CareFirst
Family of health care plans

Part 1: Diagnostic

Comprehensive Dental Reference Guide

Please use the Comprehensive Dental Reference Guide when preparing your claims and pre-treatment estimates for CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., (collectively, "CareFirst"), CareFirst BlueCross BlueShield Medicare Advantage, The Dental Network, and the Federal Employee Program®.

- **CDT code descriptions**
- **Utilization review perspectives on clinical presentations appropriate for benefit allowance**
- **CareFirst-required documentation to allow for processing**
- **Identification of codes that require a clinical review by our staff of licensed dentists**

Selecting the most appropriate code to describe treatment rendered and providing required documentation streamlines the claims submission process.

These descriptions and directions are based on standard plan designs. Individual patient plans may vary. Verify benefits and eligibility for each patient before the appointment.

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between CareFirst Dental's Processing Policies and Procedures and dental plan benefits and the processing policies and descriptors found in CDT.

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Diagnostic: D0100–D0999

The information provided is based on general clinical policy and can vary for each patient's plan. Verify benefits and eligibility for each patient before the appointment, as there are differences among plans. The following information gives generalized clinical requirements and guidance for each CDT code.

Diagnostic Services			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D0120	Periodic oral evaluation—established patient	Only one exam per provider per day will be covered; the benefit will be exhausted if the patient receives two routine exams at two different dental offices in one day. CareFirst will only pay for two exams per year, which can be any combination of D0120, D0145, D0150, or D0180. (A D0150 can only be paid once in three years per provider.) If a consult (D9310) is billed on the same service date by the same provider, the exam.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Only one exam per provider per day will be covered; the benefit will be exhausted if the patient receives two routine exams at two different dental offices in one day. CareFirst will only pay for two exams per year, which can be any combination of D0120, D0145, D0150, or D0180. (A D0150 can only be paid once in three years per provider.) If a consult (D9310) is billed on the same service date by the same provider, the exam.	No documentation is required. Approval depends on the plan design's frequency limitation for the individual patient.
D0140	Limited oral evaluation—problem-focused	D0140 can be submitted for telehealth evaluation of a clinical issue along with D9995 (synchronous teledentistry visit) and covered/paid the same as in a dental office with the patient, provided images and discussion occur during that video visit.	No documentation is required. Approval depends on the plan design's frequency limitation for the individual patient.

*Check patient eligibility including age and frequency limitations for each service.

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Diagnostic Services			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D0150	Comprehensive oral evaluation—new or established patient	Only one exam per provider per day will be covered; the benefit will be exhausted if the patient receives two routine exams at two different dental offices in one day. CareFirst will only pay for two exams per year, which can be any combination of D0120, D0145, D0150, or D0180. (A D0150 can only be paid once in three years per provider.) If a consult (D9310) is billed on the same service date by the same provider, the exam is considered inclusive of that consult.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0160	Detailed and extensive oral evaluation—problem-focused, by report	These evaluations are performed to delve into significant and specific clinical issues, such as TMJ problems, sleep-related breathing disorders, exams that include complex medical conditions that may impact dental treatment plans, etc.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0170	Re-evaluation, limited, problem-focused	This code is used when an extensive problem requires additional follow-up to ensure a successful outcome specific to the original problem-focused evaluation.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0171	Re-evaluation, post-operative office visit	Post-operative visits are typically considered inclusive to the procedure performed. No additional charges are paid by either the patient or CareFirst.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0180	Comprehensive periodontal evaluation—new or established patient	Only one exam of any type per provider per day will be covered. The benefit will be exhausted if the patient receives two routine exams at two different dental offices in one day. CareFirst will only pay for two exams per year, which can be any combination of D0120, D0145, D0150, or D0180. (A D0150 can only be paid once in three years per provider.) If a consult (D9310) is billed on the same service date by the same provider, the exam is considered inclusive to that consult.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0190	Screening of a patient	D0190 is only covered by CareFirst if billed with D9995 as a virtual visit. This benefit is available once per provider per service date.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0191	Assessment of a patient	Typically not covered.	n/a
D0210	Intraoral—comprehensive series of radiographic images	Most plans allow a benefit once every three years for a complete series (combined with D0330, panoramic X-ray). If seven or more radiographs (bitewings and/or periapicals) are taken on the same service date, the benefit for a full-mouth series will be considered instead of the individual fees for each radiograph. Occlusal radiographs are allowed as a separate benefit. Bitewings or periapicals billed on the same service date as the D0210 are considered inclusive and not chargeable separately.	No documentation is required. Approval depends on the plan design's frequency limitation for the individual patient.

