



New Dental Provider Orientation Packet 2024

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Chapter 1 CareOregon Dental Website

Welcome as part of the CareOregon Dental Provider Network!

The CareOregon Dental Website is host to valuable [provider resources](#) and support:

Provider Manual

Your [provider manual](#) is a detailed, searchable reference document to guide you through fulfilling contractual obligations, areas where we can provide you support, and how, together, we can provide the best possible service to our members.

Provider Portal

Our website houses a link to CareOregon Connect, our [provider portal](#), wherein you can:

- Check detailed claim status
- Review remittance advices
- Submit and view authorizations on the detailed, line level
- Check detailed eligibility and member information, including PCP assignment, other insurance and benefits
- Create and print PCP rosters
- Search and verify ICD-10, CPT, HCPC, revenue codes and modifiers

Provider Support and Resources

The [provider support and resources](#) section lists common forms used by CareOregon Dental providers, as well as fact sheets and other information helpful to service our members. It also includes procedural outlines for:

- Referrals and prior authorizations
- Billing and Payment
- Free transportation for your patients
- CMS Fraud, Waste and Abuse Training
- Clinical practice guidelines
- Evidence-based guidelines and best practices
- CareOregon Dental adopted guidelines.

Chapter 2 The Oregon Health Plan (OHP)

Introduction

WHAT IS THE OREGON HEALTH PLAN?

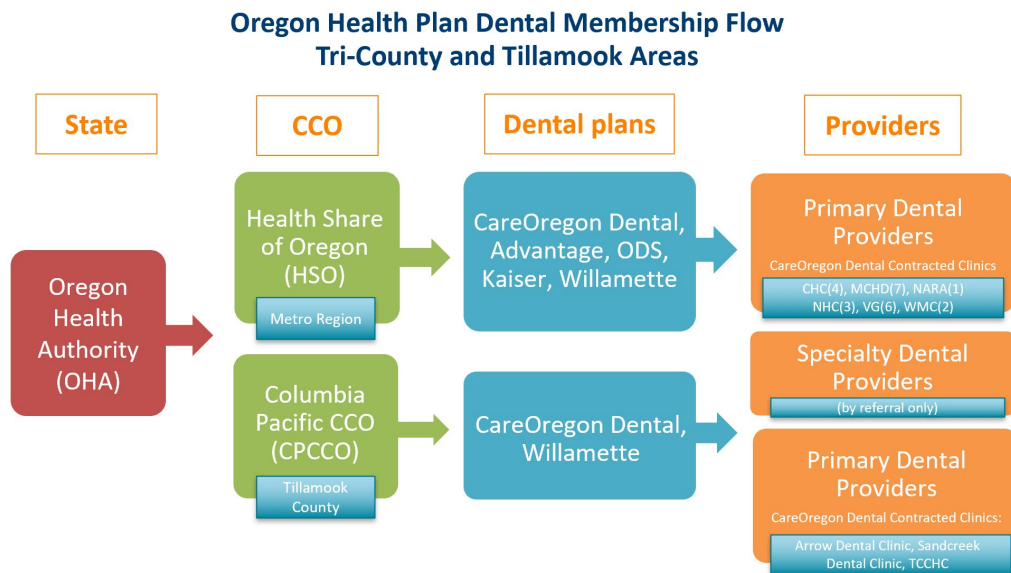
The Oregon Health Plan (OHP) is the state’s Medicaid program paid for by federal and state dollars. Benefits and coverage are determined by the state, based on budget decisions made by the legislature. The Oregon Health Plan is administered by the Division of Medical Assistance Programs (DMAP) which is a department of the Oregon Health Authority (OHA). The OHP provides health care coverage to local communities through Coordinated Care Organizations across the state.

WHAT ARE COORDINATED CARE ORGANIZATIONS (CCOs) and DENTAL PLAN PARTNERS?

CCOs are community-based health plans that roll all OHP health services (physical, mental, dental) into one. CCOs partner with Dental Plan Partners that are contracted with the Oregon Health Plan to provide dental care services to OHP members. The state currently has 15 CCOs and 6 Dental Plan Partners.

WHO IS CAREOREGON DENTAL?

CareOregon Dental is a dental plan owned by CareOregon that partners with Health Share of Oregon CCO in the Tri-county Metro area (Clackamas, Multnomah, and Washington counties) and with Columbia Pacific CCO in Tillamook County.



Chapter 3 Referrals and Prior-Authorizations

Dental Referrals

CareOregon Dental members are able to see specialists on a referral basis only, post-visit with their assigned primary dental provider (PDP).

The CareOregon Dental Referral Form can be found on our website at www.careoregondental.org. Select *Providers* in the top ribbon and then select *Provider Support and Resources*. The icon is in a blur Box on the left side of the page. The Dental Referral Form is the first listed under *Provider Forms*.

Please include appropriate documentation and pertinent information along with the referral which includes:

- Chart notes
- Dental charting
- Current radiographs
- Medical history
- Recent periodontal charting
- Treatment plan

If an urgent determination is requested, CareOregon Dental requires the request to be submitted within 24 hours of the member's visit. For routine requests, CareOregon Dental requires the request to be submitted within five (5) business days of seeing the member. Urgent referrals are processed within 72 hours and routine referrals are processed within 14 days. However, routine referrals can take up to an additional 14 days if more information is required or if further review is needed.

