CareFirst
Family of health care plans

Part 3: Restorative

Comprehensive Dental Reference Guide

Please use the Comprehensive Dental Reference Guide when preparing your claims and pre-treatment estimates for CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., (collectively, "CareFirst"), CareFirst BlueCross BlueShield Medicare Advantage, The Dental Network, and the Federal Employee Program®.

- **CDT code descriptions**
- **Utilization review perspectives on clinical presentations appropriate for benefit allowance**
- **CareFirst-required documentation to allow for processing**
- **Identification of codes that require a clinical review by our staff of licensed dentists**

Selecting the most appropriate code to describe treatment rendered and providing required documentation streamlines the claims submission process.

These descriptions and directions are based on standard plan designs. Individual patient plans may vary. Verify benefits and eligibility for each patient before the appointment.

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CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc. and CareFirst Advantage PPO, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD®, the Cross and Shield Symbols, and Federal Employee Program® are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

CareFirst
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Restorative: D2000–D2999

The information provided is based on general clinical policy and can vary for each patient's plan. Verify benefits and eligibility for each patient before the appointment, as there are differences among plans. The following information gives generalized clinical requirements and guidance for each CDT code.

Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2140	Amalgam—one surface, primary or permanent	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2140 for #13-O is submitted with D2140 for #13-M, the benefit will be allowed for D2150—#13-MO. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2150	Amalgam—two surfaces, primary or permanent	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2150 for #13-MO is submitted with D2150 for #13-DO, the benefit will be allowed for amalgam—three surfaces (D2160)—#13-MOD. Multiple restorations billed for non-contiguous surfaces will be paid individually. Note: Indirect pulp caps (D3120) are considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2160	Amalgam—three surfaces, primary or permanent	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2160 for #13-MOD is submitted with D2150 for #13-OL, the benefit will be allowed for D2161—#13-MODL. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2161	Amalgam—four or more surfaces, primary or permanent	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2161 for #13-MODB is submitted with D2150 for #13-OL, the benefit will be allowed for D2161—#13-MODBL. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2330	Resin-based composite—one surface, anterior	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2330 for #8-F is submitted with D2330 for #8-D, the benefit will be allowed for D2331—#8-DF. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2331	Resin-based composite—two surfaces, anterior	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2331 for #8-MF is submitted with D2330 for #8-D, the benefit will be allowed for D2332—#8-MFD. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2332	Resin-based composite—three surfaces, anterior	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2332 for #8-MFL is submitted with D2330 for #8-D, the benefit will be allowed for D2335—#8-MFDL. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2335	Resin-based composite—four or more surfaces	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2332 for #8-MFL is submitted with D2330 for #8-D, the benefit will be allowed for D2335—#8-MFDL. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2390	Resin-based, composite crown—anterior	When this benefit is covered, it is provided once every five years.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2391	Resin-based, composite, one surface—posterior	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2391 for #18-M is submitted with D2391 for #18-O, the benefit will be allowed for D2392—#18-MO. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2392	Resin-based, composite, two surfaces—posterior	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2392 for #18-MO is submitted with D2392 for #18-DO, the benefit will be allowed for D2393—#18-MOD. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2393	Resin-based, composite, three surfaces—posterior	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2393 for #18-MOB is submitted with D2392 for #18-DO, the benefit will be allowed for D2394—#18-MODB. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2394	Resin-based, composite, four or more surfaces—posterior	Benefits are typically available once per 12 months per surface. If multiple restorations are reported on contiguous surfaces of the same tooth, the surfaces will be combined for an allowable benefit, e.g., if D2394 for #18-MODB is submitted with D2392 for #18-OL, the benefit will be allowed for D2394—#18-MODBL. However, multiple restorations billed for non-contiguous surfaces will be paid individually. Note: indirect pulp caps (D3120) and considered inclusive to the restoration.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2410	Gold foil—one surface	Typically not covered.	n/a
D2420	Gold foil—two surfaces	Typically not covered.	n/a
D2430	Gold foil—three surfaces	Typically not covered.	n/a
D2510	Inlay—metallic—one surface	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. The patient has a documented allergy to direct restorative materials. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2520	Inlay—metallic—two surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. The patient has a documented allergy to direct restorative materials. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2530	Inlay—metallic—three surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2542	Onlay metallic—two surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2543	Onlay metallic—three surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.

