

Medicaid Reimbursement and Parental Concerns For Esthetic Primary Anterior Crowns

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BACKGROUND

More than 530 million children suffer from dental caries on their primary teeth which can negatively affect overall health and quality of life. Often times these cavities become extensive affecting multiple areas of the tooth. This would be an indication for full coverage utilizing one of any number of restorative materials.

Pediatric dental crowns have made incredible esthetic advancements over the past 30 years. The evolution of the pediatric dental crown started in 1950 when stainless steel crowns (SSC) became available. Attempts for a more esthetic result led to providers performing open-faced SSC crowns and resin composite strip crowns. Another esthetic advancement occurred in 1987 when Cheng introduced the first pre-veneered SSC. Since 2010, zirconia crowns have been the most esthetic option and are highly utilized by providers due to excellent properties such as fracture resistance, reduced plaque accumulation, and color stability. Zirconia crowns are requested by patients not only for the esthetic result, but also due to the physical and psychological benefits that are associated with a beautiful smile.

Despite the many advantages of zirconia crowns, several challenges exist. One of the major challenges is that a large majority of insurance plans including Medicaid will not cover the cost of zirconia crowns. This creates a financial and ethical dilemma for both the provider and the patients. If insurance does not cover the cost of a zirconia crown, then providers must decide whether to charge the patient an additional fee to cover the cost of the zirconia crown. Parents then have to decide whether they can afford the cost of the zirconia crowns or choose a less esthetic option that could potentially lead to the aforementioned psychosocial concerns.

PURPOSE

Purpose: This study evaluated zirconia crown use in primary incisors for individuals insured by Medicaid, perceived psychosocial effects and barriers to care for children.

METHODS

Methods: A dual questionnaire survey was utilized. The first survey was electronically sent to AAPD members inquiring whether zirconia crowns were a treatment option for Medicaid insured patients and what are they doing to cover increased costs of zirconia crowns utilization. The second survey evaluated parental perceptions of anterior stainless-steel crowns (SSCs) for Medicaid insured patients.

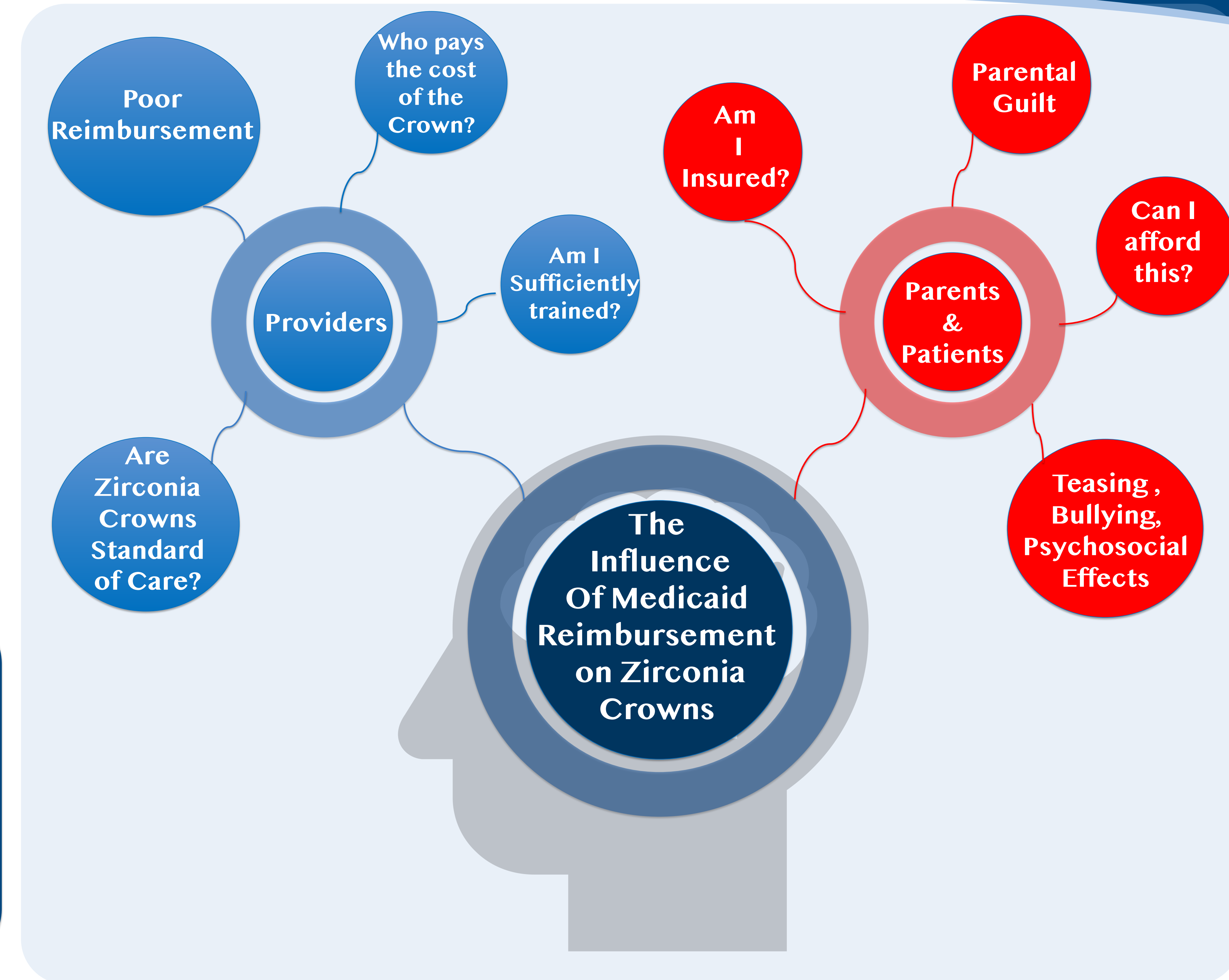
RESULTS

The provider survey revealed that 54.1% provide anterior zirconia crowns as a treatment option; 35.9% stated that Medicaid reimbursement influences their decision to place a zirconia crown on primary incisors; 64.2% are absorbing additional costs of the zirconia crowns and 35.8% of are charging an additional fee.

