EPSDT Workflow (Members Under 21)

```
UM receives authorization request for a non-covered service or over the frequency procedure
   │
   ▼
◇ All documentation received?
   │ Yes ──▶ UM Reviewer box
   │ No ──▼
```

UM receives authorization request for a non-covered service or over the frequency procedure

All documentation received?
- Yes →
- No ↓

Pend auth if MS or OH.
Deny for missing info otherwise.

UM Reviewer
- Mark Status as prelim denied
- Denial code should be EPSDT – not medically necessary
- Notes should reflect procedure being requested is either not a covered benefit or over the frequency limit
- Send to consultant for review

Consultant Decision
- Deny →
- Approve ↓

Change status to deny
- Change status to deny
- Use denial code – EPSDT – Not Medically Necessary
- Notes should reflect why service is not medically necessary

Change status to approved
- Change status to approved
- Click on details link and check EPSDT box

Claim for a non-covered service or over the frequency limit procedure received
- No Auth on File →
- Auth on File ↓

Claim denied as frequency limit exceeded or no prior auth on file if not a covered benefit

Claim paid

End

Consultant Decision
- Does the submitted documentation support the medical necessity need?
- Is the service requested clinically appropriate?
- Is there a covered alternative procedure that will meet medical necessity?
- Procedure is not more costly than an alternative procedure that is at least as likely to produce equivalent results?
- Is procedure mainly for the patient's /provider's convenience?