



## DENTAL CLINICAL POLICY AND PROCEDURES

### REMOVABLE PROSTHODONTICS

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#### II. POLICY STATEMENT

Removable prosthodontics, commonly known as dentures, are dental appliances that replace missing teeth and surrounding tissues. They are designed to be taken out of the mouth for cleaning and maintenance daily, unlike fixed prosthetics like crowns or bridges. They can replace a full arch of teeth (complete dentures) or just some teeth (partial dentures).

A denture, whether full or partial, typically consists of a base, artificial teeth, and connectors or retainers. The base provides support and is often made of acrylic resin but can be chrome/metal or porcelain. Artificial teeth, which can be made of acrylic resin or porcelain, replace missing natural teeth. Connectors are used to hold the partial denture in place and engage adjacent teeth to increase retention or to connect the artificial teeth to the base.

##### A. Removable Prosthodontics:

##### 1. Complete Dentures:

Complete dentures, also known as full dentures, are removable dental appliances that replace all the teeth in either the upper or lower jaw. They are custom-made to fit snugly over the gums and restore the ability to eat, speak, and smile confidently after tooth loss and are intended to be a long-term or final prosthetic.

- a. PEHP considers complete dentures medically necessary when the following criteria are met:

- 1) Member is edentulous (lacking teeth) in the upper and/or lower arch or is planned for complete tooth extraction due to advanced decay, periodontal disease, trauma, or other oral health conditions; and
  - 2) Member is medically and anatomically suitable for complete dentures and is capable—physically and cognitively—of managing and adapting to their use; and
  - 3) Oral environment has sufficiently healed and stabilized following surgical or dental interventions, and a complete denture is indicated as the long-term prosthetic solution; and
  - 4) Remaining teeth have a poor prognosis due to insufficient bone support (defined as less than 50% remaining), generalized tooth mobility, [furcation involvement](#), or are deemed non-restorable; and
  - 5) Tooth loss is contributing to compromised oral function, including difficulty with mastication (chewing), articulation, nutrition, or maintaining normal facial contours.
- b. PEHP considers complete dentures contraindicated and/or cost-inefficient for the following indications (*may not be an all-inclusive list*):
- 1) Persistent soft tissue abnormalities (e.g., inadequate vestibular depth, soft tissue hypertrophy or hyperplasia, chronic stomatitis); or
  - 2) Presence of compromised neuromuscular control that will inhibit use of denture; or
  - 3) Presence of restorable teeth that have a good prognosis; or
  - 4) Presence of teeth with adequate and healthy bone support (defined as 50% or greater remaining bone support).
- c. Benefit limits related to complete dentures per Master Policy:
- 1) One removable prosthodontic is allowed per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types;
  - 2) Replacement of extracted teeth with complete or partial dentures, dental implants, or fixed bridges may be allowed once in a five-year period.
- d. Ineligible services related to denture replacement:
- 1) Lost, stolen, or broken dentures due to abuse, neglect, or improper cleaning.
- e. The following information must be documented on the claim submission:
- 1) Arch Identification: Specify whether the maxillary (upper) or mandibular (lower) arch is being treated; and
  - 2) Procedure Coding: List the appropriate procedure code(s); and
  - 3) Tooth Replacement Plan: Submit a clinical narrative on the claim, using a [tooth chart](#) to identify the teeth to be replaced, and provide the date(s) of extraction, planned extraction, or tooth loss to establish eligibility. Documentation must also include proof that the teeth were present when coverage began (e.g., prior X-rays or clinical notes). If the teeth were missing before coverage started, benefits may be subject to the plan's [Missing Tooth Clause](#).
- f. The following should be submitted for review if requested and/or when the service requires prior authorization:
- 1) Diagnostic Imaging: Radiographs or equivalent images showing remaining teeth, [alveolar bone](#), and relevant oral structures; and
  - 2) Oral Health Evaluation: Assessment and diagnosis of dental, periodontal, and soft tissue health with justification for complete dentures.

## 2. Immediate and Interim Complete and Partial Dentures:

Immediate dentures are prosthetics that are inserted on the same day as tooth extraction, providing an immediate solution for patients who don't want to be without teeth during the healing process. They are pre-made based on impressions taken before tooth removal and are used in a temporary manner until the healing process is complete and the long-term prosthetic can be made.

Interim dentures or partials are also referred to as “flippers” and generally act to replace a tooth during healing in the esthetic area (front teeth) or until further treatment can be completed and space for the restoration needs to be maintained in any area.

- a. PEHP considers immediate or interim dentures medically necessary when the following criteria are met:
- 1) Member is planned for full-mouth extractions or individual extractions in various areas of the [maxillary](#) and/or [mandibular arch](#), due to non-restorable teeth, advanced periodontal disease, trauma, or other oral pathology; and

