

The Pediatric Medical Necessity Review and EPSDT Guarantee

Medical necessity reviews on treatments, products or services requested or prescribed for covered beneficiaries younger than 21 years of age are based on conformity with federal EPSDT criteria. Medical necessity is decided based on an individualized clinical review of medical status and support for effectiveness of the requested treatment to ‘correct or ameliorate’ a diagnosed health condition.

Federal EPSDT Criteria:

For coverage, the requested service must be:

- ◇ Found in Service Categories at §1905(a), Social Security Act
- ◇ Medical In Nature
- ◇ Safe
- ◇ Effective
- ◇ Not Experimental
- ◇ Not Investigational
- ◇ Most Cost Effective of Equally Effective Treatments

In addition, the service provided must be not solely for the convenience of the caregiver.

The following professional standards may apply:

- *Traditional evidence* (patient-centered or scientific evidence for children) *grading* with a hierarchy or algorithm of standards apply.
- In the absence of availability of traditional evidence or algorithm, *professional standards of care* for children must be considered.
- The AAP, other pediatric medical specialty societies, and *consensus expert pediatric opinion* could serve as references for defining essential pediatric care in the context of medically necessary services.

An appropriately licensed and credentialed professional or panel must:

- Review the *individual needs* of the child as submitted in the request with reference to each element of the EPSDT criteria and all applicable law, policy, and standards of best practice;
- Research best practice, peer-reviewed journals and find support in data for effectiveness of requested service in the individual case as presented in the request, allowing *case-based exceptions* to those guidelines and policies as required by EPSDT standard.