Referrals can be submitted via the CareOregon Connect Provider Portal or via secure email to the Dental Access Team at dentalaccessteam@careoregon.org.

Prior-Authorizations

Prior-Authorization is not required for dental services covered under the Oregon Health Plan (OHP). However, authorization may be needed for proposed treatment of non-covered dental services or when requesting to provide dental services that have restrictions and/or limitations outlined in the Oregon Administrative Rulebook (OAR).

You may use the same form for Referrals and Prior-Authorization requests. Please also include appropriate documentation and pertinent information from the list above. These can also be submitted via the CareOregon Connect Provider Portal or via secure email to the Dental Access Team at dentalaccessteam@careoregon.org.

Chapter 4 Endodontic Treatment and Resin Removable Partial Denture Referral Documentation

In order to maintain clinical standards of care, the following documents shall be included in the member's chart when referring/authorizing endodontic treatment and removable partial dentures:

Endodontics

- Restorative treatment plan (final restoration for tooth/teeth needing endodontic treatment)
- Recent periapical radiograph(s); must meet 50:50 crown-to-root ratio or better
- Evidence of recent cleaning or periodontal therapy
- Recent periodontal charting of the tooth

Resin Partial Dentures

- Evidence that restorative treatment for retained teeth has been completed
- Completion of recent cleaning or periodontal therapy
- Recent periodontal charting – full arch
- Recent radiograph(s) of all remaining teeth
- If member is also eligible for prosthesis in opposing arch (partial or complete denture), referral or prior-authorization request shall be done simultaneously once all the criteria above has been met regardless of maxillary or mandibular arch.

Chapter 5 Hygiene Services Information

To assist with appropriate coding, the following information is for dental hygiene treatment planning.

CDT 2023 Dental Procedure Code, Nomenclature and Descriptor

- **D1110 prophylaxis- adult: Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition.** It is intended to control local irritational factors. The updated CDT definition of prophylaxis removed language limiting the procedure to coronal surfaces only.
- **D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation:** The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.
- **D4355 full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.** The updated CDT nomenclature indicates this service may be a preliminary procedure to a comprehensive *periodontal* evaluation on a subsequent visit.
- **D4910 periodontal maintenance:** This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

Oregon Administrative Rulebook (Periodontic Services)

- **Scaling and Root Planing (SRP):**
 - **D4341** - four or more teeth per quadrant:
Allowed for quadrants with at least four or more teeth with pockets 5 mm or greater. Single implants may be covered by counting the implant as an additional tooth.

- **D4342** - one to three teeth per quadrant:
Allowed for quadrants with at least two teeth with pocket depths of 5 mm or greater.
- Single implants may be covered by counting the implant as an additional tooth.
- Quadrants are not limited to physical area but are further defined by the number of teeth with pockets of 5 mm or greater.
- **Periodontal Maintenance (D4910):** Limited to following periodontal therapy (surgical or non-surgical) that is documented to have occurred within the past three years.

The following codes may be denied if performed on the same day of service:

- D1110, D1120, D4341, D4342, D4355, D4346, D4910
- A two-quadrant maximum of SRP on one date of service is payable, except in extraordinary circumstances.

CareOregon Dental allows:

D1110 1 x 12 rolling months; an additional prophylaxis may be used as a strategy to decrease caries or periodontal disease risk if supported by clinical justification in the chart notes.

D4346 1 x 2 years for all ages.

D4341 and D4342 1 x 2 years for all ages

D4910 1 x 6 rolling months for all ages; may be used quarterly for age 21+ if the chart notes contain clinical justification supporting additional periodontal maintenance as a strategy to support systemic chronic disease management or to support health during pregnancy.

Case Study

1. A patient has not had dental care for 5 years and presents as a New Patient with a diagnosis of Adult, Generalized, Chronic, Moderate Periodontitis. The exam reveals probing depths of 2-3 mm, generalized moderate recession, moderate bone loss, moderate supragingival and subgingival calculus. The recommended treatment plan is D1110 Adult Prophylaxis. Treatment not indicated: D4341-4342 SRP, D4910 Periodontal Maintenance, D4346 Scaling in the presence of gingival inflammation (no pocket depths 5 mm or greater, no history of periodontal therapy in the last 3 years, moderate bone loss present).
2. A patient presents for a periodic exam with a history of adult prophylaxis and a diagnosis of Adult, Generalized, Acute, Severe Gingivitis. The exam reveals probing depths of 4-5 mm pseudo-pocketing, severe bleeding on probing, generalized moderate inflammation, but no attachment loss or radiographic bone loss. The recommended treatment plan is D4346 Scaling in the presence of gingival inflammation with a recall for D1110 Adult Prophylaxis. The D1110 recall frequency is dependent upon charting to support a 6- or 12-month prophylaxis as a strategy to decrease caries or periodontal disease risk.

Chapter 6 Dental Benefit Overview, 2023.01

Oregon Health Plan (OHP) Resources

Full OHP Dental Services Administrative Rulebook, OARs and Covered/Non-Covered dental services available at: <http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Dental.aspx>.

Additional benefits are also available for clients under age 21 under Early, Periodic Screening, Diagnosis, and Treatment (EPSDT). Under EPSDT, CCOs and OHA must cover all services deemed medically necessary and dentally appropriate for children and youth under age 21. Prior authorization must be conducted on a case-by-case basis, evaluating each child's needs individually.

