



Provider Notice

UPDATE: Intensive In-Home Authorization under EPSDT

For any service authorization using Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT) guidelines, the service authorization request through the Service Request Application (SRA) must indicate that the service is being requested to determine medically necessary care as defined by EPSDT policy requirements. EPSDT is utilized based on medical necessity when a child under the age of 21 has reached a service limit within a particular Medicaid program. On each SRA form there is a question that states: "Is this EPSDT eligible?" For the service request to be authorized because of EPSDT, this question must be answered accurately. When answered "Yes", the clinical review of the SRA will be based on continued medical necessity beyond the state plan service limit of 26 weeks as defined in the Medicaid regulations, provider manuals and Medicaid Memos. According to 12VAC30-50-130-(5)(b)(1): (1) These services shall be limited annually to 26 weeks. Service authorization shall be required for Medicaid reimbursement prior to the onset of services. Services rendered before the date of authorization shall not be reimbursed.

When the service request covers a date span that is beyond any established service limits, the provider should split the authorization request based on the Medicaid service limit and when EPSDT allowable coverage should be applied. If EPSDT consideration is requested for any portion of an authorization, the answer to the EPSDT question in the SRA should be "Yes." However, the provider should clarify in the clinical portion which service dates apply to each benefit.

If the EPSDT question is answered incorrectly or the clinical information does not support the need for continued medically necessary care, the request for authorization beyond the stated benefit limit may not be authorized. Beginning July 1, 2015, claims for EPSDT services exceeding the Medicaid service limit are denied unless an authorization for continued medically necessary care due to EPSDT guidelines is on file with Magellan.

If you have questions about EPSDT and related service authorization requests or related to the above information please contact us: 1-800-424-4046.

You may also email us at: VAProviderQuestions@magellanhealth.com.