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## Public notice

### Notice of intent: OHA will add clinical coverage criteria to the Medicaid State Plan.

**Date:** May 29, 2026

**Contact:** Jesse Anderson, State Plan manager

**Comments due:** 5 p.m. Friday, June 26, 2026

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Oregon Health Authority (OHA) will submit a State Plan Amendment (SPA) to add clinical coverage criteria to the Medicaid State Plan, effective Jan. 1, 2027. This change supports [Oregon's transition away from the 1115 waiver authority for the Prioritized List of Health Services](#).

- This does not change OHA's process to define the scope and range of covered benefits using a transparent, evidence-based system.
- The Health Evidence Review Commission will continue to define medically necessary services and clinical coverage criteria.
- OHA will have a process to assess medical necessity when requested services do not meet clinical coverage criteria. This process will support hearings and appeals processes that allow for individual medical review.

The Total Fund annual estimated fee-for-service cost for this change is \$6,883,611.

## Obtaining SPA language

The following pages show edits to existing State Plan language in the proposed SPA. You can also view the full State Plan, approved SPAs and proposed SPAs on [the OHA website](#).

## How to comment:

OHA welcomes public review and input. Please send written comments by 5 p.m. Friday, June 26, 2026, to [jesse.anderson@oha.oregon.gov](mailto:jesse.anderson@oha.oregon.gov).

Under Oregon’s 2022-2027 Oregon Health Plan (OHP) 1115 Waiver, Oregon's waiver of amount, duration, and scope as related to the Prioritized List will end by January 1, 2027. As a result, five sections of Oregon’s state plan will need to be amended. (For Oregon’s complete Medicaid state plan, please see this link - <https://www.oregon.gov/oha/HSD/Medicaid-Policy/StatePlans/Medicaid-State-Plan.pdf>).

OHP will continue to rely on the Heath Evidence Review Commission to guide the development of the clinical coverage criteria for Oregon Health Authority (OHA) medical necessity determinations. Based on the federal Centers for Medicare & Medicaid Services (CMS) and OHA review, OHA has identified the following sections that would be the minimum required changes to the state plan to comply with the OHP 1115 Waiver Special Terms and Conditions:

Benefit category	State Plan section	Changes made
Organ transplants	Attachment 3.1-E, Page 1	<ol style="list-style-type: none"> <li>1. Transmittal number for SPA</li> <li>2. Remove Heath Evidence Review Commission (HERC) and change the references to clinical coverage criteria in both sections e. and (k) on page 1</li> </ol>
Dental services	Attachment 3.1-A, Section 10, page 4-b & 4-b.1	<ol style="list-style-type: none"> <li>1. Transmittal number for SPA</li> <li>2. Removed age limits to better align with EPSDT guidelines for coverage.</li> <li>3. Removed limitation details to align better with clinical coverage criteria more broadly</li> </ol>
Preventive services: General	Attachment 3.1-A, Section 13.c, page 6-a	<ol style="list-style-type: none"> <li>1. Transmittal number for SPA</li> <li>2. Add ‘general’ to title to reflect it is the broad requirements for preventive services since there are other preventive sections that are more distinctive to specific services such as Doula, Lactation consultants, Community Violence Prevention etc.</li> <li>3. Added other professional organizations that recommended immunizations to OHA other than the CDC.</li> </ol>

		<ol style="list-style-type: none"> <li>4. Removed the reference to reimbursement as that belongs in a different section of the state plan.</li> </ol>
<p>Physicians' Medical surgical services by a Dentist and Podiatric services</p>	<p>Attachment 3.1-A, Section 5.a, 5.b &amp; 6.a, pages 2-b &amp; 2-b.1</p>	<ol style="list-style-type: none"> <li>1. Transmittal number for SPA</li> <li>2. Added CFR cite as required by CMS</li> <li>3. Simplified the language for coverage and that exceptions can be made by prior authorization</li> <li>4. Required to revise podiatrist's services because those services were included on the pages for physician services. Added clinical coverage criteria and CFR.</li> </ol>
<p><u>Clinic Services:</u> <u>Indian Health Service and Tribal Health Facilities</u> <u>(I/T)</u></p>	<p>Attachment 4.19-B, section 9, page 1a.5.a</p>	<ol style="list-style-type: none"> <li>1. Transmittal number for SPA</li> <li>2. Removed HERC prioritized list wording and added clinical coverage criteria</li> </ol>

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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STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

**General Coverage standards:**

Transplant services, including inpatient and outpatient pre-and post-operative medical, surgical hospital, and related transportation services are covered for eligible beneficiaries when medically necessary.