Excluded Services:

Not all inclusive; refer to Oregon Administrative Rules and Prioritized List of Health Services

- **Diagnostic:** cone beam CT (except for surgical planning for cleft lip/cleft palate/specific craniofacial anomalies and handicapping malocclusion), MRI, ultrasound, diagnostic casts, cephalometric image (acquisition, measurement, and analysis), and genetic testing
- **Surgical:** osseous surgery, bone replacement or grafting, alveoloplasty in conjunction with extractions, provisional splinting, gingival flap, and bleaching
- **Restorative/Prosthetic:** pontic/retainers, inlays, onlay, veneers, implants or any services related to an implant (except for implant removal in cases of advanced peri-implantitis), aids for speech or feeding, and prosthesis for face, nose, eye, ear, or head as well as the replacement and/or repair of prosthesis

Exceptional Needs Dental Services (E.N.D.S)

E.N.D.S. provides services to Oregon Health Plan clients who are non-ambulatory or who have severe developmental disability or mental impairment.

Patients must be unable to obtain dental care in an office setting, and without mobile dental services would otherwise have no access to dental care.

Providers:

To request a referral for the E.N.D.S. program, submit a referral via the [Provider Portal](#), with the most recent chart notes, medical history, treatment plan, and radiographs. Dental Access Coordinators will review referrals for this program.

Quick Reference Guide for Most Frequently Used Services

2024.01 Dental Benefit Overview



Quick Reference Guide for most frequently used services

Full OHP Dental Services Database, OARs and Covered/Non-Covered dental services available at <http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Dental.aspx>

Preventive Services		
Service	Frequency/Ages	Teeth or CDT
Periodic Oral Evaluation	2 x in 12 rolling months – under 19 2 x in 12 rolling months – 19+, if clinically indicated	D0120
Prophylaxis	2 x in 12 rolling months – under 19 2 x in 12 rolling months – 19+, if clinically indicated	D1120 (Child) D1110 (Adult)
Fluoride Treatment	4 x in 12 rolling months – all ages	D1208
Fluoride Varnish	No limitations – under age 3 4 x in 12 rolling months – age 3+	D1206
Sealants	1 per permanent molar every 5 rolling years – under age 16	D1351 Permanent molars only
Panoramic film <i>or</i> Intraoral complete series including bitewings	1 x every 5 years	D0210 or D0330 Benefit is for one or other, not both
Periapical and bitewing x-rays	Routine x-rays allowed 1 x in 12 rolling months; urgent care x-rays as needed	D0220-D0270, D0272-D0274, D0277

Restorative and Periodontal Services		
Service	Frequency/Ages	Teeth or CDT
Fillings	Amalgam and composite (anterior or posterior) fillings are covered for all ages Replacement of posterior composites every 5 years	D2140-D2161, D2330-D2335, D2391-D2394
Permanent Crown – Resin based composite, porcelain fused to metal, or porcelain/ceramic	Limited to ages 16-20 or pregnant, specific anterior teeth only; replacement every 7 years; must meet clinical criteria	D2710, D2712, D2751, D2752, and D2740 Teeth 6-11, 22 and 27 only
Crown – Prefabricated stainless steel	Covered for all ages	D2930 & D2931 Limited to permanent posterior teeth and all primary teeth
Periodontal Services: Full Mouth Debridement, Scaling and Root Planing	1 x every 2 rolling years – all ages	D4355 D4341 and D4342
Periodontal Maintenance	1 x every 6 rolling months – all ages; more frequent if clinically indicated	D4910

Prosthetic Services		
Service	Frequency/Ages	Teeth or CDT
Denture (Includes adjustments for first 6 months)	1 x per arch in 10 rolling years, if dentally appropriate – age 16+	D5110, D5120, D5130, D5140
Acrylic Partial Denture (Includes adjustments for first 6 months)	1 x per arch in 5 rolling years, if dentally appropriate – age 16+ Must be missing 1 or more anterior teeth or missing 6+ posterior teeth (missing 4+ posterior teeth ages 16-20) May be limited by D5820 or D5821	D5211, D5212, D5221, D5222
Interim Partial Denture (Flipper) (Includes adjustments for first 6 months)	1 x in 5 rolling years – age 16+ Must be missing 1 or more anterior teeth May be limited by D5211, D5212, D5221, D5222	D5820 or D5821
Adjustment of Partial or Denture (6+ months after initial placement)	No limitations – age 16-20 4 x in 12 rolling months – age 21+	D5410, D5411, D5421 & D5422
Repair of Resin Base/Framework of Partial or Denture; Repair/Add/Replace Clasp	No limitations – age 16-20 2 x in 12 rolling months – age 21+	D5511, D5512, D5611, D5612, D5621, D5622, D5630 or D5660
Repair, Add or Replace broken teeth for denture or partial	No limitations – age 16-20 4 x in 12 rolling months – age 21+	D5520, D5640, D5650
Rebase or Reline of Partial or Denture – rebase requires evidence of reline failure	1 x in 3 rolling years – age 16-20 1 x in 5 rolling years – age 21+	D5710-11, D5720-21, D5730-31, D5740-41, D5750-51, D5760-61
Tissue Conditioning of Denture	1 x per denture unit with immediate dentures 1 x prior to new prosthetic placement	D5850 or D5851
Replace teeth/acrylic on cast metal frame	1 x every 10 years instead of new acrylic partial	D5670 or D5671
Oral Surgery, Endodontic and Orthodontic Services		
Service	Frequency/Ages	Teeth or CDT
Non-IV Conscious Sedation (oral pre-med)	4 x in 12 rolling months – under age 13	D9248
General Anesthesia/Deep or Moderate IV Sedation	Must meet very limited clinical criteria	D9222 (first 15 mins) and D9223, D9239 (first 15 mins) and D9243
Nitrous Oxide	No limitations	D9230
Extractions	Impacted teeth must meet clinical criteria	D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251
Root Canal – anterior, bicuspid	Must meet clinical criteria	D3310 & D3320 - Permanent anterior & premolar teeth only
Root Canal – molar	Under 21 – 1 st and 2 nd molar only Pregnant – 1 st molar only – must meet clinical criteria Non-pregnant adult – Not covered	D3330 – Under 21: Teeth 2, 3, 14, 15, 18, 19, 30, 31 ; Pregnant: Teeth 3, 14, 19, 30
Orthodontia Cleft palate/lip, craniofacial anomalies & handicapping malocclusion only	Treatment must begin prior to age 21	D8010-D8690, D8696-D8704

