

How to Submit a Dental Referral or Authorization

Process Guide

2019

Getting Started

Begin by logging in and selecting **Referrals/Authorizations** on the left-hand side of the screen.

text size A A A

Patient Management

Current Patient

(None) ▼

Search Patients

Office Management

Eligibility

Claims/Remittance

Code Lookup


Referrals/Authorizations

Administration

User Preferences

System Admin

Welcome to CareOregon  Connect!

PLEASE NOTE: The data in CareOregon  Connect is refreshed nightly. Any updates made today in Member Eligibility, PCP Changes, Claims and Provider Data will be updated the next business day.

Authorization requests are updated periodically throughout out the day.



If you do not have this option, you will need to contact your **Main Office Contact** (MOC) for assistance in CareOregon CONNECT.

text size A A A

Patient Management

Current Patient

(None) ▼

Search Patients

Office Management

Eligibility

Claims/Remittance

Code Lookup


Referrals/Authorizations

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User Preferences

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Welcome to CareOregon Connect!

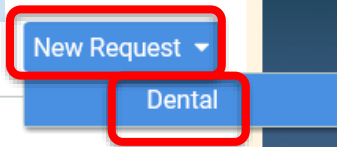
PLEASE NOTE: The data in CareOregon  Connect is refreshed nightly. Any updates made today in Member Eligibility, PCP Changes, Claims and Provider Data will be updated the next business day.

Authorization requests are updated periodically throughout out the day.



From the Referrals/Authorizations page, click on **New Request**, then select **Dental**.

Referral & Authorizations



[Advanced Search](#)

Current Requests

Approved	Pended	Denied
0	0	0
7 Days ▾	7 Days ▾	7 Days ▾

Saved Searches

If you also enter physical health authorizations, you will have another role for Specialist and Outpatient options. If you only enter dental referrals/auths, you will only see the Dental option.



Submission Page 1

Selecting the member

Get started by clicking on the magnifying glass.

Patient

Search Current Patients



Enter the Member ID (OHP ID) or First and Last Name. Then click **Search**.

Member ID

First Name

Last Name



Selecting the member

All possible member matches will pop up. Find your patient on the list. Ensure their **Effective Date** has not terminated. If your patient is not there, and you are confident the member ID and name are correct, check the member's insurance and eligibility in your system.

The screenshot shows a 'Search Current Patients' window with a list of patient records. The first record is highlighted with a red box around the 'Effective Dates' field, which contains the text '12/12/2011-5/22/2012'. Each record includes a patient ID, name, birthdate, and a '+ Add' button. A 'Close' button is located at the bottom left of the window.

Effective Dates	Birthdate	Action
12/12/2011-5/22/2012	[Redacted]	+ Add
11/19/2018-	[Redacted]	+ Add
11/19/2018-	[Redacted]	+ Add
10/30/2017-	[Redacted]	+ Add
10/30/2017-	[Redacted]	+ Add



Selecting the member

Some members have more than one CareOregon enrollment. Eg. Members who are enrolled with CareOregon Advantage (COA) and/or CareOregon physical health.

The screenshot shows a list of two member profiles. The top profile is for physical health, and the bottom profile is for dental. A red box highlights the bottom profile. A '+ Add' button is visible to the right.

[Redacted]	Patient ID	[Redacted]	Birthdate	[Redacted] 94
	Effective Dates	11/19/2018-		
[Redacted]	Patient ID	[Redacted] Dental	Birthdate	[Redacted] 94
	Effective Dates	11/19/2018-		

+ Add

These Members display separate profiles for their COA, OHP physical health and OHP dental enrollments.



Selecting the member

Always select the **ABC132ID_Dental** option.

			
Patient ID		Birthdate	 94
Effective Dates	11/19/2018-		<input type="button" value="+ Add"/>
			
Patient ID	 Dental	Birthdate	 94
Effective Dates	11/19/2018-		<input type="button" value="+ Add"/>



Selecting the provider

Next, start entering the **Requesting Provider's** name. A dropdown of possible matches appears. Select the correct provider at the correct clinic location.

