

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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LIMITATIONS ON SERVICES (Cont.)

10. Dental Services

Coverage and provider qualifications are in accordance with 42 CFR 440.100 and 440.120. Some dental services require prior authorization such as: crowns; complete, immediate or partial dentures; oral surgical services; and orthodontics.

EPSDT Dental Services provided for recipients under age 21 are:

- a. Preventive services;
- b. Diagnostic services-dental examinations and radiology/diagnostic imaging that are dentally necessary;
- c. Restorative services -fillings, crowns;
- d. Periodontics;
- e. Removable Prosthodontics;
- f. Endodontics;
- g. Oral and Maxillofacial Surgery;
- h. Orthodontics;
- i. Adjunct services.

Dental services provided for recipients age 21 and older (including pregnant women) are:

- a. Preventive services;
- b. Diagnostic services-dental examinations and radiology/diagnostic imaging that are dentally necessary;
- c. Restorative services-amalgam and composite restorations;
- d. Periodontics-gingivectomy/gingivoplasty, scaling and root planning, full mouth debridement, periodontal maintenance;
- e. Removable Prosthodontics-full dentures restricted to once in a lifetime for recent edentulousness; resin and interim partial dentures; relines and rebases; adjustments and repairs of dentures;

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LIMITATIONS ON SERVICES (Cont.)

10. Dental Services (Cont)

Dental services provided for recipients age 21 and older (including pregnant women) are (Cont):

- f. Endodontics-root canals on anterior and bicuspid teeth, therapeutic pulpotomy, pulpal debridement, retreatment of previous anterior root canal and apicoectomy/periradicular surgery;
- g. Oral and Maxillofacial Surgery;
- h. Adjunct services.

Additional services for pregnant women:

- a. Additional prophylaxis, fluoride and periodontal services if authorized as medically/dentally necessary due to the pregnancy;
- b. Permanent crowns and resin-based composite crowns for anterior teeth, stainless steel crowns for posterior teeth;
- c. Prefabricated post and core;
- d. Root canals on first molars;
- e. Apexification/recalcification, pulpal regeneration;
- f. Alveoplasty not in conjunction with extractions.

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LIMITATIONS ON SERVICES (Cont.)

11a. Physical Therapy

Coverage and provider qualifications are in accordance with 42 CFR 440.110(a). Physical therapy services require prior authorization except for initial evaluations or re-evaluations. Services may be limited by number of days or visits as outlined Oregon Administrative Rules. Services that are not covered are services that are not medically appropriate, back to school classes, hippo-therapy and work hardening. Physical therapy is provided according to a plan of treatment. DMAP Physical and Occupational Therapy Administrative Rules describe services provided, prior authorization requirements, and limitations of services for providers.

11b. Occupational Therapy

Coverage and provider qualifications are in accordance with 42 CFR 440.110(b). Therapy services require prior authorization except for initial evaluations or re-evaluations. Services may be limited by number of days or visits as outlined in Oregon Administrative Rule. Services that are not covered are services that are not medically appropriate, back to school classes, hippo-therapy and work hardening. Occupational therapy is provided according to a plan of treatment. DMAP Physical and Occupational Therapy Administrative Rules describe services provided, prior authorization requirements, and limitations of services for providers.

11c. Services for Individuals with Speech, Hearing and Language Disorders

Coverage and provider qualifications are in accordance with 42 CFR 440.110 (c). Speech pathology or audiology services are provided according to a plan of treatment. Division Speech-Language Pathology, Audiology and Hearing Aid Services Guide describes services provided, prior authorization requirements, and limitations of services and payments.

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LIMITATIONS ON SERVICES (Cont.)

12.b. Dentures

Coverage and provider qualifications are in accordance with 42 CFR 440.100 and 440.120. Coverage for dentures and all dental services are as listed in this state plan under Attachment 3.1-A item 10. Dental services.

12.c. Prosthetic Devices

Medical equipment and appliances are provided when medically necessary and ordered by a treating physician or other licensed practitioner. The medical equipment or appliance must be approved for marketing and registered or listed as a medical device by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended.

Some prosthetic devices require prior authorization. These include but are not limited to lumbar orthotics, spinal orthotics, orthopedic shoe, shoulder-elbow orthotics. Oregon Medicaid does not cover items that are not medically necessary.

12.d. Eyeglasses

DMAP covers all vision services for children and pregnant women (including routine vision exams, fittings, repairs, and materials) provided by ophthalmologists, optometrists and opticians.

DMAP will not provide routine vision services and materials to adults 21 and over, except for clients with specific medical diagnoses.

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