CareFirst
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Part 6: Removable Prosthodontics

Comprehensive Dental Reference Guide

Please use the Comprehensive Dental Reference Guide when preparing your claims and pre-treatment estimates for CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., (collectively, "CareFirst"), CareFirst BlueCross BlueShield Medicare Advantage, The Dental Network, and the Federal Employee Program®.

- **CDT code descriptions**
- **Utilization review perspectives on clinical presentations appropriate for benefit allowance**
- **CareFirst-required documentation to allow for processing**
- **Identification of codes that require a clinical review by our staff of licensed dentists**

Selecting the most appropriate code to describe treatment rendered and providing required documentation streamlines the claims submission process.

These descriptions and directions are based on standard plan designs. Individual patient plans may vary. Verify benefits and eligibility for each patient before the appointment.

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between CareFirst Dental's Processing Policies and Procedures and dental plan benefits and the processing policies and descriptors found in CDT.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc. and CareFirst Advantage PPO, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD®, the Cross and Shield Symbols, and Federal Employee Program® are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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Removable Prosthodontics: D5000–D5899

The information provided is based on general clinical policy and can vary for each patient's plan. Verify benefits and eligibility for each patient before the appointment, as there are differences among plans. The following information gives generalized clinical requirements and guidance for each CDT code.

Removable Prosthodontics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5110	Complete denture—maxillary	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. All maxillary permanent teeth must be missing.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5120	Complete denture—mandibular	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. All mandibular permanent teeth must be missing.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5130	Immediate denture—maxillary	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. All maxillary permanent teeth must be missing.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5140	Immediate denture—mandibular	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. All mandibular permanent teeth must be missing.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5211	Maxillary partial denture—resin base including retentive/clasping materials, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5212	Mandibular partial denture—resin base including retentive/clasping materials, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

*Check patient eligibility including age and frequency limitations for each service.

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Removable Prosthodontics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5213	Maxillary partial denture—a cast metal framework with resin denture base including retentive/clasping materials, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5214	Mandibular partial denture—cast metal framework with resin denture base including retentive/clasping materials, rests and teeth)	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5221	Immediate maxillary partial denture—resin base including retentive/clasping materials, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5222	Immediate mandibular partial denture—resin base including retentive/clasping materials, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5223	Immediate maxillary partial denture—cast metal framework including retentive/clasping materials, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5224	Immediate mandibular partial denture—cast metal framework including retentive/clasping materials, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5225	Maxillary partial denture—flexible base including retentive/clasping materials, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5226	Mandibular partial denture—flexible base including any clasps, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5227	Immediate maxillary partial denture—flexible base including retentive/clasping materials, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5228	Immediate mandibular partial denture—flexible base including retentive/clasping materials, rests and teeth	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

*Check patient eligibility including age and frequency limitations for each service.

