Department of HEALTH & HUMAN SERVICES

Division of Medicaid Services

To: NH Medicaid Enrolled Providers

From: NH Division of Medicaid Services

Date: August 5, 2026

Subject: **Service Authorization Required for Non-Routine EPSDT Services for Members Under Age 21**

Under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), New Hampshire Medicaid covers medically necessary services for members under age 21—even those not typically covered under the NH Medicaid plan. If a service is not routinely covered, service authorization is required to confirm medical necessity.

This requirement applies regardless of other insurance coverage that the member may have. Even if the provider is submitting for authorization to a primary insurer or if a primary insurer has already approved the service, providers must still obtain separate EPSDT authorization from NH Medicaid to ensure compliance with EPSDT policy.

Authorization Guidelines

Providers must:

1. Identify that the service is for a member under 21 and not ordinarily covered in by NH Medicaid.
2. Complete and submit the appropriate form for the service, based on the Instructions for Fee-for-Service Authorization.
3. Include information indicating whether the member has other insurance, if Medicaid is secondary, and whether the primary insurer has approved the service.
4. Wait for NH Medicaid's authorization decision before delivering the service—services rendered without EPSDT approval may result in claim denial and potential provider liability.

If you have questions regarding this notice or about submitting Service Authorization requests, please contact Medicaid Medical Services Unit at 603-271-9384 or by email at ServiceAuthorizationFFS@dhhs.nh.gov.

Thank you,

NH Medicaid Provider Relations