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**Prenatal Dental Referral Prescription**

*Evidence shows an association between periodontal disease and adverse birth outcomes. Pregnant women with Presumptive Eligibility (PE) and restricted-scope Medi-Cal are eligible to receive dental benefits.*

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Reason for Services: Routine cleaning \_\_\_\_ Evaluation and treatment\* \_\_\_\_

\*Findings on Medical Exam: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Significant Medical Problems: \_\_\_\_\_

TB test result: neg. \_\_\_\_ pos. \_\_\_\_ if positive, chest x-ray results \_\_\_\_\_

EDC (due date) \_\_\_\_\_ Current gestational age \_\_\_\_\_ weeks

**Patient is approved for dental work including:**

- x-rays with abdominal and thyroid shielding
- extractions and fillings
- local anesthesia including Lidocaine, etidocaine or Prilocaine
- antibiotic therapy if indicated: penicillin, cephalosporins, amoxicillin, clavulanic acid, clindamycin and erythromycin except the estolate form
- analgesia: acetaminophen and acetaminophen with codeine or oxycodone; nonsteroidal anti-inflammatory agents such as ibuprofen and naproxen may be given before the third trimester with caution

Provider Signature \_\_\_\_\_

Name (print) \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

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## Dental Benefits for Pregnant Women on Medi-Cal

\*Pregnancy-related dental services are **exempt** from the adult dental benefit cuts effective July 1, 2009.

| Aid Codes: |    |
|------------|----|
| OU         | OV |
| 3T         | 3V |
| 44         | 48 |
| 5F         | 5J |
| 5R         | 5T |
| 5W         | 5Y |
| 55         | 58 |
| 6U         | 7C |
| 7G=PE      | 7K |
| 7N         | 8T |

| Table 2   |   |
|---|---|
| For a complete list of procedure codes see: Denti-Cal Bulletin Volume 25, Number 22 (May 2009) <a href="http://www.denti-cal.ca.gov">www.denti-cal.ca.gov</a> |   |
| CDT-4 Code  | CDT-4 Code Description  |
| DO120   | Periodic oral evaluation  |
| DO150   | Comprehensive oral evaluation – new or established patient                                  |
| D1110   | Prophylaxis - adult   |
| D1204   | Topical application of fluoride (not including prophie) – adult                             |
| D1205   | Topical application of fluoride (including prophie) – adult                                 |
| D4210   | Gingivectomy or gingivoplasty – 4+ contiguous teeth or bounded teeth spaces / quadrant      |
| D4211   | Gingivectomy or gingivoplasty – 1 to 3 teeth, per quadrant                                  |
| D4260   | Osseous surgery (including flap entry & closure) – 4+ contiguous teeth or spaces / quadrant |
| D4261   | Osseous surgery (including flap entry & closure – 1 to 3 teeth /quadrant                    |
| D4341   | Periodontal scaling and root planning – 4+ contiguous teeth or spaces /quadrant             |
| D4342   | Periodontal scaling and root planning – 1 to 3 teeth /quadrant                              |
| D4920   | Unscheduled dressing change (by someone other than treating dentist)                        |
| D9951   | Occlusal adjustment - limited   |

*Claims instructions: Dental providers must indicate "PREGNANT" in the comments area (box 34) of the claims form. Treatment Authorization Requests (TARs) should **not** be submitted. Recipients are also eligible to receive emergency dental services. Claims must be submitted with a clinical emergency certification statement and other required documentation. Ref: Denti-Cal Bulletin Volume 25, Number 22 (May 2009)*

## Sonoma County Dental Providers Accepting Medi-Cal

For updated listing of Sonoma County dental resources call MCAH toll-free line (800) 427-8982 or visit [www.sonom-county.org/mcah](http://www.sonom-county.org/mcah)

| City/Area     | Facility   | Spanish | Phone                        | Comments  |
|---------------|--|---------|------------------------------|---|
| Cloverdale    | Alexander Valley Regional Medical Center Dental Clinic | Yes     | <b>894-2094</b> 894-1063 fax | Accepts Medi-Cal. Sliding scale for uninsured.                            |
| Guerneville   | Russian River Health Center Dental Clinic              | Yes     | <b>869-2933</b> 869-2663 fax | Accepts pregnancy Medi-Cal  |
| Healdsburg    | Alliance Medical Center Dental Clinic                  | Yes     | <b>433-8161</b> 433-0229 fax | Established patients only   |
| Petaluma      | Petaluma Health Center Dental Clinic                   | Yes     | <b>559-7550</b> 776-2743 fax | Accepts pregnancy Medi-Cal  |
| Santa Rosa    | St. Joseph Children's Dental Clinic                    | Yes     | <b>547-2221</b> 547-2230 fax | SWCHC patients only; all patients for Dental Emergencies accepted 7am M-F |
|               | St. Joseph Mobile Dental Unit                          | Yes     | <b>547-4649</b> 524-2473fax  | Emergencies only - arrive before 8am                                      |
|               | SRJC Dental Clinic *Bring interpreter                  | *No     | <b>522-2844</b> 522-2873 fax | Low-cost cleaning and hygiene   |
|               | Sonoma County Indian Health Dental Clinic              | Yes     | <b>521-4600</b> 521-4620 fax | Accepts regular Medi-Cal only   |
|               | Western Dental: Farmers Lane                           | Yes     | <b>542-5200</b> 579-3207 fax | Accepts regular Medi-Cal & Accepts pregnancy Medi-Cal                     |
|               | Western Dental: Montgomery Dr                          | Yes     | <b>537-2021</b> 537-2025 fax |   |
| San Francisco | University of California, San Francisco Dental Clinic  | Yes     | <b>415-476-1891</b>          |   |