Removable Prosthodontics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5282	Removable unilateral partial denture—one piece cast metal including retentive/clasping materials, rests and teeth—maxillary	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5283	Removable unilateral partial denture—one piece cast metal including retentive/clasping materials, rests and teeth—mandibular	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5284	Removable unilateral partial denture—one-piece flexible base including retentive/clasping materials, rests and teeth—per quadrant	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5286	Removable unilateral partial denture—one piece resin including retentive/clasping materials, rests and teeth—per quadrant	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. There must be at least one missing tooth (2–15, 18–31). Teeth 1, 16, 17 and 32 are not eligible for replacement.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5410	Adjust complete denture—maxillary	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete denture or until three months after the initial placement of an immediate denture.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5411	Adjust complete denture—mandibular	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete denture or until three months after the initial placement of an immediate denture.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5421	Adjust partial denture—maxillary	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5422	Adjust partial denture—mandibular	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5511	Repair broken complete denture base—mandibular	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete denture or until three months after the initial placement of an immediate denture.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Removable Prosthodontics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5512	Repair broken complete denture base—maxillary	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete denture or until three months after the initial placement of an immediate denture.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5520	Replace missing or broken teeth—complete denture—per tooth	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete denture or until three months after the initial placement of an immediate denture.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5611	Repair resin partial denture base—mandibular	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5612	Repair resin partial denture base—maxillary	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5621	Repair cast partial framework—mandibular	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5622	Repair cast partial framework—maxillary	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5630	Repair or replace broken retentive/clasping materials—per tooth	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5640	Replace missing or broken teeth—partial denture—per tooth	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5650	Add tooth to existing partial denture—per tooth	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5660	Add clasp to existing partial denture—per tooth	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Removable Prosthodontics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5671	Replace all teeth and acrylic on cast metal framework—mandibular	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5710	Rebase complete denture—maxillary	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete denture or until three months after the initial placement of an immediate denture.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5711	Rebase complete denture—mandibular	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete denture or until three months after the initial placement of an immediate denture.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5720	Rebase partial—maxillary denture	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5721	Rebase partial denture—mandibular	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5725	Rebase hybrid prosthesis	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional prosthesis or until three months after the initial placement of an immediate prosthesis.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5730	Reline complete maxillary denture—chairside	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete denture or until three months after the initial placement of an immediate denture. For immediate dentures, the first benefit is available after three months since initial placement, and a second reline is is eligible within the first year. Subsequent relines are available every three years after that.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5731	Reline complete mandibular denture—chairside	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete denture or until three months after the initial placement of an immediate denture. For immediate dentures, the first benefit is available after three months since initial placement, and a second reline is eligible within the first year. Subsequent relines are available every three years after that.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Removable Prosthodontics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5740	Reline maxillary partial denture—chairside	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete or partial denture or until three months after the initial placement of an immediate complete or partial denture. For immediate dentures, the first benefit is available after three months since initial placement and a second reline is eligible within the first year. Subsequent relines are available every three years after that.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5741	Reline mandibular partial denture—chairside	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete or partial denture or until three months after the initial placement of an immediate complete or partial denture. For immediate dentures, the first benefit is available after three months since initial placement and a second reline is eligible within the first year. Subsequent relines are available every three years after that.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5750	Reline complete maxillary denture—laboratory	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete or partial denture or until three months after the initial placement of an immediate complete or partial denture. For immediate dentures, the first benefit is available after three months since initial placement and a second reline is eligible within the first year. Subsequent relines are available every three years after that.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5751	Reline complete mandibular denture—laboratory	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete or partial denture or until three months after the initial placement of an immediate complete or partial denture. For immediate dentures, the first benefit is available after three months since initial placement and a second reline is eligible within the first year. Subsequent relines are available every three years after that.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5760	Reline maxillary partial denture—laboratory	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete or partial denture or until three months after the initial placement of an immediate complete or partial denture. For immediate dentures, the first benefit is available after three months since initial placement and a second reline is eligible within the first year. Subsequent relines are available every three years after that.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Removable Prosthodontics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5761	Reline mandibular partial denture—laboratory	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete or partial denture or until three months after the initial placement of an immediate complete or partial denture. For immediate dentures, the first benefit is available after three months since initial placement and a second reline is eligible within the first year. Subsequent relines are available every three years after that.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5765	Soft liner for complete or partial removable denture—indirect	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete or partial denture or until three months after the initial placement of an immediate complete or partial denture. For immediate dentures, the first benefit is available after three months since initial placement and a second reline is eligible within the first year. Subsequent relines are available every three years after that.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5810	Interim complete denture—maxillary	Not typically a covered benefit; considered inclusive to the primary prosthetic appliance.	n/a
D5811	Interim complete denture—mandibular	Not typically a covered benefit; considered inclusive to the primary prosthetic appliance.	n/a
D5820	Interim partial denture—maxillary	Not typically a covered benefit; considered inclusive to the primary prosthetic appliance.	n/a
D5821	Interim partial denture—mandibular	Not typically a covered benefit; considered inclusive to the primary prosthetic appliance.	n/a
D5850	Tissue conditioning—maxillary	Benefits are typically available once every 12 months.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5851	Tissue conditioning—mandibular	Benefits are typically available once every 12 months.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5862	Precision attachment, by report	Typically not covered.	n/a
D5863	Overdenture—complete maxillary—natural tooth borne	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. Any retained teeth must present with at least 50% bone support. Retained teeth must be permanent teeth at appropriate tooth positions for good retention and stability. Implants and mini-implants may be used to enhance retention and stability.	**Requires clinical review; pre-treatment estimate recommended.** Full-mouth series or panoramic radiographs, post-operative periapical radiograph of the implant if implant-supported, date of prior placement, if applicable.

*Check patient eligibility including age and frequency limitations for each service.

Removable Prosthodontics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5864	Overdenture—partial maxillary—natural tooth borne	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. Any retained teeth must present with at least 50% bone support. Retained teeth must be permanent teeth at appropriate tooth positions for good retention and stability. Implants and mini-implants may be used to enhance retention and stability.	**Requires clinical review; pre-treatment estimate recommended.** Full-mouth series or panoramic radiographs, post-operative periapical radiograph of the implant if implant-supported, date of prior placement, if applicable.
D5865	Overdenture—complete mandibular—natural tooth borne	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. Any retained teeth must present with at least 50% bone support. Retained teeth must be permanent teeth at appropriate tooth positions for good retention and stability. Implants and mini-implants may be used to enhance retention and stability.	**Requires clinical review; pre-treatment estimate recommended.** Full-mouth series or panoramic radiographs, post-operative periapical radiograph of the implant if implant-supported, date of prior placement, if applicable.
D5866	Overdenture—partial mandibular—natural tooth borne	Benefits are typically available once every five years. Replacement of any fixed or removable prosthesis is limited to five years. Any retained teeth must present with at least 50% bone support. Retained teeth must be permanent teeth at appropriate tooth positions for good retention and stability. Implants and mini-implants may be used to enhance retention and stability.	**Requires clinical review; pre-treatment estimate recommended.** Full-mouth series or panoramic radiographs, post-operative periapical radiograph of the implant if implant-supported, date of prior placement, if applicable.
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment	Typically not covered.	n/a
D5875	Modification of removable prosthesis following implant surgery	Benefits are typically available once per 12 months per arch but not until six months after the initial placement of a conventional complete denture or until three months after the initial placement of an immediate denture.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D5876	Add metal substructure to acrylic complete denture—per arch	Typically not covered.	n/a
D5877	Duplication of complete denture—maxillary	Typically not covered.	n/a
D5878	Duplication of complete denture—mandibular	Typically not covered.	n/a
D5899	Unspecified removable prosthodontic procedure, by report	Benefits may be available, by report.	**Requires clinical review; pre-treatment estimate recommended.** Requires a detailed narrative and necessary radiographs.

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