



Endodontist Specialty Referral Guidelines

- I. **Referral from Network General Dentist** - Coverage for treatment by a Network Endodontist requires a properly completed, written referral from the patient's Network General Dentist ("NGD"). In most cases, single canal and uncomplicated multiple canal endodontic treatment is expected to be rendered by the NGD. The written referral should contain the specific diagnosis and rationale to indicate the necessity of specialty care.
- II. **Authorization for treatment** - Your treatment plan does not require prior approval.
- III. **Documentation Required**
 - Specific treatment plan or dated claim for payment, including CDT codes, and diagnosis.
 - Current, diagnostic quality, pre and post treatment periapical radiodiographs.
 - Additional narrative, if needed, to explain unusual circumstances.
- IV. **Steps to take when you receive a referral from the Network General Dentist:**
 - Schedule the appointment for the member.
 - Use the toll free **Automated Eligibility Line (1.800.DIAL.CDH)** to check new Patient Charge Schedule information and verify member eligibility. Please note that Patient Charges are based on the Patient Charge Schedule in effect on the date services are initiated.
 - Complete the evaluation and treatment visits.
 - Complete and sign an insurance claim form, including your license number and tax ID.
 - Have member or parent/guardian sign the necessary forms.
 - Attach the written referral from the NGD to your treatment plan/claim form and submit.
- V. **Emergency authorizations by telephone** – This is limited to patients in acute pain or acute pathology, such as swelling or abscess. Authorization is generally limited only to palliative care, such as incision and drainage (D7510). Emergency authorization involving multiple procedures will usually require a telephone discussion with the CIGNA dental consultant.
- VI. **Endodontic benefits are NOT available for the following:**
 - Treatment of teeth exhibiting poor/hopeless periodontal prognosis.
 - Treatment of teeth exhibiting non-restorable dental caries.
 - Treatment of teeth which are currently non-functional and for which no future function is feasible or treatment planned, such as unopposed third molars with adjacent molars present.
 - Use of unacceptable materials, such as paraformaldehyde containing pastes or silver point fillings.
 - Intentional endodontics in the absence of injury or disease, solely to facilitate a restorative procedure.
 - Periapical radiographs that are taken as operative films during the course of routine treatment.
 - Consultation (D9310) when the patient has been transferred for actual treatment, usually a root canal. This should only be reported if actual care of the patient has not been transferred from the NGD to the specialist and only an opinion is being sought.
 - Pulpal Debridement (D3221) when performed as the first stage of routine root canal therapy. This should only be reported for emergency treatment, not for a prior scheduled appointment that was intended for root canal therapy.
- VII. **Incomplete endodontic therapy** – Benefits will be considered following review by the dental consultant. Submit a brief narrative and radiograph to confirm the incomplete service.