

RESTORATIVE D2000 - D2999**Restorative D2140 - D2394**

Explanation of Restorations

Location	Number of Surfaces	Characteristics
Anterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Facial (or Labial).
	2	Placed, without interruption, on two of the five surface classifications- e.g., Mesial-Lingual.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Mesial-Facial (or Labial).
	4 of more	Placed, without interruption, on four or more of the five surface classifications-e.g., Mesial-Incisor-Lingual-Facial (or Labial).
Posterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual or Buccal.
	2	Placed, without interruption, on two of the five surface classifications- e.g., Mesial-Occlusal.
	3	Placed without interruption, on three of the five surface classifications – e.g., Lingual-Occlusal-Distal
	4 of more	Placed, without interruption, on four or more of the five surface classifications-e.g., Mesial-Occlusal-Lingual Distal.

Source: CDT 2020 Dental Procedure Codes, American Dental Association

Note: Tooth surfaces are reported on the HIPAA standard electronic dental transaction and the ADA Dental Claim Form using the letters in the following table.

Surface Code

Buccal- B
 Distal- D
 Facial (or Labial)- F
 Incisal- I
 Lingual- L
 Mesial- M
 Occlusal- O

General Guidelines

- Restorations for occlusal wear, altering occlusion, vertical dimension, attrition, erosion, abrasion, abfraction, TMD, periodontal or orthodontic splinting are denied and the approved amount is collectible from the patient. See "Definitions" listed on page 11 of the Restorative section.
- A treatment plan with a poor and or uncertain periodontal, restorative or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
- By contract, HDS plans benefit restorations due to tooth structure loss from caries or fractured tooth surfaces. Cosmetic restorations associated with congenital conditions (e.g. peg laterals, enamel hypoplasia) are not-payable by HDS. The patient must be informed and agree to assume the cost of non-benefit procedures.
- Restorations are not a benefit in conjunction with overdentures and benefits are denied.

5. The following are non-covered procedures and require the agreement of the patient to assume cost:
 - Treatment involving specialized techniques
 - Precision attachments for crowns, fixed/removable partial dentures or implants (related procedures along with any associated appliances)
6. For uniformity of terminology, HDS and DeltaUSA considers a fractured tooth, crazing and crack to be defined as the following:
 - **Fractured tooth** - a separation in the continuity of tooth structure that results in mobility of one or both segments.
 - **Crazing** - the appearance of minute cracks on the surface of artificial or natural teeth. (Dorland's Illustrated Medical Dictionary)
 - **Crack** - an incomplete split, break or fissure. (Dorland's Illustrated Medical Dictionary)
7. The replacement of restorations on the same tooth and surface within 24 months is not billable to the patient if done by the same dentist or dental office and denied if done by a different dentist/dental office. Special consideration may be given by report. A narrative is required and should indicate the reason for replacement within 24 months.

The following are exceptions:

- One DO surface restoration and one MO surface restoration are allowed on the same date of service or within the 24 month period on molar teeth #1-3, 14-19, 30-32.
 - Two O surface restorations are allowed on the same date of service or within the 24-month period for molar teeth #3 and #14.
 - Surfaces (DL and ML); (DI and MI); (DF and MF) on anterior teeth 6-11, 22-27, C-H, M-R are allowed on the same date of service or within the 24 month period.
8. Specific government programs (e.g. Supplemental Medicaid) have combined occurrence limits for restorative and extraction procedures. Verify limits in advance of patient treatment.
 9. For amalgams, composites, inlays and onlays, identify the tooth surface(s) on the claim submission form. For benefit purposes, the restoration must extend beyond the respective surface line angle.
 10. The repair of crown/retainer margins due to caries should be submitted using **D2999 unspecified restorative procedure, by report** or the appropriate corresponding restorative procedure code.
 11. The fee for a restoration includes services such as, but is not limited to, working films and/or check films, adhesives, etching, liners, bases, local anesthesia, polishing, occlusal adjustment within 6 months of the restoration, caries removal, and gingivectomy on the same date of service. Benefits for the procedures noted above when performed in conjunction with a restoration, are not billable to the patient.
 12. If an indirectly fabricated restoration is performed by the same dentist/dental office within 6 months of the placement of a restoration, the HDS payment for the restoration will be deducted from the indirectly fabricated restoration benefit.
 13. Any restoration performed by the same dentist/dental office on the same tooth within 12 months after crown insertion is not billable to the patient. Special consideration may be given by report.

- 14. A narrative is required when a multi-surface restoration is completed 12 months or more after the insertion of a crown.
 - The narrative should confirm that services are performed on a crowned tooth
 - When a narrative is not submitted or does not confirm that services were performed on a crowned tooth, the restoration is not billable to the patient and a narrative to support a restoration on a crowned tooth is requested.

