Guide to “Image Capture Only” Procedures and Their Reporting

This guide is published to educate dentists and others in the dental community on selection and reporting of diagnostic imaging procedures documented with “Image Capture Only” codes located in the CDT Code’s Diagnostics category of service.

Introduction

All imaging procedure codes are within the “Diagnostic” category of service and are further organized within the “Diagnostic Imaging” subcategory and the sub-subcategories within. This parsing enables unambiguous reporting of discrete radiographic and photographic image capture and interpretation procedures delivered by the same dentist or different practitioners.

The four sub-subcategories for “Diagnostic Imaging” are:

1) “Image Capture with Interpretation” – Capture and Interpretation delivered in the same setting
2) “Image Capture Only” – Capture by Practitioner not associated with Interpretation and Report
3) “Interpretation and Report Only” – Interpretation and Report by a Practitioner Not Associated with Image Capture
4) “Post Processing of Image or Image Sets” – For separate manipulations of digital imaging data

Discussion – “Image Capture Only” Procedures and Their Codes

These CDT codes document discrete procedures that do not replace or duplicate codes in any other sub-subcategory. A dentist and practice staff should consider the following points when coding –

a. “Image Capture Only” codes apply when capture and interpretation are separate procedures performed by different practitioners or when the patient location (image capture) and dentist location (image interpretation) are not the same.

b) “Image Capture Only” procedures are **not limited to** patient encounters via teledentistry.

c) The image interpretation procedure is reported separately with a CDT code in the “Interpretation and Report Only” sub-subcategory (“D0391 interpretation of diagnostic image by a practitioner not associated by capture of the image, including report”)

d) “Image Capture Only” and “Interpretation and Report Only” codes are per-image procedures, with the number of each on the date of service documented in the patient record and reported on the claim.

Note: To avoid claim processing delays or inaccuracies, contact the dental benefit plan that will be adjudicating the claim to determine if each instance of a procedure completed should be reported in the claim service line’s “Quantity” field or on separate claim service line Procedure Code fields.

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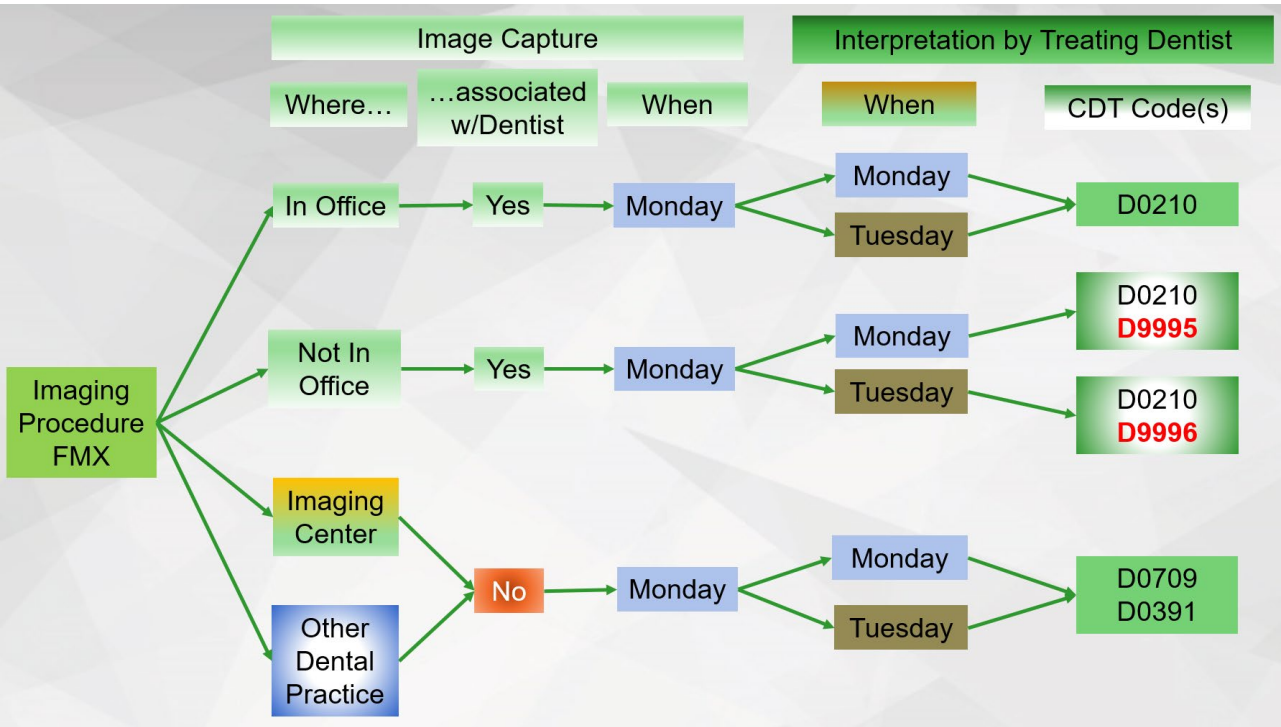
Image Capture and Interpretation Procedure Coding Decision Tree

This decision tree provides guidance on appropriate procedure coding for four scenarios where the image capture location varies: 1) in the treating dentist’s office; 2) in a separate office associated with the treating dentist; 3) at an independent imaging center; and 4) at another dentist’s practice. Each scenario will be discussed separately following this decision tree graphic.



