



american association of  
endodontists

# Endodontists' Guide to CDT<sup>®</sup> 2017

## INCLUDES:

Frequently Used Codes for  
Endodontic Procedures

Code Scenarios

ICD-10/Medical Claim Coding

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# Introduction

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The *Endodontists' Guide to CDT 2017* was developed by the American Association of Endodontists for endodontists and their office staff. The *Guide* is designed to supplement the American Dental Association's *CDT 2017: Current Procedure Codes* by illustrating the proper use of procedural codes commonly encountered in an endodontic practice. The CDT is revised annually, and effective January 1, 2017, dental practices are expected to use CDT 2017 in claims submissions.

The *Guide* includes all endodontic CDT codes (D3000-D3999) and a selection of other codes commonly used by endodontic practices. However, the *Guide* does not include all CDT codes that an endodontic practice might use. The *Guide* includes a new section, "ICD-10/Medical Claim Coding" to assist in filing dental claims with medical insurers. The AAE strongly encourages endodontic practices to purchase the *ADA CDT 2017*. If a dental insurance claim is filed using an outdated version of CDT, it will be delayed or even denied. In addition, the ADA's guide includes important information on completing the ADA dental claim form medical codes.

The *Guide* does not contain any changes to endodontic codes. The code change most likely to be used by endodontic practices is:

## **D9311      consultation with a medical health care professional**

The AAE has additional [online resources](#) available for members on dental benefit plans and claims processing.

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*The AAE wishes to thank the AAE Practice Affairs Committee for their work on this publication and their ongoing advocacy on behalf of AAE members on coding-related issues.*



# Section I

Frequently Used  
Codes for Endodontic  
Procedures

# Code on Dental Procedures and Nomenclature (CDT)

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These represent the dental codes used most frequently by endodontists, effective for the period January 1, 2017-December 31, 2017.

When nomenclature includes a “by report” notation, attach a detailed narrative explaining the treatment completed.

*Information in italics was provided by the AAE.*

## I. Diagnostic D0100-D0999

### Clinical Oral Evaluations

The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, diagnosis and treatment planning are the responsibility of the dentist. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedures separately.

**D0120**    **periodic oral evaluation – established patient**

*Typically, this code is not used in an endodontic practice. It generally is used for new patient exams administered by a general dentist or periodontist.*

**D0140**    **limited oral evaluation – problem focused**

An evaluation limited to a specific oral health problem. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically, patients receiving this type of evaluation have been referred for a specific problem and/or present with dental emergencies, trauma, acute infections, etc.

**D0150**    **comprehensive oral evaluation – new or established**

*Typically this code is not used in an endodontic practice.*

**D0160**    **detailed and extensive oral evaluation – problem focused, by report**

A detailed and extensive problem-focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented.

Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, severe systemic diseases requiring multi-disciplinary consultation, etc.

**D0170 re-evaluation-limited, problem focused (Established patient; not post-operative visit)**

Assessing the status of a previously existing condition. For example:

- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring;
- evaluation for undiagnosed continuing pain;
- soft tissue lesion requiring follow-up evaluation.

**D0171 re-evaluation – post-operative office visit**

## Diagnostic Imaging

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### Image Capture with Interpretation

Should be taken only for clinical reasons as determined by the patient's dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third parties for copies of records.

**D0220 intraoral – periapical first radiographic image**

**D0230 intraoral – periapical each additional radiographic image**

### Post Processing of Image or Image Sets

**D0393 treatment simulation using 3D image volume**

The use of 3D image volumes for simulation of treatment including, but not limited to, dental implant placement, orthognathic surgery and orthodontic movement.

**D0394 digital subtraction of two or more images or image volumes of the same modality**

To demonstrate changes that have occurred over time.

**D0395 fusion of two or more 3D image volumes of one or more modalities**

### Tests and Laboratory Examinations

**D0460 pulp vitality tests**

Includes multiple teeth and contralateral comparison(s), as indicated.

### III. Restorative D2000-D2999

Local anesthesia is usually considered to be part of Restorative procedures.

A one-surface posterior restoration is one in which the restoration involves only one of the five surface classifications (mesial, distal, occlusal, lingual, or facial, including buccal and labial.)

A two-surface posterior restoration is one in which the restoration extends to two of the five surface classifications.

A three-surface posterior restoration is one in which the restoration extends to three of the five surface classifications.

A four-or-more surface posterior restoration is one in which the restoration extends to four or more of the five surface classifications.

A one-surface anterior proximal restoration is one in which neither the lingual nor facial margins of the restoration extend beyond the line angle.

A two-surface anterior proximal restoration is one in which either the lingual or facial margin of the restoration extends beyond the line angle.

A three-surface anterior proximal restoration is one in which both the lingual and facial margins of the restorations extend beyond the line angle.

A four-or-more surface anterior restoration is one in which both the lingual and facial margins extend beyond the line angle and the incisal angle is involved. This restoration might also involve all four surfaces of an anterior tooth and not involve the incisal angle.

#### Other Restorative Services

**D2940 protective restoration**

Direct placement of a temporary restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under a restoration.

**D2950 core buildup, including any pins**

Refers to building up of coronal structure when there is insufficient retention for a separate extracoronary restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.

**D2955 post removal**

## VIII. Implant Services D6000-D6199

Local anesthesia is usually considered to be part of Implant Services procedure.

**D6010** surgical placement of implant body: endosteal implant

**D6011** second stage implant surgery

Surgical access to an implant body for placement of a healing cap or to enable placement of an abutment.

