

## BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE DENTAL CLINICAL REVIEW CRITERIA

<b>Department</b>	<b>Utilization Management</b>
<b>Policy Number</b>	<b>D0018</b>
<b>Subject</b>	<b>Cone Beam Computed Tomography</b>
<b>Attachments</b>	<b>None</b>

### **Overview:**

This clinical policy provides guidance regarding dental and medical necessity determinations related to member benefits. These criteria support consistent benefit administration and do not guarantee payment or specific outcomes. All coverage decisions are governed by the member's benefit plan, including applicable terms, conditions, exclusions, limitations, and state and federal regulations. The policy is intended for informational purposes and does not replace professional medical or dental judgment.

**Cone Beam Computed Tomography (CBCT)** is a 3-dimensional radiographic imaging technique used for diagnostic evaluation of oral and maxillofacial structures. This policy applies to all CBCT imaging, regardless of field of view, anatomical region, or clinical application.

### **Clinical Review Criteria**

**Medical/Dental Necessity Standard:** CBCT is medically/dentally necessary when the member's history and clinical examination identify a specific diagnostic question and the result is expected to affect diagnosis and/or treatment planning, and the same question cannot be answered with appropriate diagnostic-quality, lower-dose 2D imaging (e.g., intraoral and/or panoramic radiographs). CBCT must not be routinely prescribed for screening or diagnosis in the absence of a clinical indication.

**Covered Indications:** CBCT may be authorized when documentation supports one or more of the following:

- **Endodontic evaluation/treatment (including multi-rooted teeth)** when conventional radiographs are inadequate to complete diagnosis and treatment planning (e.g., suspected complex morphology/extra canals; suspected vertical root fracture; previously treated tooth with persistent signs/symptoms where 2D imaging is inconclusive).
- **Oral surgery treatment planning** for impacted teeth (including third molars) or supernumerary teeth when 3D localization is needed to guide the surgical approach and/or reduce risk to adjacent structures.
- **Oral pathology evaluation** (e.g., suspected cyst, tumor, or other lesion) when 3D assessment is needed to determine extent and/or support diagnosis and surgical planning.

- **Orthodontic/orthognathic planning** only for covered scenarios as defined elsewhere in this policy (e.g., CRS members or medical exception cases) when CBCT provides information not available on 2D imaging and is needed to guide treatment planning.
- **Trauma/suspected fracture** involving the teeth and/or jaws when 2D imaging is insufficient to characterize the injury and findings will affect management.

**Not Medically/Dentally Necessary when:** The request does not demonstrate a specific clinical indication and/or does not show why lower-dose 2D imaging is insufficient, including the following:

- Routine screening and/or routine imaging as part of an exam without signs/symptoms or a defined diagnostic question.
- Requested in place of appropriate diagnostic-quality intraoral/panoramic radiographs when those studies are sufficient to answer the clinical question.
- Requested for orthodontic purposes when orthodontic treatment is not covered/approved for medical necessity under the plan.
- Documentation does not demonstrate that the benefits outweigh the additional radiation exposure.

**Required Documentation:**

- Treatment plan with a narrative supporting the medical or dental necessity for Cone Beam Computed Tomography (CBCT).
- Clinical documentation describing the chief complaint, signs, and/or symptoms and the specific diagnostic question to be answered by CBCT imaging.
- Identification of the tooth number(s) and/or anatomical area to be imaged.
- Pre-treatment diagnostic imaging (e.g., periapical, bitewing, panoramic) demonstrating pathology, trauma, or abnormal findings, or documentation explaining why two-dimensional radiographs are insufficient.
- A written interpretation/report with complete diagnostic findings maintained in the member's dental record.

**Frequency/Administrative Requirements:**

- Prior authorization is required for Cone Beam Computed Tomography (CBCT)
- Coverage is limited to four (4) CBCT studies per member per calendar year.
- A maximum of two (2) CBCT studies per member per day is allowed.
- Coverage is contingent upon the provision of covered and approved dental services, when applicable.

**Coding/Billing**

The codes listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by dental necessity criteria and specific benefit plans or other regulatory conditions. This list of codes may not be all inclusive.

## CDT codes

Key: C.....Covered service

N.....Non-covered service

Code	Description	Medicaid Age 0-20	Medicaid Age 21+	Medicare HCP
D0364	Cone beam CT capture and interpretation with limited fi	C	C	C
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or	C	N	N
D0393	Treatment simulation using 3D image volume	C	N	N

The following CDT codes are not covered:

Codes	Description
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch- mandible
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch- maxilla, with or without cranium
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium
D0384	Cone beam CT image capture for TMJ series including two or more exposures
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report

## References:

- American Association of Endodontists (AAE) and American Academy of Oral and Maxillofacial Radiology (AAOMR). AAE and AAOMR Joint Position Statement: Use of Cone-Beam Computed Tomography in Endodontics (2025 Update). Journal of Endodontics. 2026.

- American Dental Association (ADA) Council on Scientific Affairs. The use of cone-beam computed tomography in dentistry. The Journal of the American Dental Association. 2012.
- American Dental Association (ADA) and U.S. Food and Drug Administration (FDA). Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure. Revised 2012.
- American Dental Association (ADA) and American Academy of Oral and Maxillofacial Radiology (AAOMR). Patient selection for dental radiography and cone-beam computed tomography: Clinical recommendations. The Journal of the American Dental Association. 2026.
- International Commission on Radiological Protection (ICRP). Radiological Protection in Cone Beam Computed Tomography (CBCT). ICRP Publication 129. 2015.

**Policy History/Review Date**

Developed Date	05/01/2026
Last Review Date	05/2026
Next Review Date	05/2027

This policy will be reviewed on an annual basis.