

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	Dental Inlays and Onlays
Policy Number	13.01.03
Category	Contract Clarification
Original Effective Date	04/24/14
Committee Approval Date	04/23/15, 04/28/16, 06/22/17, 06/28/18, 06/27/19, 06/25/20, 06/24/21, 06/16/22, 06/22/23, 05/16/24
Current Effective Date	05/16/24
Archived Date	N/A
Archive Review Date	N/A
Product Disclaimer	<ul style="list-style-type: none"> • Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

******This policy only addresses indirect inlays and onlays; it does not address direct fillings.******

POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, dental inlays and onlays of bicuspid or molar teeth are considered **medically appropriate** for **ANY** of the following:
 - A. A fractured cusp or tooth cannot be restored with a dental filling and does not require more extensive procedures to repair the tooth;
 - B. There is moderate to severe or deep mesial or distal tooth decay that goes into the root of the tooth;
 - C. Following a root canal.

Refer to Corporate Medical Policy #7.01.21 Dental and Oral Care under Medical Plans

Refer to Corporate Medical Policy #7.03.01 Coverage for Ambulatory Surgery Unit (ASU) and Anesthesia for Dental Services

Refer to Corporate Medical Policy #11.01.15 Medically Necessary Services

Refer to Corporate Medical Policy #13.01.01 Dental Implants

Refer to Corporate Medical Policy #13.01.02 Dental Crowns and Veneers

Refer to Corporate Medical Policy #13.01.04 Periodontal Scaling and Root Planing

Refer to Corporate Medical Policy #13.01.05 Periodontal Maintenance

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POLICY GUIDELINES

- I. An inlay or onlay is **eligible for coverage** on the date the inlay or onlay is cemented to the tooth.
- II. When an inlay or onlay is used to replace an existing filling in the absence of decay, benefits will only be provided based on the Allowable Expense for an amalgam or composite filling.

DESCRIPTION

Indirect dental inlays and onlays are restorations made in a dental laboratory or a dental office laboratory. Indirect inlays and onlays are considered when not enough tooth structure remains to support a filling, but the tooth is not so severely damaged that it needs a crown. Inlays and onlays are placed in order to save the healthy portion of the injured tooth.

An inlay is 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 and is retained by dental cement. An onlay is more extensive than an inlay and replaces one or more cusps and adjoining occlusal surfaces or the entire occlusal surface and is retained by mechanical or adhesive means.

An indirect inlay or onlay is cemented into place and can be composed of gold, composite resin, or porcelain.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the ADA code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CDT Codes

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

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*Key Article

KEY WORDS

Dental inlays, Dental onlays

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon review, dental inlays and onlays are not addressed in a National or Local Medicare coverage determination or policy. However, dental services are addressed in Chapter 16, Section 140 of the Medicare Benefit Policy Manual which addresses General Exclusions from Coverage – Dental Services Exclusion and states “Items and services in connection with the care, treatment, filling, removal, or replacement of teeth, or structures directly supporting the teeth are not covered”. Please refer to the following website for Medicare Members: [<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf>] accessed 04/12/24.