

ODS Benefit Review Provider Process

This reference document provides guidance for dental providers when dental consultant review of ODS OHP dental benefits is needed for pre-treatment and post-treatment services. The first three sections outline the process for verification of benefits based on treatment plans, member requests for services and claim denials.

- 1. Provider Correspondence:** Provider correspondence is submitted under the following circumstances-
 - a. Pre-treatment services:** Verification for services ODS does not accept on a predetermination form (all services except those noted in section 1).
 - i. This process will allow a member to receive their Notice of Adverse Benefit Determination (NOABD) packet. The NOABD provides members with their appeal rights and ensures the provider has taken necessary steps to confirm the treatment is not covered prior to presenting the member with an OHP Client Agreement to Pay for Health Services form (OHP 3165)
 - ii. This can be submitted for members with special healthcare needs and non-covered services as noted in the ODS Covered and Non-Covered Services list.
 - b. Pre-treatment approvals:** Approved services for which a capitation provider would like a second review and/or explanation of approved services for their assigned member.
 - c. Post-treatment denials:** Denied services for which the provider would like a second review of the services rendered.

Process for all the above scenarios: Complete and submit the Provider Correspondence form located on the ODS website.

- 2. Pre-determination:** A predetermination is submitted on an ADA dental claim form and is limited to the following procedures-
 - Partial dentures
 - Endodontic retreatment on anterior teeth
 - Surgical extractions
 - a. Process for fee for service treatment (member is not assigned to a provider):**
 - i. Complete the claim form, making sure to check the *Request for Predetermination/Preauthorization* check box in the Header section.
 - ii. Submit via USPS mail or electronic submission.

Note: A pre-determination should not be submitted for an assigned member. ODS processes all services for assigned members with a zero-dollar payment including pre-determination. Providers should refer to the Provider Correspondence section of this document when verifying services for their assigned members.

- 3. Prior-authorization for Handicapping Malocclusion Services:** Submit for verification of orthodontic services related to handicapping malocclusion. Refer to the Handicapping Malocclusion Guide.
- a. Complete the claim form, making sure to check the *Request for Predetermination/Preauthorization* check box in the Header section.
 - b. Refer to the ODS EPSDT HM Ortho Guide for further assistance when submitting prior-authorizations for HM orthodontic services.

4. Resources

Electronic Data Interchange inquiries:

Phone: 503-228-6554

Email edigroup@modahealth.com

ODS Electronic Payor ID: CDOR1

Address for submitting paper claims:

ODS Community Dental Claim

PO Box 40384

Portland, OR 97204

ODS Provider Correspondence form

<https://www.odscommunitydental.com/providers/resources/dental-provider-correspondence-request-form>

ODS Covered and Non-Covered Services list

<https://www.odscommunitydental.com/-/media/ODSCommunityDental/PDFs/Provider-resources/Covered-and-non-covered-services.pdf>

OHP 3165 Client Agreement to Pay for Health Care Services (financial waiver) English

<https://www.odscommunitydental.com/-/media/ODSCommunityDental/PDFs/Provider-resources/Covered-and-non-covered-services.pdf>

OHP 3165 Client Agreement to Pay for Health Care Services (financial waiver) Other Languages.

<https://www.odscommunitydental.com/providers/resources>

Navigate to the *Patient Responsibility Waiver* section.

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