## X. Oral and Maxillofacial Surgery D7000-D7999

### Extractions

(Includes local anesthesia, suturing, if needed, and routine postoperative care)

**D7140** extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.

### Surgical Extractions

(Includes local anesthesia, suturing, if needed, and routine postoperative care)

**D7210** extraction, erupted tooth requiring removal of bone/and or sectioning of tooth, and including elevation of tooth structure, minor smoothing of socket bone and closure.

Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.

**D7250** removal of residual tooth roots (cutting procedure)

Includes cutting of soft tissue and bone, removal of tooth structure, and closure.

### Other Surgical Procedures

**D7270** tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth

Includes splinting and/or stabilization.

### Removal of Tumors, Cysts and Neoplasms Surgical Excision of Intra-osseous Lesions

**D7460** removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm

**D7461** removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm



## XII. Adjunctive General Services D9000-D9999

### Unclassified Treatment

**D9110 palliative (emergency) treatment of dental pain – minor procedure**

This is typically reported on a “per visit” basis for emergency treatment of dental pain.

**D9120 fixed partial denture sectioning**

Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.

### Anesthesia

**D9210 local anesthesia not in conjunction with operative or surgical procedures**

**D9230 inhalation of nitrous oxide/analgesia, anxiolysis**

**D9248 non-intravenous conscious sedation**

A medically controlled state of depressed consciousness while maintaining the patient’s airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.

The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic’s effects upon the central nervous system and not dependent upon the route of administration.

### Professional Consultation

**D9310 consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician**

A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.

*D9310 does not require treatment. The consulting dentist must provide a written narrative back to the referring dentist. If a dental insurer denies a D9310 on grounds that it is a non-covered benefit, the practice can resubmit the claim as a D0140 (limited oral evaluation).*

• **D9311 consultation with a medical health care professional**

Treating dentist consults with a medical health professional concerning medical issues that may affect patient’s planned dental treatment.

• Identifies a new procedure code as of January 1, 2017.

## Professional Visits

- D9430** office visit for observation (during regularly scheduled hours) – no other services performed
- D9440** office visit – after regularly scheduled hours

## Drugs

- D9610** therapeutic parenteral drug, single administration  
Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents.
- D9612** therapeutic parenteral drugs, two or more administrations, different medications  
Includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. This code should not be used to report administration of sedatives, anesthetic or reversal agents. This code should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date.

## Miscellaneous Services

- D9910** application of desensitizing medicament  
Includes in-office treatment for root sensitivity. Typically reported on a “per visit” basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations.
- D9972** external bleaching – per arch – performed in office
- D9973** external bleaching – per tooth
- D9974** internal bleaching – per tooth
- D9985** sales tax
- D9986** missed appointment
- D9987** cancelled appointment
- D9999** unspecified adjunctive procedure, by report  
Used for procedure that is not adequately described by a code. Describe procedure.

## IV. Endodontics D3000-D3999

### Pulp Capping

**D3110 pulp cap – direct (excluding final restoration)**

Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.

**D3120 pulp cap – indirect (excluding final restoration)**

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 has been removed.

### Pulpotomy

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

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.

- To be performed on primary or permanent teeth.
- This is not to be construed as the first stage of root canal therapy.
- This is not to be used for apexogenesis.

**D3221 pulpal debridement, primary and permanent teeth**

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.

**D3222 partial pulpotomy for apexogenesis – permanent tooth with incomplete root development**

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.

### Endodontic Therapy on Primary Teeth

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)**

Primary incisors and cuspids.

**D3240 pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)**

Primary first and second molars.

## Endodontic Therapy

### (Including Treatment Plan, Clinical Procedures and Follow-Up Care)

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.

**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

In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, included but not limited to separated instruments, broken posts or calcification of 50% or more of the roots.

**D3332** incomplete endodontic therapy; inoperable, unrestorable or fractured tooth

Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable.

**D3333** internal root repair of perforation defects

Non-surgical seal or perforation caused by resorption and/or decay but not iatrogenic by provider filing claim.

## Endodontic Retreatment

**D3346** retreatment of previous root canal therapy – anterior

**D3347** retreatment of previous root canal therapy – bicuspid

**D3348** retreatment of previous root canal therapy – molar

## Apexification/Recalcification

**D3351** apexification/recalcification – initial visit (apical closure/calccific repair of perforations, root resorption, etc.)

Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)

**D3352** apexification/recalcification – interim medication replacement (apical closure/calccific repair of perforations, root resorption, pulp space, disinfection, etc.)

For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs.

- D3353 apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific 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.)

## Pulpal Regeneration

- D3355 pulpal regeneration – initial visit**  
Includes opening tooth, preparation of canal spaces, placement of medication.
- D3356 pulpal regeneration – interim medication replacement**
- D3357 pulpal regeneration – completion of treatment**  
Does not include final restoration.

## Apicoectomy/Periradicular Services

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.

- D3410 apicoectomy – anterior**  
For surgery on root of anterior tooth. Does not include placement of retrograde filling material.
- D3421 apicoectomy – bicuspid (first root)**  
For surgery on one root of a bicuspid. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.
- D3425 apicoectomy – molar (first root)**  
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.
- D3426 apicoectomy (each additional root)**  
Typically used for bicuspid and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement.
- D3427 periradicular surgery without apicoectomy**
- D3428 bone graft in conjunction with periradicular surgery – per tooth, single site**  
Includes non-autogenous graft material.
- D3429 bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site**  
Includes non-autogenous graft material.

