Specialist Referral Form #50

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

<table>
<thead>
<tr>
<th>PATIENT INFORMATION</th>
<th>PRIMARY CARE DENTIST INFORMATION</th>
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<tr>
<td>Patient Name:</td>
<td>Provider Name:</td>
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<tr>
<td>Parent’s Name (if minor):</td>
<td>Provider Office Number:</td>
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<tr>
<td>CIN Number:</td>
<td>Provider Phone Number:</td>
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<td>Phone:</td>
<td>DOB:</td>
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<td>Address:</td>
<td>Provider Fax Number:</td>
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<td>City, State, Zip:</td>
<td>City, State, Zip:</td>
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<tr>
<td>Social Security Number (optional):</td>
<td>License Number:</td>
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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

PATIENT MUST BE ELIGIBLE FOR COVERAGE AT TIME OF SERVICE

SPECIALIST: PLEASE RETURN X-RAYS WHEN TREATMENT IS COMPLETED

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.

Eligibility: ☐ Yes ☐ No  FOR ACCESS DENTAL PLAN USE ONLY

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<tr>
<th>Eligibility</th>
<th>Date</th>
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<tr>
<td>☐ Approved</td>
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<td>☐ Modified</td>
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<td>☐ Insufficient Information</td>
<td>Date:</td>
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<tr>
<td>☐ Denied</td>
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PLEASE SEE ATTACHED RESPONSE TO SPECIALTY REFERRAL REQUEST FOR THE FOLLOWING
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 LAPHP 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 devestated 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.

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