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Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2544	Onlay metallic—four or more surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. The patient has a documented allergy to direct restorative materials. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2610	Inlay—porcelain/ceramic—one surface	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. The patient has a documented allergy to direct restorative materials. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2620	Inlay—porcelain/ceramic—two surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. The patient has a documented allergy to direct restorative materials. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2630	Inlay—porcelain/ceramic—three or more surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. The patient has a documented allergy to direct restorative materials. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2642	Onlay—porcelain/ceramic—two surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2643	Onlay—porcelain/ceramic—three surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.

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Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2644	Onlay—porcelain/ceramic—four or more surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2650	Inlay—Resin-based composite—one surface	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. The patient has a documented allergy to direct restorative materials. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2651	Inlay—Resin-based composite—two surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. The patient has a documented allergy to direct restorative materials. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2652	Inlay—Resin-based composite—three or more surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. The patient has a documented allergy to direct restorative materials. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2662	Onlay—Resin-based composite—two surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2663	Onlay—Resin-based composite—three surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.

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Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2664	Onlay—Resin-based composite—four or more surfaces	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2710	Crown—resin-based composite (indirect)	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2712	Crown—3/4 resin-based composite (indirect)	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2720	Crown—resin with high noble metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2721	Crown—resin with predominantly base metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2722	Crown—resin with noble metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.

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Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2740	Crown—porcelain/ceramic	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2750	Crown—porcelain fused to high noble metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2751	Crown—porcelain fused to predominantly base metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2752	Crown—porcelain fused to noble metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2753	Crown—porcelain fused to titanium and titanium alloys	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2780	Crown—3/4 cast high noble metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.

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Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2781	Crown—3/4 cast predominately base metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2782	Crown—3/4 cast noble metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2783	Crown—3/4 porcelain/ceramic	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2790	Crown—full cast high noble metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2791	Crown—full cast predominantly base metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2792	Crown—full-cast noble metal	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.

*Check patient eligibility including age and frequency limitations for each service.

Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2794	Crown—titanium	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2799	Provisional crown—further treatment or completion of diagnosis necessary before final impression	Benefits for a provisional crown are considered inclusive to the benefits for the permanent crown and will not be billable to CareFirst or to the member.	n/a
D2910	Recement inlay, onlay, or partial coverage restoration	Benefits are typically available once in a 12-month period but not until after the restoration has been in place for six months.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2915	Recement cast or prefabricated post and core	Benefits are typically available once in a 12-month period but not until after the P&C has been in place for six months.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2920	Recement crown	Benefits are typically available once in a 12-month period but not until after the P&C has been in place for six months.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2921	Reattachment of tooth fragment, incisal edge or cusp	Benefits are typically available once in a 12-month period and only for permanent teeth. If additional restorations are reported on contiguous surfaces of the same tooth, they will be combined with the reattachment benefit.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2928	Prefabricated porcelain/ceramic crown—permanent tooth	Benefits are typically available once every five years per tooth. Limited to permanent teeth. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2929	Prefabricated porcelain/ceramic crown—primary tooth	Typically not covered.	n/a
D2930	Prefabricated stainless steel crown—primary tooth	Benefits are typically available once every five years per tooth, with age limitations for the member. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	n/a
D2931	Prefabricated stainless steel crown—permanent tooth	Benefits are typically available once every five years per tooth, with age limitations for the member. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	n/a

*Check patient eligibility including age and frequency limitations for each service.

Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2932	Prefabricated resin crown	Benefits are typically available once every five years per tooth, with age limitations for the member. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2933	Prefabricated stainless steel crown with resin window	Benefits are typically available once every five years per tooth, with age limitations for the member. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth	Benefits are typically available once every five years per tooth, with age limitations for the member. Any restorative procedure must be required due to extensive caries or trauma. A direct restoration is not feasible. Free of endodontic signs/symptoms. The tooth must present with a minimum of 50% bone support.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2940	Placement of interim direct restoration	Benefits are typically available once per tooth per year and only when billed separately; if billed with another restoration, a direct/indirect pulp cap, or endodontic therapy, the protective restoration will be denied as inclusive.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2949	Restorative foundation for an indirect restoration	This procedure is considered inclusive to all restorations and is not billable to the patient or CareFirst. Undercuts and suboptimal tapered wall shape are relieved with the foundation but it is not critical for retention of the final restoration.	n/a
D2950	Core buildup, including any pins when required	If covered, benefits are typically available once every five years per tooth; it is not payable if submitted with a post and care or with direct restorations, only with indirect restorations. A significant amount of tooth structure is missing, which does not allow for retention of the final restoration.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2951	Pin retention—per tooth, in addition to restoration	This benefit is available with direct restorations; up to four pins are allowed per tooth.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2952	Post and core, in addition to crown, indirectly fabricated	If covered, benefits are typically available once every five years per tooth; it is not payable if submitted with direct restorations or a core buildup on the same tooth.	**Requires clinical review; pre-treatment estimate recommended.** Post-operative periapical radiograph showing the completed root canal.

