



MaineCare Services
An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

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Department of Health and Human Services
MaineCare Services
Prior Authorization Unit
#11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 624-6902; 1-866-796-2463
Fax: (207) 287-7643
TTY: 1-800-423-4331

Provider Instructions for requesting Dentures

Policy: Chapter II, Section 25.04 (<http://www.maine.gov/sos/cec/rules/10/ch101.htm>)

Fax or mail request, please do not do both.

**Please allow up to 30 calendar days from the date the request is received in the
Prior Authorization Unit to review and make a decision.**

The Member's physician or MaineCare enrolled primary care provider must supply current (within the last 12 months) supporting documentation of medical necessity.

Documentation must be kept in the member's file, submitted with a request for prior authorization if required, and made available upon request to the department.

Qualifications for full/partial dentures:

The member must be edentulous and prior authorization will be considered for dentures if one or more of the following criteria are met:

- A. Members with dysphagia, aspiration or other choking-risk conditions will qualify for dentures if:
 1. the condition is not amenable to, or is not suitable for corrective surgery or medical treatment
 2. a swallowing study or speech therapy evaluation documenting the aspiration or choking risk is submitted; and
 3. the treating physician, in consultation with the member's dentist, states that their condition is most cost-effectively treated by dentures.

- B. Members with the following medical conditions will qualify for dentures or other appropriate medically necessary dental care if the services are cost effective compared to other MaineCare covered services:
 1. Members who have an underlying medical condition, e.g. uncontrolled diabetes mellitus.
 - a. HgbA1C of > eight percent (8%) on at least 2 occasions at least 6 months apart;
 - b. Documentation of at least 2 dietary counseling sessions with a dietician regarding an edentulous diet; and
 - c. Participation in an ADEF (Ambulatory Diabetes Education and Follow-up) program within the last year, or between the 2 HgbA1c measurements.
 2. Members with a medical condition causing documented inappropriate weight loss of greater than 10% of body weight within the last 12 months or less that will be corrected or improved by the provision of medically necessary dental services, including full and partial dentures.

- C. Members whose behavior secondary to dental pain or the psychological complications of being edentulous are causing current, severe medical or psychiatric complications, (e.g. debilitating psychiatric illness or physical harm), as documented by a licensed psychologist or psychiatrist, would qualify for necessary dental services.
- D. The Department may waive the criterion of being edentulous in cases where extenuating medical circumstances exist. These circumstances must clearly substantiate the medical necessity that immediate placement of dentures is necessary for the member's health due to a serious medical condition.
- E. Members with dentures who require replacement dentures and whose dentures are medically necessary to correct or ameliorate an underlying medical condition, and for whom the Department determines that the provision of those dentures will be cost effective in comparison to the provision of other covered medical services for the treatment of that condition.

Covered Services are available for:

- ✓ Eligible members under the age of 21.
- ✓ Eligible members age 21 and over but only with qualifying medical conditions.

Request will be Deferred (need additional information) when:

- Dental claim form from Dentist/Denturist was not sent.
- Statement of Medical Necessity forms was not sent.
- Supporting medical documentation was not sent.
- X-rays were not sent.

Request will be Denied when:

- Requested/Deferred information was not received within 30 days.
- Does not meet MaineCare Medical Criteria.

Providers please note:

- for a **pre-treatment estimate/prior authorization request**, mail to:
 Department of Health & Human Services
 MaineCare Services
 Attn: Prior Authorization Unit
 11 State House Station
 Augusta, ME 04333
- for submitting **paper claims**, mail to: MaineCare Claims Processing
 M-600
 Augusta, ME 04332
- for submitting **adjusted claims**, mail to: MaineCare Adjustments
 M-1300
 Augusta, ME 04332