

**Note:** This summary of updates is not meant to be a substitute for reviewing the full guidance documents, which include all EPSDT requirements and are available at [www.Oregon.gov/EPSDT](http://www.Oregon.gov/EPSDT)

January 5, 2024

## CCO Guidance Updates

- Updated links to EPSDT rules throughout; effective 1/1/24, the EPSDT program rules are found in [Oregon Administrative Rule Chapter 410 Division 151](#).
- Updated wording throughout to present tense to reflect status of implemented EPSDT coverage requirements.
- Removed language regarding forthcoming rule revisions; these revisions are in effect as of 1/1/24.
- Removed interim guidelines for review processes under EPSDT; these guidelines no longer apply as full EPSDT implementation is now required.
- Clarified descriptions of EPSDT benefit and coverage requirements throughout (clarification only; there are no changes to requirements for coverage under EPSDT).
- Clarified the relationship between the Prioritized List and EPSDT and added information about how HERC guidance may be used under EPSDT (pages 4-5).
- Added wording to reflect upcoming development of additional program monitoring plans for EPSDT (page 5).
- Clarified CCOs' role in ensuring their provider networks are informed of EPSDT requirements and resources (page 6).
- Updated information regarding provider resources (page 6-7)
- Added wording to reflect that definitions of medically necessary, medically appropriate and dentally appropriate specific to the EPSDT population are now found in [OAR 410-151-0001](#) (pages 6 and 9).
- Revised language regarding member communication requirements to better reflect CCO contract requirements and clarified methods for meeting EPSDT communication requirements (pages 7-8).
- Added link to EPSDT FAQ (page 9).

## FAQ Updates

- Question 19: Updated the definitions of medically necessary, medically appropriate and dentally appropriate to reflect the EPSDT-specific definitions now in [OAR 410-151-0001](#).

November 29, 2023

## Provider Guide Updates

- Clarified that when resolving a suspended claim under EPSDT, providers should submit requested documentation by fax, under a completed EDMS Coversheet (page 11).

October 25, 2023

## Provider Guide Updates

- Reorganized some content for usability and flow.
- Updated wording to present tense to reflect status of implemented EPSDT coverage requirements.
- Clarified descriptions of EPSDT benefit and coverage requirements (clarification only; there are no changes to requirements for coverage under EPSDT).
- Added instruction that providers should not make assumptions about what will be covered by OHP for members under age 21.
- Added information that effective 1/1/2024, the administrative rules for EPSDT will be found in Chapter 410 Division 151 of the Oregon Administrative Rules.
- Added information that effective 1/1/2024, definitions of medical necessity, medical appropriateness, and dental appropriateness specific to OHP members under age 21 will be found in OAR 410-151-0001.
- Added that CCOs' and OHAs' utilization management processes for behavioral health services must comply with the Mental Health Parity & Addiction Equity Act.
- Clarified how to update provider contact information with OHA (page 2).
- Added links to EPSDT FAQ, CCO Guidance Document, and CCO contact information (page 4).
- Clarified the relationship between the Prioritized List and EPSDT (pages 5-6).
- Added link to criteria for coverage of handicapping malocclusion (page 6).

- Removed reference to prior authorization guidance being in development. Added information about the use of prior authorization under EPSDT (page 7).
- Added information about prior authorization process for Children’s Psychiatric Residential Treatment Facilities (page 7).
- Clarified information about seeking a pre-service review (page 7).
- Clarified prior authorization submission pathways and OHA’s medical review process (pages 7-8).
- Clarified components of a signed letter of medical necessity (page 8).
- Added link to Preferred Drug List and corrected the phone number for the Oregon Pharmacy Call Center (page 9).
- Updated wording to reflect changes to the Medicaid Management Information System for EPSDT (pages 10-11).
- Clarified instructions for submitting clinical documentation with claims (page 11).
- Corrected the contact information for Provider Portal access and identifying suspended claims (page 11).
- Added information regarding approvals for coverage of certain services past age 21 (page 13).

## FAQ Updates

- Question 36: Updated wording to reflect changes to the Medicaid Management Information System for EPSDT.
- Question 37: Removed wording about upcoming changes to the Medicaid Management Information System (these changes are now in effect).

December 27, 2022

## CCO Guidance Document updates

- Page 4: Added link to Appendix A and clarified language about using the Prioritized List as a basis for denials under EPSDT.
- Page 5: Updated the table to include guidance regarding prior authorization and added information about the treatment of claims for historically non-covered services not requiring prior authorization.
- Pages 5-6: Added guidance and updated “Dos and Don’ts” regarding use of prior authorization for historically non-covered services under EPSDT.

- Pages 6-7: Added information and links to EPSDT policy change memo for OHP providers, EPSDT Provider Guide, and upcoming provider webinars.
- Page 7: Added information about the availability of review of CCOs' web content by OHA EPSDT staff.
- Page 8: Added links to the EPSDT Member Fact Sheet.
- Page 9: Added links to the EPSDT Provider Guide, Policy Change Memo for Providers, and Member Fact Sheet.
- Pages 10-13: Added summary of items reviewed by the Health Evidence Review Commission and updates to the Prioritized List as Appendix A.