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HCFA PROGRAM ISSUANCE Transmittal Notice REGION IV

DATE: MAY 14 1991

PROGRAM IDENTIFIER: MCD-50-9 1

TO: All Title XIX Agencies and Welfare
Agencies in AL, GA, KY, MS, SC, TN

SUBJECT: Early Periodic Screening, Diagnosis, and Treatment, Section 6403
of OBRA 1989

The purpose of this letter is to reiterate current **Health Care Financing Administration (HCFA) policy** with respect to State requirements for furnishing services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Section 6403 of the Omnibus Budget Reconciliation Act (**OBRA**) of 1989 added Section 1905(r) to the Social Security Act to include under the EPSDT program such other necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Act to correct or ameliorate defects and physical and mental **illness** and conditions discovered by the screening services, whether or not such services are covered under the state plan.

HCFA's position is that any health care **services** specified under Section 1905(a) of the Act which are required to treat a condition detected as a result of a periodic or interperiodic screen must be provided whether or not such services are covered under State plan. States are not permitted to exclude follow-up services for conditions which existed **prior to the time** of the EPSDT screening service. We consider any encounter with a **health care** professional practicing within the scope of State law as an **interperiodic screen**.

The submittal of a State plan amendment explaining State reimbursement methodologies will ensure that non-plan treatment services are being correctly reimbursed and that federal financial participation can be justified.



Reimbursement methodologies for these services should be reflected in Attachment 4.19 of the State plan. The amendment should be submitted in accordance with the provisions under Section 1902(a)(4) and 1902(a)(30)(A) of the Act and regulations at 42 CFR 430.10, 42 CFR 430.12(c), and 42 CFR 447.201(b). Furthermore, we have enclosed a suggested format for page 22 of the State plan which should be submitted in conjunction with the changes to Attachment 4.19.

Finally, we ask that 1) you provide written assurances to this office that you are meeting the requirements of Section 6403 of OBRA 1989, as delineated in this letter; and 2) you submit a State plan amendment (if you have not done so already) indicating compliance with these requirements. Please furnish this to us no later than 30 days from your receipt of this letter.

If you have any questions concerning the above information, please call Mal Williams at (404) 331-5889 or Cathy Kasriel at (404) 331-5028.

E. Ronald Niswander
for George R. Holland
Regional Administrator
Health Care Financing Administration

Attachment

