The Preauthorization & Referral system has been moved to the Advantage Dental Provider Portal. With this change, you will be able to submit any requests in the same system as where you check patient eligibility and provider assignment. We have designed the new system to look almost identical to ADIN with a few upgraded options that we hope will lessen some administrative burden on the offices.

1. Login to the Advantage Dental Provider Portal: [Advantage Dental Provider Portal](#)
2. Search for your member using the "Patient Quick Search" in the upper right hand corner

Quick Search Results for " "					×
Name	**Identifier**	**DOB**	**SSN**	**Current Assignment**	**Elig**
					Yes
					Close

3. Choose Referrals/Prior Auths dropdown and then select Create Referral/Preauth/Case Review:
   a. Preauthorizations: are required for the following services when the PCD will be performing the service. The items listed in the Preauthorization Policy must be included in the preauthorizations, if available, or the preauthorization will deny. If you do not have all of the Attachments Required for the preauthorization you will need to document this in the preauthorization with the reason you do not have them available. *Please note: Services requiring preauthorization may change. Please refer to the Preauthorization Policy on the Advantage Dental website for the most current list of services requiring preauthorization.*
   b. Referrals: must be entered for all services that are being referred from the PCD
   c. Case Reviews: these are for patients where you need advice on the best course of treatment for this patient with their current plan, etc

Patient Information ×

| New Claim | Request Case Management | Previously Treated | Attachments | Referrals/Prior Auths ▾ | Print |

Patient ID
First Name
Last Name

Referrals/Prior Auths ▾   Print

Search

Create Advantage Dental (Referral)
Create Advantage Dental (PreAuth)
Create Advantage Dental (Case Review)

4. Referral From Information:
    a. Requesting Provider / Requesting Office
    b. Level of Urgency
        i. Low: 3-5 Business Days
        ii. Normal: 2-3 Business Days
        iii. High: Next Business Day

5. Patient Information:
    a. Parent/Guardian Name - if the patient is a minor or has a caregiver, you should put that person's name in the Parent/Guardian/Advocate field.
    b. Special Needs - if the patient has any special needs, you should list this under Special Needs. This will help process the preauthorization faster and with less questions back to your office.
    c. Insurance – verify that this show in green with the message "eligibility verified"
    d. Insurance Reason:
        i. Verifying Coverage- Services that require a preauthorization even though the code is covered on the patient's plan.
        ii. Patient Appealing Coverage- you have notified the patient that this is not covered on their plan, but they want you to verify this for them with the insurance.
        iii. Provider Appealing Coverage- You know this is a non-covered service but you feel strongly that it should be covered for the patient anyway.
    e. Service is Used to Help Treat - if there are multiple services you are requesting treatment on, please choose the option that matches the majority of the treatment requested. We ask that you only use "Other" if the service requested does not fall into one of the other categories.

6. Referral To Information – you will now get an alert if the referring to office exceeds the allowed distance to send a member for treatment.
   a. Referral To Specialty
   b. Referring To Dentist / Office

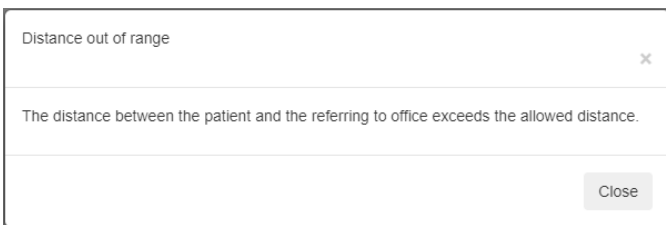Referral To Information

Referring To Specialty	Oral and Maxillofacial Surgery
Referring To Dentist	
Active Contracts Only	☑
Referring To Office	
Referring To Dentist Phone	
Referring To Dentist Fax	
Referring To Dentist Email	

Distance out of range   ✕

The distance between the patient and the referring to office exceeds the allowed distance.

Close

7. Requested Treatment:
   a. Treatment Codes – both preauthorizations & referrals will now require ADA codes. This box will accept a range of codes (ex. extraction codes) if needed.
      i. You will need to start typing the code and when it shows autofill options you need to click on that so it populates the description
      ii. The only reason to not include the ADA codes is for it to be listed as "all medically necessary treatment covered by OHP"
   b. Treatment Requested – this should match the description of the codes
   c. Reason for Referral – why the service cannot be done in office along with pathology/diagnosis that deems this treatment necessary
   d. Other Comments – any other supporting information that will assist us in reviewing for coverage
   e. Supporting x-rays and chart notes – these will need to be saved to a file on your computer and then you can select and attach them.
   f. Expiration Date – this cannot be edited. Approvals are valid for one year and are subject to patient eligibility and plan coverage on the date of service.

Requested Treatment

Treatment Codes	ADA Code(s)	Description	Teeth	Surface	Add

Treatment Requested	

Reason For Referral	

Other Comments	

X-Rays	Image	File Name	
	Choose File No file chosen		Add

Chart Notes	File Name	Note	
	Choose File No file chosen		Add

Expiration Date	05/04/2023

8. Teeth Affected – please check the tooth numbers if the treatment requested is specific to certain teeth

9. Submitting Document – once you have the document completely filled out you will choose to "submit" this document. It will show in "presubmitted" status until it is reviewed.

