

INSURANCE PAYER INC.

123 Payer Way, Springfield, IL

NOTICE OF ADVERSE BENEFIT DETERMINATION

Date: 1/4/2026

Provider: Dr. Dentist

Patient: Jane Doe (Member ID: MEM-123456)

Claim ID: CLM-999999

RE: Pre-Authorization Request for Dental Services

Service Requested:

- D2740: Crown - Porc/Ceramic Substrate
- Tooth: #19

Determination: DENIED

Reason for Denial:

Based on the clinical documentation submitted, the request does not meet the criteria for medical necessity under Policy D-202 (Major Restorative Services).

Specifically:

1. The provided periapical X-ray does not demonstrate decay involving more than 50% of the tooth structure.
2. There is no evidence of a fracture line or cusp failure requiring full coverage.
3. Conservative therapy (filling) has not been ruled out.

Please submit valid clinical notes, probing depths, and clear X-rays to support the necessity of a full crown.

Sincerely,

Dental Director