

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| ENDODONTICS D3000 - D3999 | | |
| Local anesthesia is usually considered to be part of Endodontic procedures. | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> 1. A treatment plan with a poor and or uncertain periodontal, restorative or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report. 2. Endodontic exploratory surgery is denied. 3. Incomplete obturation and treatment of the root canal system is not payable by HDS or patient. 4. The benefit for root canal therapy on a primary tooth is denied when the radiographs reveal insufficient root structure, internal resorption, furcal perforation, or extensive periapical pathosis. | | |
| Pulp Capping D3110 - D3120 | | |
| D3110 pulp cap – direct (excluding final restoration) | X-ray | 1 - 32, A - T |
| <p>Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.</p> <ol style="list-style-type: none"> 1. Calcium Hydroxide or Mineral Trioxide Aggregate (MTA) is considered the material of choice for direct and indirect pulp cap. 2. A separate benefit for a pulp cap by the same dentist/dental office is not billable to the patient as a component of a protective restoration (D2940). | | |
| D3120 pulp cap – indirect (excluding final restoration) | X-ray | 1 - 32, A - T |
| <p>Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries have been removed.</p> <ol style="list-style-type: none"> 1. Calcium hydroxide or Mineral Trioxide Aggregate (MTA) is considered the material of choice for direct and indirect pulp cap. 2. A separate benefit for a pulp cap by the same dentist/dental office is not billable to the patient as a component of a protective restoration (D2940). | | |

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| Pulpotomy D3220 - D3222 | | |
| D3220 therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament | | 1 - 32, A - T |
| <p>Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.</p> <ul style="list-style-type: none"> - To be performed on primary or permanent teeth. - This is not to be construed as the first stage of root canal therapy. - Not to be used for Apexogenesis. <p>1. This benefit is allowed once per tooth per lifetime.</p> | | |
| D3221 pulpal debridement, primary and permanent teeth | | 1 - 32, A - T |
| <p>Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day.</p> <ol style="list-style-type: none"> 1. The benefit for D3221 is not billable to the patient when performed by the same dentist/dental office on the same day as endodontic therapy (D3230-D3333). 2. This benefit (D3221) is allowed once per tooth per lifetime. Additional D3221 on the same tooth by the same dentist is not billable to the patient. | | |

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| D3222 partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | X-ray | 2 - 15, 18 - 31 |
| Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy. | | |
| 1. The benefit for partial pulpotomy is not billable to the patient when performed within 30 days of root canal therapy (D3230–D3333) or procedures D3351-D3353 on the same tooth by the same dentist/dental office. | | |
| 2. This is a benefit only for teeth with incomplete root development. | | |
| 3. The fees for D9110 in conjunction with D3222 are not billable by the same dentist/dental office. | | |
| Endodontic Therapy on Primary Teeth D3230 - D3299 | | |
| Endodontic therapy on primary teeth with succedaneous teeth and placement of resorbable filling. This includes pulpectomy, cleaning, and filling of canals with resorbable material. | | |
| D3230 pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | X-ray | C - H, M - R |
| Primary incisors and cuspids. | | |
| 1. Pulpal therapy is only benefited when performed on a non-vital primary tooth that has a successor. | | |
| 2. If submitted for a non-vital primary tooth with no successor, benefit is limited to a D3310 (anterior) root canal. | | |
| 3. Pulpal therapy submitted for a permanent tooth is not billable to the patient. Please resubmit with proper coding. | | |
| 4. This benefit is allowed once per tooth per lifetime. | | |
| 5. Fees for D3221 and D3222 are not billable to the patient when performed within 30 days on the same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| 6. The fees for D9110 in conjunction with D3230 are not billable to the patient by the same dentist/dental office. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D3240 pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) | X-ray | A, B, I - L, S, T |
| Primary first and second molars. | | |
| <ol style="list-style-type: none"> 1. Pulpal therapy is only benefited when performed on a non-vital primary tooth that has a successor. 2. If submitted for a non-vital primary tooth with no successor, benefit is limited to a D3320 (premolar) root canal. 3. Pulpal therapy submitted for a permanent tooth is not billable to the patient. Please resubmit with proper coding. 4. Fees for D3221 and D3222 are not billable to the patient when performed within 30 days on the same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. 5. The fees for D9110 in conjunction with D3240 are not billable to the by the same dentist/dental office. | | |

Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care) D3310 - D3333

Includes primary teeth without succedaneous teeth and permanent teeth. Complete root canal therapy; pulpectomy is part of root canal therapy.

Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Benefits for techniques, e.g. ultrasonic cleaning, or instrumentation are considered to be part of the procedure and not billable to the patient.

1. Administrative Criteria:

- Always submit a labeled and dated X-ray image that is diagnostic and clearly demonstrates the periapical region 2-3 millimeters beyond the radiographic apex. The image should clearly demonstrate the entire obturation of the root canal system and be free of positional errors and artifacts. An angled film may be required to view all endodontically treated canals.
- In the case of endodontic retreatment or treatment of obstructions, clearly label or indicate if the image is a pre-operative or post-operative image.
- When submitting a narrative to support a claim, ensure that a valid AAE (American Association of Endodontists) pulpal and apical diagnosis is included. (Source: <https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/07/endodonticdiagnosisfall2013.pdf>)
- The narrative should contain a clear, concise description of the procedure, patient symptoms, and any other pertinent information related to the claim.
- Interim working films should not be submitted for payment.
- A final obturation that is greater than 2.0 millimeters short of the apex or overextended more than 1.5 millimeters past the apex should have an accompanying narrative that details the clinical circumstances as well as the current and long-term prognosis. This is not a guarantee of payment or benefit.

2. Clinical Criteria:

The clinical criteria listed below are utilized by HDS dental consultants when reviewing endodontic treatment claims.

- The tooth should not be perforated.
 - The tooth should be restorable.
 - The final obturation should be complete, within the confines of the root canal system and ideally positioned ½ to 1.5 millimeters from the radiographic apex. (See Pathways of the Pulp 10th edition).
 - The gutta percha obturation should be solid and free of significant voids.
 - The final obturation should not be significantly over-extended (> 1.5 millimeters).
 - Extrusion of sealer may be unavoidable, but it should not be excessive.
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| D3310 endodontic therapy, anterior tooth (excluding final restoration) | Post-op X-ray | 6 - 11, 22 - 27 |
| D3320 endodontic therapy, premolar tooth (excluding final restoration) | | 4, 5, 12, 13, 20, 21, 28, 29 |
| D3330 endodontic therapy, molar tooth (excluding final restoration) | | 1 - 3, 14 - 19, 30 - 32 |
| <ol style="list-style-type: none"> 1. A separate fee for palliative treatment is not billable to the patient when done in conjunction with root canal therapy by the same dentist/dental office on the same date of service. 2. One diagnostic radiographic image is allowed per tooth. Additional films are considered as part of the root canal treatment and are not billable to the patient. 3. When a radiograph indicates obturation of an endodontically treated tooth has been performed without the use of a biologically acceptable nonresorbable semisolid or solid core material, benefit is not billable to the patient. 4. When a root canal is left unfinished, an allowance may be made for pulpal debridement (D3221) and fees in excess of a D3221 are not billable to the patient. 5. When a root canal is completed and filled with biologically acceptable material on a retained primary tooth, whose permanent successor is missing, indicate the primary tooth number and include a narrative stating that there is no permanent successor. 6. Root canal therapy is not a benefit in conjunction with overdentures and benefits is denied as an elective technique. | | |

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| D3331 treatment of root canal obstruction; non-surgical access | Pre-op X-ray, Post-op X-ray | 1 - 32 |
| <p>In lieu of surgery, for the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.</p> <ol style="list-style-type: none"> Post removal is not included in this procedure. Fees for D3221 and D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| D3332 incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | Narrative | 1 - 32 |
| <p>Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable.</p> <ol style="list-style-type: none"> Benefit is limited to once per tooth per lifetime. Subsequent endodontic therapy is not billable to the patient when performed by the same dentist/dental office. The narrative should indicate the pre-operative diagnosis and treatment performed. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| D3333 internal root repair of perforation defects | X-ray, Narrative | 1 - 32 |
| <p>Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by same provider.</p> <ol style="list-style-type: none"> Benefit is limited to once per tooth per lifetime. Subsequent internal root repair of perforation defects is not billable to the patient when performed by the same dentist/dental office. Special consideration may be given by report. The narrative should indicate the pre-operative diagnosis and treatment performed. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |

