CORE BUILDUP, POST AND CORE AND PIN RETENTION

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Related Dental Policies
- Fixed Prosthodontics
- Non-Surgical Endodontics
- Single Tooth Indirect Restorations

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Restorative Foundation for an Indirect Restoration

Restorative foundation for an indirect restoration is indicated as a filler to eliminate undercuts, voids and other irregularities that have occurred during tooth preparation to create a more favorable tooth form for the retention of an indirect restoration.

Core Buildup (Including Any Pins When Required)

Core buildup is indicated for teeth with significant loss of coronal tooth structure (> 50%) due to caries or trauma to aid in retention of an indirect restoration.

Core buildup is not indicated for the following:
- When adequate tooth structure remains to retain a crown
- As a filler to correct irregularities in preparation
- As a definitive composite or amalgam restoration
• For retention of intracoronal restorations

**Post and Core**
Post and core are indicated for the following:
• For teeth with significant loss of coronal tooth structure due to caries or trauma in endodontically treated teeth (> 50%) to aid in retention of an indirect restoration

Post and Core is not indicated for the following:
• For vital teeth
• For a post, when anatomic features are available to retain the core (e.g., for molars, as canals and pulp chamber can usually retain a core)
• For teeth with short roots

**Pin Retention**
Pin retention is indicated for teeth with significant loss of coronal tooth structure due to caries or trauma, to allow retention of a direct restoration when preparation design alone is insufficient.

Pin retention is not indicated for the following:
• For restoration of teeth with significant malocclusion
• If the tooth cannot be properly restored with a direct restoration due to anatomic or functional considerations

**Post Removal**
Post removal is indicated for the following:
• When there has been loss of adequate retention
• In the case of fracture of tooth and/or post and core
• When there is recurrent caries associated with post and core
• When access is needed to root canal system for non-surgical endodontics
• When the tooth has a reasonable long term prognosis for a new restoration

**Coverage Limitations and Exclusions**
- Any dental procedure performed solely for cosmetic/aesthetic reasons (cosmetic procedures are those procedures that improve physical appearance)
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction
- Pin retention is limited to 2 pins per tooth; not covered in addition to cast restoration
- Post and core is covered only for teeth that have had root canal therapy
- Post removal is considered inclusive to retreatment procedure, and not covered
- Restorative foundation for an indirect restoration is not covered
- Clinical situations that can be effectively treated by a less costly, dental appropriate alternative procedure will be assigned a benefit based on the least costly procedure

**DEFINITIONS**

**Core Buildup**: The replacement of a part or the entire crown of a tooth whose purpose is to provide a base for the retention of an indirectly fabricated crown (ADA)

**Pin**: A small metal rod, cemented or driven into dentin to aid in retention of a restoration (ADA)

**Post**: Rod-like component designed to be inserted into a prepared root canal space so as to provide structural support. This device can either be in the form of an alloy, carbon fiber or fiberglass, and posts are usually secured with appropriate luting agents (ADA)

**CDT Code**

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<td>D2950</td>
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DESCRIPTION OF SERVICES

There are situations when a tooth that has been treated endodontically does not have sufficient remaining tooth structure, following preparation, to support the planned restoration. In these cases, the anatomical crown may be “built up” using a restorative material foundation. Posts, cores and pins may also be indicated to retain a direct or indirect restoration. These procedures should be performed on teeth that have an overall favorable long term prognosis.

REFERENCES


American Dental Association Glossary of Clinical and Administrative Terms.


GUIDELINE HISTORY/REVISION INFORMATION

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| 07/01/2017 | • Updated supporting information to reflect the most current references; no change to coverage rationale or list of applicable codes  
• Archived previous policy version DCG021.01 |