

## Dental Clinical Policy: Prefabricated Crowns

Reference Number: ENVD.UM CP.0017

Last Review Date: 11/21

[Coding Implications](#)

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### Description

Prefabricated crowns are premade, full tooth coverage restorations made from stainless steel and may have resin facings. They may also be made of porcelain or ceramic substrate. The dentist selects the best fit, adapts the crown as needed, and cements it with a biocompatible luting agent. Prefabricated crowns are typically used for primary teeth as a means to retain the tooth until it naturally exfoliates and the permanent tooth erupts. They are also an acceptable alternative restoration for permanent teeth in children under the age of 15 as an interim restoration to allow for complete passive eruption and the gingival margin to be at the adult position prior to placement of an indirect full metal, porcelain-fused-to-metal, or porcelain/ceramic substrate crown.

### Policy/Criteria

- I. It is the policy of Envolve Dental Inc.<sup>®</sup> that prefabricated crowns are **medically necessary** when the following conditions are met:
  - A. When a tooth has been treated with a pulpotomy, pulpectomy, or root canal therapy;
  - B. When 2 cusps are cariously involved, undermined, or missing due to decay or trauma on permanent molars;
  - C. When large carious lesions are evident on the proximal and/or occlusal surfaces of primary molars;
  - D. When both proximal surfaces demonstrate carious lesions on primary molars;
  - E. When primary teeth have recurrent or new decay associated with a pre-existing restoration, or where caries is detected on a new proximal surface;
  - F. When facial and/or lingual surfaces demonstrate demineralization across the gingival one-third of a primary tooth;
  - G. When four or more surfaces are carious, more than 50% of the facial and/or lingual surface is carious, or more than 50% of the incisal edge is missing on anterior primary or permanent teeth;
  - H. When a primary tooth needing restoration will serve as a space maintainer abutment;
  - I. When there is a documented and diagnosed case of Severe Early Childhood Caries (previously known as Baby Bottle Caries);
  - J. When treatment is performed under IV sedation or general anesthesia; and,
  - K. When there is a diagnosis of high caries risk, defined as the need to restore and/or extract more than four (4) teeth within a 12-month period.
  - L. On permanent teeth, five-year longevity should be expected; healthy periodontium or at least 6 months of periodontal control should be documented and no endodontic risks or pathology should be present;
  - M. When none of the following contraindications are present:
    1. When a primary tooth that is close to exfoliation, with more than half the root(s) resorbed;

2. When there is excessive tooth crown loss resulting in the inability for mechanical retention;
  3. When there is inadequate restorative space from tipping of neighboring teeth into carious defect;
  4. When used as a definitive restoration on a permanent tooth unless specifically covered by state regulation;
  5. When a more conservative restoration is indicated, such as:
    - a. Primary molars with a small proximal surface carious lesion on either the mesial or distal proximal surface in combination with a small occlusal carious lesion;
    - b. Primary anterior teeth with small proximal carious lesions; and,
  6. When solely provided for cosmetic purposes.
- N.** Required documentation to support medical necessity include the following:
1. Recent (within 12 months) and dated diagnostic quality bite-wing radiographic image(s) clearing showing the interproximal contacts between posterior teeth (without overlap);
  2. Recent (within 12 months) and dated diagnostic quality periapical radiographic or occlusal image(s) clearing showing the interproximal contacts between anterior teeth (without overlap);
  3. Clinical chart notes where necessary to support conditions not clearly represented with supporting diagnostic and evaluation determinations; and,
  4. Intra-oral photographs where necessary to support conditions not clearly represented with radiographs, especially for facial or lingual hypo-calcifications or demineralization;
  5. **OR** in the alternative to the above requirement for the state of Mississippi, inclusion of a qualifying ICD-10 diagnosis code (located below) in Boxes 34 and 34a on the 2012 or later ADA claim form or on the claim submitted using the Envolve Dental Provider Web Portal.

### **Coverage Limitation/Exclusions**

- I.** Limited to once per tooth per lifetime unless state regulations require a shortened interim of time for a replacement.

### **Coding Implications**

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2021, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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<b>CDT® Codes</b>	<b>Description</b>
D2928	Prefabricated porcelain/ceramic crown – permanent tooth
D2929	Prefabricated porcelain/ceramic crown – primary tooth
D2930	Prefabricated stainless steel crown – primary tooth
D2931	Prefabricated stainless steel crown – permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

<b>ICD-10-CM Code</b>	<b>Description</b>
K02.3	Dental caries (decay and cavities)
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K02.9	Dental carries, unspecified
K03.2	Erosion of teeth
K03.81	Cracked tooth
K03.89	Other specified diseases of hard tissues of teeth
K03.9	Disease of hard tissues of teeth, unspecified
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
S02.5XXB	Fracture of tooth (traumatic), initial encounter for open fracture
S02.5XXD	Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing
S02.5XXG	Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing
S02.5XXK	Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion
S02.5XXS	Fracture of tooth (traumatic), sequela

<b>Reviews, Revisions, and Approvals</b>	<b>Date</b>
Formatting edits to coding implications.	04/2020
Revised policy.	04/2020
Revised policy.	06/2020
Revised policy.	02/2021
Revised policy.	03/2021
Annual Review	11/2021

## References

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## **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. "Envolve Dental" means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan's affiliates, as applicable.

## DENTAL CLINICAL POLICY

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The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

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**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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