

Dental crowns

Adjudication Guideline

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1. Abstract

1.1 For Members

Dental crowns are tooth-shaped "caps" that fit over your damaged tooth to protect it from further damage. The tooth's original size, shape, strength, and appearance are restored by the crown. With proper care, they can last for several years before needing to be replaced.

1.2 For Medical Professionals

Definition of crown:

An artificial replacement that restores missing tooth structure by surrounding the remaining coronal tooth structure or is placed on a dental implant. It is made of metal, ceramic or polymer materials or a combination of such materials. It is retained by luting cement or mechanical means¹.

1. The types of single unit crowns that are eligible for coverage addressed in this AR are:
 - Porcelain/ceramic
 - Porcelain/ceramic-fused to metal
 - Cast full metal.
 - Acrylic/Resin
 - Acrylic/Resin-fused to metal.

2. Scope

This adjudication rule aims to highlight the medical necessity and coverage details of Tooth supported Single unit Crowns for health insurance plans administered by Daman.

Crowns pertaining to Dental implants are outside the scope of this guideline.

3. Adjudication Policy

All Permanent Crown codes require pre-authorization.

All basic treatment addressing any existing active biological disease (caries and periodontal), must be completed before submitting requests for crowns.

3.1 Eligibility / Coverage Criteria

Daman will consider coverage of a crown when both the **Tooth eligibility** and **Restorability** criteria (details for both given below) have been met.

Tooth Eligibility:

Daman will consider coverage of crowns for:

- Incisors, canines, bicuspid/premolars, first molars, and the second molars.
- Third molars may be considered for coverage If sound, properly aligned, and in occlusion with opposing tooth.

Tooth restorability:

- Adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs with absence of furcation involvement.
- Adequate remaining non-diseased tooth structure to ensure that biologic width (3 mm) is maintained, and adequate ferrule (1.5 mm) is achieved during restoration.
- A tooth that does not require any additional treatment, such as crown lengthening, root re-sectioning or orthodontic treatment.
- An extensively restored tooth where the existing tooth structure can no longer support a direct restoration.
- A mesio-distal space (vertically and horizontally) equivalent to that of the natural tooth with no loss of space due to caries or crowding.
- Endodontically treated teeth must be proven successful as demonstrated on a postoperative periapical radiograph showing that healing has occurred.

Coverage & Frequency guidelines:

1. **Multiple Crowns Per Patient:** While multiple dental crowns may be indicated in certain cases to address extensive damage or decay, it is essential to thoroughly evaluate each tooth's clinical need for restoration. We encourage our dental providers to prioritize conservative treatment approaches whenever feasible and to carefully assess whether multiple crowns are truly necessary for each patient's optimal oral health.

All Root canal treated teeth do not qualify for crown placement by default. Instead, documentary evidence and clinical justification for the clinical need of a crown on a root canal treated tooth must be provided.

The decision to recommend a crown for a root canal treated tooth should be based on thorough assessment, taking into consideration factors such as the extent of tooth damage, remaining tooth structure, functional requirements, and overall oral health status. Clinical documentation, including radiographs, intraoral images, and comprehensive treatment notes, should be provided to support the necessity of crown placement.

2. **Minimum Crown Longevity:** Dental crowns are expected to have a minimum lifespan of 6 years. It is imperative that our dental practitioners select materials and techniques known for durability and provide patients with realistic expectations regarding crown longevity. Repeat or redo of crowns due to substandard quality shall be the responsibility of the initial provider.
3. **Age Threshold for Porcelain Crowns:** The minimum age for considering Porcelain crowns is 16 years. Medical rationale behind the threshold is that the Normal Passive eruption may continue throughout adolescence. Gingiva may be present on crown of the tooth because the dent gingival unit has not fully receded to its final position. This could have a detrimental effect on marginal aesthetics. It could therefore be suggested that definitive restorative treatments such as Porcelain Crowns should possibly delayed until teenage.
4. **Provisional Crowns:**
 - a. Provisional crowns may be reimbursed separately when utilized as an interim restoration for a duration of at least six months during restorative treatment. This extended period allows for adequate time for healing or completion of other necessary procedures, such as changing vertical dimension, completing periodontal therapy, or addressing cracked tooth syndrome. It is important to note that provisional crowns not lasting for at least six months until the seating of the permanent crown will not be reimbursed and may be subject to recovery.
 - b. Chairside Temporary Crowns: chairside temporary crowns shall not be reimbursed.

5. Re-cementation/Repair of crowns:

Dental Procedure	Frequency
Re cementation	1 in any 36 months, per tooth (can be billed only if it is not requested by the initial service provider)
Repair	1 in any 36 months, per tooth (can be billed only if it is not requested by the initial service provider)

3.2 Requirements for Coverage

Daman covers Crown procedures as per the policy terms and conditions of each health insurance plan it administers.

Pre-authorization requirements:

- Conventional/digital periapical radiograph not older than 6 months with the date of service, name of the member and provider, and/or
- Panoramic radiograph.
- Digital photograph of tooth/teeth, and/or
- Pre- and post-endodontic treatment x-rays (radiographs) for requests on endodontically treated teeth
- Documentation supporting a 6-year Prognosis must be submitted by the service provider, that the patient will retain the tooth or crown if the tooth is crowned.

