

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 Dec. 19, 2014)

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.....	2
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 coordinated care organization (CCO) or managed care plan members, contact the CCO/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 CCO or medical plan (CCOA, 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 CCO/plan.

All other dental services are authorized by the client’s CCO or dental plan (CCOA, CCOG or 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 CCO/ 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.

Information needed	Hospital Dentistry	Other PA
Section I - Provider number (NPI)	X	X
Section II - Type of PA request - Mark the “Dental Hospital Referral” or “Other” box.	X	X
Section III - Client ID and client’s name	X	X
Section IV -Enter facility provider number	X	
Section VI Tooth number and quadrant	X	X
Section IX Date of request Expected service begin date - Beginning date of service Expected service end date - Ending date of service	X	X
Notes Detailed explanation of why dental hospitalization is being requested, including whether nitrous oxide or oral sedation was used and the results.	X	
Attachments Describe and attach the following: <ul style="list-style-type: none"> • Copy of treatment plan • Completed ADA form for preauthorization 	X	X

Billing for dental services

Use the Provider Web Portal, 837D or ADA 2012.

- **Billing instructions** are available on the [OHP provider billing tips page](#).

