Fixed Partial Dentures & Onlays

Adjudication Guideline

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1. Abstract

1.1 For Members

The Fixed partial denture (FPD) is a dental restoration procedure that is used to replace missing teeth. This denture is attached to the adjacent teeth. In some cases, the denture can be attached to dental implants to make them permanent. Fixed denture is sometimes referred to as a bridge because it fills the gap left behind between missing teeth.

1.2 For Medical Professionals

The fixed partial denture (FPD) is a dental restoration used to replace missing teeth and that is permanently attached to adjacent teeth or dental implants.

2. Scope

The scope of this adjudication rule is to highlight the medical criteria and coverage details for tooth supported Fixed Partial Dentures and Onlays, as per the policy terms and conditions for each health insurance plan administered by Daman subject to Policy terms and conditions.

Dental implant supported Fixed partial Dentures are outside the scope of this guideline.

Definition of Fixed Partial Dentures Any dental prosthesis that is luted, screwed, or mechanically attached or otherwise securely retained to natural teeth, tooth roots, and/or dental implants/abutments that furnish the primary support for the dental prosthesis and restoring teeth in a partially edentulous arch; it cannot be removed by the patient.

Three main components are locked together in one FPD unit: Pontic, retainer, and connector.

A ***Pontic*** is the artificial tooth on an FPD that replaces the missing natural tooth and restores its function.

The ***retainer*** is an important appliance that unites the abutment teeth with the suspended portion of the bridge. Both intra coronal and extra coronal restorations can be used as retainers and are fixed by adhesion.

A ***connector*** is another important appliance that unites the retainer(s) and pontic(s). There are two kinds of connectors, either a rigid (locked) connector or a non-rigid connector (that works like a hinge). When an occlusal force is applied to the pontic, it is delivered to the connector, retainer, and finally to the abutments and the surrounding bone structure by connecting the FPD and abutments together.

The quality of the abutments and surrounding bones play a very important role in the success of the FPD. The general principle is that the rigid support provided by abutments should overcome any stress levels applied on the pontics. In other words, the prerequisite is that there are enough healthy abutments to compensate for the missing tooth/teeth. Based on Ante's Law, biting forces and the periodontal membrane area must be considered when selecting the abutment tooth.

Clinical Indications

Dental Services using fixed partial dentures to replace missing teeth may be considered appropriate for:

1. Teeth lost due to trauma.
2. Teeth lost due to a pathological disorder.
3. Replacement of missing permanent teeth in which the Retainer/Abutment teeth have a favorable long-term prognosis.
4. Cases where missing tooth units are bound by suitable healthy abutment teeth which can support the functional load of the missing teeth (Partial edentulism of Kennedy Classification III and IV).
5. When Peri-cemental area of abutment teeth are greater than or equal to the peri cemental area of teeth being replaced (Ante's law).
6. Space closure: for functional reasons.
7. Replacing upper/lower lateral incisor as a cantilever pontic.

The main four types of dental bridges include:

1. Traditional bridges
2. Cantilever bridges
3. Maryland bonded bridges
4. Implant supported bridges

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

- All Fixed Prosthesis codes require pre-authorization, unless mentioned otherwise in the related schedule of benefits.
- Dental implants supported Fixed partial Dentures are outside the scope of this guideline.
- All basic treatment addressing any existing active biological disease (caries and periodontal), must be completed before submitting requests for FPD.
- All bridgework is eligible for permanent teeth.
- Fixed prosthesis for members under 16 years of age are not covered unless specific rationale is provided indicating the necessity for such treatment and is approved by the Daman.
- Redo of a fixed prosthesis for same tooth number across all providers, is covered only if the existing prosthesis was inserted at least 6 years prior to the replacement. Satisfactory evidence must be presented that the existing prosthesis cannot be made serviceable.
- Replacement of FPD into implants across providers, is covered only if the existing prosthesis was inserted at least 6 years prior to the replacement.
- It is imperative that Providers select materials and techniques known for durability and provide patients with realistic expectations regarding Fixed prosthodontics. Redo & repair within 6 years of Fixed prosthodontics quality shall be the responsibility of the initial service provider.
- Adjustments provided within six months of the insertion of an initial or replacement Fixed partial denture are integral to the denture.
- The fee for diagnostic casts (study models) fabricated in conjunction with prosthetic and restorative procedures are included in the fee for these procedures.
- Temporary fixed partial dentures are considered integral to the allowance for the fixed partial dentures.
- Provisional Retainer and Pontic codes can be reimbursed separately when utilised as an interim restoration, of at least six months duration during

restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to changing vertical dimension, completing periodontal therapy, or cracked tooth syndrome. This should not be used temporization during routine prosthetic restoration.

- Provisional prosthesis not lasting for at least six months until the seating of permanent Fixed prosthesis, will not be reimbursable / subjected to recovery.
- The endodontic status of a Tooth on which an indirect restoration must be placed must be considered (included but not limited to):
    - Placement of an indirect restoration on a tooth with untreated or unresolved periapical or peri radicular pathology will not be covered.
    - 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.
    - 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.

