

Endodontic Maximizer

Get paid for the treatment your patients need with the help of the information presented below. This insurance maximizer is meant to be used as a resourceful guide to help maximize your patient's insurance benefits rather than dictate diagnosis or treatment, nor is it meant to take any position regarding what is considered the "right way" of any carrier's reimbursement strategy. If a carrier will not pay for a specific treatment, your patients may be given the option to pay for a procedure that is not covered out of pocket.

If there is any doubt about what the carrier will pay for endodontic treatment, pre-authorize the treatment. If a carrier will not authorize payment, offer patients the option to pay full, contracted fees for the procedures that are not covered.

You will have a higher probability of getting paid with quality radiographs, intraoral photos and clinical notes you provide outlining the clinical necessity for and the results of the treatment provided. Below are the most commonly asked questions on surgical reimbursement

What pre-operative steps and documentation is crucial to secure reimbursement from the insurance carriers?

- Endodontic checklist including full breakdown of benefits. Various plans within the same carrier provide very different benefits.
- Accurate and complete insurance referral form. This is a straightforward and often missed requirement to secure HMO supplemental.
- Obtain pre-authorization if applicable.

What general documentation are carriers looking for in order to reimburse for endodontic procedure?

- X-rays must be "textbook," showing undeniable clinical necessity.
- Pre-op and post-op (final) x-rays must be correctly oriented and show apex. (No cone cuts.)
- Detailed clinical narrative must be entered by the endodontist into the patient's chart.

What are some reasons carriers deny (fail to reimburse) endodontic procedures?

- Poor documentation (narrative) and/or poor or lack of pre and post x-rays.
- Clinical necessity (carriers' clinical opinion/review).
- Exclusions and limitations were not reviewed prior to rendering services.
- Poor prognosis.

What is the difference between "post-op" codes D9930 - Post-op Surgical and D0171 - Re-Eval Post-Operative Visit, and do these apply for GP and specialists who perform them?

- D0170 could be reported when "assessing the status of a previously performed procedure," such as grafts, oral surgery, periodontal surgery, and endodontics that require a follow-up post-operative visit.
- D9930 is the treatment of complications (post-surgical). It may not be reimbursed when performed by the same office that provided the original surgical service.
- Both codes are universal for both GP and specialty.

What are D3221 - Pulpal Debridement and D9110 - Palliative Treatment and when can they be used?

- When completing endodontic treatment will take multiple visits, one of these codes can be reported on the first day.
- *D3221 - Pulpal Debridement* - 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.
- *D9110 - Palliative (Emergency) Treatment* - "Palliative" generally means to ease symptoms without curing the underlying disease. Palliative treatment should not be used to describe the start of a root canal.

Will carriers reimburse for Incomplete Endo Therapy (D3332)?

- D3332 is to be used when endodontic therapy is initiated but then terminated when it is determined the tooth is inoperable, unrestorable, or fractured.
- If the patient is returning for the completion of root canal therapy, for the initial visit see D3221 above.

Will carriers reimburse for Internal Perforation Repair (D3333) in conjunction with Root Canal Therapy (D3310, D3320, and D3330)?

- Yes; however, if the perforation is caused by the clinician, he/she must repair the defect prior to completion of the root canal. The patient **MUST** be informed of the perforation and chart **MUST** be documented. The patient cannot be charged for this procedure.

Will carriers reimburse for Apicoectomy (D3410, D3421, D3425, and D3426)?

- Apicoectomy treatment may not be reimbursed if performed on a tooth less than 24 months after the completion of the root canal/retreatment. Time limitations vary.
- If the apicoectomy is performed on the same service date as a root canal/retreatment, only a portion of the apicoectomy fee may be reimbursed.
- Reimbursement for D3410, D3421, D3425 and D3426 is highly variable. Pre-authorization is recommended.

What CDT codes can be used to report an apexification?

- Initial Visit (3351) includes opening tooth, preparation of canal spaces, and first placement of the medication and necessary radiographs. (This procedure may include the first phase of the complete root canal therapy.)
- Interim Visit, (3352) in which the intra-canal medication is replaced with new medication, can be skipped or completed as many times as necessary.
- Final Visit (3352) includes removal of intra-canal medication and procedures necessary to place final root canal filling material, including necessary radiographs. (This procedure includes the last phase of complete root canal therapy.)
- Reimbursement of an RCT will not be made in addition to apexification.

Will carriers reimburse for Post Removal (D2955)?

