**Subject:** Periapical Radiographic Images Performed with Endodontic Therapy

**Date:** 03/30/2017

**Important note**

The American Dental Association defines 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."

**Policy**

Aetna considers periapical radiographic images performed in conjunction with endodontic therapy on the same date of service to be part of the endodontic therapy. This does not include diagnostic images.

**Code**

- D0220 – intraoral – periapical first radiographic image
- D0230 – intraoral – periapical each additional radiographic image
- 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 can therapy - anterior
- D3347 – retreatment of previous root can therapy - bicuspid
- D3348 – retreatment of previous root can therapy - molar

**Revision Dates**

The above policy is based on the following references:

²American Dental Association. *CDT 2017 Dental Procedure Codes*

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