



Dental Clinical Policy

Subject: Core Buildup - includes post and core procedures

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Description

A core buildup refers to building up of coronal structure when there is insufficient retention for a separate extracoronal restorative procedure. A core build up is necessary for crown retention to be considered a core buildup and rebuilds the internal anatomy of the tooth structure as prepared for a crown. Prefabricated post and core systems are prefabricated and come in various standardized shapes and sizes while indirect post and core involves custom fabrication to suit the specific needs of the tooth. The core buildup is integral to the prefabricated and indirectly fabricated post.

Documentation Requirements

Must include current (within 12 months), dated, pretreatment, diagnostic quality 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.

Adjunctive Documentation

When an indication for core buildup and/or post and core 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. Archived.
2. Archived.
3. For posterior teeth, a core buildup and/or post and core are a covered benefit only under the following circumstances:
 - a. A significant portion of missing tooth structure due to caries, fracture, or defective restoration.
 - b. Insufficient tooth structure coronal to the intended restorative margin for adequate retention.
 - c. A crown or retainer is either existing (to be recemented/rebonded) 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 buildup and/or post and core are a covered benefit only under the following circumstances:

- a. A significant portion of missing tooth structure 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 and/or post and cores 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. Archived.
- 7. The diagnosis of "Cracked Tooth Syndrome" may not qualify a tooth for a core buildup and/or post and core.
- 8. Core buildup and/or post and cores placed for repair of complications from attrition, abrasion, erosion, and/or abfraction are not covered services.
- 9. Core buildup and/or post and cores will not be considered for partial coverage indirect restorations (e.g. onlays, inlays, or veneers).
- 10. For a primary tooth to be considered for a core buildup and/or post and core, 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 buildup and/or post and core, 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 buildup and/or post and core placement.
- 12. Archived.
- 13. Archived.
- 14. Archived.
- 15. Crown to root ratios that are poorer than 1:1 create 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 buildup and/or post and cores 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 Clinical 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 Clinical Policy 03-001 Endodontic Therapy.
 - c. A tooth with an overfill/underfill root canal obturation or poor condensation may not be considered. See Dental Clinical Policy 03-001 Endodontic Therapy.
 - d. Teeth with internal or external resorption may not be considered for benefit.
- 18. Core buildup and/or post and cores performed for correction of developmental or congenital defects are not covered.

19. Depending upon group contracts, a core buildup may be alternated to a one surface restoration in instances where root canal therapy is performed through a retained existing crown.
20. For core buildup and/or post and core determination for third molar teeth, the completed crown must be in occlusal function with an opposing tooth (must occlude with at least 1/3 of an opposing tooth; exceptions may have to be considered for crowns supporting removable or fixed partial dentures. (contract dependent).
21. Benefits for core buildup and/or post and core will not be considered when the tooth exhibits caries into the furcation.

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.

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

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

References

1. American Association of Endodontics. Guide to Clinical Endodontics. aae.org. Archived 2019.
2. Smidt A, Venezia E. Techniques for immediate Core buildup and/or post and core of endodontically treated teeth. *Quintessence Int.* 2003;34(4):258-268.
3. Pontius O, Nathanson D, Giordano R, Schilder H, Hutter JW. Survival rate and fracture strength of incisors restored with different post and core systems and endodontically treated incisors without coronoradicular reinforcement [published correction appears in *J Endod.* 2012 Mar;38(3):356. Nathanson, D [added]; Giordano, R [added]; Schilder, H [added]]. *J Endod.* 2002;28(10):710-715. doi:10.1097/00004770-200210000-00008
4. Christensen GJ. Building up tooth preparations for full crowns—2000. *J Am Dent Assoc.* 2000;131(4):505-506. doi:10.14219/jada.archive.2000.0208
5. Cheung W. A review of the management of endodontically treated teeth. Post, core and the final restoration. *J Am Dent Assoc.* 2005;136(5):611-619. doi:10.14219/jada.archive.2005.0232
6. Dietschi D, Duc O, Krejci I, Sadan A. Biomechanical considerations for the restoration of endodontically treated teeth: a systematic review of the literature—Part 1. Composition and micro- and macrostructure alterations. *Quintessence Int.* 2007;38(9):733-743.
7. Slutsky-Goldberg I, Slutsky H, Gorfil C, Smidt A. Restoration of endodontically treated teeth review and treatment recommendations. *Int J Dent.* 2009;2009:150251. doi:10.1155/2009/150251
8. Heydecke G, Butz F, Strub JR. Fracture strength and survival rate of endodontically treated maxillary incisors with approximal cavities after restoration with different post and core systems: an in-vitro study. *J Dent.* 2001;29(6):427-433. doi:10.1016/s0300-5712(01)00038-0
9. Morgano SM. Restoration of pulpless teeth: application of traditional principles in present and future contexts. *J Prosthet Dent.* 1996;75(4):375-380. doi:10.1016/s0022-3913(96)90028-1

History

Revision History	Version	Date	Nature of Change	SME
	Revision	03/04/2019	External facing policy	Committee
	Revision	04/22/2019	Criteria numbering	Dr. Kahn
	Revision	07/23/2019	Verbiage	Committee
	Revision	08/26/2020	Annual Review	Committee
	Revision	12/04/2020	Annual Review	Committee
	Revision	10/06/2021	Annual Review	Committee
	Revision	03/15/2022	Syntax Corrections	AP/SD/DSB
	Revision	10/21/2022	Annual Review	Committee
	Revision	08/23/2023	Annual Review	Committee
	Revision	10/25/2024	Minor editorial refinements to description, clinical indications, criteria, and references; intent unchanged.	Committee
	Revision	10/14/2025	Minor editorial refinements to description, clinical indications, criteria, and references; intent unchanged. Removal of ¾ crown from exclusions.	Dr. Balikov and Dr. Blankenship

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