

**Delta Dental of Virginia Clinical Policy #202**

<b>Subject</b> Core Buildup and Pin Retention	<b>Originating Department</b> Clinical Professional Services
	<b>Signature Authority</b> Dental Director

**Type:**       New                       Replacement                       Revision                       Clarification

**Date:**            11/09/2009                      **Revision Date:**            11/15/2011

<b>Preamble:</b>	<p>The Clinical Policy Bulletin is an expression of Delta Dental of Virginia's (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information.</p> <p>A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA 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 DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA's clinical policy and the group's plan documents, DDVA is to 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 DDVA will adhere to the applicable regulatory requirement.</p>
<b>History:</b>	<p>Core buildup is a dental procedure used to replace significant amounts of missing tooth structure in preparation for full crown placement. Core buildups are considered an inclusive part of tooth preparation for full crown placement when used to replace undercut tooth surfaces. When necessary, core buildup restorative materials are placed in the preparation if there is extensive loss of tooth structure (greater than 50% including loss of cusps) due either to caries or fracture. This loss of tooth structure results in insufficient tooth strength and inadequate retentive structure for full crown placement. Separate benefits for core buildups will be considered if extraordinary circumstances can be demonstrated by X-rays and/or substantiated by a written narrative report.</p>
<b>Policy:</b>	<p>DDVA Guidelines:</p> <ol style="list-style-type: none"> <li>1. Documentation of the need for a core buildup must include a diagnostic radiograph.</li> <li>2. A treatment rationale narrative must be provided if radiographs do not</li> </ol>

adequately document the need for a core buildup.

3. Endodontically treated posterior teeth will be considered for core buildups.
4. As core buildups are not strength enhancing devices in endodontically treated anterior teeth, these teeth will only be considered for this procedure under the following conditions:
  - a. A significant portion of tooth structure (50% or more) is fractured or carious
  - b. The preparation is at or below the gingival crest
  - c. Less than 3mm of sound dentin remains vertically above the preparation line in opposing walls where crown margins would be located
5. A core buildup for a molar will also be considered if the tooth meets the following criteria:
  - a. Two or more fractured cusps
  - b. Two or more cusps undermined by caries
  - c. Presence of a large existing restoration with new caries and/or fracture
  - d. Presence of a large restoration with pins (must be accompanied with a narrative report)
6. A core buildup for a bicuspid will also be considered if the tooth meets the following criteria:
  - a. One or more fractured cusps
  - b. One or more cusps undermined by caries
  - c. Presence of a large existing restoration with new caries and/or fracture, which can be seen on an X-ray
  - d. Presence of a large existing restoration with pins (must be accompanied by a narrative report)
7. Procedures performed for the purposes of pulpal insulation will not be considered a core buildup.
8. Teeth with a diagnosis of fracture as the primary indication for a core buildup must demonstrate a separation in the continuity of the tooth structure that results in mobility of the fractured segments.
9. 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 the defects associated with these circumstances are usually included in the tooth preparation for full crown coverage.
10. Core buildups placed for repair of complications from wear, attrition, abrasion, erosion, or abfraction do not meet the criteria for treatment. A tooth must exhibit significant structural loss from decay, large restorations or fracture not attributable to the aforementioned causes.
11. 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, fillers for reduction of final restorative material, etc.
12. In general, a core buildup for a primary tooth will not be considered, as a properly crimped stainless steel crown is retained by the anatomic cervical contour of the tooth.

	<p>13. For a primary tooth to be considered for a core buildup, the tooth must meet the same requirements as full crown placement on a primary tooth. The patient must be at least 25 years of age and the tooth must be functional, in the plane of occlusion, with intact root structure, and have a good long term prognosis.</p> <p>14. Core buildup and post and core restorations have a five year replacement limitation.</p>
<b>Code(4):</b>	D2950 – Core buildup, including any pins
<b>References:</b>	<ol style="list-style-type: none"><li>1. Christensen, G. J., Building up tooth preparation for crowns—2000. J Amer Dent Assoc 2000;151:505-506.</li><li>2. Christensen, G. J., When to use fillers, buildups or post and cores. J Amer Dent Assoc 1996;127:1397-1398.</li><li>3. Fundamentals of Operative Dentistry. Summitt JB, Robbins JW, Hilton T and Schwartz RS. Third edition. Quintessence. 2006.</li><li>4. American Dental Association, <i>Current Dental Terminology. CDT 2011-2012</i>;17 (©ADA 2010).</li></ol>