



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

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GCR 19-022
CLARIFICATION

Vermont Medicaid Requests for EPSDT Services

Policy Summary:

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated benefit for Vermont Medicaid beneficiaries under age 21. Under EPSDT, Vermont Medicaid will cover medically necessary health care services, including all mandatory and optional services that can be covered under the Medicaid Act, even if the service is not covered or coverage is limited for adults.¹ The EPSDT benefit is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible.

For Medicaid members under the age of 21, payment will be made for any service or item when it (1) is within the scope of the categories of optional and mandatory services in the Medicaid Act, and (2) is medically necessary. For Medicaid members under the age of 21, medical necessity includes a case by case determination that a service is necessary to correct or ameliorate a diagnosis or health condition. It also includes a determination of whether a service is needed to achieve proper growth and development or prevent the worsening of a health condition.

Any code listed as “do not pay” on the PAC 9 (non-covered) list found here:

<http://www.vtmedicaid.com/#!/feeSchedule/nonCoveredServices>, does not apply to beneficiaries under the age of 21. To request coverage for any of the services that are listed as non-covered (i.e., PAC 9) for a Medicaid beneficiary under the age of 21, a Medicaid enrolled provider must submit a prior authorization request with documentation of medical necessity for the member. Prior authorization forms can be found here: <https://dvha.vermont.gov/for-providers/clinical-prior-authorization-forms>

The Department of Vermont Health Access will conduct a prior authorization review for each PAC 9 code request for medical necessity on a case by case basis.

Services that will not be approved for coverage include:

¹ Vermont Medicaid’s EPSDT benefit includes any medically necessary service that is within the scope of the categories of services listed as medical assistance in the Medicaid Act at 42 USC 1396d(a). (1905(a) of the Social Security Act)

- Any that are not within the scope of category of services listed in the Medicaid Act,
- Those listed as not covered according to Health Care Administrative Services Rule 4.104, Medicaid Non-Covered Services, and
- Any that are not medically necessary.

Authority/Legal Basis:

[Medicaid State Plan](#)

[Section 1905\(r\) of the Social Security Act](#)

Population Affected: Medicaid beneficiaries under the age of 21.