will have the opportunity to comment on the policy contained in the proposed regulation when it is published in the Federal Register. Until regulations are published, States must interpret the statute in a "reasonable" manner. The following policy clarification represents interpretations which we anticipate will be enunciated in the regulations and are provided with the expectation that the State will implement the statute in accordance with these policies.

For purposes of clarity, we have repeated each question, followed by HCFA's response:

QUESTION 1: Are states allowed to exclude coverage of Title XIX-reimbursable medically necessary services whose need is identified during an EPSDT screen if the condition existed prior to the screen? Is the answer different depending on whether it is a periodic screen versus an interperiodic screen?

ANSWER: No. The State must provide any medically necessary services to an individual who is eligible for EPSDT services and whose need for such services is identified during an EPSDT screen whether or not the condition existed prior to the screen. This policy applies to all EPSDT screens (i.e., periodic and inter-periodic). The statute requires that screening services be provided on both a periodic and interperiodic basis. The Congressional intent is expressed in the report of the House Committee on

Budget. In deliberations on inter-periodic screens, the House Committee on Budget indicates:

The Committee bill also requires States to provide screening services at intervals other than those identified in their basic **periodicity** schedule, when there are indications that it is medically necessary to determine whether a child has a physical or mental illness or condition that may require further assessment, diagnosis, or treatment. These inter-periodic screening examinations may occur even in children whose physical, mental or developmental illnesses or conditions have already been diagnosed, if there are indications that the illness or condition may have become more severe or has changed sufficiently, so that further examination is medically necessary.

Based on the intent of Congress as expressed in the Committee Report, we are developing policy which would not permit a State to exclude pre-existing conditions from necessary follow-up EPSDT services.

QUESTION 2: If the medical provider does not perform at least one of the screening elements listed in section 5122.A of the State Medicaid Manual (SMM) (or performs it but doesn't bill it as such), are States allowed to exclude Title XIX-reimbursable medically necessary services if that service is beyond the amount, duration and scope of the State Plan? Is the answer different depending on whether it is a periodic screen versus an inter-periodic screen?

ANSWER: In order to answer question 2, we need to clarify what is meant by a periodic screen and by an inter-periodic screen. Each is referred to in the SMM.

First, the screening elements referred to in section 5122.A of the SMM are for purposes of the periodic screen only. They are not necessary for an interperiodic screen. A medical practitioner may perform an interperiodic screen that does not include any of the screening elements required for a periodic screen.

Second, the requirements for an interperiodic screen are found at section 5140 B. of the SMM. This section requires the State to provide screening services at other intervals (i.e., other than the regular periodic screens), as medically necessary, to determine the

existence of suspected physical or mental illnesses or conditions. This clarification does not change the answer to your question, because the answer **applies** to either a periodic or an interperiodic screen. The answer is that the State cannot exclude medically necessary services based on the type of screen performed or how the service is billed.

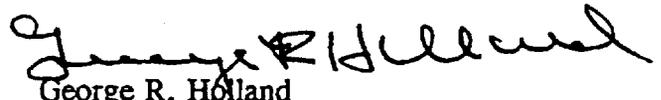
A **child** is eligible for any medically necessary services provided under Medicaid whether or not they are included in the State **plan**. Our position is that an accident may trigger a , medically necessary inter-periodic screen to determine the necessary health care, diagnostic services, treatment, or other measures necessary to correct or ameliorate the conditions discovered by the interperiodic screen.

The State must provide any medically necessary services described in section 1905(a) of the Social Security Act (the Act) to treat conditions discover& by the screen, whether it is a periodic screen or an interperiodic screen.

**QUESTION:** If an EPSDT screen is performed by a medical provider who does not participate in the Medicaid program and **he/she** identifies the need for medically necessary Title XIX-reimbursable services that are beyond the amount, duration and scope of the State Plan, must the State Medicaid agency cover those services, assuming they are provided by Medicaid-participating providers?

**ANSWER:** Yes, We consider any encounter with a health care professional practicing within his scope of practice to be an interperiodic screen, whether or not the provider is participating in the Medicaid program at the time **those** screening services are furnished. In addition, the State must provide any medically necessary services discovered by such a screen, whether or not they are covered under the State plan.

If you have any questions, please contact Cathy Kasriel at (404) 331-5028, Andriette Johnson at (404) 331-5888, or **Mal** Williams at (404) 331-5889.

  
George R. Holland  
Regional Director  
Health Care Financing Administration