*Check patient eligibility including age and frequency limitations for each service.

Diagnostic Services			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D0220	Intraoral—periapical—first radiographic image	Typically, four periapical X-rays or one bitewing procedure (any number of bitewings) will be paid separately with panoramic X-rays. Benefits for periapicals combined will not exceed that of the full series (see D0120). Be sure to use D0230 for the additional periapical films and not repeat the D0220 for multiple periapicals.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0230	Intraoral—periapical—each additional radiographic image	Typically, four periapical X-rays or one bitewing procedure (any number of bitewings) will be paid separately with panoramic X-rays. Benefits for periapicals combined will not exceed that of the full series (see D0120). Be sure to use D0220 for the initial periapical film and D0230 for the additional periapicals.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0240	Intraoral—occlusal radiographic image	Check eligibility and frequency limitations for this service for each patient.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0250	Extraoral—2D projection radiographic image	Extraoral—2D projection radiographic image is considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0251	Extraoral—posterior dental radiographic image	Extra-oral posterior dental radiographic image is considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0270	Bitewing—single radiographic image	Check eligibility and frequency limitations for this service for each patient. Bitewing X-rays D0270, D0272, D0273 or D0274 are typically allowed with D0330 but are considered inclusive to D0210.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0272	Bitewings—two radiographic images	Check eligibility and frequency limitations for this service for each patient. Bitewing X-rays D0270, D0272, D0273 or D0274 are typically allowed with D0330 but are considered inclusive to D0210.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0273	Bitewings—three radiographic images	Check eligibility and frequency limitations for this service for each patient. Bitewing X-rays D0270, D0272, D0273 or D0274 are typically allowed with D0330 but are considered inclusive to D0210.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0274	Bitewings—four radiographic images	Check eligibility and frequency limitations for this service for each patient. Bitewing X-rays D0270, D0272, D0273 or D0274 are typically allowed with D0330 but are considered inclusive to D0210.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0277	Vertical bitewings—seven or eight radiographic images	Check eligibility and frequency limitations for this service for each patient. Bitewing X-rays D0277 are typically allowed with D0330 but are considered inclusive to D0210.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0310	Sialography	Sialography is considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered.	n/a

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Diagnostic Services			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D0321	Other temporomandibular joint radiographic images—by report	This is considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0330	Panoramic radiographic image	Check eligibility and frequency limitations for this service for each patient. Benefit for D0210 or D0330 is typically allowed one time every three years. Four periapicals or one bitewing procedure are allowed with this service.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0340	2D Cephalometric radiographic image	Check eligibility and frequency limitations for this service for each patient. The benefit is typically allowed once every three years. If taken for a medical diagnostic service instead of dental/ortho, submit to the medical plan for benefits.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0350	oral/facial photographic images obtained intraorally or extraorally	Check eligibility and frequency limitations for this service for each patient. If covered, the benefit is typically limited to one per service date, not to exceed five photographic images per benefit period.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0351	3D photographic image	Check eligibility and frequency limitations for this service for each patient. If covered, the benefit is typically limited to one per service date, not to exceed five photographic images per benefit period.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0364	Cone beam CT capture and interpretation with limited field of view—less than one whole jaw	Typically not covered.	n/a
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch—mandible	Typically not covered.	n/a
D0366	Interpretation with field of view of one full dental arch—maxilla, with or without cranium	Typically not covered.	n/a
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium	Typically not covered.	n/a
D0368	Cone beam CT capture and interpretation for TMJ series, including two or more exposures	Typically not covered.	n/a
D0369	Maxillofacial MRI capture and interpretation	Typically not covered.	n/a

*Check patient eligibility including age and frequency limitations for each service.

