

<b>Utilization Management</b>	<b>Advantage Dental</b> From DentaQuest		
	<i><b>Policy and Procedure</b></i>		
	Policy Name:	<b>EPSDT Supplemental Services</b>	Policy ID: <b>PLANCG-87</b>
	Approved By:	Peer Review and Credentialing Committee	Last Revision Date: 01/30/2025
	States:	Oregon	Last Review Date 03/26/2025
	Application:	Medicaid	Effective Date: 03/27/2025

## PURPOSE

To define the process related to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services and to establish clear procedures in terms of claims handling, quality management and implementation.

## POLICY

The Dental Care Organization (DCO) and contracted providers shall ensure the provision of services and EPSDT Supplemental dental services for enrollees s under the age of 21.

## PROCEDURES

- Contracted providers shall inform enrollees that EPSDT services are available for enrollees under 21 years of age, provide comprehensive dental screening and prevention services, and provide treatment for all medically necessary dental covered services.
- Contracted providers shall follow the Oregon Health Plan (OHP) Dental Periodicity Schedule to align with evidence-based best practices to promote the oral health of children and adolescents, including first visit by first birthday (See [OHP Dental Periodicity Schedule](#) ).
- EPSDT services include all services covered by OHP. In addition to the regular OHP benefits, an enrollee under the age of 21 may receive additional medically necessary and dentally appropriate services. These additional services are known as EPSDT Supplemental Services. For dental services, EPSDT Supplemental Services include:
  - Any medically necessary dental service that is not covered under the Oregon Administrative Rule Chapter 410 Division 151.
  - Dental services that are medically necessary more frequently than the frequency specified in the Oregon Medicaid Covered Dental Services list, that are for the purpose of determining the existence of a suspected illness or condition.
  - Dental services that are not covered.
  - Dental services that include relief of pain and infections, restoration of teeth, and maintenance of dental health.
- For enrollees under the age of 21 and in those cases where a provider requests EPSDT Supplemental Services, a DCO Clinical Dental Consultant, or their designee shall review all such requests and associated case documentation for determination.
- The DCO shall:
  - Include relevant language on EPSDT Supplemental Services from the OHA Dental Services Provider Guide in DCO policies and procedures; and
  - Provide specific training on EPSDT Supplemental Services to contracted dental providers;

6. EPSDT Supplemental Services apply in any of the following situations and the dental provider would request prior authorization for an EPSDT Supplemental Service under any one of the following conditions:
  - a. To perform a medically necessary dental procedure that is not listed in the current Oregon Medicaid Covered Dental Services list.
  - b. To perform a medically necessary dental procedure that is listed in the current Oregon Medicaid Covered Dental Services list when the enrollee does not meet the published criteria.
  - c. The enrollee needs a dental service more frequently than is currently allowed under the Oregon Medicaid Covered Dental Services list.
7. The DCO will coordinate any identified requests for EPSDT Supplemental Services through the Preauthorization Department.

#### **REFERENCES**

Oregon Medicaid Covered Dental Services list  
OAR 410-151-0003

#### ***Revision History***

Date:	Description
01/30/2025	Written Policy Created