

Delta Dental of Virginia Clinical Policy # 200

Subject Placement of Full Crown Restorations	Originating Department Clinical Professional Services
	Signature Authority Dental Director

Type: New Replacement Revision Clarification

Date: 11/09/2009 **Revision Date:** 11/15/2011

Preamble:	<p>The Clinical Policy Bulletin is an expression of Delta Dental of Virginia's (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information.</p> <p>A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA's clinical policy and the group's plan documents, DDVA is to defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then DDVA will adhere to the applicable regulatory requirement.</p>
History:	<p>Placement of a full crown restoration is indicated when a tooth is compromised by extensive decay, large restorations involving at least three to four tooth surfaces or fracture of the tooth, and cannot be reasonably restored to functionality with either silver amalgam or resin-based composite materials alone. Documentation for the necessity of full crown placement must include a diagnostic X-ray. In instances when the necessity for full crown coverage is not obvious radiographically, the X-ray must be accompanied by additional diagnostic information such as intra-oral photographs of the affected tooth/teeth as well as a narrative explaining extraordinary circumstances necessitating full crown coverage.</p> <p>Benefits are eligible only upon permanent insertion of the crown. If the subscriber does not return for permanent cementation of a crown, there is no benefit for the crown.</p>

Policy:

DDVA guidelines:

1. An anterior tooth must demonstrate significant loss of tooth structure (greater than 50%) and involvement of one or both incisal angles or, in the instance of a cuspid, involvement of the tip of the cusp.
2. A posterior tooth must have significant missing tooth structure including loss of, or undermining of, one or more cusps, and a compromised mesial or distal marginal ridge.
3. If a tooth is treated for fracture, the fracture must involve missing tooth structure that extends into the dentinal layer. Multiple fractured teeth as a result of external trauma related to an accident must be referred to the subscriber/employee's health plan first for benefits, as most health plans include coverage for dental related services for the first 12 months post injury.
4. Teeth with developmental grooves, craze lines, or stress fracture lines confined to the tooth enamel do not qualify for full crown coverage.
5. When tooth sensitivity as a result of "Cracked Tooth Syndrome" is an issue relative to the proposed necessity for full crown placement, a narrative documenting the diagnosis, character, frequency and type of sensitivity should be submitted. For full crown coverage, sensitivity must arise from confirmed dentinal fracture as diagnosed by appropriate tests and not from thermal sensitivity testing alone.
6. Anterior and posterior teeth that have been treated endodontically will be considered eligible for full crown coverage if meeting the criteria as stated above in bullets 1 and 2.
7. The periodontal health of a tooth to be crowned must be considered. Teeth with uncontrolled or untreated periodontal disease typically have a compromised long term prognosis and will not be considered for full crown placement. For teeth with evident periodontal involvement, documentation of the current periodontal status and history of definitive therapy is required.
8. Full crowns placed for repair of complications from wear, attrition, abrasion, erosion or abfraction do not meet the criteria for treatment. A tooth must exhibit significant structural loss from decay, large restorations or fracture not attributable to the aforementioned causes.
9. The delivery date of a crown is considered the date of initial cementation, regardless of the type of cement used for placement. The type of cement used, e.g. permanent or temporary, is not a determinate for the delivery date.
10. A crown will be considered for a primary tooth only if that tooth meets the criteria for full crown coverage, has no successor, and the tooth exhibits adequate root structure and periodontal support.
11. The status of an endodontically treated tooth must be considered. Placement of a full crown on a tooth with untreated or unresolved periapical or periradicular pathology is not appropriate.
12. Replacement of full crowns due to "metal allergy/sensitivity" will be

	<p>considered only upon submission of documentation by a physician's statement/report.</p> <p>13. Full crowns will be considered only for patients 16 years of age and older, unless otherwise specified by contract.</p> <p>14. A temporary or provisional crown will be considered only if used as an immediate or emergency protective device for a damaged/fractured tooth.</p> <p>15. For a primary tooth to be considered for a full crown, the patient must be at least 25 years of age and the tooth must be functional, in the plane of occlusion, with intact root structure, and have a good long-term prognosis.</p> <p>16. The cementation or delivery date of a full crown is considered the date the completed crown is first cemented in the mouth. The type of cement is not a determining factor of the date of delivery.</p>
Codes(3):	D2710-D2799
References:	<ol style="list-style-type: none"> 1. Christensen, G J. When is a full-crown restoration indicated? J American Dental Association 2007;138:101-103. 2. Christensen, G J. The cracked tooth syndrome: a pragmatic treatment approach. J American Dental Association 1996;127:249-252. 3. American Dental Association, <i>Current Dental Terminology. CDT 2011-2012</i>;16-17. (©ADA 2010). <p>For further information relative to placement of full crowns, see:</p> <p>Fundamentals of Operative Dentistry: A Contemporary Approach. Summitt JB, Robbins JW, Hilton T and Schwartz RS. 3rd edition. 2006. Quintessence Publ Co Inc.</p>