

Exhibit E – Fixed Prosthodontic Criteria

I. Pre-Authorization Documentation

A. Documentation may be needed for pre-authorization of procedure:

1. Detailed Treatment plan.
2. Radiographs showing clearly the adjacent and opposing teeth must be submitted for authorization review; bitewings, periapical or panorex.
3. Treatment rendered without necessary authorization requires radiographs showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment.

II. Codes

DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual.

III. General Criteria

- A. The placement of a fixed prosthetic appliance will only be considered for those cases where there is a documented physical or neurological disorder that would preclude placement of a removable prosthesis.
- B. Prosthetic services are intended to restore oral form and function due to premature loss of permanent teeth that would result in significant occlusal dysfunction.
- C. Fixed partial dentures are covered only for recipients with:
 - i. AAP Type 1 or 2 periodontal health
 - ii. a favorable prognosis where continuous deterioration is not expected as defined in the DentaQuest Non-Restorable Tooth Criteria.¹
- D. As part of any fixed prosthetic service, dentists are expected to instruct the patient in the proper care of the prosthesis.

IV. Criteria: Authorizations for prosthesis do not meet criteria:

- A. If good oral health and hygiene, good periodontal health, and a favorable prognosis are not present. Non-AAP Type 1 or 2 periodontal health is considered an unfavorable prognosis.
- B. If abutment teeth are less than 50% supported in bone.
- C. If there are untreated cavities or active periodontal disease in the abutment teeth. Treatment must be phased appropriately with stable periodontal status.
- D. When billing for fixed partial dentures, dentists must list the date of insertion as the date of service. Recipients must be eligible on that date for the denture service to be covered.
- E. Double abutments are not authorized for fixed prosthetics.

V. Additional Information

- A. Services that fail to meet clinical criteria due to prior treatment will require medical necessity review.

Reference:

- American Association of Prosthodontics
- American Dental Association
- OAC 5160-5-01 Dental Services

¹ AM-UM01- Exhibit I – Non-Restorable Tooth Criteria Non-Restorable Tooth Criteria