Dental Services - cone beam computed tomography (CBCT) scan for medically-related dental services

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for cone beam computed tomography (CBCT) scan for medically-related dental services.

Coverage

Cone beam computed tomography (CBCT) for medically-related dental services is generally covered subject to the indications listed below and per your plan documents.

Indications that are covered

CBCT is covered for the following indications:

1. Evaluation of dental implants when coverage criteria under the accidental dental medical coverage policy are met.
2. Evaluation prior to one of the following oral surgery indications:
   A. Removal of maxillo-facial tumor, non-odontogenic cyst (cyst not originating from a tooth or the closely surrounding tissues), neoplasm or other pathologic entities that, due to their size and/or anatomic location, appear to encroach, impinge or are invested in/on critical anatomic structures (e.g. inferior alveolar nerve, maxillary sinus);
   B. Arthroplasty of Temporomandibular (TM) fossae or condyle, TM joint replacement;
   C. Developmental mid-face syndromes such as cleft palate, Treacher-Collins syndrome, etc;
   D. Surgical reconstruction after severe oral-facial trauma (such as injuries resulting from motor vehicle accidents, gunshot wounds, boating accidents or other disfiguring trauma).

In addition, when CBCT is requested prior to an oral surgery listed as A-D above, one of the following must also be satisfied:

E. The panoramic radiograph indicates that a deviation from a routine surgical approach is probable and further data necessary to plan such an approach; or
F. Information obtained by CBCT is considered critical in determining a surgical plan for the avoidance of disruption, invasion, or fracture of a surrounding, critical oral-facial structure.

3. Evaluation prior to orthognathic surgery (to correct conditions of the jaw) when coverage criteria under the orthognathic surgery coverage policy are met and information obtained by CBCT is considered critical in determining a surgical plan for the avoidance of disruption, invasion or fracture of a surrounding, critical oral-facial structure.

Indications that are not covered include but may not be limited to

1. CBCT when used in conjunction with non-covered dental procedures including but not limited to dental implants or bone grafting in preparation for dental implants.
2. CBCT for other medically-related dental indications not listed above as covered.

Definition

Cone Beam Computed Tomography (CBCT) refers to a cone-shaped tomographic imaging beam that is rotated around a patient’s head to obtain concentrated images of a narrow field of the body, as in the case of dental views. These images are then processed by software programs that generate a 3-D image of the following regions of patient’s anatomy: dental (teeth); oral and maxillofacial (mouth, jaw, and neck); and ears, nose and throat (ENT) which are used in diagnosis and treatment planning for the patient. CBCT provides an image of hard tissue that has no distortion and is anatomically correct. Views may include cross-sectional, axial, coronal, sagittal, cephalometric, or panoramic.

Codes
CDT Codes: (Dental Codes)

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>D0364</td>
<td>Cone beam CT capture and interpretation with limited field of view - less than one whole jaw</td>
</tr>
<tr>
<td>D0365</td>
<td>Cone beam CT capture and interpretation with field of view of one full dental arch - mandible</td>
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<tr>
<td>D0366</td>
<td>Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium</td>
</tr>
<tr>
<td>D0367</td>
<td>Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium</td>
</tr>
<tr>
<td>D0380</td>
<td>Cone beam CT image capture with limited field of view - less than one whole jaw</td>
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<tr>
<td>D0381</td>
<td>Cone beam CT image capture with field of view of one full dental arch - mandible</td>
</tr>
<tr>
<td>D0382</td>
<td>Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium</td>
</tr>
<tr>
<td>D0383</td>
<td>Cone beam CT image capture with field of view of both jaws, with or without cranium</td>
</tr>
<tr>
<td>D0384</td>
<td>Cone beam CT image capture for TMJ series including two or more exposures</td>
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</tbody>
</table>

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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-983-7979 or 1-800-233-9645.


References