



Clinical UM Guideline

Subject: Crown (Core) Buildup - includes post and core procedures

Guideline #: 02 -901

Current Effective Date: 01/01/2017

Status: New

Last Review Date: 08/16/2017

Description

This document addresses the clinical appropriateness and necessity for **crown (core) buildup**.

Note: Please refer to the following documents for additional information concerning related topics:

- Crowns - 02-701
- Crown Lengthening – 04-206
- Abutment Crowns - 06-701

Clinical Indications

Medically Necessary:

A building up of coronal tooth structure when there is insufficient retention for a separate coronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.

Medically/Dentally Necessary or Medical/Dental Necessity means Medical/Dental Services that are:

(1) Consistent with the Member's diagnosis or condition;

(2) Is rendered:

- (A) In response to a life-threatening condition or pain; or
- (B) To treat an injury, illness or infection related to the dentition; or
- (C) To achieve a level of function to the dentition consistent with prevailing community standards for the diagnosis or condition.

Not Medically Necessary:

The replacement of restorative materials within the tooth in preparation for a prosthesis when there is no clinical or radiographic evidence of decay or fracture.

Note: Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

NOTE:

A group may define covered dental services under either their dental or medical plan, as well as to define those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. The health plan advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. 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 health plan. Some plans exclude coverage for services that the health plan considers either medically or dentally necessary. When there is a discrepancy between the health plan's clinical policy and the group's plan documents, the health plan will defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then the health plan will adhere to the applicable regulatory requirement.

Criteria

1. Documentation of the need for a core buildup must include a diagnostic radiograph.
2. When clinical information such as a radiograph does not adequately document need, a treatment rationale narrative as well as intraoral photographs, when available, must be submitted.
3. Endodontically treated posterior teeth will be considered for core buildups and post and core when a significant portion of tooth structure (50% or greater) is fractured (missing) or carious making it a difficult restorative preparation.
4. For endodontically treated anterior teeth, a post and core is a covered benefit ONLY under the following circumstances:
 - a. The preparation compromises the periodontal attachment apparatus
 - b. A significant portion of tooth structure (50% or more) is fractured or carious making it a difficult restorative preparation
 - c. Less than 2mm of sound tooth structure remains vertically above the intended restorative margin.
 - d. Endodontic treatment of an anterior tooth does not constitute necessity for a post and core or crown.
5. Procedures performed for the purposes of pulpal insulation or to eliminate undercuts will not be considered a core buildup.
6. Teeth with a diagnosis of fracture as the primary indication for a core buildup must demonstrate mobility or loss of the fractured segment/s as well as compromise to the periodontal attachment apparatus
7. Stress fractures, craze lines, and developmental grooves and the diagnosis of "cracked tooth Syndrome" do not in themselves qualify a tooth for a core buildup as these defects will likely be included in the crown preparation
8. Core buildups placed for repair of complications from wear, attrition, abrasion, erosion, or abfraction are not covered services by the dental plan. A tooth must exhibit significant structural loss from decay, large restorations or fracture not attributable to the aforementioned causes to meet coverage criteria.
9. Core buildups will not be considered for onlays, inlays or $\frac{3}{4}$ crowns. Core buildups for these restorations constitute pulp capping, insulation or protection of pulp, undercut block-outs, enhancement of box form and fillers for reduction of final restorative material.
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. The tooth must be functionally stable, within the plane of occlusion including an intact root structure with a good long term prognosis.
11. Teeth that present with an untreated or questionable periodontal prognosis will not be considered.
12. A provider may appeal an adverse determination for not meeting criteria with appropriate documentation of treatment need. Documentation should include a detailed narrative, diagnostic x-rays and intraoral photographs that demonstrates significant loss of tooth structure.

13. A provider may appeal an adverse determination for periodontal pathology with appropriate documentation to include a comprehensive dated history of advanced periodontal therapy and maintenance and a current, dated periodontal charting.

CDT

	<i>Including, but not limited to, the following:</i>
D2949	Restorative foundation for an indirect restoration
D2950	Core buildup, including any pins when required
D2951	Pin retention - per tooth, in addition to restoration
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

CPT

41899	Unlisted dentoalveolar procedure
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ICD-10 Diagnosis

K08.5	Unsatisfactory restoration of tooth
K08.50	Unsatisfactory restoration of tooth, unspecified
K08.51	Open restoration margins of tooth
K08.52	Unrepairable overhanging of dental restorative materials
K08.53	Fractured dental restorative material
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
K08.54	Contour of existing restoration of tooth biologically incompatible with oral health
K08.55	Allergy to existing dental restorative material(use additional code to identify the specific type of allergy)
K08.56	Poor aesthetic of existing dental restorative material
K08.59	Other unsatisfactory restoration of teeth
K08.8	Other unspecified disorders of teeth and supporting structures
K08.9	Disorders of teeth and supporting structures, unspecified

14. Dependent upon plan, pin retention may or may not be a covered benefit. It is recommended to check the dental plan. When appropriate, a pin may be cemented or driven into the dentin to aid in retention of a restoration. All carious or unsupported tooth structure must be removed for the pin to be driven into uncompromised dentin. Pin retention may be necessary when there is greater than 50% of the tooth crown missing including one or more cusps. Pin retention is rarely, if ever, necessary for anterior teeth.

Coding

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.

Discussion/General Information

Definitions

Appeal – to formally request that a determination be changed

Crown (core) buildup - the replacement of a part or all of the crown of a tooth whose purpose is to provide a base for the retention of an indirectly fabricated crown

Endodontics (root canal) - the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues.

Pin - a small metal rod, cemented or driven into dentin to aid in retention of a restoration.

References

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Government Agency, Medical Society, and Other Authoritative Publications: 1

History

Status	Date	Action
Reviewed	06/28/2016	

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. 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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