



# Dental Clinical Policy

**Subject:** Core Buildup - includes post and core procedures

**Guideline #:** 02 -901

**Status:** Revised

**Publish Date:** 01/01/2021

**Last Review Date:** 12/04/2020

## Description

A building up of coronal tooth structure meets generally accepted standards of dental care when there is insufficient remaining tooth structure and/or retention to retain a full coverage indirect restoration. A core buildup is not for:

- pulpal insulation
- a filler to eliminate any undercut, box form
- concave irregularity in a tooth preparation.

The plan performs review of [core build-ups] due to contractual requirements that necessitate that benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

### Documentation Criteria #1

Must include most recent, dated, properly identified pretreatment diagnostic radiographic image/s that include the radiographic apex. Clinical chart notes, intra-oral photographs, current dated 6-point periodontal charting, and history of periodontal therapy may also be required (see below).

### Adjunctive Documentation Criteria #2

When an indication for core build-up is not obvious by radiographic image, in conjunction with an initial or replacement crown, additional diagnostic information is required.

- Clinical chart notes stating rationale
- Intra-oral photographs
- Image of initial placement when radiographic images do not demonstrate need after existing restoration removal

## Criteria

1. Documentation - See above
2. Adjunctive documentation - See above
3. For posterior teeth, a core build-up and/or post and core are a covered benefit only under the following circumstances:

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- a. A significant portion of missing tooth structure (50% or more) due to caries, fracture, or defective restoration.
  - b. Insufficient tooth structure coronal to the intended restorative margin for adequate retention.
  - c. A crown or abutment is either existing (to be recemented) or is treatment planned.
4. Endodontic treatment of an anterior tooth does not automatically constitute necessity for a core buildup or post and core. For anterior teeth, a core build-up and/or post and core are a covered benefit only under the following circumstances:
  - a. A significant portion of missing tooth structure (50% or more) due to caries, fracture, or defective restoration.
  - b. Insufficient tooth structure coronal to the intended restorative margin for adequate retention.
  - c. A crown or abutment is either existing (to be recemented) or is treatment planned.
5. Core buildup will not be considered when submitted for the purpose of pulp capping, insulation or protection of pulp, undercut block-outs, enhancement of box-form and fillers for reduction of final restorative material.
6. Updated.
7. The diagnosis of "Cracked Tooth Syndrome" may not qualify a tooth for a core build-up.
8. Core buildups placed for repair of complications from attrition, abrasion, erosion, or abfraction are not covered services.
9. Core build-ups will not be considered for partial coverage indirect restorations, e.g. onlays, inlays, veneers, or  $\frac{3}{4}$  crowns.
10. For a primary tooth to be considered for a core buildup, the tooth must meet the same criteria for treatment as a permanent tooth. For a primary tooth within an adult dentition to be considered for a core build-up, radiographic images of the primary tooth must demonstrate an intact root structure, adequate periodontal support with no evidence of active periodontal disease, and occlusal function with an opposing tooth where the primary tooth meets criteria for full coverage indirect restoration coverage. Radiographic imaging must demonstrate no permanent tooth successor present or the permanent tooth successor is unlikely to erupt.
11. The periodontal health of the tooth and adjacent structures must be considered. Teeth demonstrating uncontrolled or untreated periodontal disease, evidenced by loss of supporting bone, will not be considered for core build-up placement.
12. Updated.
13. Updated.
14. Updated.
15. Crown to root ratios that are poorer than 1:1 creates a less than ideal situation. Unfavorable crown to root ratios must include an assessment of the patient's full mouth dental condition, medical history, dental history, periodontal history, periodontal continuing care, age, and occlusion.
16. Benefits for core build-ups will not be considered when subgingival/subosseous caries may potentially compromise supracrestal tissue attachment (STA formerly referred to as biologic width) without addressing restorative and periodontal considerations.
17. The endodontic status of a tooth must be considered (including but not limited to):
  - a. Untreated or unresolved periapical or periradicular pathology will not be considered for benefit. See Dental Policy 03-001 Endodontic Therapy.
  - b. Unresolved lesion in close proximity to the pulp chamber in the absence of treatment planned endodontic therapy. See Dental Policy 03-001 Endodontic Therapy.

- c. A tooth with an overfill/underfill root canal obturation or poor condensation may not be considered. See Dental Policy 03-001 Endodontic Therapy.
  - d. Teeth with internal or external resorption may not be considered for benefit.
18. Core build-ups performed for correction of developmental or congenital defects are not covered.
19. Depending upon group contracts, a build-up may be alternated to a one surface restoration in instances where root canal therapy is done through a retained existing crown.

<b>Coding</b>	
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*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**CDT** including but not limited to:

- D2950 core buildup, including any pins when required
- D2952 post and core in addition to crown, indirectly fabricated
- D2953 each additional indirectly fabricated post – same tooth
- D2954 prefabricated post and core in addition to crown
- D2957 each additional prefabricated post – same tooth
- D2955 post removal

**IDC-10 CM** Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

<b>References</b>
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## History

Revision History	Version	Date	Nature of Change	SME
	revision	3-4-19	External facing policy	committee
	Revision	4/22/19	Criteria numbering	Kahn
	Revision	7/23/19	Verbiage	Committee
	Revision	8/26/20	Annual Review	Committee
	Revised	12/4/20	Annual Review	Committee

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline.

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To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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