

**BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE
DENTAL CLINICAL REVIEW CRITERIA**

Department	Utilization Management
Policy Number	D0003
Subject	Direct Restorations, Buildups and Determination of a Non-Restorable Tooth
Attachments	None

Overview

This clinical policy provides guidance regarding dental and medical necessity determinations related to member benefits. These criteria support consistent benefit administration and do not guarantee payment or specific outcomes. All coverage decisions are governed by the member’s benefit plan, including applicable terms, conditions, exclusions, limitations, and state and federal regulations. The policy is intended for informational purposes and does not replace professional medical or dental judgment.

Blue Cross Blue Shield of Arizona Health Choice covers the restoration of carious permanent and primary teeth using accepted dental materials other than cast or porcelain restorations for members birth through age 20, when the treatment is considered medically/dentally necessary. Cast or porcelain restorations may be considered only for members ages 18 through 20 who have received endodontic treatment, when such treatment is determined to be medically/dentally necessary.

The primary goals of restorative treatment are to limit and repair damage caused by dental caries or trauma, preserve and protect remaining tooth structure, and maintain pulp vitality whenever possible. Restorative dental therapy plays a key role in comprehensive oral health management by helping providers assess caries risk, understand the progression of disease, and implement appropriate preventive services supported by restorative care.

Benefits of restorative therapy include removing defects and cavitated areas susceptible to decay, halting demineralization, restoring tooth integrity, preventing the spread of infection into pulpal tissues, and eliminating tooth shifting due to structural loss.

Caries risk assessment, considering the child’s age, biological and social factors, protective factors, and clinical findings, should be performed at all new and periodic examinations to guide appropriate restorative decision-making.

The following criteria are based on Blue Cross Blue Shield of Arizona Health Choice’s interpretation of tooth restorations when it considers the placement medically/dentally necessary and when a tooth would be considered restorable.

1. Direct Restorations

Direct restorations are procedures in which a restorative material is placed directly into a prepared tooth in a single clinical visit to repair damage caused by dental caries or trauma.

Direct restorations may be composed of dental amalgam alloy, resin-based composite, glass ionomer, and resin-modified glass ionomer and are commonly referred to as dental “fillings.”

Amalgam

Amalgam is a metallic alloy used in direct dental restorations, typically composed of mercury, silver, tin, and copper, along with additional elements incorporated to enhance its physical and mechanical properties. Amalgam is commonly used for direct restorations in posterior teeth because it provides strong durability under heavy occlusal forces.

Composite

Resin-based composite is a tooth-colored restorative material composed of an acrylic-based synthetic resin combined with a high percentage of ceramic or glass filler particles, which are coated with a coupling agent to enhance bonding and mechanical strength. This material provides moderate load-bearing capability, but is not tolerant to moisture and therefore requires a dry, well-isolated field for proper placement. Resin-based composite is commonly selected when dental esthetics are a priority.

Glass Ionomer

Glass ionomer is a dental restorative material made by combining silicate glass powder with an aqueous polyacrylic acid solution. It serves primarily as a cement, liner, or non-load-bearing restorative material. Glass ionomers release fluoride, can recharge fluoride over time, and offer easier placement due to reduced moisture sensitivity, though they have lower stress-bearing capacity and greater wear susceptibility compared with resin-based materials.

Criteria

1. Blue Cross Blue Shield of Arizona Health Choice considers glass ionomer restorative materials to be an appropriate alternative to resin-based composite when used in primary teeth and in small restorations on permanent teeth. Glass ionomer may also be indicated when adequate isolation cannot be achieved for proper placement of resin-based composite. However, for long-term restorations on permanent teeth, Blue Cross Blue Shield of Arizona Health Choice does not consider glass ionomer to be the optimal material choice.
2. Fees for amalgam and composite restorations include all services provided on the same date of service, such as (but not limited to) local anesthesia prior to tooth preparation, tooth preparation, caries removal, all adhesives and bonding agents, acid etching, cavity liners, bases, curing, pulp-capping materials, polishing, and occlusal adjustment. Local anesthesia is considered an integral component of the procedure and may not be billed separately to the plan.

