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Part 7: Maxillofacial Prosthetics

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.

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Maxillofacial Prosthetics: D5900–D5999

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.

Maxillofacial Prosthetics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5909	Maxillary guidance prosthesis with guide flange	Typically not covered.	n/a
D5911	Facial moulage—sectional	Typically not covered.	n/a
D5912	Facial moulage—complete	Typically not covered.	n/a
D5913	Nasal prosthesis	Typically not covered.	n/a
D5914	Auricular prosthesis	Typically not covered.	n/a
D5915	Orbital prosthesis	Typically not covered.	n/a
D5916	Ocular prosthesis	Typically not covered.	n/a
D5919	Facial prosthesis	Typically not covered.	n/a
D5922	Nasal septal prosthesis	Typically not covered.	n/a
D5923	Ocular prosthesis—interim	Typically not covered.	n/a
D5924	Cranial prosthesis	Typically not covered.	n/a
D5925	Facial augmentation implant prosthesis	Typically not covered.	n/a
D5926	Nasal prosthesis—replacement	Typically not covered.	n/a
D5927	Auricular prosthesis—replacement	Typically not covered.	n/a
D5928	Orbital prosthesis—replacement	Typically not covered.	n/a

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

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Maxillofacial Prosthetics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5929	Facial prosthesis—replacement	Typically not covered.	n/a
D5930	Maxillary guidance prosthesis without guide flange	Typically not covered.	n/a
D5931	Obturator prosthesis—surgical	Typically not covered.	n/a
D5932	Obturator prosthesis—definitive	Typically not covered.	n/a
D5933	Obturator prosthesis—modification	Typically not covered.	n/a
D5934	Mandibular guidance prosthesis with guide flange	Typically not covered.	n/a
D5935	Mandibular guidance prosthesis without guide flange	Typically not covered.	n/a
D5936	Obturator prosthesis—interim	Typically not covered.	n/a
D5937	Trismus appliance (not for TMD treatment)	Typically not covered.	n/a
D5938	Resection prosthesis, maxillary complete removable	Typically not covered.	n/a
D5939	Resection prosthesis, mandibular complete removable	Typically not covered.	n/a
D5940	Resection prosthesis, maxillary partial removable	Typically not covered.	n/a
D5941	Resection prosthesis, mandibular partial removable	Typically not covered.	n/a
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	Typically not covered.	n/a
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	Typically not covered.	n/a
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	Typically not covered.	n/a
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	Typically not covered.	n/a

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

Maxillofacial Prosthetics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	Typically not covered.	n/a
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	Typically not covered.	n/a
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	Typically not covered.	n/a
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	Typically not covered.	n/a
D5951	Feeding aid	Typically not covered.	n/a
D5952	Speech aid prosthesis—pediatric	Typically not covered.	n/a
D5953	Speech aid prosthesis—adult	Typically not covered.	n/a
D5954	Palatal augmentation prosthesis	Typically not covered.	n/a
D5955	Palatal lift prosthesis—definitive	Typically not covered.	n/a
D5958	Palatal lift prosthesis—interim	Typically not covered.	n/a
D5959	Palatal lift prosthesis—modification	Typically not covered.	n/a
D5960	Speech aid prosthesis—modification	Typically not covered.	n/a
D5982	Surgical stent for soft tissue healing	Typically not covered.	n/a
D5983	Radiation carrier	Typically not covered.	n/a
D5984	Radiation shield	Typically not covered.	n/a
D5985	Radiation cone locator	Typically not covered.	n/a
D5986	Fluoride gel carrier	Typically not covered.	n/a
D5987	Commissure splint	Typically not covered.	n/a
D5988	Surgical splint	Typically not covered.	n/a
D5991	Vesiculobullous disease medicament carrier	Typically not covered.	n/a

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

Maxillofacial Prosthetics			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D5992	Adjust maxillofacial prosthetic appliance, by report	Typically not covered.	n/a
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Typically not covered.	n/a
D5995	Periodontal medicament carrier with peripheral seal—laboratory processed—maxillary	Typically not covered.	If covered on medical plan, required documentation must include periodontal charting, narrative that includes description of medicament, purpose, treatment plan.
D5996	Periodontal medicament carrier with peripheral seal—laboratory processed—mandibular	Typically not covered.	If covered on medical plan, required documentation must include periodontal charting, narrative that includes description of medicament, purpose, treatment plan.
D5999	Unspecified maxillofacial prosthesis, by report	Typically not covered.	n/a

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