

D0210

Intraoral Complete Series of Radiographic Images

DIAGNOSTIC • D0200-D0299

What This Code Covers

D0210 covers a full mouth series (FMX) of intraoral radiographic images. This typically includes 14 to 20 individual periapical and bitewing films that together capture every tooth, root, and surrounding bone structure in the patient's mouth. It is the standard imaging protocol for new patient comprehensive exams and for periodic full radiographic assessments, usually repeated every 3 to 5 years depending on clinical need. The series gives the dentist a complete baseline view of oral health, including areas not visible during a clinical exam alone.

Billing Guide

Bill this code when:

- A new patient receives a full set of intraoral radiographs as part of their initial comprehensive exam
- An existing patient is due for a complete radiographic reassessment, typically 3 to 5 years since their last FMX
- The series includes both periapical and bitewing images covering all teeth and supporting structures
- The dentist documents a clinical reason for updating the full series, such as significant changes in oral health or a long gap since the last visit

Do not bill this code when:

- Only a few periapical or bitewing images are taken (use D0220, D0230, or D0270/D0272 instead)
- A panoramic image is taken instead of individual intraoral films (use D0330 for panoramic)
- The patient already has a recent FMX on file and only targeted images are clinically needed
- You are retaking a single film due to a quality issue (that retake is part of the original series, not a separate billable event)
- Bitewing images alone are captured without the full periapical series

Claim Submission Checklist

- Confirm the series includes the full complement of periapical and bitewing images (typically 14 to 20 films)
- Verify the date of the patient's last FMX to confirm the payer's frequency limitation has been met
- Attach a clinical narrative if the FMX is being taken sooner than the standard 3 to 5 year interval
- Include the correct date of service matching when the images were actually exposed
- Confirm the provider's NPI and taxonomy code are accurate on the claim
- Check that D0210 is not billed on the same date as individual periapical codes (D0220, D0230) for the same patient

Insurance and Denial Prevention

Key Payer Rules:

- Most payers allow one FMX every 3 to 5 years per patient, though the exact interval varies by plan
- Some plans treat a panoramic image (D0330) combined with bitewings as equivalent to an FMX, so billing D0210 after a recent pano plus bitewings may trigger a denial
- Medicaid programs often have stricter frequency limits, sometimes once every 5 years for adults
- If the patient transfers from another office, request prior radiographs before ordering a new FMX to avoid unnecessary denials

Common Denials and How to Respond:

- Frequency limitation not met: Submit an appeal with a narrative explaining the clinical necessity for early reimaging, such as trauma, new pathology, or significant time since the last provider visit
- Duplicate service with D0330: Clarify in the appeal that the FMX consists of individual intraoral images and is clinically distinct from a panoramic film, and explain why both were needed if applicable
- Missing documentation: Resubmit with the full radiographic report, tooth count in the series, and a signed clinical note supporting medical necessity

Frequently Asked Questions

How many images need to be in the series to bill D0210?

There is no single required number, but the series must be comprehensive enough to capture all teeth and surrounding structures. In practice this means 14 to 20 individual intraoral films for a patient with a full dentition. If fewer images are taken because the patient has limited teeth remaining, document the clinical rationale.

Can I bill D0210 and individual periapical codes on the same date?

No. D0210 is an all-inclusive code for the complete series. You should not separately bill D0220 or D0230 for images that are part of the FMX taken on the same date of service. If additional targeted images are needed at a later visit, those can be billed individually.

What is the difference between D0210 and D0330?

D0210 is a series of individual intraoral films placed inside the mouth, while D0330 is a single panoramic image taken with an extraoral machine that rotates around the head. Some payers consider a panoramic plus bitewings to be equivalent to an FMX, but they are different procedures with different clinical uses.



Explore the Needletail RCM Platform

AI-powered revenue cycle management built for dental offices. Reduce denials, automate eligibility, and get paid faster.

Auto-verify patient eligibility before every appointment

Map CDT codes to coverage details in real time

Flag claim issues before submission to prevent denials

Track every claim from submission to payment

[Book a Free Demo](#)

needletailai.com/book-a-free-demo

CDT (Current Dental Terminology) is a trademark of the American Dental Association (ADA). The descriptions and educational content in this document are original summaries written by Needletail AI for informational purposes and are not reproductions of ADA copyrighted material.