- 15. A narrative is required when a multi-surface restoration is completed 12 months or more after the insertion of a crown.
 - The narrative should confirm that services are performed on a crowned tooth
 - When a narrative is not submitted or does not confirm that services were performed on a crowned tooth, the restoration is not billable to the patient and a narrative to support a restoration on a crowned tooth is requested.

- 16. There are specific limitations for restorative and extraction procedures for specific government programs (e.g. Supplemental Medicaid). Refer to general guideline #8 above. Verify limits in advance of patient treatment.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Amalgam Restoration (Including Polishing) D2140 - D2161		
Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (see D2951).		
D2140 amalgam – one surface, primary or permanent		1 - 32 A - T Any surface(s)
D2150 amalgam – two surfaces, primary or permanent		
D2160 amalgam – three surfaces, primary or permanent		
D2161 amalgam – four or more surfaces, primary or permanent		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Resin-Based Composite Restorations – Direct D2330 - D2394		
Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951).		
<u>General Guidelines</u>		
<ol style="list-style-type: none"> 1. The preventive resin restoration (PRR) is a procedure (D1352) completed in a moderate to high caries risk patient. It includes the conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; and includes the placement of a sealant in any radiating non-carious fissures or pits. The PRR involves the mechanical removal of decay with a bur and hand piece or other instrument and cannot be delegated to a dental hygienist or auxiliary. The PRR (D1352) is not an HDS benefit. It should not be reported as D2391 unless the existing caries extends into dentin. 2. For most plans, composite restorations on posterior teeth (except for the buccal surface composite on premolars) are not a benefit. HDS will allow the alternate benefit of an amalgam restoration when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have the composite restoration done on a posterior tooth. Refer to current group benefit information for specific restoration coverage. 3. Specific government programs (e.g. Supplemental Medicaid) have combined occurrence limits for restorative and extraction procedures. Verify limits in advance of patient treatment. 		
D2330 resin-based composite – one surface, anterior		6 - 11, 22 - 27, C - H, M - R
D2331 resin-based composite – two surfaces, anterior		Any surface(s)
D2332 resin-based composite – three surfaces, anterior		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<p>D2335 resin-based composite – four or more surfaces or involving incisal angle (anterior)</p>		<p>6 - 11, 22 - 27, C - H, M - R Any surface(s)</p>
<p>Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth.</p>		
<p>1. The restoration replaces a proximal incisal angle of an anterior tooth. Benefit of both angles is allowed within a 24-month period.</p>		
<p>D2390 resin-based composite crown, anterior</p>	X-ray	<p>6 - 11, 22 - 27, C - H, M - R</p>
<p>Full resin-based composite coverage of tooth.</p>		
<p>1. If D2390 is performed by the same dentist/dental office within 6 months of a restoration, the restoration will be deducted.</p> <p>2. A D2390 crown placed within 24 months of a stainless steel, resin-based composite, or resin crown (D2390, D2930, D2932, D2933, D2934) is not billable to the patient for the same dentist/dental office and denied for different dentist/dental office.</p>		
<p>D2391 resin-based composite – one surface, posterior</p>		<p>4, 5 12, 13, 20, 21, 28, 29, (Surface F)</p>
<p>Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.</p>		
<p>1. Only facial (buccal) surface on premolar teeth are benefited.</p> <p>2. See additional guidelines for D2391 alternate benefit shaded in gray on page 5.</p>		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2391 resin-based composite – one surface, posterior		1-5, 12-21, 28-32, A-B, I-L, S-T Any surface (excluding buccal surface on premolar)
D2392 resin-based composite – two surfaces, posterior		1-5, 12-21, 28-32,
D2393 resin-based composite – three surfaces, posterior		A-B, I-L, S-T
D2394 resin-based composite – four or more surfaces, posterior		Any surface(s)
<ol style="list-style-type: none"> For most plans, composite restorations on posterior teeth (except for the buccal surface composite on premolars) are not a benefit. HDS will allow the alternate benefit of an amalgam restoration when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have the composite restoration done on a posterior tooth. Refer to current group benefit information for specific restorative coverage. 		

Gold Foil Restorations D2410 – D2430

D2410 gold foil – one surface		1 - 32 Any surface(s)
D2420 gold foil – two surfaces		
D2430 gold foil – three surfaces		
<ol style="list-style-type: none"> For most plans, the alternate benefit of an amalgam or composite restoration will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for gold restorations. 		

Inlay/Onlay Restorations D2510 - D2664

General Guidelines

1. Restorations for occlusal wear, altering occlusion, vertical dimension, attrition, erosion, abrasion, abfraction, TMD, periodontal or orthodontic splinting are denied and the approved amount is collectible from the patient. See "Definitions" listed on page 11 of the Restorative section.
2. The clinical criteria to benefit an inlay or onlay is the same as a crown. The inlay/onlay is a covered benefit only when required for restorative reasons (decay or fracture) and only when the tooth cannot be restored with a more conservative restoration. When an inlay or onlay has been requested and the submitted documentation suggests that the tooth can be more conservatively restored, the alternate benefit of an amalgam or resin-based composite restoration will be applied.
3. For payment purposes, CEREC or CAD/CAM restorations are held to the same tooth preparation requirements and outline forms noted in the definitions and references below.

