

Part 4: Endodontics

COMPREHENSIVE DENTAL REFERENCE GUIDE

Please use the Comprehensive Dental Reference Guide when preparing your claims and pre-treatment estimates for CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., (collectively, "CareFirst"), CareFirst BlueCross BlueShield Medicare Advantage, The Dental Network, and the Federal Employee Program®.

- CDT code descriptions
- Utilization review perspectives on clinical presentations appropriate for benefit allowance
- CareFirst-required documentation to allow for processing
- Identification of codes that require a clinical review by our staff of licensed dentists

Selecting the most appropriate code to describe treatment rendered and providing required documentation streamlines the claims submission process.

These descriptions and directions are based on standard plan designs. Individual patient plans may vary. Verify benefits and eligibility for each patient before the appointment.

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Endodontics: D3000–D3999

The information provided is based on general clinical policy and can vary for each patient’s plan. Verify benefits and eligibility for each patient before the appointment, as there are differences among plans. The following information gives generalized clinical requirements and guidance for each CDT code.

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Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D3110	Pulp cap—direct (excluding final restoration)	Benefits are typically available once per 12 months per permanent tooth only, except for some ACA pediatric plans. Direct pulp cap will be considered inclusive (not billable) if submitted with a major restoration such as a core buildup or indirect restoration.	No documentation is required. Approval depends on the plan design’s frequency limitations for the individual patient.
D3120	Pulp cap—indirect (excluding final restoration)	Benefits are typically not available, as it is considered inclusive to the permanent or sedative restoration except for some ACA pediatric plans.	No documentation is required. Approval depends on the plan design’s frequency limitations for the individual patient.
D3220	Therapeutic pulpotomy (excluding final restoration)—removal of pulp coronal to dentinocemental junction and medicament	Benefits are typically available on primary teeth only.	No documentation is required. Approval depends on the plan design’s frequency limitations for the individual patient.
D3221	Pulpal debridement, primary and permanent teeth	Benefits are typically available one per tooth per lifetime. If this service is billed along with any other endodontic treatment on the same service date, the debridement will be considered inclusive.	No documentation is required. Approval depends on the plan design’s frequency limitations for the individual patient.
D3222	Partial pulpotomy for apexogenesis—permanent tooth with incomplete root development	Typically not covered.	n/a

