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Health Choice

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE
DENTAL CLINICAL REVIEW CRITERIA

Department	**Utilization Management**
Policy Number	**D0013**
Subject	**Prosthodontics: Removable, Fixed, and Implant Services**
Attachments	**None**

Overview:
This clinical review policy provides criteria for determining coverage of removable dentures, fixed prosthodontics, and implant-related services. The criteria are intended to support consistent review of medical and dental necessity and do not guarantee payment, authorize services, or replace the treating provider's clinical judgment.

Coverage determinations are based on the member's eligibility, covered benefits, benefit limitations, exclusions, submitted documentation, medical or dental necessity, and applicable state, federal, AHCCCS, Centers for Medicare & Medicaid Services (CMS), and Blue Cross Blue Shield of Arizona Health Choice requirements.

Scope of Coverage

Blue Cross Blue Shield of Arizona Health Choice covers removable prosthodontic services when the service is a covered benefit, medically or dentally necessary, cost effective, and supported by required clinical documentation.
For Early and Periodic Screening, Diagnostic and Treatment (EPSDT) members ages 6 through 20, full and partial dentures may be covered when medically or dentally necessary to correct or improve a dental or oral health condition. Dental implants, all implant-related services and fixed bridgework are not covered under EPSDT Dental Benefits. EPSDT services must be based on the member's individual clinical needs. When more than one treatment option is clinically appropriate, the requested service must meet the least expensive professionally acceptable alternative treatment (LEPAAT) standard.

For Health Choice Pathway (HCP) members, removable full and partial dentures may be covered when medically necessary and consistent with the member's Medicare Advantage supplemental dental benefit. Coverage is subject to applicable plan benefits, frequency limits, exclusions, and documentation requirements.

For Medicaid members age 21 and older, dental implants, implant restoration services, full dentures, partial dentures, fixed bridgework, and denture-related services are not covered under the AHCCCS Adult Emergency Dental Benefit and are not eligible for coverage under medical exception criteria.

Coverage Criteria

- Full and/or partial denture replacement will be considered only when existing full or partial dentures are not serviceable or cannot be relined or rebased. All full and partial dentures include six months of post-delivery care.
- If a member's health is adversely affected by the absence of a prosthetic replacement and the member can successfully wear a prosthetic replacement, the replacement may be considered.
- The provider must demonstrate that masticatory function and the member's general health have been severely impaired.
- Members under age 15 may be approved for an interim partial denture when medically/dentally necessary.

Complete Dentures may be considered medically necessary when all of the following are met:

- The member is missing all teeth in the arch; **or**
- The remaining teeth have a poor prognosis and are planned for extraction; **and**
- The member has a functional impairment affecting chewing and nutrition.

Replacement complete dentures may be considered when:

- The existing denture has been in service for more than three (3) years for EPSDT Medicaid members or more than five (5) years for Health Choice Pathway members; and
- The existing denture cannot be satisfactorily repaired, relined, or rebased to restore function.

Contraindications

Dentures may not be considered medically or dentally necessary when any of the following apply:

- The existing denture is less than three (3) years old for EPSDT Medicaid members or less than five (5) years old for Health Choice Pathway members.
- The existing denture is intact, functional, or can be satisfactorily repaired, relined, or rebased.
- The member has been successfully functioning without a prosthetic replacement for two (2) years or longer, unless mitigating clinical factors are documented.
- The member has a history of unsuccessful prosthetic use or has gone an extended period without wearing a prosthesis, and the prognosis for successful use is poor.
- Remaining teeth are restorable or have adequate bone support and do not require extraction.
- There is no opposing dentition needed for functional use of the denture.

- An alternative treatment is more appropriate based on the member's clinical condition.

Partial Dentures may be considered medically necessary when all of the following are met:

- The member has a functional deficit due to missing teeth, including:
  - One missing maxillary anterior tooth; or
  - Two missing mandibular anterior teeth; or
  - Fewer than eight natural or prosthetic teeth in occlusion (fewer than four maxillary and four mandibular teeth in functional contact).
- Missing posterior teeth must present a functional deficit and have adequate space to accommodate a prosthetic replacement.
- Abutment teeth are restorable and demonstrate at least 50% bone support.
- Any active dental disease, including untreated decay, non-restorable teeth, or periodontal disease, has been addressed prior to fabrication of the prosthesis.

