

Delta Dental of Michigan Clinical Criteria for Utilization Management Decisions				
Reference Number: 282.43 v2	Title: Clinical Criteria for Non-Surgical Retreatment of Root Canal Therapy			
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Introduction

This Delta Dental of Michigan (Delta Dental) clinical criteria document addresses non-surgical retreatment of previous root canal therapy. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of non-surgical root canal retreatment, as well as taking individual patient circumstances and the local delivery system into account.

Non-surgical root canal retreatment is generally performed to resolve post-treatment endodontic disease that does not respond to initial root canal therapy. When deemed appropriate based on the patient's signs and symptoms, the procedure typically involves accessing previously treated root canals, removal of all materials in the canals including posts, separated endodontic instruments and filling material, thorough cleaning, shaping and obturation of the entire root canal system and sealing of the access opening.

Non-surgical retreatment of root canal therapy is commonly performed by endodontists in a variety of healthcare facilities, but may be performed by other dental practitioners.

Applicable Dental Procedure Codes

The following dental procedure codes defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting non-surgical retreatment of previous root canal therapy. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if the non-surgical root canal retreatment procedures listed below are a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	Procedure Code Nomenclature
D3346	retreatment of previous root canal therapy - anterior
D3347	retreatment of previous root canal therapy - premolar
D3348	retreatment of previous root canal therapy - molar

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Clinical Criteria¹

When approval of benefit payment for non-surgical retreatment of root canal therapy by a member's dental plan requires a determination by Delta Dental that retreatment is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure.

Non-surgical retreatment of root canal therapy is generally considered to be indicated when a patient's signs and symptoms are consistent with post-treatment endodontic disease caused by the continued presence of intraradicular microorganisms where retreatment is the best course of action (e.g., versus observation or more invasive treatment). Precipitating factors of post-treatment endodontic disease associated with previous root canal therapy may include, but are not limited to:

- Untreated root canal(s)
- Inadequate cleaning, shaping and/or obturation of the root canal system
- Iatrogenic procedural errors
- Inadequate aseptic technique
- Leakage from an inadequate coronal seal

For patients who do not meet the published qualifying criteria for non-surgical retreatment of previous root canal therapy, Delta Dental will consider documentation from relevant clinicians that explains the necessity of covering retreatment for conditions not included in the criteria.

Depending on the clinical circumstances, the presence or likelihood of one or more of the following conditions may result in non-surgical root canal retreatment being considered not medically necessary, inadvisable or deficient in clinical quality, and may result in disapproval of benefits based on a professional determination that retreatment is not medically necessary or is not clinically appropriate:

- A patient's signs and symptoms are consistent with post-treatment endodontic disease caused by extraradicular infection, foreign body reaction or a periapical true cyst that requires a surgical approach
- Repair of a root perforation, transported root canal or root resorption requires a surgical approach
- Surgical access is required for periradicular curettage or biopsy of periradicular tissues
- A patient's signs and symptoms are consistent with post-treatment endodontic disease caused by the continued presence of intraradicular microorganisms, but are coincident with the following conditions:
 - Non-surgical retreatment of root canal therapy is not clinically feasible (e.g., access to root canals cannot be reestablished without unacceptable damage to the residual tooth structure or an existing strategic restoration)
 - Non-surgical retreatment of root canal therapy cannot provide improvement in the previous cleaning, shaping and obturation of the root canal system
 - Post-treatment endodontic disease persists after non-surgical retreatment of root canal therapy has been performed
 - Unrestorable fracture or resorption
 - A tooth has insufficient sound tooth structure for successful restoration

¹ Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

- A tooth has a terminal periodontal condition that precludes maintaining the tooth in function
- Performing endodontic treatment to maintain a tooth has no benefit to planned prosthetic treatment
- An alternative treatment is more appropriate for a patient's condition or circumstance based on accepted standards of care

Other Criteria

Depending on an individual patient's condition and circumstances, the following additional criteria for non-surgical retreatment of root canal therapy may be applied for coverage determinations

- Coverage of non-surgical retreatment of root canal therapy depends on whether an individual's dental benefit program allows, limits or excludes benefits for a particular service. A dental benefit program may allow coverage only for specific patient conditions and/or procedures, or may exclude coverage in all circumstances. Delta Dental must determine the eligibility of non-surgical retreatment of root canal therapy for benefit payment based on the provisions of an individual's specific dental benefit program.
- When dental benefit programs have established program-specific criteria that define when non-surgical retreatment of root canal therapy is considered medically necessary and eligible for benefit coverage, or that place other limitations on coverage, Delta Dental will apply that criteria when there is a need to evaluate retreatment for medical necessity.

Other Considerations

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

Required Documentation

The decision to perform non-surgical retreatment of root canal therapy on a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for non-surgical root canal retreatment by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information as applicable from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Imaging appropriate to the affected area showing apical anatomy adequate to support evaluation, treatment planning and non-surgical root canal retreatment
- Explanation of the diagnostic rationale for providing non-surgical root canal retreatment specific to the particular patient and treatment episode where the treatment was deemed to be required
- Relevant information from the patient's record that substantiates the need for non-surgical root canal retreatment, such as continuing pain, swelling and/or drainage, refractory periapical radiolucency, untreated root canal(s), coronal leakage/canal system contamination and/or correctable treatment errors

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When determining coverage based on medical necessity or clinical appropriateness, Delta Dental may request other clinical information relevant to a patient's care if needed to make coverage decisions.

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental's clinical criteria.

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