

**ENVOLVE DENTAL, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE**

DEPARTMENT: Utilization Management	DOCUMENT NAME: Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
PAGE: 1 of 3	REFERENCE NUMBER: ENVD.CP.0003
EFFECTIVE DATE: 01/01/2019	REPLACES DOCUMENT: N/A
RETIRED: N/A	REVIEWED: 11/2021
SPECIALIST REVIEWED: Yes	REVISED:
PRODUCT TYPE: All	APPROVED DATE: 09/13/2019

IMPORTANT REMINDER:

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements including Local Coverage Determinations (LCDs), as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

SUBJECT:

Envolve Dental’s policy and procedures for determining authorization for services subject to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) regulations.

DESCRIPTION:

As required by federal law, Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage (e.g. frequency, non-covered service) may be approved, if medically necessary.

POLICY:

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It is the policy of Envolve Dental that members under the age of 21 receive approval and coverage for all medically necessary services that may exceed their current plan coverage. All procedures submitted for coverage under EPSDT must have an authorization on file.

PROCEDURE:

Services requested that are non-covered or exceed the benefit frequency: Authorization is requested for a non-covered service or service that will be denied due to frequency limitations.

Requesting provider must submit all clinically relevant information including:

1. Diagnostic quality pre-operative x-rays
2. Dental treatment/action plan and/or medical necessity narrative
3. All relevant office chart notes

AUTHORIZATION PROTOCOL:

Authorizations will be processed according to State mandated turnaround times.

Envolve Dental complies with the coding guidelines of the health plan and/or State in which the client resides. Abnormal comparative utilization of dental services is subject to retrospective review. Envolve Dental requires the submission ICD-10 codes with all prior authorization requests and claim submission (Box 34 and 34a of the ADA American Dental Association Dental Claim Form).

REFERENCES:

1. Principles of Ethics and Code of Professional Conduct, America Dental Association September 2016
2. Section 1905(a) of the Social Security Act, codified in Title 42 of the United States Code 1396d(a)

ATTACHMENTS:



EPSDT Workflow
022018.pdf

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DEFINITIONS:

Medically Necessary: Health care services provided for the purpose of preventing, evaluating, diagnosing or treating a sickness, injury, condition, disease or its symptoms, that are all of the following

- In accordance with Generally Accepted Standards of Dental Practice.
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for a patient’s sickness, injury, disease or its symptoms.
- Not mainly for a patient’s convenience or that of the doctor or other health care provider.
- Not more costly than an alternative service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results.

Generally Accepted Standards of Dental Practice: Standards that are based on credible scientific evidence published in peer-reviewed dental literature generally recognized by the relevant dental community. If no credible scientific evidence is available, then standards are based on Dental specialty society recommendations or professional standards of care.

REVISION LOG

REVISION	DATE
Annual Review	09/2019
Annual Review	11/2021