

Kids in Oregon Have the Right to EPSDT

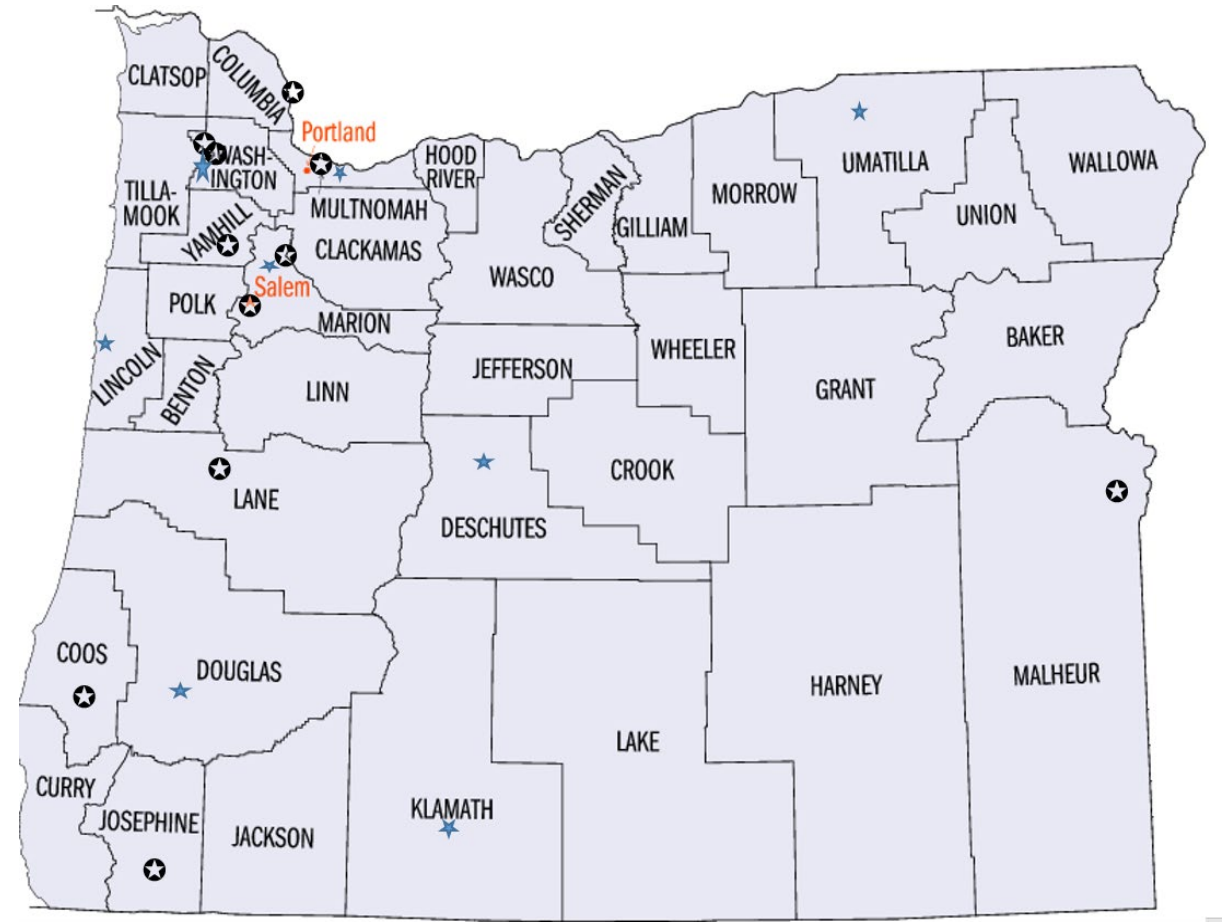
Early, Periodic, Screening Diagnosis and
Treatment

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Occyshn Presentation
Sept. 10, 2026
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Goals for today...

- Understand what EPSDT is, and how EPSDT in Oregon changed on January 1, 2023
- Understand what actions you can help families take to make sure they are getting the full benefits from EPSDT.
- Feel empowered to take action to help the families you work with to make sure they are getting the full benefits from EPSDT.