- D3430 retrograde filling – per root**  
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.
- D3431 biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery**
- D3432 guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery**
- D3450 root amputation – per root**  
Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920.
- D3460 endodontic endosseous implant**  
Placement of implant material which extends from a pulpal space into the bone beyond the end of the root.
- D3470 intentional reimplantation (including necessary splinting)**  
For the intentional removal, inspection and treatment of the root and replacement of a tooth into its own socket. This does not include necessary retrograde filling material placement

## Other Endodontic Procedures

- D3910 surgical procedure for isolation of tooth with rubber dam**
- D3920 hemisection (including any root removal), not including root canal therapy**  
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.
- D3950 canal preparation and fitting of preformed dowel or post**  
Should not be reported in conjunction with D2952, D2953, D2954 or D2957 by the same practitioner.
- D3999 unspecified endodontic procedure, by report**  
Used for procedure that is not adequately described by a code. Describe procedure.



# Section II

Code Scenarios

# Code Scenarios

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The following scenarios address procedures commonly encountered in an endodontic practice and illustrate proper application of the associated codes.

See pages 16–29 for complete nomenclature and descriptor.

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# Diagnostic

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## New Patient Exam – Endodontic Treatment

A patient is referred for diagnosis of pain in the upper left quadrant. The patient has had sensitivity to cold temperatures for several months. Several weeks ago, the pain to cold temperatures diminished and is now absent. However, for the past week, the patient has had a spontaneous toothache, which comes and goes. The patient is not sure where the source of his/her pain is. The referring dentist took a radiograph, which he said did not show anything, and referred the patient to you.

The patient is new to your office. The patient completes a new patient health history form. Two radiographs of the upper left quadrant are taken. You interview the patient about the history of this pain. Diagnostic pulp testing reveals that tooth #14 is more sensitive to percussion than the adjacent teeth. No tooth was painful to cold testing, but #14 did not respond at all to cold stimulation. Electric pulp testing revealed no response from #14.

You inform the patient that tooth #14 has a necrotic pulp and requires root canal treatment.

### Appropriate CDT Codes:

- D0140 limited oral evaluation – problem focused
- D0220 intraoral – periapical first radiographic image
- D0230 intraoral – periapical each additional radiographic image
- D0460 pulp vitality tests

The patient agrees to have endodontic treatment which may be performed that day or at a future appointment.

An insurance claim for molar root canal treatment is filed on the day endodontic treatment is completed:

### Appropriate CDT Codes:

- D3330 endodontic therapy, molar (excluding final restoration)

## Endodontist Consultation

A patient is referred for diagnosis of pain in the upper left quadrant. The patient has had pain off and on for several months. A swelling has developed in the past several days adjacent to tooth #14. There are deep caries in this tooth. The referring dentist tells the patient he needs a root canal and refers the patient to your office. Radiographs and diagnostic pulp testing are performed. However, upon examination, you determine that the tooth is untreatable due to caries/periodontal disease/fracture -or- the patient decides that he would rather have the tooth removed. The patient leaves your office without any endodontic treatment being performed.

### Appropriate CDT Codes:

- D9310** consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician
- D0220** intraoral – periapical first radiographic image
- D0460** pulp vitality tests

Some insurance may not provide a benefit for consultation. If benefits are denied, the claim may be resubmitted as D0140 limited oral evaluation – problem focused. However, consultation is a more accurate description of the service provided, and the reimbursement for this code is usually higher reflecting the fact that more time is often required. Also, some insurance companies may limit patients to the number of evaluation benefits payable during a given time period (e.g. calendar year).

## Emergency Treatment

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### Emergency Endodontic Procedure

A patient has been up all night with a toothache and has been referred to your office for emergency relief of pain. This is your first contact with this patient for this specific problem. The patient has not been previously appointed for this problem, and is being “squeezed in” to provide only emergency care at this visit. Upon arrival, the patient is evaluated via clinical examination, periapical X-ray(s) and pulp vitality testing. You determine that a specific tooth has an endodontic problem. Emergency treatment is provided by anesthetizing the patient, making an access cavity opening and performing gross pulpal debridement. Appropriate pain medications and antibiotics may be prescribed, and the patient is reappointed to complete root canal treatment.

### Appropriate CDT Codes:

- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D0460** pulp vitality tests
- D3221** pulpal debridement, primary and permanent teeth

The same doctor can perform this procedure and submit an insurance claim so long as endodontic treatment is not completed on the same day as the emergency visit. D3221 is intended for an unscheduled, emergency visit for relief of acute pain. This code is not to be used for routine, scheduled, multi-appointment root canal treatment.

### Treatment of an Avulsed Tooth (with a mature apex – with or without root resorption)

A patient sustained an injury to tooth #8 playing basketball, and the tooth was totally avulsed. The patient called your home and was instructed to locate the tooth, place it in an appropriate transport medium (the gym had a tooth emergency kit with Hank's Balanced Salt Solution), and meet you immediately at your office. The dislodged tooth is replanted within thirty minutes of the accident, and a splint is placed. Five sutures are placed to close a 1 cm laceration of the lip.

In seven to 10 days endodontic treatment should be initiated and calcium hydroxide placed. The sutures and splints can be evaluated for removal at that time. In most cases, the root canal treatment is initiated at the end of the ideal seven-day period, external inflammatory root resorption can be prevented, and obturation can take place within a month.

If however, the endodontic treatment is initiated when root resorption is already visible, calcium hydroxide is needed for an extended period before obturation can take place. The status of the lamina dura and presence of the calcium hydroxide in the canal should be evaluated every three months.

