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ForwardHealth UPDATE

Wisconsin serving you

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DENTAL CROWNS POLICY CLARIFICATION

This ForwardHealth Update contains information on:

- Dental crown coverage overview.
- Medical necessity for dental crowns.
- Prior authorization (PA) criteria.
- Reimbursement for custom crowns.

Coverage Overview

ForwardHealth covers these types of dental crowns when medically necessary:

- Porcelain/ceramic
- Porcelain fused to predominantly base metal
- Prefabricated
- Resin-based composite
- Full-cast predominantly base metal

ForwardHealth covers dental crowns once per year per primary tooth (tooth numbers A–T and AS–TS) and once per five years per permanent tooth (tooth numbers 1–32 and 51–82). Providers may exceed this limitation with PA.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Community Health Centers, Dentists, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

QUICK LINKS

- BadgerCare Plus/Medicaid Diagnostic, Preventive, Restorative, Endodontics, Periodontics, General Codes topic #2808
- Crowns topic #2876

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code § DHS 107.07.

WISCONSIN DEPARTMENT of HEALTH SERVICES

Medical Necessity

A full-coverage crown may be considered medically necessary when **all of these criteria** are met:

- The tooth demonstrates a favorable long-term prognosis and is considered restorable based on clinical and radiographic evaluation.
- The tooth exhibits significant loss of coronal tooth structure, and direct restoration or other conservative restoration will not provide long-term function. At least one of these conditions is present:
  - There is significant loss of natural coronal tooth structure due to caries, fracture, attrition, erosion, developmental defect, or previous restorations.
  - Failed extensive restoration has left insufficient tooth structure for a direct restoration.
- For teeth receiving crown coverage after endodontic treatment:
  - Endodontic treatment is complete and demonstrates clinically and radiographically acceptable obturation. Radiographic resolution of pre-existing periapical pathology is not required at the time of crown authorization.
  - There is no evidence of unresolved infection, persistent pathology, untreated perforation, root fracture, or failed endodontic treatment.
- The tooth has enough sound structure to support a definitive restoration. Documentation shows the tooth's ability to:
  - Achieve an adequate ferrule effect either naturally or through appropriate adjunctive treatment.
  - Establish retention and resistance form.
  - Maintain biologic width and periodontal health.
- The tooth has enough periodontal support and a favorable periodontal prognosis. The member should have either:
  - American Academy of Periodontology (AAP) Stage I or Stage II periodontitis
  - A clinically healthy and stable periodontium
- Periodontal maintenance and oral hygiene support the long-term success of the restoration.

Crown coverage is **not medically necessary** when the request is solely for:

- Replacement of a clinically stable restoration.
- Cosmetic or aesthetic enhancement.

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- Situations where a direct restoration or more conservative treatment would restore function and longevity.

PA Criteria

PA is required when **any of these criteria** apply:

- Four or more teeth require crowns within 12 months of the member's most recent examination, including:
  - D0120 (Periodic oral evaluation—established patient)
  - D0140 (Limited oral evaluation—problem focused)
  - D0150 (Comprehensive oral evaluation—new or established patient)
- The provider is replacing an existing crown, including replacement of a metal or prefabricated crown.
- The member has had successful root canal therapy and full-coverage restoration is medically necessary.

Documentation Requirements

PA requests must include:

- Current diagnostic-quality full-mouth radiographs (or the equivalent, including periapical radiographs of the teeth requested).
- Diagnostic intraoral photographs clearly labeled by tooth number.
- Complete periodontal charting within 12 months of the requested date of service.
- Clinical narrative describing:
  - Existing failing restorations and reason for failure, if applicable.
  - Endodontic status, if applicable.
  - The amount of remaining tooth structure.
  - The prognosis.
  - Why a direct restoration or other conservative treatment isn't appropriate.

Reimbursement for Custom Crowns

When ForwardHealth reimbursement for a custom crown is less than the laboratory fee, providers can request additional reimbursement up to the amount of the laboratory fee. Examples of custom crowns include Current Dental Terminology procedure codes D2740, D2751, or D2791. To request this adjustment, providers can submit an Adjustment/Reconsideration Request form, F-13046 (02/2025), and a copy of the laboratory bill.

REMINDER

PA requests must be submitted on the ForwardHealth Portal, not by mail or fax.

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Documentation Retention

As a reminder, providers must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update applies to dental services that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.