

Dental Clinical Policy: EPSDT

Reference Number: CP.DP.3

Last Review Date: 12/24

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

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 Social Security Act (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/Criteria

- I. It is the policy of Envolve Dental Inc.® that Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) is **medically necessary** when any of the following conditions are met:
 - A. When any non-covered service or service where the frequency limitation is exceeded for a patient under 21 years of age and it is determined to be medically necessary;
 1. If a less costly and professionally acceptable alternative treatment is identified, the alternate service will be the payable benefit;
 - B. When none of the following contraindications are present:
 1. When the requested service is not medically necessary;
 - C. Required documentation to support medical necessity include the following:
 1. All relevant patient chart notes;
 2. Diagnostic quality pre-operative radiographs;
 3. Intra-oral photographs where necessary to support conditions not clearly represented with radiographs.

Coverage Limitation/Exclusions

1. EPSDT Medical Necessity Definition
 - a. When dental services are provided for the purpose of preventing, evaluating, diagnosing or treating a sickness, injury, condition, disease or its symptoms, that are all of the following:
 - i. In accordance with Generally Accepted Standards of Dental Practice;
 - ii. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for a patient's sickness, injury, disease or its symptoms;
 - iii. Not mainly for a patient's convenience or that of the doctor or other health care provider;
 - iv. Not more costly than an alternative service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results.
 - b. 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.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2024, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	11/21	11/21
Annual Review	12/22	12/22
Annual Review and Format Change	12/23	12/23
Policy Update	4/24	4/24
Annual Review	12/24	12/24

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).

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the

DENTAL CLINICAL POLICY

Early, Periodic Screening, Diagnosis, and Treatment (EPSDT)

administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

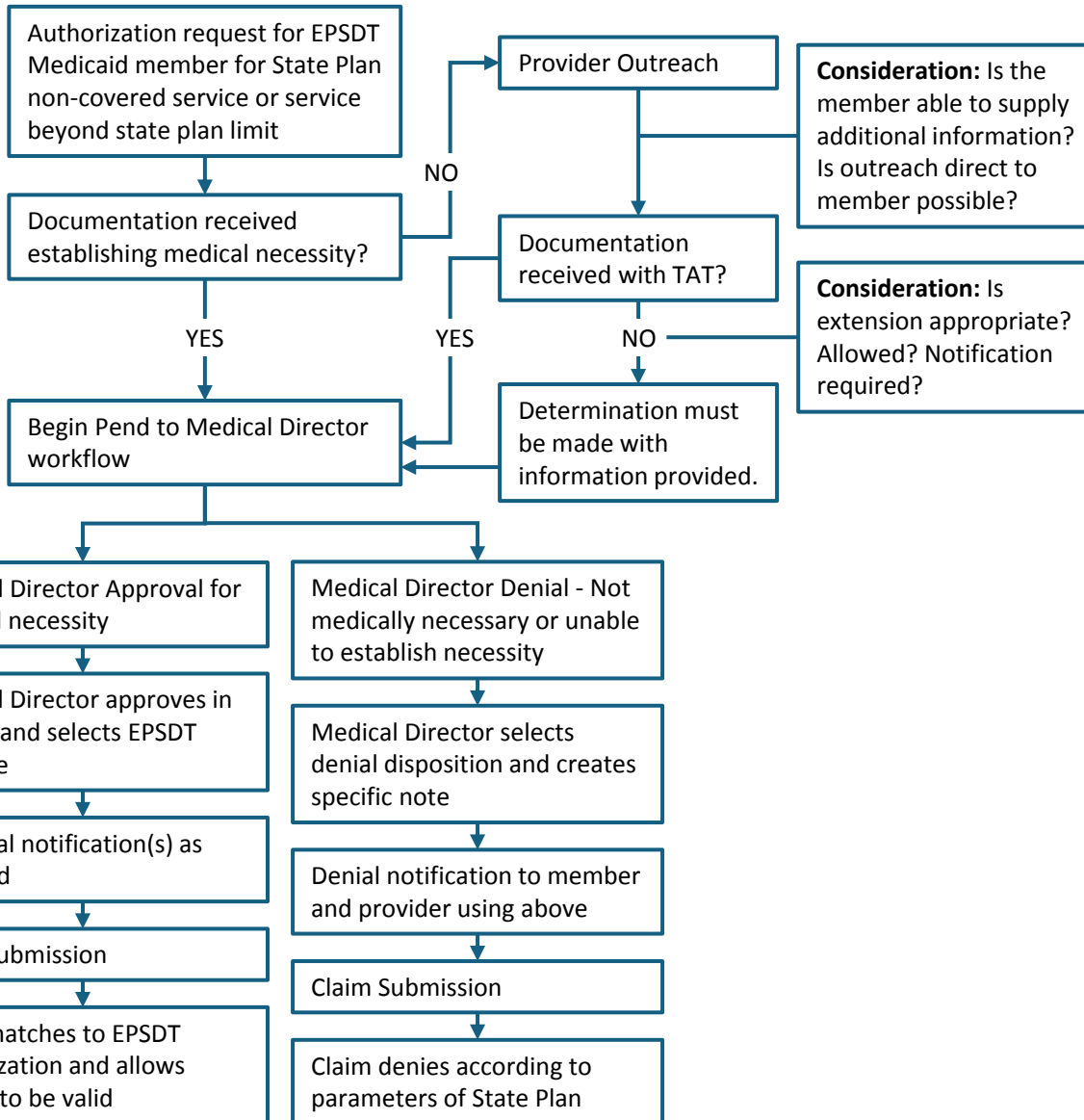
This clinical policy is the property of Envolve Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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CP.DP.3 EPSDT Attachment A – EPSDT Service Coverage Authorization Workflow



EPSDT Coverage Considerations:

1. Does submitted documentation support necessity?
2. Is the request clinically appropriate and not solely for convenience of member or provider?
3. Is there an alternative State Plan-covered service that can treat the chief complaint and produce clinically equivalent results?
4. Is there an alternative available service that is less costly that can treat the chief complaint and produce clinically equivalent results?

EPSDT Claims Policy: Claims submitted without authorization for State Plan non-covered or beyond limit services will deny automatically and require claim appeal for payment consideration

**Emergency Services do not require prior authorization (OC.UM.0014); provider encouraged to perform services and contact payor prior to claim submission