

FIXED PROSTHODONTICS

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Related Dental Policy

- [Removable Prosthodontics](#)

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Fixed Partial Dentures (FPD)

Fixed partial dentures are indicated for the following:

- Replacement of missing teeth in which the retainer teeth have a favorable long term prognosis
- Replacement of one to two missing posterior teeth in a tooth bounded space

In addition to the above, the following applies:

- Resin bonded appliances are indicated for the replacement of one missing tooth and an unrestored abutment tooth with significant clinical crown length

Fixed partial dentures are not indicated for the following:

- Members with rampant caries
- Members with poor oral hygiene

- When retainer teeth have untreated endodontic pathology or periodontal disease or an unfavorable crown: root ratio
- When teeth intended as retainers have inadequate remaining tooth structure
- Primary dentition
- When an arch or dentition is deemed terminal
- When tooth to be used as a retainer has tipped or drifted into edentulous space, rendering seating of retainer difficult or impractical

In addition to the above, the following applies:

- Cantilever FPD is not indicated in an area with significant malocclusion, heavy occlusion or parafunctional habits (e.g., nail biting, bruxism, clenching)
- Resin bonded FPD is not indicated when there is a pontic width discrepancy, in members with parafunctional habits (e.g., nail biting, bruxism, clenching), in an area with significant malocclusion or heavy occlusion
- Resin bonded FPD is not indicated as a temporary prosthesis

Provisional Fixed Partial Dentures

Provisional fixed partial dentures are indicated for the following:

- When the prognosis of a permanent fixed partial denture is questionable due to periodontal involvement, endodontic pathology or member compliance
- To replace a lost tooth in young members to allow maturity of the dentition and jaws before constructing a definitive fixed prosthetic appliance
- When a systemic medical condition prohibits the placement of a definitive fixed prosthetic appliance

Provisional fixed partial dentures are not indicated as a definitive fixed partial denture unless indicated by above criteria.

Fixed Partial Denture Repair (Necessitated by Restorative Material Failure)

Fixed partial denture repair is indicated when the appliance to be repaired is functional and has a favorable long term prognosis.

Fixed partial denture repair is not indicated for porcelain fracture if margins are intact and functional area not involved.

Precision Attachments

Precision attachments are indicated for the following:

- When aesthetics need to be considered
- Redistribution of occlusal forces
- To minimize trauma to soft tissue
- Control of loading and rotational forces
- When it is not possible to prepare two abutments with a common path of placement
- When the prognosis of an abutment is uncertain

Connector Bar

Connector Bars are indicated to brace individual abutment teeth with considerable coronal length for enhances stabilization of removable partial dentures, complete dentures and overdentures.

Stress Breaker (a Non-Rigid Connector)

Stress Breakers are indicated for the following:

- When it is not possible to prepare two abutments with a common path of placement
- When the prognosis of an abutment is uncertain
- Control of loading and rotational forces
- Redistribution of occlusal forces

Coverage Limitations and Exclusions

- Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement
- Limited to repairs or adjustments performed more than 12 months after the initial insertion; limited to 1 per consecutive 6 months
- Limited to 1 time per tooth per consecutive 60 months
- Stress breakers, and connector bars are not covered

- Clinical situations that can be effectively treated by a less costly alternative procedure will be assigned a benefit based on the least costly procedure
- Any Dental Procedure performed solely for cosmetic/aesthetic reasons (cosmetic procedures are those procedures that improve physical appearance)
- Replacement of complete dentures, and fixed and removable partial dentures or crowns, if damage or breakage was directly related to provider error (this type of replacement is the responsibility of the Dentist; if replacement is necessary because of member non-compliance, the member is liable for the cost of replacement)
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction
- Attachments to conventional removable prostheses or fixed bridgework (this includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature)
- Procedures related to the reconstruction of a member's correct vertical dimension of occlusion (VDO)
- Placement of fixed partial dentures solely for the purpose of achieving periodontal stability

DEFINITIONS

Abutment: That part of a structure that directly receives thrust or pressure; an anchorage 2: a tooth, a portion of a tooth, or that portion of a dental implant that serves to support and/or retain prosthesis. (AAP)