- 2) Member is medically and anatomically appropriate for denture therapy and demonstrates physical and cognitive ability to adapt to prosthetic use; and
  - 3) To maintain established occlusal relationships until completion of all restorative procedures and fabrication of the final prosthesis; or
  - 4) To preserve space for planned definitive treatment, such as an implant, fixed bridge, or other permanent prosthesis.
- b. PEHP considers immediate or interim dentures contraindicated and/or cost-inefficient for the following indications (*may not be an all-inclusive list*):
- 1) Member is already edentulous and does not require immediate prosthesis.
- c. Benefit limits related to immediate complete and partial dentures and interim dentures per Master Policy:
- 1) One removable prosthodontic is allowed per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types;
  - 2) Interim complete or partial dentures are limited to one per arch in a 5-year period. If a permanent complete or partial denture is initiated within 12 months, reimbursement for the interim denture will be applied toward the allowance for the permanent denture, as the interim denture is considered inclusive to the permanent prosthetic appliance.
- d. Ineligible services related to denture replacement:
- 1) Lost, stolen, or broken dentures due to abuse, neglect, or improper cleaning.
- e. The following information must be documented on the claim submission:
- 1) Arch Identification: Specify whether the maxillary (upper) or mandibular (lower) arch is being treated; and
  - 2) Medical Necessity of Interim Denture: Provide a clinical narrative on the claim that explains the medical necessity for the interim denture, including the patient's condition and rationale for treatment; and
  - 3) Procedure Coding: List the appropriate procedure code(s); and
  - 4) Tooth Replacement Plan: Submit a clinical narrative on the claim, using a [tooth chart](#) to identify the teeth to be replaced, and provide the date(s) of extraction, planned extraction, or tooth loss to establish eligibility. Documentation must also include proof that the teeth were present when coverage began (e.g., prior X-rays or clinical notes). If the teeth were missing before coverage started, benefits may be subject to the plan's [Missing Tooth Clause](#).
- f. The following should be submitted for review if requested and/or when the service requires prior authorization:
- 1) Diagnosis: Relevant diagnosis supporting the need for immediate partial or complete denture placement or the interim denture; and
  - 2) Radiographic Evidence: Bitewing and periapical X-rays showing restorability and periodontal condition of remaining teeth.

### 3. Overdentures:

Overdentures or “snappy dentures” are a type of removable denture that attaches to dental implants or natural tooth roots, providing a more secure and stable fit compared to traditional dentures. They are designed to rest or “snap” onto specialized components that are attached to dental implants or to natural teeth that have been modified to support a denture to improve function, speech, and overall comfort.

- a. PEHP considers overdentures medically necessary for one or more of the following indications:
- 1) Anatomical or functional challenges hinder the member's ability to adapt to conventional dentures; or
  - 2) Fixed prostheses or implant-supported solutions are not viable due to medical issues, anatomical limitations, or lack of dexterity for proper cleaning; or
  - 3) Significant bone loss or denture instability reducing the effectiveness of conventional complete dentures, compromising [retention](#) and function; or
  - 4) The presence of healthy or endodontically treated teeth or implants that can enhance denture stability and sensory feedback; or
  - 5) There is a clinical need to preserve [alveolar bone](#) and maintain the health of oral tissues; or
- b. PEHP considers overdentures contraindicated and/or cost-inefficient for the following indications (may not be an all-inclusive list):
- 1) Cases of advanced resorption or deterioration of the [edentulous ridge](#) deeming supporting teeth inadequate or lack of bone for implants to predictably heal.

- c. Benefit limits related to overdentures per Master Policy:
  - 1) One removable prosthodontic is allowed per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types;
  - 2) Replacement of extracted teeth with complete or partial denture, dental implant, or fixed partial denture (bridges) may be allowed once in a five-year period;
  - 3) Restorative dental services in connection with an overdenture are not covered, except root canal therapy and core build up.
- d. Ineligible services related to denture replacement:
  - 1) Lost, stolen, or broken dentures due to abuse, neglect, or improper cleaning.
- e. The following information must be documented on the claim submission:
  - 1) Arch Identification: Specify whether the maxillary (upper) or mandibular (lower) arch is being treated; and
  - 2) Procedure Coding: List the appropriate procedure code(s); and
  - 3) Tooth Replacement Plan: Submit a clinical narrative on the claim, using a [tooth chart](#) to identify the teeth to be replaced, and provide the date(s) of extraction, planned extraction, or tooth loss to establish eligibility. Documentation must also include proof that the teeth were present when coverage began (e.g., prior X-rays or clinical notes). If the teeth were missing before coverage started, benefits may be subject to the plan's [Missing Tooth Clause](#).
- f. The following should be submitted for review if requested and/or when the service requires prior authorization:
  - 1) Radiographic Evidence: Provide diagnostic imaging confirming the health, stability, and structural integrity of retained roots or implants supporting the overdenture.

#### 4. Partial Dentures:

Partial dentures are removable dental appliances that replace one or more missing teeth in either the upper or lower jaw. They are designed to fill in gaps and improve both the function and appearance of your smile. Partial dentures consist of artificial teeth attached to a gum-colored base, which may be made of acrylic or a combination of acrylic and metal.

- a. PEHP considers partial dentures medically necessary for one or more of the following indications:
  - 1) Replacement of multiple missing teeth in a partially [edentulous arch](#) to restore chewing efficiency and speech; or
  - 2) Prevention of undesirable tooth movement such as drifting, tipping, or [supraeruption](#) of adjacent or opposing teeth caused by edentulous (lacking teeth) spaces; or
  - 3) Remaining teeth demonstrate sufficient periodontal support (greater than 50% remaining bone support) and are deemed clinically restorable with a good prognosis; or
  - 4) Restoration of proper [occlusion](#) to maintain jaw alignment and function; or
  - 5) Support of remaining teeth and oral tissues to distribute occlusal forces (force generated when teeth come together during chewing, swallowing, or clenching) and maintain oral health.
- b. PEHP considers partial dentures contraindicated and/or cost-inefficient for the following indications (*may not be an all-inclusive list*):
  - 1) Members with chronic inadequate oral hygiene or when abutment/support teeth exhibit compromised prognosis due to uncontrolled or unresponsive periodontal disease or extensive decay
- c. Benefit limits related to partial dentures per Master Policy:
  - 1) Benefit for a partial denture is a global fee and includes the teeth and two clasps. If, at a later date, additional teeth are extracted, an additional benefit is allowable for adding teeth to an existing partial;
  - 2) One removable prosthodontic is allowed per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types;
  - 3) Replacement of extracted teeth with complete or partial denture, dental implant, or fixed partial denture (bridge) may be allowed once in a five-year period;
  - 4) Replacement teeth are allowed only once in an 18-month period.
- d. Ineligible services related to denture replacement:
  - 1) Lost, stolen, or broken dentures due to abuse, neglect, or improper cleaning
- e. The following information must be documented on the claim submission:

- 1) Arch Identification: Specify whether the maxillary (upper) or mandibular (lower) arch is being treated; and
  - 2) Procedure Coding: List the appropriate procedure code(s); and
  - 3) Tooth Replacement Plan: Submit a clinical narrative on the claim, using a [tooth chart](#) to identify the teeth to be replaced, and provide the date(s) of extraction, planned extraction, or tooth loss to establish eligibility. Documentation must also include proof that the teeth were present when coverage began (e.g., prior X-rays or clinical notes). If the teeth were missing before coverage started, benefits may be subject to the plan's [Missing Tooth Clause](#).
- f. The following should be submitted for review if requested and/or when the service requires prior authorization:
- 1) Radiographic Evidence: Provide radiographs to assess the restorability and periodontal condition of the remaining or supporting teeth.

#### B. Denture Adjustments:

Denture adjustment is a procedure performed by a dentist to improve the comfort of dentures. It involves making modifications to the denture to address issues like discomfort, sore spots, or slippage. These adjustments can help ensure the dentures feel natural and function properly.

1. PEHP considers denture adjustments medically necessary for any of the following indications:
  - a. Occlusal discrepancies, misalignment, or pressure-related complications that hinder proper chewing, speech, or denture wear; or
  - b. Presentation of mucosal inflammation, ulcerations, or soreness attributed to denture pressure points or overextended borders.
2. Benefit limits related to denture adjustments per Master Policy:
  - a. Adjustments made within the first 6 months after denture purchase are included in the denture fee and are not payable separately;
  - b. After the initial six-month period, up to two additional adjustments are covered per policy year when clinically necessary.
3. The following information must be documented on the claim submission:
  - a. Arch Identification: Identify the arch for which the denture adjustment is requested; and
  - b. Delivery Date of Appliance: Provide either the original delivery date of the denture or the date of the most recent adjustment to establish eligibility for adjustment and determine whether the service falls within the inclusive post-delivery period; and
  - c. Procedure Coding: List the appropriate procedure code(s).
4. The following should be submitted for review if requested and/or when the service requires prior authorization:
  - a. Adjustment Procedure Details: Report specifying modified areas and clinical rationale for each adjustment performed; and
  - b. Clinical Findings: Objective observations such as sore spots, pressure points, tissue irritation, or denture instability; and
  - c. Patient Symptoms and Functional Concerns: Documentation of discomfort, impaired function, or fit-related issues reported by the patient.

#### C. Rebase & Reline Services:

Relining and rebasing are procedures used to improve the fit or retention of dentures. Relining involves resurfacing the tissue side (inside) of the denture with new material to improve the fit and comfort, while rebasing replaces the entire denture base material, including the portion that fits against the gums, while keeping the existing denture teeth.

1. Denture Rebasing:
  - a. PEHP considers denture rebasing medically necessary for one or more of the following indications:
    - 1) Denture teeth are still in good condition; however, the base must be entirely replaced to restore proper fit and performance; or
    - 2) Deterioration of the base material resulting in compromised structural integrity; or

- 3) Severe wear or damage to the denture base material that cannot be effectively resolved through relining procedures; or
  - 4) Substantial anatomical changes in the [denture-bearing area](#) necessitating full replacement of the denture base to restore proper stability and [retention](#).
  - b. Benefit limits related to denture rebasing per Master Policy:
    - 1) Rebase procedures performed within the first six months of the denture delivery are considered part of the global denture fee and are not eligible for separate reimbursement;
    - 2) Rebase procedures are limited to once per arch every three years, but only if performed at least six months after the original denture delivery.
  - d. The following information must be documented on the claim submission:
    - 1) Arch Identification: Identify the arch for which the denture rebase is requested; and
    - 2) Delivery Date of Appliance: Provide either the original delivery date of the denture or the date of the most recent rebase to establish eligibility for rebase and determine whether the service falls within the inclusive post-delivery period; and
    - 3) Procedure Coding: List the appropriate procedure code(s).
  - e. The following should be submitted for review if requested and/or when the service requires prior authorization:
    - 1) Assessment of Denture Condition: Describe the current condition of the denture and explain why rebasing is necessary instead of minor adjustments or relining; and
    - 2) Patient-Reported Symptoms: Include relevant symptoms such as discomfort, looseness, instability, or difficulty chewing that support the need for rebasing.
2. Denture Relining:
- a. PEHP considers denture relining medically necessary for one or more of the following indications:
    - 1) Denture instability or looseness resulting from anatomical changes that adversely affect function; or
    - 2) Reduction in [alveolar ridge](#) height or volume resulting in compromised denture [retention](#) and stability; or
    - 3) Requirement to enhance denture adaptation to the current anatomical contour of the [edentulous ridge](#) without the need for complete denture base replacement; or
    - 4) Soft tissue alterations, such as inflammation or ulceration, caused by uneven pressure distribution from ill-fitting dentures.
  - b. Benefit limits related to denture relining per Master Policy:
    - 1) One chairside (direct) reline is allowed once per arch in an eighteen-month period, but only if performed at least six months after the original denture delivery;
    - 2) One laboratory (indirect) reline is allowed once per arch in a three-year period, but only if performed at least six months after the original denture delivery;
    - 3) Relining procedures performed within the first six months of the denture delivery are considered part of the global denture fee and are not eligible for separate reimbursement.
  - c. The following information must be documented on the claim submission:
    - 1) Arch Identification: Identify the arch for which the denture reline is requested; and
    - 2) Delivery Date of Appliance: Provide either the original delivery date of the denture or the date of the most recent adjustment to establish eligibility for separate reimbursement; and
    - 3) Procedure Coding: List the appropriate procedure code(s).
  - d. The following should be submitted for review if requested and/or when the service requires prior authorization:
    - 1) Assessment of Denture Condition: Provide a clinical evaluation of the current denture, explaining why minor adjustments or repairs are insufficient to restore proper fit and function; and
    - 2) Patient-Reported Symptoms: Include relevant symptoms such as pain, irritation, difficulty chewing, denture instability, or evidence of trauma-related lesions or ill-fitting prosthesis.