Clinician Criteria

As per the Scope of Practice for General Dentist and Specialist Dentist, eligibility of Fixed Prosthesis is listed below

Speciality	Scope of practise for Fixed Partial Dentures
General Dentist	Simple Prosthodontic case inclusive of complete crowns, 3 unit Bridge*
Endodontist	Simple Prosthodontic case inclusive of complete crowns, 3 unit Bridge*
Periodontist	-
Prosthodontist	Complex Crown and Bridge work treatment Multi-unit Fixed Partial Denture utilising different material and techniques
Oral Surgeons	-
Pediatric Dentist	Replace missing teeth with Interim Fixed/Removable prosthesissuch as but not limited to Immediate partial denture, Partial Dentures,Marylamd Bridges
Orthodontist	-
Special Care Dentist	Provide replacement of lost teeth using different fixed and removable prosthesis
General Dentist with Restorative Privilege	Expanded skill in Prosthodontics granted through the facility clinical privileging system

Speciality	Scope of Practice for Fixed Partial Dentures (FPDs)
General Dentist	Simple Prosthodontic case inclusive of complete crowns, 3unit Bridge*
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Prosthodontist	Complex Crown and Bridge work treatment Multi-unit Fixed Partial Denture utilizing different material and techniques
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Pediatric Dentist	Replace missing teeth with Interim Fixed/Removable prosthesis such as but not limited to Immediate partial denture, Partial Dentures, Maryland Bridges
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** A simple Prosthodontic case involves patients who are dentate, partially dentate, or edentulous, with a crown-to-root ratio within normal limits, where their treatment doesn't require occlusal adjustments, Vertical dimension alterations or modifications to surrounding tissues or edentulous ridges.*

Onlays

Definition of Onlay a partial-coverage restoration that restores one or more cusps and adjoining occlusal surfaces or the entire occlusal surface and is retained by mechanical or adhesive means.

Onlays are Indirect dental restorations assembled by bonding to restore a loss of tooth substance. Classically, the term Onlay is used when the prosthetic part provides a cuspidian covering.

All Indirect, Porcelain/Ceramic and Cast metal Onlays require pre-authorization.

For Enhanced Policies, the coverage of Indirect Porcelain/Ceramic and Cast metal Onlays fall under Prosthetics/Crowns benefit.

Indications:

- A deep Occlusal or Occlusal-proximal cavity of size 3 or 4 according to the mount-home classification system with damage to one or more cusps as well as destruction of axial anatomies (vestibular or lingual) by more than one third.
- Endodontically treated tooth with <50% loss of clinical crown.

Non-Coverage:

- To improve aesthetics (e.g.: discoloration).
- If a lesser means of restoration is acceptable.
- For high caries risk individuals.
- Periodontally compromised teeth.
- Extensive loss of >50% clinical crown either by caries or trauma.
- Presence of root caries/ subgingival extension of caries.

Eligibility:

- Covered for Members 12 years of age or older.
- Covered for Premolars, first molars and second molars
- Third molars may be considered for coverage If sound, properly aligned, and in occlusion with opposing tooth.

Frequency:

- Once per tooth in 6 years across all Providers.
- Replacement of an Onlay with a crown is permitted only after 6 years across all Providers.

3.2 Requirements for Coverage

Pre-authorization requirements:

- Panoramic radiograph,
- Digital photograph of tooth/teeth,
- Pre- and post-endodontic treatment x-rays (radiographs) for requests on endodontically treated teeth
- For teeth demonstrating Periodontal disease, current dated 6-point periodontal charting, and history of periodontal therapy is required suggesting current periodontal status
- Documentation supporting a 6-year Prognosis must be submitted by the service provider, that the patient will retain the fixed prosthesis.

3.3 Non-Coverage

The fixed partial denture (FPD) are not covered for the following:

- Members with rampant caries and/or poor oral hygiene/ Severe bone loss.
- When Retainer/Abutment teeth have untreated endodontic pathology or periodontal disease or an unfavourable crown: root ratio.
- Stage III/IV periodontal disease (Radiographic bone loss (RBL) extends to middle third of root and beyond)
- Class II and Class III tooth mobility according to Miller's Classification
  a) Class II: >1 mm (Horizontal)
  b) Class III: > 1 mm (Horizontal + Vertical mobility)
- Grade II, III and IV Furcation involvement according to Glickman's Classification.

- Space closure: for aesthetic reasons.

- Long Span bridge: refers to situation where the span of the edentulous ridge is more than the area of the bone support around the roots of the abutment.
- Cantilever Bridges are a covered benefit only for Anterior region.
- Maryland Bridges are not a covered Benefit.
- Cases with Pontic width discrepancy
- Temporary fixed partial dentures are considered integral to the allowance for the fixed partial dentures.

3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CDT, USCLS etc. Kindly code the ICD-10 and the USCLS/CDT codes to the highest level of specificity.

Payment includes:

The fee for a Fixed prosthesis service such as, but not limited to, tooth preparation, diagnostic wax-up, electro surgery, temporary restorations, cement bases, impressions, laboratory fees, Soft Tissue Re-contouring for Crown Lengthening, gingivectomy (if required), occlusal adjustment within 6 months after the restoration, post-operative visits, local anaesthesia. These procedures are disallowed when submitted as a separate charge.

Billing:

Daman requires a provider to bill for Fixed prosthesis only after delivery and seating of fixed prosthesis (Cementation date), not at the impression date.

4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
PRCE-002	Payment is included in the allowance for another service

5. Appendices

5.1 References

- https://www.academyofprosthodontics.org/lib_ap_articles_download/GPT9.pdf
- https://www.sciencedirect.com/topics/nursing-and-health-professions/fixed-partial-denture https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9663878/
- https://www.jidmr.com/journal/wp-content/uploads/2021/12/48-D21_1591_Sherif_Sultan_Egypt-1.pdf
- https://www.stechnolock.com/article/Inlay-Onlay-Indication.pdf
- https://www.semanticscholar.org/paper/Clinical-performance-of-all-ceramic-inlay-and-onlay-BeierKapferer/bd80d2ae19b63289afad4a93e2f8750b3b2a7aa6
- https://www.sciencedirect.com/topics/medicine-and-dentistry/inlays-and-onlays

5.2 Revision History

Date	Change(s)
16/10/2024	V1.0 Creation of Adjudication Guideline-External Instruction Template.
12/11/2025	V2.0 General content review