

Simplified Chart of OHP Coverage of Dental Services

Though a service may be covered (✓), there may be limitations on frequency or tooth. This chart lists some but not all of these limits. This chart is only a general guide that is intended to give a snapshot of coverage. Please see OAR 410-123-1000 to 1670 for details.

Service	OHP Child	OHP Adult	OHP Supplemental (for pregnant adults)
Comprehensive Dental Exam	✓ twice a year	✓ once a year	✓ once a year
X-rays	✓	✓	✓
Routine Cleanings	✓	✓	✓
Professionally-Applied Fluoride	✓ twice a year or up to 4 if “high risk”	✓ once a year or up to 4 if “high risk”	✓ once a year or up to 4 if “high risk”
Sealants	✓	X	X
Fillings	✓	✓	✓
Crowns	✓	X	✓
Root Canals	✓ anterior teeth and bicuspid	✓ anterior teeth and bicuspid	✓ anterior teeth and bicuspid
	✓ 1 st molars	X 1 st molars	✓ 1 st molars
	✓ 2 nd molars	X 2 nd molars	X 2 nd molars
Scaling and Root Planing (a periodontal disease treatment)	✓ once every 2 years	✓ once every 3 years	✓ once every 3 years, plus more if necessary
Extractions	✓	✓	✓
Orthodontics	Only covered in cases of cleft palate	X	X

Hospital Dentistry	✓ kids ≤ 3 with extensive dental needs ✓ kids age 4+ who meet at least one criterion (ex. extensive dental trauma, failed attempt to treat in office with nitrous, developmental disability with acute situational anxiety and extreme uncooperative behavior)	✓ for adults who meet at least one criterion. The criteria for adults are somewhat more restrictive, generally requiring extensive dental trauma or a need for hospitalization due to severe disability.	✓ for adults who meet at least one criterion. The criteria for adults are somewhat more restrictive, generally requiring extensive dental trauma or a need for hospitalization due to severe disability.
First Full Upper or Lower Denture	✓ (age 16-21)	✓ only if last tooth in the jaw was removed within last 6 months	✓ only if last tooth in the jaw was removed within last 6 months
First Partial Upper or Lower Denture	✓ if missing 1+ front or 4+ back teeth, wisdom teeth don't count	✓ only if missing 1+ front or 6+ back teeth, and wisdom teeth don't count	✓ only if missing 1+ front or 6+ back teeth, and wisdom teeth don't count
Replace Partial Denture	✓ once every 10 years if needed	✓ once every 10 years if needed	✓ once every 10 years if needed
Replace Full Denture	✓	X	X
Denture Adjustments, Repairs, Rebases, and Relines	✓ (with substantial frequency limits)	✓ (with substantial frequency limits)	✓ (with substantial frequency limits)
Interim Partial Denture ("Flipper")	✓ if missing 1+ front teeth; replacement every 5 years	✓ if missing 1+ front teeth; replacement every 5 years	✓ if missing 1+ front teeth; replacement every 5 years

CAWEM (Citizen/Alien-Waived Emergency Medicaid) is a Medicaid program for clients who would be eligible for OHP but do not meet the citizenship and immigration requirements. There are two benefit packages:

- **CAWEM Standard:** dental coverage is limited to services provided in an emergency department hospital setting.
- **CAWEM Plus:** must be pregnant; dental coverage is equivalent to OHP Supplemental for pregnant adults.

OHP Coverage of Oral Health Services in Medical Settings

This chart lists some but not all limits. Please see OAR 410-123-1260(2) for details. Coordinated Care Organizations (CCOs) may develop their own process for reimbursement. Please check with the CCO if the child is enrolled in a CCO.

	Topical Fluoride Varnish (D1206)	Assessment (D0191)
Client Age	Under age 19	Under age 7
Service Must Include	N/A	<ol style="list-style-type: none"> 1. Caries risk assessment using a standardized tool.* 2. Anticipatory guidance and counseling with the child's caregiver. 3. Referral to a dentist to establish a dental home. 4. Documentation in chart of risk assessment findings and services provided
Training Required	N/A	First Tooth or Smiles for Life within previous 3 years
Frequency	2/year or up to 4/year if "high risk" in all settings (combined limit for medical and dental settings)	1/year in medical setting (separate limit applies to dental settings)
Fee For Service Reimbursement Rate	\$12.97	\$11.83

A provider may be separately reimbursed for both as long as all criteria are met.

* The caries risk assessment tool must be endorsed by one of the following organizations:

- Oregon Oral Health Coalition
- American Academy of Pediatric Dentistry
- American Dental Association
- American Academy of Pediatrics

Who Do I Bill for D1206 (topical fluoride varnish) or D0191 (Assessment) in a Medical Setting?

If the child is enrolled in a CCO or other prepaid health plan for both medical and dental care, bill the CCO. Otherwise, bill DMAP directly.

		Who covers child's medical care?	
		CCO	FFS
Who covers child's dental care??	CCO	Bill the CCO (CCOA)	Bill DMAP
	FFS	Bill DMAP	Bill DMAP

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