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| Endodontic Retreatment D3340 - D3349 | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> This procedure includes the removal of a post, pin(s), old root canal filling material, and the procedures necessary to prepare the canals and place the canal filling. Separate fees for these procedures are not billable to the patient. Multiple visits to complete the endodontic retreatment are considered a component of the primary procedure and are not billable to the patient. | | |
| D3346 retreatment of previous root canal therapy – anterior | Narrative, Pre-op X-ray, Post-op X-ray | 6 - 11, 22 - 27 |
| D3347 retreatment of previous root canal therapy – premolar | | 4, 5, 12, 13, 20, 21, 28, 29 |
| D3348 retreatment of previous root canal therapy – molar | | 1 - 3, 14 - 19, 30 - 32 |
| <ol style="list-style-type: none"> Retreatment of root canal therapy or retreatment of apical surgery by the same dentist/dental office within 24 months is considered part of the original procedure. Benefits are denied when performed by a different dentist within 24 months. Special consideration for exceptional circumstances are reviewed on a per case basis. When radiographs indicate obturation of an endodontically treated tooth has been performed without the use of a solid core material, benefits for the endodontic therapy and/or restoration of the tooth are not billable to the patient. The narrative should indicate the pre-operative diagnosis and treatment performed. | | |

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| Apexification/Recalcification and Pulpal Regeneration Procedures D3351-D3357 | | |
| D3351 apexification/recalcification – initial visit (apical closure/calific repair of perforations, root resorption, etc.) | X-ray | 1 - 32 |
| <p>Includes opening tooth, pulpectomy, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure includes first phase of complete root canal therapy.)</p> <ol style="list-style-type: none"> 1. Apexification is only benefited on permanent teeth with incomplete root development or for repair of a perforation. 2. Benefit is limited to once per tooth. Subsequent visits are benefited as recalcification – interim medication replacement (D3352). 3. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| D3352 apexification/recalcification – interim medication replacement | Post-op X-ray | 1 - 32 |
| <p>For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs.</p> <ol style="list-style-type: none"> 1. Apexification is only allowable on permanent teeth with incomplete root development or for repair of a perforation. 2. A prior apexification/recalcification- initial visit (D3351) performed on the same tooth is required. 3. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |

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| D3353 apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calific repair of perforations, root resorption, etc.) Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy.) | Post-op X-ray | 1 - 32 |
| <ol style="list-style-type: none"> 1. Apexification is allowable only on permanent teeth with incomplete root development or for repair of a perforation. 2. A prior apexification/recalcification- initial visit (D3351) performed on the same tooth is required. 3. Benefit is limited to once per tooth. Subsequent submissions are not billable to the patient by same dentist/dental office. 4. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| D3355 pulpal regeneration – initial visit | X-ray | 1 - 32 |
| Includes opening tooth, preparation of canal spaces, and placement of medication. | | |
| <ol style="list-style-type: none"> 1. One diagnostic radiographic image is allowed per tooth. Additional radiographic images are considered part of the pulpal regeneration treatment and are not billable to the patient. 2. Benefit is limited to once per tooth per lifetime. Subsequent submissions of this code are not billable to the patient by the same dentist/dental office. 3. Pulpal regeneration is only a benefit on permanent teeth with incomplete development of the root and an open apex (blunderbuss canal). | | |

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| D3356 pulpal regeneration – interim medication replacement | Post-op X-ray | 1 - 32 |
| <ol style="list-style-type: none"> Includes all necessary radiographic images. All radiographic images are considered part of the initial pulpal regeneration procedure and are not billable to the patient. Patient history of a previous pulpal regeneration – initial visit (D3355) performed on the same tooth is required. This procedure code is only submitted for visits in which the initial intra-canal medication is replaced with new intra-canal medication. | | |
| D3357 pulpal regeneration – completion of treatment | Post-op X-ray | 1 - 32 |
| Does not include final restoration. <ol style="list-style-type: none"> Benefit is limited to once per tooth per lifetime. One post-operative radiographic image is allowed. Additional radiographic images are considered part of the pulpal regeneration treatment and are not billable to the patient. Patient history of a previous pulpal regeneration – initial visit (D3355) performed on the same tooth is required. | | |

