Removable Prosthodontics
(For Ohio Only)

Policy Number: CSDEN331OH.A
Effective Date: December 1, 2023

➲ Instructions for Use

Related Dental Policy
• Fixed Prosthodontics

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Complete and Partial Dentures

Removable Complete or Partial Dentures are indicated for replacement of missing teeth lost due to disease, trauma, injury, or congenital absence.

Complete and Partial Dentures are not indicated for the following:
- Partial dentures are not indicated for members with chronic poor oral hygiene, or abutment teeth that are in poor condition due to periodontal disease or extensive caries
- When there has been extensive bone atrophy resulting in an inadequate edentulous ridge
- Poor neuro-muscular control
- Unresolved soft tissue concerns (e.g., lack of vestibular depth, hypertrophy, hyperplasia, stomatitis)

Complete and Partial Denture Rebase and Reline Procedures

Denture Rebasing is indicated for the following:
- When changes to the residual ridge result in loss of denture stability, retention, or occlusal disharmony
- When replacing or rearranging teeth on a partial denture
- When the base has fractured or cracked

Denture Rebasing is not indicated for the following:
- When the prosthesis 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 a Reline is sufficient

Denture Relining is indicated for the following:
- When changes to the residual ridge result in loss of denture stability, retention, or occlusal disharmony

Denture Rebasing and Relining are not indicated for the following:
- When the prosthesis is broken or worn to the extent that it is no longer functional and replacing the appliance is warranted
- Unresolved soft tissue hyperplasia or stomatitis

Interim Complete and Partial Dentures

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 prosthesis
- 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

Overdentures

Overdentures are indicated for the following:
- To preserve the integrity of the edentulous ridge
- When the teeth available as retainers have a good long-term prognosis

Overdentures are not indicated for the following:
- When there has been significant deterioration of the edentulous ridge
- Members with poor oral hygiene and non-compliance

Tissue Conditioning

Tissue conditioning is indicated for the following:
- The presence of inflammation and irritation of the mucosa or normal anatomic structures
- Subsequent to placement of Immediate Dentures

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

Definitions

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 fixed or 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 maxilla 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 Policies and 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 retentive/clasping materials, rests, and teeth)
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular
D5284	Removable unilateral partial denture – one-piece flexible base (including retentive/clasping materials, rests, and teeth – per quadrant
D5286	removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant
D5410	Adjust complete denture – maxillary
D5411	Adjust complete denture – mandibular
D5421	Adjust partial denture – maxillary
D5422	Adjust partial denture – mandibular

CDT Code	Description
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
D5725	Rebase hybrid prosthesis
D5730	Reline complete maxillary denture (direct)
D5731	Reline complete mandibular denture (direct)
D5740	Reline maxillary partial denture (direct)
D5741	Reline mandibular partial denture (direct)
D5750	Reline complete maxillary denture (indirect)
D5751	Reline complete manibular denture (indirect)
D5760	Reline maxillary partial denture (indirect)
D5761	Reline mandibular partial denture (indirect)
D5765	Soft liner for complete or partial removable denture - indirect
D5810	Interim complete denture (maxillary)
D5811	Interim complete denture (mandibular)
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), 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 or precision attachment , per attachment
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

Description of Services

Removable dentures, either partial or complete, replace missing teeth to restore oral function, comfort, appearance, and health. These prostheses may be supported by the edentulous ridge, retained natural teeth or intentionally retained roots of natural teeth. Over time, changes to the supporting structures or damage to the appliance may require adjustments that include relining, rebasing and tissue conditioning. For partial dentures, additional teeth may be lost and be added to the existing partial.

References

American Dental Association (ADA) CDT Codebook 2023.

Academy of Prosthodontics. The Glossary of Prosthodontic Terms. Ninth Edition. Available at: https://www.academyofprosthodontics.org/lib_ap_articles_download/GPT9.pdf. Accessed February 23, 2023.

American College of Prosthodontics (ACP). Position Statement on the Frequency of Denture Replacement.2015. Available at: https://www.prosthodontics.org/assets/1/7/The_Frequency_of_Denture_Replacement_Position_Statement.pdf. Accessed February 23, 2023.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms. Available at: https://www.ada.org/publications/cdt/glossary-of-dental-clinical-terms. Accessed February 23, 2023.

Carr A, Brown D. McCracken's Removable Partial Prosthodontics, 13th ed. St. Louis: Elsevier c2016. Chapter 13, Diagnosis and Treatment Planning; p.155-87.

Carr A, Brown D. McCracken's Removable Partial Prosthodontics, 13th ed. St. Louis: Elsevier c2016. Chapter 14, Preparation of the Mouth for Removable Partial Dentures; p.200-201.

Carr A, Brown D. McCracken's Removable Partial Prosthodontics, 13th ed. St. Louis: Elsevier c2016. Chapter 21, Initial Placement, Adjustment and Servicing of the Removable Partial Denture; p.294-296.

Carr A, Brown D. McCracken's Removable Partial Prosthodontics, 13th ed. St. Louis: Elsevier c2016. Chapter 22, Relining and Rebasing the Removable Partial Denture; p.298-301.

Carr A, Brown D. McCracken's Removable Partial Prosthodontics, 13th ed. St. Louis: Elsevier c2016. Chapter 24, Interim Removable Partial Dentures; p.310-313.

Dula LJ, Shala KSh, Pustina-Krasniqi T, Bicaj T, Ahmedi EF. The influence of removable partial dentures on the periodontal health of abutment and non-abutment teeth. Eur J Dent. 2015 Jul-Sep; 9(3):382-6.

Felton D, Cooper L, Duqum I, et al. Evidence-based guidelines for the care and maintenance of complete dentures: a publication of the American College of Prosthodontists. J Am Dent Assoc. 2011 Feb; 142 Suppl 1:1S-20S.

Zarb G, Eckert S, Jacob R, et al. Prosthodontic Treatment for Edentulous Patients: Complete Dentures and Implant Supported Prostheses, 13th ed. St. Louis: Elsevier c2013. Chapter 6, Additional Treatment Planning Options for Both Edentulous and Potentially Edentulous Patients; p.107-110.

Policy History/Revision Information

Date	Summary of Changes
12/01/2023	New dental policy

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare

reserves the right to modify its Policies and Guidelines as necessary. This Dental Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Archived Policy Versions

Effective Date	Guideline Number	Guideline Title
N/A	N/A	N/A