



Department  
of Health

# New York State Medicaid Dental Program

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New York State Department of Health

Division of Medical and Dental Directors

January 31, 2024

# Welcome

- Meeting participants will be muted throughout the presentation
- Please enter questions into the Q and A . We will go through them at the end of the presentation as time allows.
- This presentation is being recorded and will be posted on the following websites:
  - [eMedNY](#) under Dental Provider Communications
  - New York State Department of Health (NYSDOH) website at:
    - Medicaid Information for Members - [https://www.health.ny.gov/health\\_care/medicaid/members/](https://www.health.ny.gov/health_care/medicaid/members/)
    - Medicaid Information for Providers - [https://www.health.ny.gov/health\\_care/medicaid/providers/](https://www.health.ny.gov/health_care/medicaid/providers/)

## Thank you

# Agenda

- Introduction
- Review **Revised Sections** of the Dental Manual
  - Services Not Within the Scope of the Medicaid Program
  - Essential Services
  - III. Restorative D2000 - D2999
  - IV. Endodontics D3000 - D3999
  - V. Periodontics D4000 - D4999
  - VI. Prosthodontics (Removable) D5000 - D5899
  - VIII. Implant Services D6000 - D6199
- Question and Answer

# Introduction

January 31, 2024

# Purpose

- The purpose of this webinar is to clarify guidance to assist providers and Medicaid Managed Care Organizations (MCOs) in understanding the updated clinical criteria for root canals, crowns, replacement dentures, and dental implants.
- This webinar contains both the **revisions** as set forth in the Dental Manual as well as **commentary** about the revised clinical criteria for each service.
- There will be opportunity for Q & A at the end of the session.

January 31, 2024

# Introduction

Effective January 31, 2024, the clinical criteria for coverage of root canals, crowns, replacement dentures, and dental implants contained within the New York State Medicaid Program Dental Policy and Procedure Code Manual (“Dental Manual”) will be changed to allow for expanded coverage of previously limited dental services.

These changes apply to:

- (1) Fee-for-Service (FFS); and
- (2) All Medicaid Managed Care Organizations

January 31, 2024

# Introduction continued

- These changes represent a clarification in Medicaid coverage policy from prior Dental Manuals. The aim of these revisions is to maintain a member's natural dentition whenever clinically appropriate. As reflected in these changes, the updated Dental Manual provides clarification to the coverage policies for crowns, root canals, and dental implants and the purpose of these changes is to expand coverage of these dental services when such dental services are medically necessary.<sup>1</sup>
- Additionally, the updated Dental Manual contains revisions to the prosthodontics policy that removes limitations on when replacement prosthodontics are covered.
- Please note that MCOs are required to use the criteria as set forth in the Dental Manual and may not impose additional or more restrictive criteria.
- Root canals, crowns, replacement dentures, and dental implants are covered benefits.
  - Prior authorization requests for these services may NOT be denied on the basis that they are not covered services.
  - Enrollees are entitled to external appeal rights.

<sup>1</sup>“Medically necessary” is set forth as “medical, dental and remedial care, services and supplies...” which are necessary to prevent, diagnose, correct, or cure conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap...” New York State Social Services Law § 365-a(2).

# Revised Sections of the Dental Manual



# Revised Sections of the Dental Manual

We will be discussing each of the revised sections of the manual which include the following:

- Services Not Within the Scope of the Medicaid Program
- Essential Services
- III. Restorative D2000 - D2999
- IV. Endodontics D3000 - D3999
- V. Periodontics D4000 - D4999
- VI. Prosthodontics (Removable) D5000 - D5899
- VIII. Implant Services D6000 - D6199

For each section there will be introductory slides, revision slides, and slides which provide commentary on the revisions. Revisions to the manual will be highlighted in **red**.

# Services Not Within the Scope of the Medicaid Program - Introduction

The section entitled “Services Not Within the Scope of the Medicaid Program” sets forth the services that are not within the scope of the Medicaid Program. The notable change to this section, effective 1/31/2024, is that crown lengthening MAY now be covered in certain circumstances.

**Please note:** All specific references to crowns and endodontics have been removed from this introductory section of the Dental Manual. Please refer directly to the Crowns (Section III) and Endodontics (Section IV) sections of the *Revised Clinical Criteria Revisions to the New York State Medicaid Program Dental Policy and Procedure Code* manual for the revised clinical criteria for crowns and root canals.

