

Dental Clinical Policy: Core Buildups, Posts & Cores

Reference Number: CP.DP.39

Last Review Date: 12/23

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

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

Description

A core buildup is used to augment existing tooth structure in order to provide proper retention of a full coverage indirect restoration (single unit crown or a retainer crown for a fixed bridge). A post and core is used following root canal therapy in order to provide proper anchorage and retention of a full coverage indirect restoration (single unit crown or a retainer crown for a fixed bridge). A post and core may be indirectly fabricated or prefabricated.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.[®] that core buildups are **medically necessary** when any of the following conditions are met:
 - A. When insufficient tooth structure (loss of 50% or more of the natural crown due to decay, fracture, or a defective restoration) remains to provide adequate retention for a full coverage indirect restoration;
 - B. Does not have any of the following contraindications:
 1. When used as a filler to correct undercuts or other irregularities in the tooth preparation;
 2. When placed as a definitive composite or amalgam restoration;
 3. When used as a protective base;
 4. When used to provide retention for an intracoronal restoration;
 5. When remaining tooth structure is less than 2.0 mm from the crestal bone;
 6. When there is less than 50% remaining bone support;
 7. When periapical pathology is present.
 - C. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for use of core buildup and post and core;
 2. A treatment plan documenting that an indirect restoration will be placed over the core buildup or post and core;
 3. Current (less than 6 months) diagnostic quality periapical radiograph showing the entire tooth crown and root apex;
 4. Periodontal charting when bone loss is demonstrated radiographically;
 5. Intra-oral photographs may also be required.
- II. It is the policy of Envolve Dental Inc.[®] that posts and cores are **medically necessary** when any of the following conditions are met:
 - A. When endodontically treated teeth have significant loss of coronal tooth structure and insufficient tooth structure remains to provide adequate retention for an indirect restoration or to support a core;
 - B. Does not have any of the following contraindications:
 1. When the root canal fill is incomplete and/or greater than 2.0 mm from the radiographic root apex;
 2. When the tooth roots are too short to support and retain a post;

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3. When there is a poor crown to root ratio present;
4. When remaining tooth structure is less than 2.0 mm from the crestal bone;
5. When there is less than 50% remaining bone support;
6. When anatomic features including canals and pulp chamber morphology can adequately retain a core.

C. Required documentation to support medical necessity include the following:

1. Clinical chart and treatment notes documenting conditions listed in the indications for use of core buildup and post and core;
2. A treatment plan documenting that an indirect restoration will be placed over the core buildup or post and core;
3. Current (less than 6 months) diagnostic quality periapical radiograph showing the entire tooth crown and root apex;
4. Periodontal charting when bone loss is demonstrated radiographically;
5. Intra-oral photographs may also be required.

III. Coverage Limitation/Exclusions

1. One D2950, D2952, D2953, D2954, or D2957 per tooth per 60 months, subject to state-specific regulations.

Coding Implications

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CDT® Codes	Description
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

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
K02.3	Dental caries (decay and cavities)
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.9	Dental caries, unspecified

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ICD-10-CM Code	Description
K03.81	Cracked tooth
K08.50	Unsatisfactory restoration of tooth, unspecified
K08.51	Open restoration margins of tooth
K08.52	Unrepairable overhanging of dental restorative materials
K08.530	Fractured dental restorative material without loss of material
K08.531	Fractured dental restorative material with loss of material
K08.539	Fractured dental restorative material, unspecified
K08.59	Other unsatisfactory restoration of tooth

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	08/20	08/20
Annual Review	11/21	11/21
Annual Review	12/22	12/22
Annual Review and Format Change	12/23	12/23

References

1. American Association of Endodontists: Guide to Clinical Endodontics; 6th edition. 2013.
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, Chapter 13, St. Louis: Elsevier, 2018.

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

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limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, 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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