

# Other Restorative Procedures

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[Instructions for Use](#)

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## Related Dental Policy

- [Single Tooth Indirect Restorations](#)

## Coverage Rationale

### Repair/Recement/Rebond of Single Tooth Indirect Restorations

These procedures are indicated for an [Inlay](#), [Onlay](#), [Crown](#), or [Laminate Veneer](#) in which the functional area is involved due to restorative material failure.

### Reattachment of Tooth Fragment

Reattachment of tooth fragment is indicated for a tooth fracture confined to enamel and dentin with loss of structure.

Reattachment of tooth fragment is not indicated for fractures involving tooth roots.

### Coping

[Coping](#) is considered inclusive to the preparation of a [Crown](#) and bridge Abutment Crowns unless a separate procedure is indicated for the following:

- If insufficient natural tooth structure remains to retain the Crown
- To allow a common path of insertion when retainer teeth are tipped or misaligned

## Definitions

**Abutment Crowns:** An artificial crown that serves as retention or support of a dental prosthesis. (ADA)

**Coping:** A thin covering of the coronal portion of the tooth usually without anatomic conformity. Custom made or prefabricated thimble-shaped core or base layer designed to fit over a natural tooth preparation, a post core, or implant abutment so as to act as a substructure onto which other components can be added to give final form to a restoration or prosthesis. It can be used as a definitive restoration or as part of a transfer procedure. (ADA)

**Crown:** An artificial replacement that restores missing tooth structure by surrounding the remaining coronal tooth structure or is placed on a dental implant. It is made of metal, ceramic or polymer materials or a combination of such materials. It is retained by luting cement or mechanical means. (ADA)

**Inlay:** An intracoronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which restores some of the occlusal surface of a tooth, but does not restore any cusp tips. It is retained by luting cement. (ADA)

**Laminate Veneer:** A thin covering of the facial surface of a tooth usually constructed of tooth colored material used to restore discolored, damaged, misshapen, or misaligned teeth. (ADA)

**Onlay:** A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface. It is retained by luting cement. (ADA)

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
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
D2971	Additional procedures to construct a new crown to fit under existing partial denture framework
D2975	Coping
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
D2999	Unspecified restorative procedure, by report

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## Description of Services

All teeth and restorations are subject to breakage or fracture. Single tooth indirect restorations may become separated from original cement or bond and need to be readhered. Additionally, trauma may result in fractures of incisal edges or cusps of teeth. These procedures refer to the repair and reattachment of bonded and cemented restorations as well as reattaching tooth fragments.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

## References

American Dental Association (ADA) CDT Codebook 2024.

American Dental Association Glossary of Clinical and Administrative Terms.

International Association of Dental Traumatology, Dental Trauma Guidelines 2012.

## Guideline History/Revision Information

Date	Summary of Changes
08/01/2024	<p><b>Coverage Rationale</b></p> <p><b><i>Repair/Recement/Rebond of Single Tooth Indirect Restorations</i></b></p> <ul style="list-style-type: none"> <li>Replaced language stating “these procedures are indicated for an Inlay, Onlay, Crown, or veneer in which the functional area is involved due to restorative material failure” with “these procedures are indicated for an Inlay, Onlay, Crown, or <i>Laminate</i> Veneer in which the functional area is involved due to restorative material failure”</li> </ul> <p><b><i>Coping</i></b></p> <ul style="list-style-type: none"> <li>Replaced language stating “Coping is considered inclusive to the preparation of Crowns and bridge abutments unless a separate procedure is indicated” with “Coping is considered inclusive</li> </ul>

Date	Summary of Changes
	<p>to the preparation of a Crown and bridge Abutment Crown unless a separate procedure is indicated”</p> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>• Added definition of “Abutment Crown”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version DCG024.10</li> </ul>

## Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.