

**CDT Code: D0150**

**Description: Comprehensive oral evaluation - new or established patient**

**Requirements:**

- Complete charting of all teeth and existing restorations
- Full mouth radiographs or panoramic image
- Documentation of medical and dental history
- Comprehensive periodontal screening

**CDT Code: D0220**

**Description: Intraoral - periapical first radiographic image**

**Requirements:**

- Clear, diagnostic quality image
- Patient name and date on radiograph
- Documentation of medical necessity

**CDT Code: D2392**

**Description: Resin-based composite - two surfaces, posterior**

**Requirements:**

- Pre-operative radiograph showing caries or failed restoration
- Documentation of surface locations
- Description of caries removal process
- Materials used in procedure