

**ENVOLVE DENTAL, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE**

DEPARTMENT: Utilization Management	DOCUMENT NAME: Removable Prosthodontics (Complete and Partial Dentures)
PAGE: 1 of 10	REFERENCE NUMBER: ENVD.UM.CP.0025
EFFECTIVE DATE: 06/30/2020	REPLACES DOCUMENT:
RETIRED: N/A	REVIEWED: 11/2021
SPECIALIST REVIEWED: Yes	REVISED:
PRODUCT TYPE: All	APPROVED DATE: 06/30/2020

IMPORTANT REMINDER:

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of dental practice, peer-reviewed dental/medical literature, government agency/program approval status, and other indicia of dental/medical necessity.

The purpose of this Clinical Policy is to provide a guide to dental/medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice dentistry, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional dental judgment in providing the most appropriate care, and are solely responsible for the dental/medical advice and treatment of members.

SUBJECT:

Medical necessity guidelines for the replacement of extracted or missing teeth with complete or partial dentures.

DESCRIPTION:

Removable prosthodontic services (complete and partial dentures) are used to replace teeth lost due to dental disease, fracture, or trauma. 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.

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POLICY/CRITERIA:

COMPLETE DENTURES

Indications for Complete Dentures include the following:

- When all teeth are missing (edentulous) in the arch;
- When only impacted teeth are present in the arch and will not be extracted, and do not interfere with proper seal of the denture;
- When remaining teeth have inadequate bone support (defined as less than 50% remaining bone support), generalized mobility, furcation involvements, or are non-restorable;
- 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).

Contraindications for Complete Dentures include the following:

- When remaining teeth have adequate bone support (50% or greater remaining bone support);
- When remaining teeth are restorable;
- When an existing denture is less than five years old (see state-specific regulations for deviations from the five-year frequency limitation).

IMMEDIATE COMPLETE DENTURES

Indications for Immediate Complete Dentures include the following:

- When only impacted teeth are present in the arch and will not be extracted, and do not interfere with proper seal of the denture; or,
- When remaining teeth have inadequate bone support (defined as less than 50% remaining bone support), generalized mobility, furcation involvements, or are non-restorable.

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- **IMPORTANT NOTICE:** Delivery of an immediate denture will preclude the benefit of a replacement denture for five years (see state-specific regulations for frequency limitations in excess of five years).

Contraindications for Immediate Complete Dentures include the following:

- When remaining teeth have adequate bone support (50% or greater remaining bone support);
- When remaining teeth are restorable.

PARTIAL DENTURES

Indications for Partial Dentures include the following:

- When replacing one or more missing anterior teeth;
- When replacing three or more missing posterior teeth (excluding 3rd molars);
- When an existing partial denture is greater than five years old and cannot be relined to obtain a proper fit;
- When remaining teeth have greater than 50% bone support and are restorable;
- When abutment teeth have a mobility classification no greater than Class I.
- 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.
- **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.

Contraindications for Partial Dentures include the following:

- When there are no missing anterior teeth and fewer than three missing posterior teeth (excluding 3rd molars);
- When an existing partial denture is less than five years old;
- When remaining teeth have less than 50% remaining bone support or are non-restorable;

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- When abutment teeth have a mobility classification of Class II or higher.
- 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.

IMMEDIATE PARTIAL DENTURES

Indications for Immediate Partial Dentures include the following:

- When replacing one or more missing anterior teeth;
- When replacing three or more missing posterior teeth (excluding 3rd molars);
- When an existing partial denture is greater than five years old and cannot be relined to obtain a proper fit;
- When remaining teeth have greater than 50% bone support and are restorable;
- When abutment teeth have a mobility classification no greater than Class I.
- 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.
- 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.
- 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).

