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# Renaissance Clinical Criteria for Utilization Management Decisions

## Clinical Criteria for Removable Partial Dentures

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### Introduction

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

A removable partial denture is a prosthetic device for treating partial edentulism that replaces missing natural teeth in the maxillary or mandibular arch to restore occlusal function and can be inserted and removed by the user. Partial dentures are typically attached to natural teeth or crowns by extracoronal or intracoronal retainers that support and hold a denture in place. A metal framework is generally designed to connect the various components of a partial denture together for appropriate function and stability, although some dentures may be fabricated utilizing a resin or flexible base with retentive attachments. The appliances may be tooth-supported and receive support from natural teeth on either side of an edentulous space or be supported by teeth only on one end of an edentulous space where vertical support for the denture is provided by both retainers on teeth and bases lying on edentulous ridges. Extension bases incorporated into the design of a partial denture may be fabricated from resin, a flexible base material or cast metal.

Removable partial denture treatment typically involves a series of steps:

- Hard and soft tissues are prepared for denture placement including treatment of any structural, endodontic or periodontal deficits.
- A diagnostic survey of the patient's dentition is carried out followed by design of the partial denture including framework, intracoronal or extracoronal retainers and bases.
- The abutment teeth that retain and support the partial denture are prepared.
- Impressions are taken of the upper and lower arches.
- Records are taken to establish a proper occlusal relationship between the partial denture and opposing teeth.
- The partial denture framework is fabricated and tried in, assessed and modified if needed.
- Replacement denture teeth are arranged on trial bases and tried in, assessed and modified if needed.
- The partial denture is finished and delivered to the patient.
- The patient is appointed for post-delivery appointments to adjust the partial denture as needed.

Removable partial denture treatment is commonly 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

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use when documenting the performance of removable partial 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 partial dentures are 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>
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 retentive/clasping materials, rests and teeth)
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests 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

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

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

- Edentulous spaces where a removable partial denture is an appropriate choice to replace one or more missing natural teeth
- Defects in an existing removable partial denture that cannot be satisfactorily corrected by repair
- Deficits in mastication, nutrition, speech, appearance, vertical dimension, inter- or intra-arch stability, temporomandibular joint support and/or appearance that can be improved by the placement of a removable partial denture

For patients who do not meet the published qualifying criteria for receipt of a removable partial denture, Renaissance will consider documentation from relevant clinicians that explains the necessity of covering removable partial denture treatment for conditions not included in the criteria.

Depending on the clinical circumstances, the performance of removable partial 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:

- An absence of missing natural teeth other than third molars
- Replacement of an intact and functional removable partial denture
- Defects in an existing removable partial denture that can be satisfactorily corrected by repair
- A removable partial denture placed where the involved teeth have untreated caries, unrestorable structural breakdown, unresolved periapical pathology, failed endodontic treatment and/or insufficient alveolar bone support where the dentition cannot properly retain and support the denture
- An edentulous area with a retained root remnant likely to cause complications during or after removable partial denture delivery
- Severe residual ridge resorption
- Inadequate number and distribution of teeth to properly retain and support a removable partial denture
- Lack of an opposing dentition for the functionality of a denture
- Patients with an uncontrollable protective gag reflex that makes denture wear intolerable
- Patients with impaired motor function that would seriously compromise denture placement and removal
- Allergy to a material in a removable partial denture
- A high caries risk and/or poor oral hygiene that presents a relative contraindication to treatment
- Compromised temporomandibular joint likely to cause complications during or after treatment

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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.