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| APICOECTOMY/PERIRADICULAR SERVICES D3410 - D3470 | | |
| Periradicular surgery is a term used to describe surgery to the root surface (e.g., apicoectomy), repair of a root perforation or resorptive defect, exploratory curettage to look for root fractures, removal of extruded filling materials or instruments, removal of broken root fragments, sealing of accessory canals, etc. This does not include retrograde filling material placement. | | |
| <u>General Guidelines</u> | | |
| 1. Endodontic exploratory surgery is denied. | | |
| D3410 apicoectomy – anterior | Pre-op X-ray, Post-op X-ray | 6 - 11, 22 - 27 |
| For surgery on root of anterior tooth. Does not include placement of retrograde filling material. | | |
| <ol style="list-style-type: none"> 1. The benefit for a biopsy of oral tissue is not billable to the patient as included in the fee for an apicoectomy when performed in the same location and on the same date of service by the same dentist/dental office. 2. Retreatment of an apicoectomy is not billable to the patient within 24 months of the initial treatment by the same dentist/dental office. | | |
| D3421 apicoectomy - premolar (first root) | Pre-op X-ray, Post-op X-ray | 4, 5, 12, 13, 20, 21, 28, 29 |
| For surgery on one root of a premolar. Does not include placement of retrograde filling material. If more than one root is treated, see D3426. | | |
| <ol style="list-style-type: none"> 1. The benefit for a biopsy of oral tissue is not billable to the patient as included in the fee for an apicoectomy when performed in the same location and on the same date of service by the same dentist/dental office. 2. Retreatment of an apicoectomy is not billable to the patient within 24 months of the initial treatment by the same dentist/dental office. | | |
| D3425 apicoectomy – molar (first root) | Pre-op X-ray, Post-op X-ray | 1 - 3, 14 - 19, 30 - 32 |
| For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426. | | |
| <ol style="list-style-type: none"> 1. The benefit for a biopsy of oral tissue is included in the fee for an apicoectomy when performed in the same location and on the same date of service by the same dentist/dental office. 2. Retreatment of an apicoectomy is not within 24 months of the initial treatment by the same dentist/dental office. | | |

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| D3426 apicoectomy (each additional root) | Pre-op X-ray, Post-op X-ray | 1 - 32 |
| <p>Typically used for premolar and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement.</p> <ol style="list-style-type: none"> 1. The benefit for a biopsy of oral tissue is not billable to the patient as included in the fee for an apicoectomy when performed in the same location and on the same date of service by the same dentist/dental office. 2. Retreatment of an apicoectomy is not billable to the patient within 24 months of the initial treatment by the same dentist/dental office. | | |
| D3430 retrograde filling – per root | Post-op X-ray | 1 - 32 |
| <p>For placement of retrograde filling material during periradicular surgery procedures. If more than one filling is placed in one root report as D3999 and describe.</p> <ol style="list-style-type: none"> 1. Service is limited to once per 24 months. 2. Retrograde filling includes all retrograde procedures per root. | | |
| D3450 root amputation – per root | X-ray | 1 - 5, 12 - 21, 28 – 32 |
| <p>Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920.</p> | | |
| D3471 surgical repair of root resorption – anterior | Operative Report | 6-11, 22-27 |
| <p>For surgery on root of anterior tooth. Does not include placement of restoration.</p> <ol style="list-style-type: none"> 1. The benefit is not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date as internal root repair of perforation defects D3333, apicoectomy (D3410-D3426), retrograde filling (D3430) and root amputation (D3450). 2. The repair of iatrogenic perforations occurring during periodontal procedures: D4210 - D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285 are not billable to the patient. 3. When performed on the same tooth by the same dentist/dental office as D4341 or D4342, the fees for scaling and root planing are not billable to the patient | | |

