

**ENVOLVE DENTAL, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE**

DEPARTMENT: Utilization Management	DOCUMENT NAME: Non-Surgical and Surgical Endodontic Services
PAGE: 1 of	REFERENCE NUMBER: ENVD.UM.CP.0020
EFFECTIVE DATE: 05/04/2020	REPLACES DOCUMENT: N/A
RETIRED:	REVIEWED: 11/2021
SPECIALIST REVIEW: Yes	REVISED: 06/30/2020
PRODUCT TYPE: All	COMMITTEE APPROVAL: 06/30/2020

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of dental practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of dental/medical necessity.

The purpose of this Clinical Policy is to provide a guide to dental/medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice dentistry, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional dental judgment in providing the most appropriate care, and are solely responsible for the dental/medical advice and treatment of members.

SUBJECT:

Medical necessity determination of endodontic services for treatment of pulpal and peri-radicular diseases or conditions and tooth retention.

DESCRIPTION:

Endodontic procedures aim to prevent and treat diseases or conditions affecting the pulp and peri-radicular tissues of a tooth. Endodontic procedures are indicated following a significant breach to the pulp-dentin complex, commonly associated with deep caries, restorative procedures, cracks or developmental abnormalities. Traumatic dental injuries, with or without dentin loss, may also necessitate endodontic care. Endodontics specifically involves protection of vital pulpal tissue or removal of diseased or non-vital pulpal tissue, or the correction of deficiencies in previously endodontically treated teeth. Endodontic processes are carried out aseptically and chemo-mechanical remove pulp tissue and disrupt bacterial biofilms. The placement of biocompatible filler and coronal restoration seal the root canal spaces from further

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bacterial infection. Both non-surgical and surgical modes of intervention can be utilized separately or in tandem but surgical endodontic treatment is commonly used following failure of non-surgical root canal treatment. Endodontic procedures have a high success rate and prolong the survival of a tooth. A successful treatment would resolve and prevent pain, swelling and peri-radicular bone loss associated with the treated tooth.

POLICY/CRITERIA:

Indications for Vital Tooth Therapy include the following:

- Caries involvement is near or reaches the pulp of the tooth
- Documented assessment in the patient record showing that a tooth is vital. Tooth has adequate (50% bone or greater) periodontal support and adequate coronal structure for restoration following caries removal
- Absence of pulpal and peri-radicular infection (swelling, sinus tract or periapical radiolucency) in either permanent or primary teeth
- Incomplete root formation in permanent teeth

Contraindications for Vital Pulp Therapy include the following:

- When pre-operative and intra-operative assessment shows the tooth is incapable of tolerating vital pulp therapy, e.g., a diagnosis of pulpal necrosis or percussion tenderness associated with irreversible pulpitis or radicular pulp bleeding which fails to arrest after 5 minutes
- When root resorption is present, either external or internal
- When inadequate periodontal (less than 50% bone) support or insufficient clinical crown structure exists following treatment
- When periodontal furcation involvement is present
- When sub-osseous caries is present
- When a periodontal abscess is present and combined with pulpal infection (i.e., “endo-perio lesion”)

Indications for Root Canal Treatment include the following:

- Irreversible pulpitis
- Pulpal necrosis
- Apical periodontitis

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- To enable retention of a restoration on a broken-down vital tooth (elective root canal treatment)
- Tooth has adequate (50% bone or greater) periodontal support and adequate sound coronal structure for restoration
- When a previous endodontic treatment demonstrates failure due to symptoms and signs with persistent (non-healing) apical periodontitis
- When a previous endodontic treatment is technically inadequate, and a new restoration is planned for the tooth

Contraindications for Root Canal Treatment include the following:

- Inadequate periodontal support (greater than 50% marginal bone loss) and/or insufficient sound clinical tooth structure to enable predictable restoration following treatment
- Uncontrolled primary disease

Indications for Surgical Endodontic Therapy include the following:

- When a previously root filled tooth requires retreatment and areas associated with disease would preferentially be visualized and accessed using a surgical approach. These scenarios include: apical transportation and blockage, apical perforation, root fracture, irretrievable fractured instruments, aberrant anatomy, calcified canals, and over-extended root filling material.
- When an optimally root-filled tooth exhibits signs and symptoms consistent with persistent apical periodontitis and root canal re-treatment may increase the risk of root fracture due to post removal or involve damage to a restoration such as a fixed prosthesis
- When biopsy of peri-radicular tissue in conjunction with other endodontic procedures is indicated
- When a persistent exudate is present during non-surgical root canal treatment despite repeated chemo-mechanical disinfection procedures

Contraindications for Surgical Endodontic Therapy include the following:

- Unusual bone or root morphology hindering surgical access
- Involvement or risk to neurovascular structures (e.g., inferior alveolar nerve, nasopalatine nerve and blood vessels)
- Teeth with poor periodontal support (less than 50% alveolar bone support) or a poor restorative prognosis

