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**Date:** April 24, 2019

**To:** Physical, occupational and speech therapists

**From:** Nathan Roberts, Traditional Programs manager  
Medicaid Programs, Health Systems Division

**Subject:** Changes to fee-for-service authorization of outpatient therapy services, effective June 1, 2019

On June 1, 2019, the Oregon Health Authority (OHA) is ending the current prior authorization process to try a new method of review. Starting June 1, 2019:

- Providers will no longer have to request prior authorization of therapy services. Instead, they will submit documentation for the current plan of care with the initial claim. If any documentation is missing, OHA will ask providers to submit it to complete the review.
- Based on this review, OHA will deny or approve payment of claims billed for the current plan of care.

In November, OHA will decide whether to continue this form of review. If proven successful, prepayment reviews will continue, using a random sample of claims instead of all submitted claims.

### Why is this happening?

OHA is making this change so that providers can start therapy with fee-for-service members timely, without waiting for a decision from OHA.

### What should you do?

Before providing services to fee-for-service members, please be sure that:

- The member is [eligible for Oregon Health Plan benefits on the date\(s\) of service](#),
- [The Prioritized List of Health Services](#) covers the service(s) for the member's health condition, and
- You can meet all documentation requirements and coverage criteria for the services you provide. Refer to Division [131](#) and [129](#) Oregon Administrative Rules for specific requirements.

Please bill the initial claim in one of these two ways. Subsequent claims can be sent in the method you prefer.

- On the Provider Web Portal at <https://www.or-medicaid.gov>. Fax documentation under the EDMS Coversheet to 503-378-3086. Include the Provider ID, Recipient ID and Internal Control Number. **OR**
- Mail a paper claim with attached documentation to OHA at PO Box 14955, Salem OR 97309.

Starting June 1, OHA will deny payment if claims do not meet these requirements, or if you cannot provide documentation requested by OHA. If OHA denies payment, you may be unable to bill the member for the services (see [Oregon Administrative Rule 410-120-1280](#) to learn more).

### Questions?

If you have any questions, contact the Provider Services Unit at [dmap.providerservices@dhsola.state.or.us](mailto:dmap.providerservices@dhsola.state.or.us) or call 800-336-6016. We are available Monday through Friday between 8 a.m. and 5 p.m.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.