Requesting Provider

Requesting Provider

Contact Name

JUSON, NATALYA A (PRV000000040052)
NPI: [REDACTED]
MCHD NORTHEAST DENTAL CLINIC
5329 NE Martin Luther King Jr Blvd
Portland, OR, 97211

JUSON, NATALYA A (PRV000000040052)
NPI: [REDACTED]
MCHD ROCKWOOD DENTAL CLINIC
2020 SE 182nd Ave
Portland, OR, 97233

Most providers are listed at more than one clinic location. Make sure you select the correct clinic. You may need to scroll to find it.

The individual provider **MUST** be selected.



Adding clinic contact info

Next, enter a **Contact Name** (the person submitting the referral/auth) and **Phone number** in case further information is needed.

Contact Name	Contact Info	Phone	▼
<input type="text"/>	<input type="text"/>	<input type="text"/>	



Selecting the service type

Enter the **Service Type** from the drop-down menu.

If the patient needs more than one service type (ie. Oral Surgery and Prosthodontics) two separate referrals/auths must be submitted.

Service Details

Service

Select...

Endodontics

General Dentistry

Hospital Dentistry

Oral Pathology

Oral Surgery

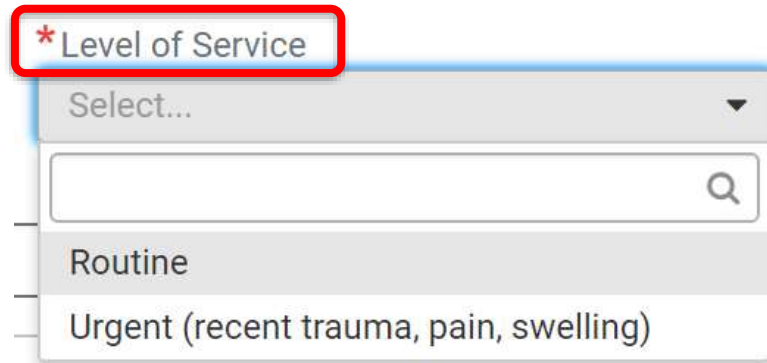
Orthodontics

Pediatric Dentistry



Selecting the Level of Service

Select the **Level of Service** (Priority).



* Level of Service

Select... ▼

Search

Routine

Urgent (recent trauma, pain, swelling)

Routine requests will be processed within 14 calendar days

Urgent requests must have documented pain, swelling or recent trauma and will be processed within 3 days



Selecting the procedures

Start entering the desired **CDT code** and select from the drop down options that appear. Confirm that the description matches the procedure.

Requested Procedures

Procedure Code

D5

D5110 | CDT | complete denture - maxillary

D5120 | CDT | complete denture - mandibular

D5130 | CDT | immediate denture - maxillary

D5140 | CDT | immediate denture - mandibular

D5211 | CDT | maxillary partial denture – resin base (including, retentive/clasping materials,

5 / 225



Selecting the procedures

If you accidentally select the incorrect procedure code and need to delete it, click on the x to delete the code you do not want.

D7240 | CDT | removal of impacted tooth - completely bony ×

Quantity Treatment Area

Select

D7410 | CDT | excision of benign lesion up to 1.25 cm ×

Quantity Treatment Area

Select



Selecting the procedures

Enter the requested **quantity** for the procedure code.
Then click on **Select** to add the treatment area.

D7240 | CDT | removal of impacted tooth - completely bony ×

Quantity	Treatment Area
<input type="text"/>	<input type="button" value="Select"/>



Selecting the procedures

Select **teeth/surface(s)/treatment Area(s)** that apply to the CDT code selected.

Permanent (3) Primary (1) Supernumerary Permanent Supernumerary Primary Oral Cavity (3)

Entire Oral Cavity

Maxillary Arch

Upper Left Quadrant Upper Right Quadrant

Mandibular Arch

Lower Left Quadrant Lower Right Quadrant

Finished Cancel

Permanent Primary (1) Supernumerary Permanent Supernumerary Primary Oral Cavity

Primary Teeth

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Select Surface

Buccal Distal Facial Incisal Lingual Mesial Occlusal

Permanent (3) Primary (1) Supernumerary Permanent Supernumerary Primary Oral Cavity

Permanent Teeth

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Select Surface

Buccal Distal Facial Incisal Lingual Mesial Occlusal

Finished Cancel

NOTE: Surfaces are not required for every code.



Selecting the procedures

Repeat as needed to add multiple CDT codes associated with the referral/auth.

