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Complete Denture Center  
107 Bridge St.  
P.O. Box 169  
Farmington, ME 04938

To whom it may concern,  
In order for the MaineCare authorization results to be done successfully and efficiently the primary care doctor of the patient must fill out all the forms and either hand deliver or mail the paper work back to us (DO NOT fax). If sent in from anyone other than us at Complete Denture Center, MaineCare will not accept because of all of our paper work needed to be sent in as well. So to do this without any inconvenience and to have it done as quick as possible please get this paper work fully filled out and delivered to the address listen above.

Thank you,

For any questions you can reach us at (207) 860-2781

# Prior Authorization Request for Dentures

1 4 6 2 7 0 1 7

Member: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Per the MaineCare Benefits Manual, Chapter II, Section 25.04, the following information is needed from the member's physician to determine medical necessity before a decision can be made regarding dentures.

Please describe in detail the member's underlying medical condition that is directly related to lack of teeth or teeth in poor condition.

\_\_\_\_\_  
\_\_\_\_\_

Please describe the treatment history for said condition. \_\_\_\_\_

(Please attach clinical documentation of medical necessity.)

Is this member Diabetic?  Yes  No If yes, what type of diabetes? \_\_\_\_\_

(Please include copies of two (2) current HgbA1c's six months apart or more recent blood sugar readings that demonstrate declining control. Attach copies of office or hospital notes that document poor control or need for improvement of blood sugars.)

Has the member had any recent significant weight loss?  Yes  No

Amount of weight change \_\_\_\_\_ Time frame for the weight loss \_\_\_\_\_

(Please provide chart notes documenting weight loss.)

What is the member's current weight compared to his/her ideal body weight? Current \_\_\_\_\_ Ideal \_\_\_\_\_

Other comments regarding the member's weight and physical health.

\_\_\_\_\_  
\_\_\_\_\_

How could providing dentures correct or ameliorate the member's related medical condition? (Please send copies of any documented clinical studies showing that dentures, as an intervention, will directly improve the member's medical condition.)

\_\_\_\_\_  
\_\_\_\_\_

If the underlying condition is psychiatric, please explain in detail. (This information must come from a licensed psychologist or psychiatrist.)

Diagnosis: \_\_\_\_\_

Description of the member's behavior: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the member's behavior secondary to dental pain?  Yes  No

Explain behavior and type of dental pain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the behavior putting the member at risk for significant medical complications?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information included: \_\_\_\_\_

Name of Medical Practice: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_

## ***Statement of Medical Necessity for Dentures***

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**Please do not fill out this form if the requested service is not for Dentures. Providers should send other dental service requests on an ADA Dental claim formed (marked as a Pre-Treatment Estimate) or on the appropriate MaineCare prior authorization form.**

Attention Doctor/Primary Care Provider: \_\_\_\_\_

As the physician or primary care provider for the MaineCare member listed below, your assistance is required.

As you may know, MaineCare coverage for dentures for adults (over the age of 21) is limited, and services can only be provided when they meet certain criteria. **To qualify for full dentures under MaineCare Benefits Manual, Chapter II, Section 25.04-3, A-E, a member must be edentulous. Prior authorization requests for dentures will be considered only if the member meets one or more of the criteria listed in the following section.**

Please provide the information requested in the following section so that we can review the request for denture services for the MaineCare Member.

### **MaineCare Member Information**

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MaineCare Member's Name: \_\_\_\_\_

MaineCare Member Identification Number: \_\_\_\_\_ *(required)*

### **Explanation of Medical Necessity**

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Include underlying medical condition (such as weight loss), or member's psychiatric condition or behavior, and treatment history if related. Explain why the services are cost-effective.

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## Supporting MaineCare Benefits Manual Qualifying Criteria: (One must be checked)

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Members with dysphagia, aspiration, or other choking-risk conditions will qualify for dentures or other appropriate medically necessary dental care if: **(1) this condition is not amenable to, or is not suitable for, corrective surgery or medical treatment; (2) a swallowing study or such therapy evaluation documenting the aspiration or choking risk is submitted; and (3) the treating physician, in consultation with the member's dentist, states that his/her condition is most cost-effectively treated by dentures or other services** (e.g., recurrent esophageal stricture, not responsive to endoscopic dilations with episodes of obstruction).

Members who have an underlying medical condition (e.g., uncontrolled diabetes mellitus) with documentation as outlined below, **or medical condition causing documented inappropriate weight loss of greater than 10% of body weight over one (1) year or less that will be corrected or improved by the provision of medically necessary dental services, including full and partial dentures**, will qualify for dentures or other appropriate medically necessary dental care so long as such services are cost-effective compared to other MaineCare covered services. A trial period of other cost-effective means may be required before dentures are approved for treatment of an underlying medical condition. Gastro-esophageal reflux disease (GERD), being overweight or morbidly obese, or being at risk for coronary artery disease are examples of diagnoses that **do not alone** substantiate the medical necessity for dentures since these conditions have not been shown to be more effectively treated with dentures than by other means. Therefore, a trial period of other cost-effective means may be required before dentures are approved for treatment of an underlying medical condition. **Documentation that is required to substantiate that uncontrolled diabetes may be appropriately treated adjunctively with the use of dentures must include all of the following: (1) HgbA1c of > 8% on at least two (2) occasions at least six (6) months apart; (2) Documentation of at least two dietary counseling sessions with a dietician regarding an edentulous diet; and (3) Participation in an ADEF (Ambulatory Diabetes Education and Follow-up) program within one (1) year prior to, or between the two HgbA1c measurements.**

Members whose behavior secondary to dental pain or the psychological complications of being edentulous are causing severe medical or psychiatric complications, (e.g., debilitating psychiatric illness or physical harm), as **documented by a licensed psychologist or psychiatrist**.

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.

## Physician or Primary Care Provider Authorization

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I have reviewed the adult dental services being requested, the justification for the services, the qualifying MaineCare criteria, and I authorize the services as medically necessary.

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(print name)

(date)

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(signature)

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I do not authorize the request as medically necessary.

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(print name)

(date)

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(signature)

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Please fax or mail the required information to:

**Division of HealthCare Management**  
**Prior Authorization Unit**  
**11 State House Station**  
**Augusta, Maine 04333-0011**  
**Fax #: 1-866-598-3963**