

Dental Clinical Policy: Indirect Fixed Prosthodontic Restorations

Reference Number: CP.DP.37

Last Review Date: 11/21

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Indirect fixed prosthodontic restorations (retainer crowns, retainer inlays, retainer onlays and pontics) are fabricated outside the mouth and replace missing teeth with a cemented bridge that uses existing natural teeth for retention. Indirect restorations are made on a replica of the prepared tooth in a dental laboratory or by using computer-aided design/computer-assisted manufacturing (CAD/CAM) either chairside or in the dental laboratory and finally cemented on to the prepared abutment teeth. Local anesthetic, impressions, tooth preparation, temporary or provisional restoration, fitting, cementation, adjustment and any liners or bases are inclusive to this procedure.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that indirect fixed prosthodontic restorations are **medically necessary** when any of the following conditions are met:
 - A. When one or more teeth per arch are missing and a removable prosthodontic appliance cannot be utilized or is not an allowable benefit to replace the missing teeth;
 - B. When the abutment tooth has a favorable crown/root ratio (at least 1:1);
 - C. When there is documentation/narrative of a failing existing retainer crown that can only be resolved with a new retainer crown, particularly if crown failure and/or recurrent decay is not visible on radiographic image or intraoral photograph;
 - D. When the abutment tooth has at least 50% remaining bone support (mandibular anterior teeth require a minimum of 75% remaining bone support);
 - E. When an indirect fixed prosthodontic restoration of a primary tooth without a permanent successor (or where a permanent successor cannot erupt and demonstrates no potential pathology to the remaining teeth) is the only option for missing tooth replacement, an indirect restoration may be considered if root structure is intact adequate, and periodontal support is at least 75%;
 - F. When symptomatic “cracked tooth syndrome” cases are supported by a clinical diagnosis, including the following:
 1. When the fracture is not detrimental to the restorability of the abutment tooth;
 2. When diagnostic tests and documentation support restorability of the abutment tooth;
 3. When endodontic evaluation of the tooth, including verification, demonstrates neither a root fracture nor irreversible pulpitis is present;
 - G. When none of the following contraindications exist:
 1. When a removable prosthodontic appliance is a professionally acceptable and functional solution to replace a missing tooth or teeth;
 2. When the patient is under the age of 15. This is due to incomplete passive eruption of the tooth, which will result in aesthetic failure and the need to replace the retainer crown prior to its serviceable life span;
 3. When the span of missing teeth is more than two teeth;

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4. When poor abutment tooth alignment may result in a prosthesis of unacceptable esthetic, structural integrity, or poor cleansability;
 5. When space is inadequate for a functional and/or structurally sound pontic restoration;
 6. When solely performed for cosmetic/aesthetic reasons (peg teeth, congenitally missing maxillary lateral incisors, diastema closure, discoloration);
 7. When performed for alteration of vertical dimension
 8. When abutment molars exhibit bone loss with a class II or III furcation involvement;
 9. When abutment teeth are periodontally compromised (less than 50% remaining bone support), even with successful endodontics, unless the patient has undergone previous periodontal therapy/surgery and progress notes/periodontal notes indicate the tooth is stable
 10. When there is a fracture of porcelain not involving the margin or a functional ridge of an existing retainer crown or onlay;
 11. When endodontically treated teeth exhibit any of the following conditions:
 - a. Any canal is not filled to within 2.0 mm of the radiographic apex;
 - b. Any canal is overfilled by 2.0 mm or more from the radiographic apex;
 - c. Any canal is incompletely filled;
 - d. A radiolucency remains more than six months after root canal treatment and the tooth is symptomatic (documentation supporting asymptomatic conditions must be submitted).
 12. When insufficient tooth structure (loss of 50% or more of the natural crown due to decay, fracture, or a defective restoration) remains to provide adequate retention for a full coverage indirect restoration;
 13. When insufficient inter-occlusal space remains to provide adequate restoration using a fixed prosthodontic retainer crown;
 14. When remaining abutment tooth structure is less than 2.0 mm from the crestal bone;
 15. When abutment tooth fractures extend onto root surfaces;
 16. When internal or external root resorption is present;
 17. When periapical pathology is present;
 18. When the member demonstrates a diagnosis of high caries risk;
 19. When failure to complete treatment will result in further destruction or be detrimental to the remaining dentition.
- H. Required documentation to support medical necessity include the following:**
1. Clinical chart and treatment notes documenting conditions listed in the indications for use of indirect fixed prosthodontic restorations;
 2. Current (less than 6 months) diagnostic quality periapical radiographs showing entire tooth crowns and root apices of all potential abutment teeth and edentulous spaces, as well as one of the following:
 - a. A full mouth radiographic series; or,
 - b. A panoramic radiographic image.
 3. Periodontal charting when bone loss is demonstrated radiographically;
 4. Intra-oral photographs may also be required.