#### Appropriate CDT Codes:

- D9440** office visit – after regularly scheduled hours
- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D0230** intraoral – periapical each additional radiographic image
- D7270** tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth and/or alveolus
- D7910** suture of recent small wounds up to 5 cm
- D0171** re-evaluation post-operative visit  
D0171 can be used in cases in which there is a need to check patient healing after a procedure.

CDT 2017 also includes two new administrative codes that can be used for recordkeeping and any patient billing, but are unlikely to be reimbursed by payers.

- D9986** missed appointment
- D9987** cancelled appointment

# Vital Pulp Treatment

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## Sedative Filling/Protective Restoration

The patient presents with caries or fracture and uncertain pulpal diagnosis. The patient is anesthetized, the dental dam is placed, and all caries are removed. There is no pulp exposure. A sedative temporary filling is placed using an appropriate material, and the patient is referred back to the family's dentist for a final restoration. The patient is informed that root canal treatment might still be needed sometime in the future, and that if the tooth becomes symptomatic, he/she should return for further evaluation.

### Appropriate CDT Codes:

- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D0460** pulp vitality tests
- D2940** protective restoration

## Apexogenesis

A patient is referred for possible root canal treatment. The patient is asymptomatic other than very brief, mild cold sensitivity. The tooth has extensive caries, however, which a radiograph suggests may expose the pulp. The pulp chamber and canal spaces are quite large, due to the patient's age. Root development is incomplete and the apices are not completely closed.

Anesthesia and caries removal are completed, exposing a vital pulp. 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 be construed as the first stage of root canal treatment. Patient is encouraged to continue with routine evaluation to determine appropriate time for endodontic treatment.

### Appropriate CDT Codes:

- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D3222** partial pulpotomy for apexogenesis – permanent tooth with incomplete root development
- DXXXX** appropriate permanent restoration

*For each follow-up visit to monitor root development:*

- D0170** re-evaluation – limited, problem focused  
(Established patient; not post-treatment visit)
- D0220** intraoral – periapical first radiographic image

## Pulpal Regeneration (Regenerative Endodontics)

A patient presents with a permanent tooth having an immaturely developed root with necrotic pulp. Treatment options other than extraction are limited to apexification or pulpal regeneration; apexogenesis is not a choice because the pulp is necrotic. Compared with pulpal regeneration, an apexification attempt may provide an apical barrier; however, this would result in less than ideal root length and dentinal wall thickness, making the root more prone to fracture.

Treatment is initiated by gaining pulpal access followed by copious, gentle irrigation. Necrotic pulp is extirpated, canal is irrigated and dried. Antibacterial medication is placed in the canal to the apex and access is closed with temporary filling material. The patient is recalled in three to four weeks and if necessary, this step is repeated until there are no clinical signs or symptoms of infection.

### Appropriate CDT Codes:

**D0140** limited oral evaluation: problem focused

**D0220** intraoral-periapical first radiographic image

*First phase of treatment:*

**D3355** pulpal regeneration – initial visit

Includes opening tooth, preparation of canal spaces, placement of medication.

*Interim phase (repeat of first phase):*

**D3356** pulpal regeneration – interim medication replacement

*Final phase:*

**D3357** pulpal regeneration – completion of treatment

Does not include final restoration.

Includes removal of intracanal medication and procedures necessary to regenerate continued root development and necessary radiographs. This procedure includes placement of a seal at the coronal portion of the root canal system. Conventional root canal treatment is not performed.

**DXXXX** appropriate permanent restoration

## Apexification

This procedure can be done if pulpal regeneration has failed, or there are other reasons not to attempt to regenerate the pulp.

A preteen patient presents with a discolored tooth #8. There is a history of trauma, and the tooth has an open apex. Evaluation indicates pulpal necrosis. Treatment is initiated by cleaning and shaping the canal and packing the apical area with MTA or other appropriate material to create an apical barrier. The patient is reappointed, and the root canal treatment is completed.

Historically,  $\text{Ca(OH)}_2$  has been used to induce hard tissue formation as an apical stop. However, this requires multiple visits and can be unpredictable. Using MTA or some other appropriate material to create apical barriers is a modern version of this procedure.

### Appropriate CDT Codes:

- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D3351** apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)

*After the second treatment visits:*

- D3353** apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)

If Ca(OH)<sub>2</sub> is used to create an apical barrier, it may be necessary to change the intra-canal medication several times during a six-to-eighteen month period before root canal treatment can be completed. Each of these interim visits should be coded D3352 apexification/recalcification – interim medication replacement.

The code for routine endodontic treatment, D3310 anterior (excluding final restoration), should not be used in conjunction with codes D3351, D3352, D3353. The endodontic treatment procedure is included in these codes.

*One week later*

- D3351** apexification/recalcification – initial visit

*One month later with satisfactory outcome*

- D3353** apexification/recalcification – final visit

-or-

- D3352** apexification/recalcification – interim medication replacement

*Three months later*

- D3352** apexification/recalcification – interim medication replacement

*Continue to follow every three months and perform interim medication replacement (D3352) until outcome is satisfactory, then perform final visit (D3351).*

*Six months later*

- D3353** apexification/recalcification – final visit

The code D7270 tooth reimplantation includes placement and removal of a stabilizing splint. D3351 and D3353 include the procedures for endodontic treatment on this anterior tooth; D3310 should *not* be used in addition.

