



Provider Notice

Subject: EPSDT Authorizations Clarification

This notification provides you with clarification on Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) for members less than 21 years of age; and requests for service authorization of behavioral health services under this program.

Based upon eligibility and medical necessity criteria, EPSDT funding allows behavioral health services to be provided beyond the stated benefit limit for Medicaid members less than 21 years of age. For such a request to be reimbursed by Medicaid, a service authorization must be obtained indicating the need for the service to continue past the annual limit. The annual treatment year for all members is defined as the period July 1 through the following June 30. A week is defined as Sunday through Saturday.

To cover a service under EPSDT, it must be indicated on the Service Request Application (SRA) that the service is being requested under EPSDT funding. On each SRA form there is a question: "Is this an EPSDT funded service or stay?" For the service request to be considered, this question must be answered accurately. For the specified service to be continued beyond the annual service limits, the clinical information provided on the SRA must meet the medical necessity criteria as defined in the Medicaid regulations, provider manuals and Medicaid Memos.

If the EPSDT question is answered incorrectly or the clinical information does not support the need for the service based on the Medicaid requirements, **the request for authorization beyond the stated benefit limit will not be authorized.** Beginning July 1, 2015, **claims** for EPSDT services exceeding the stated benefit limit **will be denied** unless an EPSDT authorization 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 at 1-800-424-4536. You may also email us at: VAProviderQuestions@magellanhealth.com.