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 or polymer materials or a combination of such materials. It is retained by luting or mechanical means. (American College of Prosthodontics; The Glossary of Prosthodontic Terms)

Inlay – An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore cusp tips. (CDT 2016 Dental Procedure Codes, American Dental Association)

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. (CDT 2016 Dental Procedure Codes, American Dental Association)

Three-quarter crown (partial veneer crown) – a restoration that restores all but one coronal surface of a tooth or dental implant abutment, usually not covering the facial surface. (Journal of Prosthetic Dentistry; Glossary of Prosthodontic Terms; July 2005)

4. When an inlay/onlay is being replaced and the X-ray image or attachments submitted do not indicate decay, fracture and/or the tooth being otherwise compromised, the provider is requested to state the reason(s) for replacing the inlay/onlay.
 5. Replacement of inlays and onlays may be benefited for restorations older than 5 years unless specified under group contract.
 6. Multistage procedures are reported and benefited upon completion. The completion date for crowns, veneers, onlays and inlays is the cementation date.
 7. Porcelain crowns, porcelain-fused to metal or plastic processed to metal type crowns, inlays or onlays are not a benefit for children under 12 years of age for vital teeth.
 8. **Regarding Implant-Limited Plans:** A crown, inlay or onlay placed adjacent to an implant tooth is subject to the implant contract time limitation. Implant procedures will be paid as an alternate benefit equivalent to the payment for two retainers of a 3-unit fixed partial denture. Therefore, the adjacent teeth are subject to treatment limitations for existing inlays, onlay, crowns, veneers and fixed and removable prosthodontics. Appropriate processing policies will be applied. As an example, for plans that have a 5 year limitation on crowns; a crown placed on a tooth adjacent to an implant is not a benefit for 5 years following implant placement. A corresponding benefit is applied for plans that have a 7 year limitation on crowns.
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Code & Nomenclature	Submission Requirements	Valid Tooth/Quad/Arch/ Surface
D2510 inlay – metallic – one surface	X-ray	1 - 32, Any surface
<ol style="list-style-type: none"> Benefit only for an occlusal surface to close the RCT access of a pre-existing full gold crown For all other cases, the alternate benefit of an amalgam or composite restoration may be applied. 		
D2520 inlay – metallic – two surfaces	X-ray	1 - 32, Any surface
D2530 inlay – metallic – three or more surfaces		
<ol style="list-style-type: none"> For most plans, upon review of the X-ray image, the alternate benefit of an amalgam or composite will be applied if inlay criteria not met. 		
D2542 onlay – metallic – two surfaces	X-ray	1 - 32, Any surface(s)
D2543 onlay – metallic – three surfaces		
D2544 onlay – metallic – four or more surfaces		
<ol style="list-style-type: none"> Upon review of the X-ray image, the alternate benefit of an amalgam or composite will be applied if onlay criteria not met. 		
D2610 inlay – porcelain/ceramic – one surface	X-ray	1 - 32, Any surface
<ol style="list-style-type: none"> The alternate benefit of a D2510 will be applied only for an occlusal surface to close the RCT access of a pre-existing porcelain surface. For all other cases, the alternate benefit of an amalgam or composite restoration may be applied. For most plans, porcelain/ceramic or resin-based composite inlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite inlay done on a posterior tooth. Refer to current group benefit information for specific coverage for inlays. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/Quad/Arch/ Surface
D2620 inlay – porcelain/ceramic – two surfaces	X-ray	1 - 32, Any surfaces
D2630 inlay – porcelain/ceramic – three or more surfaces	<ol style="list-style-type: none"> For most plans, porcelain/ceramic or resin-based composite inlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite inlay done on a posterior tooth. Refer to current group benefit information for specific coverage for inlays. 	
D2642 onlay – porcelain/ceramic – two surfaces	X-ray	1 - 32, Any surfaces
D2643 onlay – porcelain/ceramic – three surfaces		
D2644 onlay – porcelain/ceramic – four or more surfaces	<ol style="list-style-type: none"> For most plans, porcelain/ceramic or resin-based composite onlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite inlay done on a posterior tooth. Refer to current group benefit information for specific coverage for onlays. 	
D2650 inlay – resin-based composite – one surface	X-ray	1 - 32, Any surface
	<ol style="list-style-type: none"> The alternate benefit of a D2510 will be applied only for an occlusal surface to close the RCT access of a pre-existing resin crown. For all other cases, the alternate benefit of an amalgam or composite restoration may be applied. For most plans, porcelain/ceramic or resin-based composite onlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite onlay done on a posterior tooth. Refer to current group benefit information for specific coverage for inlays. 	

