Clinical Oral Evaluations D0120 - D0180

The codes in this section have been revised to recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, diagnosis and treatment planning are the responsibility of the dentist. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedures separately.

General Guidelines

1. The number and type of evaluations available for a patient are based on group contract. Any fees in excess of the approved fees are disallowed.

2. Comprehensive and periodic evaluations include, but are not limited to, evaluations of all hard and soft tissue of the oral cavity, periodontal charting and oral cancer examination.

3. Multiple oral evaluations by the same dentist/dental office on the same day will be disallowed.

D0120
periodic oral evaluation – established patient

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.

1. This procedure is applied to the patient's annual exam benefit.
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<tr>
<th>Code &amp; Nomenclature</th>
<th>Submission Requirements</th>
<th>Valid Tooth/ Quad/Arch/ Surface</th>
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<tbody>
<tr>
<td>D0140 limited oral evaluation – problem focused</td>
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An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

1. This is a benefit once per patient per dentist/dental office, per 12 month period. If this limit is exceeded, the benefit will be denied and the patient is responsible to the Maximum Plan Allowance.

2. This procedure is not applied to the patient's annual exam benefit.

3. The benefit for this evaluation is disallowed when performed in conjunction with a consultation by the same dentist/dental office.

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<td>D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver</td>
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Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

1. D0145 includes any caries susceptibility tests (D0425) or oral hygiene instructions (D1330) on the same date. When performed on the same date as D0145, any fees for D0425 and D1330 are disallowed.

2. D0145 is denied for a patient that is three years of age and older.

3. A comprehensive oral evaluation (D0150) submitted for a patient under three years of age will be processed as a D0145.

4. This procedure is applied to the patient's annual exam benefit.
**D0150**

**Comprehensive Oral Evaluation – New or Established Patient**

Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient’s dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

1. This procedure is applied to the patient’s annual exam benefit.
2. This procedure is a benefit once per 10 years per patient per dentist/dental office. However, if the patient has not received any services for 3 years from the same office, a comprehensive evaluation may be benefited. In all other cases, if the procedure is performed by the same dentist/dental office in less than 10 years, the benefit is limited to the allowance of a D0120 and processed to the limitations of a D0120.
3. Benefits for consultation, diagnosis and routine treatment planning are disallowed as components of the benefits for this evaluation by the same dentist/dental office.
4. If the D0150 is done within 6 months of a D0180, the benefit is limited to the allowance of a D0120, and processed to the limitations of a D0120.
5. A comprehensive oral evaluation (D0150) submitted for a patient under three years of age will be processed as a D0145.
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<td><strong>D0160</strong>&lt;br&gt;detailed and extensive oral evaluation – problem focused, by report&lt;br&gt;A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.&lt;br&gt;1. The alternate benefit of D0140 is applied, refer to D0140 guidelines for benefit and time limitations.</td>
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<td><strong>D0170</strong>&lt;br&gt;re-evaluation – limited, problem focused (established patient; not post-operative visit)&lt;br&gt;Assessing the status of a previously existing condition. For example:&lt;br&gt;- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring;&lt;br&gt;- evaluation for undiagnosed continuing pain;&lt;br&gt;- soft tissue lesion requiring follow-up evaluation.&lt;br&gt;1. The alternate benefit of D0140 is applied, refer to D0140 guidelines for benefit and time limitations.&lt;br&gt;2. By definition, this procedure code is not to be used for a post operative visit and for follow up to “nonsurgical” definitive care such as root canal treatment or seating of a crown. It is also included as part of definitive care that might follow or have preceded the evaluation.</td>
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This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history, oral cancer evaluation and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer screening.

1. This procedure is applied to the patient’s annual exam benefit.

2. This procedure is a benefit once per 10 years per patient per dentist/dental office. However, if the patient has not received any services for 3 years from the same office, a periodontal evaluation may be benefited. In all other cases, if the procedure is performed by the same dentist/dental office in less than 10 years, the benefit is limited to the allowance of a D0120 and processed to the limitations of a D0120.

3. This procedure should be used primarily by a periodontist for a referred patient from a general dentist and should not be reported in addition to a D0150 by the same dentist/dental office in the same treatment series.

4. Benefits for consultation, diagnosis and routine treatment planning are disallowed as a component of the benefit for this evaluation by the same dentist/dental office.

5. If the D0180 is done within 6 months of a D0150 by the same dentist/dental office, the benefit is limited to the allowance of a D0120 and processed to the limitations of D0120.

