

Dental Clinical Policy: Dental Restoration Definitions

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[Coding Implications](#)[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

The purpose of this Clinical Policy is to provide a guide for defining restorations to appropriately identify and report claim submissions for payment and/or authorization purposes in accordance with HIPAA and The Fair Claims Act. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Policy/Criteria

I. Class I Restorations for Maxillary Incisors (D2140, D2330)

- A. Class I restorations involve lingual (L) pits/grooves of maxillary incisors. Lingual (L) restorations involve a pit or developmental groove on the lingual surface. Lingual pit restorations include only the actual pit, not any extension of a facial or lingual groove that communicates directly with the incisal surface of the tooth. When standalone lingual pit restorations are provided, they should be reported separately using codes D2140 or D2330.

II. Class I Restorations for Maxillary and Mandibular Molars (D2140, D2150, D2160, D2391, D2392, D2393, D2394, D2410, D2420, D2430, D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664)

- A. Class I restorations involve the occlusal (O) grooves/pits and fissures, facial (F) pits/grooves, and lingual (L) pits/grooves of maxillary and mandibular molars. Occlusal (O) restorations include the central occlusal groove and any occlusal-facial or occlusal-lingual developmental grooves on the occlusal surface. Reporting an OF, OL or OFL restoration using codes D2150, D2160, D2392, D2393, D2394, D2420, D2430, D2520, D2530, D2620, D2630, D2642, D2643, D2651, D2652, D2662, or D2663 when the preparation and restoration does not extend through the facial and/or lingual cusp ridge and onto the facial and/or lingual surface (i.e., not creating a facial and/or lingual finger down to and including facial and/or lingual pit) is not appropriate.

In order for a Class I restoration to be classified as an OF, OL, or OFL, the preparation and restoration must extend through the facial cusp ridge and onto the facial surface creating a facial finger down to and including facial pit, or through the lingual cusp ridge and onto the lingual surface creating a lingual finger down to and including the lingual pit. When a facial or lingual finger extension is included in the restoration, an OF or OL restoration may be reported as D2150, D2392, D2420, D2520, D2542, D2620, D2642, D2651, or D2662. When facial and lingual finger extensions are both present, the OFL

restoration may be reported as D2160, D2393, D2430, D2530, D2543, D2630, D2643, D2652, or D2663.

Facial and lingual pit restorations include only the actual pit, not any extension of a facial or lingual groove that communicates directly with the occlusal surface of the tooth. When standalone facial and/or lingual pit restorations are provided, they should be reported separately as a D2140, D2391, D2410, D2510, D2610, or D2650. When a facial and/or lingual pit restoration is reported in conjunction with another separate restoration on the same tooth (e.g., D2150 – MO and D2140 – F), most benefit plans will pay the benefit of a 3-surface restoration. A limited number of benefit plans will pay for two separate and distinct restorations.

III. Class I Restorations for Maxillary Premolars (D2140, D2391, D2410, D2510, D2610, D2650)

- A. Maxillary premolars have only a central occlusal groove; therefore, only occlusal (O) restorations are appropriate. Reporting OF, OL, or OFL restorations on maxillary premolars as D2150, D2160, D2392, D2393, D2420, D2430, D2520, D2530, D2620, D2630, D2642, D2643, D2651, D2652, D2662, or D2663 is not appropriate.

IV. Class I Restorations for Mandibular 2nd Premolars (D2140, D2150, D2391, D2392, D2410, D2420, D2510, D2520, D2542, D2610, D2620, D2642, D2650, D2651, D2662)

- A. Most mandibular 2nd premolars have only a central occlusal groove. In this case, only occlusal (O) restorations are appropriate. OF restorations are not appropriate. In rare cases where two lingual cusps are present, a lingual groove extension may be appropriate if the restoration extends through the lingual ridge onto the lingual surface; and, an OL restoration reported as D2150 or D2392 may be appropriate. Reporting D2150, D2392, D2420, D2520, D2542, D2620, D2642, D2651, or D2662 when there is no lingual groove with an extension of a restoration that does not pass through and include the lingual cusp ridge is not appropriate. An OFL restoration reported as D2160, D2393, D2430, D2530, D2543, D2630, D2643, D2652, or D2663 is not appropriate.

