

OHCA Guideline

Dental Procedure Class:	Endodontics
Initial Implementation Date:	12/21/2021
Last Review Date:	11/1/2023
Effective Date:	12/21/2021
Next Review/Revision Date:	December 2024
Reviewed By	
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Descriptions	
Endodontics: Prior authorized (PA) services include root canal therapy for permanent teeth. This service is only allowed for TXIX/HAP members under the age of 21.	
Document Requirements	
Endodontic Therapy: Comprehensive treatment plan, right and left bitewings, periapical x-ray of each tooth requested, and oral hygiene history if three or more teeth within 12 months.	
CPT Codes Covered Requiring Prior Authorization (PA)	
D3310, D3320, D3330, D3346, D3347, D3351, D3352, D3353	
Frequency: Endodontics is considered a lifetime procedure. Each code is allowed once per tooth per lifetime.	
Approval Criteria	
Root canal therapy is not considered an emergency procedure unless due to trauma to an anterior tooth. The provider must document the member's improved oral hygiene and flossing ability and submit it with the prior authorization request to be considered when requesting endodontic therapy for multiple teeth. Pulpal debridement may be performed for the relief of pain while waiting for the decision from the Oklahoma Health Care Authority (OHCA) on request for endodontics.	
(A) Payment is made for services provided in accordance with the following guidelines:	
(i) Permanent teeth only;	
(ii) Only ADA accepted materials are acceptable under the OHCA policy;	
(iii) Pre and post-operative periapical images must be available for review;	

(iv) Providers are responsible for any follow-up treatment required by a failed endodontically treated tooth within twenty-four (24) months post completion;

(v) A tooth will not be approved if it appears there is not adequate natural tooth structure remaining to establish good tooth/restorative margins or if crown to root ratio is poor. Approval of second molars is contingent upon proof of medical necessity; and

(vi) An endodontic procedure may not be approved if the tooth requires a post and core to retain a crown due to lack of tooth structure.

(B) Endodontics will not be considered if:

(i) An opposing tooth has super erupted;

(ii) The tooth impinges upon adjacent tooth space by one third or greater;

(iii) Fully restored tooth will not be in functional occlusion with opposing tooth;

(iv) Opposing second molars are involved except in the absence of functioning first molars;

(v) The member has multiple teeth failing due to previous inadequate root canal therapy or follow-up.

(C) All rampant, active caries must be removed prior to requesting endodontics.

(D) Endodontically treated teeth must be restored to limited occlusal function and all contours must be replaced. Core build-up code is only available for use if other restorative codes are not sufficient. These teeth will not be approved for a crown if it appears the apex is not adequately sealed.

(E) Teeth approved for endodontic therapy are not automatically approved for any type of crown.

Additional Information

Initial Endo (D3310, D3320, D3330):

- Prior authorization is not required if a member presents with only two teeth in the whole mouth requiring endodontic treatment AND has not had another root canal in the past 12 months. Check member's treatment history via provider portal.

Endodontic Retreatment: D3348 is not covered.

Apexification/Recalcification (D3351, D3352, D3353):

- D3330 is not allowed in conjunction with the D3351 and D3352.

References

1. *Oklahoma Health Care Authority Policy and Rules Policy and Rules SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES PART 79. DENTISTS 317:30-5-698. Services requiring prior authorization*