

## Decision Support for MassHealth Dental Coverage: Crowns and Core Buildup

# Crown Coverage

### Step 1: Check Tooth Type

1. Is it a Permanent Tooth?
  - ✓ If YES, proceed to Step 2.
  - ✗ If NO, **Crown does not meet MassHealth coverage criteria.**  
*(permanent lab-processed crowns are not covered for primary teeth)*

### Step 2: Check for Replacement Crown Criteria

2. Is this a replacement crown?
  - If YES, is replacement needed due to recurrent caries or a missing crown?
    - ✓ If YES, proceed to Step 5 if endo-treated OR Step 6 if not endo-treated.
    - ✗ If NO, **Crown does not meet MassHealth coverage criteria.**  
*(chipped or fractured porcelain and open margins without caries are not covered)*
  - ✓ If NO, proceed to Step 3.

### Step 3: Assess Pathology/Destruction

3. Does the tooth have pathologic destruction by caries or trauma?
  - ✓ If YES, proceed to Step 4.
  - ✗ If NO, **Crown does not meet MassHealth coverage criteria.**

### Step 4: Tooth Location and Extent of Damage

- 4.1 Molar Teeth (Permanent):
  - 4.1.1 Is the tooth endodontically treated?
    - ✓ If YES, proceed to Step 5.
    - If NO, does it involve 4+ surfaces and 2+ cusps?
      - ✓ If YES, proceed to Step 6.
      - ✗ If NO, **Crown does not meet MassHealth coverage criteria.**
- 4.2 Bicuspid Teeth (Permanent):
  - 4.2.1 Is the tooth endodontically treated?
    - ✓ If YES, proceed to Step 5.
    - If NO, does it involve 3+ surfaces and at least 1 cusp?
      - ✓ If YES, proceed to Step 6.
      - ✗ If NO, **Crown does not meet MassHealth coverage criteria.**
- 4.3 Anterior Teeth (Permanent):
  - 4.3.1 Does it involve 4+ surfaces and at least one incisal angle, OR does it involve significant incisal angle loss (half the incisal width and height of the crown)?
    - If YES, is it endodontically treated?
      - ✓ If YES, proceed to Step 5.
      - ✓ If NO, proceed to Step 6.
    - ✗ If NO, **Crown does not meet MassHealth coverage criteria.**

### Step 5: Confirm Endodontic Treatment (if applicable)

5. Does the post-endodontic treatment radiograph show apex with properly condensed fill?
- If **YES**, is the endodontic fill within 2mm of the radiological apex?
    - ✓ If **YES**, proceed to Step 6
    - If **NO**, is there a curvature or calcification that limits the ability to fill the canal to the apex?
      - If **Yes**, are there any signs or symptoms of continued endodontic pathology?
        - × If **YES**, **Crown does not meet MassHealth coverage criteria.**
        - ✓ If **NO**, proceed to Step 6.
  - × If **NO**, **Crown does not meet MassHealth coverage criteria.**

### Step 6: Assess Arch Integrity and Patient Conditions

6.1 Is the tooth opposed by a tooth/denture or is it an abutment for a partial denture?

- If **YES**, proceed to next question 6.2.
- × If **NO**, **Crown does not meet MassHealth coverage criteria.**

6.2 Is the patient free from active, uncontrolled, or advanced periodontal disease (Stage 2+ Periodontitis)?

- If **YES**, proceed to next question 6.3.
- × If **NO**, **Crown does not meet MassHealth coverage criteria.**

6.3 Are there eight or more natural or prosthetic posterior teeth in occlusion OR is the tooth the last potential abutment for a partial denture?

- If **YES**, proceed to next question 6.4.
- × If **NO**, **Crown does not meet MassHealth coverage criteria.**

6.4 Do any of the below situations apply to the tooth or crown?

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| <ul style="list-style-type: none"> <li>× a lesser means of restoration is possible;</li> <li>× the tooth has sub osseous and/or furcation caries;</li> <li>× the tooth has mobility or less than 50% bone support;</li> <li>× the tooth has furcation involvement;</li> <li>× the tooth has an unfavorable crown-root ratio less than 1:1;</li> <li>× the tooth has caries near the osseous crest or involved restorative procedures result in violation of biologic width with margins less than 2.5mm from the alveolar bone;</li> </ul> | <ul style="list-style-type: none"> <li>× the tooth is broken near the gumline with less than 4.5mm supra-alveolar tooth structure;</li> <li>× the crown is solely for cosmetic purposes, including crowns solely to replace tooth structure lost due to attrition, abrasion, erosion, or abfraction;</li> <li>× the crown is being planned to alter vertical dimension, primarily to treat attrition, realign the dentition, splinting, full-mouth rehabilitation or equilibration, and the treatment of TMD syndrome; or</li> <li>× The tooth is non-restorable.</li> </ul> |
|--|--|
- × If **YES**, **Crown does not meet MassHealth coverage criteria.**
  - ✓ If **NO**, **Crown meets MassHealth clinical criteria for coverage.**

Required crown claim review documentation:

- Pre-Tx PA;  Pre-Tx BW for posterior teeth;  FMX or PAN;  Charting and narratives as appropriate;  Post-Tx Radiograph

# Core Buildup Coverage

## Step 1: Check Crown Eligibility

1. Does the tooth meet the clinical criteria for a crown?
  - ✓ If **YES**, proceed to Step 2.
  - ✗ If **NO**, **Core buildup does not meet MassHealth coverage criteria.**

## Step 2: Check Level of Coronal Breakdown

2. Is the clinical breakdown of the tooth such that a core buildup is needed for crown retention?
  - ✓ If **YES**, proceed to Step 4.
  - If **NO**, proceed to Step 3.

## Step 3: Check for Caries or Fracture Under an Existing Restoration

3. Is there evidence of caries or fracture under an existing restoration?
  - ✓ If **YES**, proceed to Step 4.
  - ✗ If **NO**, **Core buildup does not meet MassHealth coverage criteria.**

## Step 4: Check for Post Requirements

4. Is the tooth endodontically treated?
  - If **YES**, is the clinical breakdown of the tooth at the level where a post is needed to retain the core buildup?
    - ✓ If **YES**, **Post and Core meet MassHealth clinical criteria for coverage.**
    - ✓ If **NO**, **Core buildup (no post) meets MassHealth clinical criteria for coverage.**
  - ✓ If **NO**, **Core buildup meets MassHealth clinical criteria for coverage.**

Required core buildup claim review documentation:

Pre-Tx PA;  Pre-Tx BW for posterior teeth;  FMX or PAN;  Charting and narratives as appropriate



**Optional Pre-determination Review:** Before treatment, providers can submit documentation in advance to check if the proposed crown or core buildup is anticipated to meet MassHealth coverage criteria. Pre-determination review does not provide a guarantee of payment.

For questions regarding the MassHealth Dental Program and coverage criteria:

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