

MEDICAL POLICY

SUBJECT: DENTAL INLAYS AND ONLAYS	EFFECTIVE DATE: 04/24/14 REVISED DATE: 04/23/15, 04/28/16, 06/22/17, 06/28/18
POLICY NUMBER: 13.01.03 CATEGORY: Dental	PAGE: 1 OF: 3
<ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i>• <i>If a Medicare 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.</i>	

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

POLICY STATEMENT:

Based on our criteria and assessment of the peer-reviewed literature, dental inlays and onlays of bicuspid or molar teeth are **medically appropriate** when:

- I. A fractured cusp or tooth cannot be restored with a dental filling and does not require more extensive procedures to repair the tooth; or
- II. There is moderate to severe or deep mesial or distal tooth decay that goes into the root of the tooth; or
- III. Following a root canal.

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

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

Refer to Corporate Medical Policy #11.01.15 regarding Medically Necessary Services.

Refer to Corporate Medical Policy #13.01.01 regarding Dental Implants.

Refer to Corporate Medical Policy #13.01.02 regarding Dental Crowns and Veneers.

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

Refer to Corporate Medical Policy #13.01.05 regarding Periodontal Maintenance.

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.
- III. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

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.

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

CODES: Number Description

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.

CDT:	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>.