# Services Not Within the Scope of the Medicaid Program - Revisions

The revised section will read:

These services include but are not limited to:

- Fixed bridgework, except for cleft palate stabilization, or when a removable prosthesis would be contraindicated;
- Immediate full or partial dentures;
- Crown lengthening **except when associated with medically necessary crown or endodontic treatment;**
- Dental work for cosmetic reasons or because of the personal preference of the member or provider;
- Periodontal surgery, except when associated with implants or implant related services;
- Gingivectomy or gingivoplasty, except for the sole correction of severe hyperplasia or hypertrophy associated with drug therapy, hormonal disturbances, or congenital defects;
- Adult orthodontics, except in conjunction with or as a result of, approved orthognathic surgery necessary in conjunction with an approved course of orthodontic treatment or the on-going treatment of clefts;
- Placement of sealants for members under 5 or over 15 years of age;
- Improper use of panoramic images (D0330) along with intraoral complete series of images (D0210).

Revised language in **red**.

# Services Not Within the Scope of the Medicaid Program - Commentary

- Crown lengthening will **ONLY** be covered when associated with a covered crown and/or root canal procedure. (refer to Crowns Section III of the manual)
- All requests for coverage of a crown lengthening should include a **complete treatment plan addressing all areas of pathology.**
- Coverage of a crown lengthening should be requested at the same time as a request for coverage of a crown and/or root canal.

# Services Not Within the Scope of the Medicaid Program - Commentary

- If the need for crown lengthening is discovered during a procedure, then providers should refer to the Dental Manual, which states:

*If a change is needed or there exists a disagreement with a prior approval review and you would like to challenge a determination rendered by the DOH on an existing finalized prior approval, a request may be submitted with supporting documentation and a detailed report using a “Prior Approval Change Request Form.” This form may be submitted pre-operatively or post-operatively. If the requested change is submitted post-operatively a copy of the treatment notes should be included with the request.*

- A Prior Approval Change Request Form can be obtained by clicking on the link below or by calling eMedNY at 1-800-343-9000. eMedNY link: <https://www.emedny.org/>

# Essential Services - Introduction

Section V (3) of the Dental Manual sets forth the essential services that are within the scope of the Medicaid Program. There are notable changes to this section, effective 1/31/2024, including removal of the discussion relating to the presence or absence of eight (8) points of contact in a member's dentition, which has been moved to each of the categories of services where it applies.

# Essential Services - Revisions

## The revised section will read:

When reviewing requests for services the following guidelines will be used:

Caries index, periodontal status, recipient compliance, dental history, medical history and the overall status and prognosis of the entire dentition, among other factors, will be taken into consideration when determining medical necessity. **Treatment is considered appropriate where the prognosis of the tooth is favorable. Treatment may be appropriate where the total number of teeth which require or are likely to require treatment is not considered excessive or when maintenance of the tooth is considered essential or appropriate in view of the overall dental status of the recipient.**

Treatment of deciduous teeth when exfoliation is reasonably imminent will not be routinely reimbursable. Claims submitted for the treatment of deciduous cuspids and molars for children ten (10) years of age or older, or other deciduous incisors in children five (5) years of age or older will be pended for professional review. As a condition for payment, it may be necessary to submit, upon request, radiographic images and other information to support the appropriateness and necessity of these restorations. Extraction of deciduous teeth will only be reimbursed if injection of a local anesthetic is required.

**As utilized in this Manual eight (8) posterior points of contact refers to four (4) maxillary and four (4) mandibular (molars/premolars) in natural or prosthetic functional contact with each other.**

# Essential Services - Revisions

For the criteria to be used when determining medical necessity for Crowns, Endodontics, Prosthodontics, and Implant Services, refer to the following specific sections of the Manual:

- Crowns (Section III);
- Endodontics (Section IV);
- Prosthodontics (Section VI);
- Implant Services (Section VIII).



# Essential Services - Commentary

- The former provision requiring requests to be reviewed based upon the presence or absence of eight (8) points of natural or prosthetic occlusal contact has been **REMOVED** from the “Essential Services” section of the Dental Manual.
- Notably, root canals and crowns **SHOULD NOT** be denied solely on the basis that a member has eight (8) or more points of natural or prosthetic occlusal contact.
- Please refer to the Crowns (Section III) and Endodontics (Section VI) sections for the revised clinical criteria for root canals and crowns.