Code & Nomenclature	Submission Requirements	Valid Tooth/Quad/Arch/ Surface
<p>D2651 inlay – resin-based composite – two surfaces</p>	X-ray	1 - 32, Any surface
<p>D2652 inlay – resin-based composite – three or more surfaces</p>		
<p>1. For most plans, porcelain/ceramic or resin-based composite inlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite onlay done on a posterior tooth. Refer to current group benefit information for specific coverage for inlays.</p>		
<p>D2662 onlay – resin-based composite – two surfaces</p>	X-ray	1 - 32, Any surfaces
<p>D2663 onlay – resin-based composite – three surfaces</p>		
<p>D2664 onlay – resin-based composite – four or more surfaces</p>		
<p>1. For most plans, porcelain/ceramic or resin-based composite onlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite inlay done on a posterior tooth. Refer to current group benefit information for specific coverage for onlays.</p>		

Crowns-Single Restorations Only D2710 – D2799

General Guidelines

1. Restorations for occlusal wear, altering occlusion, vertical dimension, attrition, erosion, abrasion, abfraction, TMD, periodontal or orthodontic splinting are denied and the approved amount is collectible from the patient. See definitions below.

Definitions:

- **Abfraction** - the pathological loss of hard tooth substance caused by biomechanical loading forces. Such loss is thought to be due to flexure and chemical fatigue degradation of enamel and/or dentin at some location distant from the actual point of loading.
- **Abrasion** - The wearing away of a substance or structure (such as the skin or teeth) through some unusual or abnormal mechanical process. An abnormal wearing away of the tooth substance by causes other than mastication.
- **Attrition** - The act of wearing or grinding down by friction. The mechanical wear resulting from mastication or parafunction, limited to contacting surfaces of the teeth.
- **Erosion** - the progressive loss of tooth substance by chemical processes that do not involve bacterial action producing defects that are sharply defined, wedge shaped depressions often in facial and cervical areas.

(Reference: *Journal of Prosthetic Dentistry*, Vol 94, No. 1, The Glossary of Prosthodontic Terms, 8th Edition 2005, pp-10-81)

2. By contract, HDS plans benefit restorations of tooth structure loss from caries or fractured tooth surfaces. Restorations provided for cosmetic purposes, congenital malformations (e.g. peg lateral incisors, enamel hypoplasia) are non-payable by HDS. The patient must be informed and agree to assume the cost of non-benefit procedures.

For uniformity in terminology, HDS and Delta USA considers a fractured tooth, crazing and crack to be defined as the following:

Fractured tooth - a separation in the continuity of tooth structure that results in mobility of one or both segments.

Crazing - the appearance of minute cracks on the surface of artificial or natural teeth.

Crack - an incomplete split, break or fissure.

3. A treatment plan with a poor and or uncertain periodontal, restorative or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
4. A crown (resin, ceramic or metal) is a covered benefit only when required for missing tooth structure (decay or fracture) and only when the tooth cannot be restored with a more conservative restoration. The patient must be informed that the crown is an elective procedure when the tooth can be restored with a more conservative restoration.

5. When a crown is planned for replacement and the X-ray image or other documentation does not demonstrate decay, fracture and or the tooth being otherwise compromised, a narrative stating the clinical reason(s) for replacement should be provided.
6. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.
7. If an indirectly fabricated restoration is performed by the same dentist/dental office within 6 months of the placement of an amalgam or resin-based composite restoration, the HDS payment for the amalgam or resin-based composite restoration will be deducted from the indirectly fabricated restoration benefit.
8. The fee for a restoration includes services such as, but not limited to:
 - crown removal
 - tooth preparation
 - diagnostic wax-up,
 - electro surgery
 - temporary restorations
 - liners and cement bases
 - impressions
 - laboratory fees
 - laser technology
 - occlusal adjustment within 6 months after the restoration
 - post-operative visits within 6 months after the restoration
 - local anesthesia
 - crown lengthening and gingivectomy on the same date of service

These procedures/services are not billable to the patient when submitted as a separate charge.

9. Replacement of partial coverage restorations, veneers, ceramic, porcelain fused to metal and resin based composite crowns due to defective margins, recurrent decay, restorative material failure or fractured tooth surfaces may be a benefit as specified under group contract.
10. Ceramic crowns, porcelain-fused to metal or resin based composite crowns processed to metal type crowns, inlays or onlays are not a benefit for children under 12 years of age for vital teeth.
11. Multistage procedures are reported and benefited upon completion. Claims should be submitted with the cementation date of the crown. For patients whose dental coverage has been terminated; indicate the preparation date in a narrative. If the preparation was done prior to the patient's termination date, the crown will be benefited if inserted within 30 days of the termination and if no other dental coverage exists.
12. When submitting for crowns, core buildup or post and core, an X-ray image may not be required for molar and premolar teeth with an HDS history of endodontic treatment.
13. Radiographic images used to verify crown seatings are considered working images and are not billable to the patient.
14. The repair of crown/retainer margins due to caries should be submitted using **D2999 unspecified restorative procedure, by report** or the appropriate corresponding restorative procedure code.
15. Regarding Cosmetic Services and Patient-Elected Services:
Services elected by the patient for cosmetic reasons or for restoring/altering vertical dimension are not covered benefits. The dentist must explain that the services may be denied.
 - HDS plans provide benefits for restoration of tooth structure loss from caries and or fractured/missing tooth surfaces. Restorations provided for cosmetic purposes are considered elective services.