**The following standards apply to all transplant services:**

- a. The recipient must be enrolled in the Oregon Health Plan at the time the service is provided and must have the OHP Plus (full Medicaid) benefit Package;
- b. Services are reasonable in amount, duration, and scope to achieve their purpose;
- c. Similarly situated individuals are treated alike;
- d. Provided in a Medicare approved transplant center and be an enrolled provider with Oregon's Medical Assistance Program;
- e. Transplants must be medically necessary and meet the requirements for physician and hospital services. No payment is made for any transplant not specifically listed below, except for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) population of Medicaid eligible children under the age of 21, for whom services are furnished based on medical necessity.

The following types of transplants and transplant-related procedures are covered under Oregon's Medical Assistance program subject to the standards and criteria determined by the ~~Health Evidence Review Commission (HERC) clinical coverage~~Prioritized List of Health Services criteria guideline notes:

- (a) Bone Marrow;
- (b) Cord blood;
- (c) Cornea;
- (d) Heart or combination Heart-Lung;
- (e) Intestine;
- (f) Kidney;
- (g) Liver or combination Liver-Kidney;
- (h) Lung single or bilateral
- (i) Pancreas or combination Pancreas- Kidney;
- (j) Peripheral Stem Cell, Autologous and Allogeneic,
- (k) Any other transplants Oregon's Medical Assistance program ~~the Health Evidence Review Commission (HERC)~~ determine are to be added to the clinical coverage criteria-HERC Prioritized List of Health Services guideline notes.

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5. a. Physicians Services  
5. b. Medical and Surgical Services provided by a dentist

Coverage and Provider qualifications are in accordance with 42 CFR 440.50. Physician services are covered for the diagnosis of conditions, therapeutic, rehabilitative or palliative services, interprofessional consultations, preventative care services, Including immunizations, acute care and treatment of chronic health conditions.

~~Coverage Reimbursement Payment~~ for physicians and oral surgeon services is subject to OHA clinical coverage criteria. ~~Health Evidence Review Commission, Prioritized List of Health Services as authorized under the 1115 waiver. The Health Services Commission's Prioritized List of Health Services is found on the Division website at:~~ <http://www.oregon.gov/oha/healthplan/Pages/priorlist.aspx>.

Prior Authorization:

~~Service categories that require a prior authorization include elective rehabilitative procedures; transplants; MRI; bariatric surgeries and evaluations; laparoscopy; selective reconstructive surgeries such as eye lid correction.~~ Exceptions for non-covered services or services with limitations are allowed when medically necessary and prior authorized by the Division.

~~The Division may disallow payment for physicians' or oral surgeon services provided during inpatient hospitalizations in which prior approval was required but not obtained. Reimbursement for non-emergency services provided by out-of-state physicians or oral surgeons, other than in contiguous areas, must be prior authorized.~~

~~The Division's Administrative rules are used in conjunction with the Prioritized List of Health Services to outline additional criteria such as prior authorization criteria, billing and payment information. Payment of services to foster children and children in subsidized adoption who are placed by the Children's Services Division anywhere in the United States is on the same basis as services provided in Oregon.~~

For the purposes of Oregon Medicaid and specifically the Medicaid EHR Incentive Program, services performed by Optometric physicians, subject to 42 CFR 441.30, are included in the term "physician" services under this state plan and are reimbursed the same under the Physician fee schedule.

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5. a. Physicians Services  
5. b. Medical and Surgical Services provided by a dentist

Optometric physicians are subject to Oregon scope of practice laws and are held to the same standards as are persons licensed as physicians to practice medicine and surgery by the Oregon Medical Board.

Optometric physicians are eligible providers for the EHR incentive program to the extent they provide services to children under 21 and meet any other criteria required for EHR.

6. a. Podiatrist Services

Coverage and Provider qualifications are in accordance with 42 CFR 440.50. Foot care by a medical professional, including paring and cutting of corns and calluses, debridement of nails, avulsion of nail plates, trimming of dystrophic nails, and biopsy of nails is included when the patient is at high risk for complications from nail and foot problems due to a systemic condition in an institutional setting subject to OHA- clinical coverage criteria. Selected procedures require prior authorization of payment. Routine foot care is excluded from coverage.

