



ADULT DENTAL: DENTURE BENEFIT COVERAGE STANDARD (I.E., REMOVABLE PROSTHETIC SERVICES)

BRIEF COVERAGE STATEMENT

Effective July 1, 2014, removable prosthodontics, including complete dentures and partial dentures, are a benefit for Colorado Medicaid adult recipients. Services include fabrication of complete or partial dentures and routine post-delivery care (adjustments, repairs and relines) for the six (6) month period after delivery.

Once the six (6) month post-delivery period elapses, adjustments, repairs and relines for complete and partial dentures are covered under the Adult Services Dental Services benefit and are subject to the \$1,000 annual limitation on Adult Dental Services.

SERVICES ADDRESSED IN OTHER BENEFIT COVERAGE STANDARDS

- Adult Medicaid Dental Services
- Children's Medicaid Dental Services
- Children's Medicaid Orthodontia Services

ELIGIBLE PROVIDERS

Providers must be enrolled with Colorado Medicaid. Dentists are the only type of providers who can render these services, in accordance with their scope of practice.

ELIGIBLE PLACES OF SERVICE

- Provider Offices (Dental Offices)
- Dental Schools
- Nursing Homes
- FQHCs (Federally Qualified Health Centers)
- Mobile Dental Facilities
- Outpatient Hospital Clinics
- Community Health Centers
- Non-profit Dental Programs



- Additional places of service are possible with prior approval from the Department

ELIGIBLE CLIENTS

All Colorado Medicaid eligible adult clients age 21 years and older may receive denture services.

COMPLETE AND PARTIAL DENTURES (I.E., REMOVABLE PROSTHETICS)

Dentures are not covered if eight (8) posterior teeth or more (natural or artificial) are in occlusion. Coverage is provided, however, for anterior teeth, irrespective of the number of teeth in occlusion.

Complete coverage information, including frequency limitations, can be found in the table below.

DESCRIPTION*	FREQUENCY
Complete Upper Denture	One time every seven (7) years. Includes initial six (6) months of relines. Prior authorization required.
Complete Lower Denture	One time every seven (7) years. Includes initial six (6) months of relines. Prior authorization required.
Removable Partial Upper Denture/Resin Based	One time every seven (7) years. Prior authorization required.
Removable Partial Lower Denture/Resin Based	One time every seven (7) years. Prior authorization required.
Removable Partial Upper Denture/Cast Metal Framework	One time every seven (7) years. Prior authorization required.
Removable Partial Lower Denture/Cast Metal Framework	One time every seven (7) years. Prior authorization required.
Removable Partial Upper Denture/Flexible Base	One time every seven (7) years. Prior authorization required.
Removable Partial Lower Denture/Flexible Base	One time every seven (7) years. Prior authorization required.

*Terminology is consistent with ADA/CDT 2015



PRIOR AUTHORIZATION REQUIREMENTS

Complete dentures and partial dentures require a Prior Authorization Request (PAR).

Benefits may be denied for reasons of poor dental prognosis; lack of dental necessity or appropriateness or not meeting the generally accepted standard of dental care.

LIMITATIONS ON SERVICES

Complete dentures and partial dentures shall only be provided once every seven (7) years and are not subject to the \$1,000 annual limitation for adult dental services.

Replacement of lost, stolen, or broken complete dentures is allowed one (1) time if the replacement is necessary due to circumstances beyond the client's control. Replacement of a partial denture is eligible for payment if the existing denture cannot be modified or altered to meet the client's needs.

REIMBURSEMENT

Colorado Medicaid reimburses dental providers for complete dentures and/or partial dentures at the set Medicaid rate or the amount the provider charges, whichever is lower.

A handwritten signature in black ink, appearing to read "Matthew M. [unclear]".

Medicaid Director Signature

A handwritten date in black ink, "1/28/15".

Date