3.3 Non-Coverage

1. Daman does not cover dental services for visitors and basic plans. For all other plans, refer to the SOBs.
2. Daman will not cover crowns in one or more of the following circumstances:
 - If a lesser means of restoration is acceptable
 - To improve aesthetics (peg teeth, diastema closure, discoloration)

- To treat sensitivity due to cracked tooth syndrome, erosion, abrasion, or attrition.
- To treat stress fractures or chipping on teeth that have minimal restoration or no restoration.
- Unfavourable crown-root ratio (crown to root ratio of at least 1:1), visible on submitted radiographs with absence of furcation involvement.
- Presence of root resorption
- For molars exhibiting bone loss with a class III furcation involvement
- for high caries risk individuals or those with generalized moderate to severe periodontal disease when there is evidence of long-standing, uncontrolled and/or untreated rampant biological disease (either caries or periodontal disease)
- Non-inserted crowns

3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CDT, USCLS etc. Kindly code the ICD-10 and the USCLS/CDT codes to the highest level of specificity.

Payment includes:

The fee for a Fixed prosthesis service such as, but not limited to, tooth preparation, diagnostic wax-up, electro surgery, temporary restorations, cement bases, impressions, laboratory fees, Soft Tissue Re-contouring for Crown Lengthening, gingivectomy (if required), occlusal adjustment within 6 months after the restoration, post-operative visits, local anaesthesia. These procedures are disallowed when submitted as a separate charge.

Billing:

Daman requires a provider to bill for a crown only after delivery and seating of the crown, not at the impression date.

Table 1: Eligible clinicians (Table#1)

Clinician Specialty	DoH Scope of Practice Pertaining to Crowns
General Dentist	Simple crown and bridge that does not require modification of the surrounding tissue or alteration of occlusion. (simple cases include maximum of 3 crowns per arch confined to single quadrant, where crown root ratios and physiologic soft tissue, and occlusion is within normal).
Prosthodontist	Cases requiring anterior prosthesis with aesthetic demand
	Complex crown and bridgework
Endodontist	Refer to Scope of general Dentist
Pediatric Dentist	Permanent and provisional crowns for primary and permanent teeth for patients until 18 years of age, utilizing different techniques (prefabricated, chair side, and lab fabricated)
	Provide chair-side, prefabricated, and lab-fabricated crowns and veneers for teeth with developmental abnormalities for the child population with consideration of managing symptoms, improving function and aesthetic while preparing the case for a permanent solution in adulthood
Special Care Dentistry	Refer to Scope of general Dentist
Restorative Dentistry	As per DOH scope, Restorative dentist is by default following the scope of GP dentist, however the facility can grant them through their internal privilege system, an upgraded scope to become a specialist in Endodontics, or Periodontics, or Prosthodontist.
Other Dental Specialties	Kindly refer to the below link: https://www.doh.gov.ae/-/media/85112EF843DD4E1D8F08D0C51CCAC21D.ashx

USCLS Crown Codes: (Table#2)

USCLS	Code Description	Payment rules and guidance's
27111	Crown, Acrylic/Composite/Compomer, Indirect	Maximum 1 crown per tooth per 6 years. Requires Pre-authorization Refer to Tooth eligibility and restorability Criteria
27131	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect	
27136	Crown, Acrylic/Composite/Compomer/Cast Metal Base with Cast Post Retention	
27201	Crown, Porcelain/Ceramic/Polymer Glass + L	
27206	Crown, Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention + L	
27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base + L	
27213	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, with Porcelain Margin + L	
27216	Crown, Porcelain/Ceramic Fused to Metal Base with Cast Metal Post Retention	
27221	Crown, $\frac{3}{4}$, Porcelain/Ceramic/Polymer Glass	
27301	Crown, Cast Metal	
27311	Crowns, $\frac{3}{4}$, Cast Metal	

CDT Crown Codes: (Table#3)

CDT	Code Description	Payment rules and guidance's
D2710	Crown-resin based composite(indirect)	Maximum 1 crown per tooth per 6 years. Requires Pre- authorization. Refer to Tooth Eligibility and restorability Criteria.
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	
D2740	Crown-porcelain/ Ceramic substrate	
D2750	Crown – porcelain fused to high noble metal	
D2751	Crown – porcelain fused to predominantly base metal	
D2752	Crown – porcelain fused to 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	
D2790	Crown – full cast high noble metal	
D2791	Crown – full cast predominantly base metal	
D2792	Crown – full cast noble metal	
D2794	Crown – titanium and titanium alloys	

USCLS/CDT Provisional Crown codes: (Table#4)

USCLS /CDT	Provisional Crown Codes Description
27121	Crowns, Acrylic/Composite/Compomer, Direct, Provisional (chairside) + E (specifically utilized for Temporization) ¹
27113	Crown, Acrylic/Composite/Compomer, Provisional [Long Term], Indirect (lab fabricated/relined intra-orally) + L
D2799	interim crown – further treatment or completion of diagnosis necessary prior to final impression (Not to be used as a temporary crown for a routine prosthetic restoration)

4. Denial Codes

DOH denial codes with description are elaborated for reference. These are specialized codes directed by DOH, that explains the reason of rejection of the service by DAMAN to the providers.

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
PRCE-002	Payment is included in the allowance for another service

5. Appendices

5.1 References

- [CDT-2021](#)
- [American Dental Association \(ADA\) Glossary of Clinical and Administrative Terms.](#)
- [Claim Submissions: Crowns and Core Buildups \(ada.org\)](#)
- [Reasons for placement and replacement of crowns in general dental practice | British Dental Journal \(nature.com\)](#)
- [Clinical crown length changes from age 12-19 years: a longitudinal study - PubMed \(nih.gov\)](#)
- <https://www.nature.com/articles/sj.bdj.2018.523>
- [Altered Passive Eruption: The Undiagnosed Entity \(ada.org\)](#)
- <https://www.sac-isc.gc.ca/eng/1579538771806/1579538804799>
- [DSC Dental billing rules.pdf \(isahd.ae\)](#)

5.2 Revision History

Date	Change(s)
23.05.2023	Creation of Adjudication Guideline-External Instruction Template.

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