Full OHP Dental Services Program page, Oregon Administrative Rules (OARs) and Oregon Medicaid Covered and Non-covered Dental Codes Database available at <http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Dental.aspx>

Additional benefits are also available for clients under age 21 for medically necessary and dentally appropriate services under Early, Periodic Screening, Diagnosis, and Treatment (EPSDT).

Excluded Services: Not all inclusive; refer to Oregon Administrative Rules and Prioritized List of Health Services

- **Diagnostic:** cone beam CT (except for surgical planning for cleft lip/cleft palate/specific craniofacial anomalies and handicapping malocclusion), MRI, ultrasound, diagnostic casts, cephalometric image (acquisition, measurement, and analysis), and genetic testing
- **Surgical:** osseous surgery, bone replacement or grafting, alveoloplasty in conjunction with extractions, provisional splinting, gingival flap, and bleaching
- **Restorative/Prosthetic:** pontics/retainers, inlays, onlays, veneers, implants or any services related to an implant (except for implant removal in cases of advanced peri-implantitis), aids for speech or feeding, and prosthesis for face, nose, eye, ear, or head as well as the replacement and/or repair of prosthesis

Chapter 7 CareOregon Dental Expanded Periodicity and Benefits

CareOregon Dental has chosen to expand the OHP benefit package for the following services. The augmented frequency limitations and approved services, along with any requirements necessary to qualify for the expanded benefits, are described below.

*Prior authorization for the expanded benefits is not required, however, clinical justification must be present in the member's chart. Additional benefits are also available for clients under age 21 under Early, Periodic Screening, Diagnosis, and Treatment (EPSDT). Under EPSDT, CCOs and OHA must cover all services deemed medically necessary and dentally appropriate for children and youth under age 21. Prior authorization must be conducted on a case-by-case basis, evaluating each child's needs individually. **CareOregon Dental will conduct periodic, random chart audits to ensure adequate supporting documentation is present in the member's chart.***

Exams

D0120 Recall Exam:

19+ years - 2x/12 rolling months

- Clinical justification must be present in the member's chart notes
 - Periodic chart audits will be performed

Preventive Services

D1110 Prophylaxis – Adult:

2x/12 rolling months

- An additional prophylaxis may be used as a strategy to decrease caries or periodontal disease risk if clinical justification is documented and supported in member's chart notes
- Periodic chart audits will be performed

Periodontics

D4910 Periodontal Maintenance:

21+ years - 1x/3 months

- Charting must support additional periodontal maintenance as a strategy to support systemic chronic disease management or to support health during pregnancy
 - Periodic chart audits will be performed

Chapter 8 Directory

For Inquiries Regarding	Contact Information
General member questions including coverage, primary care dentist assignment and updating information.	Member Customer Service Phone: 503-416-1444 →Press1
General provider questions including claims, member eligibility, referrals, contracting, appeals and prior-authorizations.	Provider Customer Service Phone: 503-416-1444 →Press 3
Dental referral extensions, submitting dental referrals and prior-authorizations. *This contact information is for providers and dental staff only. Please do not give this out to members.*	Dental Access Coordinators Phone: 503-488-2812 Fax: 503-416-4108 dentalaccessteam@careoregon.org
Specific billing and payment and submitting claims.	Billing & Payment PO Box 40328 Portland, OR 97240-0328 Fax: 503-416-8115 claimshelp@careoregon.org
Claims reconsideration for payment and post service provider claim appeal requests.	Provider Appeals Attn: Provider Appeals Coordinator PO Box 40328 Portland, OR 97240-0328 Fax: 503-416-8112 claimshelp@careoregon.org
CareOregon Connect password resets, locked out of portal	1-877-814-9909
Credentialing and re-credentialing	Provider Customer Service Phone: 503-416-1444 →Press 3

Chapter 9 Transportation Services

Transportation to medical, dental and behavioral health appointments is a free benefit for all OHP members.

Multnomah, Clackamas, and Washington counties use **Ride to Care** transportation services.

Tillamook County uses **NW Rides** transportation services.

