



PULP CAPS

Policy # D013

Implementation Date: 8/1/15

Review Dates: 2/23/17, 10/19/22

Revision Dates: 2/23/17, 10/19/22

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial and Select Health Advantage (Medicare/CMS) plans. Refer to the "Policy" section for more information.

Description

Pulp Cap, direct- A procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.

Pulp cap, indirect- A procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries have been removed.

Commercial Plan Policy

When direct and indirect pulp caps are performed on the same service date as a final restoration on the same tooth, the pulp cap will be considered part of the restorative global fee and will not be reimbursed separately.

An appeal of this decision would require a narrative as well as both pre-operative and post-operative films.

Select Health Advantage (Medicare/CMS)

Select Health Advantage will follow the commercial plan

Billing/Coding Information

CDT CODES:

D3110 Pulp cap-direct (excluding final restoration)

D3120 Pulp cap-indirect (excluding final restoration)

Key References

1. Coding Companion for Dental Services – Ingenix (2016)
2. *Current Dental Terminology* (2016) – American Dental Association

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Dental Coding/Reimbursement policies do not constitute dental advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate dental care providers to obtain needed dental advice, care, and treatment. Benefits and

eligibility are determined before dental guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Dental Provider Relations at **800-538-5054**.

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