- D2955 - Post Removal can be considered for payment if it is a stand-alone procedure.
- The post removal procedure can be considered inclusive to the retreatment codes by a majority of carriers.

There will be exceptions to the recommendations provided above. Carriers often change their positions on when they will or will not pay for treatment. We will do our best to provide updates as they are made available.

ENDODONTIC INSURANCE CARRIER REIMBURSEMENT MATRIX

PPO								
Carrier	Pre-Authorization? Yes/No	D0140 paid same day as treatment? Yes/No	D9310 paid same day as treatment? Yes/no	Pulp Vitality Test (0460) covered %? Yes/No	Restoration covered on the same day? Covered % (Yes/No)	Root Canal Obstruction (3331) covered? * Covered %/Inclusive/Charge Patient	Retreat after initial (RCT) (3330) Molar (Time between initial and retreat)	Retreats (ReTX) (3346, 3347, 3348) Frequencies
AETNA (except AZ)	No	Yes	No	No	Yes	Covered %	None	No Frequency
AETNA (AZ)	No	Yes	No	No	Yes	Inclusive	None	No Frequency
AMERTIAS	No	No	Yes	No	Yes	Covered %	12 Months	1 per tooth every 12 months
ASSURANT BENEFIT	No	Yes	No	Yes	Yes	Charge Patient	24 Months	1 per tooth every 24 months
BLUE CROSS/BLUE SHIELD	No	Yes	No	Yes	Subject to review	Inclusive	None	No Frequency
BLUE SHIELD OF CA	No	Yes	No	Yes	No	Charge Patient	None	No Frequency
CCPOA	No	Yes	No	No	Yes	Covered %	None	No Frequency
CIGNA	No	Yes	No	No	Yes	Covered %	1 Month	1 per tooth per lifetime
DELTA DENTAL OF AR	No	Yes	No	No	Yes	Inclusive	12 Months	1 per tooth every 36 months
DELTA DENTAL OF AZ	No	Yes	No	Yes	Yes	Inclusive	24 Months	1 per tooth every 36 months
DELTA DENTAL OF CA	No	Yes	Yes	Yes	Yes	Inclusive	12 Months	1 per tooth every 24 months
DELTA DENTAL OF CO	No	Yes	No	No	Yes	Inclusive	24 Months	1 per tooth every 24 months
DELTA DENTAL OF GA & FL	No	Yes	No	Yes	Yes	Inclusive	12 Months	1 per tooth every 24 months
DELTA DENTAL OF ID	No	Yes	No	Yes	Yes	Inclusive	24 Months	1 per tooth per lifetime
DELTA DENTAL IL	No	Yes	No	No	Yes	Inclusive	12 Months/Provider +	1 per tooth every 24 months
DELTA DENTAL OF KS	No	Yes	No	Yes	Yes	Inclusive	24 Months/Provider +	1 per tooth every 24 months
DELTA DENTAL OF LA	No	Yes	No	Yes	Yes	Inclusive	12 Months	1 per tooth every 24 months
DELTA DENTAL OF MA	No	Yes	Yes	No	Yes	Inclusive	12 Months/Provider +	1 per tooth every 24 months
DELTA DENTAL OF MI	No	Yes	Yes	Yes	Subject to review	Inclusive	12 Months/Provider +	1 per tooth every 24 months
DELTA DENTAL OF MN	No	Yes	No	No	Yes	Inclusive	12 Months/Provider +	1 per tooth every 24 months
DELTA DENTAL OF MO	No	Yes	No	Yes	Yes	Inclusive	12 Months/Provider +	1 per tooth every 24 months
DELTA DENTAL OF NJ	No	Yes	No	No	Yes	Inclusive	12 Months/Provider +	1 per tooth every 24 months
DELTA DENTAL OF NM	No	Yes	Yes	No	Yes	Inclusive	12 Months/Provider +	1 per tooth every 24 months
DELTA DENTAL OF OR (MODA)	No	Yes	Yes	Yes	Yes	Covered %	12 Months/Provider +	No Frequency
DELTA DENTAL OF PA	No	Yes	No	Yes	Yes	Inclusive	12 Months/Provider +	1 per tooth every 24 months
DELTA DENTAL OF TN	No	Yes	Yes	Yes	Yes	Inclusive	12 Months/Provider +	No Frequency
DELTA DENTAL OF TX	No	Yes	Yes	Yes	Yes	Inclusive	12 Months	1 per tooth every 24 months
DELTA DENTAL OF VA	No	Yes	Yes	No	Yes	Inclusive	12 Months/Provider +	1 per tooth every 24 months
DELTA DENTAL OF WA	No	Yes	Yes	No	Yes	Inclusive	12 Months	1 per tooth every 24 months
DELTA DENTAL TRICARE	No	Yes	No	No	Yes	Inclusive	48 months	1 per tooth every 24 months