Multnomah, Clackamas, and Washington Counties – Ride to Care

CCO	Transportation Service	Phone number	Website
Health Share of Oregon	Ride to Care	503-416-3955 or 1-855-321-4899	www.ridetocare.com

Ride to Care Services

Members must call Ride to Care to schedule a ride at least two business days in advance of their appointment. Members may schedule a trip up to 90 days before their appointment date.

Drivers are available to transport members to and from appointments between 7 a.m. and 7 p.m., Monday through Saturday. Members can call Ride to Care to schedule a ride 24 hours a day, seven days a week, including holidays.

When calling to schedule, members need to have ready:

1. Their Oregon Health Plan number
2. Time and date of appointment
3. Name, complete address and phone number of medical/dental caregiver

Short notice trips

If needed, Ride to Care can help provide transportation for members even with short notice.

Members need to tell the operator if they have urgent transportation needs, for example, a ride to an urgent care clinic.

Prescription pick up

Members can tell their driver they need to get a prescription filled before they return home. The driver will stop and wait for the member to pick up medications or other items prescribed by their provider.

Non-English-speaking members

Ride to Care also has interpreters available for non-English speaking members. This service is free. When the call is answered, the member must say the language they speak and stay on the line. A Ride to Care representative and an interpreter will help them.

Tillamook County – NW Rides

CCO	Transportation Service	Phone number	Website
Columbia Pacific CCO	NW Rides	503-861-0657 or 888-793-0439	Transportation (colpachealth.org)

NW Rides Services

Members or providers must call NW Rides at least two business days in advance of their appointment to arrange the lowest cost transportation option that meets their individual needs. This may include bus fares, mileage reimbursement, or a ride. Members may schedule a trip up to 30 days before their appointment date.

Members or providers can call NW Rides Monday through Friday 8 a.m. to 5 p.m. (closed on some holidays) to arrange transportation options.

When calling to schedule, members need to have ready:

1. Their Oregon Health Plan number
2. Time and date of appointment
3. Physician/Facility Name, complete address, and phone number
4. Pick-up time after appointment
5. Purpose of appointment (medical, dental, mental health)
6. Any special needs such as using a wheelchair

Short notice trips

If needed, members can call NW Rides for help with short notice same day rides.

Cancelling transportation arrangement

To cancel transportation arrangement or change an appointment time, the member must call NW Rides at least two hours before their ride is scheduled for pick up, or as soon as possible. Members can call to cancel rides Monday - Friday, 8 a.m. to 5 p.m. NW Rides has 24-hour voicemail, so members can leave your cancellation and they will get to it first thing in the morning.

Non-English-speaking members

NW Rides also has interpreters available for non-English speaking members. This service is free. When the call is answered, the member must say the language that they speak and stay on the line. A NW Rides representative and an interpreter will help them.

Chapter 10 Interpretation Services

Discussing and understanding one's health is fundamental in making decisions and giving informed consent, so it is important to provide health information to patients in their preferred language. CareOregon Dental pays for interpretation services through our contracted vendors. There is no cost to providers or members for using one of our vendors. These are our current vendors:

- **Immigrant & Refugee Community Organization (IRCO)**
Available for on-site, video and telephonic
Online scheduling portal: irco.org/ilb Click create new appointment
Email: interpretation@ircoilb.org
Phone: On-site: 503-234-0068
For over-the-phone interpretation AND virtual (OPI and VRI): 503-505-5187 (Available 24/7)
Translation: Email documents to translation@ircoilb.org
- **Linguava**
Available for on-site, video and telephonic
Web: linguava.com
Online portal: portal.linguava.com
Email: scheduling@linguava.com
Phone: 503-265-8515, option 1, option 1 again
Fax: 503-954-1038
- **National Interpreting Service (NIS)**
Specialty: American Sign Language (ASL) and other sign languages
Available for on-site and video
Online scheduling portal: nationalinterpreting-service.org (Please CALL 24/7 to schedule an interpreter.)
Email: schedule@nationalinterpreting-service.org
Phone: 503-932-8460 Fax: 866-411-9742
- **Oregon Certified Interpreter's Network (OCIN)**
Available for on-site, video and telephonic
Online: oregoncertified.interpretmanager.com/
Email: carlos@oregoncertified.com
Phone: 503-213-3191, option 1
Fax: 971-228-2164

Our list of vendors, instructions on accessing these services, and additional language resources can be found on the [CareOregon Dental website](#). A [quick reference guide](#) is included in the Additional Resources section of this document. If you have questions, please call CareOregon Dental Provider Customer Service at 888-440-9912, option 3. Or contact the Dental Access Team at dentalaccessteam@careoregon.org or 503-488-2812.

Chapter 11 CareOregon Connect Provider Portal

CareOregon Dental providers can access patient eligibility, referrals, prior authorizations, and claims/payment information through our provider portal, CareOregon Connect.

In CareOregon Connect, providers are able to:

- Check detailed claim status
- Review Remittance Advices
- View referrals and authorizations on the detailed, line level
- Check detailed eligibility and member information including primary care provider (PCP) and primary dental provider (PDP) assignment, other insurance and benefits
- Create and print PCP rosters
- Search and verify CDT, ICD-10, CPT, HCPC, revenue codes and modifiers

The provider portal may be accessed and additional information, including tutorials, is available at [Provider Portal \(careoregondental.org\)](http://careoregondental.org). CareOregon Connect works best with Microsoft Edge web browser.

