



Dental Clinical Policy

Subject: Endodontic Therapy

Guideline #: 03-001

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Description

Endodontic therapy is a procedure that involves removing infected or damaged pulpal tissue from the tooth. It consists of a series of treatments, including filing and shaping root canals, obturating the root canal space, and placing canal filler in the open space to seal off the canal to prevent further infection and pain.

Additional endodontic procedures include but are not limited to: apexification, apexogenesis, and apicoectomy.

Clinical Indications

Root canal or endodontic therapy is appropriate when the tooth pulp tissue becomes inflamed or infected as a result of deep decay, repeated dental procedures, faulty crowns, a significant crack, and/or fracture or chip in the tooth. In addition, trauma to a tooth may cause pulp damage even if the tooth has no visible chips or cracks. Other indications for endodontic therapy are failure of initial endodontic therapy and internal and external resorption.

Criteria

1. Documentation of pulpal disease may include, but is not limited to, results of pulp testing.
2. Documentation must include current (within 12 months), dated, pretreatment, and diagnostic periapical radiographic image(s) that include the radiographic apex, along with a post treatment radiographic image depicting the entire endodontic fill obturation.
3. When cracked tooth syndrome is a potential diagnosis, chart notes fully describing the presenting signs and symptoms are necessary.
4. Crown to root ratios that are poorer than 1:1 creates an unfavorable situation and maybe denied.
5. Archived.
6. Endodontic obturation:
 - a. Placement of a restoration on a tooth with untreated or unresolved periapical or periradicular pathology will not be considered for benefit.
 - b. Placement of a restoration on a tooth with a carious lesion in close proximity to the pulp chamber in the absence of treatment planned endodontic therapy will not be considered for benefit.
 - c. Endodontic Obturation: The root canal filling should extend as close as possible to the apical constriction of each canal (ideal 0.5-1.2mm) with appropriate fill density (particularly in the apical 1/3 of the root). Gross overextension (over 2mm beyond canal) or under fill (short over 2mm in the presence of patent canals) should be avoided.

- d. Placement of a restoration on a tooth with internal or external resorption may not be considered for benefit.
- e. Obturation materials need to be in accordance with current FDA, ADA acceptable modalities.
- 7. Benefits for a tooth with an incomplete endodontic therapy, which is inoperable, unrestorable or is a fractured tooth may be plan dependent.
- 8. Pulp testing, cleaning, shaping, irrigation, irrigation solutions, irrigation devices, medication placement, intraorifice barrier, temporary access closure, obturation, and treatment of root canal obstruction are generally considered a part of the overall completed endodontic therapy.
- 9. Retreatment of a previously treated endodontic tooth may be allowed once per tooth per lifetime (contract dependent).
- 10. Internal and external resorptive lesion with a favorable prognosis
- 11. Root canal or endodontic therapy is not appropriate in the absence of pulpal disease, in cases of extensive caries involving the furcation, extensive alveolar bone loss due to periodontal disease, furcation defect/involvement with extensive bone loss, and internal and external resorption with questionable or unfavorable prognosis.
- 12. As most health plans include coverage for dental services related to accidental injury, claims for fractured teeth resulting from an external blow or blunt trauma must first be referred to the subscriber/ employee's medical/health plan when performed within the first 12 months post injury. If a tooth is treated for fracture, the fracture must involve missing tooth structure that extends into the dentinal layer.

Indications for Treatment of Primary Teeth (Nonsurgical root canal therapy for primary teeth is indicated if *any* of the following clinical conditions exist):

- 1. Irreversible pulpitis or pulpal necrosis with no evidence of a permanent successor tooth.
- 2. Pulpal necrosis with or without evidence of periradicular disease.
- 3. Treatment will not jeopardize the permanent successor.
- 4. Adequate alveolar bone with absence of substantial root resorption.

Requirements/Indications for Pulpotomy:

- 1. Exposed vital pulp or irreversible pulpitis of primary (deciduous) teeth
- 2. Primary teeth with insufficient root structure or associated periodontal or periapical pathology that may jeopardize permanent tooth development are not indicated for pulpotomy
- 3. Pre-operative radiographic image of the tooth to be treated
- 4. A post-operative/post treatment radiographic image is required
- 5. Used as an emergency procedure in permanent teeth until endodontic therapy can occur. Pulpal debridement is acceptable, but benefits are contract dependent.
- 6. When used as an interim procedure for permanent teeth with immature root formation to allow completion of root formation (apexogenesis)

Requirements/Indications for Apexogenesis:

- 1. Allowed once per tooth per lifetime (contract dependent)
- 2. Tooth with deep carious lesion likely to result in pulp exposure during excavation
- 3. No evidence of periapical pathosis
- 4. Pre-operative radiographic image of the tooth to be treated
- 5. A post-operative/post treatment radiographic image is required

