

☐ Denied

SPECIALIST REFERRAL FORM

 \Box HFP \Box HKSB

Mail to: Premier Access Insurance Company – Referral Department PO Box 659010 • Sacramento, CA • 95865-9010 Telephone: 888-584-5830 • Fax: 877-679-7197 or (916) 679-7197

PLEASE CHECK APPROPRIATE BOXES:

| PATIENT INFORMATION Patient Name: Parent's Name (if minor): Member ID#: Provider Phone Number: | ORMATION |
|--|--|
| Parent's Name (if minor): License Number: | |
| | |
| Member ID#: Provider Phone Number: | |
| | |
| Phone: DOB: Provider Fax Number: | |
| Address: Address: | |
| City, State, Zip: | |
| Social Security Number (optional): License Number: | |
| REQUEST FOR REFERRAL: | |
| ATTACHMENTS: X-rays included: Yes No If yes, how many? (PLEASE ATTACH FILMS TO THIS FORM | H FILMS TO THIS FORM) |
| MUST ELIGIBLE COVERA AT TIME SERVI | PATIENT MUST BE ELIGIBLE FOR COVERAGE AT TIME OF SERVICE |
| IN MY PROFESSIONAL JUDGMENT THE TREATMENT LISTED REQUIRES A SPECIALIST: \Box YES \Box No | ST: YES NO |
| REFERRING DENTIST SIGNATURE: DATE: | |
| THIS AUTHORIZATION IS VALID FOR 90 DAYS FROM DATE OF APPROVAL. | |
| FOR PREMIER ACCESS USE ONLY Eligibility: Yes No Date: Initial: PLEASE SEE ATTACHED RESPONSE TO SPECIALTY REFERRAL REQUEST FOR THE FOLLOWING | E FOLLOWING |
| □ Approved Date: Initial: | |
| ☐ Modified Date: Initial: ☐ Insufficient Information Date: Initial: | |

Initial:

Date:



Premier Access - HFP / HKSB Specialty Referral Guidelines

Premier Access authorizes referrals to specialists only for treatment of conditions that are beyond the scope of the general practitioner so as long the services are covered benefits under Healthy Families Program.

Prior to referring a patient to a specialist, the Primary Care Dentist must send a "specialty referral request" to Premier Access with information indicating the needs for the specialty referral.

Premier Access reserves the right to select the specialist for the required services.

General Guidelines: Complete Member information must be submitted with the referral request, i.e., Member CIN #, Date of Birth and supporting documentation as to why the general dentist is unable to perform the requested services.

Diagnostic, mounted and dated pre-op x-rays must be submitted with the referral request. Please indicate the reason, if x-rays are not available.

Endodontics:

All routine endodontic procedures are the responsibility of the General Dentist. This includes treatment of root canal fillings for single and multi-canal teeth. The Dentist must also provide emergency pulpal treatment such as, pulpal debridement and/ or open and medicate.

Referrals may be made for complicated "tried and failed" cases such as calcified canals, curved roots, apicoectomies, and retro fillings.

Pedodontics:

The general Dentist is responsible for the routine care of children of all ages. Routine care includes extractions, fillings, stainless steel crowns, pulpotomy, space maintainers, sealants, prophylaxis, and fluoride treatment. Young children with complicated management problems may constitute an appropriate referral to a specialist if at least two documented attempts with date of attempts, have been made by the Dentist in treating the patient. Some Patients with special health care needs may be considered as exceptions to this policy.

Approvals of pedodontic referrals will not be authorized for children ages 6 years and older.

Periodontics:

The General Dentist is responsible for the diagnosis and maintenance of their patient's periodontal care including, but not limited to prophylaxis, root planning and oral hygiene instruction.

Specialty referral procedures may include: gingival surgery and osseous surgery. All periodontal referrals must indicate that the following procedures have been performed by the General Dentist, prior to the referral:

Complete exam, full mouth x-rays, full periodontal examination, full mouth root planning and recall periodontic exam within 3-6 months from the date of the initial root planning

Periodontal referrals may be authorized for treatment of periodontal disease.

Oral Surgery:

The General Dentist is responsible for providing Oral Surgery for erupted dentition, including simple and surgical extractions, root sectioning and retrieval, soft tissue impaction, intra-oral incision and drain, and/or routine minor surgical procedures.

Please note that removal of impacted teeth, including wisdom teeth, with no pathology is not a benefit under the plan. Extractions will be considered only with evidence of existing pathology. Removal of immature third molars, which are currently impacted, is not a covered benefit.

Treatment of developmental or malformation conditions such as mesiodent and supernumerary teeth is not a benefit under the Healthy Families Program.

- Referral to an Oral Surgeon may be considered for the following conditions:
- Full and/ or Partial bony impactions when evidence of pathology exists.
- Biopsies, cysts and tumor removal
- Children with special needs requiring dentistry in a hospital setting.

Oral surgery procedures related to orthodontic treatments are not covered benefits under the Healthy Families Program.

Anesthesia:

The use of General Anesthesia or I.V. Sedation is only a benefit when provided by an Oral Surgeon with a valid permit in cases of severe or prolonged surgical procedures.

Orthodontics:

Orthodontics and orthodontic related procedures are not a benefit of the Premier Access Healthy Families Program. Members may be eligible to receive orthodontic treatment from California Children's Services (CCS) Program. More information can be obtained by contacting our Member Services Department or contacting the CCS office in your county.