



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.

Code²

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 canal therapy - anterior

D3347 – retreatment of previous root canal therapy - bicuspid

D3348 – retreatment of previous root canal 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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