Justification of Need for Replacement Prosthesis Form

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Dental Review

Provider Name:_____ NPI:_____

Member Name:_____CIN:_____ Age:_____

ADDRESS BOTH ARCHES - COMPLETE EACH APPROPRIATE SECTION

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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:_____