Removable Prosthodontics
(For Ohio Only)

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Table of Contents **Page**

Application....1
Prior Authorization....1
Description of Services....1
Definitions....2
Clinical Indications....2
Applicable Codes....4
References....6
Policy History/Revision Information....7
Instructions for Use....8
Archived Policy Versions....8

Related Dental Policy

- UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide
- Dental Provider Manual: UnitedHealthcare Community Plan of Ohio

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. Early and periodic screening, diagnostic, and treatment (EPSDT) covered dental service considerations are applied to members younger than age 21 years of age pursuant to Ohio Administrative Code 5160-1-14(C)(3).

Prior Authorization

The Ohio Department of Medicaid (ODM) determines coverage of dental services based on medical necessity, alignment with policy criteria, and clinical indications. CDT codes that are designated as covered by ODM are eligible for reimbursement when all applicable guidelines are met. For a comprehensive list of covered CDT codes, refer to the UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide and/or Dental Provider Manual: UnitedHealthcare Community Plan of Ohio.

Non-covered codes and services exceeding frequency limitations may be reimbursable if special justification is submitted to include prior-authorization, clinical narrative of medical necessity, and supporting documentation including but not limited to clinical records, diagnostic imaging, periodontal charting, or any other relevant documentation to support the clinical rationale.

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. Interim prostheses are temporary and designed to be used for a defined time period to prepare for a definitive appliance.

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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)

Interim Complete and Partial Dentures: A prosthesis designed for use over a limited period of time. Also referred to as a temporary removable denture. (ADA)

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)

Clinical Indications

Covered Codes

CDT Code	Age Limits	Frequency Limits	Authorization Required	Required Documentation
D5110	0-999	1 per 8 year(s) per member	Yes	Panoramic x-ray or full mouth series
D5120	0-999	1 per 8 year(s) per member	Yes	Panoramic x-ray or full mouth series
D5130	0-999	1 per 8 year(s) per member	Yes	Panoramic x-ray or full mouth series
D5140	0-999	1 per 8 year(s) per member	Yes	Panoramic x-ray or full mouth series
D5211	0-999	1 per 8 year(s) per member	Yes	Panoramic x-ray or full mouth series
D5212	0-999	1 per 8 year(s) per member	Yes	Panoramic x-ray or full mouth series
D5213	0-999	1 per 8 year(s) per member	Yes	Panoramic x-ray or full mouth series
D5214	0-999	1 per 8 year(s) per member	Yes	Panoramic x-ray or full mouth series

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CDT Code	Age Limits	Frequency Limits	Authorization Required	Required Documentation
D5225	0-999	1 per 8 year(s) per member	Yes	Panoramic x-ray or full mouth series
D5226	0-999	1 per 8 year(s) per member	Yes	Panoramic x-ray or full mouth series
D5511	0-999	1 per 12 months per member	No	N/A
D5512	0-999	1 per 12 months per member	No	N/A
D5520	0-999	1 per tooth every 12 months	No	N/A
D5611	0-999	1 per 12 months per member	No	N/A
D5612	0-999	1 per 12 months per member	No	N/A
D5621	0-999	1 per 12 months per member	No	N/A
D5622	0-999	1 per 12 months per member	No	N/A
D5630	0-999	1 per tooth every 12 months	No	N/A
D5640	0-999	1 per tooth every 12 months	No	N/A
D5650	0-999	1 per tooth every 12 months	No	N/A
D5660	0-999	1 per tooth every 12 months	No	N/A
D5750	0-999	1 per 3 year(s) per member	No	N/A
D5751	0-999	1 per 3 year(s) per member	No	N/A
D5760	0-999	1 per 3 year(s) per member	No	N/A
D5761	0-999	1 per 3 year(s) per member	No	N/A
D5899	0-999	N/A	Yes	Panoramic x-ray or full mouth series; Narrative of medical necessity

Complete and Partial Dentures

Removable Complete or Partial Dentures (including Immediate Complete and Partial Prostheses) are indicated for replacement of missing teeth lost due to disease, trauma, or injury.

Complete and Partial Dentures are not indicated for the following:

- Partial dentures are not indicated for members with oral diseases including abutment teeth with periodontal disease or extensive caries
- When there has been extensive bone atrophy
- Medical conditions resulting in impaired 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

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- 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 considered temporary and 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 are free of oral diseases

Overdentures are not indicated for the following:
- When there has been significant deterioration of the edentulous ridge
- Members exhibiting non-compliance with signs of insufficient oral hygiene including but not limited to:
    - Visible dental plaque accumulation
    - Calculus present on teeth
    - Gingival inflammation and/or erythema
    - Bleeding gums upon probing or brushing
    - Dental caries
    - Food debris remaining on teeth or gingival margins
    - Increased gingival recession or periodontal pocketing

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.

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.

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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
D5511	Repair broken complete denture base, mandibular
D5512	Repair broken complete denture base, maxillary
D5520	Replace missing or broken teeth – complete denture – per 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 missing or broken teeth – partial denture – per tooth
D5650	Add tooth to existing partial denture – per tooth
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

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CDT Code	Description
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- natural tooth borne
D5864	Overdenture – partial maxillary- natural tooth borne
D5865	Overdenture – complete mandibular- natural tooth borne
D5866	Overdenture – partial mandibular- natural tooth borne
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment
D5875	Modification of removable prosthesis following implant surgery
D5876	Add metal substructure to acrylic full denture (per arch)
D5877	Duplication of complete denture – maxillary
D5878	Duplication of complete denture – mandibular
D5899	Unspecified removable prosthodontic procedure, by report

CDT® is a registered trademark of the American Dental Association

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Policy History/Revision Information

Date	Summary of Changes

12/01/2026	**Template Updates**
	• Renamed *Related Dental Policy* to *Related References and Policies*
	• Reordered contents of policy
	  ○ Moved *Description of Services* towards beginning of policy
	• Added *Prior Authorization* section
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added *Covered Codes*
	Clinical Indications
	• Removed or replaced ambiguous language including 'poor', 'good', or 'inadequate'
	  ○ Replaced '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' with 'Partial dentures are not indicated for members with oral diseases including abutment teeth with periodontal disease or extensive caries
	  ○ Removed 'resulting in an inadequate edentulous ridge' from 'When there has been extensive bone atrophy resulting in an inadequate edentulous ridge'
	  ○ Replaced 'Poor neuro-muscular control' with 'Medical conditions resulting in impaired neuro-muscular control'
	  ○ Replaced 'When the teeth available as retainers have a good long-term prognosis' with 'When the teeth available as retainers are free of oral diseases'
	  ○ Replaced 'Members with poor oral hygiene and non-compliance' with 'Members exhibiting non-compliance with signs of insufficient oral hygiene including but not limited to:
	  ▪ Visible dental plaque accumulation
	  ▪ Calculus present on teeth
	  ▪ Gingival inflammation and/or erythema
	  ▪ Bleeding gums upon probing or brushing
	  ▪ Dental caries
	  ▪ Food debris remaining on teeth or gingival margins
	  ▪ Increased gingival recession or periodontal pocketing'
	Applicable Codes
	• Updated list of applicable CDT codes to reflect annual edits:
	  ○ Added D5877 and D5878
	  ○ Revised description for D5863, D5864, D5865, D5866, and D5867
	Supporting Information
	• Updated *References* sections to reflect the most current information

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Date	Summary of Changes
	• Archived previous policy version CSDEN428OH.A

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
11/01/2025 – 11/30/2026	CSDEN428OH.A	Removable Prosthodontics
12/01/2023 – 10/31/2025	CSDEN331OH.A	Removable Prosthodontics

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