

Removable Prosthodontics

Reference Number: CP.DP.25

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[Coding Implications](#)[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Removable prosthodontic services (complete and partial dentures) are used to replace teeth lost due to dental disease, fracture, or trauma; or due to congenital absence, such as ectodermal dysplasia. Full or partial edentulism can result in inability to maintain a normal diet, change facial appearance, and reduce self-esteem. Complete dentures replace the entire arch of dentition, whereas partial dentures use existing sound teeth as anchorage for a device that replaces only those teeth lost.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that **Complete Dentures** are **medically necessary** when any of the following conditions are met:
 - A. When all teeth are missing (edentulous) in the arch;
 - B. When impacted teeth are present in the arch and will not be extracted, and do not interfere with a proper seal of the denture;
 - C. When remaining teeth have inadequate bone support (defined as less than 50% remaining bone support), generalized mobility, furcation involvement, or are non-restorable;
 - D. When an existing denture is more than five years old and cannot be relined to obtain a proper fit (see state-specific regulations for deviations from this frequency limitation);
 - E. Does not have any of the following contraindications:
 1. When remaining teeth have adequate bone support (50% or greater remaining bone support);
 2. When remaining teeth are restorable;
 3. When an existing denture is less than five years old (see state-specific regulations for deviations from this frequency limitation);
- II. It is the policy of Envolve Dental Inc.® that **Immediate Complete Dentures** are **medically necessary** when any of the following conditions are met:
 - A. When impacted teeth are present in the arch and will not be extracted, and do not interfere with a proper seal of the denture;
 - B. When remaining teeth have inadequate bone support (defined as less than 50% remaining bone support), generalized mobility, furcation involvement, or are non-restorable;
 - C. **IMPORTANT NOTICE:** Delivery of an immediate partial denture will preclude the benefit of a replacement complete or partial denture for five years (see state-specific regulations for frequency limitations in excess of five years).
 - D. Does not have any of the following contraindications:
 1. When remaining teeth have adequate bone support (50% or greater remaining bone support);

- E. When remaining teeth are restorable;
- III. It is the policy of Envolve Dental Inc.® that **Partial Dentures** are **medically necessary** when any of the following conditions are met:
 - A. When replacing one or more missing anterior teeth;
 - B. When replacing three or more missing posterior teeth in the same arch (excluding 3rd molars);
 - C. When an existing partial denture is more than five years old and cannot be relined to obtain a proper fit;
 - D. When remaining teeth have greater than 50% remaining bone support and are restorable;
 - E. When abutment teeth have a mobility classification no greater than Class I;
 - F. See state-specific regulations for deviations from the number and type of missing teeth or number of posterior teeth in occlusion required to qualify for partial dentures;
 - G. NOTE: Missing posterior teeth counted only when they present a functional deficit to the dentition and have space of sufficient size to accommodate a replacement tooth;
 - H. Does not have any of the following contraindications:
 - 1. When there are no missing anterior teeth and fewer than three missing posterior teeth in the same arch (excluding 3rd molars);
 - 2. When remaining teeth have less than 50% remaining bone support or are non-restorable;
 - 3. When abutment teeth have a mobility classification of Class II or higher;
 - 4. See state-specific regulations for frequency limitations in excess of five years, and for deviations from the number and type of missing teeth or number of posterior teeth in occlusion required to qualify for partial dentures;
- IV. It is the policy of Envolve Dental Inc.® that **Immediate Partial Dentures** are **medically necessary** when any of the following conditions are met:
 - A. When replacing one or more missing anterior teeth;
 - B. When replacing three or more missing posterior teeth in the same arch (excluding 3rd molars);
 - C. When an existing partial denture is more than five years old and cannot be relined to obtain a proper fit;
 - D. When remaining teeth have greater than 50% remaining bone support and are restorable;
 - E. When abutment teeth have a mobility classification no greater than Class I;
 - F. See state-specific regulations for deviations from the number and type of missing teeth or number of posterior teeth in occlusion required to qualify for partial dentures;
 - G. NOTE: Missing posterior teeth counted only when they present a functional deficit to the dentition and have space of sufficient size to accommodate a replacement tooth;
 - H. IMPORTANT NOTICE: Delivery of an immediate partial denture will preclude the benefit of a replacement complete or partial denture for five years (see state-specific regulations for frequency limitations in excess of five years);
 - I. Does not have any of the following contraindications:

