

OHCA Guideline

Dental Procedure Class:	Restorations
Initial Implementation Date:	12/21/2021
Last Review Date:	11/1/23
Effective Date:	12/21/2021
Next Review/Revision Date:	December 2024
Reviewed By	
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Descriptions	
Restorative: Prior authorized (PA) services include crowns for permanent teeth and other restorative services. Non-Prior authorized services include amalgam and composite fillings.	
Document Requirements	
Crowns: Comprehensive treatment plan, caries risk assessment form demonstrating member is a low to moderate risk, right and left bitewings, and periapical x-ray of each tooth requested. Other Restorative: Comprehensive treatment plan, right and left bitewing, and periapical x-ray of each tooth requested.	
CDT Codes Covered Requiring Prior Authorization (PA) and Frequency	
D2710, D2721, D2740, D2750, D2751, D2752, D2790, D2791, D2792: Medical necessity must be demonstrated. D2950, D2952, D2954: Not compensable with any other restorative procedure in previous 24 months.	
Approval Criteria	
<ol style="list-style-type: none"> I. Crowns for permanent teeth. Crowns are compensable for restoration of natural teeth for members sixteen (16) through twenty (20) years of age. Certain criteria and limitations apply. II. The following conditions must exist for approval of this procedure: <ol style="list-style-type: none"> (i) All rampant, active caries must be removed prior to requesting any type of crown; (ii) The tooth must be decayed to such an extent to prevent proper cuspal or incisal function; (iii) The clinical crown is fractured or destroyed by one-half or more; and (iv) Endodontically treated teeth must have three (3) or more surfaces restored or lost due to carious activity to be considered for a crown. III. The conditions listed above in (i) through (iv) must be clearly visible on the submitted images when a request is made for any type of crown. IV. Routine build-up(s) for authorized crowns are included in the fee for the crown, except when in conjunction with endodontic therapy. Core build-up is only available for use if other 	

restorative codes are not sufficient. Preformed post(s) and core build-up(s) are not routinely provided with crowns for endodontically treated teeth.

- V. Chart documentation must include the OHCA caries risk assessment form demonstrating member is at a low to moderate risk and be submitted with the prior authorization request for crowns for permanent teeth.
- VI. A crown will not be approved if adequate tooth structure does not remain to establish cleanable margins, there is invasion of the biologic width, poor crown to root ratio, or the tooth appears to retain insufficient amounts of natural tooth structure. Cast dowel cores are not allowed for molar or pre-molar teeth.

Provider is responsible for replacement or repair of all crowns if failure is caused by poor laboratory processes or procedure by provider for forty-eight (48) months post insertion.

Additional Information

Utilization parameters:

- 1) The Oklahoma Health Care Authority utilization parameters allow only one (1) permanent restorative service to be provided per tooth per twenty-four (24) months.
- 2) Additional restorations may be authorized upon approval of OHCA in cases of trauma.
- 3) The provider is responsible for follow-up or any required replacement of a failed restoration, if the member is currently SoonerCare eligible.
- 4) Providers must document type of isolation used in treatment progress notes.
- 5) For members who are under twenty-one (21) years of age and who are receiving a restoration are eligible within three (3) months for consideration of a single crown if endodontically treated.

Coverage for dental restorations. Restoration of incipient lesions is not considered medically necessary treatment. Any diagnosis not supported by images requires documentation of the medical need on which the diagnosis was made. Services for dental restorations are covered, for adults and children, as follows:

- 1) If the mesial occlusal pit and the distal occlusal pit on an upper molar tooth are restored at the same appointment, this is a one (1) surface restoration.
- 2) If any two (2) separate surfaces on a posterior tooth are restored at the same appointment, it is a two (2) surface restoration.
- 3) If any three (3) separate surfaces on a posterior tooth are restored at the same appointment, it is a three (3) surface restoration.
- 4) If the mesial, distal, facial and/or lingual of an upper anterior tooth is restored at the same appointment, this is a four (4) surface restoration.
- 5) If any two (2) separate surfaces on an anterior tooth are restored at the same appointment, it is a two (2) surface restoration.
- 6) If any three (3) separate surfaces on an anterior tooth are restored at the same appointment, it is a three (3) surface restoration.
- 7) An incisal angle restoration is defined as one (1) of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth. If any of these surfaces are restored at the same appointment, even if separate, it is considered as a single incisal angle restoration.
- 8) When four (4) or more separate surfaces on a posterior tooth are restored at the same appointment it is a four (4) surface restoration.
- 9) Wide embrasure cavity preparations do not become extra surfaces unless at least one half of cusp or surface is involved in the restoration. An MODFL restoration would have to include the mesial-occlusal-distal surfaces as well as either the buccal groove pit or buccal surface or

at least one half the surface of one of the buccal cusps. The same logic applies for the lingual surface.

References

1. ***Oklahoma Health Care Authority Policy and Rules Policy and Rules SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES PART 79. DENTISTS 317:30-5-698. Services requiring prior authorization***