Tooth #(s) referred back to GP for treatment once endodontist has confirmed diagnosis. Submit pre-treatment periapical radiographs.

- **Medically compromised patient requiring specialist treatment**, please submit physician note documenting condition (referrals for health or behavioral reasons are not covered, but patient may be eligible for discounted service upon review).

- **Oral Surgery**: GP is responsible for routine, simple surgical & soft tissue impaction extractions. There is no coverage for preventive extraction of asymptomatic nonpathologic erupted or impacted teeth, or extractions for orthodontic purposes. Treatment of cysts, tumors & neoplasms is not covered. Refer to patient’s medical insurance. Oral surgery referral is considered for individual symptomatic or pathologically involved partial or full bony impactions, and difficult surgical or soft tissue extractions of pathologic/symptomatic teeth. List tooth numbers requested & describe symptoms/pathology for each tooth requested and reason GP cannot perform tx.

- **Pedodontics**: For unmanageable patients under age six. Medically compromised or developmentally disabled patients age six and over will be subject to plan review. Please attach a physician’s statement of condition & describe below.

- **Periodontics**: GP is responsible for all Phase I therapy and perio emergencies. Patient must have completed Phase I therapy (root planing or perio maintenance) within past 6 months. Submit full mouth radiographs, periodontal charting. Panoramic &/or bitewings are not acceptable.

- **Endodontics**: GP is responsible for diagnosis and treatment of all anterior, bicusp, & routine molar endodontics and for providing palliative treatment (pulpotomy, pulpectomy, incise & drain, antibiotics &/or analgesics) even if tooth must be referred out for definitive treatment. Patients referred for diagnostic purposes will be referred back to GP for treatment once endodontist has confirmed diagnosis. Submit pre-treatment periapical radiographs.

- **Oral Surgery**:

  - FB = Full bony, PB = Part bony, ST = Soft tissue, SG = Surgical erupted, RT = Surgical root tip removal
  - Medically compromised patient requiring specialist treatment, please submit physician note documenting condition (referrals for health or behavioral reasons are not covered, but patient may be eligible for discounted service upon review).

- **Other** (please describe below)

Submit with all documentation and radiographs required for each specialty category requested.

- **Periodontics**:
  - Dates of root planing (max 2 quads/visit)
  - If root planing over 6 months ago,

- **Endodontics**:
  - Full mouth periodontal pocket charting enclosed
  - Full mouth radiographs enclosed (panoramic or bite-wings not acceptable)
  - Other (please describe below)

Please submit with all indicated radiographs/documentation for each specialty category requested.

Submit with periapical or panoramic films that clearly show each tooth in its entirety. Radiographs are not covered benefit at the specialist’s office. Please submit with all indicated radiographs/documentation. Failure to provide required documentation may result in delay or denial of authorization. Emergency referrals should be called or faxed to Plan, then mail in all supporting documentation and radiographs. All emergency referrals are subject to retrospective review by the Dental Director. Referring office will be responsible for all specialist costs for procedures found on retrospective review to have been inappropriately referred.