

Policy and Procedure			
Policy Name:	General Review Criteria for Specialty Referrals	Policy ID:	CL.004.01
Approved By:	Dental Director (signature on file)	Effective Date:	05/18/2012
States:	California	Revision Date:	01/01/2013
Application:	All Government programs and Commercial DHMO		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as "Premier Access".

Purpose

To ensure determinations to approve, delay, modify, or deny dental services are based on sound clinical principles and processes.

Guideline

Referral criteria is based on dental/ medical necessity and is generally limited to services that are not within the general scope of the Primary Care Dentist's (PCD's) skill and professional practice. The following guidelines are generally utilized for the specialty types, although there are case by case circumstances in which general guidelines do not apply.

In addition to the criteria outlined in this policy and procedure in each category of specialty referral, the provider shall consider the health, age, tolerance of physical and emotional stress of the patient, as well as evidence of dental necessity. The requested service must also be a benefit for Premier Access members. The scope of specialty referrals includes:

- Pedodontics
- Endodontics
- Periodontics
- Oral Surgery, and
- Orthodontics

Periodontics

Policy:

Primary Care Dentists (PCDs) are expected to administer all phases of periodontal treatments, with the exception of periodontal surgeries. Before a referral can be authorized, a complete periodontal work-up must be completed by the PCD through a non-surgical approach. After healing is completed, if the PCD determines that oral hygiene is acceptable and pocket depths are unmaintainable, a referral can be requested from **Premier Access**.

Procedure:

When requesting a periodontist referral, the PCD shall submit the following documentation:

1. Case history.
2. Areas or tooth numbers where surgery is required.
3. Pre-scaling pocket depth charting (dated within 12 months from the date of service).
4. FMX.
5. A copy of the patient chart indicating the dates on which periodontal services were rendered.
6. Documentation indicating the dates the PCD provided full mouth root planing for the member.

7. A post-scaling (3-6 months after initial root planing) pocket depth charting.
8. The PCD is responsible for providing the following treatments: root planing, diagnosis, x-rays, pocket depth charting, curettage, occlusal adjustment, prophylaxis, oral hygiene instructions, and emergency abscess treatments.

Endodontics

Policy:

Performing endodontic treatments on all teeth, including molar teeth, is the responsibility of the Primary Care Dentist (PCD). **The PCD is responsible for providing all palliative emergency treatments on teeth, even teeth that might need treatment from an endodontist due to a complication.** If, for any reason, the PCD determines that the palliative treatment must be done by an endodontist, the PCD must obtain an emergency treatment authorization from **Premier Access**. The PCD must thoroughly document the condition and why therapy cannot be done at the PCD's office on the referral form.

Procedure:

The following documents must be submitted with a request for referral to an endodontist:

1. Specific reason why the treatment cannot be performed at the PCD's office (i.e., failure of an existing root canal, calcified canals indicated through radiographs, broken instruments and periapical pathology remaining after standard therapy).
2. FIX NUMBERING Bite wings and peri-apical x-ray of the affected tooth.
3. Documentation of the clinical importance of the tooth and the expected prognosis.
4. Date of the previous root canal, if applicable.
5. Symptoms.
6. Inadequate access to perform the procedure or lack of proper instruments to perform the procedure are not acceptable reasons for referral to an endodontist.
7. All requests for referral to an endodontist are reviewed by the Dental Director or designee to determine dental necessity.

Oral Surgery

Policy:

Oral surgery services are expected to be delivered by the PCD with exceptions for partial bony, full bony extractions, biopsies, or any surgery on a patient whose physician will not allow the PCD to perform the procedure at the PCD's office (documentation from the physician is required). Extractions of impacted teeth may be referred to an oral surgeon if there is an existing pathology.

Procedure:

The following documents must be submitted with a request for referral to an oral surgeon:

1. Clinical narrative related to the need for treatment.
2. Diagnostic x-ray completely depicting the apical area of the tooth. If radiographs are not sufficient to justify need, additional diagnostic material like photographs and/or a statement of justification can be submitted.

Pedodontics

Policy:

PCDs are responsible for providing all necessary pedodontic care to their assigned enrollees, so long as that care is within their clinical competency. If the PCD is unable to provide appropriate pedodontic care because of the age of the patient or the complexity of treatment required, or because of the existence of significant management or behavioral problems, the PCD may request that the patient be referred to a pedodontist. Cases of rampant caries or baby bottle syndrome are not reasons for referral unless the patient is demonstrating significant behavioral problems that the PCD cannot handle.

