



OHP dental referral request form instructions

Please read before completing referral form

When submitting a referral request please follow these instructions and submit all requested information in accordance to the type of referral being completed. Incomplete request forms and/or information may result in a denial of the referral. Detailed instructions by specialty including information required for each referral type is indicated below.

General instructions for the referral form:

1. Verify your patient's OHP ID number and current enrollment with OHP Plus or Standard plan.
2. Enter the most current name and address that you have on file for your patient. Please note that ODS will send all correspondence to your patient at the address on file in the ODS OHP system and will notify you of an address discrepancy.
3. Enter complete referring dentist/clinic information. ODS OHP requests a fax number for the referring provider for communication purposes.
4. When requesting sedation indicate the type of sedation you are requesting, member's history of sedation, reason for the sedation request and if hospital access is needed. Sedation requests should be placed in the comments section of the referral form.

PEDIATRIC

Some OHP pediatric providers have an age restriction for the members they treat. If a pediatric provider is not available for your patient, ODS will contact the referring dentist and provide him or her with a list of general dentists that are able to treat your patient comfortably.

ENDODONTIC

Root canal therapy is now only covered in conjunction with a final restoration that is covered under the OHP plan. The following is required for completion of an endodontic referral:

- Tooth number
- Treatment plan for final restoration
- CDT code for final restoration

ORAL SURGERY

When requesting a referral for OHP Plus members for the extraction of third molars or when requesting a referral for OHP Standard member for all extractions, the following information is required for EACH tooth. Teeth must be symptomatic to be eligible for extraction:

- Tooth number
- Pain level on a scale of 1-10 with 10 the most painful
- Swelling and/or bleeding
- Tooth specific narrative or chart notes
- X-ray(s), all teeth for which a referral is requested must be visible

PERIODONTAL

Please note that OHP benefits are very limited for periodontal services. ODS requests general dentists attempt to treat their patients for covered services such as root planing and full mouth debridement in their office prior to requesting a specialist referral. All periodontal referrals require the following information:

- History of periodontal scaling and root planing within the last two years
- Periodontal charting (pockets must be at least 5mm in two or more quadrants)

Completed referral forms can be submitted by mail or fax (see referral form for address and fax number). ODS customer service representatives can also take the referral information over the telephone. Please contact the customer service department at (800) 342-0526 with questions.