3. With regard to the treatment of carious lesions in primary teeth, evidence shows that preformed metal crowns demonstrate significantly greater longevity than amalgam or resin-based restorations. Therefore, for high-risk children, the use of stainless-steel crowns is supported, particularly for large or multi-surface cavitated or non-cavitated lesions, and in cases where the child requires advanced behavioral management techniques, including general anesthesia.
4. Restorations of primary anterior teeth are covered for children under five (5) years of age when medically necessary. For children five (5) years of age and older, primary anterior teeth with decay should be considered for extraction when any of the following conditions are present:
 - Pain is present;
 - The tooth is severely broken down;
 - The tooth is nearing natural exfoliation and may be observed until exfoliation at the discretion of the dental provider.

Indications:

1. Restorative treatment is indicated when a tooth has an active cavitated carious lesion and non-restorative approaches are unlikely to provide a stable long-term outcome. Restoration should be performed when any of the following clinical findings are present:
 - Visual detection of enamel cavitation
 - Visual identification of enamel shadowing indicative of underlying dentinal involvement
 - Radiographic evidence of carious lesions or progression of existing lesions
2. Indicated when an existing restoration shows evidence of breakdown, such as recurrent decay, material fracture, or marginal defects, and when repair with a direct restoration is expected to provide a favorable long-term prognosis for preserving tooth integrity and function.
3. A tooth with coronal structure loss following endodontic therapy may be restored with a direct restoration when sufficient tooth structure remains to support long-term function.

Contraindications:

1. Restoration of deciduous teeth is contraindicated when exfoliation is reasonably imminent.
2. Teeth with hopeless prognosis should not be restored.
3. Solely for cosmetic improvement of appearance.

- Restorations are contraindicated when treatment is sought for purposes unrelated to caries or structural repair, including periodontal splinting, temporomandibular joint disorder management, correction of congenital or developmental conditions, or alteration of vertical dimension.

Limitations and Exclusions

- Multiple surfaces restored on the same tooth on the same date of service, whether connected or not, will be reimbursed based on the total number of surfaces restored.
- Additional restorative surfaces placed on the same tooth will not be reimbursed within two (2) years of the originally billed four-or-more-surface restoration.
- Replacement of certain restorations will not be reimbursed, including:
 - “Lost” restorations replaced within 24 months of the initial placement when billed by the same provider or provider group who placed the original restoration.
 - “Defective” or “failing” restorations replaced within 24 months of the initial placement when billed by the same provider or provider group who placed the original restoration.
- Adult Emergency Dental Limitation (21 years of age and older): Routine restorative procedures are not considered emergency dental services and are not covered for adults age 21 and older, except for:
 - Composite resin for recent anterior tooth fracture.
 - Temporary restorations that provide palliative or sedative care, limited to the tooth receiving emergency treatment.

2. Determination of a Non-Restorable Tooth

In applying clinical review criteria for benefit determination, the Dental Director considers the member’s overall dental health. A tooth may be deemed non-restorable when one or more of the following conditions are present:

- Greater than 75% loss of the clinical crown.
- Less than 50% bone support.
- Presence of furcal radiolucent lesions or decay.
- Primary tooth with imminent exfoliation.
- The tooth apex is surrounded by severe pathologic bone destruction.
- The member’s overall dental condition (e.g., periodontal status, caries experience) indicates that an alternative treatment plan would better meet the patient’s needs.
- Inability to access all canals on a multi-canal tooth for endodontic treatment.
- Presence of external or internal root resorption.
- Root fracture.
- Caries extending to within 2 mm of the crestal bone or below.
- Failure of an endodontically retreated tooth.
- Loss of interproximal space due to adjacent tooth movement, preventing restoration with proper contours and manageable margins.

13. When the Least Expensive Professionally Acceptable Alternative Treatment (LEPAAT) is indicated.

3. Core Buildup — Including Post & Core Procedures

A core build-up is recommended for teeth that have lost a large amount of crown structure due to decay or injury, and where there isn't enough tooth left to hold an indirect restoration securely. After root canal treatment, a post and core may be placed to provide strong support and retention for a full-coverage indirect restoration, such as a crown.

Core Buildup

Indications

Core buildups are considered medically necessary when any of the following conditions are present:

1. Insufficient remaining tooth structure defined as loss of 50% or more of the natural clinical crown due to decay, fracture, or a defective restoration, such that retention of a full-coverage indirect restoration is not possible.

