ADMINISTRATIVE POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
EPSDT Benefit-OH MCD-AD-1602	11/01/2025
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
EPSDT Benefit

B. Background
Ohio's early and periodic screening, diagnostic and treatment (EPSDT) benefit is mandatory for individuals under twenty-one years of age who are enrolled in Medicaid. This benefit provides comprehensive services for an eligible individual as specified in Section 1905(r) of the Social Security Act. This benefit is known as *healthchek*.

C. Definitions
- **Healthchek** – Comprehensive preventive health services available to individuals under 21 years of age who are enrolled in Medicaid, otherwise known as early and periodic screening, diagnostic, and treatment (EPSDT) services.
- **Medically Necessary or Medical Necessity** – For individuals covered by EPSDT: Procedures, items, or services that prevent, diagnose, evaluate, correct, ameliorate, or treat an adverse health condition such as illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability.
  Conditions of medical necessity are met if all the following apply:
  o Meets generally accepted standards of medical practice.
  o Clinically appropriate in its type, frequency, extent, duration, and delivery setting.
  o Appropriate to the adverse health condition for which it is provided and is expected to produce the desired outcome.
  o Is the lowest cost alternative that effectively addresses and treats the medical problem.
  o Provides unique, essential, and appropriate information if it is used for diagnostic
  o purposes.
  o Not provided primarily for the economic benefit of the provider nor for the convenience of the provider or anyone else other than the recipient.

D. Policy
  I. CareSource will cover all medically necessary state plan services for a healthchek eligible individual when a need is identified during the course of an EPSDT exam, even when the services are not covered under the Ohio Department of Medicaid's state plan, including established coverage limits that may be exceeded with prior authorization.

  II. Healthchek services include all mandatory and optional medically necessary services (including treatment) and items listed in 42 U.S.C. § 1396d(a) to correct or ameliorate defects, and physical and mental illness and conditions discovered by a Healthchek screening. Such services and items, if approved through prior authorization, include those services and items listed at § 1396(a), including services provided to members with a primary diagnosis of autism spectrum disorder, in excess of plan limits applicable to adults.

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

E. Conditions of Coverage

The fact that a physician, dentist, or other licensed practitioner renders, prescribes, orders, certifies, recommends, approves, or submits a claim for a procedure, item, or service does not, in and of itself, make the procedure, item, or service medically necessary and does not guarantee payment for it.

F. Related Policies/Rules

Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	07/30/2025	Approved at Committee.
Date Revised		
Date Effective	11/01/2025	
Date Archived		

H. References

1. Definitions, 42 U.S.C. § 1396(d) (2025).
2. Healthchek: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Covered Services, OHIO ADMIN. CODE 5160-1-14 (2017).
3. Medicaid: Healthchek (Early and Periodic Screening, Diagnostic and Treatment Services), OHIO ADMIN. CODE 5160:1-2-15 (2025).
4. Medicaid Medical Necessity: Definitions and Principles, OHIO ADMIN. CODE 5160-1-01 (2022).

Approved by ODM 08/14/2025

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.