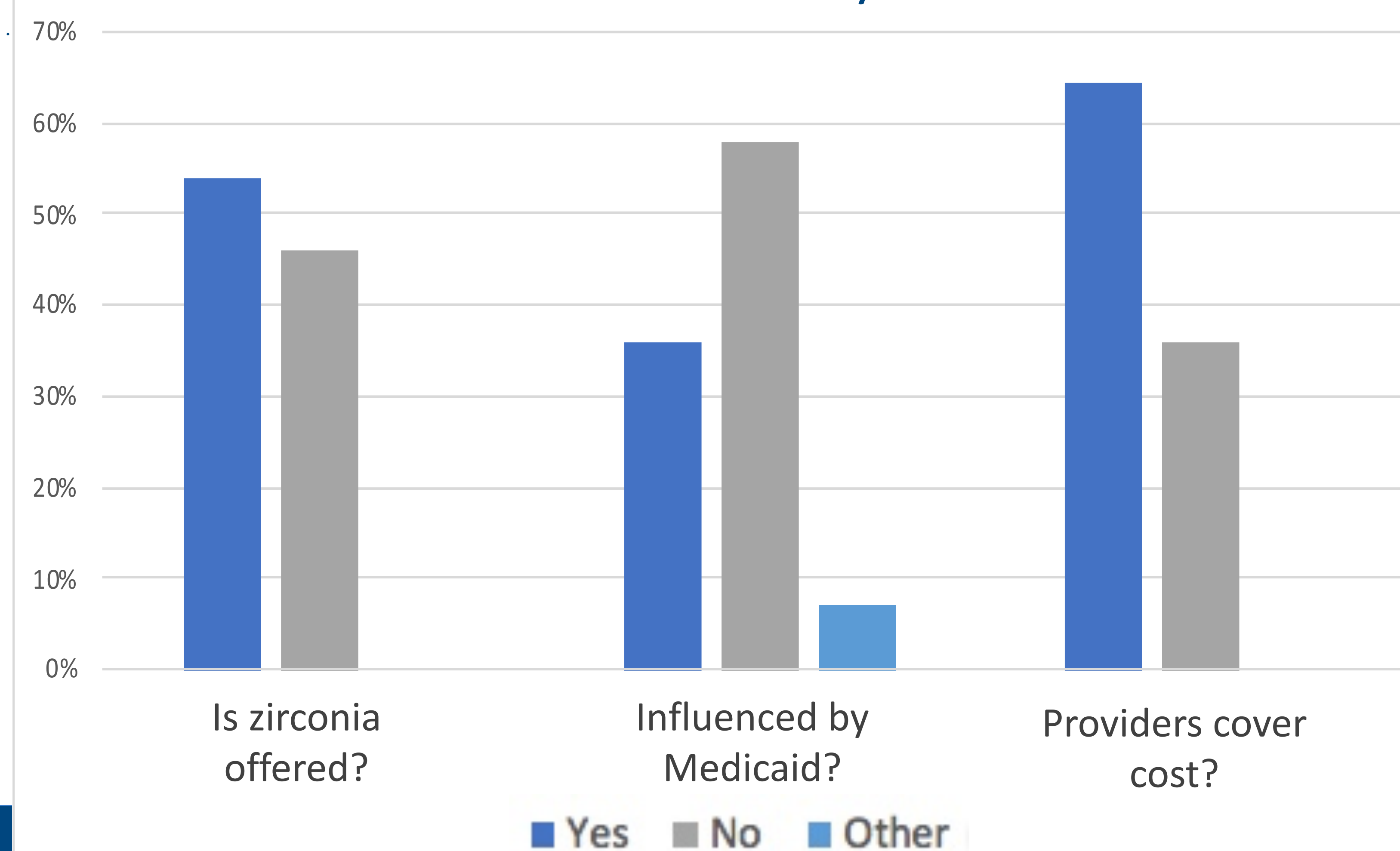
The parent survey revealed that 66.7% of parents would be moderately to extremely concerned if their child had SSC's on primary incisors; 51.7% of parents believe that SSC's would cause their child moderate or extreme concern; 71.2% report that they would be moderately or extremely concerned about bullying; 73.6% of parents stated that SSC's on their child's incisors would cause moderate or extreme responsibility or guilt; 92% of parents stated a willingness to pay additional fees for zirconia crowns on primary incisors.

CONCLUSIONS

- Reimbursement influences providers' willingness to utilize zirconia crowns as a treatment option and creates a potential barrier to care.
- Parental concerns exist for psychosocial effects and most parents are willing to pay additional fees for zirconia crowns.



AAPD Provider Survey Results



Parent Survey Results

