

Exhibit D – Crown Criteria

I. Pre-Authorization Documentation

- A. Documentation may be needed for pre-authorization of procedure:
 - 1. Panorex or, at minimum, 4 bitewing radiographs showing clearly the adjacent and opposing teeth
 - 2. 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 non-functional 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, except when medically necessary
 - 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. American Association of Endodontists (AAE). Endodontics: Colleagues for Excellence Newsletter; Restoration of Endodontically Treated Teeth: The Endodontist's Perspective, Part 1. Spring/Summer 2004
- 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. 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/obtured.
 - 5. To be covered, a tooth must oppose a crown or denture in the opposing 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.
- G. Services that fail to meet clinical criteria due to a more definitive prior treatment will require medical necessity review.
- 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.

References:

- OAC 5160-5-01 Dental Services (Appendix A to rule 5160-5-01 Restorative Services)
- American Association of Endodontists (AAE). Endodontics: Colleagues for Excellence Newsletter; Restoration of Endodontically Treated Teeth: The Endodontist's Perspective, Part 1. Spring/Summer 2004
- Hofsteenge JW, Scholtanus JD, Özcan M, Nolte IM, Cune MS, Gresnigt MMM. Clinical longevity of extensive direct resin composite restorations after amalgam replacement with a mean follow-up of 15 years. *J Dent.* 2023 Mar; 130:104409. doi: 10.1016/j.jdent.2023.104409. Epub 2023 Jan 6. PMID: 36623686.
- McCracken MS, Gordan VV, Litaker MS, Funkhouser E, Fellows JL, Shamp DG, Qvist V, Meral JS, Gilbert GH; National Dental Practice-Based Research Network Collaborative Group. A 24-month evaluation of amalgam and resin-based composite restorations: Findings from The National Dental Practice-Based Research Network. *J Am Dent Assoc.* 2013 Jun;144(6):583-93. doi: 10.14219/jada.archive.2013.0169. PMID: 23729455; PMCID: PMC3694730.
- Lucarotti PS, Holder RL, Burke FJ. Outcome of direct restorations placed within the general dental services in England and Wales (Part 1): variation by type of restoration and re-intervention. *J Dent.* 2005 Nov;33(10):805-15. doi: 10.1016/j.jdent.2005.03.008. Epub 2005 Oct 10. PMID: 16221519.
- Smales RJ. Longevity of cusp-covered amalgams: survivals after 15 years. *Oper Dent.* 1991 Jan-Feb;16(1):17-20. PMID: 1784534.
- Shah YR, Shiraguppi VL, Deosarkar BA, Shelke UR. Long-term survival and reasons for failure in direct anterior composite restorations: A systematic review. *J Conserv Dent.* 2021 Sep-Oct;24(5):415-420. doi: 10.4103/jcd.jcd_527_21. Epub 2022 Mar 7. PMID: 35399771; PMCID: PMC8989165.

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