

Exhibit D – Crown Criteria

I. Pre-Authorization Documentation

- A. Documentation may be needed for pre-authorization of procedure which includes but is not limited to:
1. Periapical x-ray clearly showing the full length of the tooth in review, including the entire clinical crown through the apex of the root.
 2. Panorex or, at minimum, 4 bitewing radiographs showing clearly the adjacent and opposing teeth.
 3. Treatment rendered without necessary pre-authorization is subject to retrospective review.

II. Additional Information

- A. Crowns are not a covered benefit if:
1. A lesser means of restoration is possible.
 2. Tooth has subosseous and/or furcation caries.
 3. Tooth has advanced periodontal disease.
 4. Tooth does not demonstrate 50% bone support.
 5. Tooth has furcation involvement.
 6. Tooth is a third molar, unless it is an abutment for a partial denture.
 7. Tooth is a primary tooth with exfoliation imminent.
 8. Tooth has crown less than five years old which is dislodged, broken or lost and does not meet criteria for medical necessity.
 9. Crowns are being planned for cosmetics or to alter vertical dimension. If performed, these must be done with agreement of the patient to assume all costs.
 10. Splinted Crowns and double abutments are not allowed.
 11. A submission for a cast partial denture was denied due to the overall status of the arch having poor long-term prognosis due to more than half of the remaining teeth requiring major restorative work or more than half of the teeth having less than 50% bone support. Treatment is not considered appropriate when the prognosis of the abutment teeth is questionable or when a reasonable alternative course of treatment would be extraction of the tooth and replacement.

III. Codes

- A. DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual.
- B. The crown benefit includes preparation, impression, provisional, as well as custom shade, staining, porcelain butt margin, or characterization of the final restoration. Lab rush fee is not separately reimbursable.

IV. Criteria

A. In general, crowns are allowed only for teeth needing multi-surface restorations where amalgams and other materials have a poor prognosis.

1. Molars must have destruction to the tooth by caries or trauma and must involve four or more surfaces and two or more cusps, or root canal therapy.
2. Bicuspid must have destruction to the tooth by caries or trauma and must involve three or more surfaces and at least one cusp, or root canal therapy.
3. Anterior teeth must have destruction to the tooth by caries or trauma and must involve four or more surfaces and at least 50% of the incisal edge. Root canal therapy alone may not qualify for a crown, in accordance with recommendations from the American Association of Endodontics.¹

B. Crown build-up procedures are allowed on teeth that meet crown criteria, where clinical crown breakdown is at a level where the build-up material is necessary for crown retention. Per the CDT code descriptor, buildups are used “when there is insufficient retention for a separate extracoronary restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.”

C. Replacement crowns are allowed only on teeth with recurrent decay or missing crowns. Open margins, in the absence of decay, are considered cleansable and do not require replacement.

D. Under EPSDT or outside of frequency limits, replacement crowns are not benefited due to chipped or fractured porcelain, without decay.

E. Crowns being placed for cosmetic purposes are not a covered benefit.

F. A request for a crown following root canal therapy must meet the following criteria:

1. One month must have passed since the root canal therapy was completed.
2. Request must include a dated post-endodontic radiograph.
3. Tooth must be filled within two millimeters of the radiological apex unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex.
4. The filling must be properly condensed/obturated.
5. To be covered, a tooth must oppose a tooth, crown or denture in the opposite arch or be an abutment for a partial denture.
6. The patient must be free from active and advanced periodontal disease.
7. The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated.

¹ American Association of Endodontists (AAE). Endodontics: Colleagues for Excellence Newsletter; Restoration of Endodontically Treated Teeth: The Endodontist’s Perspective, Part 1. Spring/Summer 2004

8. Prefabricated or cast post and core procedures are allowed on endodontically treated teeth where clinical crown breakdown is at a level where the post and core is necessary for crown retention.

G. Services that fail to meet clinical criteria due to a more definitive prior treatment will be disallowed.

H. Cast post and core will deny if submitted on same day as a root canal treatment.

I. Cast Crowns will deny if submitted on same day as a root canal treatment.

J. A fused porcelain or porcelain/ceramic substrate crown may be covered for permanent anterior teeth only. Exceptions will be based on medical necessity for reasons such as a documented allergy to other covered crown materials.

Reference:

- OAC 5160-5-01 Dental Services (Appendix A to rule 5160-5-01 Restorative Services)
- Ohio Administrative Code 5160-1-01 Medical Necessity
- American Association of Endodontists (AAE). Endodontics: Colleagues for Excellence Newsletter; Restoration of Endodontically Treated Teeth: The Endodontist's Perspective, Part 1. Spring/Summer 2004