

Non-Insured Health Benefits

Crown Policy

October 2005

The objective of this policy is to clarify the decision making process as currently applied when funding single crowns (metal or porcelain-fused to metal) as well as any associated treatment.

All crowns will require predetermination.

THE FOLLOWING CRITERIA MUST BE MET WITH EACH SUBMISSION FOR CONSIDERATION OF FUNDING FOR SINGLE UNIT CROWNS:

Complete Documentation Including:

- completed Standard Dental Claim Form, l' Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Form, computer generated form, or NIHB DENT-29 Form;
- current radiographs including bitewings, panoramic radiographs, and/or any periapical films specific to the requested treatment;
- radiographs should identify the client, provider and must be mounted, dated and of acceptable quality to enable predetermination of the proposed treatment; and
- a comprehensive treatment plan addressing all treatment needs for the mouth. If active biological disease is present (caries and periodontal disease), all treatment to address that disease must be completed before submitting for single unit crowns.

FUNDING FOR A SINGLE UNIT CROWN WILL BE APPROVED WHEN BOTH THE FUNCTIONALITY AND RESTORABILITY OF THE TOOTH (TEETH) REQUESTED HAVE BEEN MET.

Determination of Functionality of Teeth

- The Non-Insured Health Benefits (NIHB) Program will consider funding of a single unit crown for functional teeth that have been previously endodontically treated and/or are extensively restored, are deemed to be essential in maintaining a stable occlusion, and/or are critical abutments for any planned removable prosthodontic treatment; and
- A vital or non-vital tooth that has an existing extensive restoration that can no longer function as an independent restoration. Endodontically treated teeth will be considered for a single unit crown following completion of endodontic therapy, and demonstrated success as evidenced by a current post-treatment periapical film and (if required) provider comments.

Determination of Restorable Teeth

Restorability will be established by reviewing all submitted documentation for:

- a favourable crown-root ratio (at least 1:1);
- adequate periodontal support, based on alveolar bone levels (at least greater than 50%) visible on submitted radiographs with absence of furcation involvement, in addition to further supporting documentation, where necessary, indicating mobility and attachment loss;
- adequate remaining non-diseased tooth structure to ensure that biologic width is maintained; and
- no need for complex treatment such as crown lengthening, root re-sectioning or orthodontic treatment.

SINGLE UNIT CROWNS WILL NOT BE FUNDED WHEN:

- the functionality and restorability of the tooth/teeth cannot be established;
- there is evidence of uncontrolled biological disease (either caries or periodontal disease);
- the client is under the age of 18 years;
- the crown is being placed to improve aesthetics; and
- an existing crown is less than 8 years old, and replacement is being requested. All requests for replacement must include the age of the existing crown in addition to a rationale for replacement.

NON-INSERTED CROWN POLICY

Crowns that are not inserted, but the provider has informed NIHB, the program will pay 100% of the lab and 20% of the professional fee when lab has been completed on a crown. The billing service date to be used when submitting a claim is the date of the last visit to the provider/office.

If the provider has wrongfully billed the program and it is found in an audit or through the predetermination process, there will be a zero tolerance and all monies will be recovered.