Defining the Difference between an Indirect Pulp Cap and a Base or Liner

For the most part, dental teams recognize the distinction between a direct pulp cap and a base or liner. Recently, the AAPD has received several calls regarding the difference between an indirect pulp cap and a base or liner. Unfortunately, this confusion has resulted in inappropriate reporting and thus denials from carriers for indirect pulp cap treatment. This, of course, frustrates dentists who perform and bill indirect pulp caps correctly. This article will clarify the differences between direct and indirect pulp caps and bases or liners and assist with accurate reporting and accurate reimbursement.

Bases and Liners

Current Dental Terminology (CDT) 2007-08 makes it clear that bases and liners are included in the amalgam and composite restoration codes. However, what exactly is a base and what is a liner?

> A base is the layer of cement that acts as an insulator and protective barrier under a dental restoration. It is sometimes referred to as an insulating base or an intermediary base.

> A liner is the material placed over the pulpal area of the cavity preparation to soothe irritated or sensitive pulp tissue.

Direct Pulp Caps and Indirect Pulp Caps

Some dental plans only reimburse direct pulp caps (D3110), while others only reimburse for indirect pulp caps (D3120). However, a recent trend demonstrates that an increasing number of carriers refuse to pay for either procedure because they suspect that they are often reported incorrectly. A review of direct and indirect pulp cap procedures may help clarify how these procedures differ.

A *direct pulp cap* is described in the CDT 2007 glossary as a "procedure in which the exposed vital pulp is treated with a therapeutic material (such as calcium hydroxide) followed with a base and restoration, to promote healing and maintain pulp vitality." This descriptor makes it clear that the purpose of a direct pulp cap is to place medication on an exposed pulp and then cover it with a protective barrier (base) and final restoration at the same visit.

If a permanent restoration is placed at the same visit as the pulp treatment, most insurance companies consider this to be a base or liner and do not pay for the pulp cap as a separate procedure. That being said, every clinician should review the contract to verify the company's policies. If it is not spelled out, it is advised to attach a written narrative. If payment for the procedure is denied, an appeal is strongly advised.

An *indirect pulp cap* is described in the CDT 2007 glossary as 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." The descriptor above does not specifically state that the restoration should not be performed on the same day as the indirect pulp cap.

CDT 2007 revised code D3120 to clarify "This code is not to be used for bases and liners when all caries has been removed." Even so, there still appears to be noteworthy confusion surrounding the use of D3120.

When performing an indirect pulp cap, most of the caries is removed. However, a thin layer of caries is left near the pulp. Medication and a temporary filling are often placed in hopes that the pulp will repair itself by building up a wall of tooth structure between the pulp and the decayed material. The temporary filling is usually removed several months later, and an x-ray is taken to determine if the pulp has healed. If clinically and radiographically the pulp tissue looks fine, the remaining caries is removed, and a permanent restoration is placed.

At this point, you might be wondering how an indirect pulp cap is different than a sedative filling. When placing a sedative filling (D2940), the pulp has not been exposed, but all the caries is removed, the tooth is medicated, and a temporary filling is placed.

If you have questions regarding this issue, please contact Dental Benefits Manager Mary Essling at (312) 337-2169, ext. 36 or *messling@aapd.org*. **PDT**

New AAPD Member Service

Mary Essling, R.D.H., M.S., joined the AAPD last fall in the new position of Dental Benefits Manager. Mary has previous experience working on dental and medical procedure coding and third party insurance matters for both the American Dental Association (from 1994 – 2002) and the American Society of Plastic Surgeons. She has a Bachelor of Science degree from Marquette University, a master's in Health Law Policy from DePaul University, and is a registered dental hygienist.

This new service to AAPD members offers hands-on assistance with issues related to third-party reimbursement and coding. We can help answer your questions regarding dental and medical coding, effective utilization of dental insurance and provide technical assistance to help resolve any difficulties that your practice may be having with claims submitted to dental or medical plans.

Please feel free to contact Essling at (312)337-2169, ext. 36, or at *messling@aapd.org*.