EPSDT

Early

Periodic

Screening

Diagnostic

Treatment

The Prioritized List

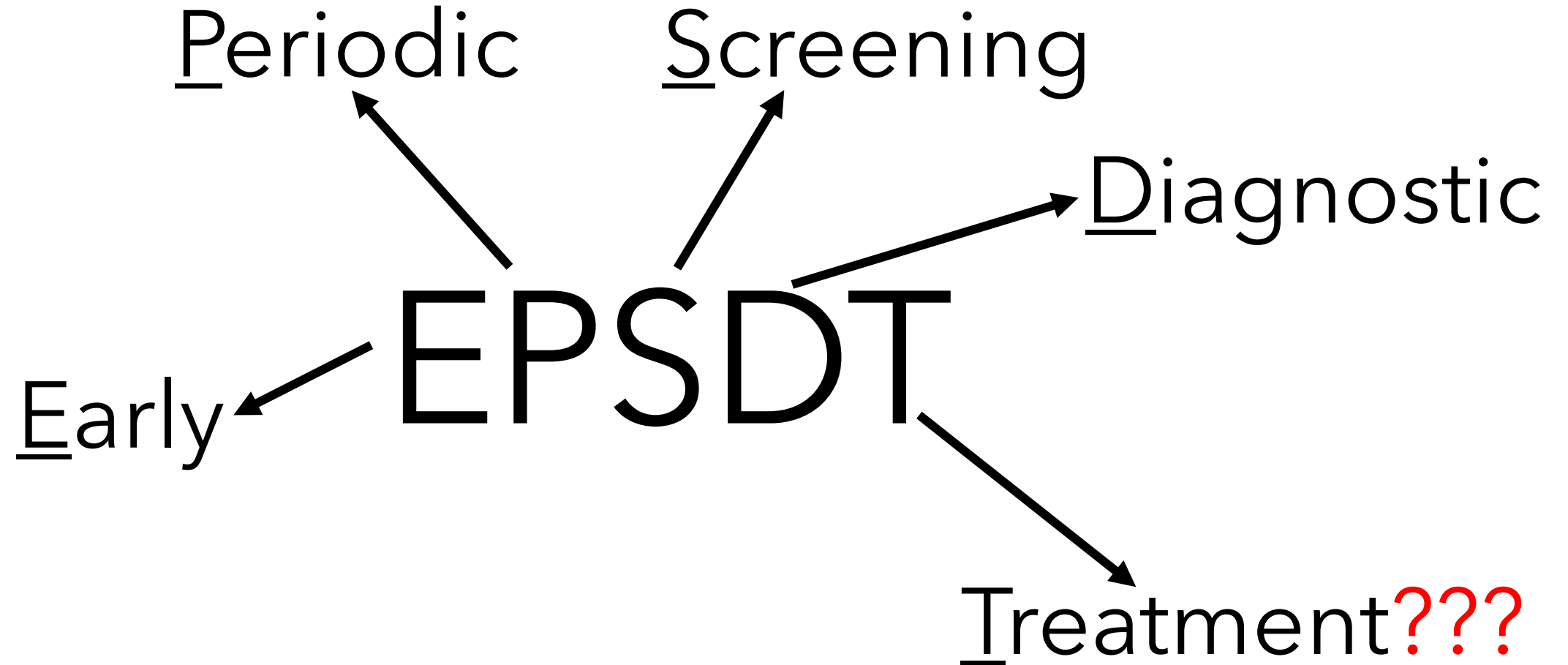
- Part of Oregon's "waiver" or "demonstration project"
- Makes certain parts of Medicaid Act (federal law) inapplicable
- Evidence-based determination of medical necessity/appropriateness of treatment across the population
- Legislature sets funding line each year

PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

Line:	1
Condition:	PREGNANCY (See Guideline Notes 197,85,92,99,108,2,4,22,33,39,147,150,153,175 and 176)
Treatment:	MATERNITY CARE
ICD-10:	N88.3, O02.81-O02.89, O09.00-O09.A3, O09.211-O09.93, O10.011-O10.93, O11.1-O11.9, O12.00-O12.25, O13.1-O13.9, O14.00-O14.95, O15.00-O15.9, O16.1-O16.9, O20.0-O20.9, O21.0-O21.9, O22.00-O22.53, O22.8X1-O22.93, O23.00-O23.43, O23.511-O23.93, O24.011-O24.93, O25.10-O25.3, O26.00-O26.53, O26.611-O26.93, O29.011-O29.93, O30.001-O30.93, O31.00X0-O31.8X99, O32.0X00-O32.9X99, O33.0-O33.2, O33.3X00-O33.9, O34.00-O34.13, O34.211-O34.93, O35.00X0-O35.9X99, O36.0110-O36.93X9, O40.1X00-O40.9X99, O41.00X0-O41.93X9, O42.00, O42.011-O42.92, O43.011-O43.93, O44.00-O44.53, O45.001-O45.93, O46.001-O46.93, O47.00-O47.9, O48.0-O48.1, O60.00-O60.03, O60.10X0-O60.23X9, O61.0-O61.9, O62.0-O62.9, O63.0-O63.9, O64.0X00-O64.9X99, O65.0-O65.9, O66.0-O66.3, O66.40-O66.9, O67.0-O67.9, O68.0, O69.0X00-O69.9X99, O70.0-O70.1, O70.20-O70.9, O71.00-O71.9, O72.0-O72.3, O73.0-O73.1, O74.0-O74.9, O75.0-O75.5, O75.81-O75.9, O76.0, O77.0-O77.9, O80-O85, O86.11-O86.89, O87.0-O87.9, O88.011-O88.83, O89.01-O89.9, O90.1-O90.6, O90.81-O90.9, O91.011-O91.03, O91.211-O91.23, O92.011-O92.79, O96.011-O96.93, O99.011-O99.893, O9A.111-O9A.53, Q92.81, Q95.0-Q95.1, Z03.71-Z03.79, Z22.330, Z29.13, Z31.82, Z32.00-Z32.02, Z34.00-Z34.93, Z36.0-Z36.5, Z36.81-Z36.9, Z39.0-Z39.2, Z40.03, Z86.32, Z87.51-Z87.59
CPT:	01958-01963, 01967-01969, 10140, 12021, 12041, 12042, 13131-13133, 37191-37193, 49013, 49014, 57022, 58150, 58180, 58260, 58262, 58290, 58291, 58541-58544, 58550-58554, 58570-58573, 58700, 59000-59100, 59160-59622, 59696, 59671, 74712, 74713, 76801-76828, 76945, 76946, 80081, 81420, 81507-81512, 84163, 84704, 88235, 88267, 88269, 96156-96159, 96164-96171, 97802-97814, 98980-98972, 99051, 99060, 99070, 99078, 99091, 99184, 99202-99239, 99281-99285, 99291-99407, 99411-99449, 99451, 99452, 99468-99472, 99475-99480, 99487-99491, 99495-99498, 99501, 99605-99607
HCPCS:	C1880, G0068, G0071, G0088-G0090, G0108, G0109, G0248-G0250, G0270, G0271, G0406-G0408, G0425-G0427, G0463, G0466, G0467, G0490, G0508-G0511, G2012, G2211, G2212, G2214, G2251, G2252, H0045, S2401-S2405, S2411, S8055, S9140, S9141, S9208-S9214, T1032, T1033
Line:	2
Condition:	BIRTH OF INFANT (See Guideline Note 153)
Treatment:	NEWBORN CARE
ICD-10:	P00.0-P00.7, P00.81-P00.9, P01.0-P01.9, P02.0-P02.1, P02.20-P02.9, P03.0-P03.6, P03.810-P03.9, P04.0, P04.11-P04.9, P05.00-P05.9, P22.1, P29.11-P29.2, P29.4, P29.81-P29.9, P39.3, P92.01-P92.09, P94.1-P94.9, P96.0, P96.3-P96.5, P96.82-P96.89, Q27.0, Z05.0-Z05.3, Z05.41-Z05.9, Z38.00-Z38.8
