


DENTAL BENEFIT COVERAGE GUIDELINE – 9.02.506

Dental Restorations

Effective Date	Oct. 1, 2024	RELATED GUIDELINES / POLICIES:
Last Revised:	Sept. 9, 2024	None
Replaces:	N/A	

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Introduction

Dental restorations are a general term to describe fillings, crowns, inlays/onlays, and veneers. Tooth decay, cracks, or a break in the structure of the tooth are some of the more common reasons for dental restorations. This policy describes when dental restorations are covered. Cosmetic dental restorations improve only the look, color, or shape of the teeth and do not relieve pain or improve, correct, or restore function. Cosmetic dental restorations are not covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Treatment	Dental Necessity
<ul style="list-style-type: none"> Restorations (Fillings) – amalgam and composite Crowns Inlays/Onlays 	The treatments listed on the left may be considered dentally necessary.

Treatment	Dental Necessity
<ul style="list-style-type: none"> Codes found in the D2XXX range of the HCPCS guide 	<p>Crowns and Inlays/Onlays (D2510-D2999 range) may be considered dentally necessary when one or more of the following symptoms are present:</p> <ul style="list-style-type: none"> Large fracture of tooth structure Extensive restoration needed or present in an individual tooth Pain on occlusal contact When occlusal/incisal stresses lead to previous restoration failure
<ul style="list-style-type: none"> Cosmetic restorations and veneers Restorations to increase vertical dimension Restorations on malformed teeth (example, peg laterals) Other services as determined by Dental Review 	<p>The treatments listed on the left are considered not dentally necessary.</p>

Documentation Requirements

Submit x-rays, narrative, chart notes, and any related reports.

Coding

Code	Description
CDT	
D2140	Amalgam – one surface, primary or permanent
D2150	Amalgam – two surfaces, primary or permanent
D2160	Amalgam – three surfaces, primary or permanent
D2161	Amalgam – four or more surfaces, primary or permanent
D2330	Resin-based composite – one surface, anterior
D2331	Resin-based composite – two surfaces, anterior



Code	Description
D2332	Resin-based composite – three surfaces, anterior
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)
D2390	Resin-based composite crown, anterior
D2391	Resin-based composite – one surface, posterior
D2392	Resin-based composite – two surfaces, posterior
D2393	Resin-based composite – three surfaces, posterior
D2394	Resin-based composite – four or more surfaces, posterior
D2410	Gold foil – one surface
D2420	Gold foil – two surfaces
D2430	Gold foil – three surfaces
D2510	Inlay – metallic – one surface
D2520	Inlay – metallic – two surfaces
D2530	Inlay – metallic – three or more surfaces
D2542	Onlay – metallic – two surfaces
D2543	Onlay – metallic – three surfaces
D2544	Onlay – metallic – four or more surfaces
D2610	Inlay – porcelain/ceramic – one surface
D2620	Inlay – porcelain/ceramic – two surfaces
D2630	Inlay – porcelain/ceramic – three or more surfaces
D2642	Onlay – porcelain/ceramic – two surfaces
D2643	Onlay – porcelain/ceramic – three surfaces
D2644	Onlay – porcelain/ceramic – four or more surfaces
D2650	Inlay - resin-based composite – one surface
D2651	Inlay - resin-based composite – two surfaces
D2652	Inlay - resin-based composite – three or more surfaces
D2662	Onlay – resin-based composite – two surfaces



Code	Description
D2663	Onlay – resin-based composite – three surfaces
D2664	Onlay – resin-based composite – four or more surfaces
D2710	Crown – resin-based composite (indirect)
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect)
D2720	Crown – resin with high noble metal
D2721	Crown – resin with predominantly base metal
D2722	Crown – resin with noble metal
D2740	Crown – porcelain/ceramic substrate
D2750	Crown – porcelain fused to high noble metal
D2751	Crown – porcelain fused to predominantly base metal
D2752	Crown – porcelain fused to noble metal
D2753	Crown - porcelain fused to titanium and titanium alloys
D2780	Crown – $\frac{3}{4}$ cast high noble metal
D2781	Crown – $\frac{3}{4}$ cast predominantly base metal
D2782	Crown – $\frac{3}{4}$ cast noble metal
D2783	Crown – $\frac{3}{4}$ porcelain/ceramic
D2790	Crown – full cast high noble metal
D2791	Crown – full cast predominantly base metal
D2792	Crown – full cast noble metal
D2794	Crown – titanium
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core
D2920	Re-cement or re-bond crown
D2921	Reattachment of tooth fragment, incisal edge or cusp
D2928	Prefabricated porcelain/ceramic crown – permanent tooth

