



P R O V I D E R B U L L E T I N

B T 2 0 0 0 0 3

J A N U A R Y 1 4 , 2 0 0 0

To: All Indiana Medicaid Enrolled Dentists and Dental Clinics

Subject: Coverage of Dentures and Partial

Overview

The purpose of this bulletin is to clarify the current policy for dentures and partials. According to the current rule, dentures and partials are covered without prior authorization (PA) only for persons under 21 years of age. In an August 1998 banner page article, the Office of Medicaid Policy and Planning (OMPP) advised dentists that, as a result of a lawsuit, the Indiana Health Coverage Programs (Medicaid) would extend coverage of medically necessary dentures and partials to adults, subject to PA. The banner page included local codes that were developed for individuals under the age of 21 since these services do not require PA. These codes are included on the last page of this bulletin for your reference.

Since January 1, 1999, when Health Care Excel (HCE), the Indiana Medicaid Medical Policy and Review Services Contractor, began processing prior authorization requests for these services, several questions have arisen. To clarify current policy and to alleviate any confusion regarding issues that have occurred in requesting and processing prior authorization requests, the OMPP and HCE met with members of the Dental Advisory Panel (DAP). As dentists were advised in bulletin E98-09a dated January 16, 1998, the DAP was formed in June 1997 to assist Medicaid in formulating dental policy. Additional changes to current policy are being considered by the DAP and the OMPP. It is expected that these policy and practice discussions will be concluded later this year.

The policies and clarifications presented in this bulletin are in accordance with the extension of coverage for services mandated by lawsuits. Specific coverage policies have been developed with

recommendations by the DAP and are presently in effect. Dentists are asked to note the policy for partials, which has been a particular area of concern.

Prior Authorization of Dentures and Partial

Dentures – Medicaid will reimburse for dentures and partials once every six years if medically necessary; however, PA is required. (Medical necessity guidelines are contained in this bulletin). Please note the following related information:

- Immediate dentures (D5130 and D5140) will be covered for adults only; however, Medicaid will reimburse **no** additional amount for immediate dentures beyond the current denture allowance. The 60-day waiting period between the date of the last extraction and the date of the initial impression will be waived. However, additional charges related to furnishing the dentures prior to the 60-day waiting period will **not** be reimbursed. The patient may be held responsible for these additional charges if advance notice is given and documented in the record.

Partial – PA will be required to review requests for medical necessity. Eight (8) posterior teeth in occlusion, four (4) maxillary and four (4) mandibular teeth in functional contact with each other, will be considered adequate for functional purposes.

Acrylic partial dentures (D5211 and D5212) will be covered when medically necessary, based on the above criteria. Cast metal partial dentures (D5213 and D5214) will be covered for individuals with facial deformity due to congenital, developmental, or acquired defects.

Exclusions and Limitations

Removable Unilateral Partial Denture – D5281 is a noncovered service.

Adjustments – Adjustments to dentures and partials (D5410, D5411, D5421, and D5422) are not covered.

Rebases – These services (D5710-D5721) are currently and will continue to be noncovered.

Relines and Repairs – **Laboratory relines** (D5750-D5761), **repairs to dentures** (D5510 and D5520) and **repairs to partial dentures** (D5610-D5660) are covered only when the reline or repair will extend the useful life of a medically necessary denture or partial that is six (6)

or more years old. PA is required for adults. In order to be approved, the PA request should indicate the individual is eligible for a new prosthesis, but a repair or reline will extend the useful life of the existing prosthesis.

Partials for Replacement of Anterior Teeth Only – Requests for partial dentures that replace anterior teeth only will not be approved. Anterior tooth replacement will be considered purely an aesthetic or cosmetic concern and not medically necessary.

Sources For Payment of Noncovered Dental

There is funding available through the Indiana Manpower Placement and Comprehensive Training (IMPACT) Program for medical services needed for employability which are not covered by Medicaid. The individual may be referred to his or her caseworker at the Division of Family and Children County Office for information about the IMPACT program.