## **III. Restorative D2000 - D2999 (Crowns - single restoration only) - Introduction**

Section III of the Dental Manual sets forth the clinical criteria for the coverage of crowns within the scope of the Medicaid Program. The notable changes to this section, effective 1/31/2024, include expanded coverage for crowns, revisions to the presence or absence of eight (8) or more natural or prosthetic contacts, and changes to the provision regarding functional occlusion.

## Restorative D2000 - D2999 (Crowns - single restoration only) - Revisions

### The revised “Crowns” section will read:

- The materials used in the fabrication of a crown (e.g., all-metal, porcelain, ceramic, resin) are at the discretion of the provider. The crown fabricated must correctly match the procedure code approved on the Prior Approval.
- Crowns include any necessary core buildups.
- Crowns for members under the age of 21 will be covered when medically necessary. In determining whether a requested crown is medically necessary, the following factors may be considered:
  - The periodontal status, member compliance, and overall status and prognosis of the tooth is favorable
  - The tooth is not routinely restorable with a filling

# Restorative D2000 - D2999 (Crowns - single restoration only) - Revisions

- Crowns for members *21 years of age and over* will be covered when medically necessary. In determining whether a requested crown is medically necessary, the following factors may be considered:
  - There is a documented medical condition which precludes an extraction
  - The tooth is a critical abutment for an existing or proposed prosthesis
  - If the tooth is a posterior tooth, the following additional factors may be considered:
    - The periodontal status, member compliance, and overall status and prognosis of the tooth are favorable
    - The tooth is not routinely restorable with a filling
    - There are eight (8) or more natural or prosthetic posterior points of contact present
    - If the posterior tooth is a molar, treatment of the molar is necessary to maintain functional or balanced occlusion of the patient's dentition
    - Consideration for a third (3<sup>rd</sup>) molar will be given if the third (3<sup>rd</sup>) molar occupies the first (1<sup>st</sup>) or second (2<sup>nd</sup>) molar position
    - Note: Requests for treatment on unopposed molars **MUST** include a narrative documenting medical necessity.
  - If the tooth is an anterior tooth, the following additional factors may be considered:
    - The periodontal status, member compliance, and overall status and prognosis of the tooth are favorable
    - The tooth is not routinely restorable with a filling

# Restorative D2000 - D2999 (Crowns - single restoration only) - Commentary

## General

- The bullet points contained in the “Crowns” section of the Dental Manual should all be considered when formulating a treatment plan but are **NOT** mutually exclusive, meaning that not all factors must be satisfied for a crown to be covered.
- A crown will be covered where there are eight (8) or more points of natural or prosthetic contact unless there is a documented indication to extract the tooth.
- Crown lengthening will be covered when associated with a covered crown.
  - **Note:** coverage of crown lengthening should be requested simultaneously with a request for coverage of a crown.
  - Please refer to **D4249** of Section V Periodontics of the Dental Manual for the new billing codes associated with crown lengthening.

# Restorative D2000 - D2999 (Crowns - single restoration only) - Commentary

## Crown Coverage Where Extraction Is Precluded Due to a Medical Condition

- A crown will be covered if the member has a documented medical condition which precludes extraction of the tooth.
  - *Example:* A member needs a crown on a pre-molar but has fewer than eight (8) points of contact. The member also has a documented medical condition that makes extraction of the pre-molar dangerous. Due to the medical condition, a crown on the member's pre-molar will be covered.
- A crown will be considered for coverage on a member's third (3rd) molar if the member has a documented medical condition which precludes extraction even if: (1) the third (3rd) molar is in the third (3rd) molar position or (2) the third (3rd) molar is unopposed.
  - **Note:** A narrative documenting the medical necessity of a crown on a member's third (3rd) molar is not required, even if the third (3rd) molar is unopposed, if the patient has a documented medical condition that precludes extraction
- If a member has a medical condition that precludes extraction of a tooth, NYS DOH may request supporting documentation of the member's medical condition from the member's treating physician.

