

EXHIBIT A.5

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: _____

Provider signature: _____ Date: _____