Dental services may also be reimbursable through the Violent Crimes Compensation Fund if the individual is a victim of a crime and dental services were needed as a result of the commission of a crime that has taken place in Indiana. A police report must be filed within 48 hours of the crime. Further information and an application are available by calling the Indiana Criminal Justice Institute (317) 232-1233.

Special Considerations for the Dental PA Form

PA requests for replacement of dentures or partials for a prosthesis that is less than six (6) years old will be denied. However, if the prosthesis is six (6) years old or greater, dentists should indicate on the PA request form if the useful life of the existing prosthesis can be extended by a repair or a reline. Medicaid will currently cover a reline or a repair when the prosthesis is six (6) or more years old and a repair or reline will extend the useful life of the prosthesis.

PA Criteria for Dentures and Partial

- The individual is edentulous and unable to properly masticate.
- The individual is physically and psychologically able to wear and maintain the prosthesis.
- The existing prosthesis is six (6) years old or more, beyond repair, and cannot be relined.

- The base is ill-fitting, the teeth are worn, and the prosthesis cannot be relined.
- There is severe loss of vertical dimension and the prosthesis cannot be relined.

Consideration will be given to replacement of posterior teeth when there are fewer than eight (8) posterior teeth in occlusion, four (4) maxillary and four (4) mandibular teeth in functional contact with each other.

If an individual has been edentulous for three (3) or more years, documentation must be submitted indicating why a request for dentures is being submitted at this time. The documentation must include a favorable prognosis, an analysis of the oral tissue status, (for example, muscle tone, ridge height, muscle attachments, and so forth), and justification why the patient has been without a prosthesis. If the request indicates an individual has not worn an existing prosthesis for three (3) or more years and no mitigating circumstances were documented by the provider warranting the authorization of a new prosthesis, the PA request will be denied.

If the prosthesis has been lost, destroyed, or stolen, an explanation of the circumstances must be submitted with the PA request, or the request will be denied.

Dentures and Partial for Recipients Under Age 21

Dentures and partials for recipients under age 21 do not presently require PA. When billing dentures or partials for recipients under age 21, the procedure codes below should be used. For all other PA requests and billings, the existing dental or HCPCS codes should be used.

Table 1.1 – Denture and Partial Procedure Codes for Recipients Under Age 21

Description	Local HCPC
Maxillary partial denture-resin base	Z5029
Mandibular partial denture-resin base	Z5028
Maxillary partial denture-cast metal framework with resin denture bases	Z5034
Mandibular partial denture-cast metal framework with resin denture bases	Z5035
Complete denture-Maxillary	Z5027
Complete denture-Mandibular	Z5030
Removable unilateral partial denture, one piece cast metal	Z5033

Repairs and Relines for Recipients Under Age 21

Repairs and relines for recipients under age 21 do not presently require PA. When billing dentures or partials for recipients under age 21, the procedure codes below should be used. For all other PA requests and billings, the existing dental or HCPCS codes should be used.

Table 1.2 – Repair and Reline Procedure Codes for Recipients Under Age 21

Description	Local HCPCS
Repair broken complete denture base	Z5081
Replace broken or missing teeth—complete denture (each tooth)	Z5082
Repair acrylic saddle or base	Z5083
Repair cast framework	Z5084
Repair or replace broken clasp	Z5089
Replace broken teeth—per tooth	Z5090
Add tooth to existing partial denture	Z5091
Add clasp to existing partial denture tooth, involving clasp or abutment tooth	Z5092
Reline maxillary complete denture (laboratory)	Z5085
Reline mandibular complete denture (laboratory)	Z5086
Reline maxillary partial denture (laboratory)	Z5087
Reline mandibular partial denture (laboratory)	Z5088

If dentists have questions regarding PA, they may contact HCE at (317) 347-4511 in the Indianapolis local area or 1-800-457-4518.