6. This procedure is not intended for use as a separate code for periodontal charting.

7. A comprehensive periodontal evaluation (D0180) submitted for a patient under three years of age will be processed as a D0145.
Diagnostic Imaging D0210 - D0350

Images should be taken only for clinical reasons as determined by the patient's dentist. They should be of diagnostic quality and properly identified and dated. Images are a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third-parties for copies of records.

General Guidelines

1. Must be of diagnostic quality, properly oriented (tooth number, R, L), identified and dated.
2. Diagnostic services such as radiographic images must be necessary for clinical reasons. Radiographic images are adjunctive to diagnostic services and should be prescribed in accordance with the guidelines of the American Dental Association. The ADA white paper dictates that these services only be rendered in cases where they will provide additional information to the dentist/dental office and as such must be prescriptive rather than routine. (Reference ADA, FDA Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure, http://www.ada.org/sections/professionalResources/pdfs/Dental_Radiographic_Examinations_2012.pdf)
3. A panoramic radiographic image D0330 or a panoramic radiographic image with associated periapicals (D0220/D0230) or bitewings (D0272/D0274) should not be submitted for payment as procedure code D0210 intra-oral complete series.
4. Any combination of intraoral radiographic images (periapical, occlusal, bitewing) and/or panoramic images taken by the same dentist/dental office on the same day are processed as a complete series (D0210) if the total fee equals or exceeds the fee for a complete series (D0210) and will be considered the equivalent of and counted historically as a complete series (D0210). D0210 time and frequency limitations will be applied and are determined by the group contract.
5. For oral surgeons and orthodontists, additional radiographic images may be allowed for diagnosis of specific conditions, pathology or injury.
6. Radiographic, photographic and diagnostic images are a part of the patient’s clinical record and the original images should be retained by the dentist.
7. Charges for duplication (copying) of radiographic images for insurance purposes are disallowed.
8. Radiographic images used to verify crown seatings are considered a component of the primary procedure and are disallowed.
9. Poor quality or non-diagnostic radiographic images are not billable to HDS or the patient.
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### Image Capture with Interpretation D0210 - D0350

**D0210**

intraoral – complete series of radiographic images

A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.

1. Time and frequency limitations for this procedure are determined by the group contract and are counted per dentist/dental office. The D0210 will be denied if contract limitations are exceeded.

**D0220**

intraoral – periapical first radiographic image

**D0230**

intraoral – periapical each additional radiographic image

1. For endodontic treatment, one pre-operative diagnostic radiograph is benefited.

2. Working and post-operative radiographic images by the same dentist/dental office are considered a component of the complete treatment procedure and separate benefits are disallowed.

**D0240**

intraoral – occlusal radiographic image

1. Occlusal radiographic images taken by the same dentist/dental office, on the same day as periapical, panoramic or bitewing radiographic images are processed as a complete series if the total fee equals or exceeds the complete series D0210 fee. Any fee in excess of a full mouth series is disallowed. D0210 time and frequency limitations apply.

**D0250**

extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector

These images include, but are not limited to: Lateral Skull; Posterior-Anterior Skull; Submentovertex; Waters; Reverse Tomes; Oblique Mandibular Body; Lateral Ramus.
# HDS Procedure Code Guidelines

## Diagnostic

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| **D0270** bitewing – single radiographic image | 1. Bitewing radiographic images taken by the same dentist/dental office, on the same day as periapical, panoramic or occlusal radiographic images are processed as a complete series if the total fee equals or exceeds the complete series D0210 fee. Any fee in excess of a full mouth series is disallowed. D0210 time and frequency limitations apply.  
2. Each D0270, D0272, D0273, D0274, D0277 when performed, is applied to the patient’s annual bitewing benefit.  
3. A claim consisting of only a bitewing - single radiographic image (D0270) with no other services will be disallowed. | |
| **D0272** bitewings – two radiographic images | | |
| **D0273** bitewings – three radiographic images | | |
| **D0274** bitewings – four radiographic images | 1. Bitewing radiographic images taken by the same dentist/dental office, on the same day as periapical, panoramic or occlusal radiographic images are processed as a complete series if the total fee equals or exceeds the complete series D0210 fee. Any fee in excess of a full mouth series is disallowed. D0210 time and frequency limitations apply.  
2. Each D0270, D0272, D0273, D0274, D0277 when performed, is applied to the patient’s annual bitewing benefit.  
3. D0273 or D0274 performed on a patient under age 10 is processed as a D0272; fees in excess of a D0272 are disallowed. | | |
| **D0277** vertical bitewings – 7 to 8 radiographic images | This does not constitute a full mouth intraoral radiographic series.  
1. Each D0270, D0272, D0273, D0274, D0277 when performed, is applied to the patient’s annual bitewing benefit. | |
1. A panoramic radiographic image (D0330) is considered as an intraoral complete series for benefit, time and frequency limitations. Time and frequency limitations are determined by the group contract and the D0330 will be denied when the limitations are exceeded.

