
PROSTHODONTICS (REMOVABLE) D5000 - D5899General Guidelines

1. A treatment plan with a poor and or uncertain prosthodontic, periodontal, restorative or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
2. HDS provides for replacement of missing teeth with complete or partial dentures. Treatment involving specialized techniques, precious metals for removable appliances, precision attachments for partial dentures or fixed partial dentures, implants and related procedures along with any associated appliances are not covered and any additional fee is the patient's responsibility.
3. Restorations and associated services are not a benefit for overdentures and benefits are denied.
4. Precision attachments for partial dentures are not a benefit and are denied.
5. Fixed partial dentures, resin based partial dentures and removable cast partials are not a benefit for patients under age 16.
6. The fabrication, repair, adjustment, reline/rebase of an extra ("spare") denture/partial are not benefits and are denied.
7. Replacement of Removable Prosthodontic appliances, one per edentulous space, may be benefited for appliances older than 5 years unless specified under group contract. This includes complete dentures, immediate dentures, partial dentures or fixed partial dentures.
8. The fees for prosthetic procedures includes services such as, but not limited to, tooth preparation, impressions, all models, guide planes, diagnostic wax-up, laboratory fees, occlusal adjustment within 6 months after the insertion and other associated procedures. These services are not billable to the patient when performed in conjunction with the Removable Prosthodontic procedure.
9. Complete or partial dentures, except in the case of immediate dentures, include any reline/rebase, adjustment or repair required within 6 months of insertion date; reline/rebase is denied if performed after 6 months and prior to two years following insertion date. Thereafter, reline/rebase is allowed once every two years.
10. In the case of immediate dentures, reline is allowed any time following the insertion and thereafter once every two years. The rebase allowance includes the allowance for reline and a separate charge cannot be made to the patient.
11. Indicate the insertion date of the prosthesis when submitting for payment. For patients whose coverage has terminated, also include the preparation date in the narrative.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
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Complete Dentures (Including Routine Post-Delivery Care) D5110 – D5140

D5110

complete denture – maxillary

D5120

complete denture – mandibular

1. Includes any reline/rebase, adjustment or repair required within six months of insertion date by the same dentist/dental office, except in the case of immediate dentures.

D5130

immediate denture – maxillary

D5140

immediate denture – mandibular

Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

Partial Dentures (Including Routine Post-Delivery Care) D5211 - D5283

General Guidelines

1. A posterior fixed partial denture and removable partial denture are not a benefit in the same arch in the same treatment plan. An anterior fixed partial denture with no more than 4 pontics is allowed in the same arch with a posterior removable partial denture.
2. Indicate missing teeth in tooth chart.

D5211

maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)

Tooth Chart

D5212

mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface	
<p>D5213 maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)</p> <p>D5214 mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)</p> <p>D5225 maxillary partial denture – flexible base (including retentive/clasping materials, rests, and teeth)</p> <p>D5226 mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth)</p>	Tooth Chart		
<p>D5221 immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)</p> <p>D5222 immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)</p> <p>D5223 immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)</p> <p>D5224 immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)</p>		Tooth Chart	

Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D5282 removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	Tooth Chart	UR, UL, 1-16
D5283 removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	Tooth Chart	LR, LL 17-32
D5284 removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth)- per quadrant	Tooth Chart	UR, UL, LR, LL,
D5286 removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	Tooth Chart	UR, UL, LR, LL,

General Guidelines

- The benefit for complete dentures includes any adjustments or repairs required within 6 months of insertion date, except in the case of immediate dentures. The adjustment or repair of dentures is not billable to the patient when performed by the same dentist/ dental office or denied when performed by different dentist within six months of initial placement.

D5410
adjust complete denture – maxillary

D5411
adjust complete denture – mandibular

D5421
adjust partial denture – maxillary

D5422
adjust partial denture – mandibular

- Adjustments to complete or partial dentures are limited to once every six months (after six months have elapsed since initial placement).

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Repairs to Complete Dentures D5511 - D5520		
<u>General Guidelines</u>		
1. The benefit for complete dentures includes any adjustments or repairs required within 6 months of insertion date, except in the case of immediate dentures. The adjustment or repair of dentures is not billable to the patient when performed by the same dentist/ dental office or denied when performed by different dentist within six months of initial placement.		
D5511 repair broken complete denture base, mandibular		
D5512 repair broken complete denture base, maxillary	1. Benefit allowance for this service is limited to once every 6 months.	
D5520 replace missing or broken teeth - complete denture (each tooth)		1 - 32
	1. Benefit allowance for this service is limited to once every 6 months.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
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Repairs to Partial Dentures D5611 - D5671

General Guidelines

1. Benefit allowance for this service is limited to once every 6 months. The repair of dentures is not billable to the patient if performed by the same dentist/dental office or denied when performed by a different dentist within 6 months of initial insertion date.
2. The HDS benefit for combined repairs, rebase and relines will not exceed the allowable benefit of a removable prosthesis.
3. The benefit for partial dentures includes any adjustments or repairs required within six months of insertion date, except in the case of immediate dentures. If performed by the same dentist/dental office within 6 months of initial placement, fees for the adjustments or repairs are not billable to the patient.

