

Prosthodontic Services

Blue Cross Blue Shield FEP Dental Class B Intermediate

Prosthodontic Services

D5410 Adjust complete denture – maxillary - *Limit 1 per year beginning 6 months after the initial installation*

D5411 Adjust complete denture – mandibular - *Limit 1 per year beginning 6 months after the initial installation*

D5421 Adjust partial denture – maxillary - *Limit 1 per year beginning 6 months after the initial installation*

D5422 Adjust partial denture – mandibular - *Limit 1 per year beginning 6 months after the initial installation*

D5511 Repair broken complete denture base, mandibular - *Limit 1 per year beginning 6 months after the initial installation*

D5512 Repair broken complete denture base, maxillary - *Limit 1 per year beginning 6 months after the initial installation*

D5520 Replace missing or broken teeth – complete denture - per tooth - *Limit 1 per year beginning 6 months after the initial installation*

D5611 Repair resin partial denture base, mandibular - *Limit 1 per year beginning 6 months after the initial installation*

D5612 Repair resin partial denture base, maxillary - *Limit 1 per year beginning 6 months after the initial installation*

D5621 Repair cast partial framework, mandibular - *Limit 1 per year beginning 6 months after the initial installation*

D5622 Repair cast partial framework, maxillary - *Limit 1 per year beginning 6 months after the initial installation*

D5630 Repair or replace broken retentive clasping materials - per tooth - *Limit 1 per year beginning 6 months after the initial installation*

D5640 Replace missing or broken teeth – partial denture - per tooth - *Limit 1 per year beginning 6 months after the initial installation*

D5650 Add tooth to existing partial denture - per tooth - *Limit 1 per year beginning 6 months after the initial installation*

D5660 Add clasp to existing partial denture - per tooth - *Limit 1 per year beginning 6 months after the initial installation*

D5670 Replace all teeth and acrylic on cast metal framework (maxillary) – *Limit 2 every 24 months beginning 6 months after the initial installation*

D5671 Replace all teeth and acrylic on cast metal framework (mandibular) – *Limit 2 every 24 months beginning 6 months after the initial installation*

D5710 Rebase complete maxillary denture – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5711 Rebase complete mandibular denture – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5720 Rebase maxillary partial denture – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5721 Rebase mandibular partial denture - *Limit 1 every 36 months beginning 6 months after the initial installation*

D5725 Rebase hybrid prosthesis – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5730 Reline complete maxillary denture (direct) – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5731 Reline complete mandibular denture (direct) – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5740 Reline maxillary partial denture (direct) – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5741 Reline mandibular partial denture (direct) – *Limit 1 every 36 months beginning 6 months after the*

initial installation

D5750 Reline complete maxillary denture (indirect) – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5751 Reline complete mandibular denture (indirect) – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5760 Reline maxillary partial denture (indirect) – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5761 Reline mandibular partial denture (indirect) – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5765 Soft liner for complete or partial removable denture – indirect – *Limit 1 every 36 months beginning 6 months after the initial installation*

D5850 Tissue conditioning, maxillary - *Disallowed if performed within 180 days of delivery of prosthesis*

D5851 Tissue conditioning, mandibular - *Disallowed if performed within 180 days of delivery of prosthesis*

D6096 Remove broken implant retaining screw – *Limit 1 every 60 months*

D6930 Re-cement or re-bond fixed partial denture - *Limit 1 per bridge beginning 6 months after the initial installation*

D6980 Fixed partial denture repair necessitated by restorative material failure

D9120 Fixed partial denture sectioning - *Limited to 1 per 60 months*

Class B Intermedicate Prosthodontic Services Notes:

- For reporting and benefit purposes, the completion date for crowns and fixed partial dentures is the cementation date. The completion date is the insertion date for removable prosthodontic appliances. For immediate dentures, the dentist who fabricated the denture may be reimbursed for the service after insertion by another dentist (e.g., oral surgeon).
- Tissue conditioning is considered inclusive when performed on the same day as the delivery of a denture or a reline/rebase.