



500 Summer St NE E35

Salem, OR, 97301

Voice: 800-527-5772

Fax: 503-373-7689

TTY: 711

www.oregon.gov/OHA/HSD

Date: February 1, 2023

To: Children's behavioral health outpatient providers
Children's behavioral health residential providers
Behavior Rehabilitation Services (BRS) providers

From: Donny Jardine, Manager
Medicaid Behavioral Health, Safety Net and Children's Programs

Subject: Learn more about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for behavioral health and BRS providers at OHA's Feb. 15 webinar

The Oregon Health Authority (OHA) invites you to attend an EPSDT policy training specifically for behavioral health and BRS providers.

- **Date and time:** February 15, 2023, 3 to 4:30 p.m.
- **Register at** www.zoomgov.com/meeting/register/vJIsduCsqD4oGjOEtCj-Zlu8E-W8_maQTWg

By March 2023, OHA plans to update its fee-for-service (FFS) claim system to process claims for historically not-covered services for OHP members under age 21. Once this work is complete, such claims will either require prior authorization or suspend for OHA review.

Why this happening?

[As shared in OHA's December 2022 memo](#), OHA and coordinated care organizations (CCOs) must cover the full scope of medically necessary and medically appropriate¹ EPSDT services for children from birth until their 21st birthday, effective January 1, 2023. This means:

- Services for children under age 21 may no longer be denied solely because of the location of the diagnosis or treatment on the Prioritized List.
- OHA and CCOs may only deny services found medically unnecessary or inappropriate, after a review based on individual needs. Denials must be documented in writing.

The Feb. 15 webinar and upcoming FFS claim system updates will help providers ensure that OHP-covered children, youth and families access the EPSDT services they need, including behavioral health.

What should you do?

All providers should become familiar with documenting how services are medically necessary and appropriate. OHA has developed an [EPSDT Provider Guide](#) to assist with this. It is important that providers:

- Do not refuse to render service or refer care based on Prioritized List placement or historical limits to coverage, and
- Know that medically necessary and medically appropriate services must be covered, regardless of preset limits or guidelines.

¹ Providers can find definitions of both medical necessity and medical appropriateness in Oregon Administrative Rule (OAR) [410-120-0000](#).

- Additional information, including registration and recordings for general provider education seminars, can be found at www.oregon.gov/EPSDT.

For providers serving FFS (“open card”) members: Be sure to do the following for timely processing of claims and prior authorization requests:

- Provide OHA and its contractors updated contact information for the people who will submit documentation of medical necessity and medical appropriateness. To do this, contact Provider Enrollment at 1-800-336-6016, Option #6 or email provider.enrollment@odhsoha.oregon.gov.
- Follow the instructions in the [ESPDT Provider Guide](#) to submit documentation for FFS members.

For CCO members: Consult the member’s CCO for their billing and reimbursement procedures.

Questions?

If you have any questions or concerns, please contact the EPSDT team at EPSDT.Info@odhsoha.oregon.gov.

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