

---

**PROSTHODONTICS, FIXED D6200 - D6999**

Each retainer and each pontic constitutes a unit in a fixed partial denture.

Local anesthesia is usually considered to be part of Fixed Prosthodontic procedures.

The term “fixed partial denture” or FPD is synonymous with fixed bridge or bridgework.

Fixed partial denture prosthetic procedures include routine temporary prosthetics. When indicated, interim or provisional codes should be reported separately.

General Guidelines

1. The fee for a restoration includes services such as, but not limited to:

- |                           |  |
|---------------------------|--|
| • crown removal           | • laboratory fees  |
| • tooth preparation       | • laser technology   |
| • diagnostic wax-up       | • occlusal adjustment within 6 months after the restoration      |
| • electro surgery         | • post-operative visits within 6 months after the restoration    |
| • temporary restorations  | • local anesthesia   |
| • liners and cement bases | • crown lengthening and gingivectomy on the same date of service |
| • impressions             |  |

These procedures are not billable to the patient when submitted as a separate charge.

2. The following are not covered benefits and require the agreement of the patient to assume the cost:

- Treatment involving specialized techniques
- Precision attachment (D5862, D6950) for crowns, fixed/removable partial dentures or implants (related procedures along with any associated appliances)
- Additional abutments needed because of congenital or unusual conditions
- Additional pontics needed to restore a space beyond the normal complement of natural teeth
- Restorations performed for the following reasons (see “Definitions” listed on page 9 of the Restorative section):
  - Altering occlusion, involving vertical dimension
  - Replacing tooth structure lost by attrition, erosion, abrasion, abfraction, occlusal wear or for periodontal, orthodontic or other splinting

3. A treatment plan with a poor and or uncertain 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.
4. Cantilever fixed partial dentures are limited to only one pontic. Additional pontics are denied.
5. When a fixed partial denture (bridge) is planned for replacement and the X-ray images and other submitted attachments do not indicate decay, fracture and/or the tooth being otherwise compromised, the provider should provide a narrative to state the clinical reason(s) for replacement.
6. 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 not more than 4 pontics is allowed in the same arch with a posterior removable partial denture.

- 
7. Replacement of prosthodontic fixed restorations due to defective marginal integrity, recurrent decay and fracture of tooth structure may be a benefit when older than 5 years or as specified under group contract.
  8. If any unit or tooth within a new fixed partial denture has had a prior fixed (indirect) restoration still subject to the time limitations, that unit of the fixed partial denture will be denied and the patient is responsible for the cost.
  9. Fixed partial dentures and removable cast partials are not benefits for patients under age 16.
  10. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.
  11. Porcelain/ceramic/resin retainers and pontics will be processed as the conventional fixed prosthetics with the patient responsible for the difference to the submitted amount.
  12. Always indicate the insertion date of the appliance when submitting for payment. For patients whose coverage has terminated, also indicate the date of preparation.
  13. Use a separate line on the claim for each tooth involved in the fixed partial denture and indicate a separate fee for each tooth.
  14. Anterior fixed partial dentures spanning more than 4 pontics or posterior fixed partial dentures spanning more than 3 pontics will be processed as the alternate benefit of a removable partial denture.
  15. When rebonding or recementing a Maryland Bridge, submit procedure code D6930.
-

