



Specialty Care Referral Form

Date of Referral: ____/____/____

Subscriber and Patient Data:

Subscriber (policy holder) Identification #: _____

Subscriber Name: _____ Last First Middle Group Name: _____

Patient's Name: _____ Last First Middle

Patient's Date of Birth: ____/____/____ Relationship to Subscriber: _____

Referring Dentist Information:

Name: _____ Practitioner ID #: _____

Street Address: _____ Phone Number: _____

City, State and Zip Code: _____

Specialist Information:

Name: _____ Phone Number: _____

Street Address: _____

City, State and Zip Code: _____

Reason for Referral:

Services Requested for Referral:

Procedure Code	Tooth/Quad/Arch	Description of Procedure

Note: For additional services, a standard ADA claim form may be appended to this form.

As the referring dentist, I affirm that all information above is true and accurate.

Referring Dentist's Signature: _____

Signature Date: ____/____/____

Customer Service:

For any questions, please contact Customer Services at 800-232-0990.

Mail Completed Form with Appropriate Clinical Documentation To:

Specialty Referral Request PO Box 30552, Salt Lake City, UT 84130

Referring Dentist: Please refer to your Provider Manual to verify that the referral is appropriate and that you have included the required documentation.

Specialty Referral Process

Evaluation of the recommended specialty care treatment will be made and if found to meet the criteria for referral, the treatment will be approved and notification will be made to the General Dentist, the authorized Specialty Care Provider and member/patient. To achieve authorization, it is imperative that the General Dentist provide all recommended treatment information. Please mail specialty referral request forms to:

Specialty Referral Request
PO Box 30552
Salt Lake City, UT 84130

Payment for unauthorized referral claims will be denied, except in the case of emergencies. Emergency treatment should be limited to the services necessary for the relief of pain, swelling, infection and/or stabilization of the emergency conditions. Definitive care should be deferred until a proper pre-authorization can be performed with x-rays, narrative and other documentation.

The General Dentist is expected to provide emergency treatment for patients assigned to your practice. If a referral to a specialist is anticipated, the General Dentist should provide palliative care to alleviate symptoms and stabilize the member's condition and then follow the normal referral process, including obtaining applicable prior authorization.

For any questions, please contact Customer Service at **800-232-0990**.

To prevent any delay in processing, the Specialty Referral Request Forms must be completed in full, including the procedure code(s) for the service(s) you are requesting. To aid in this process, the following list was compiled of the most commonly referred specialty procedure codes.

Quick Reference Guide: Most Commonly Referred Specialty Procedure Codes

Endodontics

- 9310 Consultation
- 3310 Anterior root canal: if complicated due to factors such as extreme root curvature
- 3320 Bicuspid root canal: if complicated due to factors such as extreme root curvature
- 3330 Molar root canal: may be direct referred without prior authorization
- 3346 Re-treatment of previous root canal therapy – anterior
- 3347 Re-treatment of previous root canal therapy – bicuspid
- 3348 Re-treatment of previous root canal therapy – molar
- 3410-3430 Surgical endodontics

Periodontics

- 9310 Consultation
- 4260, 4261 Osseous surgery
- 4270, 4271, 4273 Soft tissue grafts

Oral Surgery (teeth to be extracted must be associated with pathology or significant symptoms)

- 9310 Consultation
- 7220 Removal of Impacted tooth – soft tissue
- 7230 Removal of Impacted tooth – partially bony: may be direct referred without prior authorization
- 7240 Removal of Impacted tooth – completely bony: may be direct referred without prior authorization

Orthodontics (for D8070-D8090 and D8660)

Direct referral without prior authorization may be provided to a contracted orthodontist.

Pediatric Dentistry

Direct referral without prior authorization may be provided for children under the age of 6, who are unmanageable.

Implants

Direct referral without prior authorization may be provided for the surgical placement of an implant.