Replacement partial dentures may be considered when:

- The existing denture has been in service for more than three (3) years for EPSDT Medicaid members or more than five (5) years for Health Choice Pathway members; and
- The existing denture cannot be satisfactorily repaired, relined, or rebased to restore function.

Contraindications:

- The existing denture is less than three (3) years old for EPSDT Medicaid members or less than five (5) years old for Health Choice Pathway members.
- The existing denture is intact, functional, or can be satisfactorily repaired, relined, or rebased.
- The member has been successfully functioning without a prosthetic replacement for two (2) years or longer, unless mitigating clinical factors are documented.
- The member has a history of unsuccessful prosthetic use or has gone an extended period without wearing a prosthesis, and the prognosis for successful use is poor.
- Remaining teeth are restorable or have adequate bone support and do not require extraction.
- Active dental disease, including untreated decay, non-restorable teeth, or periodontal disease, has not been addressed before fabrication of the prosthesis.
- There is no opposing dentition needed for functional use of the denture.
- An alternative treatment is more appropriate based on the member's clinical condition.
- Missing posterior teeth do not create a functional deficit affecting mastication.
- There is not enough space to accommodate a prosthetic replacement.
- Abutment teeth are not restorable or do not demonstrate at least 50% bone support.

- Abutment teeth have significant mobility or cannot properly retain or support the partial denture.

Documentation Requirements

Necessary documentation to substantiate the medical necessity must include:

- Comprehensive treatment plan
- Full mouth radiographs or panographs
- Intraoral photos when radiographs do not adequately demonstrate the need for treatment.
- Clinical notes that include
    - Date of placement of the existing prosthesis, if applicable.
    - Documentation explaining why repair, reline, or rebase is not appropriate.
- Narrative of medical/dental necessity and tooth charting including missing teeth.
- For partial dentures, periodontal charting completed within the past six months (exempted for primary or early mixed dentition members).

Limitations and Exclusions:

- The delivery of any complete or partial denture, including an interim or immediate denture, precludes the benefit of a replacement complete or partial denture, regardless of the type of denture originally delivered or requested, for:
    - Three (3) years for EPSDT Medicaid members.
    - Five (5) years for Health Choice Pathway members.
- Third molars are not eligible for replacement.
- Complete or partial dentures will not routinely be replaced when they become unserviceable or are lost within 36 months for EPSDT members, or within 5 years for Health Choice Pathway members, except when they become unserviceable through extensive physiological change. If the member or provider can provide written documentation that reasonable care has been exercised in the maintenance of the prosthetic appliance, and it did not become unserviceable or lost through negligence, a replacement may be considered. Prior authorization requests for such replacements will not be reviewed without supporting documentation.

Reimbursement Provisions

- Reimbursement includes a minimum of two clasps with no additional payment for supplemental clasps.
- Reimbursement for removable dentures is authorized on the delivery date only.

Dental Bridges, Implant Restorations, and Implant-Related Services

Blue Cross Blue Shield of Arizona Health Choice (and AHCCCS) do not cover:

- Dental implants and implant-related services are not covered by Blue Cross Blue Shield of Arizona Health Choice for EPSDT members, except for the following services when medically or dentally necessary and when applicable coverage criteria are met:
    - D6049 – Scaling and debridement of a single implant in the presence of peri-implantitis

inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure
  - D6081 – Scaling and debridement of a single implant in the presence of inflammation or mucositis
  - D6089 – Accessing and retorquing a loose implant screw
  - D6105 – Removal of an implant body that does not require bone removal or flap elevation
  - D6193 – Replacement of an implant screw
  - D6197 – Replacement of restorative material used to close an access opening for a screw-retained, implant-supported prosthesis
  - D6999 – Unspecified fixed prosthodontic procedure, by report
- Fixed bridgework and related services are not covered for EPSDT members, except for D9120, fixed partial denture sectioning, when medically or dentally necessary and when applicable coverage criteria are met.

