

Endodontic Procedures

Iowa Medicaid Program:	Prior Authorization	Effective Date: 8/1/2009
Revision Number:	3	Last Review Date: 5/6/2017
Reviewed By:	Dental Review Consultant	Next Review Date: 4/2018
Approved By:	Medicaid Medical Director	Approved Date: 6/22/2017

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:

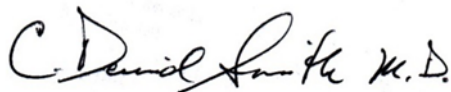
D3346
D3347
D3348

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:

Change Date:	Changed By:	Description of Change:	New Version Number:
3/27/14	Dental Review Consultants	Under Criteria added "by periapical lesion, patient discomfort, or infection".	1
5/5/14	Medical Director	Under Criteria added "requests for approval must be submitted with".	2
4/17/15	Medical Director	Added paragraph in References Used.	3



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