Contraindications

1. Remaining tooth structure is less than 2.0 mm from the crestal bone.
2. Less than 50% bone support remains.
3. Periapical pathology is present.
4. A root canal-treated tooth demonstrates overfill (filling >2.0 mm past the radiographic apex), underfill (filling >2.0 mm short of the radiographic apex), poor condensation, incomplete filling, persistent symptoms, or radiographic radiolucency.
5. The tooth is determined to be non-restorable.

Post and Core

Indications

Post-and-core procedures are considered medically necessary when any of the following conditions are present:

1. The tooth has been endodontically treated.
2. The remaining coronal tooth structure is inadequate for the retention of restoration.
3. When there is sufficient root length to accommodate the post while maintaining an adequate apical seal.

Contraindications

A post and core is not considered medically necessary when any of the following contraindications are present:

1. Remaining tooth structure is less than 2.0 mm from the crestal bone.
2. An inadequate crown-to-root ratio exists.
3. Less than 50% bone support remains.
4. Internal or external root resorption is present.

5. Periapical pathology or symptomatic endodontic disease is present.
6. The root canal obturation demonstrates overfill, underfill, poor condensation, incomplete fill, persistent radiolucency, or symptoms.
7. The tooth is determined to be non-restorable.
8. Vital tooth.

Coding/Billing

The codes listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by dental necessity criteria and specific benefit plans or other regulatory conditions. This list of codes may not be all inclusive.

CDT codes

Key:

C = Covered service

N = Non-covered service

Code	Description	Medicaid Age 0-20	Medicaid Age 21 +	Medicare HCP
D2140	Amalgam-one surface, primary or permanent	C	N	C
D2150	Amalgam-two surfaces, primary or permanent	C	N	C
D2160	Amalgam-three surfaces, primary or permanent	C	N	C
D2161	Amalgam-four or more surfaces, primary or permanent	C	N	C
D2330	Resin-one surface, anterior	C	C	C
D2331	Resin-two surfaces, anterior	C	C	C
D2332	Resin-three surfaces, anterior	C	C	C
D2335	Resin-four or more surfaces or involving incisal angle (anterior)	C	C	C
D2391	Resin-based composite - one surface, posterior	C	N	C
D2392	Resin-based composite - two surfaces, posterior	C	N	C
D2393	Resin-based composite - three surfaces, posterior	C	N	C
D2394	Resin-based composite - four or more surfaces, posterior	C	N	C

D2940	Protective restoration	C	C	C
D2941	Interim therapeutic restoration - primary dentition	C	N	N
D2950	Core build-up, including any pins when required	C	C	C
D2951	Pin retention-per tooth, in addition to restoration	C	N	N
D2952	Post and core in addition to crown, indirectly fabricated	C	C	N
D2954	Prefabricated post and core in addition to crown	C	C	C
D2976	Band stabilization-per tooth	C	N	N
D2999	Unspecified restorative procedure by report	C	N	N

The following CDT codes are not covered:

Codes	Description
D2410	Gold foil - one surface
D2420	Gold foil - two surfaces
D2430	Gold foil - three surfaces
D2955	Post removal

Acronyms:

- **AHCCCS** = Arizona Health Care Cost Containment System
- **CDT** = Current Dental Terminology
- **HCP** = Health Choice Pathway
- **LEPAAT** = Least Expensive Professionally Acceptable Alternative Treatment

References:

- American Dental Association. Clinical practice guideline on restorative treatments for caries lesions (2023).
- American Academy of Pediatric Dentistry. (2022). Pediatric restorative dentistry. In The Reference Manual of Pediatric Dentistry (pp. 293–302). AAPD.
- AHCCCS Medical Policy Manual Chapter 400 – Maternal and Child Health 431- Oral Health Care for Early and Periodic Screening, Diagnosis and Treatment Aged Members.

- AHCCCS Medical Policy Manual Chapter 300-Covered Services- 310-D1–Dental Services for Members 21 years of Age And Older.
- American Dental Association. CDT 2026 Current Dental Procedures (2026).
- American Dental Association Glossary of Dental Clinical and Administrative Terms.
- Ritter, A.V., Boushell, L.W. & Walter, R. Sturdevant’s: Art and science of operative dentistry, 7th Edition, 2019, Pages 219-263 2019.
- American Association of Endodontists Guide to Clinical Endodontics; 6th edition. 2013. Updated in 2019

Policy History/Review Date:

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This policy will be reviewed on an annual basis.