Diagnostic Services			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D0370	Maxillofacial ultrasound capture and interpretation	Typically not covered.	n/a
D0371	Sialoendoscopy capture and interpretation	Typically not covered.	n/a
D0372	Intraoral tomosynthesis—comprehensive series of radiographic images	If covered, the benefit is typically allowed once every three years for a complete series (combined with D0210, comprehensive series of radiographs; D0330, panoramic X-ray). If seven or more intraoral tomosynthesis periapical radiograph procedures (D0374) are submitted with the same service date, the benefit for a full-mouth series of tomographs (D0372) will be considered instead of the individual fees for each tomograph. Any combination of periapical or bitewing intraoral tomographic procedures billed on the same service date as a D0372 is considered inclusive and not chargeable separately.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0373	Intraoral tomosynthesis—bitewing radiographic image	Check eligibility and frequency limitations for this service for each patient. Bitewing tomographs are typically allowed with D0330 but are considered inclusive to D0210 or D0372.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0374	Intraoral tomosynthesis—periapical radiographic image	Check eligibility and frequency limitations for this service for each patient. Benefits for four periapical X-rays (D0374) or one bitewing procedure (D0373) will be paid with panoramic X-rays. If seven or more intraoral tomosynthesis periapical radiograph procedures (D0374) are submitted with the same service date, the benefit for a full-mouth series of tomographs (D0372) will be considered instead of the individual fees for each tomograph. Any combination of periapical or bitewing intraoral tomographic procedures billed on the same service date as a D0372 is considered inclusive and not chargeable separately.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0380	Cone beam CT image capture with limited field of view—less than one whole jaw	Typically not covered.	n/a
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	Typically not covered.	n/a
D0384	Cone beam CT image capture for TMJ series, including two or more exposures	Typically not covered.	n/a
D0387	Intraoral tomosynthesis—comprehensive series of radiographic images—image capture only	Typically not covered.	n/a

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Diagnostic Services			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D0388	Intraoral tomosynthesis—bitewing radiographic image—image capture only	Typically not covered.	n/a
D0389	Intraoral tomosynthesis—periapical radiographic image—image capture only	Typically not covered.	n/a
D0391	Interpretation of diagnostic image by a practitioner not associated with the capture of the image, including report	Typically not covered.	n/a
D0394	Digital subtraction of two or more images or image volumes of the same modality	Typically not covered.	n/a
D0395	Fusion of two or more 3D image volumes from different modalities	Typically not covered.	n/a
D0396	3D printing of a 3D dental surface scan	Benefit available as required, but not on the same date as diagnostic casts.	n/a
D0411	HbA1c in-office point-of-service testing	Typically not covered.	n/a
D0412	Blood glucose level test—in-office using a glucose meter	Typically not covered.	n/a
D0414	Lab processing of microbial specimens to include culture/sensitivity studies, preparation and transmission of the report	This is considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0145	Collection of microorganisms for culture and sensitivity	Considered for benefit only in cases when moderate to severe infection requires identification of the infective organism to effectively target antimicrobial therapy. This procedure requires a narrative and pathology report for medical necessity review.	Narrative or chart notes that give a clinical rationale for the procedure and a copy of the pathology report.
D0416	Viral culture	Typically not covered.	n/a
D0417	Collection and preparation of saliva sample for laboratory analysis	Typically not covered.	n/a
D0418	Analysis of saliva sample—laboratory	Typically not covered.	n/a
D0419	Assessment of salivary flow by measurement	This may be considered a medical procedure and may be billed under the patient's medical plan.	

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Diagnostic Services			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Typically not covered.	n/a
D0423	Genetic test for susceptibility to diseases, specimen analysis	Typically not covered.	n/a
D0425	Caries susceptibility tests	Typically not covered.	n/a
D0426	Collection, preparation and analysis of saliva sample—point-of-care	Typically not covered.	n/a
D0431	Adjunctive pre-dx test that aids in the detection of mucosal abnormalities, including premalignant and malignant lesions	Typically not covered.	n/a
D0460	Pulp vitality tests	Pulp tests are considered inclusive if billed on the same service date as the root canal treatment by the treating provider. Typically limited to two tests per year (per tooth).	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0461	Testing for cracked tooth	Considered inclusive to the diagnostic service.	n/a
D0470	Diagnostic casts	Check eligibility and frequency limitations for this service for each patient. A benefit is available for this service, as required.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0472	Accession of tissue, gross examination, prep and transmission of a written report	This is considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0473	Accession of tissue, gross and microscopic examination, prep and transmission of a written report	This is considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0474	Accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of a report	This is considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0475	Decalcification procedure	Typically not covered.	n/a
D0476	Special stains for microorganisms	Typically not covered.	n/a
D0477	Special stains, not for microorganisms	Typically not covered.	n/a