# Endodontic Treatment

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## Exploratory Endodontic Procedure 1

A patient presents with a continuous dull ache and localized swelling in tooth #30. The tooth was crowned 10 years ago. A periapical film is taken that shows decay under the existing crown. The crown is removed, and decay is excavated. At this time, it is determined that the tooth is not restorable due to extensive decay. The pulp is removed and a temporary restoration is placed to keep the patient comfortable until the tooth can be extracted.

### Appropriate CDT Codes:

- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D3332** incomplete endodontic therapy; inoperable, unrestorable or fractured tooth

This scenario and the next illustrate the use of D3332 – incomplete endodontic therapy – which is intended to report the extensive chairtime often required by the endodontist to determine that root canal treatment is not possible due to factors that cannot be discovered by visual or radiographic examination alone.

## Exploratory Endodontic Procedure 2

A patient presents with pain for the past two days from tooth #18, which had endodontic treatment completed 10 years ago. The patient states that he was eating and heard a “pop.” He has experienced pain since that time. A periapical film was taken but was inconclusive. After anesthetic was administered, the crown was removed during endodontic treatment and a vertical root fracture was noted on the lingual aspect of the tooth. A temporary restoration was placed, and the patient was referred for extraction of the tooth.

### Appropriate CDT Codes:

- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D3332** incomplete endodontic therapy; inoperable, unrestorable or fractured tooth

## Endodontic Treatment with Canal Obstruction

Patient presents with a tooth #9 which has a history of trauma. There is also advanced canal calcification. No visible pulp canal can be seen on radiographs in the incisal half of the tooth root. The operator excavates an access cavity preparation with handpieces, burs, ultrasonics, enhanced illumination and magnification until a patent canal is located in the apical half of the root. Endodontic treatment is then completed.

### Appropriate CDT Codes:

- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D3331** treatment of root canal obstruction; non-surgical access

## **D3310 endodontic therapy, anterior (excluding final restoration)**

This code, D3331 treatment of root canal obstruction; non-surgical access, is intended to be used in cases where there is complete calcification of 50% or more of the canal length, not diameter. This code may also be used to report the removal of separated files or other obstructions (but not posts) left in the root canal by another practitioner.

### **Endodontic Treatment with Perforation Repair**

A patient is referred for evaluation and treatment. The patient's dentist began the treatment, but a perforation of the pulpal floor occurred. After clinical and radiographic examination, you inform the patient that the perforation might be repairable. After access cavity preparation, you determine that the perforation is repairable. Endodontic treatment is completed, and the perforation is repaired with appropriate material.

#### **Appropriate CDT Codes:**

- D0140 limited oral evaluation – problem focused**
- D0220 intraoral – periapical first radiographic image**
- D3333 internal root repair of perforation defects**
- D3330 endodontic therapy, molar (excluding final restoration)**

D3333 (internal root repair of perforation defects), is not to be filed by the same provider or billing entity that created an iatrogenic perforation.

### **Endodontic Treatment on a Primary Tooth (Succedaneous Tooth Present)**

A child presents with a carious pulp exposure of tooth T. There is a succedaneous tooth #29 present on a radiograph, but it will be several years before it erupts. Endodontic treatment is requested on tooth T in order to maintain this tooth and its space in the arch. Treatment is performed on the tooth, and the canals are filled with a resorbable material. A temporary restoration is placed, and the patient is referred back to the referring dentist for a final restoration.

#### **Appropriate CDT Codes:**

- D0140 limited oral evaluation – problem focused**
- D0220 intraoral – periapical first radiographic image**
- D3240 pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)**

### **Endodontic Treatment on a Primary Tooth (No Succedaneous Tooth Present)**

A patient presents with a carious pulp exposure of tooth T. There is no succedaneous tooth #29 present on a radiograph. The roots of this tooth are of adequate length to allow normal function. Endodontic treatment is requested on tooth T in order to maintain this tooth in the arch and facilitate the placement of a functional, final restoration. Root canal treatment is performed on the tooth, and the canals are filled with gutta-percha. A temporary restoration is placed, and the patient is referred back to the referring dentist for a final restoration.



### Appropriate CDT Codes:

- D0140 limited oral evaluation – problem focused
- D0220 intraoral – periapical first radiographic image
- D3330 endodontic therapy, molar (excluding final restoration)

Even though tooth T is in the position of the permanent bicuspid, tooth #29, this endodontic procedure should be coded as a molar endodontic procedure. The anatomy of the primary molars makes endodontic treatment similar to that of permanent molars.

### Incision and Drainage

A patient presents to your office with a buccal space abscess in the upper left quadrant eliminating the nasolabial fold. The tooth has no history of previous trauma. Clinical evaluation reveals a large resin with recurrent caries. Endodontic testing is performed and tooth #10 is necrotic and severely responsive to percussion. A periapical radiograph is taken and a 4mm x 5mm periapical lesion of endodontic origin is visualized. Palpation reveals a fluctuant buccal swelling centered apically to tooth #10. Incision and drainage performed with a drain sutured into place. Endodontic treatment or retreatment can be initiated and calcium hydroxide placed. Any additional treatments should be coded appropriately.

### Appropriate CDT Codes:

Incision and Drainage only

- D0140 limited oral evaluation problem focus
- D0220 intraoral – periapical first radiographic image
- D7510 incision and drainage of abscess – intraoral soft tissue  
Incision is made through mucosa including periodontal origins.  
  