# Restorative D2000 - D2999 (Crowns - single restoration only) - Commentary

## Crown Coverage Where Extraction is Precluded Due to the Tooth being a Critical Abutment

- A crown will be covered where the tooth needing the crown is a critical abutment for an existing or proposed prosthesis.<sup>2</sup>
  - *Example:* A member needs a crown on a molar but has fewer than eight (8) points of contact. However, the molar is a critical abutment to a prospective prosthesis. Due to the molar being a critical abutment, the crown on the member's molar will be covered.
- A crown will be covered on a member's third (3rd) molar if the member's third (3rd) molar is a critical abutment even if: (1) the third (3rd) molar is in the third (3rd) molar position; or (2) the third (3rd) molar is unopposed.
  - **Note:** A narrative documenting the medical necessity of a crown on a member's third (3<sup>rd</sup>) molar is not required, even if the third (3<sup>rd</sup>) molar is unopposed, if the member's third (3<sup>rd</sup>) molar is a critical abutment.

<sup>2</sup> A critical abutment is a tooth or implant that supports a fixed or removable prosthesis, to the extent that the retention, stability and/or function of the prosthesis would be severely compromised without it.

# Restorative D2000 - D2999 (Crowns - single restoration only) - Commentary

## Occlusion

- Coverage of a crown on a molar WILL be considered if the molar is necessary to maintain balanced or functional occlusion of the patient's dentition.
  - **Note:** If a patient has eight (8) or more points of contact, coverage of a crown will not be denied under the justification that the "molar is not necessary to maintain balance or functional occlusion of the patient's dentition."
- For anterior teeth (teeth # 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26 and 27), crowns will be covered where: (1) the periodontal status is favorable; (2) member compliance is favorable; (3) the status and prognosis of the tooth are favorable; and (4) where the tooth is not routinely restorable with a filling.



# Restorative D2000 - D2999 (Crowns - single restoration only) - Commentary

## Occlusion Continued

- A request for a crown on an **unopposed** molar (teeth #'s 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32) must include a narrative documenting the medical necessity of restoration as opposed to extraction.
  - *Example:* a crown on an unopposed molar is medically necessary because extraction of the molar could cause osteoradionecrosis of the jaw or could cause adjacent teeth to drift or rotate.
- In order for a molar to be considered unopposed, it must be entirely unopposed as determined by radiographic evidence.
  - *Example:* Tooth #14 is typically in occlusion with teeth #19 and #20. However, radiographic evidence demonstrates that tooth #14 is unopposed because both tooth #19 and tooth #20 are missing. In contrast, tooth #14 is opposed if only tooth #19 or only tooth #20 is missing.

# Restorative D2000 - D2999 (Crowns - single restoration only) - Commentary

## Occlusion Continued

- A request for a crown on an unopposed molar does **NOT** require a narrative documenting medical necessity if a patient's documented medical condition precludes extraction.
- A request for a crown on an unopposed molar does **NOT** require a narrative documenting medical necessity if the molar is a critical abutment for an existing or prospective prosthesis.
- A request for a crown on an unopposed anterior tooth (teeth # 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26 and 27) or an unopposed pre-molar (teeth #4, 5, 12, 13, 20, 21, 28 and 29) does **NOT** require a narrative documenting medical necessity.

# IV. Endodontics D3000 - D3999 - Introduction

Section IV sets forth the clinical criteria for the coverage of endodontics (referred to as “root canals” hereinafter) within the scope of the Medicaid Program. The notable changes to this section, effective 1/31/2024, include expanded coverage for root canals, revisions to the provision discussing the presence or absence of eight (8) or more natural or prosthetic contact, and changes to the provision regarding functional occlusion.

# Endodontics D3000 - D3999 - Revisions

The revised section will read:

Root canal therapy for members under the age of 21 will be covered when medically necessary. In determining whether requested endodontic treatment is medically necessary, the following factors may be considered:

- The periodontal status, member compliance, and overall status and prognosis of the tooth are favorable
- The tooth is not routinely restorable with a filling

# Endodontics D3000 - D3999 - Revisions

Root canal therapy for members *21 years of age and over* will be covered when medically necessary. In determining whether requested endodontic treatment is medically necessary, the following factors may be considered:

- There is a documented medical condition which precludes an extraction of the tooth
- The tooth is a critical abutment for an existing or proposed prosthesis
- If the tooth is a posterior tooth, the following additional factors may be considered:
  - The periodontal status, member compliance, and overall status and prognosis of the tooth are favorable
  - There are eight or more natural or prosthetic posterior points of contact present
  - If the posterior tooth is a molar, treatment of the molar is necessary to maintain functional or balanced occlusion of the patient's dentition
  - Consideration for a third molar will be given if the third (3<sup>rd</sup>) molar occupies the first (1<sup>st</sup>) or second (2<sup>nd</sup>) molar position
  - Note: Requests for treatment on unopposed molars must include a narrative documenting medical necessity
- If the tooth is an anterior tooth, the following additional factors may be considered:
  - The periodontal status, member compliance, and overall status and prognosis of the tooth are favorable