If providers have general questions, please call 503-416-1444 or 888-440-9912. You can also email CareOregonConnect@CareOregon.org.

For additional information on submitting referrals and prior authorizations through CareOregon Connect, see the Referrals and Prior-Authorizations page in your New Provider Packet.

Chapter 12 Additional Resources

The following pages include:

- [Flyer for interpreter services](#) (Metro and Tillamook regions)
- [Dental provider pain management recommendations](#)
 - CareOregon Dental offers complementary printed copies for our providers.
 - Please contact oralhealth@careoregon.org with any inquiries or requests.
- [Opioid education materials for patients](#)
 - Each version is printed in both English and Spanish.
 - CareOregon Dental offers complementary printed copies for our providers.
 - Please contact oralhealth@careoregon.org with any inquiries or requests.

How to schedule **no-cost** interpreting

CareOregon Dental pays for qualified and certified interpreters when you work with our vendors.

Their services are available:





- ▶ By phone, video or face-to-face.
- ▶ For appointments, immediate care, appointment reminders or follow-up calls, test results or community support services.
- ▶ 24 hours, every day.
- ▶ In dozens of languages, including ASL and indigenous.



Terminology: “Interpreting” is spoken or signed. “Translation” is written.

To schedule an interpreter, contact one of our vendors.

You may need to first set up an account, password or PIN.

Vendors	 Online	 Email	 Phone	 Other
Immigrant & Refugee Community Organization (IRCO)	irco.org/ilb	interpretation@ircoilb.org	503-505-5187 for telephonic, 503-234-0068 for on-site	Fax: 503-233-4724
Linguava Interpreters	linguava.com Onsite requests only: portal.linguava.com	Secure email: scheduling@linguava.com	503-265-8515 option 1; option 1 again	Fax: 503-954-1038
National Interpreting Service (NIS) American Sign Language and other sign languages	nationalinterpreting.org	On-site scheduling: schedule@nationalinterpreting.org	503-932-8460 Calls answered 24/7	Fax: 866-411-9742
Oregon Certified Interpreter’s Network (OCIN)	On-site scheduling portal: oregoncertified.interpretmanager.com	carlos@oregoncertified.com	503-213-3191 option 1	Fax: 971-228-2164

Tips for scheduling

Plan ahead. Please schedule as soon as your patient makes an appointment. When possible, please schedule at least 72 hours in advance.

Schedule interpreting for the whole visit. Be sure to include time for check-in, check-out and any other conversations that may be included in the visit.

Give vendors this info:

- ▶ **Preferred qualifications:** An OHA-qualified and certified interpreter. See hciregistry.dhsoha.state.or.us
- ▶ **Appointment info:** Expected length; reason member is being seen.
- ▶ **Patient/client name, preferred language/s, DOB, phone and OHP ID number** (so the vendor can bill us).
- ▶ **The type of interpreting request:** In-person appointment, phone/video consult or immediate need.
- ▶ **Special instructions:** For example, does the member prefer a specific interpreter, gender or dialect? You’ll need to repeat any special instructions **every time** you schedule an interpreter for that patient.

Making multi-language visits successful

Language access is important to outcomes. And it's the law.

We're committed to ensuring meaningful language access services for our members who have Limited English Proficiency (LEP).

- ▶ The Affordable Care Act (Section 1557) requires it. And as of 2021, it is an Oregon Health Authority incentive metric.
- ▶ Title VI of the Civil Right Act directs agencies receiving federal funding to provide meaningful language access to persons with limited English proficiency, and at no charge.
- ▶ Professional interpreting services are associated with improved clinical care in terms of comprehension and errors, utilization, clinical outcomes and satisfaction for both patients and clinicians. *Source: "Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature," Health Services Research, April 2007*

Clinician resources

Guidelines for medical providers for working with interpreters:
bit.ly/co-interpretation1

Best practices for using over-the-phone interpretation:
bit.ly/co-interpretation2

Helping patients express their preferred language:
bit.ly/co-interpretation3

For health care providers: Best practices for interpreted visits

1. Recognize that interpreters are a vital part of multi-disciplinary care teams, but they are not medical experts. Use plain language in explaining complex medical terms.
2. Include a pre-session before the patient or client is part of the visit or call. This allows you to share with the interpreter the purpose of the interaction and give any special instructions.
3. Document whenever anyone else is involved in a visit. In the chart, note the interpreter's name and OHA credentialing number, and the language interpreted.
4. Help create a safe space for an interpreted visit by using a framework such as CIFE. (See right.)

CIFE: A framework for language interpreting sessions

Zarita Araujo-Lane, President of Cross Cultural Communication Systems in Massachusetts, developed the CIFE model. Read more about CIFE and the story behind it: multco.us/global/cife-interpreters-tool

Following CIFE

"C" for Confidentiality. Interpreters sign confidentiality agreements, but reiterating this at the beginning of each session helps build trust and establish safety with the patient. Providers should be sure to notify clients when they may be obligated to report information to a third party. Also clarify, at the outset, the protocol regarding written notes an interpreter might take during the session.

"I" is for "I use first person." Interpreters speak in the first person. This cuts down on confusion, provides a more accurate interpretation and allows for genuine dialogue between the client and provider.

"F" is for Flow. The provider and the patient control the content of the visit; the interpreter controls the flow. Providers can invite the interpreter to ask, when needed, for clarification during a session or for them or the client to slow down. After 30 minutes, the interpreter might request a break.

