

## BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE DENTAL CLINICAL REVIEW CRITERIA

<b>Department</b>	<b>Utilization Management</b>
<b>Policy Number</b>	<b>D0006</b>
<b>Subject</b>	<b>Single Tooth Indirect Restorations</b>
<b>Attachments</b>	<b>None</b>

### **Overview:**

This clinical policy outlines how Blue Cross Blue Shield of Arizona Health Choice evaluates dental and medical necessity when making benefit determinations. It is not clinical guidance and should not replace a provider's independent professional judgment. Providers are solely responsible for assessing each member's condition, determining appropriate treatment, and delivering care based on their clinical expertise.

These criteria are intended to support consistency in benefit administration but do not guarantee coverage, payment, or specific outcomes. All determinations are subject to the member's benefit plan, including applicable terms, conditions, exclusions, limitations, and all governing state and federal regulations.

A crown is an artificial replacement that restores missing tooth structure by surrounding part or all of the remaining structure with material such as cast metal alloy, metal-ceramics, ceramics, resin, or a combination of materials. Local anesthesia, tooth preparation, impressions, provisional restorations, fitting, cementation, adjustments, and any required liners or bases are considered part of the complete service and are not billed separately.

Blue Cross Blue Shield of Arizona Health Choice covers the placement of cast crowns on permanent teeth for Medicaid EPSDT members 18-20 years of age and Medicaid adult members only when teeth have been successfully treated endodontically and when treatment is necessary based on medical or dental need.

### **Criteria:**

The following criteria are based on Blue Cross Blue Shield of Arizona Health Choice's interpretation of the placement of cast crowns when considering the placement medically and/or dentally necessary.

### **Indications:**

1. When a Medicaid EPSDT member is 18 through 20 years of age and has had endodontic treatment, and when considered medically and/or dentally necessary.
2. For Medicaid members over 21 years, cast crowns are limited to symptomatic teeth endodontically treated.
3. The permanent tooth/teeth have been successfully treated endodontically or, when deemed necessary, based on medical or dental need. Requests may be

- denied if the endodontic treatment is inadequate.
4. Tooth/teeth must be determined to be restorable.
  5. Tooth/teeth must exhibit at least 50% bone support.
  6. The periapical and furcal tissue must be free of pathology.
  7. The patient **must** be free from active and advanced periodontal disease.
  8. A crown must be opposed by a tooth or full denture in the opposing arch or be an abutment for an approved partial denture.
  9. When arch integrity exists, opposing teeth are present and in good dental health. Arch integrity exists when the following conditions are met:
    - a. All anterior teeth are present (a fixed or removable appliance replacing one or more anterior teeth is acceptable) **and**
    - b. All first and second bicuspid and first molars are present and free of overt periodontal disease and do not require endodontic treatment (a removable or fixed appliance replacing one or more of these teeth is acceptable).
    - c. Second and third molars may or may not be present.
  10. Coverage determination will be contingent on the status of each individual tooth in addition to the condition of the remaining teeth and the supporting tissue. The factors to be considered, but not necessarily limited to, are the following: medical necessity, restorative and endodontic prognosis, periodontal condition, missing teeth, the integrity of the opposing dentition as well as existing or proposed prosthesis in the same or opposing arch.

### **Contraindications:**

1. When the patient is under the age of 18. This is due to incomplete passive eruption of the tooth, incomplete skeletal growth and gingival margin not at the adult position. These conditions will likely result in aesthetic failure and the need to replace the crown prior to its serviceable life span.
2. Remaining tooth structure is less than 2.0 mm from the crestal bone.
3. The tooth is determined to be non-restorable.
4. When tooth restoration can be accomplished with a direct amalgam or bonded resin restoration.
5. When root resorption is present.
6. When performed solely for cosmetic/aesthetic reasons (peg teeth, diastema closure, discoloration)
7. When provided for alteration of vertical dimension.
8. When performed for purposes of preventing future fracture.
9. When performed to treat non-pathologic wear/abrasion, or abfraction lesions in the absence of decay.
10. When molars exhibit bone loss with class II or III furcation involvement.
11. When periodontally compromised teeth (less than 50% remaining bone support), even with successful endodontics, unless the patient has undergone previous periodontal therapy/surgery and progress notes/periodontal notes indicate the tooth is stable.
12. When fracture of porcelain is not involving the margin, or a functional ridge of an existing crown is not sufficient for replacement.

13. When endodontically- treated teeth were exhibiting the following conditions:
- Any canal is not filled to within 2.0 mm of the radiographic apex.
  - Any canal is overfilled by 2.0 mm or more from the radiographic apex.
  - Any canal is incompletely filled.
  - A radiolucency remains more than six months after root canal treatment and/or the tooth is symptomatic (documentation supporting asymptomatic conditions must be submitted).

**Required Documentation:**

Required documentation to support medical necessity includes the following:

- Request **must** include a dated and labeled **post-endodontic periapical X-ray**, if appropriate that clearly showing the clinical crown and all root apices.
- Clinical chart notes supporting diagnostic and evaluation determinations.
- Intra-oral photographs when necessary to support conditions are not clearly represented with radiographs.
- A complete treatment plan (to include services that do not require prior authorization).