# Endodontics D3000 - D3999 - Commentary

## General

- The bullet points contained in the “Endodontics” section of the Dental Manual should all be considered when formulating a treatment plan but are NOT mutually exclusive, meaning that not all factors must be satisfied for a root canal to be covered.
- A root canal will be covered where there are eight (8) or more points of natural or prosthetic contact unless there is a documented indication to extract the tooth.
- Crown lengthening will be covered when associated with a covered crown and/or covered root canal procedure.
  - **Note:** coverage of crown lengthening should be requested simultaneously with a request for coverage of a crown and/or root canal procedure.
  - Please refer to D4249 of Section V Periodontics of the Dental Manual for the new billing codes associated with crown lengthening.

# Endodontics D3000 - D3999 - Commentary

## Root Canal Coverage Where Extraction Is Precluded Due to a Medical Condition

- A root canal will be covered if the member has a documented medical condition which precludes extraction of the tooth.
  - Example: A member needs a root canal on a pre-molar but has fewer than eight (8) points of contact. The member also has a documented medical condition that makes extraction of the pre-molar dangerous. Due to the medical condition, a root canal on the member's pre-molar will be covered.
- A root canal will be covered on a member's third (3rd) molar if the patient has a documented medical condition which precludes extraction even if: (1) the third (3rd) molar is in the third (3rd) molar position; or (2) the third (3rd) molar is unopposed.
  - **Note:** A narrative documenting the medical necessity of a root canal on a member's third (3rd) molar is not required, even if the third (3rd) molar is unopposed, if the patient has a documented medical condition that precludes extraction.
- If a member has a medical condition that precludes extraction, NYS DOH may request supporting documentation of the member's medical condition from the member's treating physician.

# Endodontics D3000 - D3999 - Commentary

## Root Canal Coverage Where Extraction is Precluded Due to the Tooth Being a Critical Abutment

- A root canal will be covered where the tooth is a critical abutment for an existing or proposed prosthesis.
  - Example: A member needs a root canal on a molar but has fewer than eight (8) points of contact. However, the molar is a critical abutment to a prospective prosthesis. Due to the molar being a critical abutment, the root canal on the member's molar will be covered.
- A root canal will be covered on a member's third (3rd) molar if the patient's third (3rd) molar is a critical abutment even if: (1) the third (3rd) molar does NOT occupy the first (1st) or second (2nd) molar position; or (2) the third (3rd) molar is unopposed.
  - **Note:** A narrative documenting the medical necessity of a root canal on a member's third (3rd) molar is not required, even if the third (3rd) molar is unopposed, if the patient's third (3rd) molar is a critical abutment.



# Endodontics D3000 - D3999 - Commentary

## Occlusion

- Coverage of a root canal on a molar **WILL** be considered if the molar is necessary to maintain balanced or functional occlusion of the patient's dentition.
  - Note: If a patient has eight (8) or more points of contact, coverage of a root canal **WILL NOT** be denied under the justification that the molar is not "necessary to maintain balanced or functional occlusion of the patient's dentition."
- For anterior teeth (teeth #s 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26 and 27), root canals will be covered where:
  - (1) the periodontal status is favorable;
  - (2) member compliance is favorable; and
  - (3) the status and prognosis of the tooth are favorable

# Endodontics D3000 - D3999 - Commentary

## Occlusion, continued

- A request for a root canal on an unopposed molar (teeth # 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32) must include a narrative documenting the medical necessity of restoration as opposed to extraction.
  - Example: a root canal on an unopposed molar is medically necessary because extraction of the molar could cause osteoradionecrosis of the jaw or could cause adjacent teeth to drift or rotate.
- In order for a molar to be considered unopposed, it must be entirely unopposed as determined by radiographic evidence.
  - Example: Tooth #14 is typically in occlusion with teeth #19 and #20. However, radiographic evidence demonstrates that tooth #14 is unopposed because both tooth #19 and tooth #20 are missing. In contrast, tooth #14 is opposed if only tooth #19 or only tooth #20 is missing.

