

Exhibit S – Onlay Criteria

DentaQuest adheres to the following policy for evaluating onlay restorations to maintain consistency throughout its dental networks.

I. Pre-Treatment Documentation

- A. Documentation may be needed for pre-service review of procedure:
 - 1. Periapical x-ray clearly showing the full length of the tooth in review, including the entire clinical crown through the apex of the root.
 - 2. Panorex or, at minimum, 4 bitewing radiographs showing clearly the adjacent and opposing teeth.
 - 3. Treatment rendered without necessary pre-service review is subject to retrospective review.

II. Codes

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

III. Criteria

- A. In general, onlays are allowed only for teeth needing multi-surface restorations where amalgams and other materials have a poor prognosis.
- B. Molars must have destruction to the tooth by caries or trauma and must involve four or more surfaces and two or more cusps.
- C. Bicuspids must have pathologic destruction to the tooth by caries or trauma and must involve three or more surfaces and at least one cusp.
- D. Build-up procedures are not allowed in conjunction with onlays.
- E. A request for an onlay following root canal therapy must meet the following criteria:
 - 1. One month must have passed since the root canal therapy was completed.
 - 2. Request must include a dated post-endodontic radiograph.
 - 3. Tooth must be filled within two millimeters of the radiological apex unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex.
 - 4. The filling must be properly condensed/obturated.
 - 5. To be covered, a tooth must oppose a crown or denture in the opposite arch or be an abutment for a partial denture.
 - 6. The patient must be free from active and advanced periodontal disease.
 - 7. The fee for onlays includes the temporary restoration that is placed on the prepared tooth and worn while the onlay restoration is being fabricated.

8. The procedure/treatment must follow medical necessity OAC 5160-1-01.

F. Onlays will not be benefited if:

1. A lesser means of restoration is possible.
2. Tooth has subosseous and/or furcation caries.
3. Tooth has advanced periodontal disease.
4. Tooth does not demonstrate 50% bone support.
5. Tooth has furcation involvement.
6. Tooth is a third molar, unless it is an abutment for a partial denture.
7. Tooth is a primary tooth with exfoliation imminent.
8. Tooth has restoration less than five years old, which is dislodged, broken or lost; except when medical necessity and/or EPSDT apply.

IV. Additional Information

- A. Onlays are being planned to alter vertical dimension. If performed, these must be done with agreement of the patient to assume all costs. Such procedures include but are not limited to restorations, procedures or applications done primarily to treat attrition, realign the dentition, splinting, full-mouth rehabilitation or equilibration, and the treatment of TMD Syndrome.
- B. Services that fail to meet clinical criteria due to prior treatment will be disallowed.
- C. The procedure/treatment must follow medical necessity OAC 5160-1-01.

Reference

- OAC 5160-5-01 Dental Services
- Appendix to rule 5160-5-01 Restorative Services