

Dental Clinical Policy: Radiographic and Other Imaging

Reference Number: CP.DP.48

Last Review Date: 05/2025

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Description

Radiographs and other imaging modalities are used to diagnose and monitor oral diseases, as well as to monitor dentofacial development and the progress or prognosis of therapy.

Radiographic examinations can be performed using digital imaging or conventional film.

Policy/Criteria

- I. It is the policy of Envolve Benefit Options, Inc. that radiographic or other image examination is **medically necessary** when any of the following conditions are met:
 - A. When a new patient presents for an evaluation for oral diseases
 1. Children may benefit from radiographic images for evaluation and/or monitoring of dentofacial growth and development
 - B. When an established patient presents for an evaluation with increased risk for caries;
 1. Children and adolescents may benefit from a posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe
 2. Adults may benefit from a posterior bitewing exam at 6-18 month intervals
 - C. When an established patient presents for an evaluation with no clinical caries and not at increased risk for caries
 1. Children may benefit from a posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe
 2. Adolescents with permanent dentation may benefit from a posterior bitewing exam at 18-36 month intervals if proximal surfaces cannot be examined visually or with a probe
 3. Adults may benefit from a posterior bitewing exam at 24-36 month intervals
 - D. When an established patient presents with periodontal disease: Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically;
 - E. When a patient presents with acute dental disease and radiographic examination is required in the diagnosis and treatment of symptoms and pathology;
 - F. When monitoring patient development via radiographic or image examination can inform treatment decisions about future medically necessary treatment, i.e., skeletal or congenital malformation;
 - G. For non-radiographic imaging: when a patient cannot tolerate conventional radiographic capture modalities (e.g., intra-oral radiographs) and other modalities can provide clinically diagnostic information about a patient's oral health status;
 - H. For non-radiographic imaging: when dental conditions or symptoms are best diagnosed using non-radiographic imaging, e.g., photographs to determine further need for oral pathology or biopsy procedures.
 - I. When none of the following contraindications apply:

1. When radiograph or other image capture does not result in interpretation by a practitioner licensed and authorized to interpret the radiograph or image;
2. When radiographic or other image examination is performed to utilize plan benefits without regard to medical necessity provisions outlined above;
3. When imaging cannot produce a diagnostic representation from which a practitioner can form a plan of treatment;
4. When non-radiographic imaging is duplicative of or cannot add clinical information supplied by a radiograph, or vice versa.

II. Coverage Limitation/Exclusions:

- A.** Practitioners should make decisions about patient imaging based on sound diagnostic principals. Dental radiographs account for approximately 2.5 percent of the effective dose received from medical radiographs and fluoroscopies. Even though radiation exposure from dental radiographs is low, once a decision to obtain radiographs is made it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure.
- B.** The maximum reimbursement for a single date of service for radiographs, captured or captured and interpreted, shall be limited to the fee for a complete series (D0210). Plan provisions may alter which radiographic services contribute to this reimbursement policy.
- C.** When appropriate, D0391 should be reported for all billed instances of image capture coding. It may or may not be reimbursable according to the provisions of the plan.
- D.** Image capture coding and D0391 will not be reimbursed when both are billed by the same practitioner for the same image. CDT® specifically defines D0391 as interpretation performed “by a practitioner not associated with capture of the image.”
- E.** Envolve Benefit Options, Inc. reserves the right to reduce image capture and interpretation reimbursement, when reported separately, to the allowed amount for an analogous single capture and interpretation code, if applicable.
- F.** Coverage of radiographic and image services are subject to plan and state limitations; not all services listed below may be a covered benefit.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2025, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

CDT® Codes	Description
D0210	Intraoral – comprehensive series of radiographic images
D0220	Intraoral – periapical first radiographic image
D0230	Intraoral – periapical each additional radiographic image
D0240	Intraoral – occlusal radiographic image
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector
D0251	Extra-oral posterior dental radiographic image
D0270	Bitewing – single radiographic image
D0272	Bitewings – two radiographic images
D0273	Bitewings – three radiographic images
D0274	Bitewings – four radiographic images
D0277	Vertical bitewings – 7 to 8 radiographic images
D0310	Sialography
D0320	Temporomandibular joint arthrogram, including injection
D0321	Other temporomandibular joint radiographic images, by report
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures
D0369	Maxillofacial MRI capture and interpretation
D0370	Maxillofacial ultrasound capture and interpretation
D0371	Sialoendoscopy capture and interpretation
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images
D0373	Intraoral tomosynthesis – bitewing radiographic image
D0374	Intraoral tomosynthesis – periapical radiographic image
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium

CDT® Codes	Description
D0384	Cone beam CT image capture for TMJ series including two or more exposures
D0385	Maxillofacial MRI image capture
D0386	Maxillofacial ultrasound image capture
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only
D0701	Panoramic radiographic image – image capture only
D0702	2-D cephalometric radiographic image – image capture only
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only
D0705	Extra-oral posterior dental radiographic image – image capture only
D0706	Intraoral – occlusal radiographic image – image capture only
D0707	Intraoral – periapical radiographic image – image capture only
D0708	Intraoral – bitewing radiographic image – image capture only
D0709	Intraoral – comprehensive series of radiographic images – image capture only
D0801	3D dental surface scan – direct
D0802	3D dental surface scan – indirect
D0803	3D facial surface scan – direct
D0804	3D facial surface scan – indirect
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report

Reviews, Revisions, and Approvals	Date	Approval Date
New Policy Developed	05/2025	

References

1. American Dental Association. CDT 2025: Dental Procedure Codes. American Dental Association, 2025.
2. American Dental Association, Council on Scientific Affairs. Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure. Revised: 2012. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/library/oral-health-topics/dental_radiographic_examinations_2012.pdf?rev=7fe10f736e6a4a9abf47bf7cf22b544c&hash=669B0905A95042D2858FD8F7BF6A636D
3. State Medicaid Dental Policies and Provider Manuals

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Benefit Options makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Centene Dental Services™” and “Envolve Benefit Options®” mean a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc., d/b/a as Centene Dental Services™, Envolve Dental, Inc.® or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Benefit Options administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Benefit Options, Inc. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Benefit Options retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Benefit Options has no control or right of control. Providers are not agents or employees of Envolve Benefit Options, Inc.

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and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

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