

## Exhibit E – Fixed Prosthodontic Criteria

**Reference:** American Association of Prosthodontics and American Dental Association

### **I. Authorization Documentation**

- A. Documentation may be needed for authorization of procedure:
1. Detailed Treatment plan.
  2. Appropriate 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 appropriate 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 exceptional 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 good oral health and hygiene, good periodontal health (AAP Type 1 or 2), and a favorable prognosis where continuous deterioration is not expected.
- 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.
- 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.
- 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.
- F. Long-Span Fixed Bridges that violate Antes Law will not meet criteria.

### **V. Additional Information**

- A. Procedures that may meet clinical criteria for approval, may be disallowed due to frequency limitations.
- B. Services that fail to meet clinical criteria due to prior treatment will be disallowed.

Reference:

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