Other Restorative Procedures (For Ohio Only)

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Related References and Policies

- UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide
- Dental Provider Manual: UnitedHealthcare Community Plan of Ohio

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01. Early and periodic screening, diagnostic, and treatment (EPSDT) covered dental service considerations are applied to members younger than age 21 years of age pursuant to Ohio Administrative Code 5160-1-14(C)(3).

Prior Authorization

The Ohio Department of Medicaid (ODM) determines coverage of dental services based on medical necessity, alignment with policy criteria, and clinical indications. CDT codes that are designated as covered by ODM are eligible for reimbursement when all applicable guidelines are met. For a comprehensive list of covered CDT codes, refer to the UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide and/or Dental Provider Manual: UnitedHealthcare Community Plan of Ohio.

Non-covered codes may be reimbursable if special justification is submitted to include prior-authorization, clinical narrative of medical necessity, and supporting documentation including but not limited to clinical records, diagnostic imaging, periodontal charting, or any other relevant documentation to support the clinical rationale.

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.

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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)

Clinical Indications

Covered Codes

CDT Code	Age Limits	Frequency Limits	Authorization Required	Required Documentation
D2920	0-999	1 per 12 months per tooth	No	

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.

Re-cementation within the first six months of placement are included in the initial placement and are not separately reimbursed.

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

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

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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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References

American Dental Association (ADA) CDT Codebook 2025.

American Dental Association Glossary of Clinical and Administrative Terms.

International Association of Dental Traumatology, Dental Trauma Guidelines 2012. Updated 2020. Available at: https://iadt-dentaltrauma.org/guidelines-and-resources/guidelines/. Accessed April 28, 2025.

Policy History/Revision Information

Date	Summary of Changes

12/01/2026	**Template Updates**
	• Renamed *Related Dental Policy* to *Related References and Policies*
	• Reordered contents of policy
	  ○ Moved *Description of Services* and *Definitions* towards beginning of policy
	• Added *Prior Authorization* section
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added *Covered Codes*
	Supporting Information
	• Updated *References* section to reflect the most current information
	• Archived previous policy version CSDEN416OH.A

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, 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 Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

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Archived Policy Versions

Effective Date	Guideline Number	Guideline Title
11/01/2025 – 11/30/2026	CSDEN416OH.A	Other Restorative Procedures
12/01/2023 – 10/31/2025	CSDEN329OH.A	Other Restorative Procedures

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