1. When there are no missing anterior teeth and fewer than three missing posterior teeth in the same arch (excluding 3rd molars);
 2. When an existing partial denture is less than five years old;
 3. When remaining teeth have less than 50% remaining bone support or are non-restorable;
 4. When abutment teeth have a mobility classification of Class II or higher;
 5. See state-specific regulations for frequency limitations in excess of five years, and for deviations from the number and type of missing teeth or number of posterior teeth in occlusion required to qualify for partial dentures;
- V.** Required documentation to support medical necessity include the following:
- A.** For any complete denture, a current diagnostic-quality panoramic radiographic image (intraoral radiographic image(s) of both arches may be substituted when patient chart and treatment notes document why a panoramic radiographic image is not possible);
 - B.** For any partial denture, a current diagnostic-quality panoramic radiographic image in combination with bite-wing and periapical radiographic images to evaluate restorability of existing teeth and current periodontal status;
 - C.** For any partial denture, a periodontal charting, including 6-point measurements for all remaining teeth;
 - D.** For any claim of a broken or ill-fitting complete or partial denture, photographic images to substantiate that the appliance cannot be repaired or relined/rebased;
 - E.** Documentation noting if the requested removal prosthodontic appliance is an initial appliance or a replacement for an existing removable prosthodontic appliance;
 - F.** If a replacement of an existing removable prosthodontic appliance, documentation noting the date of previous placement and method of payment (including benefit company if applicable) for the existing appliance, if known;
 - G.** Clinical chart and treatment notes documenting conditions listed in the indications for performing alveoloplasty;
 - H.** Dental/medical history notes documenting planned radiation therapy or transplant surgery, if applicable;
 - I.** Diagnostic-quality panoramic radiographic image, or alternatively, sufficient periapical radiographic images demonstrating alveolar bone conditions; and,
 - J.** Other information as required per state-specific benefit plan mandates.

Coverage Limitation/Exclusions – Subject to State Regulations

One complete or partial denture (including immediate appliances) per member per arch per five years, subject to state-specific regulations (see table listed under Coding Implications for deviations from the five-year frequency limitation).

State-Specific Rules

1. The following states have a five-year frequency limitation for complete and partial dentures: Illinois, Kansas, Michigan, Mississippi, Missouri, and Wisconsin.
2. The following states require partial dentures to replace at least one anterior tooth, or three posterior teeth in the same arch, excluding third molars: Arizona, Georgia, Illinois, Mississippi, and Pennsylvania.

3. The following conditions are specific to the state of Ohio:
 - a. Maxillary and mandibular partial dentures with cast metal framework and resin base (including retentive/clasping materials, rests, and teeth); and maxillary and mandibular dentures with resin base (including conventional clasps, rests, and teeth) are covered services;
 - b. Prior Authorization (PA) may be granted as follows:
 - i. When either (1) the absence of several teeth in the arch severely impairs the ability to chew or (2) the absence of anterior teeth affects the appearance of the face;
 - ii. When an existing conventional or immediate denture cannot be relined to obtain a proper fit or when medical management of a local condition such as a neoplasm induces a change impacting denture fit and/or function;
 - iii. When a conventional or immediate partial denture is requested to replace three or more missing posterior teeth in the same arch;
 - iv. When an existing partial denture cannot be relined to obtain a proper fit or when medical management of a local condition such as a neoplasm induces a change impacting denture fit and/or function;
 - v. When an immediate partial denture is replaced by a complete or partial denture due to trauma or medical management of a condition that alters fit of the existing appliance;
 - vi. Missing posterior teeth are counted for partial dentures only when they present a functional deficit to the dentition (inability to chew and consume food) and have space of sufficient size to accommodate a replacement tooth;
 - vii. A partial denture with a resin base may be covered only for a patient younger than 21 years of age based on consideration of EPSDT and services being deemed medical necessary. A panoramic image or complete series of images, properly mounted, labeled, and readable, must be submitted with each PA request;
 - c. Per OAC 5160-5-1, Ohio has a frequency limitation of 1 per 8 years for complete and partial dentures, except in very unusual circumstances and may be reviewed for medical necessity upon appeal;
4. The following conditions are specific to the state of Wisconsin
 - a. Wisconsin Medicaid reimburses for partial dentures only for members with good oral health and hygiene, good periodontal health (AAP Stage I or II), and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected.
 - b. Prior Authorization (PA) may be granted for a partial denture if any of the following criteria are met:
 - i. One or more anterior teeth are missing.

