

Dental Services Provider Guide

Use this guide as a supplement to Dental Services Oregon Administrative Rules
([Chapter 410 Division 123](#)).

January, 2025

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General Program Guidance and Information

Handicapping Malocclusion (HM) Benefit Information

Orthodontic treatment is available for members with Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefits, whose handicapping malocclusions meet the automatic qualifying criteria or a score of 26 or higher on the Handicapping Labiolingual Deviation (HLD) Index California Modification Score Sheet, with prior authorization (PA).

- [HM Benefit-Guidance](#)
- [Handicapping Labio-Lingual Deviation \(HLD\) California Modification Score Index](#)
- [HM Fee-for-Service Rates](#)

Dental Directed Payment Incentive Bonuses for CCO-Contracted Providers

Oregon Health Authority (OHA) is seeking federal approval of dental [directed payments for CCOs](#). CCOs will use the payments to give incentives to dental providers in their network. The incentives are meant to:

- Increase preventive dental care provided to CCO members to pre-pandemic levels.
- Maintain and expand the CCO dental workforce.
- Support community efforts to engage local dental providers and help members access dental care.
- [DDP Incentive Bonuses](#)

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT benefits are for OHP members under age 21. These benefits include comprehensive preventive health care services from birth until they turn age 21, such as:

- Age-appropriate medical exams, screening and diagnostic services and
- Medically necessary Medicaid-covered services (defined in [Section 1905 \(a\) of the Social Security Act](#)) to treat any physical, dental, developmental and mental health conditions discovered.
 - [EPSDT Program information and guidance](#)
 - [EPSDT Oregon Administrative Rules \(OARs\)](#)

Young Adults with Special Health Care Needs (YSHCN)

As of Jan. 1, 2025, OHP offers benefits to certain young adults who qualify for a new eligibility category titled Young Adults with Special Health Care Needs (YSHCN). The benefits YSHCN include:

- Extra vision and dental services
- All medically necessary and medically appropriate care (as defined for EPSDT)
- Special help managing care
- Some members may qualify for Health-Related Social Needs (HRSN) benefits such as housing, nutrition, and equipment to stay healthy in extreme weather.

For more information, visit the [Young Adults With Special Health Care Needs \(YSHCN\)](#) website.

OHP Recommended Dental Periodicity Schedule

The [OHP Recommended Dental Periodicity Schedule](#) is designed to align with evidence-based best practices to promote the oral health of children and adolescents.

For additional guidance and frequency recommendations to ensure comprehensive, patient-centered care, providers are strongly encouraged to refer to the following:

- [American Academy of Pediatric Dentistry's Periodicity Recommendations](#)
- [Bright Futures/American Academy of Pediatrics Periodicity Schedule](#)

Fee-for-Service Provider 1-800-336-6016 phone options

- **Press 2** for medication prior authorizations or pharmacy claims.
- **Press 3** for questions about submitted non-pharmacy prior authorization requests.
- **Press 4** for code pairing and Prioritized List questions, including whether a specific pair requires prior authorization (PA).
- **Press 5** for claims or Provider Portal help.
- **Press 6** for enrollment, revalidation or credentialing.

Provider enrollment

Fee for Service (FFS)

Learn how to enroll with OHP to serve FFS members by visiting [OHP Provider Enrollment](#). For questions contact Provider Enrollment at 1-800-336-6016 or provider.enrollment@oha.oregon.gov.

Coordinated Care Organization (CCO)

For questions about CCO enrollment and credentialing, visit the [Coordinated Care Organizations \(CCO\)](#) website for each CCOs contact information.

Provider Services

For general information visit [OHP Provider Services](#). For case-specific questions, contact Provider Services at 1-800-336-6016 or DMAP.ProviderServices@odhsoha.oregon.gov.

Additional email resources:

- Provider Web Portal password reset/unlock/PIN access: Team.Provider-Access@odhsoha.oregon.gov
- Electronic Data Interchange (EDI): DHS.EDISupport@odhsoha.oregon.gov
- Provider Web Portal: <https://www.or-medicaid.gov/ProdPortal/>

Covered Dental Services

For information about which dental codes are billable and code limitations and frequencies, visit the [Oregon Medicaid Covered Dental Services](#)

To learn the reimbursement rates of dental codes, visit the [Fee-for-Service Fee Schedule](#) (updated quarterly).

To learn how information about how OHP determines which services are covered, visit [Handicapping Labio-Lingual Deviation \(HLD\) California Modification Score Index](#) the [Health Evidence Review Commission](#) webpage.

Prior authorization

Services that require prior authorization

A list of services requiring Prior Authorization (PA) can be found in Oregon Administrative Rule, [OAR 410-123-1160](#).

Required documentation for PA

Please refer to the [Prior Authorization Handbook](#) for:

- Fee-for-service prior authorization contacts by service type
- Accepted forms
- Complete instructions for submitting requests to OHA

You can also find fact sheets, supplemental forms and other guidance for requesting physical health fee-for-service authorizations on OHA's [Prior Authorization page](#).

Billing OHA

Eligibility and enrollment

Please verify OHP eligibility and enrollment prior to rendering service or billing. Prior authorization is not a guarantee of OHP eligibility or payment. Go to the [OHP Eligibility Verification page](#) to learn more.

Billing and coding

Refer to Current Dental Terminology (CDT) or Healthcare Common Procedure Coding System (HCPCS) code descriptions and standards for more information.

Billing members for non-covered services

Because they receive Medicaid benefits, OHP members have special rights under federal and state law. It is against the law for you to require them to pay for any services covered by Medicaid, except when **all** of the following occurs:

- OHA denies your PA request because it does not meet criteria.
- You submitted accurate, timely and complete documentation for the prior authorization request.
- The member signed a Medicaid-specific Agreement to Pay Form ([OHP 3165](#)) that shows she understands the services are not covered, and she agrees to pay for them.
- You bill only for services provided after the date the member signed the OHP 3165 form.

You may not bill the member for more than OHP's usual reimbursement rate for the services. You may not collect a deposit or advance payment from an OHP member.

In addition, you may not bill the client:

- For any services OHP would not reimburse if the PA request had been approved.
- If OHA denies your PA request due to lack of complete, accurate, and timely documentation.

If you have billing questions or concerns

Please review this guide, notices received from OHA, and the [OHP Billing Tips page](#). If you still have questions or concerns, call the Provider Services Unit at 1-800-336-6016.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the OHA Medicaid Division at Medicaid.Programs@odhsoha.oregon.gov

Medicaid Division
Policy and Fee-for-Service Operations
[OHA Dental Services Program](#)

