



MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	DENTAL CROWNS AND VENEERS
Policy Number	13.01.02
Category	Dental
Effective Date	04/24/14
Revised Date	04/23/15, 04/28/16, 06/22/17, 06/28/18, 6/27/19
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based on our criteria and assessment of the peer-reviewed literature, traditional or $\frac{3}{4}$ dental *crowns* are considered **medically appropriate** for the following conditions:
 - A. To replace a large filling that encompasses at least half the width of a tooth;
 - B. Following a root canal in order to prevent the tooth from fracturing;
 - C. For a patient with cracked tooth syndrome in which fracture(s) inside the tooth cause pain upon chewing;
 - D. For a tooth missing either the facial/buccal or lingual/palatal walls (due to disease or not present upon eruption of the tooth); or
 - E. For severe tooth decay in which most of the original tooth has been destroyed.
- II. Based on our criteria and assessment of the peer-reviewed literature, traditional or $\frac{3}{4}$ dental *crowns* are considered **not medically necessary** when placed in order to cover a misshaped or severely discolored tooth.
- III. Based on our criteria and assessment of the peer-reviewed literature, dental *veneers* placed on the frontal surface of anterior teeth (teeth 6-11 or 22-27) are considered **medically appropriate** for the following conditions:
 - A. To replace a large filling the encompasses at least half the width of a tooth; or
 - B. Following a root canal in order to prevent the tooth from fracturing.
- IV. Based on our criteria and assessment of the peer-reviewed literature, dental *veneers* are considered **not medically necessary** when placed in order to cover:
 - A. Severely discolored tooth/teeth;
 - B. Worn down, misaligned, uneven or irregularly shaped tooth/teeth;
 - C. Teeth with gaps between them to close the space between the teeth;
 - D. Teeth in a patient with cracked tooth syndrome;
 - E. A broken cusp in which the cusp has broken off at the tooth; or
 - F. Severe tooth decay in which most of the original tooth has been destroyed.

Refer to Corporate Medical Policy #7.01.21 Dental and Oral Care under Medical Plans.

Refer to Corporate Medical Policy #7.03.01 Coverage for Ambulatory Surgery Unit (ASU) and Anesthesia for Dental Surgery.

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Refer to Corporate Medical Policy #11.01.15 Medically Necessary Services.

Refer to Corporate Medical Policy #13.01.01 Dental Implants.

Refer to Corporate Medical Policy #13.01.03 Dental Inlays and Onlays.

Refer to Corporate Medical Policy #13.01.04 Periodontal Scaling and Root Planing.

Refer to Corporate Medical Policy #13.01.05 Periodontal Maintenance.

POLICY GUIDELINES

- I. Generally, crown replacements are eligible for coverage no sooner than five (5) years after replacement. Refer to the member's subscriber contract for specific crown replacement benefits.
- II. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION

Dental crowns replace the exterior portion of a tooth to re-establish its original shape and function and to create a natural appearance. Crowns are the treatment of choice in situations where tooth decay has destroyed most of the original tooth, when a traumatic event has caused damage, or in cases where most of the tooth is restored by a dental restoration. They are also an option for people who grind and clench their teeth so much that the original structure of their teeth has been compromised.

A dental crown is a tooth-shaped "cap" that is placed over a tooth in order to restore a tooth's shape and size, strength, and/or improve its appearance. A traditional crown encases the entire visible portion of a tooth from top of tooth to the gum line. A ¾ crown covers the entire exposed surface of the tooth except the visible surface next to the lip (labial) or cheek (buccal).

Dental veneers, also known as porcelain veneers or dental porcelain laminates, are wafer-thin, custom-made shells of tooth-colored materials designed to cover the labial/facial/frontal surface of a tooth/teeth. Dental veneers are made from porcelain or resin composite materials.

With dental veneers, as opposed to dental crowns, the natural teeth remain largely intact with only a minimal amount of the tooth being altered to fit the veneer. Veneers are not used to treat the lingual, or back, surface of the teeth.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the ADA code updates may occur more frequently than policy updates.*

CDT Codes

Code	Description
D2710	Crown – resin-based composite (indirect)
D2712	Crown – ¾ resin-based composite (indirect)
D2720	Crown – resin with high noble metal
D2721	Crown – resin with predominantly base metal
D2722	Crown – resin with noble metal
D2740	Crown – porcelain/ceramic substrate
D2750	Crown – porcelain fused to high noble metal

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Code	Description
D2751	Crown – porcelain fused to predominantly base metal
D2752	Crown – porcelain fused to noble metal
D2780	Crown – ¾ cast high noble metal
D2781	Crown – ¾ cast predominantly base metal
D2782	Crown – ¾ cast noble metal
D2783	Crown – ¾ porcelain/ceramic
D2790	Crown – full cast high noble metal
D2791	Crown – full cast predominantly base metal
D2792	Crown – full cast noble metal
D2794	Crown – titanium

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REFERENCES

American Academy of Cosmetic Dentistry. Porcelain crowns. 2016

[<http://yoursmilebecomesyou.com/procedures/porcelain-crowns/>] accessed 5/9/18.

American Academy of Cosmetic Dentistry. Porcelain veneers. 2016

[<http://yoursmilebecomesyou.com/procedures/porcelain-veneers/>] accessed 5/9/18.

Cleveland Clinic. Dental crowns. Last reviewed 4/15/15

[http://my.clevelandclinic.org/services/cosmetic_dentistry/hic_dental_crowns.aspx] accessed 5/9/18.

*Deligeorgi V, et al. An overview of reasons for the placement and replacement of restorations. Prim Dent Care 2001 Jan;8(1):5-11.

Innes NP, et al. Preformed crowns for decayed primary molar teeth. Cochrane Database Syst Rev. 2015 Dec 31;(12):CD005512.

McCracken MS, et al. Treatment recommendations for single-unit crowns: Findings from The National Dental Practice-Based Research Network. J Am Dent Assoc. 2016 Nov;147(11):882-890.

*Wilson NA, et al. Reasons for the placement and replacement of crowns in general dental practice. Prim Dent Care 2003 Apr;10(2):53-9.

*Key Article

KEY WORDS

Crowns, Veneers

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon review, dental crowns and veneers are not addressed in a National or Local Medicare coverage determination or policy. However, dental services are addressed in Chapter 16, Section 140 of the Medicare Benefit Policy Manual which addresses General Exclusions from Coverage – Dental Services Exclusion and states “Items and services in connection with the care, treatment, filling, removal, or replacement of teeth, or structures directly supporting the teeth are not covered”. Please refer to the following website for Medicare Members: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf>.