Procedure:

1. The following documents must be submitted with a request for referral to a pedodontist:
 - Clinical narrative related to the need for treatment.
 - Diagnostic pre-operative x-rays.
2. Pedodontic referrals are not covered benefits unless medically or dentally necessary and covered by the plan or program. Refer to the age specific limitations or requirements per plan or program benefits outlined in the Evidence of Coverage, Certificate of Insurance, and applicable Provider Manual.
3. Documentation of any and all prior attempt(s) at treatment by the PCD must also be submitted with the referral request. The PCD is generally expected to make two (2) attempts to treat the member before making a referral for behavior management; however, case circumstances may require referral prior to attempt and should be documented in the request for referral.
4. A referral request may be submitted without prior attempts when one or more medically compromised conditions exists, such as, but not limited to, the following:
 - Down Syndrome
 - Deafness
 - Autism
 - Multiple Sclerosis
 - Mentally/physically disadvantaged
 - Severe medical problems as documented in writing by a licensed treating physician

Coverage of pedodontic referrals varies by program and member age. Applicable age limitations by program shall be included in the Provider Manual and on the Specialty Referral Form.

Orthodontics**Policy:**

Coverage for orthodontic services and referral requirements for orthodontics varies by program.

Procedure:

1. For **California Medi-Cal GMC and LAPHF Programs**, the following documents must be submitted with a request for referral to an orthodontist:
 - Documentation
 - X-rays (FMX or Panoramic)
 - HLD Index Score Sheet (DC-016)
2. For **California Healthy Families Program (HFP) and other California Healthy Kids programs**, orthodontic treatment is not a covered benefit. However, Orthodontic services are covered if a member meets the eligibility and scoring requirements for California Children's Services (CCS). If a primary care dentist suspects a child has a medically handicapping malocclusion or one of the other CCS eligible medical conditions, the dentist must complete a HLD Index Score Sheet (DC-016) and submit it with the referral request. Only those cases meeting the requirements will be considered for referral. In addition, the dentist must specify the suspected CCS medical condition.

California Children's Services (CCS) Eligible Conditions**A. Medically handicapping malocclusion (one or more of the following conditions)**

- Deep impinging overbite
- Crossbite of individual anterior teeth when destruction of soft tissue is present

- Severe traumatic deviations (for example, loss of premaxilla segment by burns or accident, the result of osteomyelitis, or other gross pathology)
 - Overjet of greater than 9mm
 - Mandibular protrusion of 3mm or more
 - Suspected need for orthognatic surgery
 - Combination of the following conditions that appear to be medically handicapping:
 - a) overjet
 - b) overbite
 - c) mandibular protrusion
 - d) openbite
 - e) ectopic eruption (excluding 3rd molars)
 - f) anterior crowding
 - g) posterior crossbite
 - B. Cleft lip and/or palate (hard or soft)
 - C. Congenital and/or acquired oral and craniofacial anomalies
 - D. Complex congenital heart disease
 - E. Seizure disorder
 - F. Immune deficiencies
 - G. Cerebral palsy
 - H. Hemophilia and other blood dyscrasia
 - I. Malignant neoplasms, including leukemia
 - J. Rheumatoid arthritis
 - K. Nephrosis
 - L. Cystic fibrosis
 - M. Organ transplants
3. For **Utah Children’s Health Insurance Program (CHIP)**, prior authorization of specialist referrals is not required. However, covered orthodontic treatment is limited to medically handicapping malocclusion or one of the other defined qualifying conditions. If a primary care dentist suspects a child has a medically handicapping malocclusion or one of the other qualifying conditions, the dentist must complete a Salzmann Index and/or refer the member to a contracted orthodontist.
4. For **commercial programs** generally, the primary care dentist should refer as appropriate for dentally/medically necessary orthodontic evaluation and treatment. Orthodontic benefits and coverage vary by plan.

References

This policy was previously tracked as *Quality Management Program Policy and Procedure UM-08 – Review Criteria for Specialty Referrals*.

Revision History

Revision Date:	Description
05/18/2012	Conversion to new policy and procedure format and naming convention. Revision of review criteria for Pedodontics.
01/01/2013	Annual review and program-specific updates.