# Endodontics D3000 - D3999 - Commentary

## Occlusion, continued

- A request for a root canal on an unopposed molar does **NOT** require a narrative documenting medical necessity if a member's documented medical condition precludes extraction.
- A request for a root canal on an opposed molar does **NOT** require a narrative documenting medical necessity if the molar is a critical abutment for an existing or prospective prosthesis.
- A request for a root canal on an unopposed anterior tooth (teeth # 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26 and 27) or unopposed pre-molars (teeth #4, 5, 12, 13, 20, 21, 28 and 29) does **NOT** require a narrative documenting medical necessity

# V. Periodontics - Revisions

## SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)

- D4210 and D4211 are reimbursable solely for the correction of severe hyperplasia or hypertrophy associated with drug therapy, hormonal disturbances, or congenital defects.
- The provider must keep in the treatment record detailed documentation describing the need for gingivectomy or gingivoplasty including pretreatment photographs depicting the condition of the tissues.

# V. Periodontics - Revisions

- D4249 clinical crown lengthening – hard tissue
  - Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. Crown lengthening is reimbursable solely when associated with a medically necessary crown or root canal procedure.
  - The periodontal status, member compliance, and overall status and prognosis of the tooth may be taken into consideration when determining medical necessity.
  - All requests for coverage of a crown lengthening should include a complete treatment plan addressing all areas of pathology. The provider must keep in the treatment record detailed documentation describing the need for crown lengthening including pretreatment photographs depicting the condition of the tissues.
  - Coverage of a crown lengthening should be requested at the same time as a request for coverage of a crown and/or a root canal. If the need for crown lengthening is discovered during a procedure then providers should refer to [Prior Approval Change Request](#) information on page 18 of the Dental Policy Manual.

# VI. Prosthodontics (Removable) D5000 - D5899 - Introduction

Section VI sets forth the criteria for the coverage of replacement prosthodontics (referred to as “replacement dentures” hereinafter) within the scope of the Medicaid Program. The notable changes to this section, effective 1/31/2024, include revisions to the documentation required by the member’s dentist and the removal of the requirement that the member provide a physician letter.

# Prosthodontics (Removable) D5000 - D5899 - Revisions

The revised section will read:

- Full and/or partial dentures are covered by Medicaid **when they are determined to be medically necessary, including when necessary** to alleviate a serious condition or one that is determined to affect employability. This service requires prior approval.
- Complete dentures and partial dentures, whether unserviceable, lost, stolen, or broken will not be replaced for a minimum of eight (8) years from initial placement except when determined to be medically necessary by the Department or its agent. **Prior approval requests for replacement dentures prior to eight (8) years must include a completed **Justification of Need for Replacement Prosthesis Form** signed by the patient's dentist, explaining the specific circumstances that necessitate replacement of the denture.** If replacement dentures are requested within the eight (8) year period after they have already been replaced once, then the dentist's supporting documentation must include an explanation of preventative measures instituted to alleviate the need for further replacements.

# Prosthodontics (Removable) D5000 - D5899 - Revisions

## General Guidelines for All Removable Prosthesis:

- Requests for partial dentures will be reviewed based on the presence/absence of eight (8) points of natural or prosthetic posterior occlusal contact and/or one (1) missing maxillary anterior or two (2) missing mandibular anterior teeth.
- Complete and/or partial dentures will be approved only when the existing prosthesis is not serviceable and cannot be relined or rebased. Reline or rebase of an existing prosthesis will not be reimbursed when such procedures are performed in addition to a new prosthesis for the same arch within six (6) months of the delivery of a new prosthesis. Only “tissue conditioning” (D5850 or D5851) is payable within six (6) months prior to the delivery of new prosthesis.



