



Provider Bulletin

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THIS ISSUE

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Medi-Cal Dental Criteria Update – Posterior Crowns for Adults

Effective July 1, 2022, Medi-Cal Dental criteria was updated for laboratory-processed crowns pursuant to [SB 184 \(Chapter 47, Statutes of 2022\)](#) to align standards of dental care with evidence-based practices and guidelines consistent with the American Dental Association.

Specifically, the update changed the criteria for persons 21 years of age or older to receive laboratory-processed crowns on posterior teeth when medically necessary to restore a posterior tooth back to normal function. Posterior teeth in persons 21 years of age or older will no longer be required to serve as abutments for removable partial dentures to qualify for laboratory-processed crowns.

All other criteria for laboratory-processed crowns, including prior authorization guidelines and fixed partial dentures remain unchanged.

The following are criteria updates for current dental terminology (CDT) codes D2710, D2712, D2721, D2740, D2751, D2781, D2783, and D2791:

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TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).

Please note: Due to the COVID-19 pandemic, seminars will be held in-person and through webinars.

PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist.
Available every Wednesday
8am - 4pm



Procedure Codes **D2710** and **D2712**:

Permanent anterior teeth and permanent posterior teeth (age 13 or older):

1. Prior authorization is required.
2. Radiographs for prior authorization – submit arch and periapical radiographs.
- ~~3. Photographs for prior authorization – a photograph shall be submitted when there is an existing removable partial denture and the cast clasp or rest is not evident on a radiograph.~~
4. Requires a tooth code
5. A benefit:
 - a. Once in a five year period
 - b. For any resin based composite crown that is indirectly fabricated.
 - ~~c. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or~~
 - ~~d. when the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214). Both shall be submitted on the same TAR for prior authorization.~~
6. Not a benefit:
 - a. For patients under the age of 13.
 - b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture ~~with cast clasps or rests.~~
 - c. For use as a temporary crown.

Procedure Codes **D2721**, **D2740**, **D2751**, **D2781**, **D2783**, and **D2791**:

Permanent anterior teeth and permanent posterior teeth (age 13 or older):

1. Prior authorization is required.
2. Radiographs for prior authorization – submit arch and periapical radiographs.
- ~~3. Photographs for prior authorization – a photograph shall be submitted when there is an existing removable partial denture and the cast clasps or rest is not evident on a radiograph.~~
4. Requires a tooth code.
5. A benefit
 - a. once in a five-year period.
 - ~~b. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214) or~~

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~~c. when the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214. Both shall be submitted on the same TAR for prior authorization.~~

6. Not a benefit:

- a. for patients under the age of 13.
- b. for third molars unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture ~~with cast clasps or rests.~~

In addition, the restorative general policies criteria will be updated with the following:

3. Laboratory Processed Crowns (D2710-D2792):

- a. Laboratory processed crowns on permanent teeth (or over-retained primary teeth with no permanent successor) are a benefit only once in a five-year period except when failure or breakage results from circumstances beyond the control of the provider (such as due to a patient's oral habits).
- b. Prior authorization with current periapical and arch radiographs is required. Arch films are not required for crown authorizations if the Medi-Cal Dental Program has paid for root canal treatment on the same tooth within the last six months. Only a periapical radiograph of the completed root canal treatment is required.
- c. A benefit for patients age 13 or older when a lesser service will not suffice because of extensive coronal destruction **and a crown is medically necessary to restore the tooth back to normal function.** The following criteria shall be met for prior authorization:
 - i. Anterior teeth shall show traumatic or pathological destruction to the crown of the tooth, which involves at least one of the following:
 - a. the involvement of four or more surfaces including at least one incisal angle. The facial or lingual surface shall not be considered involved for a mesial or proximal restoration unless the proximal restoration wraps around the tooth to at least the midline,
 - b. the loss of an incisal angle which involves a minimum area of both half the incisal width and half the height of the anatomical crown,

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- c. an incisal angle is not involved but more than 50% of the anatomical crown is involved.
- ii. ~~Bicuspid(s) (premolars)~~ Premolars that have not been endodontically treated shall show traumatic or pathological destruction of the crown of the tooth, which involves three or more tooth surfaces including one cusp.
- iii. Molars that have not been endodontically treated shall show traumatic or pathological destruction of the crown of the tooth, which involves four or more tooth surfaces including two or more cusps.
- ~~iv. Posterior crowns for patients age 21 or older are a benefit only when they act as an abutment for a removable partial denture with cast clasps or rests (D5213 and D5214) or for a fixed partial denture which meets current criteria.~~
- ~~v. Posterior crowns for patients under the age of 21 that shall restore a successfully treated endodontic bicuspid or molar tooth. Premolars and molars that have had adequate endodontic treatment.~~
- d. Restorative services provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes are not a benefit.
- e. Laboratory crowns are not a benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.
- f. Laboratory processed crowns are not a benefit when the tooth can be restored with an amalgam or resin-based composite.
- g. When a tooth has been restored with amalgam or resin-based composite within 36 months, by the same provider, written documentation shall be submitted with the TAR justifying the medical necessity for the crown request. A current periapical radiograph dated after the restoration is required to demonstrate the medical necessity along with arch radiographs.
- h. Tooth and soft tissue preparation, crown lengthening, cement bases, direct and indirect pulp capping, amalgam or acrylic buildups, pins (D2951), bonding agents, lining agents, impressions, temporary crowns, occlusal adjustments (D9951), polishing, local anesthesia (D9210) and any other associated procedures are included in the fee for a completed laboratory processed crown.

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- i. Arch integrity and overall condition of the mouth, including the patient's ability to maintain oral health, shall be considered for prior authorization, which shall be based upon a supportable five year prognosis for the teeth to be crowned.
- j. Indirectly fabricated or prefabricated posts (D2952 and D2954) are a benefit when medically necessary for the retention of allowable laboratory processed crowns on root canal treated permanent teeth.
- k. Partial payment will not be made for an undelivered laboratory processed crown. Payment shall be made only upon final cementation.

Treatment Authorization Requests processed on July 1, 2022, or after, and claims processed with the date of service on July 1, 2022, or after will have the new criteria applied. Medi-Cal Dental does not retroactively authorize procedures; if a tooth was prepared for a crown before the policy change then the previous criteria apply to that tooth.

For more information, visit the [Manual of Criteria \(MOC\) and Medi-Cal Dental Schedule of Maximum Allowances \(SMA\) webpage, download the Draft CDT-22 Manual of Criteria](#), or call the Telephone Service Center at 1 (800) 423-0507.