- Replacement of cosmetic crowns and veneers is denied. Patient must be informed and agree to assume the cost of non-benefit procedures.
 - Even when a crown is elected by the patient for cosmetic reasons, there is still the possibility that the service may be benefited by HDS if there is clinical justification for the restoration. Therefore, the dentist must submit the service to HDS with the required attachments (if any). HDS will review the submission and determine if the service is covered. If the crown is benefited, the dentist is held to the Maximum Plan Allowance for the service.
 - When reviewing the treatment plan for a cosmetic service with the patient, the dentist should explain that the service may not be a benefit. It is recommended that the dentist obtain the patient's written consent on a form that clearly explains the charges that will be incurred.
16. When closing or restoring the endodontic access opening through an existing crown that will not be replaced, the following appropriate coding options will apply:
- D2140 amalgam one surface
 - D2330 resin one surface anterior
 - D2391 resin one surface posterior
 - D2999 unspecified restorative procedure, by report
17. **Regarding Implant-Limited Plans:** A crown, inlay or onlay placed adjacent to an implant tooth is subject to the implant contract time limitation. Implant procedures will be paid as an alternate benefit equivalent to the payment for two retainers of a 3-unit fixed partial denture. Therefore, the adjacent teeth are subject to treatment limitations for existing inlays, onlays, crowns, veneers and fixed and removable prosthodontics. Appropriate processing policies will be applied. As an example, for plans that have a 5 year limitation on crowns, a crown placed on a tooth adjacent to an implant is not a benefit for 5 years following implant placement. A corresponding benefit is applied for plans that have a 7 year limitation on crowns.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Crowns – Single Restorations Only D2710 – D2799		
D2710 crown – resin-based composite (indirect)	X-ray	4 - 13, 20 - 29
1. See additional guidelines for D2710 alternate benefit shaded in gray.		
D2710 crown – resin-based composite (indirect)	X-ray	1 - 3, 14 -19, 30 - 32
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2712 crown –¾ resin-based composite (indirect)	X-ray	4 - 13, 20 - 29
This procedure does not include facial veneers.		
1. See additional guidelines for D2712 alternate benefit shaded in gray.		
D2712 crown –¾ resin-based composite (indirect)	X-ray	1 - 3, 14 -19, 30 - 32
This procedure does not include facial veneers.		
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		
D2720 crown – resin with high noble metal	X-ray	4 - 13, 20 - 29
D2721 crown – resin with predominantly base metal		
D2722 crown – resin with noble metal		
1. See additional guidelines for D2720, D2721 and D2722 alternate benefits shaded in gray.		
D2720 crown – resin with high noble metal	X-ray	1 - 3, 14 -19, 30 - 32
D2721 crown – resin with predominantly base metal		
D2722 crown – resin with noble metal		
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2740 crown – porcelain/ceramic	X-ray	4 - 13, 20 - 29
Porcelain margin charges associated with this procedure are not billable to the patient.		
1. See additional guidelines for D2740 alternate benefit shaded in gray.		
D2740 crown – porcelain/ceramic	X-ray	1 - 3, 14 -19, 30 - 32
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		
2. Porcelain margin charges associated with this procedure are not billable to the patient.		
D2750 crown – porcelain fused to high noble metal	X-ray	4 - 13, 20 - 29
D2751 crown – porcelain fused to predominantly base metal		
D2752 crown – porcelain fused to noble metal		
D2753 crown - porcelain fused to titanium or titanium alloy		
1. The additional lab cost for porcelain gingival margin on anterior and premolar crowns may be charged to the patient when the following conditions are met:		
<ul style="list-style-type: none"> • Submit as code D2999 or D6999 (Miscellaneous by report codes) describing the service, including a narrative stating, "Service elected by patient for cosmetic reasons". • Lab invoice showing the additional amount charged for porcelain margin. 		
2. See additional guidelines for D2750, D2751,D2752 and D2753 alternate benefit shaded in gray.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2750 crown – porcelain fused to high noble metal	X-ray	1 - 3, 14 -19, 30 - 32
D2751 crown – porcelain fused to predominantly base metal		
D2752 crown – porcelain fused to noble metal		
D2753 crown - porcelain fused to titanium or titanium alloy		
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		
D2780 crown – 3/4 cast high noble metal	X-ray	1 - 32
D2781 crown – 3/4 cast predominantly base metal		
D2782 crown – 3/4 cast noble metal		
D2783 crown – 3/4 porcelain/ceramic	X-ray	4 -13, 20 - 29
This procedure does not include facial veneers.		
1. See additional guidelines for D2783 alternate benefit shaded in gray.		
D2783 crown – 3/4 porcelain/ceramic	X-ray	1 - 3, 14 -19, 30 - 32
This procedure does not include facial veneers.		
1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2790 crown – full cast high noble metal	X-ray	1 - 32
D2791 crown – full cast predominantly base metal	X-ray	1 - 32
D2792 crown – full cast noble metal		
D2794 crown – titanium and titanium alloys	X-ray	1 - 32
<ol style="list-style-type: none"> 1. For most plans, upon review of the X-ray images, the alternate benefit of a D2790 will be applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific coverage for crowns. 		
D2799 provisional crown – further treatment or completion of diagnosis necessary prior to final impression	X-ray, Narrative	1 - 32
Not to be used as a temporary crown for a routine prosthetic restoration.		
<ol style="list-style-type: none"> 1. Covered as a benefit only in the event of an injury/trauma. Narrative must detail the cause and nature of the injury/trauma. The presence of caries is not considered an injury or trauma. 2. Temporary restorations are not separate benefits and are included in the fee for the permanent restoration. Benefits are not billable to the patient. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Other Restorative Services D2910 - D2999		
D2910 re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		1 - 32
D2915 re-cement or re-bond indirectly fabricated or prefabricated post and core		
D2920 re-cement or re-bond crown		1 - 32 A - T
	<ol style="list-style-type: none"> 1. Benefit for recementation within 6 months of the initial placement is not billable to the patient when performed by the same dentist or dental office. 2. Recementation by a different provider (within 6 months of initial placement) is a benefit once. 3. Benefits are allowed for one recementation after 6 months have elapsed since initial placement. Subsequent requests for recementation are allowed every 12 months thereafter. 4. D2920 and D2915 are not benefited on the same tooth on the same service date by the same dentist or dental office. If submitted, D2915 is not billable to the patient. 	
D2921 reattachment of tooth fragment, incisal edge or cusp		1 - 32
	<ol style="list-style-type: none"> 1. The replacement of a D2921 performed within 24 months by the same dentist/dental office is not billable to the patient. 2. Benefits are allowed for permanent teeth. Reattachment of a tooth fragment on a primary tooth is denied. 	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2928 prefabricated porcelain/ceramic crown – permanent tooth	<ol style="list-style-type: none"> 1. If D2928 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2928 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 3. For most plans, the alternate benefit allowance of D2931 is applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific restorative coverage. 	1 - 32
D2929 prefabricated porcelain/ceramic crown – primary tooth	<ol style="list-style-type: none"> 1. If D2929 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2929 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 3. For most plans, if submitted for a posterior primary tooth the alternate benefit allowance of D2930 is applied. If submitted for an anterior primary tooth, the alternate benefit allowance of D2934 is applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific restorative coverage. 	A - T
D2930 prefabricated stainless steel crown – primary tooth	<ol style="list-style-type: none"> 1. If D2930 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2930 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 	A - T
D2931 prefabricated stainless steel crown – permanent tooth	<ol style="list-style-type: none"> 1. If D2931 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2931 placed within 24 months of a stainless steel, resin-based or resin crown (D2390, D2930, D2932, D2933, D2934) is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 	1 - 32

