### Access Dental Plan – Referral Department

**Specialty Care Referral Request**

**Specialty Care Referral** (Mail to address below with x-ray & documents)  
**Emergency Referral** (Call (800) 270-6743)

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Phone</th>
<th>Fax</th>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>Geographic Managed Care (GMC)</td>
<td>(800) 270-6743</td>
<td>(877) 648-7741</td>
<td>PO Box 659005, Sacramento CA 95865-9005</td>
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<tr>
<td>Prepaid Health Plan (PHP)</td>
<td>(800) 270-6743</td>
<td>(877) 648-7741</td>
<td>PO Box 659005, Sacramento CA 95865-9005</td>
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<tr>
<td>DHMO</td>
<td>(800) 270-6743</td>
<td>(877) 648-7741</td>
<td>PO Box 659005, Sacramento CA 95865-9005</td>
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**Member**

<table>
<thead>
<tr>
<th>Member Name</th>
<th>ID #</th>
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<thead>
<tr>
<th>Patient Name</th>
<th>DOB</th>
<th>License #</th>
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<th>Address</th>
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<tr>
<th>City, State, Zip</th>
<th>Phone</th>
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### Treatment Request

<table>
<thead>
<tr>
<th>#</th>
<th>CDT Code</th>
<th>Procedure Code Description</th>
<th>Tooth #</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>3</td>
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**Endodontics**  
(Must submit PA & BWX)

- Prognosis (circle one): good / poor
- Reason for treatment (each tooth):
- Reason treatment is beyond the scope of your practice:
  - Additional Information:

**Oral Surgery**  
(Must submit PA or Pano)

- Reason for treatment (each tooth):
- Reason treatment is beyond the scope of your practice:
  - Additional Information:

**Pediatric Dentistry**

- Reason for Referral:
- Reason treatment is beyond the scope of your practice (Please document behavioral problems occurring at initial exam):
  - Date of 1st attempt: __________ Date of 2nd attempt: __________
  - Additional Information:

**Periodontics**  
(Must submit most current dated FMX & Periodontal charting)

- Case Type (circle one): I II III IV
- Area(s) or Tooth #(#s): ________________________________
- Dates of Root Planing:
  - UR _______________ LL _______________
  - LR _______________ LR _______________
- Date of perio maintenance following SRP’s: ________________
  - Additional Information:

**Orthodontics**  
(Must submit HLD form, Pano and Cast Models)

- Notes:

**Other**

- Notes:

I hereby certify that the above noted treatment request constitutes services that are beyond the scope of my practice and acknowledge that the final claim for payment is subject to clinical review.

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<thead>
<tr>
<th>Treating Dentist Signature</th>
<th>Date</th>
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<tr>
<td>__________________________</td>
<td>_____</td>
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**Dental Plan Use Only:**  
- Approve
- Deny
- Insufficient Information
- Date: __________
- Comments: ________________________________

<table>
<thead>
<tr>
<th>Dental Consultant Signature</th>
<th>Date</th>
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Rev. 07/2016  
AD50.1_Specialty Care Referral Request
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 (Plan) that general dentists provide the complete range of dental treatment 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. The 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.

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 for 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, pulpotomies, 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.

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 and osseous surgery. 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 examinations
4. Full mouth root planing
5. Recall periodontic exam within 3-6 months from the date of the initial root planing.

Oral Surgery

The general dentist is responsible for providing oral surgery for erupted and devasted 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) may not be a covered benefit. Extraction of impacted, asymptomatic teeth with no pathology on adult patients is not a benefit of the Plan. Partial and full bony symptomatic impactions, biopsies, and osseous re-contouring and patients requiring hospital dentistry and specialty care involvement due to the medical problems, may be referred to an oral surgery specialty care provider.

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 Plan members have orthodontic coverage. Member referrals will be expedited through the Dental Director’s office to orthodontic offices within the panel.

Other

Any specialty care being requested not covered in the categories above. For example: An authorization for a second opinion or case management.