

MOLINA-OH-D | Utilization Review Criteria - Prosthodontic Services

Purpose

To ensure consistent and equitable determination of coverage for Prosthodontic dental services, following ODM Appendix A to rule 5160 and Molina Healthcare of Ohio Dental Provider Manual Clinical Criteria.

Policy

It is expected that procedures performed will comply with these guidelines and exceptions are minimal. SKYGEN USA, LLC utilizes Ohio 5160-5-01, Molina Ohio Clinical Criteria, and EPSDT standards for members under 21.

Prosthodontic Services

- 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. 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 six months.
- No payment is made if an evaluation is performed solely for the purpose of adjusting dentures, except as specified in Chapter 5160-28 of the Administrative Code.
- A preformed denture with teeth already mounted (i.e., a denture module for which no impression is made of the patient) is not covered.
- When a prior authorization request is submitted for complete or partial dentures for a resident of a long-term care facility, it must be accompanied by the following documents:
 - A copy of the resident's most recent nursing care plan;
 - A copy of a consent form signed by the resident or the resident's authorized representative; and
 - A dentist's signed statement describing the oral examination and assessing the resident's ability to wear dentures.
- Authorization for a denture will not be granted if dentures made for the patient in the recent past were unsatisfactory because of irremediable psychological or physiological reasons.
- Relining is the readaptation of a denture to the patient's present oral tissues in accordance with accepted dental practice standards and procedures.
- The denture must be processed and finished with materials chemically compatible with the existing denture base.
- Direct self-curing materials are not allowed.

Complete denture, maxillary; Complete denture, mandibular; Immediate complete denture, maxillary; Immediate complete denture, mandibular

- 1 per 8 years, except when medically necessary.
- Complete extractions must be deferred until authorization to construct the denture has been given, except in an emergency.
- The immediate provision of partial dentures will not be authorized except when medically necessary.
- If the patient still has natural teeth, then a panoramic image or complete series of images, properly mounted, labeled, and readable, must be submitted with each PA request. No pre-treatment image is

necessary if the patient had no natural teeth before the first visit with the treating dentist.

- **Additional Clinical Criteria:**
 - Existing denture greater than eight years old
 - Remaining teeth do not have adequate bone support or are non-restorable as evidenced in x-rays
 - Additional documentation for residents in a long-term care facility

Partial denture, cast metal framework with resin base (including retentive/clasping materials, rests, and teeth), maxillary

Partial denture, cast metal framework with resin base (including retentive/clasping materials, rests, and teeth), mandibular

Partial denture, resin base (including conventional clasps, rests, and teeth), maxillary

Partial denture, resin base (including conventional clasps, rests, and teeth), mandibular

- 1 per 8 years, except when medically necessary.
- PA may be granted when 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.
- A partial denture with a resin base may be covered only for a patient younger than 19.
- A panoramic image or complete series of images, properly mounted, labeled, and readable, must be submitted with each PA request.
- **Additional Clinical Criteria:**
 - Replacing one or more anterior teeth
 - Replacing three or more posterior teeth (excluding third molars)
 - Existing partial denture greater than eight years old
 - Resin based (flipper) only for patients younger than 19 years of age
 - Proper orientation of teeth to construct a stable partial
 - Remaining teeth have greater than 50% bone support and are restorable
 - Additional documentation for residents in a long-term care facility

Repair of broken base complete denture, mandibular

Repair of broken base complete denture, maxillary

Replacement of missing or broken teeth, complete denture (each tooth)

Repair of resin partial base, mandibular

Repair of resin partial base denture, maxillary

Repair of cast partial framework, mandibular

Repair of cast partial framework, maxillary

Replacement of missing or broken teeth partial denture (each tooth)

Repair or replacement of broken clasp, partial denture

Addition of tooth, partial denture

Addition of clasp, partial denture

Relining, complete denture, maxillary

Relining, complete denture, mandibular

Relining, partial denture, maxillary

Relining, partial denture, mandibular

- 1 per 3 years and no sooner than 3 years after initial construction, except when medically necessary.
- All relining procedures include post-delivery care for six months.
- Relines of complete immediate dentures within the first six months of placement are included in the adjustment period of the denture and are not separately reimbursed.