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2932 prefabricated resin crown	<ol style="list-style-type: none"> If D2932 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. A D2932 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. See additional guidelines for D2932 alternate benefit shaded in gray. 	C - H, M - R
D2932 prefabricated resin crown	<ol style="list-style-type: none"> If D2932 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. A D2932 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. For most plans, if submitted for a posterior primary tooth or permanent tooth, the alternate benefit allowance of D2930 or D2931 is applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific coverage for restorative coverage. 	A-B, I-L, S-T
D2933 prefabricated stainless steel crown with resin window	<p>Open-face stainless steel crown with aesthetic resin facing or veneer.</p> <ol style="list-style-type: none"> If D2933 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. A D2933 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. If submitted for a posterior primary tooth or a permanent tooth, the alternate benefit D2930 or D2931 is applied. See additional guidelines for D2933 alternate benefit shaded in gray. 	C - H, M - R

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2933 prefabricated stainless steel crown with resin window	<p>Open-face stainless steel crown with aesthetic resin facing or veneer.</p> <ol style="list-style-type: none"> 1. If D2933 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2933 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 3. For most plans, if submitted for a posterior primary tooth or a permanent tooth, the alternate benefit D2930 or D2931 is applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific restorative coverage. 	A-B, I-L, S-T
D2934 prefabricated esthetic coated stainless steel crown – primary tooth	<ol style="list-style-type: none"> 1. If D2934 is performed by same dentist/dental office within 6 months of an amalgam or resin-based restoration, the restoration will be deducted. 2. A D2934 placed within 24 months of a crown is not billable to the patient for same dentist/dental office and denied for different dentist/dental office. 3. See additional guidelines for D2394 alternate benefit shaded in gray. 	C - H, M - R
D2934 prefabricated esthetic coated stainless steel crown – primary tooth	<ol style="list-style-type: none"> 1. If D2934 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2934 placed within 24 months of a crown is not billable to the patient for same dentist/dental office and denied for different dentist/dental office. 3. For most plans, if submitted for a posterior primary tooth, the alternate benefit of D2930 is applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific restorative coverage. 	A-B, I-L, S-T

