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# **Delta Dental of Ohio Clinical Criteria for Utilization Management Decisions**

## **Clinical Criteria for Removable Complete Dentures**

Reference Number: 282.34.v3

Version Effective Date: 6/21/2025

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### **Introduction**

This Delta Dental of Ohio clinical criteria document addresses removable complete denture treatment. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental of Ohio consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of removable complete denture procedures, as well as taking individual patient circumstances and the local delivery system into account.

Complete dentures are removable prosthetic devices that are utilized to replace teeth for a patient with complete edentulism where all teeth in the upper and/or lower arch are missing due to disease, trauma or dental agenesis. Complete dentures may be placed for oral conditions where patients have previously lost all their teeth in the upper and/or lower arch, where patients require full-arch extractions and denture placement (either immediately following extractions or after a post-extraction healing period) or where a patient presents with a defective complete denture. The objectives of complete denture treatment include restoring masticatory efficiency and providing support for orofacial structures and the temporomandibular joint.

Complete dentures are made up of a denture base that rests on the residual ridge mucosa of a patient's edentulous arch and artificial denture teeth fixed onto the base. The denture is retained on the edentulous ridge by adhering to the mucosal tissues. The artificial teeth and base materials used for complete denture fabrication are typically composed of an acrylic resin material, although in some cases porcelain and metal materials may be utilized. Removable complete denture treatment typically involves a series of steps:

- Supporting tissues are evaluated and are appropriately prepared if necessary to ensure a healthy mucosa for denture impressions.
- Impressions are taken of the upper and lower arches in a manner to ensure the best possible denture coverage, retention and stability.
- Records are taken to establish a proper occlusal relationship between the complete denture and opposing teeth and/or denture.
- Replacement denture teeth are selected and arranged on trial bases and tried in, assessed and modified if needed.
- The complete denture is finished and delivered to the patient and the patient is appointed for post-delivery appointments to adjust the complete denture as needed.

The process for immediate complete denture treatment differs from conventional complete denture treatment of a fully edentulous arch based on the need to modify techniques for impressions, occlusal records and setting of denture teeth to accommodate delivery of the denture immediately following extraction of any teeth remaining in the arch.

As dentures age, both the prostheses and supporting tissues are subject to time-dependent deterioration. Depending on the nature of the changes, complete dentures may need to be repaired, relined, rebased or replaced.

Complete denture treatment may be performed by general dentists, prosthodontists and other dental specialists in a variety of healthcare facilities.

### **Applicable Dental Procedure Codes**

The following dental procedure codes defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting the performance of removable complete denture treatment. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if removable complete denture treatment is a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

<b>CDT® Procedure Code</b>	<b>Procedure Code Nomenclature</b>
D5110	complete denture – maxillary
D5120	complete denture – mandibular
D5130	immediate denture – maxillary
D5140	Immediate 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
D5710	rebase complete maxillary denture
D5711	rebase complete mandibular denture
D5730	reline complete maxillary denture (direct)
D5731	reline complete mandibular denture (direct)
D5750	reline complete maxillary denture (indirect)
D5751	reline complete mandibular denture (indirect)

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## **Clinical Criteria<sup>1</sup>**

When approval of benefit payment for removable complete denture treatment by a member's dental plan requires a determination by Delta Dental of Ohio that removable complete denture treatment is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the submitted procedure. The following conditions are generally considered to be indications for performing removable complete denture treatment.

### **Indications for Initial Denture Treatment**

- Existing complete loss of teeth (complete edentulism) in the upper and/or lower arch from disease, trauma or dental agenesis where complete denture treatment is needed to prevent/mitigate one or more of the following conditions:
  - Inability to adequately masticate food
  - Impaired swallowing
  - Speech impediment
  - Facial height collapse
  - Inadequate support for temporomandibular joints and muscles
  - Restriction of the airway
- Pending complete loss of teeth due to conditions such as catastrophic dental caries, failing heavily restored dentitions, severe periodontal disease beyond the point of treatment or the requirements of pending medical treatment
- Extensive partial edentulism where other prosthetic solutions to restore adequate function and occlusion are not feasible
- Inability of completely edentulous patients to receive implant prosthetics

### **Indications for Replacement Denture Treatment**

- Residual ridge resorption that has resulted in loss of denture retention and stability, poor masticatory or speech function and/or deterioration of supporting tissues that cannot be acceptably corrected with denture relining or rebasing
- Denture base wear, fracture or deformation that cannot be repaired to provide a reasonable duration of acceptable denture function
- Chipping, wear or loss of artificial teeth which cannot be replaced to provide a reasonable duration of acceptable denture function

### **Indications for Denture Relining/Rebasing**

- Dependent on its state after a period of use, when adverse changes occur in the condition and/or functionality of a complete denture, the tissue side of the denture may be resurfaced through relining with new base material to improve adaptation to the supporting tissues, or the denture may be rebased to replace the entire denture base material. Indications include the loss of denture stability and retention, reduced occlusal vertical dimension and/or deterioration of the denture base acrylic.

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<sup>1</sup> Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

## Indications for Denture Repair

- Complete denture repairs are indicated for broken denture bases and/or lost or broken artificial denture teeth when repairs may be expected to return the denture to a serviceable condition for a reasonable duration of function with appropriate occlusion and occlusal vertical dimension.

For patients who do not meet the published qualifying criteria for removable complete denture treatment, Delta Dental of Ohio will consider documentation from relevant clinicians that explains the necessity of covering removable complete denture treatment for conditions not included in the criteria.