"E" stands for Everything that is heard or said in this space will be interpreted. That includes intercom announcements, phone calls, swear words, interruptions and side conversations.



For patients new to opioids
JUST A FEW DAYS
can be life-changing.



315 SW 5th Avenue
Portland, OR 97204

Opioid dependence can begin in as quickly as three days.¹

THIS IS A KNOWN AND EXPECTED PHYSICAL RESPONSE.

We have responsibilities to our patients and to the State of Oregon when it comes to prescribing.

Prescription Drug Management Program (PDMP)

- All prescribers with a DEA number are required to register with the Oregon PDMP.
- You may designate a person in your practice to register with and access the PDMP.
- Studies show use of a PDMP correlates to lower opioid prescribing.

Oregon Health Authority guidelines

Opioids should not be considered first-line therapy for mild to moderate pain. OHA has developed guidelines for patients with limited or no exposure to opioids:

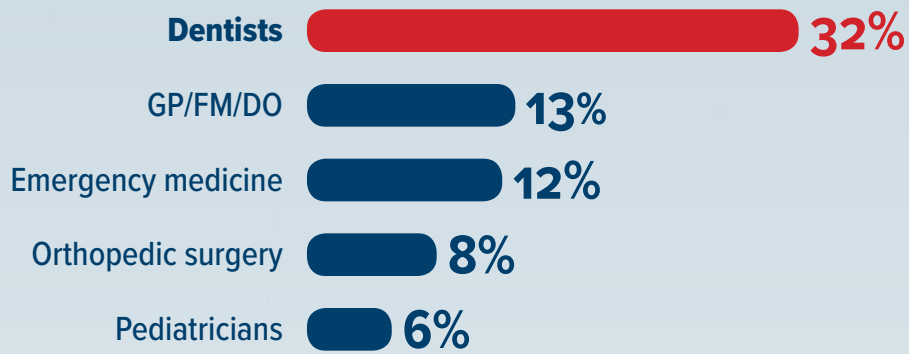
- Take into consideration severity of pain, age, health and current medications when prescribing opioids.
- Educate patient about post-op pain, opioid risks and side-effects, and safe disposal.
- Check the PDMP and coordinate with other providers who prescribe a controlled substance to the patient.

Whether your patient is 13 or 30, opioids make a strong first impression.

Age matters.

Our patients age 10 to 19 are most likely to get their first opioid prescription from our profession.²

PRESCRIPTIONS DISPENSED PER SPECIALTY TO 10-19 YEAR OLDS



We can reduce the risk.

- **One in eight high schoolers** report using opioids recreationally.³
- Adolescents who are exposed to opioids have a **33 percent higher risk** of abusing them later in life.⁴

We can reduce the supply.

- **41 percent** of us expect our patients to have left-over opioid medication.⁵
- Nationally, an estimated **100 million opioid doses** go unused for wisdom tooth extractions alone.⁶

Play it safe with pain medication.

Research shows **NSAIDs are as effective as opioids** for most dental-related pain.⁷

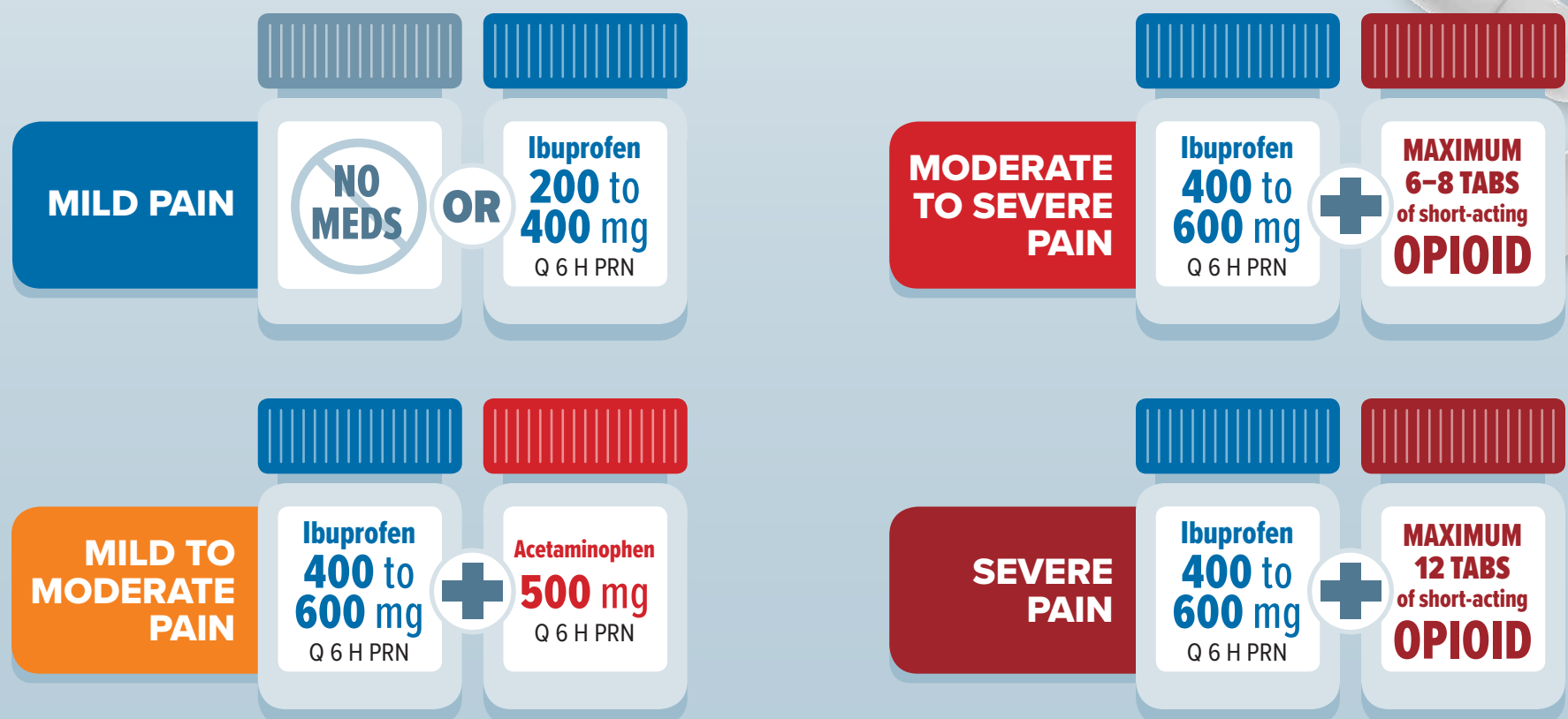
NSAIDs are also safest, especially for your patients who are new to opioids, and those taking certain antidepressants, barbiturates, sleep or anti-anxiety medications.

