



# SPECIALIST REFERRAL FORM

Mail to: Access Dental Plan – Referral Department  
PO Box 659005 – Sacramento, CA 95865-9005  
Telephone: 800-270-6743 x6012 Fax: 877-648-7741

**PLEASE CHECK APPROPRIATE BOXES:**

- Routine Referral       Emergency Referral  
 GMC     DHMO-Commercial Managed Care     LAPHP

PATIENT INFORMATION		PRIMARY CARE DENTIST INFORMATION	
Patient Name:		Provider Name:	
Parent's Name (if minor):		Provider Office Number:	
CIN Number:		Provider Phone Number:	
Phone:	DOB:	Provider Fax Number:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Social Security Number (optional):		License Number:	

**REQUEST FOR REFERRAL:**     Endodontist                       Pedodontist                       Periodontist  
     Oral surgeon                       Orthodontist                       Other

**ATTACHMENTS:**     X-rays included:  Yes  No    If yes, how many? \_\_\_\_\_ (PLEASE ATTACH FILMS TO THIS FORM)

PLEASE REFER TO THE ACCESS DENTAL SPECIALTY CARE GUIDELINES ON THE BACK OF THIS FORM FOR DETAILS REGARDING THE DOCUMENTATION REQUIRED TO PROCESS YOUR SPECIALTY REFERRAL.

**DESCRIBE THE PROCEDURE AND REASON FOR SPECIALTY REFERRAL**

	<b>PATIENT MUST BE ELIGIBLE FOR COVERAGE AT TIME OF SERVICE</b>
	<b>SPECIALIST: PLEASE RETURN X-RAYS WHEN TREATMENT IS COMPLETED</b>

**IN MY PROFESSIONAL JUDGMENT THE TREATMENT LISTED REQUIRES A SPECIALIST:**  YES  NO

**REFERRING DENTIST SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIS AUTHORIZATION IS VALID FOR 90 DAYS FROM DATE OF APPROVAL.**

**FOR ACCESS DENTAL PLAN USE ONLY**

Eligibility:  Yes  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: _____

## SPECIALTY CARE GUIDELINES FOR ALL PROGRAMS

### **Purpose:**

To provide uniform guidelines of responsibility for General Dentists, to ensure that the level of specialized care provided by general practitioners is appropriate. The general Dentist is responsible for providing routine emergency and after hours emergency care, diagnostic and treatment planning procedures, diagnostic therapy, and the coordination of multi-disciplined treatment as needed.

### **Policy:**

It is the policy of Access Dental Plan that general dentists provide the complete range of dental treatments for which they are licensed. Patients are only referred to a specialist for treatment of conditions that are beyond the capability of the general practitioner. Referral Department will make decisions on authorizations based on the information provided by the referring provider. The accuracy of this information will be verified based on the written referral request submitted by the referring provider.

In cases where a referring dentist inappropriately refers a member to a specialist, the referring dentist may be financially responsible for specialty dental care. The member will only be financially responsible for applicable co-payment (if any) and the treating specialist shall receive payment of benefits for covered services. The referring dentist may be subject to a back charge to cover the costs the Plan incurred for the inappropriate referral. The referring dentist may appeal the determination in writing via letter, e-mail or facsimile and the Plan will process the appeal request in accordance with any regulatory requirements and existing policies and procedures.

An inappropriate referral is defined as:

- A specialty dental care referral when the member is not eligible for benefits;
- A specialty dental care referral for services that do not meet the conditions listed for specialty referral guidelines below; or
- A specialty dental care referral to a non-contracted dentist providing specialty care without prior authorization of benefits from the Plan for non-emergency services;

### **Endodontics**

All routine endodontic procedures are the responsibility of the general Dentist. This includes initial treatment of root canal fillings for single and multi-canal teeth. The Dentist must also provide emergency pulpal, I & D, and bleaching treatment. Referrals may be made for complicated "tried and failed" cases, 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.

**For HFP** program members, approvals of pedodontic referrals will not be authorized for children ages 6 years and older. **For GMC and LAPH** programs members, approvals of pedodontic referrals will not be authorized for children ages 11 years and older.

### **Periodontics**

The general Dentist is responsible for the diagnosis and maintenance of his/her patient's periodontal care. The Dentist must be adept at surveying the patient's periodontal situation and home care motivation. The Dentist is responsible for all non-surgical treatment including, but not limited to, prophylaxis, subgingival curettage, root planning, oral hygiene instruction, and minor occlusal adjustment.

Specialty referral procedures may include: gingival surgery, osseous surgery, complete occlusal equilibration and orthodontic appliances. All periodontal referrals must indicate that the following procedures have been performed by the general Dentist prior to the referral:

1. Complete exam
2. Full Mouth X-rays
3. Full periodontal examination
4. Full mouth root planning
5. Recall periodontic exam within 3-6 months from the date of the initial root planning.

### **Oral Surgery**

The general Dentist is responsible for providing Oral Surgery for erupted and devastated dentition including surgical extractions, root sectioning and retrieval, soft tissue impaction, intra-oral I & D, and/or routine minor surgical procedures. THE PLAN will cover extractions of impacted teeth only with an existing pathology, immature, erupting third molars, which are currently impacted (usually on patients 18 years or younger) are not a covered benefit. Extraction of impacted, asymptomatic teeth with no pathology on adult patients is not a benefit of THE PLAN. Part and full bony symptomatic impactions, biopsies, and osseous re-contouring and patients requiring hospital dentistry and specialist involvement due to the medical problem, may be referred to an Oral Surgeon.

### **Anesthesia**

The general Dentist is expected to be an expert in controlling pain through the use of relaxation techniques and local anesthesia.

### **Orthodontics**

General Dentists are not expected to have extensive orthodontic training and are not required to provide this care. Not all Access Dental Plan members have orthodontic coverage. Member referrals will be expedited through the Dental Director's office to orthodontic offices within the panel. Please see your provider manual for Healthy Families Program requirements through the California Children's Services Program.

### **Other**

An authorization for a second opinion.