# Prosthodontics (Removable) D5000 - D5899 - Revisions

## General Guidelines for All Removable Prosthesis:

- Six (6) months of post-delivery care from the date of insertion is included in the reimbursement for all newly fabricated prosthetic appliances. This included rebasing, relining, adjustments, and repairs.
- Cleaning of removable prosthesis or soft tissue not directly related to natural teeth is not a covered service. Prophylaxis and/or scaling and root planning is only payable when performed on natural dentition.
- “Immediate” prosthetic appliances are not a covered service. An appropriate length of time for healing should be allowed before taking a final impressions. Generally, it is expected that tissue will need a minimum of four (4) to six (6) weeks for healing. Claims for denture insertion occurring within four (4) weeks of extraction(s) will pend for professional review.
- Claims are not to be submitted until the denture(s) are completed and delivered to the member. The “date of service” used on the claim is the date that the denture(s) are delivered. If the prosthesis cannot be delivered or the member has lost eligibility following the date of the “decisive appointment” claims should be submitted following the guidelines for “Interrupted Treatment”.
- Medicaid payment is considered payment in-full. Except for members with a “spend down,” members cannot be charged beyond the Medicaid fee. Deposits, down-payments, or advance payments are prohibited.

# Prosthodontics (Removable) D5000 - D5899 - Commentary

- The supporting documentation detailing the preventative measures implemented to prevent future loss of a member's denture(s) is **ONLY** required when a subsequent request for replacement denture(s) is made within eight (8) years of the member's prior request for denture(s).
- The prior requirement that a member's physician provide documentation explaining how replacement denture(s) would alleviate the member's serious health condition or improve employability has been **REMOVED** from the prosthodontics section of the Dental Manual.

# Prosthodontics (Removable) D5000 - D5899 - Commentary

- MCO and Fee-for-Service providers are **REQUIRED** to submit a **Justification of Need for Replacement Prosthesis** form with ALL prior approval requests for replacement denture(s).
  - **Note:** MCO and Fee-for Service providers are directed to complete the entirety of the Justification of Need for Replacement Prosthesis form prior to submitting it to NYS DOH.
- The Justification of Need for Replacement Prosthesis form **DOES NOT** need to be notarized, and MCOs cannot impose additional criteria other than what is provided on the Justification of Need for Replacement Prosthesis form.

# Justification of Need for Replacement Prosthesis Form

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Dental Review

Justification of Need for Replacement Prosthesis

Provider Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Member Name: \_\_\_\_\_ CIN: \_\_\_\_\_ Age: \_\_\_\_\_

ADDRESS BOTH ARCHES - COMPLETE EACH APPROPRIATE SECTION

1. Reason for replacement of existing maxillary appliance:  worn/broken teeth  loose  broken base/framework,  
 extraction of additional teeth  lost  stolen  other

2. Reason for replacement of existing mandibular appliance:  worn/broken teeth  loose  broken base/framework,  
 extraction of additional teeth  lost  stolen  other

3. If lost, provide explanation of circumstances: \_\_\_\_\_

4. If stolen, provide copy of police report (if available) or a statement containing a detailed explanation of circumstances of the theft. Please indicate which document you are submitting with this form below:

Police Report

Statement of circumstances

5. Required field for Partial Dentures:

Maxillary Arch: teeth being replaced: \_\_\_\_\_, teeth being clasped: \_\_\_\_\_

Mandibular Arch: teeth being replaced: \_\_\_\_\_, teeth being clasped: \_\_\_\_\_

6. Has the member requested replacement dentures previously?  Yes  No

6a. If yes, is this request being made within eight (8) years of the member's prior request for replacement dentures?  Yes  No

6b. If yes, provide an explanation of the preventative measures instituted by the member/caretaker to alleviate this member's need for further replacements: \_\_\_\_\_

7. Additional comments pertaining to treatment plan: \_\_\_\_\_

Form to be posted on January 31, 2024, at the following link: <https://www.emedny.org/>

# VIII. Implant Services D6000 – D6199 - Introduction

Section VIII sets forth the clinical criteria for the coverage of dental implants within the scope of the Medicaid Program. The notable changes to this section, effective January 31, 2024, include removal of the requirement of a letter from the member's physician and clarification on coverage of single tooth implants.

# Implant Services D6000 – D6199 - Revisions

## The revised section will read:

Dental implants, **including single implants**, and implant related services, will be covered by Medicaid when medically necessary. Prior approval requests for implants must have supporting documentation from the **patient's dentist**. **The patient's dentist's office must submit a completed **Evaluation of the Dental Implant Patient Form** documenting, among other things, the patient's medical history, current medical conditions being treated, list of all medications currently being taken by the patient, explaining why implants are medically necessary and why other covered functional alternatives for prosthetic replacement will not correct the patient's dental condition, and certifying that the patient is an appropriate candidate for implant placement. If the patient's dentist indicates that the patient is currently being treated for a serious medical condition, the Department may request further documentation from the patient's treating physician.**

