

Overdenture Coding Guidance – Natural Tooth Borne and Implant Borne Prostheses

CDT 2021 Update!

This guidance document addresses confusion over appropriate documentation and reporting overdenture procedures as the applicable codes differ depending on the components and whether the prosthesis is borne by natural teeth or implants. The two scenarios illustrate coding for placement of overdentures for a fully edentulous patient. This guidance applies to documenting placement of other types of overdentures (e.g., partial) on either the maxillary or mandibular arch using the applicable prosthesis code.

1) Natural Tooth Borne Prosthesis

- a) Patient's treatment plan is placement of a removable maxillary overdenture that is supported by precision attachments with male components on the retained tooth roots and female components on the prosthesis. The applicable CDT codes pertaining to the maxillary prosthesis for this case are:

D5863 overdenture –complete maxillary

D5862 precision attachment, by report

Each set of male and female components should be reported as one precision attachment. Describe the type of attachment used.

Note: D5862 is reported for each set of precision attachments (male and female) required to retain the prosthesis.

- b) On a subsequent encounter the patient states that the overdenture on the maxillary arch feels loose, and the dentist determines that the appropriate course of action is to replace worn components of the attachments as well as reline the prosthesis for patient comfort – all done in-office. The applicable CDT codes pertaining to this subsequent encounter are:

D5867 replacement of replaceable part of semi-precision or precision attachment (male or female component)

Note: D5867 is reported for each replaceable part replaced.

D5730 reline complete maxillary denture (direct)

2) Implant Borne Prosthesis

- a) A patient with a fully edentulous mandible is ready to receive an implant/abutment supported overdenture. The oral surgeon performs the first stage surgery to place the implant fixture (aka "post" or "body"). After osseointegration, the surgeon performs a second stage surgery and places a prefabricated abutment before referring for completion of the prosthesis.

D6010 surgical placement of implant body: endosteal implant

D6011 surgical access to an implant body (second stage implant surgery)

This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed,

or an existing fixture be replaced with another. Examples of fixtures include, but are not limited to, healing caps, abutments shaped to help contour the gingival margins, or the final restorative prosthesis.

D6056 prefabricated abutment – includes modification and placement

Modification of a prefabricated abutment may be necessary.

- b) The same patient presents with fully osseointegrated implant fixtures and is ready to receive the abutment supported removable mandibular denture. This denture will be retained with semi-precision attachments. The applicable CDT codes for placing the mandibular prosthesis in this case are:

D6111 implant/abutment supported removable denture for edentulous arch – mandibular

Note: If the patient has an existing denture that will be modified to be supported by the new attachments, then use D5875 modification of removable prosthesis following implant surgery.

D6191 semi-precision abutment – placement

This procedure is the initial placement, or replacement, of a semi-precision abutment on the implant body.

D6192 semi-precision attachment – placement

This procedure involves the luting of the initial or replacement semi-precision attachment to the removable prosthesis.

Notes:

- 1) D6191 is reported for each semi-precision abutment and D6192 for each semi-precision attachment that is placed within the overdenture and required to retain the prosthesis.
 - 2) The semi-precision abutment is reported separately with code D6191 for either a mini-implant or a full size implant with an abutment (reported using 6056 as noted above in this scenario).
 - 3) D6192 is reported regardless of whether the denture's semi-precision attachment is placed at the laboratory or in-office.
- c) A few years later the patient states that the overdenture feels loose, and the dentist determines that the appropriate course of action is to replace worn components of the attachments as well as reline the prosthesis for patient comfort – all done in-office. The applicable CDT codes for this later encounter are:

D6091 replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment

D5731 reline complete mandibular denture (direct)