

**Memorandum**

Date AUG 08 1991

From Director
Medicaid Bureau

Subject Clarifying Issues Related to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program--INFORMATION

To Regional Administrator
Dallas

Our responses to your July 3 request for clarification of several issues related to reporting EPSDT elements on forms HCFA-64 and HCFA-416 follow in the order of your inquiry.

1. Interperiodic Screening.

As you suggest, there can be several definitions of interperiodic screening. What is common among them is the fact that they are encounters with health professionals which occur between the regular screening intervals specified in the State's periodicity schedule, and which are medically necessary to determine the existence of suspected physical or mental illnesses or conditions. However, "an encounter in which only diagnosis and treatment is provided" could not be so characterized.

Regarding your questions for completing line 15:

- o Full periodic screening is counted on line **15A**. This may be an initial screening for a new patient, or a subsequent screening of an established patient as required by the periodicity schedule. This screening includes the full package of five elements described in the statute and manual: history, physical exam, immunizations, laboratory tests, anticipatory guidance.
- o Inter-periodic screening ("full interperiodic" has no meaning) could be counted on line 15B. In practice, however, that **line** is rarely used. Interperiodic screenings are counted under other services, such as physicians*, clinic, or outpatient. We are considering discontinuing its use.
- o Those encounters which furnish only aspects of screening services, such as a -hearing test or immunization, are counted as physicians' (line **5**), other practitioners' (line **9**), clinic (line 10) services, etc., but not as screening.

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- o Encounters for diagnosis and treatment are similarly counted, not as screening.

2. Differential Periodicity Schedules.

- A. You imply that Texas provides more frequent screenings to certain classes of children. We believe that failing to serve children not involved in such other programs as Head Start is a discriminatory practice. We agree that Texas exhibits a comparability problem when it provides more frequent periodic screening examinations for one class of Medicaid-eligible children than for others. We recommend that you help Texas promptly establish proper periodicity schedules as required by law.
- B. As noted in our response under 1, above, “full interperiodic” does not exist as a program element. Periodicity schedules must be established for screening services, vision services, hearing services and dental services. In addition, States must provide for screening encounters as nonscheduled, or interperiodic events, to determine the existence of suspected illnesses or conditions.

3. Screening Ratios.

It is not our policy of excluding interperiodic screens from participation levels that puts Texas at a disadvantage. Rather, it is Texas’s own failure to adopt a periodicity schedule that “meets reasonable standards of medical and dental practice.”

The fact that 42 CFR 441.58 requires States to establish periodicity schedules, and that **§5360** of the State Medicaid Manual uses the periodicity schedule recommended by the American Academy of Pediatrics as an input to screening ratio equations, is not the apparent conflict you suggest. Rather, the differences reflect two separate thoughts. One sets forth requirements, and flexibility, for States to establish **periodicity** schedules. The other sets forth a common method permitting national comparisons regardless of schedules adopted.

4. Content of Screening Services Reported

Screening services reported on form HCFA-416 line 6 are defined in SMM §2700.4E and §5360C2 to be the package of five services defined in §1905(r), which was added to the Social Security Act by OBRA 89. To make sure that only ~~the~~ total package is reported, our instructions specifically state that “partial

or interperiodic screenings, vision services, dental services, or hearing services do not constitute the screening services to be reported.”

The exclusions that concern you are proper. Indeed, the **statute** which now defines EPSDT supersedes the regulation you cite.

5. Defining “One Service” Limitations

- A. We consider one service, noted in **§5123.1C**, to be screening, hearing, dental, or vision services.
- B. We consider the “package of screening services” to be the five elements described in SMM §2700.4E and **§5360C2**: history, physical exam, immunizations, laboratory tests, health education/anticipatory guidance. States are not required to split them up.
- C. States are not required to split up the screening services for periodic screening. Interperiodic screening should not be considered as a piece or pieces of the screening package. To repeat, any encounter with a health professional can be an interperiodic screening.
- D. States may group different sets of screening tests, and develop prices for meeting their costs. However, the **State’s** MMIS or other system must aggregate all of the elements into the full package before the “screen” can be counted as complete.
- E. States are not required to accept a screening provider that only wants to provide immunizations. However, the State must pay for immunizations provided by a qualified provider even if that is the only service provided.
- F. We would oppose classifying as a **screening provider** someone who only provided health education. Health education or anticipatory guidance is an essential component of every health care encounter, but not a separable service.
- G. In an organized practice, such as a health maintenance organization, community health center, health department or hospital outpatient clinic, the screening package might be performed by several different health professionals.

5. Summing Up to the Full Screen

You are correct that, before the State can receive credit for the full screen count, all portions must be summed up to the whole package. We anticipate that the Workgroup reviewing the HCFA-416 will identify effective systems and practices, including any controls developed and in place which can ensure that only full screens are captured.

If you have questions contact Bill **Hiscock** on **FTS** 6463275.

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