Medicaid members (21 years and older):

Blue Cross Blue Shield of Arizona Health Choice (and AHCCCS) do not cover the following for Medicaid members who are 21 years of age and older:

- Full dentures, partial dentures, and denture-related services.
- Fixed bridgework and all related services and procedures used to replace missing teeth.
- Fixed partial denture sectioning.
- Dental implants and all implant-related services and procedures, except for the following services when medically or dentally necessary and when applicable coverage criteria are met:
  - D6089 – Accessing and retorquing a loose implant screw
  - D6105 – Removal of an implant body that does not require bone removal or flap elevation
  - D6193 – Replacement of an implant screw
  - D6197 – Replacement of restorative material used to close an access opening for a screw-retained, implant-supported prosthesis

Medicare- Health Choice Pathway:

Health Choice Pathway covers the following:

- Full and partial dentures are covered once every five (5) years. All complete, partial, immediate, and interim dentures share the same frequency limitation.
- Denture adjustments are covered up to four (4) times per calendar year
  - Dental bridges are covered only to replace a single missing tooth. Coverage is limited to replacement of one missing tooth.
  - Bridges used to replace multiple missing teeth are not covered.

- Prior authorization is not required for these covered bridge codes.

Health Choice Pathway does not cover the following:

- Dental implants, implant-supported dentures, and all implant-related services and procedures.
- Dental bridges used to replace more than one missing tooth, including all related services and procedures

Coding/Billing

The codes listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by dental necessity criteria and specific benefit plans or other regulatory conditions. This list of codes may not be all inclusive.

CDT codes

Key:

C……Covered service
N……Non-covered service

Code	Description	EPSDT	Adult ER	HCP
D5110	Complete denture – maxillary (covered for EPSDT and HCP members)	C	N	C
D5120	Complete denture – mandibular (covered for EPSDT and HCP members)	C	N	C
D5130	Immediate denture – maxillary (covered for EPSDT and HCP members)	C	N	C
D5140	Immediate denture – mandibular (covered for EPSDT and HCP members)	C	N	C
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth) (covered for EPSDT and HCP members)	C	N	C
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth) (covered for EPSDT and HCP members)	C	N	C
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests	C	N	C

	and teeth) (covered for EPSDT and HCP members)			
D5214	Mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) (covered for EPSDT and HCP members)	C	N	C
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests, and teeth) (covered for EPSDT members only)	C	N	N
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests, and teeth) (covered for EPSDT members only)	C	N	N
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) (covered for EPSDT members only)	C	N	N
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) (covered for EPSDT members only)	C	N	N
D5225	Maxillary partial denture – flexible base	N	N	C
D5226	Mandibular partial denture – flexible base	N	N	C
D5227	Immediate maxillary partial denture – flexible base (including any conventional clasps, rests, and teeth) (covered for EPSDT members only)	C	N	N
D5228	Immediate mandibular partial denture – flexible base (including any conventional clasps, rests, and teeth) (covered for EPSDT members only)	C	N	N
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) maxillary (covered for EPSDT members only)	C	N	N
D5283	Removable unilateral partial denture-one piece cast metal (including clasps and teeth) mandibular (covered for EPSDT members only)	C	N	N

D5284	Removable unilateral partial denture-one-piece flexible base (including clasps and teeth) per quadrant (covered for EPSDT members only)	C	N	N
D5286	Removable unilateral partial denture-one piece resin (including clasps and teeth) per quadrant (covered for EPSDT members only)	C	N	N
D5410	Adjust complete denture – maxillary	C	N	C
D5411	Adjust complete denture - mandibular	C	N	C
D5421	Adjust partial denture - maxillary	C	N	C
D5422	Adjust partial denture - mandibular	C	N	C
D5511	Repair broken complete denture base, mandibular	C	N	C
D5512	Repair broken complete denture base, maxillary	C	N	C
D5220	Replace missing or broken teeth - complete denture (each tooth)	C	N	C
D5611	Repair resin partial denture base, mandibular	C	N	C
D5612	Repair resin partial denture base, maxillary	C	N	C
D5621	Repair cast partial framework, mandibular	C	N	N
D5622	Repair cast partial framework, maxillary	C	N	N
D5630	Repair or replace broken clasp	C	N	C
D5640	Replace broken teeth-per tooth	C	N	C
D5650	Add Tooth to Existing Partial Denture	C	N	C
D5660	Add Clasp to Existing Partial Denture - Per Tooth	C	N	C
D5710	Rebase complete maxillary denture	C	N	N
D5711	Rebase complete mandibular denture	C	N	N
D5720	Rebase maxillary partial denture	C	N	N
D5721	Rebase mandibular partial denture	C	N	N
D5730	Reline complete maxillary denture (chairside)	C	N	C
D5731	Reline complete mandibular denture (chairside)	C	N	C

