



Dental Clinical Policy

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| Subject: | Abutment Crowns and Fixed Partial Dentures | Publish Date: | 01/01/2021 |
| Guideline #: | 06-701 | Last Review Date: | 12/05/2020 |
| Status: | Revised | | |

Description

This document addresses the procedure: fixed partial dentures (bridges), full or partial crown restoration of abutment teeth and replacement of teeth (pontics). The procedure restores function by the replacement of missing teeth in a dental arch. The abutment teeth supporting a fixed partial denture function as the proximal extensions that should exhibit periodontal and endodontic health and be aligned to direct forces of occlusion along the long axis of the teeth.

The plan performs review of fixed partial dentures due to contractual requirements that necessitate benefits for dental services that meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

For plans that contain a missing tooth clause (MTC) there is no benefit for replacement of teeth missing prior to the member's plan effective date. The MTC does not apply to replacement prosthetics.

Clinical Indications

Dental Services using dental abutment crowns and fixed partial dentures to replace missing teeth may be considered appropriate as a result of:

- accidental traumatic injuries to sound, natural teeth from an external blow resulting in extraction –
- a pathologic disorder resulting in extraction
- congenitally missing teeth
- congenital disorders of teeth resulting in extraction.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or

treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

Documentation

Must include recent, dated, properly identified pretreatment diagnostic radiographic image/s that include the radiographic apex. Clinical chart notes, intra-oral photographs, current dated 6-point periodontal charting, and history of periodontal therapy may also be required (see below).

Adjunctive Documentation

When the evaluation for fixed partial denture coverage, either initial or replacement, is not obvious by radiographic image, the image must be accompanied by additional diagnostic information such as intra-oral photographs of the affected tooth/teeth as well as clinical chart notes stating the rationale for indirect restoration coverage.

Criteria

1. An anterior abutment tooth, to be considered on its own merit, must demonstrate significant loss of the coronal tooth structure (50% or more) and/or involvement of one or both incisal angles.
2. A posterior abutment tooth, to be considered on its own merit, must demonstrate significant missing tooth structure (50% or more), large restorations that compromise function or loss of support for the cusps where the cusps are undermined (one or more cusps) with compromised mesial or distal marginal ridges.
3. As most health plans include coverage for dental services related to accidental injury, claims for fractured teeth resulting from an external blow or blunt trauma must first be referred to the subscriber/employee's medical/health plan. If a tooth is treated for fracture, the fracture must involve missing tooth structure that extends into the dentinal layer.
4. The periodontal health of teeth to be restored by indirect restoration placement is key to long-term success. Teeth demonstrating uncontrolled or untreated periodontal disease, evidenced by radiographic or periodontal charting, loss of supporting bone including furcation, may not be considered for indirect restoration placement unless the treating dentist can demonstrate that definitive periodontal therapy and periodontal maintenance have been performed. The current periodontal status and history of periodontal therapy, presence of tooth mobility, and continuous maintenance therapy may be requested prior to benefit determination. Current dated 6-point periodontal chart as described by the ADA and AAP may also be required.

5. Abutment crowns/fixed partial dentures placed for repair of complications from wear, attrition, abrasion, erosion or abfraction are not a covered benefit according to most group contracts.
6. The delivery date of an indirect restoration is considered the date of initial cementation, regardless of the type of cement used for placement. The type of cement used, e.g. permanent or temporary, is not a determinate for the delivery date. Regarding payment of benefits, the date of service may be contract dependent.
7. The endodontic status of a tooth must be considered (included but not limited to):
 - a. Placement of an indirect restoration on a tooth with untreated or unresolved periapical or periradicular pathology will not be considered for benefit. See Dental Policy 03-001 Endodontic Therapy.
 - b. Placement of an indirect restoration on a tooth with an unresolved carious lesion in close proximity to the pulp chamber in the absence of treatment planned endodontic therapy. See Dental Policy 03-001 Endodontic Therapy.
 - c. Endodontic Obturation: The root canal filling should extend as close as possible to the apical constriction of each canal (ideal 0.5-1.2mm) with appropriate fill density. Gross overextension (over 2mm beyond canal) or under fill (short over 2mm in the presence of patent canals) should be avoided. See Dental Policy 03-001 Endodontic Therapy.
 - d. Placement of an indirect restoration on a tooth with internal or external resorption may not be considered for benefit. See Dental Policy 03-001 Endodontic Therapy.
8. Replacement of abutment crowns/fixed partial dentures due to “metal allergy/sensitivity” will be considered only upon submission of documentation by a physician with the associated allergy report.
9. A temporary or provisional abutment crown/fixed partial denture will be considered a component part of the final restoration.
10. For a primary tooth within an adult dentition to be considered for full coverage indirect abutment restoration placement, radiographic images of the primary tooth must demonstrate an intact root structure, adequate periodontal support with no evidence of active periodontal disease, and occlusal function with an opposing tooth where the primary tooth meets criteria for full coverage indirect abutment restoration coverage (see #1 and #2). Radiographic imaging must demonstrate no permanent tooth successor present or the permanent tooth successor is unlikely to erupt.
11. Fixed partial dentures placed for occlusal alterations and/or changes in vertical dimension or for the treatment of TMD or craniomandibular disorders do not meet criteria for benefits and will not be considered.
12. For the replacement of missing teeth that are not covered by the plan, the abutment teeth will be reviewed on their own merit using all the above criteria. Note: this may include frequency limitation denials, missing tooth clause denials, or the application of an alternate benefit.
13. With plans that include a missing tooth clause where replacement of the tooth/teeth is not covered when extracted and has not been replaced prior to insurance coverage, if the missing teeth to be replaced were removed and not replaced prior to insurance coverage, there is no benefit for the replacement of the missing teeth when a fixed partial denture (fixed bridge) is treatment planned. Abutment teeth are reviewed based on their own merit.
14. For plans that do NOT include a missing tooth clause and less than three teeth are missing in the arch, a determination will be made as to the appropriateness of the fixed partial denture as a whole. For plans that do NOT include a missing tooth clause and three or more teeth are missing in

the arch, an alternate benefit of a removable partial denture may be contract dependent. In this case, the abutment teeth are reviewed based on their own merit.