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>Fixed Partial Denture Pontics D6205 - D6253</b>		
<b>D6205</b> pontic – indirect resin based composite	X-ray	1 - 32
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		
<b>D6210</b> pontic – cast high noble metal	X-ray	1 - 32
<b>D6211</b> pontic – cast predominantly base metal		
<b>D6212</b> pontic – cast noble metal		
<b>D6214</b> pontic - titanium and titanium alloys		
<b>D6240</b> pontic – porcelain fused to high noble metal	X-ray	4 - 13 20 - 29
<b>D6241</b> pontic – porcelain fused to predominantly base metal		
<b>D6242</b> pontic – porcelain fused to noble metal		
<b>D6243</b> pontic - porcelain fused to titanium and titanium alloys		
1. See additional guidelines for D6240, D6241, D6242 and D6243 alternate benefits shaded in gray.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>D6240</b> pontic – porcelain fused to high noble metal	X-ray	1 -3, 14 -16, 17-19, 30-32
<b>D6241</b> pontic – porcelain fused to predominantly base metal		
<b>D6242</b> pontic – porcelain fused to noble metal		
<b>D6243</b> pontic – porcelain fused to titanium and titanium alloys		
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		
<b>D6245</b> pontic– porcelain/ceramic	X-ray	1 - 32
1. For most plans, upon review- the alternate benefit D6240/D6210 will be applied. Patients should be informed that they are responsible for the cost difference if they elect this service. Refer to current group benefit information for specific coverage for crowns.		
<b>D6250</b> pontic – resin with high noble metal	X-ray	4 - 13, 20 - 29
<b>D6251</b> pontic – resin with predominantly base metal		
<b>D6252</b> pontic – resin with noble metal		
1. See additional guidelines for D6250, D6251 and D6252 alternate benefits shaded in gray.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>D6250</b> pontic – resin with high noble metal	X-ray	1 -3, 14 -16, 17-19, 30-32
<b>D6251</b> pontic – resin with predominantly base metal		
<b>D6252</b> pontic – resin with noble metal <ol style="list-style-type: none"> <li>For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.</li> </ol>		
<b>D6253</b> Interim pontic – further treatment or completion of diagnosis necessary prior to final impression	X-ray, Narrative	1 - 32
Not to be used as a temporary pontic for routine prosthetic fixed partial dentures. <ol style="list-style-type: none"> <li>Covered as a benefit only in the event of an injury/trauma. Narrative must detail the cause and nature of the injury/trauma.</li> <li>D6253 when used as a temporary, interim or provisional fixed prostheses for routine prosthetic fixed partial denture, is not billable to the patient.</li> <li>Temporary, interim or provisional fixed prostheses are not separate benefits and are considered an integral component of the permanent prosthesis. As such, is not billable to the patient.</li> </ol>		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>Fixed Partial Denture Retainers – Inlays/Onlays D6545 - D6634</b>		
<b>D6545</b> retainer – cast metal for resin bonded fixed prosthesis	X-ray	1 - 32
<ol style="list-style-type: none"> <li>Limited to two retainers, one on each side of space.</li> </ol>		
<b>D6548</b> retainer – porcelain/ ceramic for resin bonded fixed prosthesis	X-ray	1 - 32
<b>D6549</b> resin retainer – for resin bonded fixed prosthesis		
<ol style="list-style-type: none"> <li>Generally used for Maryland Bridge retainer.</li> <li>For most plans, upon review- the alternate benefit D6545 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns.</li> </ol>		
<b>D6600</b> retainer inlay – porcelain/ ceramic, two surfaces	X-ray	1 - 32 Any surfaces
<b>D6601</b> retainer inlay – porcelain/ ceramic, three or more surfaces		
<ol style="list-style-type: none"> <li>For most plans, upon review- the alternate benefit D6602 (2 surface) or D6603 (3 surface) will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns.</li> </ol>		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>D6602</b> retainer inlay – cast high noble metal, two surfaces	X-ray	1 - 32 Any surfaces
<b>D6603</b> retainer inlay – cast high noble metal, three or more surfaces		
<b>D6604</b> retainer inlay – cast predominantly base metal, two surfaces		
<b>D6605</b> retainer inlay – cast predominantly base metal, three or more surfaces		
<b>D6606</b> retainer inlay – cast noble metal, two surfaces		
<b>D6607</b> retainer inlay – cast noble metal, three or more surfaces		
<b>D6608</b> retainer onlay – porcelain/ceramic, two surfaces	X-ray	1 - 32 Any surfaces
<b>D6609</b> retainer onlay – porcelain/ceramic, three or more surfaces		
1. For most plans, upon review- the alternate benefit D6610 (2 surface) or D6611 (3 surface) will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>D6610</b> retainer onlay – cast high noble metal, two surfaces	X-ray	1 - 32 Any surfaces
<b>D6611</b> retainer onlay – cast high noble metal, three or more surfaces		
<b>D6612</b> retainer onlay – cast predominantly base metal, two surfaces		
<b>D6613</b> retainer onlay – cast predominantly base metal, three or more surfaces		
<b>D6614</b> retainer onlay – cast noble metal, two surfaces		
<b>D6615</b> retainer onlay – cast noble metal, three or more surfaces		
<b>D6624</b> retainer inlay – titanium	X-ray	1 - 32
<ol style="list-style-type: none"> <li>For most plans, upon review the alternate benefit D6602/D6603 will be applied. Patients should be informed that they are responsible for the cost difference if they elect this service. Refer to current group benefit information for specific coverage for crowns.</li> </ol>		
<b>D6634</b> retainer onlay – titanium	X-ray	1 - 32
<ol style="list-style-type: none"> <li>For most plans, upon review- the alternate benefit D6610/D6611 will be applied. Patients should be informed that they are responsible for the cost difference if they elect this service. Refer to current group benefit information for specific coverage for crowns.</li> </ol>		



Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>Fixed Partial Denture Retainers – Crowns D6710 - D6793</b>		
<b>D6710</b> retainer crown – indirect resin based composite	X-ray	1 - 32
<ol style="list-style-type: none"> <li>For most plans, upon review- the alternate benefit D6721/D6791 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns.</li> </ol>		
<b>D6720</b> retainer crown – resin with high noble metal	X-ray	4 - 13, 20 - 29
<b>D6721</b> retainer crown – resin with predominantly base metal		
<b>D6722</b> retainer crown – resin with noble metal		
<ol style="list-style-type: none"> <li>See additional guidelines for D6720, D6721 and D6722 alternate benefits shaded in gray.</li> </ol>		
<b>D6720</b> retainer crown – resin with high noble metal	X-ray	1 -3, 14 -16, 17-19, 30-32
<b>D6721</b> retainer crown – resin with predominantly base metal		
<b>D6722</b> retainer crown – resin with noble metal		
<ol style="list-style-type: none"> <li>For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.</li> </ol>		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>D6740</b> retainer crown – porcelain/ceramic	X-ray	1 - 32
1. For most plans, upon review- the alternate benefit D6750/D6790 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have a ceramic crown, porcelain-fused to metal, resin-based processed to metal type crown done on a posterior tooth. Refer to current group benefit information for specific coverage for crowns.		
<b>D6750</b> retainer crown – porcelain fused to high noble metal	X-ray	4 - 13, 20 - 29
1. See additional guidelines for D6750 alternate benefits shaded in gray.		
<b>D6750</b> retainer crown – porcelain fused to high noble metal	X-ray	1 -3, 14 -16, 17-19, 30-32
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		
<b>D6751</b> retainer crown – porcelain fused to predominantly base metal	X-ray	4 - 13, 20 – 29
1. See additional guidelines for D6751 alternate benefits shaded in gray.		
<b>D6751</b> retainer crown – porcelain fused to predominantly base metal	X-ray	1 -3, 14 -16, 17-19, 30-32
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>D6752</b> retainer crown – porcelain fused to noble metal	X-ray	4 - 13, 20 - 29
1. See additional guidelines for D6752 alternate benefits shaded in gray.		
<b>D6752</b> retainer crown – porcelain fused to noble metal	X-ray	1 -3, 14 -16, 17-19, 30-32
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		
<b>D6753</b> retainer crown - porcelain fused to titanium and titanium alloys	X-ray	4 - 13, 20 - 29
1. See additional guidelines for D6753 alternate benefits shaded in gray.		
<b>D6753</b> retainer crown - porcelain fused to titanium and titanium alloys	X-ray	1 -3, 14 -16, 17-19, 30-32
1. For most plans, upon review- the alternate benefit of D6790 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns.		
<b>D6780</b> retainer crown – ¾ cast high noble metal	X-ray	1 - 32
<b>D6781</b> retainer crown – ¾ cast predominantly base metal		
<b>D6782</b> retainer crown – ¾ cast noble metal		
<b>D6784</b> retainer crown ¾ - titanium and titanium alloys		
<b>D6783</b> retainer crown – ¾ porcelain/ceramic	X-ray	1 - 32
1. For most plans, upon review- the alternate benefit of D6780 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>D6790</b> retainer crown – full cast high noble metal	X-ray	1 - 32
<b>D6791</b> retainer crown – full cast predominantly base metal		
<b>D6792</b> retainer crown – full cast noble metal		
<b>D6793</b> Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression	X-ray, Narrative	1 - 32
<p>Not to be used as a temporary retainer crown for routine prosthetic fixed partial dentures.</p> <ol style="list-style-type: none"> <li>1. Covered as a benefit only in the event of an injury/trauma. Narrative must detail the cause and nature of the injury/trauma.</li> <li>2. D6793 is not billable to the patient when used as temporary retainer crown for a fixed partial denture.</li> </ol>		
