

# Prosthodontics

## **Complete Dentures – Codes D5110 (maxillary) and D5120 (mandibular)**

- Service Authorization is required
- There is a 7-year limitation on replacement of complete dentures
- All initial dentures require radiographs to be sent, extractions to be medically necessary, and the denture to be the most cost effective relative to other treatment options for the patient.
- Replacement dentures must indicate the age of the current denture and the reason for replacement. This must be indicated on the service authorization or the authorization will be denied.
- If a complete denture replaces a partial denture, the following must be met:
  - Service authorization must be submitted and the tooth numbers to be extracted must be included on the service authorization. Radiographs must be sent with the authorization and the planned extractions must be indicated in the treatment plan. The treatment plan may be included with the authorization.
  - Partial denture must be at least 7 years old and the replacement must be medically necessary.
- Complete dentures must be billed no earlier than the date of final impression.
- Once the denture has been reimbursed, payment will not be made for restorative procedures on teeth that will be extracted.

## **Immediate Dentures – Codes D5130 (maxillary) and D5140 (mandibular)**

- Service Authorization is required
- There is a once in a lifetime limit on codes D5130 and D5140
- Codes D5130 and D5140 cannot be billed for replacement dentures.
- All immediate dentures require radiographs to be sent, extractions to be medically necessary, and the denture to be the most cost effective relative to other treatment options for the patient.
- If an immediate denture replaces a partial denture, the following must be met:
  - Service authorization must be submitted and the tooth numbers to be extracted must be included on the service authorization. Radiographs must be sent with the authorization and the planned extractions must be indicated in the treatment plan. The treatment plan may be included with the prior approval. Partial denture must be at least 7 years old and the replacement must be medically necessary.
- Immediate dentures must be billed no earlier than the date of final impression.
- Once the denture has been reimbursed, payment will not be made for restorative procedures on teeth that will be extracted.

---

## **Partial Dentures – Codes D5211-D5286**

- Service Authorization is required
- There is a 7-year limitation on replacement of partial dentures
- Replacement partial dentures must indicate the age of the current partial denture and the reason for replacement. This must be indicated on the service authorization or the authorization will be denied.
- All partial dentures require radiographs to be sent, extractions to be medically necessary, and the partial denture to be the most cost effective relative to other treatment options for the patient. If approved, no other prosthesis will be allowed within the 7-year time frame.
- Partial dentures must be billed no earlier than the date of final impression.
- Once the partial denture has been reimbursed, payment will not be made for restorative procedures on teeth that will be extracted.
- Service authorization will be considered for a partial denture on a case by case basis for a ND Medicaid eligible member when the patient is missing all posterior teeth and wearing a full prosthesis.

## **Rebase (Codes D5710-D5721)**

- Service authorization is required
- If service authorization is approved, complete denture/partial denture prior approval will not be given for another 7-years post rebase as ND Medicaid considers the rebase a final prosthesis and therefore no additional replacement prosthesis will be allowed.

## **Relines (Codes D5730-D5761)**

- Relines of Complete Dentures and partial dentures will be allowed/reimbursed once per year; one year after the denture has been placed if medically necessary. A prior approval will be required if a reline is needed more than one time per year.
- A prior approval will be required after 3 relines are needed. Relines are subject to post payment review.

## **Repairs (Codes D5520, D5640, D5650, D5670-D5671)**

- Service authorization is required if more than 4 teeth per year are replaced.
- Prior approval is always required when replacing all teeth in the partial or complete denture.
- A prior approval is required for the purpose of turning a partial denture into a full denture by replacing or adding teeth to the current prosthesis. This is subject to the 7-year limitation as ND Medicaid will consider the new additional teeth a final prosthesis.

## **Adjustments (Codes D5410-D5422)**

- Adjustments of Complete/Partial Dentures will be allowed/reimbursed twice per year for the life of the denture.

## **Interim Prosthesis (Codes D5820-D5821)**

- Service Authorization is required
- There is a 7-year limitation on replacement of interim partial dentures
- Replacement of interim partial dentures must indicate the age of the current prosthesis and the reason for replacement. This must be indicated on the service authorization or the authorization will be denied.
- All interim partial dentures require radiographs to be sent, extractions to be medically necessary, and the prosthesis to be the most cost effective relative to other treatment options for the patient. If approved, no other prosthesis will be allowed within the 7-year time frame.
- Interim partial dentures must be billed no earlier than the date of final impression.
- Once the interim partial denture has been reimbursed, payment will not be made for restorative procedures on teeth that will be extracted.

## **Overdentures (Codes D5863-D5866)**

- Overdentures will be considered for coverage with prior approval when documentation supports medical necessity and the dental implants are already existing.
- Medical necessity of overdentures is defined as little to no alveolar ridge remaining.
- ND Medicaid will not reimburse the cost of dental implants or the locator parts.

## **Encounter Based Clinics – FQHC/Safety Net Clinics**

- Service authorization is required for all complete/partial denture services.
- Maximum of 5 encounters per arch per complete/partial denture for initial placement if all 5 encounters are needed.
- One-year post placement, subsequent visits will be allowed with prior approval for denture related services (relines, adjustments, etc.).
- Encounter is defined as visit related to complete/partial denture service: impression, placement, reline, adjustment, etc.
- Documentation and all procedure codes must be submitted with the service authorization. Authorizations will be allowed for a one-year timeframe.
- ND Medicaid does not cover denture/partial denture cleanings – codes D9932-D9935. These are a non-covered service.

Complete/partial dentures allowed once every 7 years.

## **Early Replacements – Special Consideration**

- Lost Dentures:
  - If lost in a facility (i.e. hospital or nursing home) it is the responsibility of the facility to replace them.
  - If an adult over the age of 21 loses his or her dentures – these are non-covered. Exceptions may be granted to DD patients with prior approval and documentation to support the request.
- Stolen Dentures: A prior approval must be sent with a copy of the police report.
- Broken Dentures: A prior approval must be sent indicating why the denture is not repairable.

## **Special Consideration – Lab Charges**

- In the case of a member death prior to denture placement – please ensure that the prior authorization has been approved and submit with the lab invoice and all applicable documentation for payment consideration.
- If the ND Medicaid recipient has lost Medicaid eligibility following the date of final impression, the lab charges may be considered with prior approval under code D5899 with prior authorization and documentation to support all appointments (i.e. patient lost eligibility and denture was delivered).