

## Medicaid Review Guidelines for Early Periodic Screening Diagnostic and Treatment (EPSDT) for Members 20 years and Younger 2/22/2023

**The purpose** of this document is to provide guidance to internal and external stakeholders regarding the EPSDT review and prior authorization process.

**What:** Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services are comprehensive and preventive health care services for children from birth to age 21. This benefit provides services that can prevent and detect if there are conditions or health concerns in early stages. It can reduce the risk of illness, disability or other medical/mental health care that may be needed.

The EPSDT program offers:

- "Well-child" medical exams, screening, and diagnostic services to determine if there are any physical, dental, developmental, and mental health conditions for members 0 to age 21.
- It also covers health care, treatment, and other measures to correct or help any conditions discovered.

All EPSDT services are free to members until the age of 21.

EPSDT requires the Plan to conduct a medical necessity review on all services prior to denial for members 20 year and younger. This includes medical necessity review for services that were previously auto-denied as below-the-line service. Note, claims may still deny for administrative errors, lack of medical necessity, and benefits.

When: This guideline was effective on 1/1/23.

Who: These guidelines apply to all Medicaid members 20 years and younger.

## **Review Process:**

- If a service or code requires a prior authorization today, then a prior authorization should be submitted. This applies to EPSDT members 20 and younger.
- For EPSDT members 20 and younger, services previously denied as below-the-line and not a covered service do not require prior authorization. These services are no longer set to auto-deny.
- For services submitted for authorization, a medical necessity and medical appropriateness review will be completed to determine coverage.