# Implant Services D6000 – D6199 - Revisions

## General Guidelines:

- The dentist's explanation as to why other covered functional alternatives for prosthetic replacement will not correct the patient's dental condition will be reviewed based on the presence/absence of eight (8) points of natural or prosthetic posterior occlusal contact and/or one (1) missing maxillary anterior or two (2) missing mandibular anterior teeth.
- A complete treatment plan addressing all phases of care is required and should include the following:
  - Accurate pretreatment charting;
  - Complete treatment plan addressing all areas of pathology;
  - Inter-arch distances;
  - Number, type and location of implants to be placed;
  - Design and type of planned restoration(s);
  - Sufficient number of current, diagnostic radiographs and/or CT scans allowing for the evaluation of the entire dentition.

# Implant Services D6000 – D6199 - Revisions

## General Guidelines, continued:

- If bone graft augmentation is needed there must be a 4 to 6-month healing period before a dental implant can be placed.
- Dental implant code D6010 will be re-evaluated via intraoral radiographs or CT scans prior to the authorization of abutments, crowns, or dentures four to six months after dental implant placement.
- Treatment on an existing implant/implant prosthetic will be evaluated on a case-by-case basis.
- Documentation must include a list of all medications currently being taken and all conditions currently being treated.
- All cases will be considered based upon supporting documentation and current standards of care.



# Implant Services D6000 – D6199 - Commentary

- The prior requirement that a member's physician must provide documentation explaining how dental implants would alleviate a member's medical condition has been **REMOVED**.
- MCO and Fee-for-Service providers are **REQUIRED** to submit NYS DOH Prior Authorization Form titled: **Evaluation of the Dental Implant Patient** with ALL requests for dental implants.
  - Note: MCO and Fee-for Service providers are directed to complete the entirety of the Prior Authorization Evaluation of the Dental Implant Patient form prior to submitting it to NYS DOH.
- The Prior Authorization Evaluation of the Dental Implant Patient Form **DOES NOT** need to be notarized, and MCOs cannot impose additional criteria other than what is provided on the NYS DOH Prior Authorization Evaluation of the Dental Implant Patient form.

# Implant Services D6000-D6199 - Commentary

- A member's dentist must still explain, with supporting medical documentation, why a dental implant is medically necessary.
  - *Example:* Medical necessity may include, but is not limited to, partial or complete edentulism or traumatic injury to osseous structures of head, jaw and/or face resulting in inadequate remaining osseous support for conventional dental prosthesis. Medical necessity will be evaluated on a case-by-case basis.
- A member's dentist must also still explain why other functional alternatives for prosthetic replacement (such as a partial denture) would not correct the member's dental condition.
  - *Examples:* (1) a member may be unable to operate a removeable prosthesis due to a neurological disorder (i.e., a seizure disorder, Parkinson's disease); (2) a member may lack the bone support necessary to maintain a removable prosthesis.
- Single tooth implants are covered if they meet the other coverage criteria set forth in Section VIII of the Dental Manual.
- The need for a prosthetic replacement (including implants) is based, in part, on the absence of 8 points of posterior contact or missing anterior teeth as described in the General Guidelines. Reviewers must undertake a full medical necessity evaluation, assessing all of the clinical criteria applicable to prosthetic replacements contained in the Dental Manual.

# Evaluation of Dental Implant Patient Form

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Dental Review

Evaluation of the Dental Implant Patient

Dentist Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Member Name: \_\_\_\_\_ CIN: \_\_\_\_\_ Age: \_\_\_\_\_

Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

List any significant medical conditions that the member is currently being treated for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify the physician(s) currently treating the member for any of the above-listed medical condition(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detail the member's medical necessity for dental implants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detail why other covered functional alternatives for prosthetic replacement will not correct the member's dental condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above patient is an acceptable candidate for dental implant surgery: \_\_\_\_\_ Yes \_\_\_\_\_ No

Form to be posted on January 31, 2024, at the following link: <https://www.emedny.org/>



# Questions

Questions related to Fee-for-Service should be directed to the Office of Health Insurance Programs (OHIP), Division of Program Development and Management, at (518) 473-2160 or [dentalpolicy@health.ny.gov](mailto:dentalpolicy@health.ny.gov).

Questions related to MCOs should be directed to the enrollee's plan.