

MAY 15 1991

DALLAS REGIONAL MEDICAL SERVICES LETTER NO. 91-37

TO: State Agencies Administering Approved Medical Assistance Plans

SUBJECT: Clarification of EPSDT Requirement⁸ Concerning "**Pre-Existing**" Conditions and *Durational Limits*.

We, have received **policy** clarification from Central Office on several aspects of the EPSDT program. We want to share with you **those** questions- and answers as they will **probably** have a significant impact upon your State.

QUESTION 1: Are the 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 a periodic versus an interperiodic screen was performed?

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**. The policy applies to all EPSDT screens (**i.e.**, periodic and interperiodic). The statute requires that screening services be provided on both a periodic and interperiodic basis. Based on Congress' intent, as expressed in the Committee Report, HCFA has determined that a State cannot 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 does not bill **it** as such, are States allowed to **exclude Title XIX-reimbursable medically necessary services** if those *services* are beyond the amount, duration and scope of the State Plan? Is the answer different depending on whether it is a periodic screen versus an interperiodic screen?

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

First, the screening elements referred to in section 5122.A of the **SMM** are for the 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.

These clarifications do not in any way affect the answer 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.

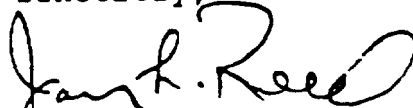
The State must provide any medically necessary services described in section 1905(a) of the Social Security Act to treat conditions discovered by the screen, whether it is a periodic screen or an interperiodic screen.

QUESTION 3: **.. 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 call Pat **Lawton** or your State Medicaid Representative at (214) 767-3693.

Sincerely,



James L. Reed

Associate Regional Administrator
Division of -Medicaid