*Check patient eligibility including age and frequency limitations for each service.

Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2953	Each additional indirectly fabricated post—same tooth	If covered, benefits are typically available once every five years per tooth; it is not payable if submitted with direct restorations or a core buildup on the same tooth. It is only payable if submitted with D2952.	**Requires clinical review; pre-treatment estimate recommended.** Post-operative periapical radiograph showing the completed root canal.
D2954	Prefabricated post and core, in addition to crown	If covered, benefits are typically available once every five years per tooth; it is not payable if submitted with direct restorations or a core buildup on the same tooth.	**Requires clinical review; pre-treatment estimate recommended.** Post-operative periapical radiograph showing the completed root canal.
D2955	Post removal	The benefit is available as necessary.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2956	Removal of an indirect restoration on a natural tooth	This procedures is considered inclusive to the primary restorative service that is performed after the removal of the restoration.	n/a
D2957	Each additional prefabricated post—same tooth	If covered, benefits are typically available once every five years per tooth; it is not payable if submitted with direct restorations or a core buildup on the same tooth. It is only payable if submitted with D2954.	**Requires clinical review; pre-treatment estimate recommended.** Post-operative periapical radiograph showing the completed root canal. (The coding manual doesn't have DDR review for this code)
D2960	Labial veneer (resin laminate)—chairside	This benefit is typically available once every five years per tooth and only if the tooth qualifies for full crown coverage based on clinical necessity.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2961	Labial veneer (resin laminate)—laboratory	This benefit is typically available once every five years per tooth and only if the tooth qualifies for full crown coverage based on clinical necessity.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2962	Labial veneer (porcelain laminate)—laboratory	This benefit is typically available once every five years per tooth and only if the tooth qualifies for full crown coverage based on clinical necessity.	**Requires clinical review; pre-treatment estimate recommended.** Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.

*Check patient eligibility including age and frequency limitations for each service.

Restorative			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D2971	Additional procedures to construct new crowns under existing partial denture framework	This benefit is typically available once every five years per tooth and only if the tooth qualifies for full crown coverage based on clinical necessity.	**Requires clinical review if performed on a primary tooth**; Pre-operative periapical radiograph, rationale and date of prior placement. For endodontically treated teeth—post-operative periapical radiograph. In addition, an intraoral photo is recommended to demonstrate need.
D2975	Coping	This benefit is available as required.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2976	Band stabilization—per tooth	This benefit is considered inclusive to the permanent restoration.	n/a
D2980	Crown repair—necessitated by restorative material failure	The benefit is typically allowed once per tooth every 12 months.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D2981	Inlay repair—necessitated by restorative material failure	Typically not covered.	n/a
D2982	Onlay repair—necessitated by restorative material failure	Typically not covered.	n/a
D2983	Veneer repair—necessitated by restorative material failure	Typically not covered.	n/a
D2989	Excavation of a tooth resulting in the determination of non-restorability	This benefit is typically available once per lifetime per tooth.	**Requires clinical review if performed on a primary tooth;** Pre-operative periapical or bitewing radiograph; an intraoral photo is recommended to demonstrate need.
D2990	Resin infiltration of incipient smooth surface lesions	Typically not covered.	n/a
D2991	Application of hydroxyapatite regeneration medicament—per tooth	Typically not covered.	n/a
D2999	Unspecified restorative procedure, by report	If the service description is a procedure that is not covered, it will be denied with a specific reason. Describe the situation and why an existing code will not accurately represent the treatment performed.	**Requires clinical review with a narrative describing the clinical presentation and specific treatment that is not adequately captured with an existing CDT code.**

*Check patient eligibility including age and frequency limitations for each service.