-or-
- D7511 incision and drainage of abscess – intraoral soft tissue complicated  
Incision intraoral and extended to other fascial spaces  
  
-or-
- D7520 incision and drainage of abscess – extraoral soft tissue  
Involves incision through skin  
  
-or-
- D7521 incision and drainage of abscess – extraoral complicated  
Incision is made extraorally and dissection is extended to other fascial spaces to provide adequate drainage of abscess or cellulitis

# Endodontic Retreatment

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## Retreatment

A patient is referred for evaluation and retreatment of a previous root canal treatment on tooth #14. The previous treatment was performed three years ago. The patient reports the tooth became sensitive to chewing several months ago. There is now a draining sinus tract present and periapical radiolucency. The tooth has a crown and post and core. Treatment begins with removing the post and core.; then, the previous root canal filling is removed, and an untreated fourth canal is located. Retreatment is performed, and the patient is referred for a new restoration.

### Appropriate CDT Codes:

- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D2955** post removal
- D3348** retreatment of previous root canal therapy – molar

Post removal in conjunction with retreatment is a separate procedure and should be reported separately (D2955).

## Retreatment with Canal Obstruction

A patient is referred for evaluation and retreatment of a previous root canal treatment. Radiographic findings indicate incomplete cleaning and shaping of the mesiobuccal canal due to a separated instrument in the cervical one-third of the root. It is recommended that the instrument be removed, and the root canal be retreated.

### Appropriate CDT Codes:

- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D3331** treatment of root canal obstruction, non-surgical access
- D3348** retreatment of previous root canal therapy – molar

Removal of the separated instrument is a separate procedure and should be reported separately (D3331).

# Surgical Endodontics

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## Surgical Endodontic Treatment: Apicoectomy

A patient presents with a previous, failing root canal treatment in tooth #9. There is a periapical radiolucency and draining sinus tract present. The tooth has a post and core, and it serves as an abutment for a three unit bridge. This restoration is sound and functional. You discuss several treatment options, including retreatment and replacement of the restoration. The patient elects to have endodontic surgery. Periradicular and retrograde filling are performed. During the surgical procedure, a large periapical soft tissue lesion is removed and submitted for histopathologic examination by an oral pathology laboratory.

### Appropriate CDT Codes:

- D0140** limited oral evaluation – problem focused
- D0220** intraoral – periapical first radiographic image
- D3410** apicoectomy – anterior
- D3430** retrograde filling – per root
- D7460** removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm
- or-
- D7461** removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm

### Note on coding for removal of tissue samples/biopsies

For the purposes of coding, CDT separates out procedures performed in an oral pathology laboratory (D0472-D0502) from the removal of the tissue sample – D7285 (hard – bone, tooth), D7286 (soft). Codes D7286 and D7286 cannot be used with codes for apicoectomy/periapical surgery/curettage if the tissue is removed from the same site as the surgery/curettage.

The AAE has expressed concern in the past about cases where an endodontist removes a large lesion as part of an apicoectomy/periadicular surgery. The ADA's Council on Dental Benefit Programs advised that endodontists could report D7460 for removal of a nonodontogenic cyst or tumor with a lesion diameter of up to 1.25 cm and D7461 for the removal of a nonodontogenic cyst or tumor with a lesion diameter of greater than 1.25 cm. These codes may be used concurrently when reporting apicoectomy/periradicular surgery as warranted.

When a tissue sample is submitted for examination, many oral pathology laboratories file a claim directly with the patient's medical insurance. This is optimal because it preserves the patient's dental benefit. If the laboratory bills the endodontist for these laboratory services, he/she should submit a claim to the patient's dental insurance company.

## Surgical Endodontic Treatment: Periradicular Services

A patient presents with a repairable invasive cervical resorption lesion on the buccal of their tooth #19 and is not a candidate for internal resorption repair. There is no periapical radiolucency present and the tooth has had a recent root canal therapy performed, the intent being to have this repair surgery soon after. To repair the lesion, a flap is reflected, hard tissue of the root is prepared and then restored with appropriate material. The flap is replaced and sutured.

### Appropriate CDT Codes:

**D0140** limited oral evaluation – problem focused

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

**D0220** intraoral – periapical first radiographic image

**D3427** periradicular surgery without apicoectomy

To be used when doing periradicular surgery, not including an apicoectomy. For example, surgery to repair invasive cervical resorption or a perforation. Does not include any restoration to be placed during surgery. Any restoration to be placed should be coded separately.

**D3430** retrograde filling – per root

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.

## Bone Graft in Conjunction with Periradicular Surgery, including Guided Tissue Regeneration

A patient presents with #10 that has a draining sinus tract and a periradicular radiolucency indicating bone loss possibly involving both facial and palatal areas. Tenderness is noted upon palpation of the gingiva palate to #10.

A good quality root canal therapy was performed on the tooth many years ago and there is a large, long post in place, as well as a nicely fitting crown. Surgery is to be performed to treat the situation. Since the facial and lingual cortex have eroded, a bone graft might aid in having full bony healing. This will avoid healing with a scar in the apex, which would appear radiolucent in subsequent radiographs.

Periradicular surgery is performed and non-autogenous bone grafting material is placed in the crypt, and a membrane is placed to guide the tissue regeneration upon completion of that procedure. The flap is replaced and sutured.

### Appropriate CDT Codes:

**D0140** limited oral evaluation – problem focused

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

**D0220**    **intraoral – periapical first radiographic image**

**D3410**    **apicoectomy – anterior**

For surgery on one root of anterior tooth. Does not include placement of retrograde filling material.

**D3428**    **bone graft in conjunction with periradicular surgery, per tooth, single site**

Includes non-autogenous bone grafting material.