CPT:	98966-98972, 99051, 99060, 99070, 99078, 99184, 99202-99239, 99281-99285, 99291-99404, 99411-99449, 99451, 99452, 99460-99463, 99468-99472, 99475-99480, 99487-99491, 99495-99498, 99605-99607
HCPCS:	G0068, G0071, G0088-G0090, G0248-G0250, G0406-G0408, G0425-G0427, G0463, G0466, G0467, G0490, G0508-G0511, G2012, G2211, G2212, G2214, G2251, G2252
Line:	3
Condition:	PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS (See Guideline Notes 197,106,122,1,17,140,179 and 181)
Treatment:	MEDICAL THERAPY
ICD-10:	F17.210, R73.03, R78.71, Z00.00-Z00.01, Z00.110-Z00.5, Z00.70-Z00.8, Z01.00-Z01.01, Z01.020-Z01.118, Z01.411-Z01.42, Z08.Z11.1-Z11.4, Z11.51, Z11.7, Z12.11, Z12.2, Z12.31, Z12.4, Z13.1, Z13.220, Z13.31-Z13.39, Z13.41-Z13.6, Z13.820, Z13.88, Z20.1-Z20.7, Z20.810-Z20.89, Z23, Z29.11-Z29.12, Z29.14, Z29.8, Z39.1, Z71.41, Z71.7, Z71.85, Z76.1-Z76.2, Z80.0, Z80.41, Z86.32, Z87.891, Z91.81
CPT:	0001A, 0002A, 0004A-0012A, 0021A-0072A, 0074A-0083A, 0094A-0112A, 0124A-0154A, 04037, 04887, 44392, 44394, 45333, 45338, 45384, 45385, 71271, 76708, 77067, 90377, 90378, 90460-90472, 90611-90622, 90630-90677, 90680-90689, 90694-90716, 90723-90736, 90739-90748, 90750, 90756, 90759, 91300-92014, 92551, 96110, 96158-96171, 98960-98972, 99051, 99060, 99070, 99078, 99173, 99188, 99202-99215, 99341-99350, 99366, 99374, 99375, 99381-99404, 99411-99416, 99421-99449, 99451, 99452, 99473, 99474, 99487-99491, 99495-99498, 99502, 99605-99607
HCPCS:	G0008-G0010, G0068, G0071, G0090, G0104, G0105, G0121, G0248-G0250, G0296, G0438-G0445, G0463, G0466-G0468, G0490, G0511, G0513, G0514, G2012, G2211, G2251, G2252, G9873-G9891, H0049, H0050, M0201-M0221, M0243, M0244, M0246, S0285, S0610-S0613, S9443, S9451, T1029, D0190, D0191, D1206, D1701-D1783
Line:	4
Condition:	SUBSTANCE USE DISORDER (See Guideline Notes 92 and 175)
Treatment:	MEDICAL/PSYCHOTHERAPY
ICD-10:	F10.10-F10.11, F10.20-F10.21, F10.91, F11.10-F11.11, F11.20-F11.21, F11.91, F12.10-F12.11, F12.20-F12.21, F12.91, F13.10-F13.11, F13.20-F13.21, F13.91, F14.10-F14.11, F14.20-F14.21, F14.91, F15.10-F15.11, F15.20-F15.21, F15.91, F16.10-F16.11, F16.20-F16.21, F16.91, F18.10-F18.11, F18.20-F18.21, F18.91, F19.10-F19.11, F19.20-F19.21, F19.91, Z71.51
CPT:	11981-11983, 90785, 90832-90840, 90846-90853, 90882, 90887, 98164-98171, 97810-97814, 98966-98972, 99051, 99060, 99202-99239, 99281-99285, 99341-99359, 99366-99368, 99415-99427, 99437-99449, 99451, 99452, 99487-99491, 99495-99498, 99605-99607