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Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	Tooth must demonstrate advanced caries or trauma. Root fracture must be absent. Clinical crown must be sufficient to retain a restoration, prefabricated resin or stainless steel crown. Tooth must not be near exfoliation—root resorption may not exceed 50%.	Requires clinical review. Pre-operative periapical radiograph and statement of medical necessity.
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	Tooth must demonstrate advanced caries or trauma. Root fracture must be absent. Clinical crown must be sufficient to retain a restoration, prefabricated resin or stainless steel crown. Tooth must not be near exfoliation—root resorption may not exceed 50%.	Requires clinical review. Pre-operative periapical radiograph and statement of medical necessity.
D3310	Endodontic therapy— anterior tooth (excluding final restoration)	Benefits are typically available once per permanent incisor or canine/cuspid tooth per lifetime (for initial treatment). All canals must be instrumented, cleaned and sealed within 2 mm of the radiographic apex. Tooth must present with endodontic pathology, symptoms. Tooth must be restorable. Tooth must present with at least 50% bone support. Patient must be free of active periodontal disease. Pulp tests and additional radiographs (after initial diagnostic image) are considered inclusive to this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3320	Endodontic therapy— premolar tooth (excluding final restoration)	Benefits are typically available once per permanent premolar/ bicuspid tooth per lifetime (for initial treatment). All canals must be instrumented, cleaned and sealed within 2 mm of the radiographic apex. Tooth must present with endodontic pathology, symptoms. Tooth must be restorable. Tooth must present with at least 50% bone support. Patient must be free of active periodontal disease. Pulp tests and additional radiographs (after initial diagnostic image) are considered inclusive to this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3330	Endodontic therapy—molar tooth (excluding final restoration)	Benefits are typically available once per permanent molar tooth per lifetime (for initial treatment). All canals must be instrumented, cleaned and sealed within 2 mm of the radiographic apex. Tooth must present with endodontic pathology, symptoms. Tooth must be restorable. Tooth must present with at least 50% bone support. Patient must be free of active periodontal disease. Pulp tests and additional radiographs (after initial diagnostic image) are considered inclusive to this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3331	Treatment of root canal obstruction—non-surgical access	Benefits are typically available once per permanent tooth per lifetime and if submitted with initial or retreatment endodontic procedures, it will be considered inclusive to the primary endodontic procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D3332	Incomplete endodontic therapy, inoperable, unrestorable or fractured tooth	Benefits are typically available once per permanent tooth per lifetime for an inoperable tooth, calcified canal(s), root fracture, nonrestorable tooth resulting in incomplete endodontic therapy. If submitted with initial or retreatment endodontic procedures, it will be considered inclusive to the primary endodontic procedure.	Requires clinical review. Pre-operative periapical radiograph and statement of medical necessity.
D3333	Internal tooth repair of perforation defects	Benefits are typically available once per permanent tooth per lifetime and if submitted with initial or retreatment endodontic procedures, it will be considered inclusive to the primary endodontic procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3346	Retreatment of previous root canal therapy—anterior	Benefits are typically available once per previously treated permanent incisor or canine/cuspid tooth per lifetime (for initial treatment). All canals must be instrumented, cleaned and sealed within 2 mm of the radiographic apex. Tooth must present with endodontic pathology, symptoms. Tooth must be restorable. Tooth must present with at least 50% bone support. Patient must be free of active periodontal disease. Pulp tests and additional radiographs (after initial diagnostic image) are considered inclusive to this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3347	Retreatment of previous root canal therapy—premolar	Benefits are typically available once per previously treated permanent premolar/bicuspid tooth per lifetime (for initial treatment). All canals must be instrumented, cleaned and sealed within 2 mm of the radiographic apex. Tooth must present with endodontic pathology, symptoms. Tooth must be restorable. Tooth must present with at least 50% bone support. Patient must be free of active periodontal disease. Pulp tests and additional radiographs (after initial diagnostic image) are considered inclusive to this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3348	Retreatment of previous root canal therapy—molar	Benefits are typically available once per previously treated permanent molar tooth per lifetime (for initial treatment). All canals must be instrumented, cleaned and sealed within 2 mm of the radiographic apex. Tooth must present with endodontic pathology, symptoms. Tooth must be restorable. Tooth must present with at least 50% bone support. Patient must be free of active periodontal disease. Pulp tests and additional radiographs (after initial diagnostic image) are considered inclusive to this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3351	Apexification/recalcification—initial visit (apical closure/calcific repair of perforations, etc.)	Benefits are typically allowed prior to completion of root canal therapy (D3310-D3330, D3346-D3348) with a total of three apexification treatments (any combination of D3351, D3352 and D3353) per lifetime. If this procedure is submitted with a root canal treatment, it will be considered inclusive to the primary treatment.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D3352	Apexification/recalcification—interim medication replacement	Benefits are typically allowed prior to completion of root canal therapy (D3310-D3330, D3346-D3348) with a total of three apexification treatments (any combination of D3351, D3352 and D3353) per lifetime. If this procedure is submitted with a root canal treatment, it will be considered inclusive to the primary treatment.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3353	Apexification/recalcification—final visit (includes completed root canal therapy-apical closure/calcfic repair)	Benefits are typically allowed prior to completion of root canal therapy (D3310-D3330, D3346-D3348) with a total of three apexification treatments (any combination of D3351, D3352 and D3353) per lifetime. If this procedure is submitted with a root canal treatment, it will be considered inclusive to the primary treatment.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3355	Pulpal regeneration—initial visit	Benefits are typically allowed once per tooth per lifetime.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3356	Pulpal regeneration—interim medication replacement	Benefits are typically allowed once per tooth per lifetime.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3357	Pulpal regeneration—completion of treatment	Benefits are typically allowed once per tooth per lifetime.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3410	Apicoectomy—anterior	Benefits are typically allowed once per anterior tooth per lifetime and not within 30 days following the primary root canal treatment completion. I&D or other periradicular surgical procedure performed on the same service date is considered inclusive to the apicoectomy. Benefits for general anesthesia/sedation are allowed with this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3421	Apicoectomy—premolar (first root)	Benefits are typically allowed once per anterior tooth per lifetime and not within 30 days following the primary root canal treatment completion. I&D or other periradicular surgical procedure performed on the same service date is considered inclusive to the apicoectomy. Benefits for general anesthesia/sedation are allowed with this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3425	Apicoectomy—molar (first root)	Benefits are typically allowed once per anterior tooth per lifetime and not within 30 days following the primary root canal treatment completion. I&D or other periradicular surgical procedure performed on the same service date is considered inclusive to the apicoectomy. Benefits for general anesthesia/sedation are allowed with this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D3426	Apicoectomy (each additional root)	Benefits are typically allowed once per anterior tooth per lifetime and not within 30 days following the primary root canal treatment completion. I&D or other periradicular surgical procedure performed on the same service date is considered inclusive to the apicoectomy. Benefits for general anesthesia/sedation are allowed with this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3428	Bone graft in conjunction with periradicular surgery—per tooth, single site	Benefits are typically allowed once per tooth/single site per lifetime. Surgical defect must be large enough to require graft for adequate healing without significant residual defect. Benefits for general anesthesia/sedation are allowed with this procedure.	Requires clinical review. Pre-operative periapical radiograph, rationale. For previously endodontically treated teeth—post-operative periapical radiograph
D3429	Bone graft in conjunction with periradicular surgery—each additional contiguous tooth in the same surgical site	Benefits are typically allowed once per tooth/single site per lifetime. Surgical defect must be large enough to require graft for adequate healing without significant residual defect. Benefits for general anesthesia/sedation are allowed with this procedure.	Requires clinical review. Pre-operative periapical radiograph, rationale. For previously endodontically treated teeth—post-operative periapical radiograph
D3430	Retrograde filling—per root	Benefits are allowed in conjunction with an apicoectomy procedure. The maximum number of retrograde fillings allowed align with the type of tooth: anterior—1 root; premolar/ bicuspid—2 roots; molar—3 roots.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Benefits are typically allowed once per lifetime in conjunction with periradicular surgery. Biologic materials must result in significant improvement in tissue regeneration and healing. May be considered incidental when used in conjunction with bone grafting and/or guided tissue regeneration (GTR).	Requires clinical review. Pre-operative periapical radiograph, history of root canal, rationale. For previously endodontically treated teeth—post-operative periapical radiograph
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Benefits are typically allowed once per lifetime in conjunction with periradicular surgery. Use of the resorbable barrier for GTR must result in significant improvement in tissue regeneration and healing. This code is not to be used for resorbable or non-resorbable membranes, allogenic grafting materials or other extra charges. The grafting codes include the material unless otherwise indicated.	Requires clinical review. Pre-operative periapical radiograph, history of root canal, rationale. For previously endodontically treated teeth—post-operative periapical radiograph
D3450	Root amputation—per root	Benefits are allowed once per root. The maximum number of root amputations allowed align with the type of tooth: anterior—one root; premolar/bicuspid—two roots; molar—three roots. Benefits for general anesthesia/sedation are allowed with this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3460	Endodontic endosseous implant	Benefits will be considered upon clinical review of rationale and treatment plan.	Requires clinical review. Pre-operative periapical radiograph, history of root canal, rationale.
D3470	Intentional reimplantation (including necessary splinting)	Typically not covered.	n/a

