



# SPECIALIST REFERRAL FORM

## Utah Children's Health Insurance Program (CHIP)

Mail to: Premier Access Insurance Company – Referral Department  
 PO Box 659010 • Sacramento, CA • 95865-9010  
 Telephone: 877-854-4242 • Fax: 877-679-7197

**PLEASE CHECK APPROPRIATE BOXES:**

**Routine Referral**

**Emergency Referral**

PATIENT INFORMATION	REFERRING DENTIST INFORMATION
Patient Name:	Provider Name:
Parent's Name (if minor):	License Number:
Member ID#:	Provider Phone Number:
Phone: <span style="float: right;">DOB:</span>	Provider Fax Number:
Address:	Address:
City, State, Zip:	City, State, Zip:
Social Security Number (optional):	License Number:
<b>REQUEST FOR REFERRAL:</b> <input type="checkbox"/> Endodontist <input type="checkbox"/> Pedodontist <input type="checkbox"/> Periodontist <input type="checkbox"/> Oral Surgeon <input type="checkbox"/> Orthodontist <input type="checkbox"/> Other	
<b>ATTACHMENTS:</b> <input type="checkbox"/> X-rays included: <input type="checkbox"/> Yes <input type="checkbox"/> No     If yes, how many? _____ (PLEASE ATTACH FILMS TO THIS FORM)	

DESCRIBE THE PROCEDURE AND REASON FOR SPECIALTY REFERRAL	
	<b>PATIENT MUST BE ELIGIBLE FOR COVERAGE AT TIME OF SERVICE</b>
<b>IN MY PROFESSIONAL JUDGMENT THE TREATMENT LISTED REQUIRES A SPECIALIST: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>	
<b>REFERRING DENTIST SIGNATURE: _____ DATE: _____</b>	
<b>THIS AUTHORIZATION IS VALID FOR 90 DAYS FROM DATE OF APPROVAL.</b>	

FOR PREMIER ACCESS USE ONLY		
Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Initial:
PLEASE SEE ATTACHED RESPONSE TO SPECIALTY REFERRAL REQUEST FOR THE FOLLOWING		
<input type="checkbox"/> Approved	Date:	Initial:
<input type="checkbox"/> Modified	Date:	Initial:
<input type="checkbox"/> Insufficient Information	Date:	Initial:
<input type="checkbox"/> Denied	Date:	Initial:

## Premier Access – Utah CHIP Specialty Referral Guidelines

For a detailed description of Utah CHIP Specialty Referral Guidelines, please refer to the **Utah Provider Manual (Government Programs)** at [www.PremierLife.com](http://www.PremierLife.com).

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 Utah CHIP 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 but not limited to extractions, fillings, stainless steel crowns, pulpotomies, space maintainers, sealants, prophylaxis, and fluoride treatment.

Young children with complicated behavior management may qualify for a referral to a specialist, if at least one documented attempt has been made by the Dentist in treating the patient. Special needs individuals may be considered as exceptions to this policy.

### **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 Utah CHIP 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 Utah CHIP 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:**

Orthodontic referrals are covered only if the member meets eligibility requirements and requirements as outlined in the provider manual.