
**Rules of
Department of Social Services
Division 70—Division of Medical Services
Chapter 25—Physician Program**

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Title 13—DEPARTMENT OF SOCIAL SERVICES

Division 70—Division of Medical Services

Chapter 25—Physician Program

13 CSR 70-25.100 Abortions

PURPOSE: This rule complies with Federal Law and rules relating to abortions and maintains compliance with the requirements of the Title XIX program which provides funding for needy persons in the state.

(1) No funds appropriated for the payment of medical claims shall be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term and a physician has found and certified in writing to the Medical Services Division that, on the basis of his/her professional judgment, the mother's life would be endangered if the fetus were carried to term. The certification shall set out the name, address and medical assistance number of the patient.

Auth: section 207.020, RSMo (1986). This rule was previously filed as 13 CSR 40-81.101. Emergency rule filed July 2, 1980, effective July 12, 1980, expired Oct. 12, 1980. Original rule filed July 2, 1980, effective Oct. 11, 1980. Emergency amendment filed Nov. 20, 1980, effective Nov. 30, 1980, expired March 11, 1981. Amended: Filed Nov. 20, 1980, effective March 12, 1981. Emergency amendment filed July 9, 1981, effective July 21, 1981, expired Oct. 10, 1981. Amended: Filed July 9, 1981, effective Oct. 11, 1981.*

**Original authority 1945, amended 1961, 1965, 1977, 1981, 1982 and 1986.*

13 CSR 70-25.110 Payment for Early Periodic Screening, Diagnosis and Treatment Program Services

PURPOSE: This rule establishes the basis and criteria for payment of screenings and related services resulting from the Early Periodic Screening, Diagnosis and Treatment Program.

Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters

of the agency and is available to any interested person at a cost established by state law.

(1) The Department of Social Services shall administer an Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. In Missouri, the EPSDT Program is administered as the Healthy Children and Youth (HCY) Program. The EPSDT/HCY Program provides for thorough physical and dental examinations for Medicaid-eligible persons under the age of twenty-one (21) years, for persons under the age of twenty-one (21) years who are eligible for General Relief benefits and for all persons under the age of twenty-one (21) years in the legal custody of the Department of Social Services or any division of the department at no cost to the child or to the parents or guardians if they accept the offer of this service. Funding for EPSDT services is through Title XIX of the federal Social Security Act (Medicaid) and Missouri.

(2) EPSDT services are available to recipients under the age of twenty-one (21) years who are eligible to receive medical assistance benefits under the provisions of sections 208.151, 208.162 and 208.204, RSMo.

(3) The EPSDT Program shall make a general physical examination available to eligible recipients under the age of twenty-one (21) years. The components of the general physical examination shall include a health history, an unclothed physical examination, appropriate laboratory tests, immunizations, a developmental/mental health screen, a vision screen and a dental screen. These screens will be made available at the frequency recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentists.

(A) Interperiodic screenings outside the recommendations of the American Academy of Pediatrics or the American Academy of Pediatric Dentists are available when medically indicated.

(B) Partial screens for vision, hearing, dental, unclothed physical examination, an interval history and appropriate laboratory tests and immunizations, developmental/mental health assessment and anticipatory guidance shall be reimbursable services.

(4) Providers of the screening services must be enrolled Medicaid providers.

(5) Reimbursement for medically necessary treatment services identified as a result of a screening shall be provided by the Department of Social Services, Division of Medical Services, if the services are available under Section 1905(a) of the Social Security Act. These

services shall be limited by medical necessity. Experimental services are not covered. Any service authorized must be effective in addressing the recipient's need. Services may be prior-authorized to assure medical necessity.

(6) Medical and dental services which Section 1905(a) of the Social Security Act permits to be covered under Medicaid and which are necessary to treat or ameliorate defects, physical and mental illness or conditions identified by an EPSDT screen are covered regardless of whether or not the services are covered under the Medicaid state plan. Services provided under this program will be sufficient in amount, duration and scope to reasonably achieve their purpose. The services are limited due to medical necessity. Services identified as needed as the result of a screening which are beyond the scope of the Medicaid state plan require a plan of care identifying the treatment needs of the child in regard to amount, scope and prognosis. Prior authorization of services may be required for these services needs and for services of extended duration unless otherwise noted in the benefits and limitations section of the provider manual of the appropriate provider of the service. Examples of services beyond the scope of the state Medicaid Plan are—orthodontic services; physical, occupational and speech therapy evaluations and services; psychology and counseling services; private duty nursing services; and medical supplies. Services may be made available on an inpatient, outpatient office or home setting depending upon the medical condition of the recipient and availability of services.

(7) Services must be provided by enrolled Medicaid providers operating within their legal scope of practice.

Auth: sections 208.152, RSMo (Cum. Supp. 1990), 208.153, RSMo (Cum. Supp. 1991) and 208.201, RSMo (Supp. 1987). This rule was previously filed as 13 CSR 40-81.015. Original rule filed Jan. 15, 1985, effective April 11, 1985. Amended: Filed Jan. 13, 1992, effective Sept. 6, 1992.*

**Original authority 208.152, RSMo (1967), amended 1969, 1971, 1972, 1973, 1975, 1977, 1978(2), 1981, 1986, 1988 and 1990; 208.153, RSMo (1967), amended 1967, 1973, 1989, 1990 and 1991; and 208.201, RSMo (1987).*