- ii. The member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
 - iii. The member has at least six missing teeth per arch, including third molars.
 - iv. A combination of one or more anterior teeth are missing, and the member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
 - v. The member requires replacement of anterior teeth for employment reasons.
 - vi. Medically necessary for nutritional reasons documented by a physician.
 - vii. Unusual clinical situations where a partial is determined to be necessary based on a comprehensive review of the dental and medical histories.
 - c. If placement of a partial denture in an arch provides at least two posterior teeth (posterior teeth are bicuspid and molars only) per quadrant in occlusion with the opposing quadrant, the opposing partial, if requested, may not be authorized unless the member also has an anterior tooth missing in that arch.
5. Arizona has a frequency limitation of three years for complete and partial dentures.
6. Georgia has a frequency limitation of three years for complete and partial dentures.
7. Indiana has a frequency limitation of six years for complete and partial dentures. Partial dentures require less than eight posterior teeth in occlusion and functional contact, four maxillary and four mandibular teeth (natural or prosthetic), excluding third molars.
8. Kansas requires partial dentures to replace one or more anterior teeth; or, two or more posterior teeth in the same arch unilaterally or three or more bilaterally, excluding third molars.
9. Michigan requires replacement of at least one anterior tooth, or less than eight posterior teeth in occlusion and functional contact, four maxillary and four mandibular teeth (either natural or prosthetic), excluding third molars.
10. Missouri requires partial dentures without clasps to replace one anterior tooth or more than one posterior teeth, excluding third molars, up to a maximum of four teeth. Requires partial dentures with clasps to replace a minimum of three permanent teeth in the same arch, excluding third molars. Lingual or palatal bars and overdentures are not covered.
11. Pennsylvania has a frequency limitation of one prosthesis (complete or partial denture) per arch, per lifetime for members not residing in a nursing or immediate care facility. For members residing in a nursing or immediate care facility, the

frequency limitation for complete and partial dentures is one prosthesis per arch, per five years, regardless of procedure code.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2024, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

Placement of a complete denture in the same arch within 36 months of a partial denture placement may result in the recoupment of any payment made for the partial denture service by any of the following means: a) from the payment for the complete denture service; b) from the payment for other claimed services; or c) directly from the provider placing the partial denture service.

Please refer to your State contract and Provider Manual or the Envolve Dental Online Dental Code Search Tool for exact coverage implications.

CDT® Codes	Description
D5110	Complete denture – maxillary
D5120	Complete denture – mandibular
D5130	Immediate complete denture – maxillary
D5140	Immediate complete denture - mandibular
D5211	Maxillary partial denture – resin base
D5212	Mandibular partial denture – resin base
D5213	Maxillary partial denture – cast metal framework with resin denture base
D5214	Mandibular partial denture – cast metal framework with resin denture base
D5221	Immediate maxillary partial denture – resin base
D5222	Immediate mandibular partial denture – resin base
D5223	Immediate maxillary partial denture – cast metal framework with resin base

D5224	Immediate mandibular partial denture – cast metal framework with resin base
D5225	Maxillary partial denture – flexible base
D5226	Mandibular partial denture – flexible base
D5282	Removable unilateral partial denture – once piece cast metal, maxillary
D5283	Removable unilateral partial denture – once piece cast metal, mandibular
D5284	Removable unilateral partial denture – once piece flexible base, per quadrant
D5286	Removable unilateral partial denture – once piece resin, per quadrant

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
K00.0	Anodontia
K00.4	Disturbances in tooth formation
K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.6	Disturbances in tooth eruption
K00.8	Other disorders of tooth development
K00.9	Disorder of tooth development, unspecified
K08.0	Exfoliation of teeth due to systemic causes
K08.101	Complete loss of teeth, unspecified cause, class I
K08.102	Complete loss of teeth, unspecified cause, class II
K08.103	Complete loss of teeth, unspecified cause, class III
K08.104	Complete loss of teeth, unspecified cause, class IV
K08.109	Complete loss of teeth, unspecified cause, unspecified class
K08.401	Partial loss of teeth, unspecified cause, class I
K08.402	Partial loss of teeth, unspecified cause, class II
K08.403	Partial loss of teeth, unspecified cause, class III
K08.404	Partial loss of teeth, unspecified cause, class IV
K08.409	Partial loss of teeth, unspecified cause, unspecified class
K08.191	Complete loss of teeth due to other specified cause, class I
K08.192	Complete loss of teeth due to other specified cause, class II
K08.193	Complete loss of teeth due to other specified cause, class III
K08.194	Complete loss of teeth due to other specified cause, class IV
K08.199	Complete loss of teeth due to other specified cause, unspecified class
K08.491	Partial loss of teeth due to other specified cause, class I
K08.492	Partial loss of teeth due to other specified cause, class II
K08.493	Partial loss of teeth due to other specified cause, class III
K08.494	Partial loss of teeth due to other specified cause, class IV
K08.499	Partial loss of teeth due to other specified cause, unspecified class