D5740	Reline maxillary partial denture (chairside)	C	N	C
D5741	Reline mandibular partial denture (chairside)	C	N	C
D5750	Reline complete maxillary denture (laboratory)	C	N	C
D5751	Reline complete mandibular denture (laboratory)	C	N	C
D5760	Reline maxillary partial denture (laboratory)	C	N	C
D5761	Reline mandibular partial denture (laboratory)	C	N	C
D5765	Soft liner for complete or partial removable denture	C	N	N
D5820	Interim partial denture (maxillary)	C	N	C
D5821	Interim partial denture (mandibular)	C	N	C
D5850	Tissue conditioning, maxillary	C	N	N
D5851	Tissue conditioning, mandibular	C	N	N
D5864	Overdenture- partial maxillary	N	N	N
D5867	Replacement of replaceable semi-precision or precision attachment	N	N	N
D5876	Add metal substructure to acrylic full denture (per arch)	C	N	N
D5899	Unspecified removable prosthodontic procedure, by report	C	N	N
D5936	Obturator/prosthesis, interim	C	N	N
D5937	Trismus appliance (not for tm treatment)	C	N	N
D5938	Resection prosthesis, maxillary complete removable	C	N	N
D5939	Resection prosthesis, mandibular complete removable	C	N	N
D5940	Resection prosthesis, maxillary partial removable	C	N	N
D5941	Resection prosthesis, mandibular partial removable	C	N	N
D5951	Feeding aid	C	N	N
D5952	Speech aid prosthesis, pediatric	C	N	N
D5953	Speech aid prosthesis, adult	C	N	N

D5954	Palatal augmentation prosthesis	C	N	N
D5955	Palatal lift prosthesis, definitive	C	N	N
D5958	Palatal lift prosthesis, interim	C	N	N
D5959	Palatal lift prosthesis, modification	C	N	N
D5960	Speech aid prosthesis, modification	C	N	N
D5982	Surgical stent	C	N	N
D5983	Radiation carrier	C	N	N
D5984	Radiation shield	C	N	N
D5985	Radiation cone locator	C	N	N
D5986	Fluoride gel carrier	C	N	N
D5987	Commissure splint	C	N	N
D5988	Surgical splint	C	N	N
D5991	Vesiculobullous disease medicament carrier	C	N	N
D5992	Adjust maxillofacial prosthetic appliance	C	N	N
D5999	Unspecified maxillofacial prosthesis, by report	C	N	N
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	C	N	N
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	C	N	N
D6089	Accessing and retorquing loose implant screw-per screw	C	C	N
D6105	Removal of implant body not requiring bone removal or flap elevation	C	C	C
D6193	Replacement of an implant screw	C	C	N
D6197	Replacement of restorative material used to close and access opening for screw	C	C	N

	retained implant supported prosthesis, per implant.			
D6241	Pontic - porcelain fused to predominantly base metal	N	N	C
D6242	Pontic - porcelain fused to noble metal	N	N	C
D6245	Pontic - porcelain/ceramic	N	N	C
D6740	Retainer crown- porcelain/ ceramic	N	N	C
D6751	Retainer crown - porcelain fused to predominantly base metal	N	N	C
D6752	Retainer crown - porcelain fused to noble metal	N	N	C
D6999	Unspecified fixed prosthodontic procedure, by report	C	N	N
D9120	Fixed partial denture sectioning	C	N	C

NOT covered CDT codes:

Codes	Description
D5670	Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)
D6010	Surgical Placement of Implant Body: Endosteal Implant
D6011	Second Stage Implant Surgery
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant
D6013	Surgical Placement of Mini Implant
D6040	Surgical Placement: Eposteal Implant
D6050	Surgical Placement: Transosteal Implant
D6055	Connecting Bar - Implant Supported or Abutment Supported
D6056	Prefabricated Abutment - Includes Modification and Placement
D6057	Custom Fabricated Abutment - Includes Placement
D6058	Abutment Supported Porcelain/Ceramic Crown
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)

