

Subject: Crowns, Inlays, and Onlays

Guideline #: 02 -701E

Status: Revised

Publish Date: 05/01/2019

Last Review Date: 04/22//2019

Description

This document addresses indirect restorative procedures including inlays, onlays, and partial and full crown restorations of single (or individual) teeth. Placement of an indirect restoration may be indicated when a tooth is compromised by extensive decay, defective large restorations, or traumatic fracture of the tooth. When the tooth cannot be reasonably restored to functionality either with an amalgam or resin-based composite restoration, an indirect restoration may be an appropriate choice.

The plan performs review of crowns, inlays, and onlays due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. 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 the dental plan.

Documentation Criteria #20

Must include recent, dated, properly identified pretreatment diagnostic radiographic image/s that include the radiographic apex. Clinical chart notes, intra-oral photographs, current dated 6-point periodontal charting, and history of periodontal therapy may also be required (see below).

Adjunctive Documentation

When the necessity for crowns, Inlays, or Onlays, either initial or replacement, is not obvious by radiographic image, the image must be accompanied by additional diagnostic information such as intra-oral photographs of the affected tooth/teeth as well as clinical chart notes stating the rationale for indirect restoration coverage.

Criteria

1. An anterior tooth must demonstrate significant loss of the coronal tooth structure (50% or more) and/or involvement of one or both incisal angles or cusp tip, in the case of canines.
2. A posterior tooth must demonstrate either significant missing tooth structure (50% or more) and/or large restorations that compromise function, or loss of support for the cusps where the cusps are undermined (one or more cusps).
3. As most health plans include coverage for dental services related to accidental injury, claims for fractured teeth resulting from an external blow or blunt trauma must first be referred to the subscriber/employee's medical/health plan. . If a tooth is treated for fracture, the fracture must involve missing tooth structure that extends into the dentinal layer.
4. Teeth with developmental grooves or craze lines confined to the tooth enamel do not qualify for indirect restoration coverage.
5. Anterior teeth that have been treated by endodontic therapy will be considered for indirect restoration coverage when meeting the criteria as stated above in numbers 3. An anterior tooth that has had root canal

therapy alone does not qualify for indirect restoration coverage unless it can be demonstrated that there is significant loss of tooth structure including the incisal angles.

6. The periodontal health of teeth to be restored by indirect restoration placement is key to long term prognosis. Teeth demonstrating uncontrolled or untreated periodontal disease, evidenced by radiographic or periodontal charting, loss of supporting bone including furcation, may not be considered for indirect restoration placement unless the treating dentist can demonstrate that definitive periodontal therapy and periodontal maintenance have been performed. The current periodontal status and history of periodontal therapy, presence of tooth mobility, prognosis and continuous maintenance therapy may be requested prior to benefit determination. Current dated 6 point periodontal chart as described by the ADA and AAP may also be required.
7. Indirect restorations placed for repair of complications from attrition, abrasion, erosion or abfraction are not a covered benefit according to most group contracts.
8. A tooth must exhibit significant structural loss from decay, fracture, or trauma. This benefit is group contract dependent.
9. The delivery date of an indirect restoration 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. Regarding payment of benefits, the date of service may be contract dependent.
10. The endodontic status of a tooth must be considered (included but not limited to):
 - a. Placement of an indirect restoration on a tooth with untreated or unresolved periapical or periradicular pathology will not be considered for benefit. See Dental Policy 03-001 Endodontic Therapy.
 - b. Placement of an indirect restoration on a tooth with an unresolved carious lesion in close proximity to the pulp chamber in the absence of treatment planned endodontic therapy. See Dental Policy 03-001 Endodontic Therapy.
 - c. Endodontic Obturation: The root canal filling should extend as close as possible to the apical constriction of each canal (ideal 0.5-1.2mm) with appropriate fill density. Gross overextension (over 2mm beyond canal) or under fill (short over 2mm in the presence of patent canals) should be avoided. See Dental Policy 03-001 Endodontic Therapy.
 - d. Placement of an indirect restoration on a tooth with internal or external resorption may not be considered for benefit. See Dental Policy 03-001 Endodontic Therapy.
11. Replacement of indirect restorations due to "metal allergy/sensitivity" will be considered only upon submission of documentation by a physician with the associated allergy report.
12. A temporary or provisional crown will be considered a component part of the final restoration and not eligible for a separate benefit.
13. For a primary tooth within an adult dentition to be considered for full coverage indirect restoration placement, radiographic images of the primary tooth must demonstrate an intact root structure, adequate periodontal support with no evidence of active periodontal disease, and occlusal function with an opposing tooth where the primary tooth meets criteria for full coverage indirect restoration coverage (see #4). Radiographic imaging must demonstrate no permanent tooth successor present or the permanent tooth successor is unlikely to erupt.
14. Full coverage indirect restorations placed for occlusal alterations and/or changes in vertical dimension or for the treatment of TMJ or craniomandibular disorders do not meet criteria for benefits and will not be considered.
15. For cracked tooth syndrome, an indirect restoration is appropriate only when all of the following condition(s) necessary to support the diagnosis and treatment plan have been met and documented in the chart notes/ patient records.
 - Chart documentation of patient's oral complaints and current symptoms including onset, frequency and duration.
 - Symptoms including pain/discomfort upon biting (or release of biting), pressure – verified by clinical exam
 - Include oral examination and any contributing factors
 - The diagnosis
 - Endodontic evaluation – no irreversible pulpal involvement necessitating endodontic therapy
 - Structural integrity of the tooth must not be compromised beyond the point of being able to restore the tooth to function
 - Must not have a root fracture (vertical or horizontal) below the soft tissue attachment level
In radiographic images
 - The plan may request additional information as is appropriate for clarification. A narrative is not considered appropriate review material.

16. For the replacement of missing teeth that are not covered by the plan or when alternate benefit provisions are applicable (a removable partial denture), a determination will be made regarding whether the abutment teeth merit indirect restorations in their own right based on all the above criteria.
17. Deleted
18. Deleted
19. Deleted
20. See Documentation Criteria above
21. When splinting of indirect restorations is requested, whether for periodontal, orthodontic, or other splinting purposes, a determination will be made regarding whether the splinted teeth merit indirect restorations in their own right based on all the above criteria.
22. For third molar teeth, the completed crown must be in occlusal function with an opposing tooth (must occlude with at least 1/3 of an opposing tooth; exceptions may have to be considered for crowns supporting removable or fixed partial dentures.
23. Teeth that are discolored, misshapen or have compromised cosmetics do not qualify for indirect restoration coverage.
24. Crowns placed for correction of developmental or congenital defects are not covered.
25. Crown to root ratios that are poorer than 1:1 creates a less than ideal situation. Unfavorable crown to root ratios must include an assessment of the patient's full mouth dental condition, medical history, dental history, periodontal history, periodontal continuing care, long term prognosis, age, and occlusion.
26. Benefits may not be available for indirect restoration/s placed to treat TMD (contract dependent).
27. Age limitation for indirect restorations is group contract dependent.
28. Benefits will not be considered for closure of contacts unless caused by caries, tooth fracture, defective restoration
29. Benefits for indirect restorations will not be considered when subgingival/subosseous caries may potentially compromise periodontal health and restorative prognosis.

History

Revision History	Version	Date	Nature of Change	SME
	revised	3/4/19	External facing policy	committee
	Revised	4/22/19	Criteria numbering	kahn