
Delta Dental of Ohio Clinical Criteria for Utilization Management Decisions

Clinical Criteria for Fixed Partial Dentures

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Introduction

This Delta Dental of Ohio clinical criteria document addresses the use of fixed partial dentures. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental of Ohio consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of fixed partial denture treatment, as well as taking individual patient circumstances and the local delivery system into account.

Fixed partial dentures are indirectly constructed prosthodontic appliances that replace one or more missing teeth and are commonly referred to as "bridges". They are generally composed of one or more artificial tooth units called "pontics" which are suspended over the edentulous ridge of a missing tooth space and are attached to "retainers" prepared and installed on adjacent natural teeth. Fixed partial dentures typically utilize crowns as retainer units. The teeth on which fixed partial denture retainers are prepared and cemented or bonded are commonly known as "abutments" or "abutment teeth". Fixed partial dentures are constructed by first preparing the abutment teeth for the fixed partial denture retainers, then externally manufacturing the retainer and pontic units that are attached together and finally cementing or bonding the fixed partial denture to the abutment teeth.

Conventional fixed partial dentures have at least one pontic filling a missing tooth space and two abutment tooth retainers attached on either side of the pontic unit and supporting it. However, in some cases, a pontic unit may be cantilevered from the retainer unit on single abutment tooth in what is commonly referred to as a cantilever bridge. A minimally invasive alternative to conventional fixed partial dentures is commonly known as a bonded bridge and may be considered where abutment teeth are intact, missing tooth spaces have no significant soft tissue defects and the occlusal forces on the pontic will not be excessive. Bonded bridges generally utilize a conventional pontic unit, but instead of onlay or crown retainers, this alternative appliance is secured to abutment teeth by retainer "wings" that are attached to the lingual surfaces of abutment teeth by a resin bonding technique.

Fixed partial dentures serve to replace missing teeth not only to improve a patient's appearance and occlusal chewing ability, but also to prevent teeth adjacent to a missing tooth space to drift or tilt into it or teeth in the opposing arch to intrude into the space. In some cases, the integrity of the arch of teeth may be disrupted to the degree that orthodontic movement of teeth or treatment of opposing teeth may be required as part of fixed partial denture restoration. The design of a fixed partial denture must take into account the number and position of missing teeth and abutment teeth, the endodontic, periodontal and structural condition of abutment teeth, the condition of the teeth and/or appliances in the opposing arch and the patient's occlusion.

Fixed partial dentures may be performed by general dentists, pediatric dental specialists or prosthodontists in a variety of healthcare facilities.

Applicable Dental Procedure Codes

The following dental procedure codes defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting fixed partial denture procedures. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination

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that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if any of the fixed partial denture services listed below are a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	Procedure Code Nomenclature
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 and titanium alloys
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
D6253	interim 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	retainer – 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

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CDT® Procedure Code	Procedure Code Nomenclature
D6752	retainer crown - porcelain fused to noble metal
D6753	retainer crown - porcelain fused to titanium and titanium alloys
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
D6784	retainer crown ¾ - titanium and titanium alloys
D6790	retainer crown - full cast high noble metal
D6791	retainer crown - full cast predominantly base metal
D6792	retainer crown - full cast noble metal
D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression
D6794	retainer crown - titanium and titanium alloys
D6920	connector bar
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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Clinical Criteria¹

When approval of benefit payment for a fixed partial denture by a member's dental plan requires a determination by Delta Dental of Ohio that the procedure is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure. The following conditions are generally considered to be indications for placement of a fixed partial denture:

- Edentulous spaces where a tooth-supported fixed partial denture is an appropriate choice to replace one or more missing teeth
- Defects in an existing fixed partial denture retainer that cannot be corrected by repair
- Additional dental treatment (e.g., endodontic treatment of a retainer) rendering one or more fixed partial retainers unserviceable

For patients who do not meet the published qualifying criteria for fixed partial denture treatment, Delta Dental of Ohio will consider documentation from relevant clinicians that explains the necessity of covering the treatment for conditions not included in the criteria.

The following conditions are generally considered to make the performance of a fixed partial denture unnecessary, inadvisable or deficient in clinical quality and may result in disapproval of benefits based on a determination that the procedure is not medically necessary or clinically appropriate:

¹ Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

- Absence of edentulous spaces for pontic placement
- Replacement of a fixed partial denture where all retainer and pontic units remain intact and functional
- Fixed partial denture designs where the abutment teeth cannot reasonably be expected to support the occlusal load from the pontic units (e.g., an excessively long pontic span)
- Fixed partial denture designs with an excessive number of retainer units
- A cantilever bridge with inadequate abutment tooth support for the pontic, e.g., a molar pontic cantilevered from a single bicuspid abutment tooth or where parafunctional habits will place heavy occlusal forces on a cantilevered pontic
- Lack of an opposing dentition for the functionality of a fixed partial denture
- Inadequate space for a functional pontic
- A pontic space with a retained root remnant likely to cause complications during or after fixed partial denture placement
- A tooth utilized as a fixed partial denture abutment that has severe tilting or other displacement that cannot be corrected by preparation modification or tooth movement and that is likely to result in failure of the appliance
- Resin bonded fixed partial denture attached to an existing crown
- An edentulous space with no distal abutment where a removable partial denture is customarily the generally accepted treatment
- Failed osseointegration or severely compromised position of an implant utilized to support a fixed partial denture
- A fixed partial denture retainer placed on a tooth that is broken down by dental caries, extensive restoration and/or fracture with insufficient sound tooth structure for successful restoration
- A fixed partial denture retainer placed on a tooth that has unresolved periapical pathology, failed endodontic treatment, an improperly aligned post and/or failed root integrity due to root fracture or resorptive defect
- A fixed partial denture retainer placed on a tooth that has insufficient alveolar bone support, advanced furcation involvement and/or advanced mucogingival defects
- A tooth utilized as a fixed partial denture abutment that has a crown-root ratio of less than 2:1 in the presence of normal occlusal forces
- A fixed partial denture retainer placed on a primary tooth undergoing natural exfoliation
- A fixed partial denture retainer placed on a tooth without allowing adequate healing time following crown lengthening
- Inadequately prepared/adapted fixed partial denture retainers, including crowns with marginal defects and/or inadequate interproximal contacts, axial contours or occlusion
- Patients under the age of 16 where placement of a fixed partial denture during the normal growth and maturation period would require premature replacement of the appliance when the arch reaches a mature state of equilibrium
- Allergy to a material in the restoration (e.g., nickel)
- A high caries risk and/or poor oral hygiene that presents a relative contraindication to treatment
- Compromised temporomandibular joint likely to cause complications during or after treatment
- An alternative treatment is more appropriate for a patient's condition or circumstance based on accepted standards of care

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Depending on an individual patient's condition and circumstances, the following additional criteria for fixed partial denture treatment may be applied for coverage determinations:

- A comprehensive evaluation of the condition of existing teeth and edentulous areas must be carried out and fully documented prior to planning and performing fixed prosthodontic treatment. Untreated caries, failed direct restorations, periodontal disease, endodontic pathology or structural weakness involving abutment teeth must be addressed as part of fixed prosthodontic treatment. Installed fixed partial denture retainers and pontics must meet the applicable standards of dental practice for restorative material selection, restoration design and preparation, marginal integrity, interproximal contacts, retention, adaptation to edentulous ridges and occlusion.
- Repair of a fixed partial denture is considered to be indicated when the appliance has restorative material failure and a repair may be expected to return the appliance to a serviceable condition for a reasonable duration of function
- Benefits for a fixed partial denture that meets the requirements for coverage under a member's dental plan will be limited to restoring those edentulous spaces resulting from extractions within the normal complement of permanent teeth
- The following fixed prosthodontic services may not be covered by a member's dental plan: fixed prosthodontic services performed solely for cosmetic purposes or to adjust vertical dimension, inlay and onlay retainers, stress breakers, precision attachments, fixed partial dentures performed in conjunction with removable partial dentures in the same arch and all-ceramic fixed partial dentures. To determine if these services are a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

Other Considerations

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

Required Documentation

The decision to provide a fixed partial denture for a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for a fixed partial denture by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Preoperative radiographic evidence should be submitted demonstrating that the periodontal, endodontic and structural condition of all abutment teeth will support the placement and maintenance of a fixed partial denture. Submitted radiographs must have been performed within 12 months of treatment and must allow evaluation of all abutment teeth from crown to root tip. If the suitability of an abutment tooth is not clearly evident through radiographic imaging, providing an intraoral photographic image of the involved tooth is recommended.
- The patient treatment record should be submitted documenting the clinical rationale for providing or replacing a fixed partial denture.

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When determining coverage based on medical necessity or clinical appropriateness, Delta Dental of Ohio may request other clinical information relevant to a patient's care if needed to make coverage decisions.

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental of Ohio's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental of Ohio's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental of Ohio national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental of Ohio reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental of Ohio's clinical criteria.

Appendix A

General Guidelines:

- Prior authorization is not required; however, treatment rendered may be subject to retrospective review.
- Documentation needed for medical necessity review of procedure:
 - Appropriate radiographs clearly showing the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered without necessary prior authorization will still require that sufficient and appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.
- As part of any fixed prosthetic service, dentists are expected to instruct the patient in the proper care of the prosthesis.
- When billing for fixed partial dentures, dentists must list the date of the impression as the date of service, but a claim should not be submitted until the denture has been delivered to the patient. Recipients must be eligible on that date for the denture service to be covered.

General criteria:

- 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.
- Prosthetic services are intended to restore oral form and function due to premature loss of permanent teeth that would result in significant occlusal dysfunction.
- Fixed Partial dentures are covered only for recipients with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.
- Medical necessity for prosthesis does not meet criteria:
 - If appropriate documentation is not received documenting physical or neurological disorders precluding the placement of a removable prosthesis.

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- If good oral health and hygiene, good periodontal health, and a favorable prognosis are not present.
- If abutment teeth are less than 50% supported in bone.
- If there are untreated cavities or active periodontal disease in the abutment teeth.

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