

DISCLAIMER

The clinical criteria outlined is generalized. Services described may not be covered for a particular plan type. In addition, there may be additional plan specific criteria regarding treatment. Therefore, it is essential dental providers review the Benefits Covered Section of the Office Reference Manual (ORM) before providing any treatment.

OVERVIEW

The criteria outlined is based on procedure codes as defined in the American Dental Association's Code Manuals¹. Documentation requests for information regarding treatment using these codes are determined by generally accepted dental standards for review, such as radiographs, periodontal charting, treatment plans, or descriptive narratives. In some instances, the State legislature will define the requirements for dental procedures.

These criteria were formulated from information gathered from practicing dentists, dental schools, ADA clinical articles and guidelines, insurance companies, as well as other dental related organizations. These criteria and policies must meet and satisfy specific State and Health Plan requirements as well. They are designed as guidelines for review and payment decisions and are not intended to be all-inclusive or absolute.

It is also recognized that "local community standards of care" may vary from region to region and incorporate generally accepted criteria that will be consistent with both the concept of local community standards and the current ADA concept of national community standards.

Prior authorization and post-service review prior to payment are common methods of ensuring medical necessity for payment. Prior Authorization and post-service review are more effective than pay-and-chase processes and preferable to recoupment.

Clinical review (prior authorization or post-service) is necessary for fixed prosthodontics to protect the program and members by confirming the necessity, prognosis, and appropriateness of the procedure. Fixed prosthodontics are commonly reviewed by other Medicaid dental insurance programs for necessity/adherence to clinical criteria.

COVERAGE POLICY

Documentation needed for review of procedure:

- Narrative describing medical necessity
- X-rays

Criteria

Fixed prosthodontics must be medically necessary. Fixed prosthetics may only be placed if there is evidence that functional alternatives for prosthetic replacement will not correct the patient's dental condition. Abutment teeth must have a good long-term prognosis.

CODING & BILLING INFORMATION

CDT (Current Dental Terminology) Codes

Code	Description	Authorization Required	Frequency Limitations
D6211	pontic-cast base metal	Prior Auth or Post-Service	One of (D6211) per 60 Month(s) Per patient, Same tooth.
D6240	pontic-porcelain fused-high noble	Prior Auth or Post-Service	One of (D6240) per 60 Month(s) Per patient, Same tooth.

Molina Clinical Policy
Criteria for Fixed Prosthodontics
Policy No. 16.12



Last Approval: 05/23/2025

D6241	pontic-porcelain fused to base metal	Prior Auth or Post-Service	One of (D6241) per 60 Month(s) Per patient, Same tooth.
D6242	pontic-porcelain fused-noble metal	Prior Auth or Post-Service	One of (D6242) per 60 Month(s) Per patient, Same tooth.
D6250	pontic-resin with high noble metal	Prior Auth or Post-Service	One of (D6250) per 60 Month(s) Per patient, Same tooth.
D6750	crown-porcelain fused high noble	Prior Auth or Post-Service	One of (D6750) per 60 Month(s) Per patient, Same tooth.
D6751	crown-porcelain fused to base metal	Prior Auth or Post-Service	One of (D6751) per 60 Month(s) Per patient, Same tooth.
D6752	crown-porcelain fused noble metal	Prior Auth or Post-Service	One of (D6752) per 60 Month(s) Per patient, Same tooth.
D6930	re-cement or re-bond fixed partial denture	Prior Auth or Post-Service	One of (D6930) per 60 Month(s) Per patient, Same tooth.

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APPROVAL HISTORY

04/02/2025 Policy reviewed and approved.
05/23/2025 Updated policy reviewed and approved.

REFERENCES

- American Dental Association's Code Manuals (<https://www.ada.org/publications/cdt>)

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