



Denture Replacement Request Form

PrimeWest Health denture coverage and replacement policies

PrimeWest Health members are allowed one dental appliance, either a partial denture or full denture, per arch every three years. Partial dentures always require a Service Authorization. If a denture is lost, stolen, or damaged and irreparable, the appliance will only be replaced if the replacement is needed due to circumstances beyond the member’s control. Service Authorization is always required for a replacement appliance.

Per MN Rules part 9505.0070, subp. 5, a third-party who is liable to pay all or part of the cost of a health service provided to a Medical Assistance recipient shall be the primary payer; Medical Assistance is the payer of last resort.

Member name (first and last): _____

PMI: _____

Date previous denture(s) was placed: _____

Replacement is needed due to the following circumstances beyond the member’s control:

Loss at nursing home or other facility (e.g., hospital, assisted living)
Because replacement coverage is limited, nursing homes should have policies and processes in place to help members care for their dentures and minimize the risk of damage or loss. In addition, per Title 42 Code of Federal Regulations (CFR) Part 483.55, Dental Services, nursing homes are required to have a policy identifying the circumstances in which loss of or damage to dentures is the facility’s responsibility.

Yes No – nursing home or other facility has been contacted to be primary payer

Result of contact: _____

Loss due to motor vehicle accident*
 Yes No – auto insurance has been contacted to be primary payer

Result of contact: _____

* provide dated copy of report/submission

Loss at home due to fire or natural disaster*
 Yes No – homeowners or renters insurance has been contacted to be primary payer

Result of contact: _____

* provide dated copy of report/submission

Loss due to other circumstance; please describe below:

Dentist signature _____
Date

After signing and dating this form, return it to PrimeWest Health via fax to **1-866-431-0804**, via secure email to **dental@primewest.org**, or via mail to **3905 Dakota St, Alexandria, MN 56308, Attn: Dental Utilization Management.**