

## Question & Answer Log

*Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Provider Education Webinar # 2*

*Ensuring EPSDT access - Documenting medical necessity, prior authorization, and related processes for Fee-for-Service/Open Card patients*

*February 7, 2023*

*12-1 p.m.*

*Recording: <https://www.youtube.com/watch?v=aJ6HpBoVdjk>*

*This document provides a summary of all questions asked during this provider education session and corresponding answers from OHA staff. Some questions and answers have been edited for clarity. **Please Note:** This document is not meant to be a substitute for reviewing the full guidance documents, which include all EPSDT requirements. All EPSDT materials and guidance are available at*

*[www.Oregon.gov/EPSDT](http://www.Oregon.gov/EPSDT)*

## Questions & Answers

**Does EPSDT apply only to dates of service after 1/1/23 or does it apply for members who are admitted to the care of the provider before 1/1/23?**

The expansion of EPSDT coverage is effective for dates of service starting January 1, 2023 (it is important to note that for inpatient services, the date of discharge is considered the date of service).

**Do you know when the Medical Necessity rules will be updated to reflect the EPSDT requirements and remove the approved diagnosis list?**

Updates to the rules defining Medical Necessity and Medical Appropriateness (Oregon Administrative Rule 410-120-0000) and the EPSDT rules (currently Oregon Administrative Rule 410-130-0245) will occur in 2023.

**In the behavioral health webinar on February 15, 2023, will impacts to Intensive In-Home Behavioral Health Treatment (IIBHT) be discussed? Specifically, requirements around two mental health diagnoses present, or if Z Codes are appropriate in either primary or secondary position?**

Yes, IIBHT was addressed in the February 15<sup>th</sup> Webinar targeting Behavioral Health and Behavioral Rehabilitation Providers. Z codes may be considered as one of the two required behavioral health diagnoses for IIBHT services. Additional guidance will be available in the coming months. Ultimately an individual determination of medical necessity and medical appropriateness will determine

approval. The recording and materials for the February 15<sup>th</sup> webinar can be found at [www.Oregon.gov/EPSTD](http://www.Oregon.gov/EPSTD).

**What consideration is given to a condition being ongoing for a patient that turns 21 and continues to need services?**

The Fee-for-Service(FFS)/Open Card Medical Management Committee (MMC) views the intent of the EPSDT benefit as ensuring that children and youth get the healthcare they need to be healthy and thrive. In general, OHA MMC's review and approval for services will be for the treatment plan and will most likely include approval for services that are started prior to the young adult's 21<sup>st</sup> birthday but need to continue past the 21<sup>st</sup> birthday. One example that has been recently reviewed and approved is treatment for an individual with handicapping malocclusion who started orthodontia treatment at age 20, but the treatment would not be complete until after the 21<sup>st</sup> birthday. That said, these requests will be reviewed on an individual basis and may require additional authorization after age 21. Coordinated Care Organizations have the authority to determine how they will consider coverage of services ongoing beyond age 21.

**Will this policy change apply to hearing aids as well?**

Yes, EPSDT coverage policy applies to hearing aids.

**Is the referring or prescribing provider required to be fully Oregon Medicaid enrolled?**

Yes, it is a requirement under federal regulations that referring providers be a Medicaid provider.

**Can you define treating practitioner? Is that the referring or prescribing provider or the rendering provider?**

The treating practitioner would be the rendering provider.

**In terms of the required least costly alternative language, this seems more restrictive than the EPSDT requirements which indicates that services are to ameliorate any and all issues related to the qualifying diagnosis. Will this language be removed?**

This language will not be removed, as it aligns with federal EPSDT guidance. EPSDT does require coverage of medically necessary and medically appropriate services needed to ameliorate a condition. OHA is also required to be a good steward of Medicaid dollars. OHA and CCOs may consider the least costly effective option that will ameliorate the condition, but cost cannot be the sole factor in making a determination of coverage.

**Are there any orthodontists involved in reviewing these cases as they come in?**

For FFS/Open Card members, there are dental professionals including, when indicated, an orthodontist and orthognathic surgeon, who are involved in reviewing medical necessity and medical appropriateness for handicapping malocclusion and other oral health requests. For CCO members, each CCO has its own clinical staff who reviewing cases. The staff member conducting the review needs to have the proper level of license/certification necessary for the type of decision they are making.

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**For any additional questions, please reach out to [EPSDT.Info@odhsoha.oregon.gov](mailto:EPSDT.Info@odhsoha.oregon.gov)**