#### D. Repair & Replacement Services:

1. Repair of Denture(s):
  - a. PEHP considers denture repairs medically necessary for one or more of the following indications:
    - 1) Denture is broken or damaged leading to lack of stability and use during normal function (e.g., cracked base or edge, broken or missing tooth); or

- 2) Repair is needed to restore function and prevent oral trauma.
  - b. Benefit limits related to denture repairs per Master Policy:
    - 1) Repairs performed within the first six months following the original denture delivery are considered part of the global fee and are not eligible for separate reimbursement;
    - 2) Repairs are permitted starting six months following delivery; however, reimbursement should not exceed the allowable fee for a partial denture;
    - 3) Repairs to a complete denture base are covered once per arch in a 12-month period;
    - 4) Repairs to a resin partial denture base are covered as medically necessary;
    - 5) Repairs to a cast partial framework are covered once per arch in a 24-month period;
    - 6) Repairs to retentive/clasping components are covered once per tooth in a 24-month period.
  - c. Ineligible services related to denture repairs:
    - 1) Denture repairs when damage is due to abuse, improper cleaning, or neglect;
    - 2) Repairs of prosthetic that is intended to be temporary; immediate or interim prosthetic.
  - f. The following information must be documented on the claim submission:
    - 1) Arch/Tooth Identification: Identify the arch and any relevant tooth references associated with the damaged denture; and
    - 2) Delivery Date of Appliance: Provide either the original delivery date of the denture or the date of the most recent repair to establish eligibility for repair and determine whether the service falls within the inclusive post-delivery period; and
    - 3) Procedure Coding: List the appropriate procedure code(s).
  - g. The following should be submitted for review if requested and/or when the service requires prior authorization:
    - a. Clinical Evaluation: Detailed observations describing the nature and extent of denture damage with rationale for repair; and
    - b. Damage Summary: Description of the denture damage or functional issue (e.g., "mandibular denture fractured along the midline"); and
    - c. Functional Assessment: Description of functional impairments such as poor fit, reduced stability, or patient discomfort.
2. Replacement of Denture(s):
- a. PEHP considers denture replacement medically necessary for one or more of the following indications:
    - 1) Current denture is non-repairable due to one or more of the following conditions (*may not be an all-inclusive list*):
      - a) Breakdown of denture materials; or
      - b) Deterioration of denture teeth and base material; or
      - c) Recurring structural adjustments; or
    - 2) Post-radiation or surgical alteration of the oral cavity necessitates a new prosthesis to ensure proper function and fit; or
    - 3) Significant anatomical changes, including bone resorption or soft tissue alteration, have made relines ineffective and resulted in prosthesis instability, discomfort, and compromised oral function.
  - b. Benefit limits related to denture replacement per Master Policy:
    - 1) One removable prosthodontic is allowed per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types;
    - 2) Replacement of an existing denture will be covered only if the denture is deemed nonfunctional, such as having an ill-fitting base, impaired [occlusion](#), poor [retention](#) or stability, or worn or broken teeth. Replacement is allowed only once within a five-year period from the date of the last denture replacement. However, if the denture was paid for under a previous insurance policy within that five-year period, the five-year timeframe resets upon enrollment in the new insurance plan, allowing for replacement eligibility under the current coverage;
    - 3) Replacement of extracted teeth with complete or partial denture, dental implant, or fixed partial denture (bridge) may be allowed once in a five-year period.
  - c. Ineligible services related to denture replacement:
    - 1) Lost, stolen, or broken dentures due to abuse, neglect, or improper cleaning.
  - d. The following information must be documented on the claim submission:
    - 1) Arch Identification: Specify whether the maxillary (upper) or mandibular (lower) arch is being treated; and



- 2) Delivery Date of Appliance: Provide the original delivery date of the denture to establish eligibility for replacement; and
- 3) Procedure Coding: List the appropriate procedure code(s).
- e. The following should be submitted for review if requested and/or when the service requires prior authorization:
  - 1) Adjustment and Repair History: Description of any prior attempts to adjust or repair the existing denture, if applicable; and
  - 2) Clinical Observations: Detailed evaluation of the denture's condition, including specific findings (e.g., "mandibular denture split along the midline and is non-repairable due to material degradation"); and

**E. Tissue Conditioning:**

Tissue conditioning refers to a procedure that prepares the soft tissues in the mouth, particularly around the gums, for wearing dentures. It involves using a temporary, soft lining material placed inside a denture to allow the gums to heal and adapt to the pressure of the denture. This helps alleviate discomfort, promotes healing, and improves the fit of the denture.