ENDODONTIC INSURANCE CARRIER REIMBURSEMENT MATRIX

PPO (Cont.)								
Carrier	Pre-Authorization ? Yes/No	D0140 paid same day as treatment? Yes/No	D9310 paid same day as treatment? Yes/no	Pulp Vitality Test (0460) covered %? Yes/No	Restoration covered on the same day? Covered % (Yes/No)	Root Canal Obstruction (3331) covered? * Covered %/Inclusive/Charge Patient	Retreat after initial (RCT) (3330) Molar (Time between initial and retreat)	Retreats (ReTX) (3346, 3347, 3348) Frequencies
GEHA CONNECTION DENTAL	No	Yes	No	No	Yes	Charge Patient	12 Months	1 per tooth every 12 months
GUARDIAN	No	No	No	No	Yes	Covered %	None	1 per tooth per lifetime
HUMANA DENTAL	No	Yes	No	No	Yes	Covered %	24 Months	1 per tooth every 24 months
LIBERTY DENTAL	No	Yes	No	No	Subject to review	Covered %	None	No Frequency
METLIFE	No	Yes	No	No	Yes	Covered %	Subject to review	No Frequency
PREMIER ACCESS	No	No	No	No	No	Charge Patient	None	No Frequency
PRINCIPAL FINANCIAL GRP	No	Yes	No	Yes	Yes	Inclusive	None	1 per tooth per lifetime
UMR	No	Yes	No	No	Yes	Covered %	None	No Frequency
UNITED CONCORDIA	No	Yes	No	No	Yes	Inclusive	12 Months	1 per tooth per lifetime
UNITED CONCORDIA (AZ)	No	Yes	No	No	Yes	Inclusive	12 Months	1 per tooth per lifetime
UNITED HEALTH CARE	No	Yes	No	No	Yes	Covered %	12 Months	1 per tooth per lifetime

HMO								
Carrier	Pre-Authorization ?	D0140 paid same day as treatment? Yes/No	D9310 paid same day as treatment? Yes/no	Pulp Vitality Test (0460) covered %? Yes/No	Restoration covered on the same day? Covered % (Yes/No)	Root Canal Obstruction (3331) covered? * Covered %/Inclusive/Charge Patient	Retreat after initial (RCT) (3330) Molar (Time between initial and retreat)	Retreats (ReTX) (3346, 3347, 3348) Frequencies
AETNA HMO	Direct referral	Yes	No	Yes	Yes	Covered %	None	No Frequency
AETNA HMO (AZ)	Direct referral	Yes	No	Yes	No	Covered %	None	No Frequency
BLUE CROSS HMO	Yes	No	Yes	No	Yes	Charge Patient	None	No Frequency
CIGNA HMO	Direct referral	Yes	Yes	No	Yes	Covered %	None	No Frequency
DBP/BS	Direct referral	No	No	Yes	Yes	Covered %	None	No Frequency
DELTACARE	Direct referral	No	Yes	Yes	Yes	Inclusive	None	1 per tooth per lifetime
GOLDENWEST	Direct referral	No	No	No	Yes	Charge Patient	None	No Frequency
LIBERTY	Yes	No	No	Yes	Yes	Covered %	None	No Frequency
MDG	Direct referral	Yes	No	Yes	Yes	Covered %	None	No Frequency
PACIFICARE	Yes	Yes	Yes	Yes	Yes	Charge Patient	5 Years	Subject to review
PUD/BS	Yes	Yes	Yes	No	Yes	Covered %	5 Years	1 per tooth per lifetime
SAFEGUARD/METLIFE HMO	Direct Referral	Yes	No	Yes	Yes	Covered %	None	No Frequency
UCCI HMO	Direct referral	Yes	No	Yes	Yes	Charge Patient	None	1 per tooth per lifetime
UDC/FORTIS/ASSURANT	Direct referral	Yes	No	No	Yes	Charge Patient	None	No Frequency

**For proper documentation, if an obstructed canal is completed, please include the percentage of obstruction along with canals in the patient's narrative note.*

+ If the same provider performs the retreat within the given time frame after performing the original root canal, the carrier will not reimburse.