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2940 protective restoration	<p>Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under a restoration.</p> <ol style="list-style-type: none"> 1. Allowed once per tooth, per dentist/dental office, per 24 months. D2940 is not billable to the patient for same dentist/dental office and denied for different dentist/dental office when performed within 24 months of the initial placement. 2. Benefits for a protective restoration are not billable to the patient when performed in conjunction with a definitive service and/or palliative treatment (D9110) on the same tooth. 	A - T, 1 - 32
D2950 core buildup, including any pins when required	X-ray	1 - 32
<p>Refers to building up of coronal structure when there is insufficient retention for a separate extracoronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.</p> <ol style="list-style-type: none"> 1. A core buildup is a benefit only when there is insufficient sound tooth structure (less than 50% remaining tooth structure) to support and retain a crown or retainer. 2. A core buildup is not billable to the patient when the radiographic image and other supporting documents indicate that sufficient tooth structure remains to support and retain a crown or retainer. 3. An X-ray image may not be required for molar and premolar teeth with an HDS history of endodontic treatment. 4. Do not submit this code for the closure of an endodontic access through an existing crown unless a new crown will be fabricated. 5. A core buildup is not billable to the patient when performed in conjunction with inlay and onlay procedures. 		
D2951 pin retention – per tooth, in addition to restoration		1 - 32
<ol style="list-style-type: none"> 1. Only allowed for amalgam and composite restorations. 2. Fees for additional pins on the same tooth are not billable to the patient as a component of the initial pin placement. 3. A fee for pin retention when billed in conjunction with a buildup is not billable to the patient. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2952 post and core in addition to crown, indirectly fabricated	X-ray	1 - 32
Post and core are custom fabricated as a single unit.		
<ol style="list-style-type: none"> 1. Post and cores (D2952 and D2954) are benefits only when insufficient crown retention exists due to extensive caries and/or tooth fracture. Post and cores will be denied when the x-ray documentation shows a minimal loss of tooth structure due to the endodontic access opening, caries and/or fracture. 2. Benefits for post and core are not billable to the patient when radiographs indicate an absence of endodontic treatment, incompletely filled canal space or unresolved pathology associated with the involved tooth. 3. An X-ray image may not be required for molar and premolar teeth with an HDS history of endodontic treatment. 4. Restorations are not a benefit in conjunction with overdentures and benefits are denied as an elective technique. 		
D2954 prefabricated post and core in addition to crown	X-ray	1 - 32
Core is built around a prefabricated post. This procedure includes the core material.		
<ol style="list-style-type: none"> 1. Post and cores (D2952 and D2954) are benefits only when insufficient crown retention exists due to extensive caries and/or tooth fracture. Post and cores will be denied when the x-ray documentation shows a minimal loss of tooth structure due to the endodontic access opening, caries and/or fracture. 2. Benefits for post and core are not billable to the patient when radiographs indicate an absence of endodontic treatment, incompletely filled canal space or unresolved pathology associated with the involved tooth. 3. An X-ray image may not be required for molar and premolar teeth with an HDS history of endodontic treatment. 4. Restorations are not a benefit in conjunction with overdentures and benefits are denied as an elective technique. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2955 post removal	X-ray, Narrative	1 - 32
<ol style="list-style-type: none"> 1. Post removal is considered an integral component of endodontic retreatment procedure codes D3346, D3347, D3348. Post removal associated with endodontic retreatment performed by the same dentist/dental office is not billable to the patient. 2. A benefit allowance may be made based on the submitted X-ray image and narrative (i.e. removal of a broken/fractured post when endodontic treatment is not anticipated or planned). 		
D2960 labial veneer (resin laminate) – direct		4 - 13, 20 - 29
Refers to labial/facial direct resin bonded veneers.		
<ol style="list-style-type: none"> 1. Veneers to treat caries and incisal fractures are considered covered benefits if the tooth qualifies for a crown and patient payments are limited to co-payments of the HDS eligible amount. 2. The placement or replacement of veneers on permanent anterior teeth and premolar s for cosmetic purposes are considered non-covered benefits and the patient must be informed and agree to assume the cost up to the submitted charge amount. 3. Benefit limit is determined by the group contract. 4. Replacement of veneers should be accompanied by a narrative explaining the need to replace the veneer. While not routinely required, photographic images may be beneficial to support the claim submission. 5. See the General Guidelines, page 11 for services provided for cosmetic reasons. 		
D2961 labial veneer (resin laminate) – indirect	X-ray	4 - 13, 20 - 29
Refers to labial/facial indirect resin bonded veneers.		