Prescribe opioids with caution and only if necessary, with NSAIDs or acetaminophen. OHA guidelines prefer short-acting versions:

Codeine (30 mg) Oxycodone (5 mg)
Hydrocodone (5 mg) Tramadol (50 mg)

- Do not prescribe opioids with benzodiazepines without a compelling reason.
- Refill only after direct patient assessment and discussion of non-opioid options.

RECOMMENDED NSAID DOSES FOR DENTAL PAIN



24 hour maximum dose: **Ibuprofen (3,200 mg) | Acetaminophen (4,000 mg)**

¹ CDC: Guideline for Prescribing Opioids for Chronic Pain, 2016; Summary, item 6
² JAMA: Characteristics of Opioid Prescribing, Research letter April 6, 2011
³ NIH: drugabuse.gov, Teens Mix Prescription Opioids with Other Substances
⁴ NIH: Teen Opioid Prescriptions Raise Risk of Later Opioid Misuse, Dec 28, 2015

⁵ JADA 2011; Denisco, R.C., et al. "Prevention of prescription opioid abuse; the role of the dentist." 142(7):800-809
⁶ Drug and Alcohol Dependence, September 2016
⁷ JADA: April 2018, Benefits and Harms associated with analgesic medications used in the management of acute dental pain Vol. 149, Issue 4, Pp 256-265

Manage pain without opioids.

Here are some reasons why you weren't prescribed opioids today:

- ▶ There are safer drugs that work as well or better for most dental-related pain.
- ▶ Your provider can discuss pain management options with you.
- ▶ Opioid drug dependence can begin in just three days.
- ▶ Opioid drugs have serious risks, especially when combined with alcohol or other drugs. These risks include addiction and death from overdose.

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Call Customer Service toll-free at 888-440-9912, TTY 711.

Controle el dolor sin opioides.

Estas son algunas razones por las que no le recetaron opioides hoy:

- ▶ Hay medicamentos más seguros que funcionan igual de bien o mejor para la mayoría del dolor dental.
- ▶ Su proveedor puede hablar con usted sobre las opciones para controlar el dolor.
- ▶ La dependencia a los medicamentos opiáceos puede empezar en tan solo tres días.
- ▶ Los medicamentos opiáceos tienen riesgos graves, especialmente cuando se combinan con alcohol u otras drogas. Estos riesgos incluyen adicción y muerte por sobredosis.

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How to use your prescription safely.

Here are some important things to know about the proper care and use of opioids:

- ▶ Use opioid drugs with caution — dependence can begin in just three days.
- ▶ Opioid drugs have serious risks. These risks include addiction and death from overdose.
- ▶ Avoid taking opioid drugs with alcohol or other drugs. Combining them adds serious risks.
- ▶ Keep your family and community safe. Do not share this prescription. Store drugs in a secure place that is out of the reach of others.
- ▶ Unused opioid drugs should be disposed of safely. Check with your pharmacy or discard them at a local drug take-back program.

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Cómo usar sus medicamentos recetados de forma segura

Estas son algunas cosas importantes que debe saber sobre el cuidado y el uso correcto de los opioides:

- ▶ Use los medicamentos opiáceos con precaución; la dependencia puede iniciar en tan solo tres días.
- ▶ Los medicamentos opiáceos tienen riesgos graves. Estos riesgos incluyen adicción y muerte por sobredosis.
- ▶ Evite tomar medicamentos opiáceos con alcohol o con otras drogas. Combinarlos agrega riesgos graves.
- ▶ Mantenga seguras a su familia y a su comunidad. No comparta estos medicamentos recetados. Almacene los medicamentos en un lugar seguro fuera del alcance de otros.
- ▶ Los medicamentos opiáceos no utilizados deben desecharse de forma segura. Hable con su farmacia o deséchelos en un programa local de devolución de medicamentos.

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