

Narrative for Endodontic Therapy

Date: _____

Attention: Dental Claims Consultant

Patient Name: _____

DOB: _____

Member ID#: _____

D3310: endodontic therapy, anterior tooth (excluding final restoration)

D3320: endodontic therapy, bicuspid tooth (excluding final restoration)

D3330: endodontic therapy, molar (excluding final restoration)

Endodontic therapy was necessary and indicated by

- Pain
- Pulp exposure, decay
- Infection/abscess

Diagnosis

- Irreversible pulpitis
- Nonvital tooth
- Partially necrotic pulp
- Chronically necrotic pulp tissue
- Tooth is stable and prognosis is favorable