Dental Services Provider Guide

Use this guide as a supplement to Dental Services Oregon Administrative Rules (Chapter 410 Division 123). See current Dental Services rulebook for official policies regarding billing.

Contents (last updated Sep. 1, 2012)
Client eligibility and enrollment.................................................................1
How to verify eligibility for OHP Plus dental benefits........................................1
Prior authorization......................................................................................1
Information needed to request PA ............................................................2
Billing for dental services ..........................................................................3
Claim status and adjustments .....................................................................3
OHP Recommended Periodicity Schedule.....................................................3

Client eligibility and enrollment
Refer to General Rules and OHP Rules for information about the service coverage according to OHP benefit plans and the Prioritized List of Health Services.

The OHP eligibility verification page explains how to verify eligibility using the Provider Web Portal (PWP), Automated Voice Response, or electronic data interchange (EDI) 270/271 transaction.

How to verify eligibility for OHP Plus dental benefits
Most dental services, including hygiene and restorative services, are covered for all OHP Plus clients. OHP Plus children, and OHP Plus adults with the OHP Plus - Supplemental Benefits plan (BMP) get additional dental services. Refer to the Covered/Non-Covered Services table for a list of services affected.

To verify eligibility for the additional OHP Plus dental services:
- Clients under age 21: Verify the client’s date of birth and that client has the BMM, BMD or BMH benefit plan.
- Clients age 21 or older: Verify the client has the BMP benefit plan and that client has either the BMM, BMD or BMH benefit plan.

Prior authorization
The Dental Services Administrative Rules lists services requiring prior authorization and specific requirements for submitting requests to DMAP. Submit prior authorization (PA) requests using the Provider Web Portal (instructions) or the DHS 3971.
- For OHP managed care plan members, contact the plan for PA instructions.
- For complete information about how to submit a PA request to DMAP, see the Prior Authorization Handbook.
**Hospital dentistry is authorized by the client’s medical plan** (CCOB, FCHP or PCO on the Managed Care section of the PWP Eligibility Verification response screen). DMAP authorizes the services if the client is not assigned to a medical plan.

**All other dental services are authorized by the client’s dental plan** (DCO on the Managed Care section of the PWP Eligibility Verification response screen). DMAP authorizes the services if the client is not assigned to a dental plan.

All hospital dentistry requires prior authorization. See [OAR 410-123-1490](#) for more information about hospital dentistry and specific instructions on obtaining prior authorization.

### Information needed to request PA

DMAP may automatically deny requests that do not include one or more of the following pieces of information.

- Information in **bold** is required for correct processing.
- If using the [DHS 3971](#) to submit the request, fax the completed form to 503-378-5814 for routine requests or 503-373-7689 for immediate/urgent requests.

<table>
<thead>
<tr>
<th>Information needed</th>
<th>Hospital Dentistry</th>
<th>Other PA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section I - Provider number (NPI)</strong></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Section II - Type of PA request - Mark the “Dental Hospital Referral” or “Other” box.</strong></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Section III - Client ID and client's name</strong></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Section IV - Enter facility provider number</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Section VI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tooth number and quadrant</strong></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Section IX</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected service begin date - Beginning date of service</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Expected service end date - Ending date of service</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Notes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detailed explanation of why dental hospitalization is being requested, including whether nitrous oxide or oral sedation was used and the results.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Attachments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe and attach the following:</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>- Copy of treatment plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Completed ADA form for preauthorization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Billing for dental services
Use the Provider Web Portal, 837D or ADA 2006.

- **Billing instructions** are available on the [OHP provider billing tips page](#).
- **For information about electronic billing,** go to the [Electronic Business Practices Web page](#).

Claim status and adjustments
For information about the paper remittance advice and other ways to get claim status information via the Provider Web Portal, AVR or EDI 835 (Electronic Remittance Advice), go to the [OHP remittance advice page](#).

For information about how to adjust a claim, refer to the [Claim Adjustment Handbook](#).

OHP Recommended Periodicity Schedule
This schedule, effective for services rendered on or after 1/1/2010, is incorporated by reference in [OAR 410-123-1260](#) (see this rule for reimbursement limitations).

- Frequency is based on the [American Academy of Pediatric Dentistry’s guideline](#).
- Eligibility rules determine the dental services covered through ages 18, 19 and 20 years.

### OHP Recommended Periodicity Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>To be performed</th>
<th><em>Strongly encouraged in the medical practice setting for children under age 7</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Birth through</td>
<td>7 through 15 years</td>
</tr>
<tr>
<td>Examination - First exam at eruption of first tooth and no later than 1 year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental examination</td>
<td><em>Twice every 12 months</em></td>
<td><em>Once every 12 months</em></td>
</tr>
</tbody>
</table>

### Assessment of oral growth, development and/or pathology

- Clinical assessment for risk of oral disease*
- Diagnostic tests and radiographs
- Systemic and topical fluoride status
- Determine interval for periodic evaluation

### Age-appropriate counseling and parent or patient education related to oral health

- Oral hygiene instructions
- Implications of the caregiver’s oral health
- Dietary practices
- Feeding practices
- Non-nutritive habits (e.g., pacifiers)
- Injury prevention
- Anticipatory guidance
- Tobacco counseling

As indicated by the individual patient’s needs, treatment may include, but is not limited to:

- Prophylaxis
- Topical fluoride application*
- Sealants for permanent teeth
- Treatment or referral for any oral disease

*Twice every 12 months; more frequent treatment available for high-risk conditions

*Once every 12 months

*Once every 5 years except for visible evidence of clinical failure