

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Established in [Section 1905\(r\)\(5\) of the Social Security Act](#) (Act), the EPSDT benefit provides comprehensive and preventive health care services for Medicaid-eligible children from birth through age 20. This benefit covers:

- Age-appropriate screening visits, and
- Medically necessary Medicaid-covered services (defined in [Section 1905 \(a\) of the Act](#)) to treat identified physical, dental, developmental, and mental health conditions.

Coordinated care organization (CCO) contracts also include coverage of EPSDT benefits. The Oregon Health Authority (OHA) covers EPSDT benefits for Medicaid-eligible children not enrolled in a CCO.

EPSDT screening visits

The Oregon Health Plan (OHP) covers EPSDT screening visits at age-appropriate intervals following the [American Academy of Pediatrics and Bright Futures guidelines](#). These visits must include:

- Comprehensive unclothed physical exam
- Comprehensive health and developmental history (including assessment of both physical and mental health development)
- Developmental screening
- Preventive laboratory tests (including lead toxicity testing)
- Immunizations
- Anticipatory guidance and health counseling for parents and children
- Referrals for medically necessary health and mental health treatment

EPSDT screening visits also include inter-periodic screening (unscheduled check-ups or problem-focused assessments that can happen at any time because of illness or a change in condition).

Medically necessary services

States must cover medically necessary services that are part of the Medicaid benefit, even if the service is not available under the state's Medicaid plan to other Medicaid eligibles, such as adults.

- Oregon's [Medicaid and CHIP State Plans](#) list the services covered under the OHP benefit package.
- Oregon's [Prioritized List of Health Services](#) lists the treatment and condition pairs covered by OHP. It also includes coverage guidelines related to age-appropriate treatment. For children over age 1, Oregon's [current OHP Demonstration](#) allows OHA to only cover treatment services identified during an EPSDT screening that are consistent with the Prioritized List.

Providers can ask OHA or the child's CCO to review non-covered services for medical necessity by submitting a prior authorization request as described on the [OHP Prior Authorization page](#).

- OHA will perform reviews for coverage of services beyond the current benefit limits defined in the State Plan.
- OHA will not perform reviews for coverage of services that are below the funding line on the Prioritized List, not permitted under the provider's scope of licensure or other payment restrictions, or excluded from EPSDT coverage¹.

OHA makes the final determination of medical necessity. OHA determines which treatment to cover based on the provider's recommendations, current clinical guidance and availability of equally effective alternative treatments.

For more information:

- [Oregon Administrative Rule 410-130-0245](#) - Early and Periodic Screening, Diagnostic and Treatment Program
- [Medicaid.gov](#)
- [Medicaid and CHIP Payment and Access Commission](#)

¹ EPSDT excludes the following services from coverage:

- Experimental or investigational treatments
- Services or items not generally accepted as effective; and/or not within the normal course and duration of treatment;
- Services for caregiver or provider convenience