Introduction

This Renaissance clinical criteria document addresses criteria for the planning and provision of prefabricated crowns. The purpose of this document is to provide written clinical criteria to ensure that Renaissance consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of prefabricated crown placement, as well as taking individual patient circumstances and the local delivery system into account.

- Prefabricated crowns are full coverage restorations adapted to individual teeth which are made from stainless steel, stainless steel with an esthetic resin facing or a resin, porcelain or ceramic substrate.
- Prefabricated crowns are typically used for the restoration of primary teeth with extensive damage from caries and/or trauma. When properly placed, prefabricated crowns may outperform other materials such as amalgam and composite. Preformed crowns are generally considered to be the preferred restoration for children who present with a high caries risk. Preformed crowns may also be an acceptable provisional restoration to allow for the complete eruption, protection or maintenance of function of permanent teeth with extensive damage from caries and/or trauma until a permanent indirect full coverage restoration can be provided. Prefabricated crowns may be performed by general dentists, pediatric dental specialists or prosthodontists in a variety of healthcare facilities.

Applicable Dental Procedure Codes

The following dental procedure codes defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting prefabricated crowns. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if preformed crowns are covered benefits of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	**Procedure Code Nomenclature**
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 – permanent tooth

Clinical Criteria[1]

When approval of benefit payment for a prefabricated crown by a member's dental plan requires a determination by Renaissance that the procedure is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure. Indications for a prefabricated crown to be considered for benefit payment include:

- Extensive carious lesions or traumatic damage involving multiple tooth surfaces
- Extensive decalcified cervical surfaces
- A direct restoration is likely to fail for extensive restoration of a tooth
- Following pulpotomy, pulpectomy or other endodontic treatment
- Required to retain a space maintainer
- Extensive wear affecting occlusal stability and/or proper mastication
- Developmental defects such as amelogenesis imperfecta, dentinogenesis imperfecta or enamel hypoplasia
- A diagnosis of high caries susceptibility and/or a history of extensive dental treatment including multiple restorations, endodontic procedures and/or extractions
- Physical, mental or psychosocial problems that complicate patient health and treatment requiring extensive restoration of teeth to be performed under general anesthesia

The following conditions are generally considered to make the performance of a prefabricated crown inadvisable, unnecessary or deficient in clinical quality and may result in disapproval of benefits based on a determination that the procedure is not medically necessary or clinically appropriate:

- Definitive restoration for a permanent tooth (subject to review)
- A prefabricated crown placed on a tooth that is broken down by dental caries, extensive restoration and/or fracture with insufficient sound tooth structure for successful restoration
- A prefabricated crown placed on a tooth that has unresolved periapical pathology, failed endodontic treatment, an improperly aligned post and/or failed root integrity due to root fracture or resorptive defect
- A prefabricated crown placed on a tooth that has insufficient alveolar bone support, advanced furcation involvement and/or advanced mucogingival defects
- A prefabricated crown placed on a primary tooth undergoing natural exfoliation
- Inadequately prepared/adapted prefabricated crown restorations, including crowns with marginal defects and/or inadequate interproximal contacts or occlusion
- Allergy to a material in a restoration (e.g., nickel)
- A high caries risk and/or poor oral hygiene that presents a relative contraindication to restorative treatment
- Compromised temporomandibular joint likely to cause complications during or after restorative treatment
- An alternative treatment is more appropriate for a patient's condition or circumstance based on accepted standards of care

[1] Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

Other Considerations

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

Required Documentation

The decision to provide a prefabricated crown for a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for a prefabricated crown by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Preoperative radiographic evidence demonstrating caries and/or fracture of the involved teeth and that the periodontal, endodontic and structural condition of the teeth will support the placement and maintenance of a crown. Submitted radiographs must allow evaluation of the entire tooth from crown to root tip. If the need for a preformed crown is not clearly evident through radiographic imaging, providing intraoral photographic images of the involved tooth is recommended.
- Clinical documentation of the preoperative rationale for performing a preformed crown.
- A clinical narrative supporting the need for treatment under sedation or general anesthesia, if appropriate.

When determining coverage based on medical necessity or clinical appropriateness, Renaissance may request other clinical information relevant to a patient's care if needed to make coverage decisions.

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Renaissance's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Renaissance's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Renaissance national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Renaissance reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Renaissance's clinical criteria.

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