2020 Florida Dental Guidelines
APPENDIX A – Removable Prosthetics

CLINICAL DENTISTRY GUIDELINES

PREFACE

LIBERTY Dental Plan's Florida Dental Guidelines are developed and subject to periodic revisions and annual review by the QMI Committee and Board of Directors. The criteria document was developed internally by our Dental Directors with input from participating panel general dentists and specialists. LIBERTY utilizes the American Dental Association's "Dental Practice Parameters," sound dental clinical principles, processes and evidence to consistently evaluate the appropriateness of dental services that require review.

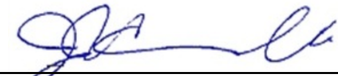
LIBERTY Dental Plan Executive Approval

The LIBERTY Dental Plan Quality Management and Improvement Committee has reviewed and approved the Florida Dental Guidelines.

__________________________ 12-04-2019

Dr. Todd Gray D.D.S, Dental Director/QMI Chair **Date**

LIBERTY Dental Plan's Board of Directors has reviewed and approved the Florida Dental Guidelines as proposed by the Quality Management Committee.



____ 12-19-2019

Executive Vice President/Board Representative **Date**

Please note that specific Plan/Program guidelines supersede the information contained in LIBERTY's Clinical Criteria Guidelines and Practice Parameters document.

TABLE OF CONTENTS

PREFACE 2

REMOVABLE PROSTHETICS 4

REMOVABLE PROSTHETICS

Note: Providers may document the date of service for these procedures to be the date when prosthetic appliances are completed.

Determination of Functional Occlusion: To determine if a removable prosthetic is essential, eight posterior natural or prosthetic molars and/or bicuspids in occlusion will be considered adequate for functional purposes. Four maxillary and four mandibular teeth in functional contact are considered adequate. If it is determined that the members have eight posterior natural or prosthetic molars and/or bicuspids in occlusion, then the removable prosthetic may not be considered necessary.

A. Complete Dentures (Codes D5110 and D5120)

1. Complete dentures are the appliances of last resort, particularly in the mandibular arch. Patients should be fully informed of their significant limitations. A complete denture may not be covered if some teeth are still present in the arch and extraction of the remaining teeth is not necessary. (MM500)
2. Establishing vertical dimension is considered to be a part of and included in the fee/process for fabricating a complete denture (standard, interim or immediate). Therefore, benefits for a complete denture are not limited or excluded in any way simply because of the necessity to establish vertical dimension.
3. An immediate complete or removable partial denture includes routine post-delivery care, adjustments and soft liners for six months. A conventional complete or removable partial denture includes routine post-delivery care and adjustments and soft liners for three months.
4. Proper patient education and orientation to the use of removable complete dentures should be part of the diagnosis and treatment plan. Educational materials regarding these prostheses are highly encouraged to avoid misunderstandings and grievances, and to manage patient expectation.

B. Immediate Complete Dentures (Code D5130 and D5140)

1. These covered dentures are inserted immediately after a patient’s remaining teeth are removed. While immediate dentures offer the benefit of never having to be without teeth, they must be relined (refitted on the inside) during the healing period after the extractions have been performed.
2. An immediate complete denture includes routine post-delivery care, adjustments and soft liners for six months.
3. An immediate complete denture is not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
4. If prior services are found to be clinically defective due to inadequate technical quality, the providers are expected to replace, or correct services rendered by them at no additional charge to the member.

C. Partial Dentures (Codes D5211 – D5281)

1. A removable partial denture is normally not indicated for a single tooth replacement of non-functional second or third molars (i.e., no opposing occlusion), except when an anterior tooth is missing.

2. Removable partial dentures are covered when posterior teeth require replacement on both sides of the same arch or multiple edentulous areas are present (excluding non-functional second or third molars). (MM520) Remaining teeth must have a good endodontic prognosis (MM250E) (MM521E) and a good periodontal prognosis (MM520P) (MM521P).
3. An interim partial denture may be needed when the remaining teeth have a good prognosis and the patient has an existing partial denture that is not serviceable (MM502) or an initial partial denture is being performed and the patient has several missing teeth on both sides of the same arch. (MM504)
4. For a treatment plan that includes both a fixed bridge and a removable partial denture in the same arch, the removable partial denture is considered the covered service.
5. A unilateral removable partial denture is rarely appropriate. Best practices include replacing unilateral missing teeth with a fixed bridge or implant. (MM520)
6. Endodontic, periodontal and restorative treatment should be completed prior to fabrication of a removable partial denture.
7. Abutment teeth should be restored prior to the fabrication of a removable partial denture and would be covered if the teeth meet the same standalone benefit requirements of a single crown.
8. Removable partial dentures should be designed so that they do not harm the remaining teeth and/or periodontal tissues, and to facilitate oral hygiene.
9. Materials used for removable partial dentures must be strong enough to resist breakage during normal function, nonporous, color stable, esthetically pleasing, non-toxic and non-abrading to the opposing or supporting dentition.
10. Partial dentures with acrylic clasps (such as Valplast or others, also known as “Combo Partials”) are considered under the coverage for Codes D5213 and D5214.

D. Proper patient education and orientation to the use of immediate complete or partial dentures should be part of the diagnosis and treatment plan. Educational materials regarding these prostheses are highly encouraged to avoid misunderstandings and grievances, and to manage patient expectation.

E. Replacement of an existing complete or partial denture:

1. Removable complete or partial dentures are not covered for replacement if an existing appliance can be made satisfactory by reline or repair. (MM501 and MM521)
2. Complete or partial dentures are not a covered if a clinical evaluation reveals the presence of a satisfactory appliance, even if a patient demands replacement due to their own perceived functional and/or cosmetic concerns.

F. Complete or partial denture adjustments (Codes D5410 – 5422):

1. An immediate complete or removable partial denture includes routine post-delivery care, adjustments and soft liners for six months.
2. A conventional complete or removable partial denture includes routine post-delivery care and adjustments for three months.
3. A prospective or retrospective request for a complete or partial denture adjustment must include documentation that the appliance is ill-fitting. (MM541)

G. Repairs to complete and partial removable dentures (Codes D5511 – D5671) must include documentation that demonstrates the appliance is broken or in need of repair. (MM560)

H. Relines for complete and partial removable dentures (Codes D5730 – D5761):

1. Supporting soft tissues and bone shrink over time, resulting in decreased retention and/or stability of the appliance.
2. A rebase or reline of a partial or complete denture would be covered (subject to plan limitations) if documentation demonstrates that the appliance is ill-fitting and may be corrected by rebasing or relining, resulting in a serviceable appliance. (MM570)

I. Interim removable partial dentures (Codes D5820 and D5821)

1. These appliances are only intended to temporarily replace extracted teeth during the healing period, prior to fabrication of a subsequent, covered, fixed or removable partial denture. Benefits may not exist for both an interim and definitive partial denture.
2. The submitted documentation must show that the existing partial denture is unserviceable. (MM582)
3. Removable partial dentures are covered when posterior teeth require replacement on both sides of the same arch or multiple edentulous areas are present (excluding non-functional second or third molars) and the remaining teeth have a good prognosis. (MM583) (MM483M)

J. Tissue conditioning (Codes D5850 and D5851) may be required when documentation shows that the tissue under a removable appliance is unhealthy or must be treated prior to fabricating a new appliance or rebasing or relining an existing appliance. (MM585)

K. A precision attachment (Code D5862) or the replacement of a part of a precision or semi-precision attachment requires documentation that it is medically necessary to stabilize a removable appliance. (MM586)