

	Title: Referrals	Version: 2
	Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

Purpose: To establish the Dental Care Organization's (DCO's) policy for submitting, reviewing and processing referrals for treatment.

Responsibility: Quality Improvement (QI)/Utilization Review (UR) Committee

Scope: Advantage Dental Services, LLC

Definitions: n/a

Forms: n/a

References: 42 CFR 438.100; 42 CFR 438.210; OAR 410-141-3225; OAR 410-141-3240

Policy:

All referrals from a Primary Care Dentist (PCD) will be submitted to the DCO for approval before referring an enrollee to a Specialist.

All referrals will be submitted using the ADIN system (for details on how to submit a referral please refer to the pre-authorization, referral, case review instruction [manuals](#)).

The DCO will review the referral and, when approved or denied, notify the PCD. If the referral is denied because a service is not covered, the PCD will be notified and the enrollee will receive a Notice of Action-Adverse Benefit Determination (NOABD). See Notice of Action-Adverse Benefit Determination policy.

The PCD office will forward the approved referrals to the Specialist using the ADIN system. Once the Specialist receives the referral, the Specialist will schedule an appointment with the enrollee and fill in the appointment date in the ADIN system so that the PCD knows the appointment has been scheduled. The completed referral form sent to the Specialist will include the following:

1. The date,
2. Recipient ID number,
3. Enrollee's name, address and telephone number,
4. Nature of the problem,
5. Reason for referral (reason PCD cannot perform the services themselves.) and
6. Diagnostic tests or x-rays that have been done.

Once the enrollee has been seen by the Specialist, the Specialist will fill in the bottom portion of the referral. The referral report will be sent back to the PCD. The PCD will review this report, take any necessary action, and document the report in the enrollee's chart.

Referrals will be recorded in the DCO's database and, when the specialty claim is received, the referral database is checked to ensure that the referral and report are completed and approved. In order to pay a Specialist claim, the DCO must have a completed and approved referral form and the referral report from the Specialist.



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If the Specialist does not understand or agree with the referral from the PCD, then the Specialist should call the PCD and get their authorization to change or amend the referral. The PCD should then copy and resubmit the original referral so that this change can be approved and documented in the database.

If an enrollee needs to continue to see a Specialist, the PCD will write the referral as an open direct access referral, which is generally good for one year. These types of referrals are utilized for people with Special Healthcare Needs. Upon expiration, the Specialist will revisit the case with the PCD to determine if specialty services are still needed. If specialty services are needed, another referral shall be submitted for approval to allow claims to be processed under the new referral.

Individuals or entities that conduct utilization management activities are not compensated in a manner so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.

Approvals:

Date: 03/22/2018

Approved by:

Lorena Reinhart (Executive Assistant), Executive Assistant, Operations

Reviewed and Revised

07/10/2013					
06/06/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio	
03/02/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover	Laura Donadio
04/17/2015	Jeanne Dysert	Missy Mitchell			
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover	
02/17/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell		
03/17/2017	QI/UR Committee				
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak	