

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 cast crowns to protect the program and members by confirming the necessity, prognosis, and appropriateness of the procedure. There is not an ability to reverse the procedure and there is a high prevalence of abuse. Cast crowns are commonly reviewed by other Medicaid dental insurance programs for necessity/adherence to clinical criteria.

COVERAGE POLICY

Documentation needed for review of procedure:

- Appropriate radiographs showing clearly the adjacent and opposing teeth should be submitted for review: bitewings, periapicals or panorex.
- Treatment rendered without necessary review will still require that sufficient and appropriate radiographs showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment.

Criteria

- In general, criteria for crowns will be met only for permanent teeth needing multi- surface restorations where other restorative materials have a poor prognosis.
- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and two or more cusps.
- Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma, and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma and must involve four or more surfaces and at least 50 percent of the incisal edge.

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

- Request should include a dated post-endodontic radiograph.
Tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is

achieved, unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex. The filling must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.

To meet criteria, a crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.

- The patient must be free from active and advanced periodontal disease.
- The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.
- Cast Crowns on permanent teeth are expected to last, at a minimum, five years.

Approval for Crowns will not meet criteria if:

- A more cost-effective means of restoration is possible that provides quality care and meets the standard of care.
- Tooth has subosseous and/or furcation caries.
- Tooth has advanced periodontal disease.
- Tooth is a primary tooth.

CODING & BILLING INFORMATION

CDT (Current Dental Terminology) Codes

Code	Description	Authorization Required	Frequency Limitations
D2710	crown - resin-based composite (indirect)	Prior Auth or Post-Service	One of (D2710, D2721, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2928, D2930, D2931, D2932) per 60 Month(s) Per patient.
D2721	crown - resin with predominantly base metal	Prior Auth or Post-Service	
D2740	crown - porcelain/ceramic	Prior Auth or Post-Service	
D2750	crown - porcelain fused to high noble metal	Prior Auth or Post-Service	
D2751	crown - porcelain fused to predominantly base metal	Prior Auth or Post-Service	
D2752	crown - porcelain fused to noble metal	Prior Auth or Post-Service	
D2790	crown - full cast high noble metal	Prior Auth or Post-Service	
D2791	crown - full cast predominantly base metal	Prior Auth or Post-Service	
D2792	crown - full cast noble metal	Prior Auth or Post-Service	One of (D2799) per 5 Year(s) Per patient, Same tooth.
D2799	interim crown	Prior Auth or Post-Service	
D2920	re-cement or re-bond crown	Prior Auth or Post-Service	One of (D2920) per 12 Month(s) Per patient, Same tooth.
D2928	prefabricated porcelain/ceramic crown – permanent tooth	Prior Auth or Post-Service	One of (D2710, D2721, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2928, D2930, D2931, D2932) per 60 Month(s) Per patient.
D2990	Resin infiltration of incipient smooth surface lesions	Prior Auth or Post-Service	One of (D2990) per 1 Lifetime Per patient, Same tooth.
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	Prior Auth or Post-Service	One of (D2710, D2721, D2751, D2930, D2931, D2932, D2934) 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.
06/10/2025	Updated policy reviewed and approved.

REFERENCES

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