

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

<b>Department</b>	<b>Utilization Management</b>
<b>Policy Number</b>	<b>D0004</b>
<b>Subject</b>	<b>Prefabricated Crowns</b>
<b>Attachments</b>	<b>None</b>

**Overview:**

This clinical policy provides guidance regarding dental and medical necessity determinations related to member benefits. These criteria support consistent benefit administration and do not guarantee payment or specific outcomes. All coverage decisions are governed by the member’s benefit plan, including applicable terms, conditions, exclusions, limitations, and state and federal regulations. The policy is intended for informational purposes and does not replace professional medical or dental judgment.

Prefabricated crowns are full-coverage restorations that are contoured and adapted to individual teeth and cemented using a biocompatible luting agent. Prefabricated crowns may be fabricated from stainless-steel, stainless-steel with an esthetic resin facing, resin, or porcelain/ceramic substrates. These crowns are most commonly used for primary teeth to restore and maintain tooth structure and function until natural exfoliation and eruption of the permanent dentition. When clinically indicated, prefabricated crowns may be considered an acceptable restorative option for permanent teeth.

**Clinical Criteria:**

**Indications**

Prefabricated crowns are not routinely approved when functional replacement of tooth contour can be achieved with other restorative materials. Prefabricated crowns are considered medically or dentally necessary when one or more of the following conditions are present:

- Extensive carious lesions or traumatic damage involving multiple tooth surfaces.
- Children at high caries risk with extensive decay, large or multi-surface cavitated or non-cavitated lesions, particularly when advanced behavior management techniques (including general anesthesia) are required.
- Teeth affected by developmental defects, including enamel hypoplasia or hypocalcification.
- Primary posterior teeth serving as abutments for space maintainers, when full-coverage support is required.
- Teeth following pulpotomy, pulpectomy, or root canal therapy.
- Teeth needing a multi-surface restoration where composite resins or alternative materials have a poor prognosis.

## Contraindications

Prefabricated crowns may not be appropriate when any of the following apply:

- The tooth is non-restorable or lacks sufficient remaining structure to support full-coverage restoration.
- Primary teeth with greater than one-half root resorption or approaching natural exfoliation.
- The tooth is severely structurally compromised, precluding proper crown adaptation or retention.
- Loss of arch space due to tipping or drifting of adjacent teeth that prevents proper crown adaptation or seating.
- Solely for cosmetic or preventive purposes.
- Availability of a more appropriate alternative treatment based on the member's clinical condition, consistent with generally accepted standards of care.
- Unresolved periapical pathology or failed endodontic treatment.
- Periodontal involvement compromising tooth support, including insufficient alveolar bone support or advanced furcation involvement.
- Primary molars with incipient proximal carious lesions that can be predictably restored with less extensive restorative treatment.

For children five (5) years of age and older, placement of a prefabricated crown on a primary anterior tooth may be contraindicated when the tooth is painful, severely structurally compromised, or exhibits advanced root resorption. In such cases, extraction may be considered. Primary anterior teeth approaching natural exfoliation may be managed with observation, as determined by the treating provider.

## Required Documentation

- Treatment plan with narrative supporting medical or dental necessity.
- Pre-treatment radiographs demonstrating pathology or trauma.
- Intraoral photographs when radiographs do not adequately capture clinical findings (i.e., decalcifications).
- Clinical documentation supporting rationale for crown placement.

## Limitations and Exclusions

- Replacement of a lost, perforated, improperly fitted, or over-contoured prefabricated crown within thirty-six (36) months is not covered when placed by the same provider or practice.
- Limited to one prefabricated stainless-steel crown per 36 months, per patient, per tooth, per provider or group.
- Composite crowns, prefabricated stainless-steel crowns with resin windows, and porcelain or esthetically coated crowns are limited to anterior primary teeth and will not be reimbursed when placed on posterior primary teeth. Posterior primary teeth requiring full-coverage restoration must be restored with standard stainless-steel crowns without esthetic facings.

- For Medicaid members 21 years of age and older, prefabricated crowns are covered only when medically necessary to relieve pain resulting from a recent tooth fracture.

### Recommendations

- Evidence supports that prefabricated stainless-steel crowns provide greater longevity than amalgam or resin-based restorations for primary teeth. Therefore, stainless-steel crowns are supported for high-caries-risk children with large or multi-surface cavitated or non-cavitated lesions, particularly when advanced behavior management techniques, including general anesthesia, are necessary.
- Endodontic therapy performed on a tooth does not, by itself, necessitate placement of a prefabricated stainless-steel crown. Likewise, placement of a stainless-steel crown does not, independently require endodontic therapy, including pulpotomy or pulpectomy.
- A prefabricated stainless-steel crown placed on a permanent molar or premolar is considered an acceptable permanent restoration when medically or dentally necessary.
- When a provider is unable to perform placement of a prefabricated stainless-steel crown, the provider is responsible for referring the member to a qualified provider who is able to render the required service.

### 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
D2928	Prefabricated porcelain/ceramic crown-permanent tooth	C	C	N
D2929	Prefabricated porcelain/ceramic crown-primary tooth	C	N	N
D2930	Prefabricated stainless-steel crown-primary tooth	C	N	N
D2931	Prefabricated stainless-steel crown-permanent tooth	C	C	C

D2390	Resin-based composite crown anterior	C	C	C
D2932	Prefabricated resin crown – primary tooth	C	N	N
D2933	Prefabricated stainless-steel crown with resin window– primary tooth	C	C	N
D2934	Prefabricated esthetic-coated stainless-steel crown– primary tooth	C	N	N

## References

- American Academy of Pediatric Dentistry. Caries-risk assessment and management for infants, children, and adolescents. The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry; 2025:325-31.
- American Academy of Pediatric Dentistry. Pediatric restorative dentistry. The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry; 2025:473-86.
- American Academy of Pediatric Dentistry. Guideline on Restorative Dentistry. 2016.
- Hutcheson C, Seale NS, et al. Multi-surface composite vs stainless steel crown restorations after mineral trioxide aggregate pulpotomy: a randomized controlled trial. Pediatr Dent. 2012 Nov-Dec;34(7):460-7.
- Attari N, Roberts JF. Restoration of primary teeth with crowns: a systematic review of the literature. Eur Arch Pediatr Dent. 2006 Jun; 7(2):58-62.
- Seale NS, Randall R. The use of stainless steel crowns: a systematic literature review. Pediatr Dent. 2015 MarApr;37(2):145-60
- American Dental Association. CDT 2026 Current Dental Procedures (2026).
- 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.
- Health Choice Pathway 2026 CPT and CDT Codes for Supplemental Benefits

## Policy History/Review Date

Developed Date	05/01/2004
Last Review Date	05/2026
Next Review Date	05/2027

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