

# Denti-Cal Bulletin



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## ***Avoid Denials on Requests for Full Upper, Lower, and Partial Dentures***

When submitting a Treatment Authorization Request (TAR) for full upper dentures (Procedures D5110 and D5130), lower dentures (Procedures D5120 and D5140), partial dentures (Procedures D5211, D5212, D5213, and D5214), and a complete overdenture (D5860) providers are required to submit a Justification of Need for Prosthesis Form (DC054) with the TAR. This form provides complete and detailed information necessary for screening and processing prosthetic cases.

When completing a DC054 form, providers are reminded to fill in all fields applicable to the requested procedures. If the DC054 form is incomplete or incorrect, the requested procedures will be denied with Adjudication Reason Code 155.

The following lists common errors resulting in denied procedures:

- ◆ The information on the DC054 form does not correspond to the treatment requested on the TAR. For example, the TAR is requesting a Removable Partial Denture, but the DC054 indicates a Complete Denture.
- ◆ The soft and hard tissue has not been evaluated. This is critical because it shows that the provider evaluated the radiographs, ridges, and soft tissue for any potential need for surgery or other treatment prior to the construction of a removable appliance.
- ◆ The provider confirms the beneficiary has never had a removable prosthesis and then completes the boxes evaluating an existing appliance. This discrepancy leads to confusion as to what appliance is actually being requested and/or evaluated.
- ◆ The provider requests a removable partial denture but has not addressed the teeth to be replaced or extracted and clasped.
- ◆ The provider checks boxes indicating "inadequate" but fails to explain what the inadequacies are.
- ◆ The provider does not address the condition of the opposing arch. This information is critical as it can have an affect on the appropriateness of the proposed treatment plan.

Please refer to the Section 9: Special Programs in the Provider Handbook for more information about using the Justification of Need for Prosthesis Form.

For questions on the above, or any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.