K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
K08.121	Complete loss of teeth due to periodontal disease, class I
K08.122	Complete loss of teeth due to periodontal disease, class II
K08.123	Complete loss of teeth due to periodontal disease, class III
K08.124	Complete loss of teeth due to periodontal disease, class IV
K08.129	Complete loss of teeth due to periodontal disease, unspecified class
K08.421	Partial loss of teeth due to periodontal disease, class I
K08.422	Partial loss of teeth due to periodontal disease, class II
K08.423	Partial loss of teeth due to periodontal disease, class III
K08.424	Partial loss of teeth due to periodontal disease, class IV
K08.429	Partial loss of teeth due to periodontal disease, unspecified class
K08.131	Complete loss of teeth due to caries, class I
K08.132	Complete loss of teeth due to caries, class II
K08.133	Complete loss of teeth due to caries, class III
K08.134	Complete loss of teeth due to caries, class IV
K08.139	Complete loss of teeth due to caries, unspecified class
K08.431	Partial loss of teeth due to caries, class I
K08.432	Partial loss of teeth due to caries, class II
K08.433	Partial loss of teeth due to caries, class III
K08.434	Partial loss of teeth due to caries, class IV
K08.439	Partial loss of teeth due to caries, unspecified class
K08.101	Complete loss of teeth, unspecified cause, class I
K08.102	Complete loss of teeth, unspecified cause, class II
K08.103	Complete loss of teeth, unspecified cause, class III
K08.104	Complete loss of teeth, unspecified cause, class IV
K08.401	Partial loss of teeth, unspecified cause, class I
K08.402	Partial loss of teeth, unspecified cause, class II
K08.403	Partial loss of teeth, unspecified cause, class III
K08.404	Partial loss of teeth, unspecified cause, class IV
K08.191	Complete loss of teeth due to other specified cause, class I
K08.192	Complete loss of teeth due to other specified cause, class II

K08.193	Complete loss of teeth due to other specified cause, class III
K08.194	Complete loss of teeth due to other specified cause, class IV
K08.491	Partial loss of teeth due to other specified cause, class I
K08.492	Partial loss of teeth due to other specified cause, class II
K08.493	Partial loss of teeth due to other specified cause, class III
K08.494	Partial loss of teeth due to other specified cause, class IV
K08.20	Unspecified atrophy of edentulous alveolar ridge
K08.21	Minimal atrophy of the mandible
K08.22	Moderate atrophy of the mandible
K08.23	Severe atrophy of the mandible
K08.24	Minimal atrophy of the maxilla
K08.25	Moderate atrophy of the maxilla
K08.26	Severe atrophy of the maxilla
M26.70	Unspecified alveolar anomaly
M26.71	Alveolar maxillary hyperplasia
M26.72	Alveolar mandibular hyperplasia
M26.73	Alveolar maxillary hypoplasia
M26.74	Alveolar mandibular hypoplasia
M26.79	Other specified alveolar anomalies
M27.61	Osseointegration failure of dental implant
M27.62	Post-osseointegration biological failure of dental implant
M27.63	Post-osseointegration mechanical failure of dental implant
M27.69	Other endosseous dental implant failure

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	06/20	06/20
Annual Review	12/22	12/22
State of Ohio Revisions	04/23	04/23
Annual Review and Format Change	12/23	12/23
Revision to Correct Typo for D5286	09/24	09/24
Annual Review	12/24	12/24

References

1. American Dental Association. CDT 2024: Dental Procedure Codes. American Dental Association, 2024.
2. Blair, C. Coding with Confidence: The “GoTo” Dental Coding Guide, 2020

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical

literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

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conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

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