

## Dental Clinical Policy: Radiographic Imaging

Reference Number: CP.DP.48

Last Review Date: 12/25

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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 Centene Dental Services™ that radiographic examination may be **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.

### II. Coverage Limitation/Exclusions:

- A. 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 shall be limited to the fee for a complete series (D0210).

### Coding Implications

## DENTAL CLINICAL POLICY

### Radiographic Imaging

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
D0330	Panoramic radiographic image
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images
D0373	Intraoral tomosynthesis – bitewing radiographic image
D0374	Intraoral tomosynthesis – periapical radiographic image
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
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

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Reviews, Revisions, and Approvals	Date	Approval Date
New Policy Developed	5/25	5/25
Annual Review	12/25	12/25

#### 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](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. Centene Dental 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” means 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, 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 Centene Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Centene Dental. 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. Centene Dental 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

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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 Centene Dental has no control or right of control. Providers are not agents or employees of Centene Dental.

This clinical policy is the property of Centene Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members 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 <http://www.cms.gov> for additional information.

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