OHP covers any medically necessary and medically appropriate health care service for members under age 21.

This includes any screenings, checkups, tests, treatments, pharmacy services and follow-up care for the child or youth's:

- Physical health (including vision and hearing)
- Oral/dental health
- Behavioral health.

To be covered, in addition to being medically necessary and medically appropriate (or dentally appropriate) for the individual member, services must:

- Have an appropriate diagnosis (ICD-10) and procedure code (CPT or HCPCS).
- Be coverable under OHP. For example, purely cosmetic procedures are excluded from OHP coverage.

Medicaid is required to be a good steward of state and federal resources. UHA and OHA may choose to cover the least costly effective option that will meet the member's needs.

CMS requires states to follow a periodicity schedule for children's services. Oregon uses the <u>Bright</u> <u>Futures periodicity schedule</u>. However, children and youth under age 21 may get care outside this schedule for any changes in health.

EPSDT Services and the Prioritized List

Starting January 1, 2023, all medically necessary and medically appropriate services must be covered for members birth to under age 21, regardless of whether it was covered in the past. This includes things that are "below the line" on the Prioritized List. This means OHA, UHA, and providers:

- Cannot deny or refuse to render or refer for a service just because it is "below the line" or "does not pair."
- May continue to use relevant coverage guidance or guideline notes to inform their determination of medical necessity and medical appropriateness for the individual member.
 - Medically Necessary, Medically Appropriate and Dentally Appropriate are defined in <u>Oregon Administrative Rule 410-151-0001</u>.
- Cannot use the Prioritized List, coverage guidance or guideline notes to determine coverage broadly or for an entire age group or population under EPSDT.
- Should also refer to <u>Statement of Intent 4</u> on the Prioritized List when making determinations of medical necessity and medical appropriateness for children and youth under age 21.

IMPQUA HEALTH

OHP still does not generally cover services below the funding line on the Prioritized List for adults aged 21 and over. The Health Evidence Review Commission (HERC) continues to review clinical evidence and make updates to the Prioritized List. These updates will minimize the need for individual reviews prior to approval of services.

For more information about EPSDT coverage, you can visit <u>www.Oregon.gov/EPSDT</u> and view the <u>EPSDT Guidance for OHP Providers</u> as well as a member fact sheet.

For question or comments regarding EPSDT coverage for OHP members under age 21, please contact UHA Customer Care at 541-229-4842, or email <u>UHCustomerCare@umpquahealth.com</u>. You may also email OHA at <u>EPSDT.Info@odhsoha.oregon.gov</u>.

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