V. Class I Restorations for Mandibular 1st Premolars (D2140, D2150, D2391, D2392, D2410, D2420, D2510, D2520, D2542, D2610, D2620, D2642, D2650, D2651, D2662)

- A. Most mandibular 1st premolars have only a central occlusal groove. In this case, only occlusal (O) restorations are appropriate. OF restorations are not appropriate. In rare cases where a lingual groove is present, a lingual groove extension may be appropriate if the restoration extends through the lingual ridge onto the lingual surface; and, an OL restoration may be appropriate. Reporting D2150, D2392, D2420, D2520, D2542, D2620, D2642, D2651, or D2662 when there is no lingual groove with an extension of a restoration that does not pass through and include the lingual cusp ridge is not appropriate. An OFL restoration reported as D2160, D2393, D2430, D2530, D2543, D2630, D2643, D2652, or D2663 is not appropriate.

VI. Class II Restorations (D2150, D2160, D2391, D2392, D2393, D2394, D2420, D2430, D2520, D2530, D2542, D2543, D2544, D2620, D2630, D2642, D2643, D2644, D2651, D2652, D2662, D2663, D2664)

- A. Class II restorations involve the mesial (M) and/or distal (D) surfaces and interproximal contact points/areas of molars and premolars. Frequently, the occlusal (O) groove of the restored tooth is included and reported as MO, DO, or MOD restorations. In such cases the occlusal portion of the restoration extends into the M and/or D marginal ridge, including the entirely involved proximal surface. In some cases, the Class II restoration may not include the occlusal surface and is performed as a slot restoration that avoids the occlusal groove and only involves the marginal ridge and the M and/or D proximal surface(s) and contact point/area(s). In such cases, the restorations are still reported as MO, DO, or MOD restorations using codes D2150, D2160, D2392, D2393, D2420, D2430, D2520, D2530, D2542, D2543, D2544, D2620, D2630, D2642, D2643, D2644, D2651, D2652, D2662, D2663, or D2664. Reporting a D2150, D2160, D2392, D2393, D2420, D2430, D2520, D2530, D2542, D2543, D2544, D2620, D2630, D2642, D2643, D2644, D2651, D2652, D2662, D2663, or D2664 when the restoration does not include the mesial and/or distal marginal ridge is not appropriate.

The criteria concerning OF and/or OL extensions as discussed in the Class I restorations applies in Class II restorations as well. Documenting F and/or L surfaces without an F or L extension through the facial or lingual cusp ridge is inappropriate and may be considered inappropriate. Reporting a MOL, DOL, MOB, or DOB as D2160, D2393, D2530, D2543, D2630, D2643, D2652, or D2663 when the restoration has does not include penetrating facial or lingual cusp ridge and onto the facial or lingual surface of the tooth is not appropriate. The same criteria pertains to reporting a MOFL, DOFL, MODF, MODL, or MODFL as a D2161, D2394, D2530, D2544, D2630, D2644, D2652, or D2664 when the restoration has does not include penetrating facial or lingual cusp ridge and onto the facial or lingual surface of the tooth. Reporting D2161, D2394, D2530, D2544, D2630, D2644, D2652, or D2664 when the facial and/or lingual cusp ridge has not been penetrated is not appropriate.

Class II restorations that extend facially and/or lingually from the point/area of contact with an adjacent tooth may be classified as including the facial or lingual surface only when the restoration extends beyond the MF, ML, DF, or DL line angles of the tooth. Reporting surfaces and codes that include facial and/or lingual surfaces when the restoration does not cross the MF, ML, DF, or DL line angles of the tooth is not appropriate.

VII. Class III Restorations (D2330, D2331, D2332, D2335)

- A. Class III restorations involve the mesial (M) and distal (D) surfaces and interproximal contact points/areas of anterior teeth (canines and incisors). The proximal (M or D) surface counts as one surface. A minimal access point to reach the proximal surface does NOT count as an additional surface. This type of restoration is considered a one-surface restoration. Reporting D2331 for a mesial or distal restoration with only an access point that does not extend beyond half of the mesial and/or distal-lingual marginal ridge or beyond the mesial and/or distal facial line angle is not appropriate.

If the access point on the lingual surface extends beyond half of the mesial and/or distal marginal ridge, this would be considered a two-surface restoration and reporting D2331

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would be appropriate. If the access point is on the facial surface and extends beyond the mesial-facial and/or distal-facial line angle, this would be considered a two-surface restoration and reporting D2331 would be appropriate. In either of these two scenarios, reporting D2332 is not appropriate.

If a restoration involves both a lingual approach extending beyond half of the lingual marginal ridge and a facial approach beyond the facial line angle, a three-surface restoration may be appropriate when reported as D2332. Reporting a surface that does not cross the facial line angle is not appropriate.

VIII. Class IV Restorations (D2335)

- A. Class IV restorations involve at least four surfaces of the anterior teeth (mesial (M), distal (D), facial (F), lingual (L), and incisal (I)). Reporting a D2335 is not appropriate unless documentation is provided that four surfaces have been restored.

