TO: All Dental Providers

RE: Reasons of Medical Necessity for Dental Periapical Imaging

This provider bulletin is being sent as a reminder of the dental program regulations concerning the Department of Social Services’ (the Department) radiographic coverage under the Connecticut Dental Health Partnership (CTDHP).

The dental regulations and policies have been put in place to reduce dental procedures that are not medically necessary while maintaining services that will prevent further disease and continue the maintenance of appropriate oral health. This is to reaffirm that procedures performed on HUSKY Health members, which includes children and adults on the HUSKY A, HUSKY B, HUSKY C and HUSKY D groups, are covered benefits when medically necessary.

Periapical X-rays (D0220 & D0230) are limited to four radiographs per 365 days for reasons of medical necessity. The reasons for taking periapical radiographs are solely based on reasons for medical necessity related to the structures of a specific tooth or an edentulous area and are not a covered benefit for routine screening purposes.

All periapical radiographs and other procedures are required to have reasons of medical necessity documented in the member’s chart. The Department adheres to the American Dental Association’s (ADA) and the Food and Drug Administration’s (FDA) document, “Dental Radiographic Examinations: Recommendations For Patient Selection and Limiting Radiation Exposure”. This document’s recommendations are consistent with the National Radiologic Council on Radiation Safety and Measurement guideline that exposure to radiation should be As Low As Reasonably Achievable or ALARA.

Radiographs should only be taken when there is an expectation that the diagnostic yield of the radiograph will influence the treatment provided to the member.

Reasons for medical necessity must be documented in the member’s chart and may include but are not limited to:

A. Positive Historical Findings
   1. Previous periodontal or endodontic treatment;
   2. History of pain or trauma;
   3. Familial history of dental anomalies;
   4. Postoperative evaluation of healing;
   5. Remineralization monitoring; and
   6. Presence of implants, previous implant-related pathosis or evaluation for implant placement.

B. Positive Clinical Signs/Symptoms
   1. Clinical evidence of periodontal disease;
   2. Large or deep restorations with symptoms;
   3. Deep carious lesions;
   4. Malposed or clinically impacted teeth;
   5. Swelling;
   6. Evidence of dental/facial trauma;
   7. Mobility of teeth;
   8. Sinus tract (“fistula”);
   9. Clinically suspected sinus pathosis;
   10. Growth abnormalities;
   11. Oral involvement in known or suspected systemic disease;
   12. Positive neurologic findings in the head and neck;
13. Evidence of foreign objects;
14. Pain and/or dysfunction of the temporomandibular joint;
15. Facial asymmetry;
16. Abutment teeth for fixed or removable partial prosthesis;
17. Unexplained bleeding;
18. Unexplained sensitivity of teeth;
19. Unusual eruption, spacing or migration of teeth;
20. Unusual tooth morphology, calcification or color;
21. Unexplained absence of teeth;
22. Clinical tooth erosion;
23. Peri-implantitis; and

For questions about billing or if further assistance is needed to access the fee schedule on the CMAP Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Provider Bulletins can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This provider bulletin is being distributed to providers enrolled in the CMAP by DXC Technology.

Responsible Unit: DSS, Health Services, Division of Integrated Care, Dental Unit, Donna Balaski, D.M.D. at (860) 424-5342 or donna.balaski@ct.gov.

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