

Dental Provider Bulletin

From Molina Healthcare of Nebraska

03/05/2025

Guidelines for Interrupted Denture Delivery

The updated billing process for Interrupted Denture Delivery begins April 1st, 2025.

Molina Dental Services (MDS) may reimburse providers based on the level of completion if denture treatment is interrupted and the provider cannot deliver the dentures. Providers must keep diagnostic models and undelivered dentures for one year. The guidelines for interrupted denture treatment apply to codes D5110, D5120, D5211, D5212, D5213 and D5214.

Providers may submit claims for one of the following stages in denture treatment utilizing the appropriate code noted for this process in the Medicaid Dental Fee Schedule:

- A) If treatment is interrupted after final impression but BEFORE initial jaw relations- 25% of the total rate
- B) If treatment is interrupted after final jaw relation (e.g., wax try-in with denture teeth)- 50% of the total rate

If treatment is not interrupted, and the member remains Medicaid eligible, the provider should submit a single claim for full reimbursement noting the date of delivery as the date of service.

Providers are required to make and maintain documentation of three attempts to contact the member to complete the denture service within 30 days following the initial appointment-setting attempt. If there is no response from the member for 30 days from the postmark date, the denture service may be classified as interrupted. Members returning within 180 days can resume; after 180 days of interruption, the member must restart the denture process.

MDS will define a prorated amount for D5899 based on the allowable rate(s) and stage of completion. The total reimbursement will not exceed 100% of the provider's allowable rate for the denture service. This benefit is available once every five (5) years. If the provider decides to deliver the completed dentures to a member who is no longer Medicaid eligible, the provider may bill the member the remaining contract rate amount under these circumstances. It is the provider's responsibility to verify member eligibility with MLTC before delivering the dentures.

Procedure:

Providers must submit an authorization for D5899, indicating interrupted care and including documentation that supports:

- The level of service completion;
- The patient's death or failure to return within three months;
- Three attempts to contact the patient to schedule an appointment within 30 days of the initial attempt, followed by another 30-day waiting period after mailing a letter.

If you have any questions, or need further assistance, please e-mail Molina Provider Relations at MDVSPProviderServices@molinahealthcare.com.