

OTHER RESTORATIVE PROCEDURES

Guideline Number: DCG024.03

Effective Date: August 1, 2018

Table of Contents	Page
INSTRUCTIONS FOR USE	1
BENEFIT CONSIDERATIONS	1
COVERAGE RATIONALE	1
DEFINITIONS	2
APPLICABLE CODES	2
DESCRIPTION OF SERVICES	3
REFERENCES	3
GUIDELINE HISTORY/REVISION INFORMATION	3

Related Dental Policy

- [Single Tooth Indirect Restorations](#)

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Recement and Rebond of Single Tooth Indirect Restorations

Recement and rebond of single tooth indirect restorations are subject to frequency limitations. Please refer to member specific benefit plan document for guidance.

Repair of Single Tooth Indirect Restorations

Repair of single tooth indirect restorations is indicated to repair a fractured inlay, onlay, crown or veneer in which the functional area is involved due to restorative material failure.

Repair of single tooth indirect restorations is not indicated solely for cosmetic/aesthetic purposes.

Reattachment of Tooth Fragment

Reattachment of tooth fragment is indicated for a tooth fracture confined to enamel and dentin with loss of structure, but not exposing the pulp.

Reattachment of tooth fragment is not indicated for the following:

- Tooth fractures involving pulpal exposure
- Fractures involving roots

Coping

Coping is considered inclusive to the preparation of crowns and bridge abutments 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

Coverage Limitations and Exclusions

- Any dental procedure performed solely for cosmetic/aesthetic reasons (cosmetic procedures are those procedures that improve physical appearance)
- Clinical situations that can be effectively treated by a less costly, dental appropriate alternative procedure will be assigned a benefit based on the least costly procedure

DEFINITIONS

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 Clinical Policies and Coverage 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 new crown 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

CDT Code	Description
D2983	Veneer repair necessitated by restorative material failure
D2999	Unspecified restorative procedure, by report

CDT® is a registered trademark of the American Dental Association

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 cover the repair and reattachment of bonded and cemented restorations as well as reattaching tooth fragments.

REFERENCES

American Dental Association Glossary of Clinical and Administrative Terms.

International Association of Dental Traumatology, Dental Trauma Guidelines 2012.

UnitedHealthcare Insurance Company Dental Certificate of Coverage 2012.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
08/01/2018	<ul style="list-style-type: none"> Revised coverage rationale/coverage limitations and exclusions; removed language indicating repairs are limited to those performed more than 12 months after the initial insertion Updated definitions; added definition of "Laminate Veneer" Updated supporting information to reflect the most current description of services and references Archived previous policy version DCG024.02