

Exhibit D – Crown Criteria

Reference: American Association of Prosthodontists and American Dental Association

I. Authorization Documentation

- A. Documentation may be needed for authorization of procedure:
 - 1. Panorex or, at minimum, 4 bitewing radiographs showing clearly the adjacent and opposing teeth.
 - 2. Treatment rendered without necessary 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.
 - 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. Such procedures include but are not limited to restorations, procedures or applications done primarily to treat attrition, erosion, abrasion, abfraction, or to realign the dentition, splinting, full-mouth rehabilitation or equilibration, and the treatment of TMD Syndrome.
 - 10. Splinted Crowns and double abutments are not allowed.
 - 11. A cast partial denture was denied due to excessive restorative needs or poor bone structure.

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.
- B. Molars must have pathologic destruction to the tooth by caries or trauma and must involve four or more surfaces and two or more cusps.
- C. Bicuspids must have pathologic destruction to the tooth by caries or trauma and must involve three or more surfaces and at least one cusp.
- D. Anterior teeth must have pathologic destruction to the tooth by caries or trauma and must involve four or more surfaces and at least 50% of the incisal edge.
- E. 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.
- F. 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.
- G. Replacement crowns are not benefited due to chipped or fractured porcelain, without decay.
- H. Crowns being placed for cosmetic purposes are not a covered benefit.
- I. 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 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.
 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.
- J. Procedures that may meet clinical criteria for approval, may be disallowed due to frequency limitations.
- K. Services that fail to meet clinical criteria due to a more definitive prior treatment will be disallowed.
- L. Cast post and core will deny if submitted on same day as a root canal treatment.
- M. Cast Crowns will deny if submitted on same day as a root canal treatment.
- N. Documentation may be needed for authorization of procedure:
1. Panorex or, at minimum, 4 bitewing radiographs showing clearly the adjacent and opposing teeth.
 2. Treatment rendered without necessary authorization is subject to retrospective review.

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