

REMOVABLE PROSTHODONTICS

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Related Dental Policy

- [Fixed Prosthodontics](#)

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Removable prosthodontic appliances are indicated for replacement of missing teeth loss to disease or injury.

The following outlines indications and coverage guidelines for complete and partial removable prosthodontics.

Complete Dentures

Complete dentures are indicated for the following:

- To replace teeth that are non-restorable due to gross caries and/or advanced periodontal disease
- To replace teeth lost due to orofacial trauma
- To replace teeth lost due to oral cancer surgery and subsequent reconstruction

Complete dentures are not indicated for the following:

- When there is no evidence of dental disease
- When teeth appear to be restorable

- When there has been extensive bone atrophy resulting in an inadequate edentulous ridge for retention of appliance
- Member convenience

Coverage Limitations and Exclusions

- Limited to once per 60 months from initial or supplemental placement
- Not allowed if within 60 months of an existing partial denture, interim partial denture, removable partial denture, pontic, retainer, inlay abutment, crown abutment, onlay abutment, or an interim retainer crown for same tooth
- Not allowed if there is a history of an implant, implant abutment, denture, or interim partial for the same tooth

Partial Dentures

Partial dentures are indicated for the following:

- To replace teeth that are non-restorable due to gross caries and/or advanced periodontal disease
- To replace teeth lost due to trauma or injury
- When a Fixed Partial Denture is contraindicated (e.g., immediately following extractions, for a long edentulous span, distal extension needs, a periodontally involved dentition, resorption and loss of edentulous ridge)

Partial dentures are not indicated for the following:

- Chronic poor oral hygiene
- Severe periodontal disease with questionable ability to support a partial denture

Coverage Limitations and Exclusions

- Limited to once per 60 months
- Not allowed if within 60 months of an existing partial denture, interim partial denture, removable partial denture, pontic, retainer, inlay abutment, crown abutment, onlay abutment, or an interim retainer crown for same tooth
- Not allowed if there is a history of an implant, implant abutment, denture, or interim partial for the same tooth

Complete and Partial Denture Rebase Procedures

Rebasing of removable appliances is considered inclusive for the first 6 months, and then subject to frequency limitations. For Immediate Dentures, one Rebase covered in the first six months; then additional rebasing subject to frequency limitations.

Denture rebasing is indicated for the following:

- When there is a space between base and residual ridge
- When appliance has become mobile or unstable
- When replacing or rearranging teeth on the appliance
- When the base has fractured or cracked

Denture rebasing is not indicated for the following:

- When the appliance is broken or worn to the extent that replacement is warranted
- When the occlusion or structural integrity of the denture teeth are no longer functional
- When Reline is sufficient

Complete and Partial Denture Reline Procedures

Relining of removable appliances is considered inclusive for the first 6 months, and then subject to frequency limitations. For Immediate Dentures, one Reline covered in the first six months; then additional relining subject to frequency limitations.

Denture relining is indicated for the following:

- When appliance has become mobile or unstable
- To reestablish a soft tissue base for a distal extension appliance when denture rotation is evident
- When there has been loss of occlusal contact with opposing arch

Denture relining is not indicated for the following:

- When the appliance is broken or worn to the extent that replacing the appliance is warranted
- When the occlusion or structural integrity of the denture teeth are no longer functional

Interim Prosthesis

Interim prostheses are indicated for the following:

- While tissue is healing following extractions
- Maintenance of a space for future permanent treatment such as an implant, bridge or definitive fixed appliance
- To condition teeth and ridge tissue for optimum support of a definitive removable partial denture

- To maintain established jaw relation until all restorative treatment has been completed and a definitive partial denture can be constructed

Interim prostheses are not indicated as a permanent, definitive prosthesis.

Overdentures

Overdentures are indicated for the following:

- To preserve the integrity of the edentulous ridge
- When there are teeth available as abutments that have a good long term prognosis

Overdentures are not indicated for the following:

- When there has been significant deterioration of the edentulous ridge
- When the teeth available as abutments do not have a good long term prognosis
- Members with poor oral hygiene and non-compliance

Tissue Conditioning

Tissue conditioning is considered inclusive for the first 12 months, and is then subject to frequency limitations.

Tissue conditioning is indicated for the following:

- In the presence of inflammation and irritation of the mucosa covering denture-bearing areas
- When there is distortion of normal anatomic structures, such as incisive papillae, rugae, and retromolar pads
- A burning sensation in residual ridge areas, the tongue, and the cheeks and lips not related to a systemic medical condition
- Subsequent to placement of Immediate Dentures to facilitate short term denture retention

Tissue conditioning is not indicated for long term appliance stability and/or comfort.

Repairs and Adjustments

Repairs and adjustments of removable appliances are considered inclusive for the first 12 months, and are then subject to frequency limitations. Adding teeth to appliances is also subject to frequency limitations.

Maxillofacial Prosthetics

These are removable appliances for the loss of orofacial structures due to trauma, congenital deformity or destruction of structures due to cancer and resection. This code section also includes radiation shields, carriers for fluoride, radiation carriers, as well as specific medicaments. These removable prosthetics are considered to be medical in nature and are typically covered under the member's medical plan. Please see appropriate medical policy.

