



Arkansas Department of Human Services

Division of Medical Services

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Telephone: (501) 682-8292 TDD: (501) 682-6789 or 1-877-708-8191 FAX: (501) 682-1197

OFFICIAL NOTICE

DMS-2002-W-6

TO: All Health Care Providers

DATE:

SUBJECT: Prescription and Treatment for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services not Specifically Included in the Arkansas Medicaid State Plan

I. Introduction

In compliance with the Omnibus Budget Reconciliation Act (OBRA) of 1989, Arkansas Medicaid covers Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. EPSDT covers any medically necessary service resulting from an EPSDT screen that the state is permitted to cover under Medicaid that will lead to the maximum reduction of medical and physical disabilities and restore the child to his or her best possible functional level. Treatment services determined to be medically necessary as a result of an EPSDT screen are considered for EPSDT recipients regardless of whether the service is otherwise included in the Arkansas Medicaid State Plan.

A formalized procedure has been developed for the primary care physician (PCP) to follow when prescribing any medically necessary services/items that are not specifically included in the Arkansas Medicaid State Plan for Medicaid eligible recipients under age 21. This procedure is effective for dates of service on or after December 1, 2002.

II Prescription/Referral Procedure for Services not Specifically Included in the Arkansas Medicaid State Plan

The EPSDT program requires that early and periodic screenings be performed. The PCP must perform medical and hearing screening or refer the child to an enrolled provider qualified to perform the screening. Vision screens and dental screens do not require PCP referral.

The PCP must review the results of the screen (form DMS 694) to determine if additional services are medically necessary. The PCP will prescribe any treatment services/items he or she determines to be medically necessary.

II. Prescription/Referral Procedure for Services not Specifically Included in the Arkansas Medicaid State Plan (Continued)

The PCP must complete the attached Early and Periodic Screening, Diagnosis and Treatment (EPSDT) PRESCRIPTION/REFERRAL for Medically Necessary Services/Items not Specifically Included in the Medicaid State Plan, (form DMS-693). This form is used to prescribe and request consideration of any Medicaid covered services/items that are not specifically included in the Arkansas Medicaid State Plan (i.e., highly technological wheelchairs and rehab equipment).

Although Arkansas Medicaid covers specialized wheelchairs and rehab equipment, some highly technological wheelchairs/rehab equipment may not be listed as a Medicaid covered service. However, if the PCP can demonstrate that this highly technological item and/or rehab service is the only service that will meet the child's Medical needs, Medicaid will review for medical necessity and consider payment.

If the service/item is specifically included in the Arkansas Medicaid State Plan, this form is not required. This prescription/referral procedure does not apply to individuals who are eligible only in the ARKids First-B Program.

All information requested on the form (DMS-693) must be provided. The PCP may choose to attach a copy of the EPSDT screen results (form DMS-694). The form must be submitted to:

Division of Medical Services
Utilization Review
P. O. Box 1437, Slot S413
Little Rock, AR 72203-1437

Copies of DMS-693 may be ordered from:

EDS
Provider Assistance Center
P.O. Box 8036
Little Rock, AR 72203-8036I

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 and 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Kurt Knickrehm, Director
Department of Human Services

Attachment

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Arkansas Division of Medical Services

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) PRESCRIPTION/REFERRAL

For Medically Necessary Services/Items not Specifically included in the Medicaid State Plan

The primary care physician (PCP) must use this form to prescribe medically necessary services resulting from an EPSDT screen when the services are not specifically included in the Arkansas Medicaid State Plan. Please refer to Section I of your Arkansas Medicaid Child Health Services (EPSDT) manual for a list of covered services. Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) is defined as follows: a benefit provided for screening, vision, hearing and dental services at intervals which meet reasonable standards of medical and dental practice established after consultation with recognized medical and dental organizations involved in child health care. EPSDT covers any medically necessary service that will lead to the maximum reduction of medical and physical disabilities and restore the child to his or her best possible functional level. Services that are necessary to treat or ameliorate a defect, physical and mental illness, or a condition identified by a screen, must be considered for EPSDT recipients under age 21 regardless of whether the service is otherwise included in the Arkansas Medicaid State Plan.

The PCP must check the appropriate box or boxes and complete and sign the form. A copy of the EPSDT screen results (form DMS-694) may be attached.

Prescription/Treatment

Referral

Patient Name: _____ Medicaid ID #: _____

Date of Last Physical Examination: _____

Medical Diagnosis: _____

Developmental Diagnosis: _____

Other Diagnosis: _____

Prescribed Treatment _____

Primary Care Physician Name (Please Print)

Medicaid Provider Number

By signing as the primary care physician (PCP), I hereby certify that I have carefully reviewed the EPSDT screen result, and that the goals are reasonable and appropriate for this patient. If this prescription is for a continuing plan, I have reviewed the patient's progress and adjusted the plan based on his or her meeting, or failing to meet, the plan goals.

Primary Care Physician (PCP) Signature

Date

Mail to: Division of Medical Services
Utilization Review
P.O. Box 1437, Slot S413
Little Rock, AR 72203-1437