



### INTRAORAL- OCCLUSAL RADIOGRAPHIC IMAGE

Policy # D012

Implementation Date: 9/1/12

Review Dates: 2/23/17, 07/28/22

Revision Dates: 2/23/17

#### **Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial and Select Health Advantage (Medicare/CMS) plans. Refer to the "Policy" section for more information.

#### **Description**

An intraoral radiograph made with the film phosphorous plate emulsion or digital sensor being held between the occluded teeth.

#### **Commercial Plan Policy**

Select Health will reimburse Occlusal Radiographic Images when the following criteria are met:

- Member must be under age 18
- The image must be taken on actual Occlusal film (PA film does not qualify)
- The primary use of the radiograph is to monitor eruption patterns

#### **Select Health Advantage (Medicare/CMS)**

Select Health Advantage will follow the commercial plan

#### **Billing/Coding Information**

##### **CDT CODES:**

**D0240** Intraoral-occlusal radiographic image

#### **Key References**

1. Coding Companion for Dental Services – Ingenix (2016)
2. *Current Dental Terminology* (2016) – American Dental Association

#### **Disclaimer**

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Dental Coding/Reimbursement policies do not constitute dental advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate dental care providers to obtain needed dental advice, care, and treatment. Benefits and eligibility are determined before dental guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member

coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Dental Provider Relations at **800-538-5054**.

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