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| D3472 surgical repair of root resorption – premolar | Operative Report | 4-5, 12-13, 20-21, 28-29 |
| For surgery on root of premolar tooth. Does not include placement of restoration. | | |
| <ol style="list-style-type: none"> 1. The benefit is not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date as apicoectomy (D3410-D3426), retrograde filling (D3430) and root amputation (D3450). 2. The repair of iatrogenic perforations occurring during periodontal procedures: D4210 - D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285 are not billable to the patient. 3. When performed on the same tooth by the same dentist/dental office as D4341 or D4342, the fees for scaling and root planing are not billable to the patient. | | |
| D3473 surgical repair of root resorption – molar | Operative Report | 1-3, 14-16, 17-19, 30-32 |
| For surgery on root of molar tooth. Does not include placement of restoration. | | |
| <ol style="list-style-type: none"> 1. The benefit is not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date as apicoectomy (D3410-D3426), retrograde filling (D3430) and root amputation (D3450). 2. Retreatment of periradicular surgery without apicoectomy is not billable to the patient within 24 months of the initial treatment by the same dentist/dental office. 3. Fees surgical repair of root resorption are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333, D3410-D3426, D3430, D3450, D3503, D4210-D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285. 4. When performed on the same tooth by the same dentist/dental office as D4341 or D4342, the fees for scaling and root planing are not billable to the patient. | | |

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| D3501 surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | Operative Report | 6-11, 22-27 |
| <p>Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.</p> <ol style="list-style-type: none"> 1. Fees for surgical exposure of root surface are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333, D3410 - D3426, D3430, D3450, D3471, D4210 - D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285. 2. When performed on the same tooth by the same dentist/dental office as D4341 or D4342 the fees for scaling and root planing are not billable to the patient. | | |
| D3502 surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | Operative Report | 4-5, 12-13, 20-21, 28-29 |
| <p>Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.</p> <ol style="list-style-type: none"> 1. Fees for surgical exposure of root surface are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333, D3410 - D3426, D3430, D3450, D3471, D4210 - D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285. 2. When performed on the same tooth by the same dentist/dental office as D4341 or D4342 the fees for scaling and root planing are not billable to the patient. | | |
| D3503 surgical exposure of root surface without apicoectomy or repair of root resorption – molar | Operative Report | 1-3, 14-16, 17-19, 30-32 |
| <p>Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.</p> <ol style="list-style-type: none"> 1. Fees for surgical exposure of root surface are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333, D3410 - D3426, D3430, D3450, D3471, D4210 - D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285. 2. When performed on the same tooth by the same dentist/dental office as D4341 or D4342 the fees for scaling and root planing are not billable to the patient. | | |

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| Other Endodontic Procedures D3920 - D3999 | | |
| D3920 hemisection (including any root removal), not including root canal therapy | X-ray | 1 - 3, 14 -19, 30 -32 |
| <p>Includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections.</p> <ol style="list-style-type: none"> 1. No benefit is allowed for the replacement of the missing portion of existing tooth. 2. This benefit is allowed once per tooth per lifetime. 3. Benefits for bone replacement grafts (D4263 and D4264) are denied when submitted with D3920. | | |
| D3921 decoronation or submergence of an erupted tooth | Operative Report | 1 -32 |
| <p>Intentional removal of coronal tooth structure for preservation of root and surrounding bone.</p> <ol style="list-style-type: none"> 1. Sealing of the remaining root with glass ionomer, amalgam, composite is considered a component of the primary D3921 procedure. 2. This benefit is allowed once per tooth per lifetime. | | |
| D3999 unspecified endodontic procedure, by report | Narrative | A - T, 1 - 32 |
| <p>Used for procedure that is not adequately described by a code. Describe procedure.</p> <ol style="list-style-type: none"> 1. Provide a complete description of services and treatment including tooth number. 2. Upon review the appropriate benefit allowance will be applied. 3. Narrative should include the pre-operative diagnosis, treatment performed, restorative materials used, tooth number and surfaces, chair time and laboratory invoices (when applicable). 4. When available, intraoral photographic images may be requested to support the claim submission. | | |