

**Billing Requirements for Dentures & Denture Related Services  
EPSDT Dental and Adult Denture Programs**

The following provides information related to complete or partial denture construction, complete or partial denture relines and other denture related services that were begun between the dates of August 29, 2005 through September 30, 2005.

**General Information**

As always, the date of service on a claim for Medicaid payment must be the date that the final service is completed or delivered to the patient.

Dental providers are reminded that they must continue to follow applicable dental program policy for all dental programs and must check the established patient's treatment record to ensure that Medicaid policy requirements are being met.

Providers must fully document all services rendered. Records must include a chronological (dated) narrative account of each patient visit indicating what treatment was performed/provided or what conditions were present on those visits. The prosthetic prescription and laboratory bill (or a copy) must be maintained in the patient's treatment record.

**Billing Requirements for Complete and Partial Dentures and Denture Relines (EPSDT Dental & Adult Denture Programs)**

As previously announced, the dental prior authorization requirement has been discontinued for dates of service August 29, 2005 through September 30, 2005. The following will provide additional information specific to complete and partial dentures and complete and partial denture relines provided to patients in the EPSDT Dental and Adult Denture Programs.

If the new denture construction or denture reline process began between the dates of August 29, 2005 through September 30, 2005, every effort should be made to deliver the completed denture to the patient prior to October 1, 2005.

In the event that new denture construction or denture reline process began between the dates of August 29, 2005 and September 30, 2005 and the new or relined denture could not be completed and delivered to the patient until after September 30, 2005, Medicaid will extend the prior authorization discontinuance under these circumstances for these services through December 31, 2005 to allow adequate time for delivery.

Special billing instructions as identified below are required when filing a claim for payment for a new denture or denture reline between the dates of service October 1, 2005 through December 31, 2005 when the new denture construction or reline process began between the dates of August 29, 2005 and September 30, 2005:

- Claims for payment must be sent to the LSU School of Dentistry, Dental Medicaid Unit, 1100 Florida Avenue, Box F5-510, New Orleans, LA 70119; along with the following:
  - 1) A cover letter explaining that this is a claim for payment for a denture that was begun during the dates of service when dental prior authorization was discontinued; and
  - 2) One original and one copy of the ADA claim form. NOTE: ADA claim form, Block 1, must be marked “Statement of Actual Services” and the claim completed so that it is acceptable by Unisys for payment; and
  - 3) The entire patient treatment record which includes the prosthetic prescription and laboratory bill(s); and
  - 4) All pertinent radiographs taken. If radiographs are unavailable because they were previously submitted to the Medicaid Dental Prior Authorization Unit and have not been returned, please document this information in the remarks section of the ADA claim form.

Upon completion of Medicaid review and approval, these claims will be submitted to Unisys for payment. Post authorization is not required and authorization requests must not be submitted in this instance

If the denture construction or denture reline process began between the dates of services August 29, 2005 through September 30, 2005 and the denture is not able to be delivered prior to December 31, 2005, a post authorization for the service will be required. The date of service must be entered on all post authorization requests.

### **Adult Denture Program - Other Denture Related Services**

Medicaid covered dental examinations and radiographs that were rendered according to Adult Denture Program policy for dates of service August 29, 2005 through September 30, 2005 are to be billed directly to Unisys without prior authorization. Prior or post authorization is required for these procedures for any other dates of service. If a prior authorization number was already obtained for the procedure, the prior authorization number must be entered on the claim regardless of the date of service.

### **Prior/Post Authorization and Billing Questions in Unique Situations**

The new telephone number for the LSU School of Dentistry, Dental Prior Authorization Unit will be provided as soon as possible. You must contact the LSU Dental Prior Authorization Unit for further instructions on how to handle unique situations such as the following:

The date of service for an examination and radiograph was prior to August 29, 2005 and a prior authorization number has not already been obtained, and the new denture was completed and delivered for a date of service when the prior authorization requirement was discontinued. In this instance, the examination and radiograph will require a post authorization but the denture will not.

Providers must contact the Dental Prior Authorization Unit for instructions on completion of the post authorization claim form.