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Diagnostic Services			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D0478	Immunohistochemical stains	Typically not covered.	n/a
D0479	Tissue in-situ hybridization, including interpretation	Typically not covered.	n/a
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of a written report	This is considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0481	Electron microscopy—diagnostic	Typically not covered.	n/a
D0482	Direct immunofluorescence	Typically not covered.	n/a
D0483	Indirect immunofluorescence	Typically not covered.	n/a
D0484	Consultation on slides prepared elsewhere	Typically not covered.	n/a
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Typically not covered.	n/a
D0486	Accession of transepithelial cytologic smears, microscopic examination, preparation and transmission of written report	Check eligibility and frequency limitations for this service for each patient.	Pathology report needed for review.
D0502	Other oral pathology procedures, by report	This is considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0600	Non-ionizing procedure capable to quantify/monitor/record changes in the structure of enamel, dentin and cementum	Typically not covered.	n/a
D0601	Caries risk assessment and documentation, with a finding of low-risk	Check eligibility and frequency limitations for this service for each patient. Typically not covered.	n/a
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Check eligibility and frequency limitations for this service for each patient. Typically not covered.	n/a

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Diagnostic Services			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D0603	Caries risk assessment and documentation, with a finding of high-risk	Check eligibility and frequency limitations for this service for each patient. Typically not covered.	n/a
D0604	Antigen testing for a public health-related pathogen, including coronavirus	This is considered a medical service. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0605	Antibody testing for a public health-related pathogen, including coronavirus	This is considered a medical service. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0606	Molecular testing for a public health-related pathogen, including coronavirus	This is considered a medical service. It may be billed under the patient's medical plan. It may or may not be covered.	n/a
D0701	Panoramic radiographic image—image capture only	Considered inclusive to the capture and interpretation procedure.	n/a
D0702	2D cephalometric radiographic image—image capture only	Considered inclusive to the capture and interpretation procedure.	n/a
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally—image capture only	Considered inclusive to the capture and interpretation procedure.	n/a
D0704	3D photographic image—image capture only	Considered inclusive to the capture and interpretation procedure.	n/a
D0705	Extraoral posterior dental radiographic image—image capture only	Considered inclusive to the capture and interpretation procedure.	n/a
D0706	Intraoral—occlusal radiographic image—image capture only	Considered inclusive to the capture and interpretation procedure.	n/a
D0707	Intraoral—periapical radiographic image—image capture only	Considered inclusive to the capture and interpretation procedure.	n/a
D0708	Intraoral—bitewing radiographic image—image capture only	Considered inclusive to the capture and interpretation procedure.	n/a
D0709	Intraoral—complete series of radiographic images—image capture only	Considered inclusive to the capture and interpretation procedure.	n/a

*Check patient eligibility including age and frequency limitations for each service.

Diagnostic Services			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D0801	3D intraoral surface scan—direct	Considered inclusive to the restorative service.	n/a
D0802	3D dental surface scan—indirect	Considered inclusive to the diagnostic service.	n/a
D0803	3D facial surface scan—direct	Check eligibility and frequency limitations for this service for each patient. Benefits are allowed once per service date, with no more than five scanned images per benefit period (similar to photographs).	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D0804	3D facial surface scan—indirect	Typically not covered.	n/a
D0999	Unspecified diagnostic procedure, by report	A narrative describing the procedure and rationale is required. The benefits will not be available if the description aligns with a noncovered service.	Submit a narrative that describes the service and the rationale for performing it.

*Check patient eligibility including age and frequency limitations for each service.