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- When sub-osseous caries is present
- When root resorption is present, either external or internal
- When the medical history contraindicates surgical management
- Uncontrolled primary disease

REQUIRED DOCUMENTATION:

- Recent (within 12 months) and dated diagnostic-quality periapical radiographic image(s) clearly showing the clinical crown and all root apices
- Clinical chart notes supporting diagnostic and evaluation determinations
- Intra-oral photographs where necessary to support conditions not clearly represented with radiographs
- CBCT where necessary to aid assessment and planning of treatment (subject to state regulations)
- Recent (within six months) and dated six-point periodontal charting and history of previous periodontal therapy is required when radiographic evidence of bone loss exists
- Valid consent

COVERAGE LIMITATIONS/EXCLUSIONS (Subject to State Regulations):

- One of the following codes per member per tooth per lifetime – D3110-D3240
- One of the following codes per member per tooth per lifetime – D3310-D3330
- One of the following codes per member per tooth per lifetime – D3346-D3348.
- One apexification per tooth per member per lifetime.
- One pulpal regeneration per tooth per member per lifetime.
- One apicoectomy per tooth per member per lifetime.

REFERENCES:

American Academy of Pediatric Dentistry (AAPD) Council on Clinical Affairs. Guideline on Pulp Therapy for Primary and Immature Permanent Teeth. Rev. 2014

American Association of Endodontists (AAE). Guide to Clinical Endodontics, 6th edition. 2013. <https://www.aae.org/specialty/clinical-resources/guide-clinical-endodontics/>

American Dental Association (ADA) CDT Codebook 20202.

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American Dental Association (ADA) Glossary of Clinical and Administrative Terms.

CODING IMPLICATIONS:

Please refer to your State contract and Provider Manual for exact coverage implications.

The following codes for endodontic treatment are recognized by Envolve Dental.

CDT Code	CDT Code Description
D3110	Pulp cap - direct (excluding final restoration)
D3120	Pulp cap - indirect (excluding final restoration)
D3220	Therapeutic pulpotomy (excluding final restoration)
D3221	Pulpal debridement, primary and permanent teeth
D3222	Partial pulpotomy for apexogenesis
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
D3310	Endodontic therapy, anterior tooth (excluding final restoration)
D3320	Endodontic therapy, premolar tooth (excluding final restoration)
D3330	Endodontic therapy, molar tooth (excluding final restoration)
D3331	Treatment of root canal obstruction; non-surgical access
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333	Internal root repair of perforation defects; non-surgical
D3346	Retreatment of previous root canal therapy - anterior
D3347	Retreatment of previous root canal therapy - premolar
D3348	Retreatment of previous root canal therapy - molar
D3351	Apexification/Recalcification - initial visit
D3352	Apexification/Recalcification - interim medication placement
D3353	Apexification/Recalcification - final visit
D3355	Pulpal Regeneration - initial visit
D3356	Pulpal Regeneration - interim medication placement
D3357	Pulpal Regeneration - completion of treatment
D3410	Apicoectomy - anterior
D3421	Apicoectomy - premolar (first root)

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D3425	Apicoectomy - molar (first root)
D3426	Apicoectomy - each additional root
D3427	Periradicular surgery without apicoectomy
*D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site
*D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site
D3430	Retrograde filling - per root
*D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
*D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
D3450	Root amputation - per root
*D3460	Endodontic endosseous implant
D3470	Intentional re-implantation (including necessary splinting)
D3910	Surgical procedure for isolation of tooth with rubber dam
D3920	Hemisection (including any root removal), not including root canal therapy
*D3950	Canal preparation and fitting of preformed dowel or post
D3999	Unspecified endodontic procedure, by report

* Procedure Not Covered

Envolve Dental complies with the coding guidelines of the health plan and/or State in which the client resides. When billing the above endodontic codes, the need for endodontic treatment must be documented in the record. Abnormal comparative utilization of comprehensive examination coding is subject to retrospective review and chart audit. Envolve Dental requires servicing providers to submit one or more of the following ICD-10 codes with endodontic treatment (Box 34 and 34a of the ADA American Dental Association Dental Claim Form):

Medical indications for coverage:

ICD-10 Code	ICD-10 Code Description
K02.3	Dental caries (decay and cavities)
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K02.9	Dental carries, unspecified
K03.2	Erosion of teeth

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K03.81	Cracked tooth
K03.89	Other specified diseases of hard tissues of teeth
K03.9	Disease of hard tissues of teeth, unspecified
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
S02.5XXB	Fracture of tooth (traumatic), initial encounter for open fracture
S02.5XXD	Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing
S02.5XXG	Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing
S02.5XXK	Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion
S02.5XXS	Fracture of tooth (traumatic), sequela

REVIEW/REVISION LOG

Notes	Date
Revise indications for coverage	
Annual Review	06/30/2020
Annual Review	11/2021

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