<ol style="list-style-type: none"> 1. Veneers to treat caries and incisal fractures are considered covered benefits if the tooth qualifies for a crown and patient payments are limited to co-payments of the HDS eligible amount. 2. The placement or replacement of veneers on permanent anterior teeth and premolars for cosmetic purposes are considered non-covered benefits and the patient must be informed and agree to assume the cost up to the submitted charge amount. 3. Benefit limit is determined by the group contract. 4. Replacement of veneers should be accompanied by a narrative explaining the need to replace the veneer. While not routinely required, photographic images may be beneficial to support the claim submission. 5. See the General Guidelines, page 11 for services provided for cosmetic reasons. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
<p>D2962 labial veneer (porcelain laminate) – indirect</p>	<p>X-ray</p>	<p>4 - 13, 20 - 29</p>
<p>Refers also to facial veneers that extend interproximally and/or cover the incisal edge. Porcelain/ceramic veneers presently include all ceramic and porcelain veneers.</p> <ol style="list-style-type: none"> 1. Veneers to treat caries and incisal fractures are considered covered benefits if the tooth qualifies for a crown and patient payments are limited to co-payments of the HDS eligible amount. 2. The placement or replacement of veneers on permanent anterior teeth and premolars for cosmetic purposes are considered non-covered benefits, and the patient must be informed and agree to assume the cost up to the submitted charge amount. 3. Benefit limit is determined by the group contract. 4. Replacement of veneers should be accompanied by a narrative explaining the need to replace the veneer. While not routinely required, photographic images may be beneficial to support the claim submission. 5. See the General Guidelines, page 11 for services provided for cosmetic reasons. 		
<p>D2971 additional procedures to construct new crown under existing partial denture framework</p>		<p>1 - 32</p>
<p>To be reported in addition to a crown code.</p> <ol style="list-style-type: none"> 1. This procedure must be submitted with a crown procedure. 2. Patient history of partial denture (D5213, D5214) is required for benefit of this procedure. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2980 crown repair necessitated by restorative material failure	Narrative, Lab Invoice	1 - 32
D2981 inlay repair necessitated by restorative material failure		
D2982 onlay repair necessitated by restorative material failure		
D2983 veneer repair necessitated by restorative material failure		
<ol style="list-style-type: none"> 1. Includes removal of prosthesis, if necessary. 2. The repair of crown/retainer margins due to caries should be submitted using D2999 unspecified restorative procedure, by report or the appropriate corresponding restorative procedure code. 3. For most plans, ceramic repairs on molars are not benefits and the patient is responsible for the cost. Refer to current group benefit information for specific coverage for porcelain/ceramic repairs on molars. 4. Repair is a benefit 6 months after the initial insertion and then only a benefit once every 12 months. 5. Any restoration performed by the same dentist on the same tooth within 12 months after crown insertion is not billable to the patient. Special consideration may be given by report. 6. The submitted information should include: <ul style="list-style-type: none"> • Clinical diagnosis • The tooth surfaces involved in the repair • Type of restorative materials used for the repair (composite, amalgam, etc.) • Tooth number • Chair time • Laboratory invoice when appropriate • X-ray or photographic image(s) when available • Additional other supporting information 7. Upon review of the submitted narrative and other documentation, an appropriate benefit allowance will be applied. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D2999 unspecified restorative procedure, by report	Narrative, Lab Invoice	A-T, 1-32
<p>Use for procedure that is not adequately described by a code. Describe procedure (e.g. rigid splinting of crowns).</p>		
<ol style="list-style-type: none"> 1. Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time. Intraoral photographic images (when available), x-ray images when appropriate or additional supporting information may be requested. 2. Upon review of documentation, the appropriate benefit allowance will be applied. 3. The repair of crown/retainer margins due to caries should be submitted using D2999 unspecified restorative procedure, by report or the appropriate corresponding restorative procedure code. 4. The additional lab cost for porcelain gingival margin on anterior and premolar crowns may be charged to the patient when the following conditions are met: <ul style="list-style-type: none"> • Submit as code D2999 or D6999 (Miscellaneous by report codes) describing the service, including a narrative stating, “service elected by patient for cosmetic reasons”. • Lab invoice showing the additional amount charged for porcelain margin. 5. For most plans, additional cost for porcelain gingival margin on molar crowns are not benefits and the patient is responsible for the cost. Refer to current group benefit information for specific coverage for porcelain services performed on molar crowns 6. When closing or restoring the endodontic access opening through an existing crown that will not be replaced, the appropriate coding options are: <ul style="list-style-type: none"> • D2140 amalgam one surface • D2330 resin one surface anterior • D2391 resin one surface posterior • D2999 unspecified restorative procedure, by report 		