While there are generally few contraindications to the provision of a removable complete denture, depending on the clinical circumstances the performance of complete denture treatment under the following conditions may be considered not medically necessary, inadvisable or deficient in clinical quality and may result in disapproval of benefits based on a professional determination that treatment is not medically necessary or not clinically appropriate:

- Full arch tooth extraction and complete denture placement where the opportunity existed to maintain the patient's dentition with feasible treatment
- Repair, relining, rebasing or replacement of an intact and functional complete denture
- A complete denture fabricated from a denture base template with preset denture teeth
- A complete denture fabricated from direct-to-consumer kits
- An existing complete denture replaced for defects that could have been satisfactorily corrected by repair, relining or rebasing
- Unaddressed problems in denture foundational tissues such as inflammation, ulceration, undesirable frenular attachments, hyperplastic tissues, severe residual ridge resorption or problematic residual tooth roots or impacted third molars
- Lack of an opposing dentition for the masticatory functionality of a complete denture
- Patients with an uncontrollable protective gag reflex making denture wear intolerable
- Lack of adequate salivary flow
- Patients with impaired motor function or other physical or mental deficit that would seriously compromise complete denture placement, wear and/or removal
- Allergy to a material in complete denture teeth or base material
- An alternative treatment is more appropriate for a patient's condition or circumstance based on accepted standards of care

Depending on an individual patient's condition and circumstances, the following additional criteria for removable complete denture treatment may be applied for coverage determinations:

- Prior to planning and performing removable prosthodontic treatment, clinicians should carry out and fully document a comprehensive evaluation of the patient's overall health, the condition of edentulous areas and supporting tissues, the history of any previous denture(s) and the adequacy of any existing denture(s). Complete dentures delivered to patients must meet the applicable standards of dental practice for denture design and fabrication, denture finishing, stability and retention, adaptation to edentulous ridges and occlusion.

- Conventional complete dentures are considered completed on the date when they are inserted for the patient to take home and wear. Immediate complete dentures are considered to be completed on the date when any remaining teeth are extracted and the denture is inserted.
- Adjustment, repair or relining of a removable complete denture is generally considered part of the service for six months following delivery of the denture. Prior to relining or rebasing a complete denture, the patient should be evaluated to determine if the denture's occlusion, tooth position and/or contours should be corrected instead of relining or rebasing. Before performing a complete denture repair, the underlying cause of the damage should be evaluated to avoid repeated unsuccessful repair to the same prosthesis. If a complete denture is damaged or deteriorated to the point where a repair, reline or rebase will not provide a reasonable duration of acceptable denture function, denture replacement should be considered.
- When dental benefit programs have established program-specific criteria that define when removable complete denture treatment is considered medically necessary and eligible for benefit coverage or that place other limitations on removable complete denture coverage, Delta Dental of Ohio will apply that criteria when there is a need to evaluate removable complete denture treatment for medical necessity. For example, dental benefit programs may deem denture customization beyond conventional complete denture techniques, such as personalized design, characterization or staining, not to be medically necessary.

### **Other Considerations**

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

### **Required Documentation**

The decision to perform removable complete denture treatment on a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for removable complete denture treatment by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information as applicable from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- A preoperative diagnostic quality panoramic radiograph showing both upper and lower arches
- Intraoral photographs of the involved areas when radiographs do not adequately demonstrate the need for the submitted services
- Documentation consistent with the patient record that explains the diagnostic rationale for providing removable complete denture treatment for a patient, including any supporting information from the patient's dental and medical histories
- When replacing a complete denture with a new denture, the length of time that the previous denture had been in service should be provided

- When reporting complete denture repairs, the location and extent of the breakage and/or lost teeth should be documented.

When determining coverage based on medical necessity or clinical appropriateness, Delta Dental of Ohio may request other clinical information relevant to a patient's care if needed to make coverage decisions.

## **Additional Information**

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental of Ohio's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental of Ohio's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental of Ohio national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental of Ohio reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental of Ohio's clinical criteria.

## **Appendix A**

### **Complete Dentures (including routine post-delivery care)**

The need for dentures should be based on the total condition of the mouth, the desire to wear dentures and the ability to adjust to dentures. Natural teeth that have healthy bones must not be removed.

Prior authorization is required for all complete dentures.

- Authorization for dentures must be received before the teeth are extracted.
- In cases where the recipient is not edentulous prior to requesting dentures, complete radiographs of the mouth must be submitted with each denture request.
  - Radiographs must be taken prior to extractions.
  - Radiographs are not necessary for those individuals edentulous prior to requesting dentures.
- Requests for edentulous individuals must include clinical documentation of edentulism on the prior authorization request.

Other Considerations:

- The dentist is responsible for constructing a complete, functional denture.
- A denture – complete, partial or combination – cannot be replaced or remade within eight years, except in cases of documented medical necessity for which new dentures can be justified.
- A preformed denture is not a covered service (e.g., with teeth already mounted or set in acrylic prior to initial

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impressions).

- A denture will not be authorized if the patient's dental history reveals that any or all dentures made in recent years have been unsatisfactory because of psychological or physiological reasons that cannot be remediated.
- Prosthetic devices shall be seated in the mouth before a claim is submitted for payment.
- The fee for dentures includes all visits necessary for the construction of the denture and the required six month follow-up visits for corrections.
- Adjustments, repairs and relines are included with the denture fee within the first 6 months after insertion. After that time has elapsed:
  - Adjustments will be reimbursed at one per calendar year per denture.
  - Repairs will be reimbursed at two repairs per denture per year, with five total denture repairs per 5 years.
  - Relines will be reimbursed once per denture every 36 months.
  - A new prosthesis will not be reimbursed for within 24 months of reline or repair of the existing prosthesis unless adequate documentation has been presented that all procedures to render the denture serviceable have been exhausted.

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