Coverage Limitations and Exclusions

- Any Dental Procedure performed solely for cosmetic/aesthetic reasons (cosmetic procedures are those procedures that improve physical appearance)
- Replacement of complete dentures, and fixed and removable partial dentures or crowns, if damage or breakage was directly related to provider error (this type of replacement is the responsibility of the Dentist; if replacement is necessary because of member non-compliance, the member is liable for the cost of replacement)
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction
- Attachments to conventional removable prostheses or fixed bridgework (this includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial Overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature)
- Procedures related to the reconstruction of a member's correct vertical dimension of occlusion (VDO)
- Placement of Fixed Partial Dentures solely for the purpose of achieving periodontal stability

Clinical situations that can be effectively treated by a less costly dental appropriate alternative procedure will be assigned a benefit based on the least costly procedure.

DEFINITIONS

Dental Prosthesis: An artificial replacement (prosthesis) of one or more teeth (up to the entire dentition in either arch) and associated dental/alveolar structures. Dental prostheses usually are subcategorized as either fixed dental prostheses or removable dental prostheses. (Academy of Prosthodontics)

Fixed Partial Denture: A prosthetic replacement of one or more missing teeth cemented or otherwise attached to the abutment teeth or implant replacements. (ADA)

Immediate Denture: Any removable Dental Prosthesis fabricated for placement immediately following the removal of a natural tooth/teeth. (Academy of Prosthodontics)

Implant Denture: A denture is not an implantable device. Dental prostheses (fixed dental prostheses, removable dental prostheses) as well as maxillofacial prostheses can be supported and retained in part or whole by dental implants. (Academy of Prosthodontics)

Overdenture: Any removable Dental Prosthesis that covers and rests on one or more remaining natural teeth, the roots of natural teeth, and/or dental implants; a Dental Prosthesis that covers and is partially supported by natural teeth, natural tooth roots, and/or dental implants. (Academy of Prosthodontics)

Rebase: The laboratory process of replacing the entire denture base material on an existing prosthesis. (Academy of Prosthodontics)

Reline: The procedures used to resurface the tissue side of a removable Dental Prosthesis with new base material, thus producing an accurate adaptation to the denture foundation area. (Academy of Prosthodontics)

Removable Complete Denture Prosthesis: A removable Dental Prosthesis that replaces the entire dentition and associated structures of the maxillae or mandible. (Academy of Prosthodontics)

Removable Partial Denture Prosthesis: Any prosthesis that replaces some teeth in a partially dentate arch. It can be removed from the mouth and replaced at will – also called partial removable Dental Prosthesis. (Academy of Prosthodontics)

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Clinical Policies and Coverage Guidelines may apply.

CDT Code	Description
D5110	Complete denture – maxillary
D5120	Complete denture – mandibular
D5130	Immediate denture – maxillary
D5140	Immediate denture – mandibular
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary

CDT Code	Description
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular
D5410	Adjust complete denture – maxillary
D5411	Adjust complete denture – mandibular
D5421	Adjust partial denture – maxillary
D5422	Adjust partial denture – mandibular
D5511	Repair broken complete denture base, mandibular
D5512	Repair broken complete denture base, maxillary
D5520	Replace missing or broken teeth – complete denture (each tooth)
D5611	Repair resin partial denture base, mandibular
D5612	Repair resin partial denture base, maxillary
D5621	Repair cast partial framework, mandibular
D5622	Repair cast partial framework, maxillary
D5630	Repair or replace broken retentive/clasping materials - per tooth
D5640	Replace broken teeth – per tooth
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture – per tooth
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)
D5710	Rebase complete maxillary denture
D5711	Rebase complete mandibular denture
D5720	Rebase maxillary partial denture
D5721	Rebase mandibular partial denture
D5730	Reline complete maxillary denture (chairside)
D5731	Reline complete mandibular denture (chairside)
D5740	Reline maxillary partial denture (chairside)
D5741	Reline mandibular partial denture (chairside)
D5750	Reline complete maxillary denture (laboratory)
D5751	Reline complete mandibular denture (laboratory)
D5760	Reline maxillary partial denture (laboratory)
D5761	Reline mandibular partial denture (laboratory)
D5810	Interim complete denture (maxillary)
D5811	Interim complete denture (mandibular)
D5820	Interim partial denture (maxillary)
D5821	Interim partial denture (mandibular)
D5850	Tissue conditioning, maxillary
D5851	Tissue conditioning, mandibular
D5862	Precision attachment, by report
D5863	Overdenture – complete maxillary
D5864	Overdenture – partial maxillary
D5865	Overdenture – complete mandibular
D5866	Overdenture – partial mandibular
D5867	Replacement of replaceable part of semi-precision for precision attachment (male or female component)
D5875	Modification of removable prosthesis following implant surgery
D5876	Add metal substructure to acrylic full denture (per arch)
D5899	Unspecified removable prosthodontic procedure, by report

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DESCRIPTION OF SERVICES

Removable dentures are a component of prosthodontics, which denotes the branch of dentistry pertaining to the restoration and maintenance of oral function, comfort, appearance, and health of the member by the restoration of natural teeth and/or the replacement of missing teeth and craniofacial tissues with artificial substitutes.

REFERENCES

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GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none">Updated list of applicable CDT codes to reflect annual code edits:<ul style="list-style-type: none">Added D5282, D5283, and D5876Removed D5281Revised description for D5211, D5212, and D5630Archived previous policy version DCG020.04