<input type="text" value="D7240"/>	CDT removal of impacted tooth - completely bony
Quantity <input type="text" value="2"/>	Treatment Area <input type="button" value="Edit"/>
	Selected teeth <input type="text" value="1"/> <input type="text" value="32"/>

<input type="text" value="D7210"/>	CDT extraction, erupted tooth requiring removal of
Quantity <input type="text" value="1"/>	Treatment Area <input type="button" value="Edit"/>
	Selected teeth <input type="text" value="2"/>

One CDT code can be associated with multiple treatment areas/teeth. Each CDT code entered must have a quantity and treatment areas/teeth selected.

For Pediatric and Special Needs referrals, the consult code, D9310, should be entered and the entire oral cavity selected.



Adding comments

Add any **Remarks**. Enter information here that you would like CareOregon Dental to be aware of once the request is received. This is not a required field.

Remarks

Characters remaining: 225 / 225



Attaching chart notes and X-Rays

To begin attaching chart notes, select **Choose file to add** near the bottom-right of the submission screen.

Paperwork

*Identification Code

*Description

*Report Type

*File

Add Paperwork

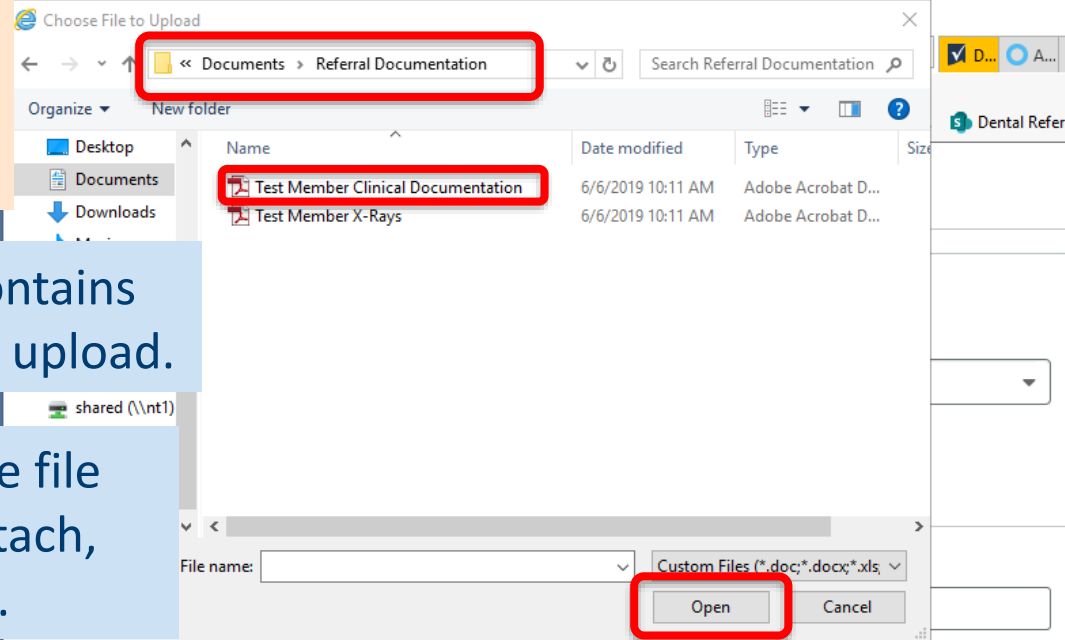


Attaching chart notes and X-Rays

Your computer's documents and folders should now appear.

First, find the folder that contains the documents you wish to upload.

Then, select the file you'd like to attach, and click **Open**.



Attaching chart notes and X-Rays

Add an **Identification Code** (eg. #1, #2) and **Description**. (eg. Chart Notes, X-Rays) Add the Report Type of **Medical Record Attachment**. Select **Add Paperwork**.

Paperwork

*Identification Code #1	*Description Chart Notes
*Report Type Medical Record Attachment	Test Member Clinical Documentation.pdf ×
Add Paperwork	



Attaching chart notes and X-Rays

Repeat if needed to add a second file.

You can also combine all PDFs into one document so all records are submitted together.