6. Bleeding is controlled at site exposure when mechanical exposure of a vital tooth occurs
7. Exposure of the pulp occurs when the pulp has been exposed while under a dental dam
8. Adequate seal of the coronal restoration can be maintained
9. Exposure allows for direct pulp cap with vital pulpal tissue
10. Patient informed of possibility of future endodontic therapy

Requirements/Indications for Apicoectomy:

1. Allowed once per root per tooth per lifetime (contract dependent)
2. Pre-operative radiographic image of the tooth to be treated
3. A post-operative/post treatment radiographic image is required
4. Periradicular pathology is evident
5. Periradicular lesion that enlarges after completion of initial endodontic therapy evidenced by pre and post operative radiographic images.
6. Marked overextension of obturating materials with periapical pathology
7. Access for curettage and/or biopsy
8. Access to additional root
9. When periapical pathology is present, non-surgical or conventional, including re-treatment endodontia should first be attempted prior to apicoectomy
10. Access when periradicular pathosis cannot be eliminated/adequately treated by non-surgical endodontic therapy (cleaned, shaped and obturated).
11. Appropriate when the root canal demonstrates an inadequate obturation and may or may not have a post and crown
12. Will not be considered when performed in conjunction with root resection surgery on multi-rooted teeth

Requirements/Indications for Root Resection:

1. Periodontal furcation defect with infrabony defect
2. Pre-operative radiographic image of the tooth to be treated
3. A post-operative/post treatment radiographic image is required
4. Vertical root fracture confined to the root to be separated (multi-rooted tooth)
5. Inoperable carious, resorptive, iatrogenic (perforation) root defects
6. Persistent periradicular pathosis where non-surgical root canal therapy or periradicular surgery is not possible
7. Adequate bony support and crown root ratio around remaining roots (see Dental Clinical Policy 04-206)
8. May not be considered when performed in conjunction with any other peri-radicular surgery on multi-rooted teeth.

Requirements/Indications for Decoronation:

1. Allowed once per root per tooth per lifetime (contract dependent)
2. Current (within 12 months) pre-operative radiographic image of the tooth to be treated
3. Prior satisfactory root canal therapy required
4. No silver point obturation is allowed

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, the following:*

D3220 Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament

D3221 Pulpal debridement, primary and permanent teeth

D3222 Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development

D3310 Endodontic therapy, anterior tooth (excluding final restoration)

D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)

D3330 Endodontic therapy, molar (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

D3346 Retreatment of previous root canal therapy - anterior

D3347 Retreatment of previous root canal therapy - bicuspid

D3348 Retreatment of previous root canal therapy - molar

D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)

D3352 Apexification/recalcification – interim medication replacement

D3353 Apexification/recalcification –final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)

D3355 Pulpal regeneration – initial visit

D3356 Pulpal regeneration – interim medication replacement

D3357 Pulpal regeneration

D3410 Apicoectomy - anterior

D3421 Apicoectomy – bicuspid (first root)

D3425 Apicoectomy – molar (first root)

D3426 Apicoectomy – (each additional root)

D3741 Surgical repair of root resorption - anterior

D3472 Surgical repair of root resorption - premolar

D3473 Surgical repair of root resorption - molar

D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior

D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar

D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar

D3428 Bone graft in conjunction with periradicular surgery

D3429 Bone graft in conjunction with periradicular surgery, each additional contiguous tooth

D3430 Retrograde filling – per root

D3431 Biological materials to aid in soft and osseous tissue regeneration

D3432 Guided tissue regeneration, resorbable barrier, per site

D3911 Intraorifice barrier. Not to be used as a final restoration.

D3921 Decoronation or submergence of an erupted tooth. Intentional removal of coronal tooth structure for preservation of the root and surrounding bone.

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

References

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8. CDT 2026 Current Dental Terminology, American Dental Association

History

Revision History	Version	Date	Nature of Change	SME
	initial	3/24/2017	creation	Dr. Kahn Dr. Koumaras
	Revision	1/30/2018	Related policies, criteria	Dr. Kahn
	Revision	1/31/2018	Endodontic Obturation Discussion	Dr. Kahn
	Revision	2/6/2018	Related policies, Appropriateness/medical necessity	Dr. Kahn
	Revision	1/16/2019	Annual Revision	Committee
	Revision	09/09/2020	Annual Revision	Committee
	Revised	12/4/2020	Annual Revision	Committee
	Revised	10/15/2021	Annual Revision	Committee
	Revised	10/22/2022	Annual Revision	Committee
	Revised	9/13/2023	Annual Revision	Committee
	Revised	10/25/2024	Minor editorial refinements to description, clinical indications, and criteria; intent unchanged.	Committee
	Revised	10/14/2025	Minor editorial refinements to description, clinical	Dr. Stewart Balikov

			indications, and criteria; intent unchanged.	
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