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TN 16-0009

Approval Date: 12/19/16

Effective Date 7/1/16

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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**9. Clinic Services: Indian Health Service and Tribal Health Facilities (I/T)(Cont)**

These services are not limited except as directed by the Oregon Administrative Rule -General Rules - Excluded Services and Limitations, the American Indian/Alaska Native Billing Guide and the ~~OHA Health Evidence Review Committee (HERC) clinical coverage criteria~~ Prioritized List of Health Services (List) as follows: ~~Coverage for diagnostic services and treatment for those services funded on the HERC List and Coverage for diagnostic services only, for those conditions that fall below the funded portion of the HERC List.~~

Medical Transportation services are outside the IHS encounter rate and are reimbursed under the OHA fee-for-service system.

**Dental Service- Pay for Performance Supplemental Payment Program:**

Pay for Performance Supplemental Payments for qualifying dental providers apply to IHS clinic dental services the same as described in this state plan Attachment 4.19-B, page 40-41.

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LIMITATIONS ON SERVICES (Cont.)

10. Dental Services

Dental coverage and provider qualifications are in accordance with 42 CFR 440.100 and 440.120.

Dental service coverage includes diagnostic, preventive, restorative, periodontal, prosthodontic, orthodontic, endodontic, emergency dental services, and oral surgery (inpatient and outpatient). All dentally necessary dental services will be provided when these services are provided at intervals that meet reasonable standards of dental practice.

Dental services provided to children under 21 years of age are covered and follow EPSTD standard as referenced under Attachment 3.1-A, section 4.b. Early and Periodic Screening, Diagnosis and Treatment of those Under Age 21.

LIMITATIONS

The following services are excluded from coverage:

1. Services not deemed to be dentally necessary or appropriate;
2. Experimental, or investigational or deviates from acceptable and customary standards of dental practice or for which there is insufficient outcome data to indicate efficacy.

~~Some dental services require prior authorization such as: crowns; complete, immediate or partial dentures; oral surgical services; and orthodontics.~~

EPSTD 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.a. 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, stainless steel crowns;~~
- ~~d.a. Periodontics gingivectomy/gingivoplasty, scaling and root planning, full mouth debridement, periodontal maintenance;~~
- ~~e. Removable Prosthodontics full dentures, resin and interim partial dentures; relines and rebases; adjustments and repairs of dentures;~~

~~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;~~
- ~~c. Prefabricated post and core;~~
- ~~d. Root canals on first molars;~~
- ~~e. Apexification/recalcification, pulpal regeneration;~~
- ~~f.a. Alveoplasty not in conjunction with extractions.~~

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13.c. Preventive Services: General

Coverage and provider qualifications are in accordance with 42 CFR 440.130.

Oregon covers all preventive services described in 45 CFR 147.130. These include:

- Services that are assigned a grade A and B rating by the United States Preventive Services Task Force (USPSTF),
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP), Oregon Immunization Program, or the West Coast Health Alliance (WCHA) or the Public Health Officer appointed under ORS 431.045. listed on the immunization schedules of the Centers for Disease Control and Prevention.
- With respect to infants, children, and adolescents, evidence-informed preventive care and screenings guidelines are provided based on the American Academy of Pediatrics Bright Futures periodicity schedule for screenings and follow up visits.
- With respect to women, evidence-informed preventive care and screenings provided are based upon Health Resources and Services Administration (HRSA) Women's Preventive Services guidelines. ~~as of 1/1/2017.~~

~~Preventive services are reimbursed according to the methodologies provided in Attachment 4.19 B under the following categories:~~

- ~~• Clinics~~
- ~~• Physicians~~
- ~~• Dentists~~
- ~~• Medical equipment and supplies~~
- ~~• Other licensed practitioners~~

The State will maintain documentation supporting expenditures claimed for these preventive services and ensure that coverage and billing codes comply with any changes made to the USPSTF, ~~or~~ Advisory Committee on Immunization Practices (ACIP), Oregon Immunization Program or the West Coast Health Alliance (WCHA) recommendations.

Children under the age of 21 years will receive all medically necessary services without limitation in accordance with 1905(r) requirements. The service limitations delineated in Attachment 3.1-A do not apply to EPSDT recipients if the service is determined to be medically necessary by the Medical Assistance Programs medical or dental consultants.

TN 16-0010  
Supersedes TN 96-09

Approval Date: 1/5/17

Effective Date: 1/1/17

DRAFT