

## **Exhibit L – Removable Prosthetics Criteria**

DentaQuest adheres to the following policy for evaluating and approving full and partial dentures to maintain consistency throughout its dental networks.

### **I. Documentation May be Needed for Pre-Authorization of Procedure**

- A. Treatment plan
- B. Sufficient radiographs that clearly show the adjacent and opposing teeth must be submitted for pre-authorization; bitewings, periapical or panorex.
- C. Treatment rendered without necessary pre-authorization requires sufficient radiographs that clearly show the adjacent and opposing teeth be submitted for retrospective review and payment; bitewings, periapical or panorex.

### **II. Codes**

DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual.

### **III. Criteria**

- A. General
  - 1. Prosthetic services are intended to restore oral form and function due to loss of permanent teeth that would result in significant occlusal dysfunction.
  - 2. A denture is determined to be an initial placement if the patient has never worn a prosthesis.
  - 3. Partial dentures are covered only for recipients free from active and advanced periodontal and other active and advanced oral disease.
  - 4. Radiographs must show no untreated caries or active periodontal disease in the abutment teeth, and abutments must be at least 50% supported in bone.
  - 5. As part of any removable prosthetic service, dentists are expected to instruct the patient in the proper care of the prosthesis.
  - 6. Authorized when there is one missing anterior tooth and/or 3 missing posterior teeth.
  - 7. Approval for partial dentures to replace posterior teeth will not be allowed if there are in each quadrant at least three (3) periodontally sound (a minimum of 50% bone support from the remaining teeth, in particular the abutment teeth, with good position relative to angulation and place in the arch to support the partial) posterior teeth in fairly good position and occlusion with opposing dentition. Approval for cast partial dentures for anterior teeth generally will not be given unless one or more anterior teeth in the same arch are missing.
- B. Removable prosthesis is not a covered benefit:
  - 1. Removable prosthesis is not a covered benefit If there is a pre-existing prosthesis which is not at least 8 years old unless EPSDT applies where provider can demonstrate medical necessity. "MEDICAL NECESSITY" may include such circumstances as unserviceability – examples include inability of patient to talk or chew with denture; evidence of ill-fitting dentures which show demonstrable tissue destruction or unusual tissue growth.
  - 2. If a favorable prognosis is not present: active and advanced periodontal and other active and advanced oral disease.

3. If there are untreated caries or active periodontal disease in the abutment teeth.
4. If abutment teeth are less than 50% supported in bone.
5. Unless either (1) the absence of several teeth in the arch severely impairs the ability to chew or (2) the absence of anterior teeth affects the appearance of the face per Other Condition or Restriction of Appendix A to Rule 5160-5-01.
6. A prescription for dentures must be based on the total condition of the mouth, the patient's ability to adjust to dentures, and the patient's desire to wear dentures. Natural teeth that have healthy bone, are sound, and do not have to be extracted must not be removed.
7. Per Appendix A to Rule 5160-5-01, Prosthodontic Services header. If the recipient has a history or an inability to wear a prosthesis due to psychological or physiological reasons.
8. If a partial denture is converted to a temporary or permanent complete denture.
9. If extensive repairs are performed on marginally functional partial dentures, or when a new partial denture would be better for the health of the recipient. However, adding teeth and/or a clasp to a partial denture is a covered benefit if the addition makes the denture functional.

#### C. Benefit Limits

1. Adjustments, manufacturer defect repairs and relines are included with the denture fee within the first 6 months after insertion.
2. Per Appendix A to rule 5160-5-1, other condition or restriction for relines and Prosthodontic Services header, "The provider is responsible for constructing a functional denture. Payment for a denture or denture service includes all necessary follow-up corrections and adjustments for a period of 6 months."  
After that time has elapsed:
  - a. Relines are compensable once per denture every 36 months when medically necessary or when EPSDT applies.
  - b. A new prosthesis is not compensable within 24 months of reline or repair of the existing prosthesis except when medical necessity and/or EPSDT apply.
3. Preformed dentures with teeth already mounted (that is, teeth set in acrylic before the initial impression) are not a covered benefit.
4. The fee for complete and partial dentures includes six months of post-insertion follow-up care including adjustments, repairs and relines.
5. All prosthetic appliances are inserted in the mouth and adjusted before a claim is submitted for payment per OAC 5160-5-01(E)(2) For prosthetic appliances that are not delivered after multiple attempts were made to reach the member, payment for lab fees will be made using code D5899 with the appropriate arch, submitted lab receipt, dated with member's name.
6. When billing for partial and complete dentures, dentists must list the date that the final impressions were taken as the date of service. Recipients must be eligible on the date the final impressions are taken for the denture service to be covered.
7. Services that fail to meet clinical criteria due to prior treatment will require medical necessity review.

#### **Reference:**

- American Association of Prosthodontics
- American Dental Association
- OAC 5160-5-01 Dental Services (Appendix A to rule 5160-5-01 Prosthodontic Services)