

PULP CAPPING

PROCEDURE D3110

Pulp cap — direct (excluding final restoration).

1. Delta considers all applications of direct pulp capping to be part of, and included in the fee for, the restoration.
2. Delta considers cement bases to be included in the fee for restorations.

PROCEDURE D3120

Pulp cap — indirect (excluding final restoration).

Delta considers all applications of indirect pulp capping to be part of, and included in the fee for, the restoration.

PULPOTOMY

PROCEDURE D3220

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

1. This procedure is covered under Delta programs for primary teeth.
2. Delta considers this procedure to be part of, and included in the fee for the complete endodontic treatment.

PROCEDURE D3221

Pulpal debridement, primary and permanent teeth.

Delta considers this procedure to be the equivalent of palliative treatment, procedure D9110. Under Delta’s processing policies, procedure D3221 is not considered a separate procedure when performed by the same provider or the same dental office on the same day that the root canal is completed.

ENDODONTIC THERAPY ON PRIMARY TEETH

PROCEDURE D3230

Pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration).

PROCEDURE D3240

Pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration).

ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE) — GENERAL GUIDELINES

1. Delta considers test films taken as part of root canal therapy to be part of, and included in the fee for, the complete endodontic procedure. This does not apply to a diagnostic film taken to ascertain the presence of pathology.
2. Although submission of x-ray documentation is not generally required in conjunction with root canal therapy, any exceptional circumstances (such as unusual difficulty or retreatment) should be thoroughly documented.
3. Under Delta’s processing policies, the initial opening into the canal, sealing of the access opening and routine post-operative visits are considered part of, and included in the fee for, completed endodontic treatment.
4. Incomplete endodontic treatment is not a benefit of Delta programs. In the date of service column of the claim form, please indicate the date that the endodontic treatment was completed.
5. When endodontic therapy is provided in conjunction with overdentures (complete or partial), the treatment is the financial responsibility of the patient.
6. When root canal procedures are performed on primary teeth that have a permanent successor, a member of Delta’s consultant staff will determine the appropriate allowance which will generally be based on the dentist’s fee for pulpotomy.
7. When root canal therapy is performed without the use of a solid core material (often referred to as the Sargenti method), the root canal procedure and the subsequent restoration are not payable by Delta or the patient.
8. Delta considers endodontic retreatment by the same dentist/dental office within two years to be included in the cost of the initial root canal.

DOTTIE



“Come on, Joey. That’s the maintenance man, not the dentist.”

PROCEDURE D3310

Anterior (excluding final restoration).

PROCEDURE D3320

Bicuspid (excluding final restoration).

PROCEDURE D3330

Molar (excluding final restoration).

PROCEDURE D3331

Treatment of root canal obstruction; non-surgical access.

Please describe the nature and duration of the treatment.

PROCEDURE D3332

Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.

This procedure is subject to individual consideration by report. Delta considers procedure D3332 to be the equivalent of procedure D9110. Claims for additional allowances due to extraordinary circumstances will be individually evaluated by Delta's consultant staff. The consultant will base his or her determination on the documentation submitted with the claim.

PROCEDURE D3333

Internal root repair of perforation defects.

Delta considers procedure D3333 to be the equivalent of procedure D3351.

ENDODONTIC RETREATMENT — GENERAL GUIDELINE

Delta considers endodontic retreatment procedures to include the removal of posts, silver point and old root canal filling material, and any procedures necessary to prepare the canals and place the canal filling, as well as the root canal therapy. Claims for additional allowances due to extraordinary circumstances will be individually evaluated by Delta's consultant staff. The consultant will base his or her determination on the written report and radiographs submitted with the claim.

❖ PROCEDURE D3346

Retreatment of previous root canal therapy — anterior.

❖ PROCEDURE D3347

Retreatment of previous root canal therapy — bicuspid.

❖ PROCEDURE D3348

Retreatment of previous root canal therapy — molar.

APEXIFICATION/ RECALCIFICATION PROCEDURES

PROCEDURE D3351

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

PROCEDURE D3352

Apexification/recalcification — interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)

PROCEDURE D3353

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

APICOECTOMY/ PERIRADICULAR SERVICES

PROCEDURE D3410

Apicoectomy/periradicular surgery — anterior.

1. Delta defines this service as the excision of the apical portion of the root of a previously endodontically treated anterior tooth to remove diseased periapical tissue.

2. For retrograde filling, see procedure D3430.

PROCEDURE D3421

Apicoectomy/periradicular surgery — bicuspid (first root).

1. Delta defines this service as the excision of the apical portion of the root of a previously endodontically treated bicuspid to remove diseased periapical tissue.

2. For retrograde filling, see procedure D3430.

3. For additional roots, see procedure D3426.

❖ X-rays required

PROCEDURE D3425

Apicoectomy/periradicular surgery — molar (first root).

1. Delta defines this service as the excision of the apical portion of the root of a previously endodontically treated molar to remove diseased periapical tissue.
2. For retrograde filling, see procedure D3430.
3. For additional roots, see procedure D3426.

▣ PROCEDURE D3426

Apicoectomy/periradicular surgery (each additional root).

1. Please submit an operative report. The consultant staff will determine Delta's allowance.
2. When more than one additional root is involved, please use a separate line for each additional root, and indicate the tooth number.

PROCEDURE D3430

Retrograde filling — per root.

When more than one root is involved, please submit an x-ray for review by Delta's consultant staff, and use a separate line for each root.

PROCEDURE D3450

Root amputation — per root.

❖ PROCEDURE D3460

Endodontic endosseous implant.

1. **Please submit x-rays.**
2. Procedure D3460 describes a smooth and/or threaded pin implant which extends through the root canal into periapical bone to stabilize a mobile tooth.
3. See "Implants — General Guidelines" in this section, immediately preceding procedure D6010.

PROCEDURE D3470

Intentional reimplantation (including necessary splinting).

This service is not a benefit of most Delta programs.

OTHER ENDODONTIC PROCEDURES

PROCEDURE D3910

Surgical procedure for isolation of tooth with rubber dam.

Delta considers this procedure to be part of, and included in the fees for, the related services provided on the same date.

PROCEDURE D3920

Hemisection (including any root removal), not including root canal therapy.

PROCEDURE D3950

Canal preparation and fitting of preformed dowel or post.

Delta considers this service to be part of, and included in the fee for, completed endodontic therapy and/or placement of the post.

▣ PROCEDURE D3999

Unspecified endodontic procedure, by report.

Please enter a complete description of service and clinical reason.

▣ By report

❖ X-rays required