To be used when placing bone grafting material after performing periradicular surgery with or without apicoectomy.

**D3430**    **retrograde filling – per root**

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.

**D3432**    **guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery.**

## Exploratory Surgery – Fractured Tooth

A patient undergoes a surgical endodontic procedure on tooth #14. After raising the surgical flap, curetting tissue and examining under a microscope, a vertical root fracture is noted. The procedure is aborted, and the patient (who chooses not to have the tooth extracted at the time of surgery) is referred back to the general dentist for an extraction. No apical root resection or retrofill was performed.

### Appropriate CDT Codes:

**D0140**    **limited oral evaluation – problem focused**

**D0220**    **intraoral – periapical first radiographic image**

**D3425**    **apicoectomy/periradicular surgery – molar (first root)**

The office may elect to adjust the fee for this surgical endodontic procedure, since surgery was aborted. An alternative coding would be D3999 unspecified endodontic procedure, by report – with the report stating: exploratory endodontic surgery – tooth inoperable due to vertical root fracture. D3332 (incomplete endodontic therapy; inoperable or fractured tooth) would not be the correct code for this procedure because that code is for nonsurgical procedures only.

## Extraction and Intentional Reimplantation

A patient is referred to your office for evaluation and possible retreatment for a previous root canal on tooth #18. Due to the improbability of successful post removal and surgical inaccessibility of this tooth, the recommended treatment is to perform an intentional reimplantation with retrograde fillings in the mesial and distal roots.

### Appropriate CDT Codes:

- D0140 limited oral evaluation – problem focused
- D0220 intraoral – periapical first radiographic image
- D3470 intentional reimplantation
- D3430 retrograde filling – per root
- D3430 retrograde filling – per root

The code D3470 intentional reimplantation includes extraction of the tooth and splinting. The extraction code D7111 extraction, coronal remnants – deciduous tooth and splinting code D4321 provisional splinting – extracoronary should not be used in addition.

### Root Amputation

Patient has had previous root canal treatment a tooth #3. The mesiobuccal and palatal roots have adequate endodontic fillings and are periodontally sound. The distal buccal root requires surgical removal due to root caries, periodontal disease, root fracture, perforation or other complications. The tooth has a full crown, and you have been requested to amputate this root from under the existing restoration.

### Appropriate CDT Codes:

- D0140 limited oral evaluation – problem focused
- D0220 intraoral – periapical first radiographic image
- D3450 root amputation – per root

### Hemisection

Patient has had previous root canal treatment on Tooth #3. The mesiobuccal and palatal roots have adequate endodontic fillings and are periodontally sound. The distal buccal root requires surgical removal due to root caries, periodontal disease, root fracture, perforation or other complications. The tooth has a defective crown that will be replaced after your surgical procedure. You have been requested to amputate this root and the overlying portion of the crown, so that a new full crown can be fabricated for the two remaining roots.

### Appropriate CDT Codes:

- D0140 limited oral evaluation – problem focused
- D0220 intraoral – periapical first radiographic image
- D3920 hemisection (including any root removal), not including root canal therapy

D3920 (hemisection) used in this scenario is confusing. It is often assumed that hemisection applies only to dividing a two-rooted tooth and removing one of the roots and its corresponding crown portion. However, this nomenclature is to be used for all multi-rooted teeth (two, three or four roots) when the root and its corresponding crown portion are removed. D3450 (root amputation) is to be used only in those cases where the root is removed while leaving the crown intact. Hemisections and root amputations are often performed in addition to root canal treatment on the same tooth and may be filed by the same practitioner in conjunction with D3320 (bicuspid) or D3330 (molar).

# Other Services

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## Post Removal

A patient is referred for removal of a “submerged” fractured post. The tooth has had previous root canal treatment. The patient is asymptomatic, and there are no clinical or radiographic signs of pathology. It is determined that the patient does not require retreatment of this previous root canal.

### Appropriate CDT Codes:

- D0140**    limited oral evaluation – problem focused
- D0220**    intraoral – periapical first radiographic image
- D2955**    post removal

## Surgery for Isolation of Tooth with Rubber Dam

A patient is appointed for nonsurgical endodontic treatment on tooth #5. The palatal cusp of this tooth has fractured off 1 to 2 mm below the gingival margin. Because of the fracture, it is not possible to place a dental dam on the tooth. It is determined that soft tissue recontouring with surgery will allow for placement of a dental dam clamp, without compromising the periodontal physiologic width between the tooth margin and the osseous crest necessary for a healthy epithelial attachment of the gingival tissues.

### Appropriate CDT Code:

- D3910**    surgical procedure for isolation of tooth with rubber dam

This code is appropriate for procedures that involve recontouring only soft tissues, whether using a scalpel, electrosurgery, or laser.

## Crown Lengthening

A patient is appointed for nonsurgical endodontic treatment on tooth #5. The palatal cusp of this tooth has fractured off 4 mm above the gingival margin. Because of the fracture, it is not possible to place a rubber dam on the tooth. Because of the need to provide the necessary periodontal physiologic width between the tooth margin and the osseous crest, it is determined that some crestal bone must be surgically removed and the flap apically repositioned. The patient is reappointed for endodontic treatment.

### Appropriate CDT Code:

- D4249**    clinical crown lengthening – hard tissue

This code is used only when a surgical flap is reflected and bone is recontoured. D3910 (surgical procedure for isolation of tooth with rubber dam) is limited to soft tissue procedures.

## Access Cavity Closure

After endodontic treatment on tooth #30 is completed through an existing full coverage crown, you are asked to place a permanent restoration in the access cavity by the referring dentist.