1. PEHP considers tissue conditioning medically necessary for one or more of the following indications:
    - a. [Alveolar ridge](#) requires conditioning prior to the following conditions (*may not be an all-inclusive list*):
      - 1) Final denture impression; or
      - 2) Oral mucosa is unstable or movable, compromising the accuracy of impressions and the fit of the denture; or
    - b. Member is healing following surgery (e.g., alveoplasty, removal of tori) or radiation therapy, necessitating the use of temporary liners to promote recovery prior to final denture fabrication; or
  2. Benefit limits related to tissue conditioning per Master Policy:
    - a. Tissue conditioning (also known as soft relining) is allowed as a prosthodontic benefit and is limited to once per life of the denture for healing purposes only.
  3. The following information must be documented on the claim submission:
    - a. Arch Identification: Specify whether the maxillary (upper) or mandibular (lower) arch is being treated; and
    - b. Procedure Coding: List the appropriate procedure code(s).
  4. The following should be submitted for review if requested and/or when the service requires prior authorization:
    - a. Prosthesis Fit Evaluation: Clinical findings showing poor denture fit, including instability, [overextension](#), or pressure-related tissue trauma; and
    - b. Therapeutic Purpose Statement: Explanation of the clinical intent, such as preparation for final impressions, relining, rebase, or new prosthesis.
- F. PEHP considers the following dental services inclusive to the primary procedure and not payable separately (*may not be an all-inclusive list*):**
1. Connector bars (a device attached to fixed partial denture retainer or coping which serves to stabilize and anchor a removable overdenture prosthesis);
  2. Denture adjustments performed within six months of appliance delivery are included in the original denture fee and are not payable separately;
  3. Denture rebasing performed within six months of appliance delivery is included in the original denture fee and is not payable separately;
  4. Denture relines performed within six months of appliance delivery are considered part of the original denture fee and are not reimbursed separately.
- G. PEHP does not cover the following dental appliances or dental services (*may not be an all-inclusive list*):**
1. Additional sets of complete or partial dentures provided solely as spares or backups, regardless of clinical justification, unless the original appliance is deemed nonfunctional and at least five years have passed since its initial purchase;
  2. Modification of removable prostheses following implant surgery, meaning any adjustments or changes made to dentures or partial dentures to accommodate dental implants after the surgery;



3. Precision or semi-precision attachments (Interlocking devices—where one component is fixed to an abutment and the other integrated into a removable prosthesis) used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures;
4. Procedures intended solely for aesthetic customization of dental appliances, such as staining, shaping, or other cosmetic modifications.

### III. BENEFIT LIMITS

- A. Basic Dental Services, including Prosthodontics and Restorations: Maximum of up to \$500, \$1000, \$1500, or \$2000 per member per policy year depending on the dental plan and/or employer group.
- B. Dental Accident: Maximum of up to \$500 per member per policy year.

### IV. PEHP DENTAL MASTER POLICY EXCLUSIONS and LIMITATIONS

#### A. BASIC BENEFITS:

- Covered services are payable according to the Allowed Amount, up to the maximum benefit per plan year, including Prosthodontic and Implant benefits.

#### B. DENTAL ACCIDENT BENEFIT:

- PEHP will allow up to \$500 in addition to the yearly benefit for Accidental injuries to sound, natural teeth (teeth that are whole or properly restored) occurring while a covered member of PEHP, including their replacement. Charges are payable towards Copayments or at the Allowed Amount for eligible services if the yearly maximum is met. Total supplemental benefits for any one Accident may not exceed \$500 per individual.
- The dental injury must occur while coverage for dental accident benefits is in place and treatment must be started within 6-months of the accident unless the member can show the dental services were reasonable unable to have been started for 6 months (e.g., jaw wired shut for six months).
- The PEHP dental plan is always primary over the PEHP medical plan. Members who meet the criteria will receive benefits under their PEHP dental plan first. Once the maximum dental benefit has been reached the remaining claim amount will be processed under the PEHP medical plan (if the member is enrolled in one). Members who have dental coverage with another carrier, will be required to submit a letter showing their dental maximum was met before allowing under the PEHP medical plan.
- To be eligible for the Dental Accident benefit, the Accident must have occurred while a member of PEHP. Coverage must also be continuous and in effect at time of service.
- The six-month Waiting Period may be waived for Prosthodontics and Implants as a result of an Accidental injury.
- This coverage is only available if you do not have PEHP medical coverage.

#### C. GENERAL EXCLUSIONS:

- Charges for the following circumstances are excluded as benefits under PEHP:
  - All charges as a result of an Industrial Claim (on-the-job) injury or illness, regardless of whether the claim is determined compensable or settled with a worker's compensation carrier. Whether charges are the result of an Industrial Claim is solely determined by PEHP.
  - Any services or supplies not specifically identified as a covered service.
  - Appliances or restorations intended to increase the vertical dimension of the teeth, or to restore or balance the bite (occlusion), including occlusal analysis and occlusal adjustment.
  - Care, treatment, operations, or supplies, or any appliances, aids, devices, or drugs, that are not FDA approved.
  - Care, treatment, operations or supplies that are illegal, generally considered Experimental, Investigational, Unproven, or for research purposes by the dental profession, that are not recognized or proven to be effective for treatment of illness or injury in accordance with generally accepted dental practices.
  - Charges for services as a result of an auto related injury and covered under No Fault insurance or that would have been covered if Coverage was in effect as required by law.
  - Charges for dentistry services solely for cosmetic reasons, including but not limited to bleaching, bonding, veneers, or crowning of peg laterals.
  - Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.
  - Charges incurred while a Member is incarcerated or in police custody.
  - Lost or stolen dentures, occlusal guards, orthodontic appliances, removable dental bridges, or other dental appliances.

- PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.
- Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures.
- Replacement of teeth missing prior to effective date of Coverage for a period of five years from effective date of continuous Coverage with PEHP when the exclusion is applicable to the Employer Plan. Exception: Benefits may be eligible if a prior prosthesis is in place on the effective date of Coverage (subject to six-month Waiting Period if applicable to Plan).
- Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
- Unbundling or fragmentation of codes.

**D. Missing Tooth Exclusion:**

- The following limitations may not apply to your plan if you have prior continuous dental coverage for at least six months prior to being enrolled on the Employer Plan. Please refer to your Applicable Benefits Summary for details on the length of the waiting period for the Missing Tooth Exclusion. Services to replace teeth that are missing prior to effective date of Coverage may not be eligible for a specific period of time from the date of continuous Coverage with PEHP. However, the plan may review the abutment teeth for eligibility of Prosthodontic benefits. The Missing Tooth Exclusion does not apply if a bridge, denture, fixed partial denture (bridge), or implant was in place at the time the Coverage became effective.