10. Process Notes - during the process of reviewing this status may change and you will receive an email notification if we request more information. Any questions or requests will be shown in the process notes and the status will move to "Needs Info"
    a. You have 10 calendar days from the date that your Preauthorization is submitted to ReSubmit it, or it will be denied due to missing information.
    b. The preauth/referral team will make 2 additional attempts to collect missing information via phone call.

11. Actual Treatment Rendered (for specialists) - once the specialist has completed the service they will enter the report back to the PCD into the referral and "Mark as Treated"
    a. You will need to hit "add" to save the entered information as well as add additional treatment
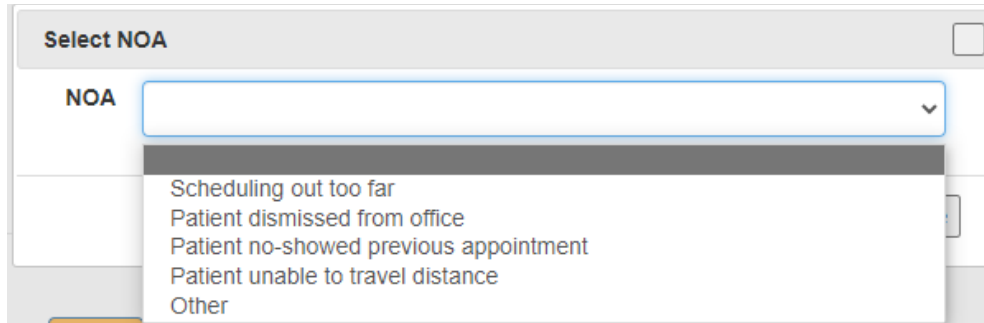
12. Decline Option (for specialists) - this is a new feature where a specialist can "decline" to accept an approved referral. This option will notify the author of the original document via email. You can then go in and create a "new similar document" and issue a referral to a different specialist. *(see steps on creating new similar document)*

Form Action

Save	Mark As Treated	Decline

Select NOA

NOA

Scheduling out too far
Patient dismissed from office
Patient no-showed previous appointment
Patient unable to travel distance
Other

13. Once your document is reviewed, you will receive an email letting you know if your document is approved or denied and it will contain a link directly to the document. You can print this document and save it in your patients chart if you need to as well as "send" the approval to the specialist.
    a. Notifying the specialist is still currently a manual process that you need to complete but we are working on automating this and will update you as soon as this is available.
    b. A Notice of Action will be sent to the OHP recipient from Advantage letting them know this service has been denied and the OAR behind that denial. If the service is denied due to missing information, the OHP recipient will receive notification that this is the reason for the denial.

14. Email Examples:

THIS IS AN AUTOMATED EMAIL. PLEASE DO NOT REPLY.

Status: Approved
Reason for Referral: out of scope
Other Comments:

Click here to open the document.

THIS IS AN AUTOMATED EMAIL. PLEASE DO NOT REPLY.

~~Miller, Amanda~~

~~This is a Referral from J - Higbee, Max W to NY4 - MELOS, DONALD C for ret 654~~
~~Patient is 55 years old on the Advantage Dental Services TODM Reduced Plus Package plan.~~

Status: Provider Declined
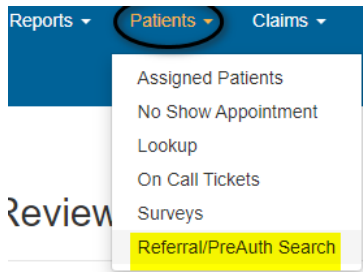**Reason for Referral:** out of scope
Other Comments:

Click here to open the document.

15. New Similar Document - if you found the additional documentation, etc. that was needed for your referral to approve, but it is now in Denied status, you cannot resubmit the denied referral. If the specialist has contacted you and asked that you add additional services to the referral, you cannot edit your Approved referral. You can however, create a "New Similar Document" and submit for review.

    a. You can go either directly to the patient through patient quick search or by using your dashboard to find the denied document and open that. You will then choose "New Similar Document" at the top. This will create a new document but carry over all of the existing information in the denied document.

    ## Referral Details

    🖨 Print Document   📄 Download PDF   ➕ New Similar Document
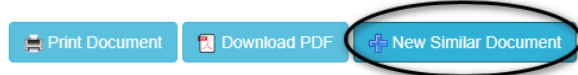
16. Provider Dashboard: viewing list of documents for your office – this option will now show you any documents for your office even if you are not the submitter. Specialists will be able to see the list of approved documents that are sent to them. You do not need to enter any filter options and can just hit search if you want to view a whole list.

    | Reports ▾ | Patients ▾ | Claims ▾ |

    Assigned Patients
    No Show Appointment
    Lookup
    On Call Tickets
    Surveys
    Referral/PreAuth Search

    Review

    ## Referrals/PreAuths/CaseReviews

Field	Value
Document Type	All
WorkFlow	All
Status	All
Patient Identifier	Type to search for a patient Referrals/Prior Auths ▾
Ref/PreAuth/Case ID	
Requesting Provider	Type to search for a provider
Requesting Office	All
Importance	All
Date	Start Date End Date

    Search   Clear