Criteria:
Iowa Medicaid may approve endodontic retreatment when root canal therapy has been completed, one year has elapsed since original root canal therapy, and failure has been demonstrated by periapical lesion, patient discomfort, or infection.

Requests for approval must be submitted with:
1. A periapical radiograph.
2. A narrative history.

CDT:
D3346
D3347
D3348

References Used:
Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:

<table>
<thead>
<tr>
<th>Change Date:</th>
<th>Changed By:</th>
<th>Description of Change:</th>
<th>New Version Number:</th>
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<tbody>
<tr>
<td>3/27/14</td>
<td>Dental Review Consultants</td>
<td>Under Criteria added “by periapical lesion, patient discomfort, or infection”.</td>
<td>1</td>
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<tr>
<td>5/5/14</td>
<td>Medical Director</td>
<td>Under Criteria added “requests for approval must be submitted with”.</td>
<td>2</td>
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<tr>
<td>4/17/15</td>
<td>Medical Director</td>
<td>Added paragraph in References Used.</td>
<td>3</td>
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C. David Smith, MD