All supporting documentation must be submitted in no more than two files. (eg. chart notes in one, x-rays in another)

Identification Code	#1	Description	Chart Notes		
Report Type	Medical Record Attachment (M1)	Transmission Method	Electronic Only (EL)	File	Test M Docur
#2	Description	X-Rays	Delete		
I Record nent (M1)	Transmission Method	Electronic Only (EL)	File	Test Member X-Rays.pdf	



Submitting the referral

Click **Submit**.

If any validation messages appear, resolve them and click **Submit** again.



Please fill out all required fields as indicated above.

Submit

Load

Save

IMPORTANT: The referral is not yet completed or submitted. Continue to the second page.



Submission Page 2

Completing the questionnaire

Verify patient and referral/auth information.
Ensure the Coverage is with CareOregon Dental.

CareOregon Dental Referral/Prior Authorization Request

Date: Jun 11, 2019

Service Type: Oral Surgery

CDT Code(s): D7240

Patient: [REDACTED]

DOB: [REDACTED]

Sex: F

Medicaid ID: [REDACTED]

Patient Address: [REDACTED]

Paperwork Summary: Test Member X-

ID:

Address:

Summary: Rays.pdf

Coverage: HealthShare/CareOregon
Dental (CCOA Adult)

Member Clinical

Documentation.pdf



Completing the questionnaire

Indicate whether the submission is a **referral** or a **prior authorization** by clicking the appropriate radio button.

Is this request:

- A referral (requesting approval of services and assignment to specialty provider by CareOregon Dental)
- A prior authorization (requesting approval for requesting provider to perform services)



Completing the questionnaire

Enter **contact numbers** for the patient and the **Parent/Guardian/Caregiver Name** and **number**, if applicable.

Best Numbers to Contact Patient

Format XXX-XXX-XXXX

Phone 1

Phone 2

Parent/Guardian/Caregiver Name

* Optional

Guidance (Optional)

Parent/Guardian/Caregiver Phone

* Optional

Guidance (Optional)



Completing the questionnaire

Select if an **interpreter** is needed. If Yes, select the **language** from the drop-down list. If it is not in the list, select Other and type in the language.

Then indicate if the patient is **pregnant**.

Interpreter Needed?

Yes No

Language?

Spanish

Spanish

Russian

Vietnamese

Chinese

Arabic

Somali

Burmese

Is Patient Pregnant?

Yes No



Completing the questionnaire

Add any **additional information** relevant to the referral/auth.

Additional Information

Indicate if there are other **related referrals/auths** for the patient. (eg. this referral is for extractions and another one is being submitted for dentures.

Are there other referrals being submitted for this member or related referrals that should be considered alongside this referral?

Yes No



Completing the questionnaire

Check the boxes for each type of **documentation** that was included in the attachments submitted with the first page.

Please verify which document types you have attached to the request. Check all that apply.

- Chart Notes
- Health History
- Periodontal Chart
- Treatment Plan
- Tooth Charting



Completing the questionnaire

Answer all questions, then click **Next**.

Depending on the type of referral being submitted, **additional questions** will be asked.

Since you selected **Prosthodontics** as a service, please provide the following information:

Select Type

- Complete Denture (D5110, D5120)
- Immediate Denture (D5130, D5140)
- Resin Partial (D5211, D5212)
- Immediate Resin Partial (D5221, D5222)
- Interim Partial (D5820, D5821)
- Other

Next

Since you selected **Endodontics** as a service, please provide the following information:

Planned Final Restoration

- Composite
- Amalgam
- Stainless Steel Crown
- PFM/Cast Crown
- Other

Next

Since you selected **Hospital Dentistry** as a service, please provide the following information:

Please explain the clinical justification for requesting hospital based dental care:

Next



Submitting the referral

If any validation messages appear, resolve them and click **Next** again.