2. An additional panoramic radiographic image may be allowed by an Oral Surgeon or Orthodontist for diagnosis of specific disease or injury.

3. Panoramic radiographic images taken by the same dentist/dental office, on the same day as periapical, bitewing or occlusal radiographic images are processed as a complete series if the total fee equals or exceeds the complete series D0210 fee.

1. Coverage for this procedure is limited to members who have Orthodontic Plan Benefits.

2. Benefits for a cephalometric radiographic image taken in conjunction with services other than orthodontic treatment are denied.

1. Coverage for this procedure is limited to members who have Orthodontic Plan Benefits.

2. Benefits for photographic images taken in conjunction with services other than orthodontic treatment are denied.

3. Benefit is limited to once per Orthodontic case.
Tests and Examinations D0460 - D0470

**D0460**
pulp vitality tests

Includes multiple teeth and contra lateral comparison(s), as indicated.

1. Pulp tests are payable per visit not per tooth and only for the diagnosis of emergency conditions.

2. Benefits for pulp tests are disallowed as part of any other definitive procedure on the same day, by the same dentist/dental office except X-rays (D0210-D340), limited oral evaluation-problem focused (D0140), palliative treatment (D9110), pulpal debridement (D3221) and protective restoration (D2940).

**D0470**
diagnostic casts

Also known as diagnostic models or study models.

1. Coverage for this procedure is limited to members who have Orthodontic Plan benefits.

2. Diagnostic casts are payable only once per case in conjunction with orthodontic services. Additional casts taken by the same dentist/dental office during or after orthodontic treatment are included in the fee for orthodontics and separate benefits are disallowed.

3. Diagnostic casts are included in the fee for restorations and prosthetic procedures and therefore are disallowed.

4. Narrative must indicate the purpose for the diagnostic casts.
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<tr>
<td><strong>Oral Pathology Laboratory D0472 - D0485</strong></td>
<td>These procedures do not include collection of the tissue sample, which is documented separately.</td>
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<tr>
<td><strong>General Guidelines</strong></td>
<td>1. If more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is disallowed.</td>
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<td>2. By definition these procedures include the preparation and transmission of a report.</td>
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<tr>
<td><strong>D0472</strong></td>
<td>accession of tissue, gross examination, preparation and transmission of written report</td>
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<td>To be used in reporting architecturally intact tissue obtained by invasive means.</td>
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<td>1. Benefits are limited to one D0472, D0473 or D0474 per site on the same date of service by the same dental office</td>
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<td><strong>D0473</strong></td>
<td>accession of tissue, gross and microscopic examination, preparation and transmission of written report</td>
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<tr>
<td><strong>D0474</strong></td>
<td>accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report</td>
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<td><strong>D0480</strong></td>
<td>accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report</td>
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<td>To be used in reporting disaggregated, non-transepithelial cell cytology sample via mild scraping of the oral mucosa.</td>
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<td><strong>D0484</strong> consultation on slides prepared elsewhere</td>
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<td>A service provided in which microscopic slides of a biopsy specimen prepared at another laboratory are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. The findings are delivered by written report.</td>
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<tr>
<td>1. This benefit is disallowed when billed in conjunction with an evaluation by the same dentist/dental office.</td>
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<tr>
<td><strong>D0485</strong> consultation, including preparation of slides from biopsy material supplied by referring source</td>
<td>Pathology Report</td>
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<tr>
<td>A service that requires the consulting pathologist to prepare the slides as well as render a written report. The slides are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request.</td>
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<tr>
<td><strong>D0999</strong> unspecified diagnostic procedure, by report</td>
<td>Narrative</td>
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<tr>
<td>Used for procedure that is not adequately described by a code. Describe procedure.</td>
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<tr>
<td>1. Provide complete description of services/treatment to allow determination of appropriate benefit allowance.</td>
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<tr>
<td>2. The narrative should include clinical diagnosis, tooth number, quadrant or arch, intraoral photographic image when available and X-ray image where appropriate.</td>
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