

## FAQs About Billing for Porcelain and Ceramic Crowns

Created: 04/29/2026



ForwardHealth has developed this FAQ document to collect questions about billing for porcelain and ceramic crowns and share the answers. This document will be revised with new information as it is available.

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### Basic Questions

**Date:** 04/29/2026

**Question:** What does “suspend claim” mean? Is it denied?

**Answer:** No, a suspended claim is not a denial. Suspended means the claim is waiting to be reviewed or processed.

**Date:** 04/29/2026

**Question:** When will I get reimbursed for claims with D2740 or D2751?

**Answer:** Denied and suspended claims for Healthcare Common Procedure Coding System (HCPCS) procedure codes D2740 (Crown—porcelain/ceramic) and/or D2751 (Crown—porcelain fused to predominantly base metal) with dates of service on or after April 1, 2025, will be automatically reprocessed after the system has the reimbursement rates in place.

Contact the appropriate HMO or managed care organization for HMO or managed care questions.

**Date:** 04/29/2026

**Question:** Why wasn't this policy change posted in a ForwardHealth Update?

**Answer:** ForwardHealth added dental procedure codes D2740 and D2751 to the second quarter of 2025 Current Procedural Terminology (CPT) and HCPCS procedure code changes. These codes and their rates will be in the next annual HCPCS Update.

### Reason for the Delay

**Date:** 04/29/2026

**Question:** Why did my claim with D2740 and/or D2751 suspend?

**Answer:** Claims listing D2740 and/or D2751 couldn't process and suspended because the reimbursement rates had not been added to the maximum allowable fee schedule at the time the claim was submitted. Suspended claims for D2740 and/or D2751 will be reprocessed after the system has the reimbursement rates in place.

Providers should refer to the [interactive fee schedules](#) for reimbursement rates. Procedure codes D2740 and D2751 will have a separate rate on the ambulatory surgical center provider contract similar to other dental services.

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**Date:** 04/29/2026

**Question: Why was there a delay in posting the approved rates for codes D2740 and D2751?**

**Answer:** DHS had to set new rates for codes D2740 and D2751.

### Rates

**Date:** 04/29/2026

**Question: Rates for dental sedation were posted quickly. Why did it take so long for the D2740 and D2751 rates to be posted?**

**Answer:** Dental sedation codes were included in Wisconsin's 2025–2027 biennial budget with rates mandated by the legislation. The reimbursement rates for D2740 and D2751 were posted as soon as they were approved.

**Date:** 04/29/2026

**Question: Will the targeted providers receive a higher rate due to targeted enrolled counties?**

**Answer:** To be considered for the dental targeted county pilot program, a dental procedure code needs to be billed for pediatric dental services or certain specific adult emergency dental services. Procedure codes D2740 and D2751 do not fall under those categories and would not be eligible to receive the increased pilot reimbursement rate.

Refer to the ForwardHealth Online Handbook Targeted Reimbursement Rate Increase topic #[19777](#) for more information about targeted counties.

**Date:** 04/29/2026

**Question: Do procedure codes D2740 and D2751 qualify for the increased prospective payment system (PPS) rate for federally qualified health centers (FQHC) providers? How many visits can encompass the base code?**

**Answer:** Procedure codes D2740 and D2751 have been set as direct services, so FQHCs may receive the PPS rate for providing these services. FQHCs may bill two visits per encounter for these codes.

FQHCs may refer to these Online Handbook topics for more information:

- Prospective Payment System Reimbursement topic #[22058](#)
- Encounters Procedure Code topic #[22057](#)
- Associated Procedure Codes for Additional Dental Visits topic #[21977](#)

### Providers Choosing Not to Offer the Covered Crown

**Date:** 04/29/2026

**Question: Can a Medicaid provider refuse to supply this service due to the rate amount?**

**Answer:** Medicaid-enrolled providers are expected to supply all covered services listed on the ForwardHealth fee schedule.

Refer to the Examples of Ongoing Responsibilities topic #[216](#) for a list of Medicaid-enrolled provider responsibilities.

FQHCs may also refer to the Dental Services and Multiple Dental Visits sections of the Claim Submission Requirements for Encounters topic #[24125](#).

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**Question: If a provider chooses not to offer the covered crown due to reimbursement limitations, what is the recommended compliance approach for managing cases where root canal therapy would otherwise require full coverage restoration?**

**Answer:** Refer to the BadgerCare/Medicaid Diagnostic, Preventive, Restorative, Endodontics, Periodontics, General Codes topic #[2808](#) for information on dental crown coverage.

Date: 04/29/2026

**Question: Can a provider supply a member with metal crown placement instead of ceramic crown placement?**

**Answer:** Refer to the BadgerCare/Medicaid Diagnostic, Preventive, Restorative, Endodontics, Periodontics, General Codes topic #[2808](#) for information on dental crown coverage.

## Lab Costs

Date: 04/29/2026

**Question: Will the increase in lab costs be considered for additional reimbursement? If yes, what needs to be submitted for review?**

**Answer:** Rates for D2740 and D2751 include all costs associated with providing these services.

FQHCs may also refer to the Dental Services and Multiple Dental Visits sections of the Claim Submission Requirements for Encounters topic #[24125](#).

## Member Billing

Date: 04/29/2026

**Question: If reimbursement is less than the cost of providing a porcelain or ceramic crown, can a provider bill a member for the difference?**

**Answer:** Refer to the Acceptance of Payment topic #[258](#).

Date: 04/29/2026

**Question: If a provider billed the member for the denied crown service, does the provider need to refund the member what they paid for the crown?**

**Answer:** Providers must refund members for the denied crown service once the system-generated adjustment appears on their Remittance Advice (RA) for any previously denied or currently denied claims for D2740 or D2751.

## Systems-Generated Adjustments

Date: 04/29/2026

**Question: Will there be system-generated adjustments to claims that denied in 2025 after the D2740 and D2751 codes were listed in the Dental service area of the Online Handbook?**

**Answer:** Claims for D2740 and/or D2751 with dates of service on or after April 1, 2025, will be automatically reprocessed after the system has the reimbursement rates in place. Providers should monitor their RAs or secure ForwardHealth Provider Portal account for adjustments to these claims.