

<b>ENDODONTICS - SPECIALISTS</b>							
Code	Description	DP	DPO	DP1	DP2	DP3	DP4
<b>DIAGNOSTIC &amp; PREVENTIVE</b>							
D0140	Limited Oral Evaluation - Problem Focused	100%	100%	100%	100%	100%	100%
D0210	Intraoral - Comprehensive Series Of Radiographic Images	100%	100%	100%	100%	100%	100%
D0220	Intraoral - Periapical First Radiographic Image	100%	100%	100%	100%	100%	100%
D0230	Intraoral - Periapical Each Additional Radiographic Image	100%	100%	100%	100%	100%	100%
D0460	Pulp Vitality Tests	100%	100%	100%	100%	100%	100%
D9310	Consultation	100%	100%	100%	100%	100%	100%
<b>ENDODONTICS</b>							
D3110	Pulp Cap - Direct	25%	25%	25%	25%	25%	25%
D3120	Pulp Cap - Indirect	25%	25%	25%	25%	25%	25%
D3220	Therapeutic Pulpotomy-Removal Of Pulp Coronal Dentinocemental Junction	25%	25%	25%	25%	25%	25%
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	25%	25%	25%	25%	25%	25%
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	25%	25%	25%	25%	25%	25%
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	N/C	N/C	25%	25%	25%	25%
D3346	Retreatment Previous Root Canal Therapy - Anterior	N/C	N/C	25%	25%	25%	25%
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	N/C	N/C	25%	25%	25%	25%
D3348	Retreatment Previous Root Canal Therapy - Molar	N/C	N/C	25%	25%	25%	25%
D3351	Apexification/Recalcification – Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Pulp Space Disinfection, Etc.)	N/C	N/C	25%	25%	25%	25%
D3352	Apexification/Recalcification – Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulp Space Disinfection, Etc.)	N/C	N/C	25%	25%	25%	25%
D3353	Apexification/Recalcification - Final Visit	N/C	N/C	25%	25%	25%	25%
D3410	Apicoectomy - Anterior	N/C	N/C	25%	25%	25%	25%
D3421	Apicoectomy - Premolar (First Tooth)	N/C	N/C	25%	25%	25%	25%
D3425	Apicoectomy - Molar (First Root)	N/C	N/C	25%	25%	25%	25%
D3426	Apicoectomy (Each Additional Root)	N/C	N/C	25%	25%	25%	25%
D3430	Retrograde Filling - Per Root	N/C	N/C	25%	25%	25%	25%
D3450	Root Amputation - per root	N/C	N/C	25%	25%	25%	25%
D3920	Hemisection Not Including Root Canal Therapy	N/C	N/C	25%	25%	25%	25%
D3999	Unspecified endodontic procedure, by report	N/C	N/C	25%	25%	25%	25%
<b>ADJUNCTIVE GENERAL SERVICES</b>							
D9110	Palliative Treatment Of Dental Pain, Per Visit	25%	25%	25%	25%	25%	25%

N/C = Not Covered Services