

Dentists frequently report concerns with the large number of denials, [alternate benefits](#) and requests for additional information from dental insurers for claims submissions for crowns and core buildups. This guide is intended to be a quick reference to help dentists understand common payer processing policies for these procedures and how to increase the likelihood of getting them properly adjudicated on the first submission.

Crown Submissions

It is not uncommon to see policies similar to the 4 following examples for coverage related to crowns. It's important to note that even though your patient may need a crown, it may not meet the payer's threshold for reimbursement purposes.

- At least 50% of the incisal angle must need replacement due to decay or fracture.
- A claim for a tooth with a poor prognosis will be denied.
- Abrasion and attrition not covered.
- A replacement crown will not be benefitted if it is not at least 5-7 years old.

Documentation for crowns: what do payers want to see?

Payers' documentation requirements vary but in many instances they appear to frequently ask for these common pieces of information:

- Radiographs
- Narrative description
- Photographs (possibly)

Core Buildup Submissions

There are some payers that consider the core buildup to be part of the procedure for the crown itself (e.g., refer to the ADA [Bundling of Procedure Codes](#) guide). When the payer does this, it means that network dentists are then unable to bill the patient for the buildup procedure.

The core buildup and crown are distinct and separate dental procedures, as not all crowns require a core buildup. Nonetheless, payers can reimburse based on plan design and this should be made clear using plain language in the patient's explanation of benefits (EOB) statement. Dentists should help patients understand the clinical basis for treatment so that there are no surprises when final payment is due.

Documentation for core buildups: what do payers want to see?

Payers' documentation requirements vary but in many instances they appear to frequently ask for these common pieces of information:

- Pre-operative radiographs
- Narrative description
- Possible intra-oral photographs *before* and *after* the procedure

How does this impact your bottom line?

Failure to provide all necessary documentation for claim adjudication, may result in the claim being returned unpaid for lack of information. If you feel that the claim has not been properly adjudicated, you should consider submitting a formal [appeal](#) with the plan. Also, the ADA has developed a [model EOB statement](#) and encourages payers to mimic this model as closely as possible.

Please remember to code for what you do and do what you coded for!

Additional information on valuable educational ready-to-use resources on innovative dental insurance solutions for dentists can be found at [ADA.org/dentalinsurance](https://www.ada.org/dentalinsurance).

Current ADA Policy on Payment for Prosthodontic Treatment (Trans.1989:547)

Resolved, that the Council on Dental Benefit Programs encourages all third-party payers to recognize the preparation date as the date of service, that is, payment date, for fixed prosthodontic treatment, and be it further

Resolved, that the Council on Dental Benefit Programs encourages all third-party payers to recognize the final impression date as the date of service, that is, payment date, for removable prosthodontic treatment.