1994 to 2022



Return of Full EPSDT

As of January 1, 2023:

- For children, the Prioritized List no longer governs coverage decisions
- All children entitled to individualized assessment of medical necessity and appropriateness of treatment
- Prioritized List still controls for adults until January 2027



Who does EPSDT apply to?

“EPSDT Beneficiary” means an individual under the age of 21 who is covered by the Oregon Health Plan (OHP) or an individual in the Young Adults with Special Health Care Needs (YSHCN) program as defined in OAR 410-200-0455

(YSHCN individuals can continue to get EPSDT benefits until age 26 if otherwise eligible)



What is the EPSDT program?

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program offers comprehensive and preventive health care services to EPSDT Beneficiaries .

EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat any physical, dental, vision, developmental, nutritional, and mental and behavioral health conditions.



OHA and CCOs **must** cover services that are

1. EPSDT Medically Necessary; and

2. EPSDT Medically Appropriate; or

3. EPSDT Dentally Appropriate)

Even if: The services are not included or paired on the Prioritized List

Even If: The service is below the funding line on the Prioritized List of Health Services.

The Authority and MCEs may not deny coverage of services for EPSDT Beneficiaries without **a case-by-case review** for EPSDT Medical Necessity and EPSDT Medical Appropriateness (or EPSDT Dental Appropriateness).

EPSDT covers Durable Medical Equipment

EPSDT Medically Necessary = Health services, items and medical supplies required to address one or more of the following

- The prevention, diagnosis, treatment or amelioration of an EPSDT Beneficiary's disease, condition, or disorder that results in health impairments or a disability;
- The ability for an EPSDT Beneficiary to attain, maintain, or regain independence in self-care, ability to perform activities of daily living or improve health status;
- The ability for an EPSDT Beneficiary to achieve age - appropriate growth and development.
- Including, but not limited to, services that are reasonably calculated to improve the EPSDT Beneficiary's ability to participate in work or school;
- the prevention, diagnosis, detection, treatment, cure, correction, reduction, or alleviation of the effects of a physical, mental, behavioral, nutritional, dental, genetic, developmental or congenital condition, injury, or disability
- An EPSDT Medically Necessary service must also be EPSDT Medically Appropriate. All covered services must be EPSDT Medically Necessary for the EPSDT Beneficiary.
- Even if below the line or not paired on the Prioritized List!

EPSDT Medically Appropriate = health services, items or medical supplies that are:

- (A) Recommended by a licensed health practitioner practicing within the scope of their license; and
- (B) Safe, effective, and appropriate for the EPSDT Beneficiary and generally recognized by the relevant scientific or professional community based on the best available evidence, which includes medical literature and expert consensus opinion and takes into account EPSDT Beneficiary values; and
- (C) Impactful in improving access to care, ability to actively participate in care, work, school, or social activities and not solely for the convenience or preference of an EPSDT Beneficiary, caregiver, or a provider of the service, item, or medical supply; and
- (D) The most cost-effective level or type of health services, items, or medical supplies that are covered services that can be safely and effectively provided to an EPSDT Beneficiary.

All covered services must be EPSDT Medically Appropriate for the EPSDT Beneficiary, but not all EPSDT Medically Appropriate services are covered services.

“EPSDT Dentally Appropriate”

(a) Means dental services, items, or dental supplies that are:

(A) Recommended by a licensed health practitioner practicing within the scope of their license; and

(B) Safe, effective, and appropriate for an EPSDT Beneficiary based on standards of good dental practice and generally recognized by the relevant scientific or professional community based on the best available evidence, which includes medical literature and expert consensus opinion and takes into account EPSDT Beneficiary values; and

(C) Impactful in improving access to care, ability to actively participate in care, work, school, or social activities; and not solely for the convenience or preference of an EPSDT Beneficiary, caregiver, or a provider of the service, item, or dental supply; and

(D) The most cost-effective level or type of health services, items, or supplies that are covered services that can be safely and effectively provided to an EPSDT Beneficiary.

(b) All covered services must be EPSDT Dentally Appropriate for the EPSDT Beneficiary but not all EPSDT Dentally Appropriate services are covered services.

EPSDT prohibits:

Hard limits or caps on the amount of services or number of visits for members eligible for EPSDT. These are determined based on the needs of the individual member and may be subject to prior authorization.



EPSDT prohibits:

Requiring prior authorization for any EPSDT screening services



EPSDT Provider Guidance

<https://www.oregon.gov/oha/HSD/OHP/Tools/EPSDT-Provider-Guide.pdf>

Monitoring for Full EPSDT Implementation

Take action if...

