



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

---

Volume 25 No. 09

August 2015

---

**TO:** All Providers - For Action  
Health Maintenance Organizations - For Action

**SUBJECT:** Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

**EFFECTIVE:** Immediately

**PURPOSE:** To remind all New Jersey Medicaid providers that the United States Department of Health and Human Services, under the authority of the Social Security Act (the Act), requires that Medicaid-covered children, under the age of twenty-one (21), receive coverage for all medically necessary services that are included within the categories of mandatory and optional services listed in section 1905(a) of the Act, regardless of whether such services are covered under the State Plan.

**BACKGROUND:** The Medicaid program provides a benefit for children and adolescents known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. EPSDT provides a comprehensive array of preventive, diagnostic, and treatment services for Medicaid covered infants, children and adolescents under the age of twenty-one (21), as specified in Section 1905(r) of the Act. Some Medicaid regulations include limits for eligibility and/or intensity of service. These limits do not apply to Medicaid covered children under the age of twenty-one (21).

**ACTION:** All Medicaid covered beneficiaries, under the age of twenty-one (21), shall be entitled to receive any medically necessary service including physician and hospital services, home care services (including personal care and private duty nursing), medical equipment and supplies, rehabilitative services, vision care, hearing services, dental care and any other type of remedial care recognized under state law or specified by the Secretary of the Department of Health and Human Services.

The need for these services shall be based upon medical necessity and shall not be limited in volume, scope or duration, regardless of established state plan or regulatory limitations. While approval for these services is determined by medical necessity, the volume, scope and duration of approved services may take the availability of other medically appropriate, cost effective alternatives into consideration.

When a Medicaid covered beneficiary under the age of twenty-one (21) requires a medically necessary service that is not listed in the state plan, the beneficiary or their legally responsible representative should contact their health plan by calling the number on their health plan member identification card so this service can be appropriately delivered and coordinated.

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**