**E. PROSTHODONTICS:**

- Procedures for construction of crowns, fixed partial dentures (bridges), implants, inlays/onlays, partial and complete dentures for treatment of severe decay, fracture or extraction. Crowns or onlays will be provided as Prosthodontic benefits when teeth cannot be restored with conventional filling materials or composite bonding for tooth surface loss as determined by the Dental Consultant/Dental Review Committee.

**F. PROSTHODONTIC BENEFITS:**

- Covered services are payable according to the allowed amount, up to the maximum benefit per plan year, including Basic and Implant benefits:
  - Denture adjustments performed within six (6) months of appliance delivery are included in the original denture fee and are not payable separately. After six (6) months, up to two adjustments per arch are allowed per policy year.
  - Denture base repairs (repair of the acrylic portion of the denture that holds the teeth) performed within six (6) months of appliance delivery are included in the original denture fee and are not payable separately. After six (6) months, repair of denture bases are allowed once per arch within a twelve (12)-month period.
  - Denture rebasing (replacement of the entire acrylic base material of the denture without changing the teeth) performed within six (6) months of appliance delivery is included in the original denture fee and is not payable separately. After six (6) months, rebasing is allowed once per arch within a three (3)-year period.
  - Denture relines performed within six (6) months of appliance delivery are considered part of the original denture fee and are not reimbursed separately. One laboratory (indirect) reline is allowed once every three years, and one chairside (direct) reline is allowed once every eighteen (18) months. Tissue conditioning (also known as soft reline) is allowed as a prosthodontic benefit and is limited to once per lifetime of the denture, as it is intended solely for healing purposes.
  - If personalized restorations or specialized techniques are chosen during denture construction instead of standard procedures, PEHP will reimburse only the fee for the minimum standard restoration.
  - If Prosthodontic benefits are paid and a tooth or teeth are subsequently extracted requiring another form of prosthetic within a five-year period, the amount previously paid will be deducted to determine if further Prosthodontic benefits are payable.
  - Interim complete or partial dentures are limited to one per arch within a five (5)-year period. If a permanent complete or partial denture is initiated within twelve (12) months, reimbursement for the interim denture will be applied toward the allowance for the permanent denture, as the interim denture is considered inclusive to the permanent prosthetic appliance.
  - Partial denture metal base repair (repair of the metal framework or base of a partial denture that supports the acrylic and teeth) performed within six (6) months of appliance delivery are included in the original denture fee and are not payable separately. After six (6) months, repair of partial denture metal based is allowed once every twenty-four (24) months per arch.

- *Prosthodontic appliances, including crowns, implants, onlays, fixed partial dentures (bridges), and complete or partial dentures (immediate, overdenture, or permanent), whether tooth-supported or implant-supported, are allowed once per tooth or once per arch within a five (5)-year period, as applicable.*
- *Prosthodontic benefits include procedures for the construction of complete or partial dentures, crowns, fixed partial dentures (bridges), implants, inlays/onlays, labial veneers (pre-authorization required), and overdentures, when used to treat severe decay, extraction, fracture, or tooth surface loss (pre-authorization required if due to abrasion or attrition). Allowed Services for crowns, labial veneers, and onlays are limited to when teeth cannot be restored with conventional filling materials.*
- *Repair or replacement of broken retentive/clasping materials on removable partial dentures performed within six (6) months of appliance delivery are included in the original denture fee and are not payable separately. After six (6) months, repair or replacement of partial denture clasping materials is allowed once every twenty-four (24) months per tooth.*
- *Replacement of an existing denture is payable only when the appliance is nonfunctional (e.g., ill-fitting base, impaired occlusion, poor retention or stability, or worn/broken teeth). This benefit is limited to once per arch within a five (5)-year period.*
- *Replacement of extracted teeth with complete or partial dentures, dental implant, or fixed partial dentures (bridges) may be allowed once in a five-year period.*
- *Restorative dental services related to an overdenture are not allowed, except for root canal therapy and core buildup.*
- *Soft liners for complete or partial removable dentures are allowed once per arch within a three (3)-year period. Services are not eligible for separate reimbursement when provided on the same date of service as a chairside reline.*
- *The benefit for an immediate or permanent removable partial denture is a global fee and includes the teeth and two clasps. If, at a later date, additional teeth are extracted, an additional benefit is allowable for adding teeth to an existing partial. Replacement teeth are allowed only once in an eighteen (18)-month period.*

**G. PROSTHODONTIC LIMITATIONS:**

- *Services in progress at the time of eligibility or prior to benefit inception will not be eligible for benefit payments.*
- *Services must be completed in order for payment to be made. Procedures involving the preparation, supplying, or installation of a prosthetic crown, dental implant, fixed partial denture (bridge), onlay, or any other service requiring more than one session are considered for payment only after final insertion or completion.*
- *The following procedures are considered part of the overall restoration process and are not payable separately: acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.*
- *Unless waived, there is a six-month Waiting Period for Prosthodontic benefits. All benefit Pre-authorizations for prosthetics during the first six months of Coverage are subject to the six-month Waiting Period. No benefits will be payable for services performed before the six-month Waiting Period has been met, even if Pre-authorized during that period.*

**V. RELATED DENTAL POLICIES**

- A. Bone Replacement Grafts
- B. Fixed Prosthodontics
- C. Guided Tissue Regeneration
- D. Periodontal Services

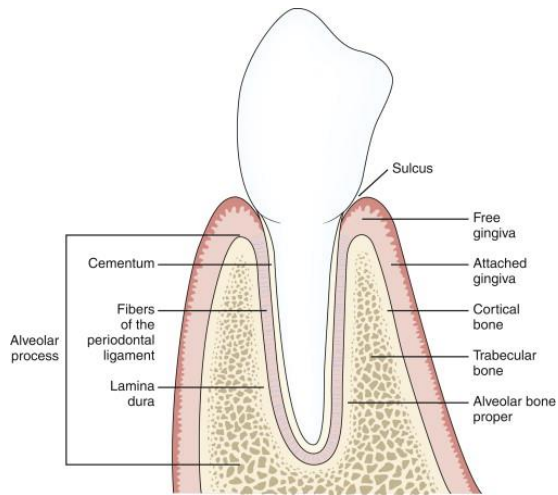
**VI. APPENDIX**

**A. Dental Definitions:**

1. **Alveolar Bone:** The specialized bone structure in the jaw that surrounds and supports the tooth, the portion of bone that is adjacent to the tooth structure (alveoli). It's a crucial part of the tooth-supporting structure and is directly involved in maintaining oral health and function.

