Exhibit F – Endodontic Criteria

A. In most cases, no prior authorization is required. A dated post-operative radiograph must be submitted for retrospective review.

B. Codes: DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual.
   1. Reimbursement for Root Canals includes surgical placement of a rubber dam, intraorifice barrier and pulpectomy or pulpotomy done by the same provider group.

C. Criteria: Root canal therapy is performed to maintain teeth that have been damaged through trauma or carious exposure.

D. Root canal therapy must meet the following criteria:
   1. Fill must be within two millimeters of the radiological apex unless there is a curvature or calcification of the canal that limits ability to fill canal to apex.
   2. Fill must be properly condensed/obturated.
   3. Filling material must not extend beyond the apex.

E. Root canal therapy is not a covered benefit in the following situations:
   1. Gross periapical or periodontal pathosis is demonstrated radiographically (caries subcrestal or to the furcation, deeming the tooth non-restorable).
   2. The general oral condition does not justify root canal therapy due to loss of arch integrity.
   3. Third molars, unless they are an abutment for a partial denture
   4. Tooth does not demonstrate 50% bone support
   5. Tooth has furcation involvement
   6. When performed in anticipation of placement of an overdenture
   7. Using filling material not accepted by the Federal Food and Drug Administration (FDA), e.g. Sargenti filling material
   8. A cast partial denture was denied due to excessive restorative needs or poor bone support indicating that the overall health of the teeth and periodontium is not good.

F. Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obturation of root canal(s), and progress radiographs, including a root canal fill radiograph.

G. In cases where the root canal filling does not meet ADA or American Association of Endodontists (AAE) treatment standards (https://www.aae.org/specialty/clinical-resources/guide-clinical-endodontics/). DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after DentaQuest reviews the circumstances.

H. Medical necessity of the root canal should be documented in the patient chart. Appropriate thermal test results should be documented on a per tooth basis.

I. Placement of an Intraorifice Barrier considered part of the endodontic procedure and is not separately billable.

J. Apicoectomy will only be approved if following ADA and AAE standards.

K. Surgical exposure of root surface will only be approved if following ADA and AAE standards.

L. Canal preparation and fitting of preformed dowel or post will only be approved if following ADA and AAE standards.

References:

•American Dental Association
•American Society of Endodontics
•OAC 5160-5-01 Dental Services
•Appendix A to rule 5160-5-01 Endodontic Services