

MOLINA-OH-D | Utilization Review Criteria – Endodontic Services

Purpose

To ensure consistent and equitable determination of coverage for Endodontic dental services, following ODM Appendix A to rule 5160 and Molina Healthcare of Ohio Dental Provider Manual Clinical Criteria.

Policy

It is expected that procedures performed will comply with these guidelines and exceptions are minimal. SKYGEN USA, LLC utilizes Ohio 5160-5-01, Molina Ohio Clinical Criteria, and EPSDT standards for members under 21.

Endodontic Services

Endodontic therapy is covered only when the overall health of the teeth and periodontium is good except for the indicated tooth or teeth. Decay must be above the bone level. The patient must experience chronic pain (as evidenced by sensitivity to hot or cold or through percussion or palpation), or there must be a fistula present that is associated with the tooth infection or chronic systemic infection. Images must be clearly readable labeled, and properly mounted, and must show periapical radiolucency or widening of the periodontal ligament. If pathology is not visible on an image, then the need for endodontic treatment must be substantiated by clinical documentation. Payment includes all diagnostic tests, evaluations, images, and postoperative treatment.

Therapeutic pulpotomy and pulpal therapy

- Coverage is limited to patients younger than 21.
- No separate payment is made when these procedures are performed in conjunction with root canal therapy.
- Separate payment may be made for restoration.

Endodontic (complete root canal) therapy, excluding final restoration, anterior tooth; Endodontic (complete root canal) therapy, excluding final restoration, bicuspid; Endodontic (complete root canal) therapy, excluding final restoration, molar

- Coverage is limited to permanent teeth.
- Payment for these procedures includes all diagnostic tests, evaluations, necessary images, and postoperative treatment.

Apicoectomy/peri-radicular services

- Coverage is limited to permanent teeth.
- All available images of the mouth must be maintained in the patient's clinical record.
- A periapical view of the tooth and the area involved must be included.

Apexification/recalcification/pulpal regeneration (apical closure or calcific repair of perforations, root resorption, pulp space disinfection, etc.), initial visit; Apexification/recalcification/pulpal regeneration (apical closure or calcific repair of perforations, root resorption, pulp space disinfection, etc.), interim medication replacement; Apexification/recalcification/pulpal regeneration (apical closure or calcific repair of perforations, root resorption, pulp space disinfection, etc.), final visit

- Apical closure does not include endodontic (root canal) therapy.
- Payment for these procedures includes necessary images.

Clinical Criteria

- **Apexification:**
 - Minimum of 50% bone support as evidenced by x-rays
 - Evidence of apical pathology/fistula
 - Evidence of deep caries/restoration, fracture, near pulpal exposure with open apex
 - Pain from percussion or temperature with open apex
 - File x-ray with claim

- **Apicoectomy / peri-radicular services:**
 - Minimum of 50% bone support as evidenced by x-rays
 - History of RCT
 - Apical pathology
 - No caries below bone level