**Limitations and Exclusions:**

- Crowns are covered once per tooth every 60 months for Medicaid Members when placed by the same dentist or dental group.
- No frequency limits apply to Medicare members.
- Replacement of a crown due to damage or failure caused by provider error is the financial responsibility of the treating dentist.
- Permanent crowns are reimbursed on the seat date only.
- The reimbursement for a cast crown includes all associated services, including fabrication and placement of a temporary crown.
- Coverage for cast crowns or root canal therapy on third molars is considered only when the tooth functions as a second molar.
- Crown requests will be denied when insufficient tooth structure remains to produce cleanable margins, when crown-to-root ratio is poor, or when overall retention is inadequate.
- A functional stainless-steel crown (SSC) is considered an acceptable permanent restoration; placement of a cast crown is not automatically approved on endodontically treated teeth already restored with a functional SSC.
- Requests for multiple cast crowns may be reviewed under the Least Expensive Professionally Acceptable Alternative Treatment (LEPAAT) standard when an alternative treatment plan is more appropriate for the member's overall dental condition.

## Coding/Billing

The codes listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by dental necessity criteria and specific benefit plans or other regulatory conditions. This list of codes may not be all inclusive.

## CDT codes

Key:

**C** = Covered service

**N** = Non-covered service

Code	Description	Medicaid Age 0-20	Medicaid Age 21+	Medicare HCP
D2740	Crown - porcelain/ceramic	C	C	C
D2750	Crown-porcelain fused to high noble metal	C	N	N
D2751	Crown-porcelain fused to predominantly base metal	C	C	C
D2752	Crown-porcelain fused to noble metal	C	C	C
D2753	Crown-porcelain fused to titanium and titanium alloys	C	N	N
D2790	Crown-full cast high noble metal	C	C	C
D2791	Crown-full cast predominantly base metal	C	C	N
D2792	Crown-full cast noble metal	C	N	N
D2794	Crown-titanium	C	N	N
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	C	C	N
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	C	N	N
D2920	Re-cement or re-bond crown	C	C	C

The following CDT codes are not covered:

Codes	Description
D2510	Inlay – metallic, one surface
D2520	Inlay – metallic, two surfaces
D2530	Inlay – metallic, three or more surfaces

D2542	Onlay – metallic, two surfaces
D2543	Onlay – metallic, three surfaces
D2544	Onlay – metallic, four or more surfaces
D2610	Inlay – porcelain/ceramic, one surface
D2620	Inlay – porcelain/ceramic, two surfaces
D2630	Inlay – porcelain/ceramic, three or more surfaces
D2642	Onlay – porcelain/ceramic, two surfaces
D2643	Onlay – porcelain/ceramic - three surfaces
D2644	Onlay – porcelain/ceramic - four or more surfaces
D2650	Inlay – resin-based composite - one surface
D2651	Inlay – resin-based composite - two surfaces
D2652	Inlay – resin-based composite - three or more surfaces
D2662	Onlay – resin-based composite, two surfaces
D2663	Onlay – resin-based composite, three surfaces
D2664	Onlay – resin-based composite, four or more surfaces
D2710	Crown – resin-based composite (indirect)
D2712	Crown – 3/4 resin-based composite (indirect)
D2720	Crown – resin with high noble metal
D2721	Crown – resin with predominantly base metal
D2722	Crown – resin with noble metal
D2780	Crown – 3/4 cast high noble metal
D2781	Crown – 3/4 cast predominantly base metal
D2782	Crown – 3/4 cast noble metal
D2783	Crown – 3/4 porcelain/ceramic
D2799	Provisional crown-further treatment or completion of diagnosis necessary prior to final impression.
D2956	Removal of an indirect restoration on a natural tooth
D2980	Crown repair

**References:**

- American Dental Association. CDT 2026: Dental Procedure Codes. 2026.
- American Dental Association (ADA). Glossary of Clinical and Administrative Terms.

- American Academy of Pediatric Dentistry (AAPD). Best practice: Restorative Pediatric Dentistry. 2022
- American Academy of Pediatric Dentistry. Guideline on Restorative Dentistry. 2016.
- American Association of Endodontists (AAE). Restoration of Endodontically Treated Teeth—Part 1.
- Grossmann, Y., Sadan, A. The Prosthodontic Concept of Crown-to-Root Ratio: A Review of the Literature. Journal of Prosthetic Dentistry.
- American Association of Endodontists (AAE). Colleagues for Excellence: A New Look at the Endo-Restorative Interface. Fall 2020.
- AHCCCS Medical Policy Manual Chapter 400 – Maternal and Child Health 431- Oral Health Care for Early and Periodic Screening, Diagnosis and Treatment Aged Members.
- AHCCCS Medical Policy Manual Chapter 300-Covered Services- 310-D1–Dental Services for Members 21Years of Age And Older.

**Policy History/Review Date:**

Developed Date	11/01/2013
Last Review Date	05/2026
Next Review Date	05/2027

**This policy will be reviewed on an annual basis.**