2. **Alveolar Ridge:** A bony ridge in the upper or lower jaw that contains the sockets for teeth. It's the part of the jawbone that surrounds and supports the teeth. The alveolar ridge is covered by gums and can be affected by tooth loss, extractions, and injuries. It also plays a role in speech articulation and is important for dental implant procedures.
3. **Denture-Bearing Region:** The specific areas of the mouth, both maxilla (upper jaw) and mandible (lower jaw), that support a denture. These regions include the bony structures and soft tissues that can withstand the forces generated during chewing and speaking when wearing dentures. Understanding these areas is crucial for proper denture design and function.
4. **Edentulous Arch:** Refers to a jaw, either the upper (maxillary) or lower (mandibular), that is completely or partially devoid of teeth. This means there are no natural teeth or tooth roots present in that arch, though it may include dental implants. Edentulism, the condition of having lost all or most of one's natural teeth, can affect either the maxilla, the mandible, or both.
5. **Edentulous Ridge:** The bony ridge of the jaw that remains after teeth have been extracted. It's the area where teeth once were, and it can undergo significant changes, including resorption (shrinking), after tooth loss. This process can affect the stability of dentures and make it challenging to place dental implants.
6. **Furcation Involvement:** Refers to the loss of bone between the roots of multi-rooted teeth (typically molars and some premolars), often due to periodontal disease. It indicates that periodontal support has deteriorated to the point where the space between a tooth's roots becomes exposed and accessible by dental instruments. Furcation involvement is classified in stages (I to III or IV), based on severity.
7. **Mandibular Arch:** The lower arch of teeth in the oral cavity, formed by the mandible (lower jawbone) and its associated structures. It is essentially the bony framework holding the lower teeth and is often described as a U-shape.
8. **Maxillary Arch:** Also known as the upper dental arch, is the bony structure that forms the upper jaw and supports the upper teeth. It plays a vital role in proper tooth alignment and overall facial structure. The maxillary arch is a curved structure that houses the 16 upper teeth: incisors, canines, premolars, and molars. It works in conjunction with the mandibular arch (lower jaw) to enable proper chewing and speaking.
9. **Occlusion:** The position and interrelation of teeth when the jaw is closed, and the two arches are brought together.
10. **Overextension:** Refers to when a dental restoration or filling material extends beyond the intended or required area of the tooth structure. Can also refer to a removable prosthetic that extends too far past the anatomical landmarks generally used for fabrication.
11. **Rebase:** A procedure where the entire pink acrylic base of a denture is replaced, while the existing teeth remain in their original position. This is done to improve the fit and stability of the denture, especially when the base has become worn, damaged, or discolored.
12. **Reline:** A procedure where new material is added to the inner surface of a denture to improve its fit and comfort against the gums. Over time, dentures can loosen due to bone loss or changes in the mouth's tissues. Relining reshapes the denture to better conform to the current shape of the mouth, providing a more secure and comfortable fit.
13. **Soft Liner:** A pliable material, like silicone or plasticized acrylic, that is placed between the denture and the gums to improve comfort and fit. It acts as a shock absorber, cushioning the gums from the hard denture base, and can be used in new or existing dentures.
14. **Retention:** The ability of a dental appliance or restoration to stay securely in place within the mouth, resisting displacement or dislodgement. This can apply to orthodontic retainers, dentures, or even fillings and crowns, ensuring they stay in their intended position.
15. **Supraeruption:** Also known as overeruption, is the excessive eruption of a tooth beyond its normal position in the jaw, often due to the absence of an opposing tooth. This occurs because the tooth continues to erupt without the counterforce of its opposing counterpart.

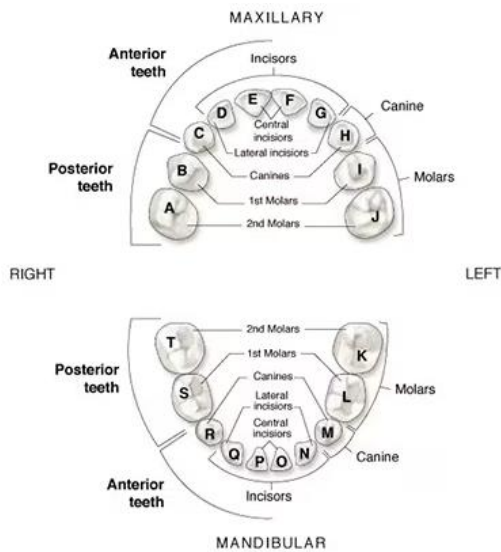
## B. Tooth Anatomy:



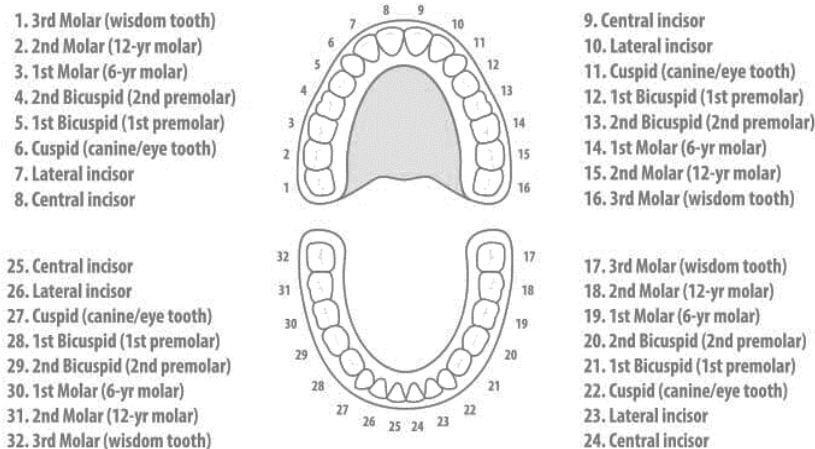
### C. Tooth Chart (Universal Tooth Designation System):

The Universal Tooth Designation System, also known as the Universal Numbering System, is a widely used method for identifying individual teeth in the human mouth. In this system, permanent teeth are numbered 1 through 32, while primary (baby) teeth are assigned letters A through T.

#### 1. Primary Teeth Chart:



#### 2. Permanent Teeth Chart:



## VI. APPLICABLE CODES

- A. All claims submitted for processing may be subject to review under McKesson Health Solutions' Clear Claim Connection tool and the Correct Coding Initiative (CCI) guidelines, as established by the Centers for Medicare & Medicaid Services (CMS) and other applicable regulatory authorities. Coding edits may be applied to ensure adherence to national standards, including bundling and unbundling policies as well as code combination restrictions. As a result, claim processing and reimbursement may be adjusted accordingly. All benefit determinations are contingent upon coverage eligibility at the time of service.
- B. The following list(s) of procedure codes is provided for reference purposes only and may not be all-inclusive, as Current Dental Terminology (CDT) code updates by the American Dental Association (ADA) may occur more frequently than policy updates. Deleted codes and codes that are not effective at the time the service is rendered may not be eligible for reimbursement. The inclusion of a code within this policy does not imply that the associated service is covered or excluded under any specific health plan. Coverage is determined based on the terms of the member's employer group benefit plan and applicable federal and state laws and regulations. Inclusion of a code does not guarantee claim payment or reimbursement. Other policies or clinical guidelines may also apply.

CDT codes COVERED if selection criteria are met ( <i>may not be an all-inclusive list</i> ):	
D5110	Complete denture - maxillary
D5120	Complete denture - mandibular
D5130	Immediate denture - maxillary
D5140	Immediate denture - mandibular
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 any conventional rests, clasps and teeth)
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional rests, clasps and teeth)
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
D5223	Immediate maxillary partial denture - cast metal framework including retentive/clasping materials, rests and teeth
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225	Maxillary partial denture - flexible base (including any retentive/clasping materials, rests and teeth)
D5226	Mandibular partial denture - flexible base (including any 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 (1) piece cast metal (including retentive/clasping materials, rests and teeth), maxillary
D5283	Removable unilateral partial denture - one (1) piece cast metal (including retentive clasping materials, rests and teeth), mandibular
D5284	Removable unilateral partial denture - one (1) piece flexible base (including retentive/clasping materials, rest and teeth) per quadrant
D5286	Removable unilateral partial denture - one (1) piece resin (including retentive/clasping materials, rest and teeth) per quadrant
D5410	Adjust complete denture - maxillary
D5411	Adjust complete denture - mandibular
D5421	Adjust partial denture - maxillary
D5422	Adjust partial denture - mandibular
D5511	Repair broken complete denture base - mandibular
D5512	Repair broken complete denture base - maxillary
D5520	Replace missing or broken teeth - complete denture (each tooth)
D5611	Repair resin partial denture base - mandibular
D5612	Repair resin partial denture base - maxillary
D5621	Repair cast partial framework - mandibular
D5622	Repair cast partial framework - maxillary
D5630	Repair or replace broken retentive/clasping materials - per tooth
D5640	Replace broken teeth - per tooth
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture - per tooth
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)
D5671	Replace all teeth and acrylic on cast metal framework - mandibular
D5710	Rebase complete denture - maxillary
D5711	Rebase complete denture - mandibular
D5720	Rebase partial - maxillary denture
D5721	Rebase partial denture - mandibular
D5725	Rebase hybrid prosthesis
D5730	Reline complete maxillary denture - chairside (direct)
D5731	Reline complete mandibular denture – chairside (direct)
D5740	Reline maxillary partial denture - chairside (direct)
D5741	Reline mandibular partial denture - chairside (direct)
D5750	Reline complete maxillary denture - laboratory (indirect)
D5751	Reline complete mandibular denture - laboratory (indirect)
D5760	Reline maxillary partial denture - laboratory (indirect)
D5761	Reline mandibular partial denture - laboratory (indirect)
D5765	Soft liner for complete or partial removable denture (indirect)
D5810	Interim complete denture - maxillary
D5811	Interim complete denture - mandibular
D5820	Interim partial denture - maxillary
D5821	Interim partial denture - mandibular
D5850	Tissue conditioning - maxillary
D5851	Tissue conditioning - mandibular
D5862	Precision attachment, by report



D5863	Overdenture - complete maxillary
D5864	Overdenture - partial maxillary
D5865	Overdenture - complete mandibular
D5866	Overdenture - partial mandibular
<b>CDT codes NOT COVERED for ANY indication or considered INCLUSIVE to the primary procedure (<i>may not be an all-inclusive list</i>):</b>	
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)
D5875	Modification of removable prosthesis following implant surgery
D5876	Add metal substructure to acrylic full denture - per arch
D5877	Duplication of complete denture - maxillary
D5878	Duplication of complete denture - mandibular
D5899	Unspecified removable prosthodontic procedure, by report