Cantilever Fixed Dental Prosthesis: A fixed dental prosthesis, in which the pontic is cantilevered, (i.e., is retained and supported only on one end by one or more abutments). (AAP)

Connector Bar: A device attached to fixed partial denture retainer or coping which serves to stabilize and anchor a removable overdenture prosthesis. (ADA)

Fixed Dental Prosthesis: Any dental prosthesis that is luted, screwed or mechanically attached or otherwise securely retained to natural teeth, tooth roots, and (or dental implant abutments) that furnish the primary support for the dental prosthesis. (AAP)

Pontic: An artificial tooth on a fixed dental prosthesis that replaces a missing natural tooth, restores its function, and usually fills the space previously occupied by the clinical crown. (AAP)

Precision Attachment: An interlocking device, one component of which is fixed to an abutment or abutments, and the other is integrated into a removable dental prosthesis in order to stabilize and/or retain it. (AAP)

Resin-Bonded Prosthesis: A fixed dental prosthesis that is luted to tooth structures, primarily enamel, which has been etched to provide mechanical retention for the resin cement. (AAP)

Retainers: Any type of device used for the stabilization or retention of prosthesis. (AAP)

Terminal Dentition: A condition in which there are insufficient teeth to maintain function and the arch, as a whole, will transition to the edentulous state. (AAP)

Tooth Bounded Space: A space created by one or more missing teeth that has a tooth on each side. (ADA)

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Clinical Policies and Coverage Guidelines may apply.

CDT Code	Description
D6205	Pontic – indirect resin based composite
D6210	Pontic – cast high noble metal
D6211	Pontic – cast predominantly base metal
D6212	Pontic – cast noble metal
D6214	Pontic – titanium
D6240	Pontic – porcelain fused to high noble metal

CDT Code	Description
D6241	Pontic – porcelain fused to predominantly
D6242	Pontic – porcelain fused to noble metal
D6245	Pontic – porcelain/ceramic
D6250	Pontic – resin with high noble metal
D6251	Pontic – resin with predominantly base metal
D6252	Pontic – resin with noble metal
D6253	Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression
D6545	Retainer – cast metal for resin bonded fixed prosthesis
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
D6624	Retainer inlay – titanium
D6634	Retainer onlay – titanium
D6710	Retainer crown – indirect resin based composite
D6720	Retainer crown – resin with high noble metal
D6721	Retainer crown – resin with predominantly base metal
D6722	Retainer crown – resin with noble metal
D6740	Retainer crown – porcelain/ceramic
D6750	Retainer crown – porcelain fused to high noble metal
D6751	Retainer crown – porcelain fused to predominantly base metal
D6752	Retainer crown – porcelain fused to noble metal
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
D6790	Retainer crown – full cast high noble metal
D6791	Retainer crown – full cast predominantly base metal
D6792	Retainer crown – full cast noble metal
D6793	Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression
D6794	Retainer crown – titanium
D6920	Connector bar

CDT Code	Description
D6930	Re-cement or re-bond fixed partial denture
D6940	Stress breaker
D6950	Precision attachment
D6980	Fixed partial denture repair necessitated by restorative material failure
D6985	Pediatric partial denture, fixed
D6999	Unspecified fixed prosthodontic procedure, by report

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DESCRIPTION OF SERVICES

Fixed prosthodontics is the area of restorative dentistry that involves the replacement of missing teeth with custom made restorations that are permanently cemented and not removable. Each retainer and pontic constitutes a "unit". The term "fixed partial denture" is synonymous with "fixed bridge" or "bridgework". The restoration used to replace a missing tooth is called a pontic and the restorations placed on teeth on either side of it are called retainer restorations or abutments and may be an inlay, an onlay or a crown. Tooth preparation, routine temporary restorations, impressions, local anesthesia, adjustments and occlusal correction are inclusive.

REFERENCES

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GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
05/01/2018	<ul style="list-style-type: none"> Updated coverage rationale; replaced references to "patient(s)" with "member(s)" Archived previous policy version DCG017.02