CareOregon Dental Referral and Prior Authorization Guide

Referral and Prior Authorization: Documentation

The checklist below outlines the required referral documentation for each service type to support accurate and timely referral processing. Missing documentation may delay processing while we work to obtain the required information.

Service Type	Requested Documentation
All Requests	• Chart notes relevant/related to the request (must be in color) • Medical history • Tooth chart in color or list of current conditions and planned procedures • Treatment plan (showing past and pending treatment) • Relevant or related past procedure history • **Current, labeled and dated** radiographs of the teeth/hard tissue pathology being requested that clearly show the entire tooth/teeth being requested o not needed if edentulous or if unavailable for pediatric and special needs requests • If unable to submit through our portal, please include our Down Time Request Form or ADA claim form
In addition to the above, please include the following information with your request:	
Endodontics	• Periapical radiograph(s) of the relevant teeth • Treatment plan and tooth chart include planned final restoration
All Partial Dentures	• Current intraoral radiographs of remaining teeth • Full periodontal charting within the last year • Applies to D5211/D5212 D5221/D5222 D5820/D5821
Periodontics	• Full periodontal charting within the last year

Orthodontics	• Relevant chart notes that include:
	   o Most recent comprehensive or recall exam
	   o Most recent dental hygiene, periodontal or dental cleaning services
	   o Orthodontic evaluation chart notes
	• Handicapping Labio-Lingual (HLD) Index California Modification Score Sheet
	   o Casts can be accepted in lieu of HLD Score Sheet
	• Radiographs to include an FMX or panoramic image
	• Photographs (except for cases of cleft palate or cleft lip)
	   o Facial photographs (3 views)
	   o Intraoral photographs (5 views)

Referral and Prior Authorization Submission and Tracking: CareOregon Connect Portal

Providers can submit and track referrals using the CareOregon Connect Portal. It is a fast and easy way to access your clinic's information as well as specialty provider information.

- Submit referrals and prior authorizations (PAs) electronically, using the CareOregon Connect Portal.

    o **To submit a new referral**, simply click the "New Request – Dental" option. *If you do not see "New Request - Dental" and instead, see Physical or Behavioral Health options – please email* CODProviderSupport@careoregon.org

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- To check the status of a referral or prior authorization, simply click the "Referrals and Authorizations" tab. Your submission should display as Approved, Pended, or Denied.

- For a step-by-step guide, please view the process guide . Additional guides and walkthroughs are here.

- Not using the CareOregon Connect Portal? Please submit a **New User Registration - Provider** request on the CareOregon Connect Homepage. To create a new account, select "Provider" under "New User Registration."

PLEASE NOTE: Dental Providers create accounts directly with CareOregon Connect/Health Trio, and not OneHealthPort.
Need help? For password resets, lockouts and general technical support, call: *877-814-9909 For additional support with the portal,* reach out to CODProviderSupport@careoregon.org

Procedure Codes Requiring Prior Authorization

*Highlighted Codes are new additions, effective March 1st, 2026

Crowns	D2390, D2710, D2712 - resin-based composite crowns
	D2740, D2751, D2752 - porcelain/ceramic crowns & PFM crowns
Other Restorative	D2950 - core build up
	D2954 – prefabricated post and core
	D2980 – crown repair
Endodontics	D3310, D3320, D3330 - endodontic treatment (anterior, premolar, molar)
	D3346 - retreatment of prior root canal, anterior
	D3410 - apicoectomy - anterior
	D3430 - retrograde fill
Periodontics	D4210, D4211 - gingivectomy or gingivoplasty *limited coverage, please see Provider Manual
Prosthodontics	D5110, D5120, D5130, D5140 – complete dentures
	D5211, D5212, D5221, D5222 – resin-based partial dentures
	D5710, D5711, D5720, D5721 – rebase, partial and complete dentures
	D5820, D5821 - interim partial dentures
	D6980 - fixed partial denture repair
Oral Surgery	D7920 - skin graft
	D7230, D7240, D7241 - removal of impacted tooth – bony
	D7250, D7251 - removal of residual tooth roots (cutting procedure) & coronectomy
	D7280 - exposure of an unerupted tooth
	D7283 - placement of a device to facilitate eruption of impacted tooth
	D7472, D7473 - removal of tori
	D7961, D7962, D7963 - frenectomy (frenulectomy) & frenuloplasty
Orthodontics	D8000-D8999, except no PA required for D8660
Anesthesia	D9222, D9223 - deep sedation, general anesthesia
	D9239, D9243 - IV moderate (conscious) sedation