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Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D3471	Surgical repair of root resorption—anterior	Benefits are typically allowed once per anterior tooth root per lifetime. This periradicular surgical procedure performed on the same service date is considered inclusive to the apicoectomy. Benefits for general anesthesia/sedation are allowed with this procedure.	Narrative and periapical radiograph required.
D3472	Surgical repair of root resorption—premolar	Benefits are typically allowed once per premolar/bicuspid tooth root per lifetime. This periradicular surgical procedure performed on the same service date is considered inclusive to the apicoectomy. Benefits for general anesthesia/sedation are allowed with this procedure.	Narrative and periapical radiograph required.
D3473	Surgical repair of root resorption—molar	Benefits are typically allowed once per molar tooth root per lifetime. This periradicular surgical procedure performed on the same service date is considered inclusive to the apicoectomy. Benefits for general anesthesia/sedation are allowed with this procedure.	Narrative and periapical radiograph required.
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption—anterior	Benefits are typically allowed once per anterior tooth root per lifetime. This periradicular surgical procedure performed on the same service date is considered inclusive to the apicoectomy.	Narrative and periapical radiograph required.
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption—premolar	Benefits are typically allowed once per premolar/bicuspid tooth root per lifetime. This periradicular surgical procedure performed on the same service date is considered inclusive to the apicoectomy.	Narrative and periapical radiograph required.
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption—molar	Benefits are typically allowed once per molar tooth root per lifetime. This periradicular surgical procedure performed on the same service date is considered inclusive to the apicoectomy.	Narrative and periapical radiograph required.
D3910	Surgical procedure for isolation of tooth with rubber dam	Benefits are typically available as required.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3911	Intraorifice barrier	Benefits are typically considered inclusive to the endodontic procedure, either initial or retreatment.	n/a
D3920	Hemisection (including any root removal), not including root canal therapy	If submitted with an extraction of the same tooth number on the same service date, the benefits will not be allowed as the service is considered inclusive to the extraction. Benefits for general anesthesia/sedation are allowed with this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D3921	Decoronation or submergence of an erupted tooth	Benefits are typically allowed once tooth per lifetime. Benefits for general anesthesia/sedation are allowed with this procedure.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.

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Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D3950	Canal preparation and fitting of preformed dowel or post	Benefits are typically available once per tooth per lifetime, unless approved for retreatment. This service may not be reported in conjunction with D2952–D2954 or D2957 by the same practitioner on the same tooth. This service may be reported by an endodontist when performed as ancillary to endodontic therapy but not by the dentist who is preparing the canal for the post and also placing the post and fabricating the core.	Requires clinical review. Statement of medical necessity.
D3999	Unspecified endodontic procedure, by report	Benefits are subject to clinical review.	Requires clinical review. A narrative and necessary radiographs are required outlining procedure and rationale.

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