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 January 22, 2020)

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Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

The OHP Recommended Periodicity Schedule outlines the EPSDT services providers should offer or recommend to patients, as required by OAR 410-123-1260(1)(a)(B).

Patient record documentation requirements

Document the patient's record as follows for each service in the OHP Recommended Periodicity Schedule:

- Did the rendering provider offer or recommend the service to the patient? (Yes/No)
- Did the patient accept and receive the service? (Yes/No)
- Did the patient decline the service? (Yes/No)

OHP Recommended Dental Periodicity Schedule

This schedule, effective for services rendered on or after 4/1/2018, is incorporated by reference in OAR 410-123-1260(1)(a)(B)(ii) (see this rule for reimbursement limitations).

- See OAR 410-141-1260 for service delivery guidance and limitations. Practitioners shall adhere to the scopes of practice specified by their licensing bodies.
- Frequency is based on the American Academy of Pediatric Dentistry's guideline and the Bright Futures/American Academy of Pediatrics Periodicity Schedule.
- Eligibility rules determine the dental services covered through ages 18, 19 and 20 years.

Legend:

✱ = *Strongly encouraged in the medical practice for children under age 7*

● = *To be performed*

▲ = *Document whether the service was offered and/or recommended,* ***and*** *accepted or declined*

Age	Birth through 6 years	7 through 15 years	16 through 18 years	19 through 21 years
Assessment of oral growth, development and/or pathology				
✱ Clinical oral assessment and appropriate diagnostic tests to assess oral growth and development and/or pathology. An assessment may be completed in a medical oral health setting.	● ▲	● ▲	● ▲	● ▲
Systemic and topical fluoride status	● ▲	● ▲	● ▲	● ▲
Based on evaluation and history, assess risk for oral disease.	● ▲	● ▲	● ▲	● ▲
Determine interval for periodic evaluation.	● ▲	● ▲	● ▲	● ▲
Referral to a dentist in order to establish a dental home[1] by age 1 and 18 months through 6 years.	● ▲			
Prevention				
Establish a dental home by age 1 and 18 months through 6 years.	● ▲			
✱ Fluoride varnish/ topical fluoride indicated[2]	● ▲ Twice every 12 months; more frequent treatment available for high-risk conditions			● ▲ Once every 12 months
Comprehensive oral examination (including oral cancer screening)	● ▲ Twice every 12 months; more frequent treatment available for high-risk conditions			● ▲ Once every 12 months
As indicated by the individual patient's needs, treatment may include, but is not limited to:				
Prophylaxis	● ▲ Twice every 12 months; more frequent treatment available for high-risk conditions			● ▲ Once every 12 months
✱ Sealants for permanent teeth	● ▲ Once every 5 years except for visible evidence of clinical failure			
Treatment or referral for any oral disease	● ▲	● ▲	● ▲	● ▲
Counseling and anticipatory guidance				
Oral hygiene instructions	● ▲	● ▲	● ▲	● ▲
Implications of the caregiver's oral health	● ▲			
Dietary practices	● ▲	● ▲	● ▲	● ▲

[1] Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age.

[2] Once teeth are present, fluoride varnish may be applied to all children every 3 to 6 months in the primary care or dental office setting.

Legend:

✱ = *Strongly encouraged in the medical practice for children under age 7*

● = *To be performed*

▲ = *Document whether the service was offered and/or recommended,* ***and*** *accepted or declined*

Age	Birth through 6 years	7 through 15 years	16 through 18 years	19 through 21 years
Feeding practices	● ▲			
Non-nutritive habits (*e.g.,* pacifiers)	● ▲			
Injury prevention	● ▲	● ▲	● ▲	● ▲
Anticipatory guidance	● ▲	● ▲	● ▲	● ▲
Tobacco counseling		● ▲	● ▲	● ▲

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 OHA. Submit prior authorization (PA) requests using the Provider Web Portal (instructions) or the MSC 3971.

- For coordinated care organization (CCO) or dental care organization (DCO) members, contact the CCO/DCO for PA instructions.
- For complete information about how to submit a PA request to OHA, see the Prior Authorization Handbook and OHA's Prior Authorization page.

Hospital dentistry is authorized by the client's CCO (CCOA or CCOB on the Managed Care section of the PWP Eligibility Verification response screen). OHA authorizes the services if the client is not assigned to a CCO.

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). OHA authorizes the services if the client is not assigned to a CCO/DCO.

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

OHA may automatically deny requests that do not include one or more of the following pieces of information. Field in bold are required for processing and review.

- If using the MSC 3971 to submit the request, fax the completed form to 503-378-5814 for routine requests or 503-373-7689 for immediate/urgent requests.
- Orthodontic services are reviewed by a licensed dentist.

Information needed	Hospital Dentistry	Other PA
EDMS Coversheet ■ **From (contact name)** ■ Phone Number ■ **Date** ■ No. of pages ■ **PA Processing Time Frame** ■ **Provider ID** ■ **Recipient ID** ■ **Prior Authorization Number** (for updates to existing requests)	X	X
Box I – Request Information ■ **Client Name, Client ID, DOB** ■ **Requesting Provider NPI** (facility's ID number) ■ Performing Provider NPI ■ Referring Provider NPI ■ **PA Assignment - "Dental"** ■ **Length of treatment** ■ **Frequency** ■ **Time per session** ■ **Primary diagnosis code** ■ **Dates of service**	X	X
Box II – Line Item Information ■ **Service Type Code** (CDT Code) ■ Description ■ **Units**	X	X
Box III – Dental Information ■ **Tooth number and quadrant**	X	X
Box V – Additional Notes Detailed explanation of why dental hospitalization is requested, including whether nitrous oxide or oral sedation was used and the results.	X	

Information needed	Hospital Dentistry	Other PA
Attachments Attach the following (describe in Notes or EDMS Coversheet): ■ **Copy of treatment plan** ■ **Completed ADA form for preauthorization** For orthodontia services to treat craniofacial anomalies, also attach a report of patient status that includes: ■ X-rays ■ Diagnosis codes, procedure codes, associated charges and descriptions of treatment ■ Clinical necessity (e.g. length of treatment, description of needed phases of treatment, I, II and/or III) ■ Detailed explanation of how the patient has difficulty with mastication, speech, or other oral function as required by Guideline Note 169 ■ Any other information felt clinically relevant to the case, including photographs	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. Refer to the *Dental Billing Instructions.*
- **For information about electronic billing,** go to the Electronic Business Practices Web page.

Billing for vaccines and HbA1c testing

Use the Provider Web Portal, 837P or CMS 1500.

- **Billing instructions** are available on the OHP provider billing tips page. Refer to the *Professional Billing Instructions*.
- **For information about electronic billing,** go to the Electronic Business Practices Web page.

For children's vaccines, refer to OAR 410-123-1262 and the Vaccines for Children website.

For adult vaccines, refer to the Medical-Surgical provider guidelines..

For HbA1c testing, refer to OAR 410-123-1250, 410-130-0680, and 333-024-0005 through 333-024-0055; and OHA's Laboratory Services website.

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.

Refunding orthodontia payments

The Division shall pay for orthodontia in one lump sum at the beginning of each phase of treatment. If treatment is terminated for any reason, the orthodontist shall refund to the Division any unused amount of payment after applying the following formula:

Total payment minus $300.00 (for banding) multiplied by the percentage of treatment remaining.

The Division shall use the length of the treatment plan from the original request for authorization to confirm the percentage of treatment remaining.