<b>D6794</b> retainer crown - titanium and titanium alloys	X-ray	1 - 32
<ol style="list-style-type: none"> <li>1. For most plans, upon review- the alternate benefit of D6790 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns.</li> </ol>		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>Other Fixed Partial Denture Services D6920 – D6999</b>		
<b>D6930</b> re-cement or re-bond fixed partial denture		1 - 32
<ol style="list-style-type: none"> <li>Benefit is limited to once every 12 months beginning 6 months after the fixed partial denture is inserted.</li> <li>Fees for recementation of fixed partial dentures are not billable to the patient if done within six months of the initial seating date by the same dentist or dental office.</li> <li>Recement by a different dentist within 6 months of the initial seating date may be benefited.</li> </ol>		
<b>D6940</b> stress breaker	X-ray, Lab Invoice	1 - 32
<p>A non-rigid connector.</p> <ol style="list-style-type: none"> <li>Coverage is limited to once every 5 years unless specified otherwise by group contract.</li> <li>Procedure D6940 includes: <ul style="list-style-type: none"> <li>Rest for fixed partial denture (in lieu of abutment).</li> <li>Misaligned fixed partial denture abutments.</li> </ul> </li> <li><b>This procedure code is not to be submitted for the rigid splinting of crowns.</b></li> </ol>		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<b>D6980</b> fixed partial denture repair necessitated by restorative material failure	Narrative, Lab Invoice	1 - 32
<ol style="list-style-type: none"> <li>Includes removal of fixed partial denture, if necessary.</li> <li>Repairs are allowed 6 months after the insertion date. Benefit is limited to once every 12 months. Repair is a benefit 6 months after the initial insertion and then only a benefit once every 12 months.</li> <li>For most plans, ceramic repairs on molars are not benefits and the patient is responsible for the cost. Refer to current group benefit information for specific coverage for porcelain/ceramic repairs on molars.</li> <li>Fixed partial denture repair due to caries should be submitted using <b>D6999 unspecified restorative procedure, by report</b> or the appropriate corresponding restorative procedure code.</li> <li>Any restoration performed by the same dentist on the same tooth within 12 months after crown insertion will be not billable to the patient. Special consideration may be given by report.</li> <li>The submitted information should include: <ul style="list-style-type: none"> <li>Clinical diagnosis</li> <li>The tooth surfaces involved in the repair</li> <li>Type of restorative materials used for the repair (composite, amalgam, etc.)</li> <li>Tooth number</li> <li>Chair time</li> <li>Laboratory invoice when appropriate</li> <li>X-ray or photographic image(s) when available</li> <li>Additional other supporting information</li> </ul> </li> <li>Upon review of the submitted narrative and other documentation, an appropriate benefit allowance will be applied.</li> </ol>		
<b>D6999</b> unspecified, fixed prosthodontic procedure, by report	Narrative, Lab Invoice	1 - 32, LL, LR, UL, UR, UA, LA
<p>Used for procedure that is not adequately described by a code.</p> <ol style="list-style-type: none"> <li>Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time. Intraoral photographic images (when available), X-ray images when appropriate or other supporting information may be requested.</li> <li>Upon review of documentation, the appropriate benefit allowance will be applied.</li> </ol>		