- 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 partial denture treatment may be applied for coverage determinations:

- A comprehensive evaluation of the condition of existing teeth and edentulous areas must be carried out and fully documented prior to planning and performing removable prosthodontic treatment. Untreated caries, failed direct restorations, periodontal disease, endodontic pathology or structural weakness involving abutment teeth must be addressed as part of removable prosthodontic treatment. Partial dentures delivered to patients must meet the applicable standards of dental practice for denture design and fabrication, denture finishing, stability and retention, adaptation to teeth and edentulous ridges and occlusion.
- The unilateral partial denture design is generally considered inadvisable due to the risks associated with the lack of cross-arch stabilization and the potential for dislodgement and accidental ingestion or inhalation.
- Benefits for a removable partial denture that meets the requirements for coverage under a member's dental plan will be limited to restoring those edentulous spaces resulting from extractions within the normal complement of permanent teeth.
- Conventional partial dentures are considered completed on the date they are inserted for the patient to take home and wear. Immediate partial dentures are considered to be completed on the date when any remaining teeth are extracted and the denture is inserted.
- Repair of a removable partial denture is considered to be indicated when a repair may be expected to return the denture to a serviceable condition for a reasonable duration of function.
- Relining of a removable partial denture to resurface the tissue side of the denture with new base material is generally considered part of the service for six months following delivery of the denture. For dentures that have been in use for a longer period of time, indications for relining include loss of denture stability and retention due to inadequate fit of the denture base to the mucosa overlying the edentulous ridge and reduced occlusal vertical dimension.
- When dental benefit programs have established program-specific criteria that define when removable partial denture treatment is considered medically necessary and eligible for benefit coverage or that place other limitations on removable partial denture coverage, Renaissance will apply that criteria when there is a need to evaluate removable partial denture treatment for medical necessity.
  - Exclusions or limitations may be placed on benefit payment for removable partial dentures based on the number and position of missing teeth, the age of the patient, the application of custom tooth characterization or precision attachments, placement of an overdenture, concurrent placement of a fixed partial denture in the same arch or treatment performed solely for cosmetic improvement, altering occlusion, adjusting vertical dimension or to treat dysfunction of the temporomandibular joint.

## 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 partial 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 a removable partial denture 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.

- Preoperative diagnostic quality radiographs including bitewing images showing the teeth, edentulous areas and opposing dentition where placement of a removable partial denture is planned
- Intraoral photographs of the involved areas when radiographs do not adequately demonstrate the need for the submitted services
- Preoperative six-point periodontal pocket depth charting performed within 12 months of treatment that includes documentation of clinical attachment loss, tooth mobility, bleeding on probing and furcation involvement
- Documentation consistent with the patient record that explains the diagnostic rationale for providing a removable partial denture for a patient, including any supporting information from the patient's dental and medical histories

When determining coverage based on medical necessity or clinical appropriateness, Renaissance 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.

Renaissance's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Renaissance'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, Renaissance 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.

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

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## Appendix A

Removable Complete or Partial Dentures are indicated for:

- Replacement of missing teeth lost due to disease, trauma, or injury.
- Severely impaired masticatory function due to loss of teeth
- Replacement of a minimum of 3 to 4 permanent, posterior teeth based on one of the following conditions:
  - **A total of 4 posterior teeth in the arch or**
  - **A total of 3 adjacent posterior teeth in the arch**
  - Adequate and sufficient alveolar bone support of the remaining teeth in the arch is demonstrated; a minimum of 50% bone support is required.
  - Recipients with good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.
  - Recipients with no untreated caries or active periodontal disease in the abutment teeth

Removable Complete and Partial Dentures are not indicated for the following:

- For members with chronic poor oral hygiene and unsuitable abutment teeth
- 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)
- If there is an existing prosthesis less than 5 years old and in serviceable condition
- If the recipient cannot accommodate and properly maintain the prosthesis (lodge, gag reflex, potential for swallowing the prosthesis, severe disability).
- If the recipient has a history or an inability to wear a prosthesis due to psychological or anatomical reasons.
- If a partial denture, less than 5 years old, is converted to a temporary or permanent complete denture.

General considerations:

- \*If there is a pre-existing prosthesis, it must be at least 5 years old and unserviceable to qualify for replacement.
- \*A new prosthesis will not be reimbursed within 24 months of a reline or repair of the existing prosthesis

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