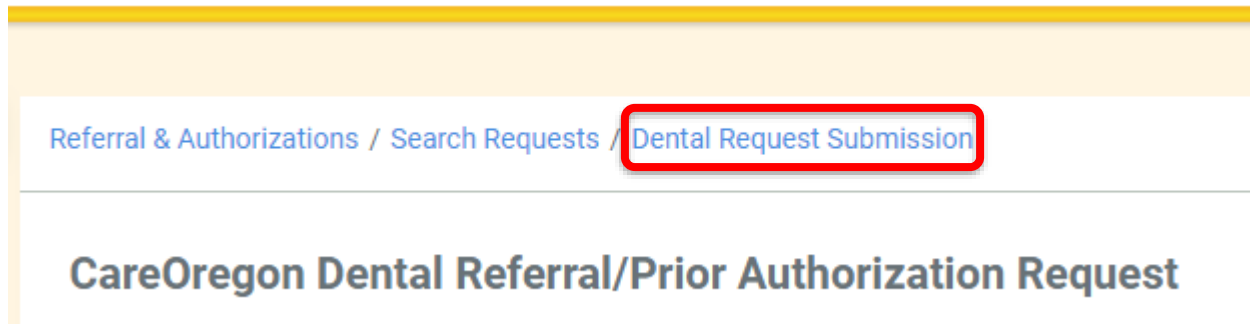


Please fill out all required fields as indicated above.



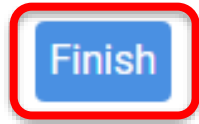
Submitting the referral

Review the information to ensure it is complete and correct. If anything needs to be added or modified, click on the **Dental Request Submission link** at the top of the page, navigate through the referral/auth and make any needed changes.



Submitting the referral

Click **Finish**.



If any validation messages appear, resolve them and submit.



For Prosthodontics Type of Complete Denture, one of the following procedure codes is required: D5110,D5120

Submit

Load

Save

IMPORTANT: If errors occurred on page 1 of the referral/auth, correct and redo page 2.



Checking Statuses

Checking the status of a referral/auth

Authorization data is updated every 2 hours throughout the business day; from 8am-8pm.



Possible Status Results Include:

Approved
0
7 Days ▾

The request has been reviewed by CareOregon Dental, or the CONNECT system, and the requested services have been **approved**

Pended
0
7 Days ▾

CareOregon Staff will review the request and a status will be updated online within 14 calendar days for routine requests; 3 days for urgent requests

Denied
0
7 Days ▾

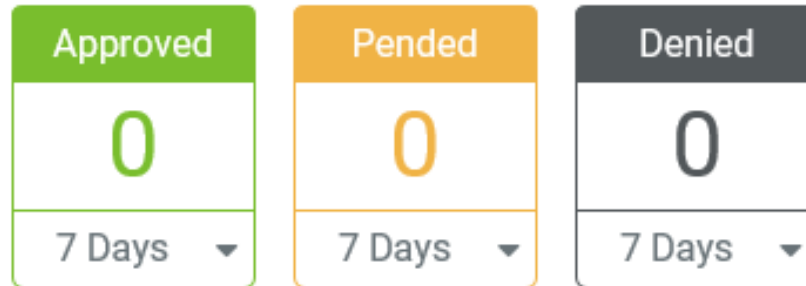
The request has been reviewed by CareOregon Dental, and the request has been **denied**



Checking the status of a referral/auth

Approval letters are not emailed to confirm any decision made on a request if the request was submitted through CareOregon Connect. Decision statuses are available in connect on the Referrals/Authorizations dashboard.

Current Requests



Custom Templates

Creating a custom template

On a new form, fill in the information that remains constant for all your referral submissions. Scroll to the bottom of the page and click **Save**.

Requesting Provider

Requesting Provider	*Contact Name	*Contact Info
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="🔍"/>		Phone ▼

<input type="button" value="Submit"/>	<input type="button" value="Load"/>	<input type="button" value="Save"/>
---------------------------------------	-------------------------------------	-------------------------------------



Creating a custom template

Name the template.
Click the box to
Save As Template.
Click **Save**.

Name this saved request

Dr. X at xyz clinic

Save As Template

Save Cancel



Creating a custom template

The template will now appear on your Referrals/Authorizations home page.

Referral & Authorizations

New Request ▾

Search by Request Number

Search

[Advanced Search](#)

Current Requests

Approved	Pended	Denied
0	0	0
7 Days ▾	7 Days ▾	7 Days ▾

Saved Searches

Custom Templates

Dr. X at xyz clinic



Help

Getting help

CareOregon provider customer service is available to assist with questions on filling out the form and submitting the referral. Call 503-416-1444, Option 3.

HealthTrio is available to assist with logon and password issues Call 1-877-814-9909, email connect@healthtrio.com or click the Help link on the <https://healthtrioconnect.com/app/index.page>