IX. Class V Restorations (D2330, D2140, D2391, D2410)

- A. Class V restorations involve the gingival one-third of the facial (F) and lingual (L) surfaces of anterior and posterior teeth. Restorations of Class V lesions are one-surface restorations, and they should be reported as either facial (F) or lingual (L) restorations only. The appropriate codes for Class V restorations are either D2330 or D2410 for anterior teeth and D2140, D2391 or D2410 for posterior teeth. Reporting Class V restorations as two or three-surface restorations is not appropriate. Inappropriate CDT codes for Class V restorations include the following: D2331, D2332, D2150, D2160, D2392, D2393, D2420 and D2430.

X. Reporting of Direct and Indirect Class I Restorations

- A. Reporting an occlusal Class I restoration that does not extend through either the facial cusp ridge and onto the facial surface, lingual cusp ridge and onto the lingual surface, or through the mesial or distal marginal ridges as anything but an occlusal (O) restoration is misreporting and potentially fraudulent. In order to report an O restoration as an OF, OL, OFL, the criteria described in the identification section must be met.

XI. Authorizing Protocols

- A. Servicing providers must document the above criteria in the record to demonstrate and document the specific surfaces restored on a tooth.

If authorization is required, providers must submit all pre-operative and post-operative requests/claims for procedures along with supporting documentation to Envolve Dental via the appropriate channels as described in the Envolve Dental Provider Manual.

Envolve Dental will route the authorization request and documentation to the dental reviewers. Requests that clearly meet the guidelines of the local coverage determination—or in the absence of a local coverage determination, Envolve Dental's clinical policy—will be approved. If it is determined that the request may not meet the guidelines, a dental consultant will review the request and make the determination.

Identification of restorations reported inappropriately are subject to data analysis and retrospective review including complete chart audits to determine if an inappropriate

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reporting is in violation of HIPAA and the Fair Claims Act and subject to fraud, waste, or abuse investigation.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2023, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CDT® Codes	Description
D2140	Amalgam – one surface, primary or permanent
D2150	Amalgam – two surfaces, primary or permanent
D2160	Amalgam – three surfaces, primary or permanent
D2161	Amalgam – four or more surfaces, primary or permanent
D2330	Composite – one surface, anterior
D2331	Composite – two surfaces, anterior
D2332	Composite – three surfaces, anterior
D2335	Composite – four or more surfaces or involving incisal angle, anterior
D2391	Composite – one surface, posterior
D2392	Composite – two surfaces, posterior
D2393	Composite – three surfaces, posterior
D2394	Composite – four or more surfaces, posterior
D2410	Gold foil – one surface
D2420	Gold foil – two surfaces
D2430	Gold foil – three surfaces
D2510	Inlay – metallic – one surface
D2520	Inlay – metallic – two surfaces
D2530	Inlay – metallic – three or more surfaces
D2542	Onlay – metallic – two surfaces
D2543	Onlay – metallic – three surfaces
D2544	Onlay – metallic – four or more surfaces
D2610	Inlay – porcelain/ceramic – one surface
D2620	Inlay – porcelain/ceramic – two surfaces
D2630	Inlay – porcelain/ceramic – three or more surfaces
D2642	Onlay – porcelain/ceramic – two surfaces
D2643	Onlay – porcelain/ceramic – three surfaces
D2644	Onlay – porcelain/ceramic – four or more surfaces
D2650	Inlay – resin-based composite – one surface
D2651	Inlay – resin-based composite – two surfaces
D2652	Inlay – resin-based composite – three or more surfaces

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CDT® Codes	Description
D2662	Onlay – resin-based composite – two surfaces
D2663	Onlay – resin-based composite – three surfaces
D2664	Onlay – resin-based composite – four or more surfaces

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	10/19	10/19
Policy revision	12/23	12/23
Annual Review	11/21	11/21
Annual Review	12/22	12/22
Annual Review	12/23	12/23

References

1. American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.
2. American Dental Association. CDT 2023: Dental Procedure Codes. American Dental Association, 2023.
3. Ritter, A.V., Boushell, L.W. & Walter, R. *Sturdevant’s: Art and science of operative dentistry*, 7th Edition, St. Louis: Elsevier, 2018.
4. Nelson, S.J. *Wheeler’s dental anatomy, physiology, and occlusion*/Stanley, J. Nelson, Major M. Ash, Jr., 9th Edition, St. Louis: Saunders Elsevier, 2010.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,

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contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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