

D2950 core buildup, including any pins

Refers to building up of anatomical crown when restorative crown will be placed, whether or not pins are used. A material is placed in the tooth preparation for a crown when there is insufficient tooth strength and retention for the crown procedure. This should not be reported when the procedure only involves a filler to eliminate any undercut, box form, or concave irregularity in the preparation.

Limoli Comments:

A core buildup is frequently called a “crown buildup” by the reimbursement industry, even though terminology was changed from “crown buildup” to “core buildup” in the 1991 CDT-1. Its clinical definition is quite clear since it essentially is a constructed foundation upon which a crown is to be seated.

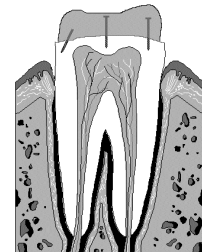
A core buildup is necessary only when the tooth being crowned is so damaged that there is insufficient sound tooth structure remaining to support a restorative crown. According to some reimbursement contracts, liability acceptance for core buildups must clinically involve the remaining compromised clinical crown, which would generally be 3 mm or less in height circumferentially. From the standpoint of the dynamics of occlusion, adequate mechanical retention is required to withstand the displacement of the fabricated crown.

A core crown buildup would be necessary to furnish required retention form or resistance form. Any procedure involving tooth structure replacement for purposes of pulpal insulation, undercut elimination, casting bulk reduction, or for any purpose other than obtaining adequate retention would not qualify as a buildup.

However, it seems prudent to supplement the core retention provided by an endodontic post if more than 50% of the coronal tooth structure has been lost. The core buildup reimbursement criterion is an ongoing controversy. Remaining clinical structures of 3 mm or less circumferentially do not correspond to less than 50% of remaining, sound, natural tooth structure.

A core buildup may or may not contain pins. If pins are associated with the core buildup, they are all-inclusive in the buildup procedure. The pins that are used should not be identified separately. Your fee for a core buildup should be the same whether or not pins are used.

Many reimbursement contracts consider core buildups on vital teeth to be no more than cement bases. Traditionally, payers do not reimburse providers for cavity liners or cement bases. It is most beneficial to submit code D2950 with a narrative report to avoid reimbursement confusion. The narrative for code D2950 should indicate whether the tooth is vital.



D2950-core buildup including any pins

In most cases, core buildups are an allowed benefit if the radiographic and photographic evidences substantiate treatment need and if the procedure is not specifically excluded from coverage. Claims for buildups that are not submitted with the crown's insertion date are either denied, pending submission of the crown, or are reviewed by a dental consultant for liability evaluation.

Claims examiners routinely deny benefits for core buildups because the claims are not submitted with x-rays, photos, or narratives. Most third-party payers agree that the burden of proof for a buildup procedure lies with the submitting dental office. It is a sad fact that most payers find core buildups being billed simply to increase the benefit payable for the crown.

A sample narrative may be:

"Provides needed resistance, retention and geometric form to compromised coronal aspect of tooth. See enclosed photograph."

D2951 pin retention - per tooth, in addition to restoration

Limoli Comments:

A pin-retained restoration may be defined as any restoration requiring the placement of one or more pins in the dentin to provide adequate retention form and/or resistance form. Pins are generally used whenever satisfactory retention cannot be established with undercuts, grooves, slots, or by acid etching the enamel.³ Since each tooth has four adjacent proximal walls, the maximum number required to restore a tooth devoid of coronal structure is four.⁴

According to the professional literature, if pins are used inappropriately for retention, they may endanger the pulpal tissue as well as lead to the premature fracturing of the tooth. Benefits are paid for pin retention on a per tooth basis.

We suggest that you merely report that the restoration is completed (by date) and that it required pin retention for stability.

A sample narrative may be:

"Pin(s) were used to add needed retention/stability to overcome the forces of occlusion. Remaining clinical crown severely compromised by (decay), (fracture), (anatomical deficiency)."



D2951 - pin retention - per tooth, in addition to restoration

3 C. Sturdevant, et al., *The Art and Science of Operative Dentistry* (CV Mosby Company: St. Louis, 1985), 373.

4 J. Ingle and J. Taintor, *Endodontics*, ed. 3 (Leo & Febiger: Philadelphia, 1985), 823.