Code	Description
D2929	Prefabricated porcelain/ceramic crown – primary tooth
D2930	Prefabricated stainless steel crown – primary tooth
D2931	Prefabricated stainless steel crown – permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth
D2940	Protective restoration
D2941	Interim therapeutic restoration – primary dentition
D2949	Restorative foundation for an indirect restoration
D2950	Core buildup, including any pins when required
D2951	Pin retention – per tooth, in addition to restoration
D2952	Post and core in addition to crown, indirectly fabricated
D2953	Each additional indirectly fabricated post – same tooth
D2954	Prefabricated post and core in addition to crown
D2955	Post removal
D2957	Each additional prefabricated post – same tooth
D2960	Labial veneer (resin laminate) – chairside
D2961	Labial veneer (resin laminate) – laboratory
D2962	Labial veneer (porcelain laminate) – laboratory
D2971	Additional procedures to construct new crown under existing partial denture framework
D2975	Coping
D2976	Band stabilization - per tooth (new code effective 1/1/2024)
D2980	Crown repair necessitated by restorative material failure
D2981	Inlay repair necessitated by restorative material failure
D2982	Onlay repair necessitated by restorative material failure
D2983	Veneer repair necessitated by restorative material failure



Code	Description
D2989	Excavation of a tooth resulting in the determination of non-restorability (new code effective 1/1/2024)
D2990	Resin infiltration of incipient smooth surface lesions
D2991	Application of hydroxyapatite regeneration medicament (new code effective 1/1/2024)
D2999	Unspecified restorative procedure, by report

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Related Information

N/A

Evidence Review

N/A

References

1. ADA Council on Scientific Affairs: Dental Amalgam: Update on safety concerns. J Am Dent Assoc 129:494,1998
2. Behle C: Flowable composites: Properties and applications. Pract Periodont Aesthet Dent 10:347,1998
3. Burgess JO, An evaluation of four light curing units comparing soft and hard curing. Pract Periodont Aesthet Dent 11:125,1999
4. Condensable restorative resins. CRA Newsletter 22:1, 1998
5. Duke ES: Adhesive bonding directions: Where are things going? Comp Cont Educ Dent 20:1010, 1999
6. Friedman MJ: New light curing options for composite restorations. Comp Cont Educ Dent 20:122, 1999
7. McLean JW: Glass-ionomer cements. Br. Dent J 164:293,1988
8. Mount GJ: Glass ionomers: A review of their current status. Oper Dent 24:115,1999
9. Two new cements, compomer and hybrid ionomer. CRA Newsletter 23:4, 1999



History

Date	Comments
09/14/15	New Benefit Coverage Guideline; add to Dental section. Created based on current literature and practices; considered dentally necessary when criteria are met.
02/18/16	Coding update. Remove D2970.
11/01/16	Annual Review, approved October 11, 2016. Coverage statement changed; updated range of codes, added "One or more of" regarding symptoms, last bullet point updated with clear detail of a failed restoration. Policy moved into new format.
07/01/17	Annual Review, approved June 22, 2017. No changes to policy statement.
05/01/18	Annual Review, approved April 3, 2018. No changes to policy statement.
04/01/19	Annual Review, approved March 5, 2019. No changes to policy statement.
06/01/20	Annual Review, approved May 5, 2020. No changes to policy statement.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statement.
11/01/22	Annual Review, approved October 24, 2022. No changes to policy statement. Revision to CDT D2957 and D2990 order.
09/01/23	Annual Review, approved August 21, 2023. No changes to policy statement.
10/01/24	Annual Review, approved September 9, 2024. No changes to policy statements. Added CDT codes D2753, D2928, D2976, D2989, D2991.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2024 Premiera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