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

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D5630 repair or replace broken clasp – per tooth		1 - 32
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)	Tooth Chart	
D5671 replace all teeth and acrylic on cast metal framework (mandibular)		
	<ol style="list-style-type: none"> 1. Benefit is allowed once per partial denture. 2. Benefit is allowed two years following date of partial denture insertion. 3. The allowance for this benefit includes reline and rebase and a separate charge cannot be made to the patient. 4. These procedures only apply to partials with four or more teeth. For situations involving fewer than four teeth, the per tooth repair codes (D5640/D5650) should be used. 	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Denture Rebase Procedures D5710 - D5721		
Rebase - process of refitting a denture by replacing the base material.		
<u>General Guidelines</u>		
<ol style="list-style-type: none"> 1. The benefit for the rebase includes the fee for relining. The benefit for a reline procedure performed in conjunction with (within 6 months of) a rebase by the same dentist/dental office is not billable to the patient. 2. Complete or partial dentures, except in the case of immediate dentures, include any reline/rebase, adjustment or repair required within 6 months of insertion date; reline/rebase is denied if performed after 6 months and prior to two years following insertion date. Thereafter, reline/rebase is a benefit once every two years. 3. If a new denture is placed within 24 months of a rebase, HDS payment for the rebase will be deducted from the allowance for the new denture. 		
D5710 rebase complete maxillary denture		
D5711 rebase complete mandibular denture		
D5720 rebase maxillary partial denture		
D5721 rebase mandibular partial denture		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
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Denture Reline Procedures D5730 - D5761

Reline is the process of resurfacing the tissue side of a denture with new base material.

General Guidelines

1. Complete or partial dentures, except in the case of immediate dentures, include any reline/rebase, adjustment or repair required within 6 months of insertion date; reline/rebase is denied if performed after 6 months and prior to two years following insertion date. Thereafter, reline/rebase is a benefit once every two years.
2. In the case of immediate dentures, reline is allowed any time following the insertion and thereafter once every two years.

D5730

reline complete maxillary denture (chairside)

D5731

reline complete mandibular denture (chairside)

D5740

reline maxillary partial denture
(chairside)

D5741

reline mandibular partial denture (chairside)

1. If a new denture is placed within 6 months of a chairside reline, the reline will be deducted.

D5750

reline complete maxillary denture (laboratory)

D5751

reline complete mandibular denture (laboratory)

D5760

reline maxillary partial denture (laboratory)

D5761

reline mandibular partial denture (laboratory)

1. If a new denture is placed within 12 months of a laboratory reline, the reline will be deducted.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Interim Prosthesis D5810 - D5821		
A provisional prosthesis designed for use over a limited period of time, after which it is to be replaced by a more definitive restoration.		
D5820 interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	Narrative	5 - 12
D5821 interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	Narrative	22 - 27
<ol style="list-style-type: none"> 1. Patients are allowed one interim partial denture to replace an extracted or lost permanent tooth if provided within 21 days of the extraction or when the tooth was lost. 2. Interim partial denture is denied and chargeable to the patient if submitted for other than replacement of a recently extracted or lost tooth within 21 days. 3. Indicate recently extracted tooth number and date of extraction. Benefit of D5820 is available for anterior and 1st premolar teeth. Benefit of D5821 is available only for anterior teeth. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Other Removable Prosthetic Services D5850 - D5899		
D5850 tissue conditioning, maxillary		
D5851 tissue conditioning, mandibular	Treatment relines using materials designed to heal unhealthy ridges prior to more definitive final restoration.	
	<ol style="list-style-type: none"> 1. A maximum of two tissue conditioning treatments per denture is allowed prior to impressions for relines, rebase or denture prostheses. The patient is responsible for the cost of additional treatments. 2. Tissue conditioning is a benefit if done prior to insertion, but not on the same day as insertion. 	
D5863 overdenture – complete maxillary		
D5864 overdenture – partial maxillary	Tooth Chart	
D5865 overdenture – complete mandibular		
D5866 overdenture – partial mandibular	Tooth Chart	
	<ol style="list-style-type: none"> 1. Restorations and associated services are not a benefit for overdentures and benefits are denied. 	
D5899 unspecified removable prosthodontic procedure, by report	Narrative, Lab Invoice	
	Use for a procedure that is not adequately described by a code. Describe procedure.	
	<ol style="list-style-type: none"> 1. Documentation should include materials used, tooth number, arch, quadrant, or area of the mouth, chair time, laboratory invoices, X-ray images or any other supporting information. 2. Restorations and associated services are not a benefit for overdentures and benefits are denied. 3. Upon review of documentation, the appropriate benefit allowance will be applied. 	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Maxillofacial Prosthetics D5900 - D5999		
D5999 unspecified maxillofacial prosthesis, by report	Narrative, Lab Invoice	
Used for a procedure that is not adequately described by a code. Describe procedure.		
<ol style="list-style-type: none"> 1. Narrative should include the restorative materials used, tooth number, arch, quadrant, or area of the mouth, chair time. Laboratory invoices, intraoral photographic images when available, X-ray images or additional supporting information may be requested. 2. Upon review of documentation, the appropriate benefit allowance will be applied. 		