### Appropriate CDT Codes:

D2140 amalgam – one surface, primary or permanent

-or-

D2391 resin-based composite – one surface, posterior

### Core Build-Up

After endodontic treatment on tooth #30, which has significant tooth material missing, you are asked to place a core buildup by the referring dentist. The referring dentist will be placing a restorative crown.

### Appropriate CDT Codes:

D2950 core buildup, including any pins

This code should *not* be used for a final restoration. The code D2950 core buildup is appropriate only if the tooth is to have a restorative crown placed over it.

### Postspace Preparation and Fitting of a Preformed Post

After endodontic treatment is completed on tooth #30, you are asked by the referring dentist to prepare a postspace and fit a preformed post. After this is completed, you close the access cavity with a temporary filling. You send the prefit post to the referring dentist who will cement it in place and complete the core buildup. The referring dentist will then place a restorative crown.

### Appropriate CDT Codes:

D3950 canal preparation and fitting of preformed dowel or post

This code should *not* be used by the same dentist or billing entity reporting the following post and core restorations: D2952, D2953, D2954 or D2957.

### Placement of a Preformed Post and Core Buildup

After endodontic treatment on tooth #30 is completed on a tooth with significant tooth material missing (see coding for molar endodontic treatment), you are asked by the referring dentist to place a preformed post and a core buildup. The referring dentist will be placing a restorative crown.

### Appropriate CDT Codes:

D2954 prefabricated post and core in addition to crown





# Section III

ICD-10/  
Medical Claim Coding

# ICD-10/Medical Claims

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Endodontic practices occasionally file medical claims, typically in two situations:

- A patient is in an accident and suffers trauma to the teeth. The “primary” insurance carrier may be the patient’s medical plan or personal injury protection policy within his or her auto insurance.
- The patient’s dental plan “payment policy” requires that specific CDT codes (typically apicoectomy codes) must be filed first with the patient’s medical plan to see if it is covered under as a “surgical” procedure.

The claim must be filed on a CMS 1500 form using a Current Procedural Terminology (CPT®) code and a medical diagnostic code (International Classification of Disease or ICD-10) for every procedure/service.

These tables provide suggested CPT® and ICD-10 codes to correlate with endodontic CDT codes. The practice is responsible for selecting the ICD-10 code that most accurately reflects the patient’s diagnosis.

## Tips for Filing Medical Claims for Dental Procedures

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### Choosing a CPT® Code

#### CDT Code

#### CPT® Code Substitute

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#### D3300–3999

Endodontic Codes

**41899** “unlisted procedure, dentoalveolar structure

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#### D0140–D0171

Diagnostic Codes:  
New Patient

CPT® diagnostic codes are based on face to face time spent with patient.

**99201** 10 minutes

**99203** 30 minutes

**99204** 45 minutes

There are specific medical record documentation requirements for each code, so it is important to select a code that most accurately reflects the provider’s time and work.

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#### D0140–D0171

Diagnostic Codes:  
Established Patients

**99212** 10 minutes

**99213** 20 minutes

**99214** 30 minutes

**99215** 45 minutes

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#### D0220

Radiographic Code

**70300** radiologic examination, teeth, single view

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#### D0230

Radiographic Code

**70310** radiologic examination, teeth, partial examination, less than full mouth

## Choosing a Diagnostic Code-ICD-10

REMINDER: Every CPT® code filed must have a corresponding ICD-10 code.

CDT Code(s)		Suggested Medical Diagnosis Code(s) ICD-10CM	
<b>D3110</b>	pulp cap - direct (excluding final restoration)	<b>K02.62</b>	Dental caries on smooth surface penetrating into dentin
<b>D3120</b>	pulp cap - indirect (excluding final restoration)	<b>K02.52</b>	Dental caries on smooth surface penetrating into pulp
<b>D3220</b>	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	<b>K03.53</b>	Dental caries on pit and fissure surface penetrating into pulp
		<b>K04.0</b>	Pulpitis
<b>D3310</b>	endodontic therapy, anterior tooth (excluding final restoration)	<b>S02.5XXA</b>	Fracture of tooth (traumatic); initial encounter for closed fracture
<b>D3320</b>	endodontic therapy, bicuspid (excluding final restoration)	<b>K03.81</b>	Cracked tooth
		<b>K03.89</b>	Other specified diseases of hard tissues of teeth
<b>D3330</b>	endodontic therapy, molar (excluding final restoration)	<b>K02.63</b>	Dental caries on smooth surface penetrating into pulp
<b>D3346</b>	Retreatment of previous root canal therapy – anterior	<b>K02.53</b>	Dental caries on pit and fissure surface penetrating into pulp
<b>D3347</b>	Retreatment of previous root canal therapy – bicuspid	<b>K04.1</b>	necrosis of the pulp
<b>D3348</b>	Retreatment of previous root canal therapy – molar	<b>K04.7</b>	periapical abscess without sinus
		<b>K04.5</b>	chronic apical periodontitis
		<b>K04.6</b>	Periapical abscess with sinus
		<b>K04.6</b>	periapical abscess without sinus
		<b>K04.8</b>	radicular cyst
		<b>K04.99</b>	Other diseases of pulp and periapical tissues
		<b>K05.5</b>	Other periodontal diseases
		<b>K08.8</b>	Other specified disorders of teeth and supporting structures
		<b>K08.59</b>	Other unsatisfactory restoration of existing tooth
		<b>M27.5</b>	Periradicular pathology associated with previous endodontic treatment



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