

## **Exhibit L – Removable Prosthodontics 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. Detailed treatment plan
- B. Sufficient and appropriate radiographs showing clearly the adjacent and opposing teeth must be submitted for pre-authorization; bitewings, periapical or panorex.
- C. Treatment rendered without necessary pre-authorization requires sufficient and appropriate radiographs showing clearly 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 premature 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 with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.
  4. Radiographs must show no untreated cavities 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. In general, if there is a pre-existing removable prosthesis (includes partial and full dentures); it must be at least 8 years old and unserviceable to qualify for replacement except when medically necessary.
  7. Authorized when there are one missing anterior tooth and/or 3 missing posterior teeth.

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. If there is a pre-existing prosthesis which is not at least 8 years old and unserviceable except when medically necessary.
2. If there are untreated cavities or active periodontal disease in the abutment teeth.
3. If abutment teeth are less than 50% supported in bone.
4. If there is fewer one anterior tooth missing and/or fewer than 3 or more posterior teeth missing. If the recipient cannot accommodate and properly maintain the prosthesis (e.g. Gag reflex, potential for swallowing the prosthesis, severely handicapped).
5. If the recipient has an inability to wear a prosthesis due to psychological or physiological reasons.
6. If a partial denture is converted to a temporary or permanent complete denture.
7. 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, per Appendix A to rule 5160-5-1, other condition or restriction for relines. After that time has elapsed:
2. A new prosthesis is not compensable within 24 months of reline or repair of the existing prosthesis.
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.

**Reference:**

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