Contraindications for Immediate Partial Dentures include the following:

- When there are no missing anterior teeth and fewer than three missing posterior teeth (excluding 3rd molars);
- When an existing partial denture is less than five years old;
- When remaining teeth have less than 50% remaining bone support or are non-restorable;
- When abutment teeth have a mobility classification of Class II or higher.

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- 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.

REQUIRED DOCUMENTATION:

- 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);
- 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;
- For any partial denture, a periodontal charting, including 6-point measurements for all remaining teeth;
- 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;
- Documentation noting if the requested removal prosthodontic appliance is an initial appliance or a replacement for an existing removable prosthodontic appliance;
- 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; and,
- Other information as required per state-specific benefit plan mandates

COVERAGE LIMITATIONS/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).

REFERENCES:

American Dental Association. CDT 2020: Dental Procedure Codes. American Dental Association, 2020.

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Blair, C. Coding with Confidence: The “GoTo” Dental Coding Guide, 2020.

CODING IMPLICATIONS:

Please refer to your State contract and Provider Manual for exact coverage implications.

The following codes for removable prosthodontics (complete and partial dentures) are recognized by Envolve Dental.

- **D5110:** complete denture – maxillary
- **D5120:** complete denture – mandibular
- **D5130:** immediate denture – maxillary
- **D5140:** immediate denture – mandibular
- **D5211:** maxillary partial denture – resin base
- **D5212:** mandibular partial denture – resin base
- **D5213:** maxillary partial denture – cast metal framework with resin denture bases
- **D5214:** mandibular partial denture – cast metal framework with resin denture bases
- **D5221:** immediate maxillary partial denture – resin base
- **D5222:** immediate mandibular partial denture – resin base
- **D5223:** immediate maxillary partial denture – cast metal framework with resin denture bases
- **D5224:** immediate mandibular partial denture – cast metal framework with resin denture bases
- **D5225:** maxillary partial denture – flexible base
- **D5226:** mandibular partial denture – flexible base
- **D5282:** removable unilateral partial denture – one piece cast metal, maxillary
- **D5283:** removable unilateral partial denture – one piece cast metal, mandibular
- **D5284:** removable unilateral partial denture – one piece flexible base, per quadrant
- **D5286:** removable unilateral partial denture – one piece resin, per quadrant

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Envolve Dental complies with the coding guidelines of the health plan and/or State in which the client resides. When billing removable prosthodontic codes, the need for complete or partial denture services must be documented in the record. Abnormal comparative utilization of removable prosthodontic coding is subject to retrospective review and chart audit. Envolve Dental requires servicing providers to submit one or more of the following ICD-10 codes with removable prosthodontic procedures (Box 34 and 34a of the ADA American Dental Association Dental Claim Form):

ICD-10 Code	ICD-10 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

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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

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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
K08.3	Retained dental root

STATE-SPECIFIC RULES:

1. The following states have a five-year frequency limitation for complete and partial dentures: Illinois, Kansas, Michigan, Mississippi, Missouri, New Mexico, and Wisconsin.
2. The following states require partial dentures to replace at least one anterior tooth, or three posterior teeth, excluding third molars: Arizona, Georgia, Illinois, Mississippi, Ohio, Pennsylvania, and Wisconsin.
3. Arizona has a frequency limitation of three years for complete and partial dentures.
4. Georgia has a frequency limitation of three years for complete and partial dentures.
5. 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.
6. Kansas requires partial dentures to replace one or more anterior teeth; or, two or more posterior teeth unilaterally or three or more bilaterally, excluding third molars.
7. 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.
8. 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

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four teeth. Requires partial dentures with clasps to replace a minimum of three permanent teeth, excluding third molars. Lingual or palatal bars and overdentures are not covered.

9. New Mexico requires partial dentures to replace one or more anterior teeth; or, two or more posterior teeth unilaterally or three or more bilaterally, excluding third molars.

10. Ohio has a frequency limitation of eight years for complete and partial dentures.

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.

REVISION LOG

REVISION	DATE
Annual Review	11/2021