D6062	Abutment Supported Cast Metal Crown (High Noble Metal)
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)
D6064	Abutment Supported Cast Metal Crown (Noble Metal)
D6065	Implant Supported Porcelain/Ceramic Crown
D6066	Implant Supported Porcelain Fused to High Noble Alloys
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)
D6075	Implant Supported Retainer for Ceramic FPD
D6076	Implant Supported Retainer for FPD - Porcelain Fused to High Noble Alloys
D6077	Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)
D6080	Implant Maintenance Procedures When Prostheses are Removed and Reinserted, Including Cleansing of Prostheses and Abutments
D6082	Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys
D6086	Implant Supported Crown – Predominantly Base Alloys
D6087	Implant Supported Crown – Noble Alloys
D6088	Implant Supported Crown – Titanium and Titanium Alloys
D6090	Repair Implant Supported Prosthesis, By Report
D6091	Replacement Of Replaceable Part of Semi-Precision or Precision Attachment Of Implant/Abutment Supported Prosthesis, Per Attachment
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown

D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture
D6094	Abutment Supported Crown (Titanium)and Titanium Alloys
D6095	Repair Implant Abutment, By Report
D6096	Remove Broken Implant Retaining Screw
D6097	Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys
D6098	Implant Supported Retainer – Porcelain Fused to Predominately Base Alloys
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys
D6100	Surgical Removal of Implant Body
D6104	Bone Graft At Time Of Implant Placement, Biologic Material To Aid In Occeous Regeneration.
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch - Maxillary
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch - Mandibular
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch - Maxillary
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch - Mandibular
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch - Maxillary
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch - Mandibular
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch - Maxillary
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch - Mandibular
D6120	Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys
D6191	Semi-Precision Abutment – Placement
D6192	Semi-Precision Attachment– Placement
D6194	Abutment Supported Retainer Crown for FPD (Titanium)
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys

D6205	Pontic - Indirect Resin Based Composite
D6210	Pontic - Cast High Noble Metal
D6211	Pontic - Cast Predominantly Base Metal
D6212	Pontic - Cast Noble Metal
D6240	Pontic - Porcelain Fused to High Noble Metal
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces
D6750	Retainer Crown - Porcelain Fused to high Noble Metal
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys
D6780	Retainer Crown - 3/4 Cast High Noble Metal
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal
D6782	Retainer Crown - 3/4 Cast Noble Metal
D6783	Retainer Crown - 3/4 Porcelain/Ceramic
D6784	Retainer Crown 3/4 - Titanium and Titanium Alloys
D6790	Retainer Crown - Full Cast High Noble Metal

D6791	Retainer Crown - Full Cast Predominantly Base Metal
D6792	Retainer Crown - Full Cast Noble Metal
D6920	Connector Bar
D6930	Re-Cement or Re-Bond Fixed partial Denture
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure

References

- AHCCCS Medical Policy Manual Chapter 400 – Maternal and Child Health 431-Oral Health Care for Early and Periodic Screening, Diagnosis and Treatment Aged Members.
- American Dental Association. CDT 2026 Current Dental Procedures (2026).
- Academy of Prosthodontics. The Glossary of Prosthodontic Terms. Ninth Edition.
- American College of Prosthodontics (ACP). Position Statement on the Frequency of Denture Replacement. 2015. Reaffirmed 2018.
- Carr A, Brown D. McCracken's Removable Partial Prosthodontics, 13th ed.
- AHCCCS Medical Policy Manual Chapter 300-Covered Services- 310-D1–Dental Services for Members 21Years of Age And Older.
- Health Choice Pathway Supplemental Benefits Provider Booklet (CPT/CDT Codes).
- American Academy of Pediatric Dentistry (AAPD), Policy on Prosthodontic Services for Children, Adolescents, and Individuals with Special Health Care Needs.
- AAPD, Best Practices for Management of the Developing Dentition and Occlusion.
- American College of Prosthodontists (ACP) Prosthodontic Diagnostic Index and related position statements.

Policy History/Review Date

Developed Date	11/2013
Last Review Date	10/2026
Next Review Date	10/2027

This policy will be reviewed on an annual basis.