- A healthcare provider (or anyone else!) says "OHP doesn't cover that" for a child ("armchair denial")
- A child on OHP gets a denial letter that says a treatment isn't covered under the Prioritized List
- A child on OHP gets a denial letter that does not explain why the denied treatment was not medically necessary/appropriate
- A child on OHP gets a denial letter and the family and/or provider disagrees with the reasons in the letter



Options for Action/Advocacy

Tell	Tell the provider the OHP rules have changed & ask them to request the treatment
Appeal	Appeal the CCO's decision (required before requesting a hearing with OHA if assigned to a CCO)
Request	Request a hearing with OHA
File	File a CCO grievance (anytime!)
Get	Get legal advice/help: call 1-800-520-5292 (Public Benefits Hotline) or Advocacy from OHA Ombuds program 1-877-642-0450 OHA.OmbudsOffice@odhsoha.oregon.gov

Deadlines to appeal or request a hearing

OHP Open Card/FFS enrollees who are denied a request for any type of treatment, service, supply etc have **60 days** from the date of the denial notice (sometimes called Notice of Adverse Benefit Determination) to request an agency hearing.

People enrolled in a CCO who are denied treatment, service, supply etc. have to request a CCO level “appeal” within **60 days** from the date on the written denial. If the CCO level “appeal” is upheld (the service/treatment etc is still denied) the person has **120 days** from the date on the CCO appeal resolution notice to request an agency hearing.

Each CCO has its own “appeal” process, described on the denial notice and available by calling the CCO.

An agency hearing can be requested by phone at a local Oregon DHS office or by filling out a Hearing Request form which can be found at <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0443.pdf>



Alex

FM System



Miguel

Stroller



James

Car Seat



Erin

Therapy Sessions

Case Examples



Alex's FM System

Alex has significant hearing loss that is causing spoken language delay. His pediatrician referred Alex's mother to an audiologist, who recommends an FM system. It costs more than \$2,000. The audiologist says that, unfortunately, FM systems are never covered by OHP. She gives Alex's mom a list of nonprofit organizations that might provide some financial assistance.

Alex's FM System

What's Wrong?

- "Armchair denial" - no official request/decision, nothing to appeal
- Categorical exclusion - not allowed for children

What to do Next?

- Get a written decision
- If denied, appeal!
 - CCO Appeal
 - OHA Appeal
- OHA Ombuds
- Contact Oregon Law Center





Date of Notice:
Effective Date of Action:

ID Number:
Date of Birth:
PCP/PCD/BH Professional:

Notice of Adverse Benefit Determination

Dear

On [redacted] asked us to cover a Convaid EZ Rider stroller with accessories and modifications (HCPCS/item codes E1236, K0108 x2, E0966, E0978) for dates of service: 2/23/2021 – 6/23/2021 for the diagnosis of seizures and Angelman syndrome (a condition that you are born with causing developmental disabilities and nerve-related symptoms) (ICD-10/diagnosis codes G40.A19, Q93.51). The Oregon Health Plan does not cover all services and supplies. This request was reviewed by nurses and/or physicians and/or pharmacists and/or licensed behavioral health clinicians.

After careful review, we **denied** this request under the Oregon Health Plan because:

The rules for a stroller are:

It must be medically appropriate (science shows it is useful); not just for convenience; the least costly while still safe; or medically necessary (meets normal ways of medicine to heal and identify disease or allow you to care for yourself). The information we received does not say you meet all these rules. This means the Convaid EZ Rider stroller and accessories will not be paid.

We will approve a pediatric wheelchair if requested. This will have seating that can be changed and will grow as he/she grows

We recommend that you follow-up with your primary care provider as there may be other care that he/she can provide that is covered by the Oregon Health Plan.

Miguel's Stroller Denial

"The rules for a stroller are:

It must be medically appropriate (science shows it is useful); not just for convenience; the least costly while still safe; or medically necessary (meets normal ways of medicine to heal and identify disease or allow you to care for yourself). The information we received does not say you meet all these rules. This means the Convaid EZ Rider stroller and accessories will not be paid."

Miguel's Stroller Denial

What's Wrong?

- Denial doesn't include an individual analysis
- Denial doesn't include enough information to respond

What to do Next?