15. Updated.
16. Updated.
17. Updated.
18. Splinting of teeth by abutment crowns is routinely not a covered benefit unless group contract indicates coverage. When splinting of abutment crowns is requested, each additional crown abutment will be reviewed on its own merit for benefit. Splinted crowns must be coded as retainer crowns.
19. When considering benefits for pontics:
 - a. The number of pontics necessary to replace missing teeth is not to exceed the normal complement of teeth
 - b. Fixed partial dentures fabricated for closing spaces where there is no missing natural tooth are not benefitted.
20. When there is insufficient space for a pontic, the pontic will not be benefitted.
21. Fixed partial dentures supported by inlay abutment restorations are not a covered benefit.
22. Cantilever fixed partial dentures: Anterior cantilever fixed partial dentures where cuspids are the abutment and replacing lateral incisors may be benefitted. For posterior cantilever fixed partial dentures only one cantilever pontic may be an allowable benefit and two abutments are necessary to support a single pontic. Both posterior abutments must meet requirements for a stand-alone crown to eliminate splinting restriction.
23. Tooth-implant supported fixed partial dentures will not be considered for benefits based on meta-analysis and studies that have found this type of combination prosthesis to have a survival rate lower than those reported for solely implant supported or solely tooth supported fixed partial dentures.
24. If one abutment for a fixed partial denture is denied, then the entire fixed partial denture may be denied.
25. Fixed partial dentures are not covered when placed for correction of developmental or congenital defects (congenitally missing teeth, or unerupted teeth, or for spacing due to migration/drift of teeth) unless covered by group contract.
26. Age limitation for fixed partial dentures is group contract dependent.
27. Benefits are not available for the replacement of an existing fixed partial denture unless supported by recurrent caries, fracture, or defective restoration.
28. Pontics for a fixed partial denture may not be benefitted where a removable partial denture exists in the same arch. The abutments will be reviewed OOM.
29. Benefits will not be considered for closure of contacts unless caused by caries, tooth fracture, or
30. Benefits for fixed partial dentures will not be considered when subgingival/subosseous caries may potentially compromise periodontal health and restorative outcome of abutments.
31. Existing fixed partial dentures that are discolored, misshapen or have compromised cosmetics do not qualify for indirect restoration coverage.
32. Crown to root ratios that are poorer than 1:1 creates a less than ideal situation. Unfavorable crown to root ratios must include an assessment of the patient's full mouth dental condition, medical history, dental history, periodontal history, periodontal continuing care, age, and occlusion.
33. Updated

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT including but not limited to:

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| 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 |
| D6241 | Pontic – porcelain fused to predominantly base metal |
| D6242 | Pontic – porcelain fused to noble metal |
| D6243 | Pontic – porcelain fused to titanium and titanium alloys |
| D6245 | Pontic – porcelain/ceramic |
| D6250 | Pontic - resin with high noble metal |
| D6251 | Pontic - resin with predominantly base metal |
| D6252 | Pontic - resin with noble metal |
| 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 |
| 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 |
| D6753 | Retainer crown – porcelain fused to titanium and titanium alloys |
| D6780 | Retainer Crown – $\frac{3}{4}$ cast high noble metal |
| D6781 | Retainer Crown – $\frac{3}{4}$ cast predominantly base metal |
| D6782 | Retainer Crown – $\frac{3}{4}$ cast noble metal |
| D6783 | Retainer Crown – $\frac{3}{4}$ 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 |
| D6794 | Retainer Crown – titanium |

IDC-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. American College of Prosthodontists (ACP). Parameters of Care for the Specialty of Prosthodontics. Partial Edentulism Parameter. J Prosthodont. 2005 Dec,14 (4 Suppl 1):1-103.
2. Nesbit S, Kanjirath P, Stefanac S. Diagnosis and Treatment Planning in Dentistry, 3rd ed. St. Louis: Elsevier c2017. Chapter 10, Replacing Missing Teeth; p.248-258.
3. Rosenstiel S, Land M, Fujimoto J. Contemporary Fixed Prosthodontics, 5th ed. St. Louis: Mosby c2016. Part 1: Planning and Preparation, Chapter 3 Treatment Planning; p.77-85.
4. Rosenstiel S, Land M, Fujimoto J. Contemporary Fixed Prosthodontics, 5th ed. St. Louis: Mosby c2016. Part III: Laboratory Procedures, Chapter 21 Retainers for Partial Removable Dental Prostheses; p.590.

History

| Revision History | Version | Date | Nature of Change | SME |
|------------------|----------|------------|------------------------|-----------|
| | Revision | 3-4-19 | External facing policy | committee |
| | Revision | 4/22/19 | Criteria numbering | Kahn |
| | Revision | 09/09/2020 | Annual Review | Committee |
| | Revised | 12/05/2020 | Annual Review | Committee |
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Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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