1) Treating Dentist’s Office Scenario

   A patient is in the dentist’s practice office on Monday for a hygiene appointment during which the hygienist captures a full mouth complete series of radiographic images (aka FMX). These images are interpreted by the dentist in the office either on the same day (Monday) or the next day (Tuesday). In this scenario the procedure is properly coded as code D0210 because **all aspects of the procedure (image capture and interpretation) are completed within the same practice office**.

Please note that: a) code D0210 CDT Code entry does not specify what day the dentist must interpret the images in order for the procedure to be completed; and b) the date of service for the completed code D0210 procedure is the date on which the dentist interprets the image.

Can a dentist postpone interpretation to a later date so that the procedure may be reported on a separate date of service from other captured and interpreted images? The ADA’s *Principles of Ethics and Code of Professional Conduct*, specifically the principle of Veracity (“truthfulness”) posted online at Code of Ethics | American Dental Association (ada.org) states that a dentist who incorrectly describes on a third party claim form a dental procedure in order to receive a greater payment or reimbursement is engaged in making an unethical, false or misleading representation to such third party.

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2) Separate Office Associated With the Treating Dentist Scenario

The patient and practice staff member (e.g., hygienist) are in another practice location where diagnostic imaging equipment is available (e.g., an extended care facility with a dental operatory). **Image capture is on Monday in a real-time environment, while the dentist is located in his or her primary practice location.** The dentist receives and interprets the images immediately.

a) In this scenario the practice staff member (e.g., hygienist) is associated with the dentist interpreting the radiographs. Therefore the FMX procedure is properly coded as D0210 with Monday as the date of service since all components of the procedure (Capture and Interpretation) are completed on the same day.

b) Also, since this a single day virtual encounter the dentist would also report “D9995 teledentistry – synchronous; real-time encounter.” Here again Monday is the date of service.

But what if image capture is on Monday and the interpretation is on Tuesday? There is one change to proper coding and reporting:

- Code D0210 is again reported for the FMX with Tuesday as the date of service since the interpretation component of the FMX procedure is completed on that day.
- The teledentistry code would be “D9996 teledentistry – asynchronous; information stored and forwarded to the dentist for subsequent review” with Monday as the date of service (assuming the captured image was transmitted on that day).

3) Independent Imaging Center Scenario

Equipment problems or the need for more sophisticated imaging technology not available within the dentist’s practice may necessitate referring a patient of record to an independent imaging center where the images are being captured. Images are captured on Monday and the dentist receives them on the same day. These images are interpreted by the dentist in the practice office either on the same day (Monday) or the next day (Tuesday). In this scenario the image capture and the interpretation procedures are independent and reported separately.

The capture procedure is documented and reported with code D0709 by the practitioner associated with the imaging center and with Monday’s date as the date of service. The interpretation procedure is documented and reported separately with code D0391 by the referring dentist and the date of service reflects which day the dentist reviewed the image (Monday or Tuesday). Proper coding requires use of the two CDT codes because **the image capture procedure and the image interpretation procedure are completed by different individuals**, who in this scenario are also in different locations.

Note: This same scenario would apply to situations where the image was captured by another dentist at a different practice and interpreted by the patient’s treating or referring dentist.

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Summary

a) With one exception (code D0709 intraoral – comprehensive series of radiographic images – image capture only) all “Image Capture Only” procedures address acquisition of a single image, in other words, they are “per image” codes.

- This differs from several codes in the “Image Capture and Interpretation” sub-subcategories that parse procedures by the number of like images captured (e.g., one, two and three bitewings; first periapical and each additional periapical).

b) There is no “Image Capture Only” procedure for a vertical bitewing image as the descriptor for code D0708 intraoral – bitewing radiographic image – image capture only states that the image axis may be horizontal or vertical.

c) For “Image Capture Only” procedures when more than one of a type of image is captured on date of service (e.g., D0708 for a bitewing) the procedure may either be reported once and the number of images captured is reported in the claim “Quantity” field or on separate claim service line “Procedure Code” field. Contacting the dental benefit plan that will be adjudicating the claim to determine the preferred method for reporting is recommended.

- Date of Service is date of image capture.

d) Interpretation is reported separately with code D0391. This is also a per image procedure that is either reported once and the number of images interpreted is reported in the claim “Quantity” field or on separate claim service line “Procedure Code” field. Contacting the dental benefit plan that will be adjudicating the claim to determine the preferred method for reporting is recommended.

- Date of Service is date of image interpretation.

e) As noted in the above procedure coding decision tree, reporting separate image capture and image interpretation procedures is not limited to a teledentistry encounter.

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

- This document includes content from the ADA publication – *Current Dental Terminology (CDT) manual* ©2024.

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