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Coverage Limitation/Exclusions

- I. One D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, or D6794 per tooth per 60 months, subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2020, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CDT® Codes	Description
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
D6740	Retainer crown – porcelain/ceramic
D6750	Retainer crown – porcelain fused to high noble metal
D6751	Retainer crown – porcelain fused to predominantly base metal
D6752	Retainer crown – porcelain fused to noble metal
D6753	Retainer crown – porcelain fused to 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
D6794	Retainer crown – titanium and titanium alloys

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
K00.0	Anodontia
K00.4	Disturbances in tooth formation
K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.6	Disturbances in tooth eruption
K00.8	Other disorders of tooth development
K00.9	Disorder of tooth development, unspecified

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ICD-10-CM Code	Description
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K02.9	Dental caries, unspecified
K03.2	Erosion of teeth
K03.81	Cracked tooth
K03.89	Other specified diseases of hard tissues of teeth
K03.9	Disease of hard tissues of teeth, unspecified
K08.401	Partial loss of teeth, unspecified cause, class I
K08.402	Partial loss of teeth, unspecified cause, class II
K08.403	Partial loss of teeth, unspecified cause, class III
K08.404	Partial loss of teeth, unspecified cause, class IV
K08.409	Partial loss of teeth, unspecified cause, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
K08.421	Partial loss of teeth due to periodontal disease, class I
K08.422	Partial loss of teeth due to periodontal disease, class II
K08.423	Partial loss of teeth due to periodontal disease, class III
K08.424	Partial loss of teeth due to periodontal disease, class IV
K08.429	Partial loss of teeth due to periodontal disease, unspecified class
K08.431	Partial loss of teeth due to caries, class I
K08.432	Partial loss of teeth due to caries, class II
K08.433	Partial loss of teeth due to caries, class III
K08.434	Partial loss of teeth due to caries, class IV
K08.439	Partial loss of teeth due to caries, unspecified class
K08.491	Partial loss of teeth due to other specified cause, class I
K08.492	Partial loss of teeth due to other specified cause, class II
K08.493	Partial loss of teeth due to other specified cause, class III
K08.494	Partial loss of teeth due to other specified cause, class IV
K08.499	Partial loss of teeth due to other specified cause, unspecified class
K08.51	Open restoration margins of tooth
K08.52	Unrepairable overhanging of dental restorative materials
K08.530	Fractured dental restorative material without loss of material
K08.531	Fractured dental restorative material with loss of material
K08.539	Fractured dental restorative material, unspecified
K08.59	Other unsatisfactory restoration of tooth
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
S02.5XXB	Fracture of tooth (traumatic), initial encounter for open fracture

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ICD-10-CM Code	Description
S02.5XXD	Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing
S02.5XXG	Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing
S02.5XXK	Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion
S02.5XXS	Fracture of tooth (traumatic), sequela

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	09/20	09/20
Annual Review	11/21	11/21

References

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2. American Dental Association. CDT 2020: Dental Procedure Codes. American Dental Association, 2020.
3. American Dental Association (ADA). Glossary of Clinical and Administrative Terms. Angeletaki F, Gkogkos A, Papazoglou E, Kloukos D. Direct versus indirect inlay/onlay composite restorations in posterior teeth. A systematic review and meta-analysis. J Dent. 2016 Oct; 53:12-21
4. Hoelscher, B. "Passive eruption patterns in first molars." MS (Master of Science) thesis, University of Iowa, 2011. Retrieved from <https://doi.org/10.17077/erd.8qvej2b2>.
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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. "Envolve Dental" means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan's affiliates, as applicable.

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The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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