



NON-INSURED HEALTH BENEFITS PROGRAM PARTIAL DENTURE TRIAL PROJECT FORM – DENTISTS (GP/SP)

Dedicated Trial Project Toll Free Fax Number: 1-833-517-0378

This form must accompany all predetermination requests for partial dentures under this trial project.

A. Criteria for NIHB Coverage of Partial Dentures under the Partial Denture Trial Project

1. The space to be replaced is greater than or equal to the corresponding natural teeth (vertically and horizontally).
2. There is one or more missing teeth in the anterior sextant; OR there are two or more missing posterior teeth in a quadrant excluding second and third molars.
3. Upon request, the following documentation must be made available to NIHB:
 - Comprehensive treatment plan to indicate all completed treatments and pending treatment needs
 - Conventional or digital radiographs (periapical radiographs of abutment teeth and bitewing radiographs)
 - Notation of all missing teeth
 - All pertinent clinical findings/notes supporting the predetermination request

B. The general principles and the eligibility conditions* under the current Removable Prosthodontics Policy continue to apply with the exception of the eligibility conditions listed below:

“All abutment teeth must have: adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs; and absence of active periodontal disease.”

“If there is evidence of periodontal disease, the NIHB Program will not consider coverage for a cast partial denture. However, in such situations, the Program will consider coverage for an acrylic partial denture.”

* Refer to sections 8.6.1 and 8.6.2 of the NIHB Program’s Dental Benefits Guide.

Consequence of Non-Compliance with the Criteria Listed in Section A

For the entire duration of the trial project, the NIHB Program will contact providers of randomly selected paid partial dentures to request all supporting documentation as outlined in section A.

Failure to submit the required documentation or non-compliance with the criteria of the Partial Denture Trial Project will result in the recovery of 100% of professional fees paid by the NIHB Program per partial denture. In cases where funds have been recovered, the provider cannot bill the client for these recovered amounts.

By signing below, I agree to have this partial denture case included in the Partial Denture Trial Project under the requirements disclosed above.

Provider Name (please print):	Client Name:
Provider Number:	
Provider Signature:	Client Date of Birth:
Date:	Client ID Number: