NORTH Dakota | Health & Human Services
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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.
- Prior to a referral to oral surgery or extractions taking place, an approval for the denture must be in place as extractions must be medically necessary. If a denture approval has not been granted, the authorization will be denied and will be provider responsibility.
- 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. The authorization must be in place prior to extractions taking place or referring to oral surgery.
    - 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.
- Extraction of asymptomatic teeth is not covered.

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.
- An immediate denture is defined as a complete denture inserted on the same day, immediately following the removal of natural teeth.
- 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.
- Prior to a referral to oral surgery or extractions taking place, an approval for the denture must be in place as extractions must be medically necessary. If a denture approval has not been granted, the authorization will be denied and will be provider responsibility. 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 authorization. The authorization must be in place prior to extractions taking place or referring to oral surgery.
    - 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.
- Extraction of asymptomatic teeth is not covered.

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.

- Prior to a referral to oral surgery or extractions taking place, an approval for the partial denture must be in place as extractions must be medically necessary. If a partial denture approval has not been granted, the authorization will be denied and will be provider responsibility.
- Extraction of asymptomatic teeth is not covered.

Rebase (Codes D5710-D5721)

- Service authorization is required
- If the service authorization is approved, a complete denture/partial denture service authorization 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-D5765)

- 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 service authorization will be required if a reline is needed more than one time per year.
- A service authorization 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.
- Service authorization is always required when replacing all teeth in the partial or complete denture.
- A service authorization 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. This may be subject to post payment review.

Adjustments (Codes D5410-D5422)

- Adjustments of Complete/Partial Dentures will be allowed/reimbursed twice per calendar 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. This is considered a permanent placement.
- 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.
- Prior to a referral to oral surgery or extractions taking place, an approval for the interim partial denture must be in place as extractions must be medically necessary. If an approval for the interim partial denture has not been granted, the authorization will be denied and will be provider responsibility.
- Interim partial dentures will only be considered when the prosthetic includes 1-3 anterior teeth. If the prosthesis includes posterior teeth only or a combination of anterior teeth and posterior teeth – a different code may be considered.

Overdentures (Codes D5863-D5866)

- Service Authorization is required.
- Overdentures will be considered for coverage 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, the locator parts, or the bone grafting. These are non-covered services.

Implant Supported Dentures (D6110-D6117)

- Service Authorization is required.
- Implant supported removable dentures and partial dentures will be considered for coverage when documentation supports medical necessity, and the dental implants are already existing.
- Medical necessity of an implant supported denture/partial denture is defined as little to no alveolar ridge remaining.
- ND Medicaid will not reimburse the cost of dental implants, the locator parts, or the bone grafting specifically for dental implants. These are non-covered services.

Early Replacements – Special Consideration

- Lost Dentures:
    - Long Term Care Facilities must follow 42 CFR § 483.55 for Medicaid recipients who lose their dentures in the nursing home. Dental offices must submit documentation to support the early replacement for the lost denture. Each nursing home must have a replacement policy in place for lost dentures in the nursing home. ND Medicaid will consider these on a case by case basis.
    - If an adult (ages 21 and over) loses his or her denture prior to the seven-year limitation, Medicaid will not cover another pair. Exceptions to this may be granted to DD patients if documentation on the SA justifies the exception. ND Medicaid does grant exceptions based on documentation review and medical necessity on a case-by-case basis.
    - Dentures lost in the outpatient/inpatient hospital are the responsibility of the hospital to replace. ND Medicaid will consider these on a case by case basis. Dental offices must submit documentation to support the early replacement of the lost denture.
- Stolen Dentures: A service authorization must be sent with a copy of the police report. The age of the current denture or partial denture is required.
- Broken Dentures: A service authorization must be sent indicating why the denture is not repairable. The age of the current denture or partial denture is required.

Dentures destroyed by unnatural means (i.e., fire, flood, natural disaster, domestic dispute): A service authorization must be sent with a copy of the medical records or emergency responders report to support the event. The age of the current denture or partial denture is required.

Special Consideration – Lab Charges – Code D5899

- In the case of a member death prior to denture placement – please ensure that the service 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 a service authorization utilizing code D5899 and documentation to support all appointments (i.e., patient lost eligibility and denture was delivered).
- ND Medicaid may consider lab charges in the case of treatment plan changes during the denture making process in cases where lab charges have been incurred but no prosthesis delivered. These are considered on a case by case basis. A service authorization with code D5899, a copy of the lab invoice, and documentation to support the treatment plan change is required.

The policy above applies to all dental providers.

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