- Appeal!
 - CCO Appeal
 - OHA Appeal
- OHA Ombuds
- Contact Oregon Law Center



Date of Notice: [REDACTED]

[REDACTED]

Notice of Denial

DHS has denied the prior authorization (PA) request to provide the following items(s) or service(s) to [REDACTED]

PA Assignment:	DME	Denial Date:	09/03/2021
CODES	DESCRIPTION	REQUESTED AMT/UNITS	SERVICING PROVIDER NAME
A9270 NU	Non-covered item or service	2343.00 1	[REDACTED]
REASON FOR DENIAL		Health Systems Division does not pay for durable medical equipment, prosthetics, orthotics or medical supplies that have not been approved for marketing by the Food and Drug Administration (FDA) as safe and effective for the purpose intended.	
E1399	Durable medical equipment mi	0.00 1	[REDACTED]
REASON FOR DENIAL		Health Systems Division does not pay for durable medical equipment, prosthetics, orthotics or medical supplies that have not been approved for marketing by the Food and Drug Administration (FDA) as safe and effective for the purpose intended.	
CLIENT ID#		[REDACTED]	

James's Car Seat Denial

"Health Systems Division does not pay for durable medical equipment, prosthetics, orthotics or medical supplies that have not been approved by for marketing by the Food and Drug Administration (FDA) as safe and effective for the purpose intended."

James's Car Seat Denial

What's Wrong?

- Categorical exclusion - not allowed for kids
- The FDA doesn't regulate car seats



What to do Next?

- Appeal!
 - CCO Appeal
 - OHA Appeal
- OHA Ombuds
- Contact Oregon Law Center

Erin's Therapy Session Denial

health
share

Health Share of Oregon



4/16/2026

[REDACTED]

Important: Denial of service or treatment

We have denied a request for a service or treatment. Please call us right away at 888-519-3845 or TTY 711 if you do not understand this letter. You can get this letter in large print, another language or any way that is best for you. You can ask for help from an interpreter. Help is free.

OHP Client ID: [REDACTED]

Date of Birth: [REDACTED]

NE CORSO MD LLC

Authorization Number: CC2900314

Partial Denial of Service Request

(Also called Notice of Adverse Benefit Determination)

Dear [REDACTED],

We were asked to approve a medical service for you. We could not approve it all.

Your therapy visits have/has been partially denied.

This letter says why it was partially denied.

2121 SW Broadway #200, Portland, OR 97201 | 888-519-3845 | TTY 711
|healthshareoregon.org

Date decision is effective:	4/16/2026
Service denied:	therapy visits 97530
Provider / Facility / Individual who requested it:	[REDACTED]
Service requested on:	4/9/2026
Service is to help treat:	F84.0, autism F88, childhood delay
Reason for denial:	We were able to approve: • 6 therapy visits We were not able to approve: • 9 therapy visits The Oregon Health Plan (OHP) pays for services that are medically appropriate and needed. Not all services are paid for. We looked at your records. We found the requested service is not proven to be safe, helpful, or appropriate because: • Your notes show that your needs could be better met with behavioral health treatment. • It is appropriate for you to transition to your home exercise program. You can still see your therapist for check-ins as needed a few times a year. By Medicaid law, this is called "not medically appropriate." OHP will not pay for the 9 therapy visits.
We based our decision on:	410-120-0000 (197)(a)(B) 410-120-0000 (198)(b)

Erin's Therapy Session Denial

What's Wrong?

- Not enough information on the denial
- Doesn't cite to EPSDT rules!
- No indication of individual evaluation of whether it is necessary for this child who is diagnosed with autism



What to do Next?

- Appeal!
 - CCO Appeal
 - OHA Appeal
- OHA Ombuds
- Contact Oregon Law Center

Checklist & Resources

*Strict timelines
apply - check
the notice!*

Is it a Medicaid issue? Could it be? **Get it in writing!**

Disagree with (or don't understand) the decision?

Appeal - to CCO and OHA!

Problems with the process (including unfair treatment)?

File a CCO grievance!

Want support or legal help? **Contact the OHA**

Ombuds office and/or OLC!

Could it be covered another way? **Remember new
benefits & flexible services!**

OHA Ombuds

1-877-642-0450

OHA.OmbudsOffice@odhsoha.org
[gon.gov](http://www.oregon.gov/oha/erd/pages/ombuds-program.aspx)

[https://www.oregon.gov/oha/erd/
pages/ombuds-program.aspx](https://www.oregon.gov/oha/erd/pages/ombuds-program.aspx) for
more information

Oregon Law Center

1-800-520-5292

(statewide public benefits hotline)
benglander@oregonlawcenter.org



What are you seeing and hearing?

Any
Questions?

