(Place MR Label Here) MR#: Patient's Name: Patient's Date of Birth:



## Psychiatric Research Institute Early and Periodic Screening, Diagnosis & 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 beneficiaries under age 21 regardless of whether the
service is otherwise included in the Arkansas Medicaid State Plan. Inpatient evaluation is medically necessary in order to
accurately diagnose and/or develop a treatment plan for this patient. The PCP must check the appropriate box or boxes
and complete and sign the form. A copy of the EPSDT screen results (form CMS-1500) may be attached.

☐ Prescription/Treatment ☐ Referral	
Patient Name:	Medicaid ID #:
Date of Last Physical Examination:	
Medical Diagnosis:	
Developmental Diagnosis:	
Other Diagnosis:	
Prescribed Treatment: Inpatient evaluation and observa develop a treatment plan for this patient.	tion is medically necessary in order to accurately diagnose and
Primary Care Physician Name (Please Print)	Provider Identification Number / Taxonomy Code
	ave carefully reviewed the EPSDT screen results, and that the this prescription is for a continuing plan, I have reviewed the her meeting, or failing to meet, the plan goals.
Primary Care Physician (PCP) Signature	

