

## TO: All Dental ProvidersRE: Changes in Dental Coverage for Bitewings

The purpose of this provider bulletin is to notify all dental providers that a limitation of one time per calendar year, for members under the age of twenty-one (21), is being implemented for bitewing radiographs, effective May 1, 2015.

The American Dental Association (ADA) Current Dental Technology (CDT) codes affected by this limitation are:

D0270–bitewing – single radiographic image D0272–bitewing – two radiographic images D0274–bitewing – four radiographic images

Members under the age of 21 are eligible to receive one of any of the above ADA CDT codes in any calendar year.

These changes are being made to the Connecticut Medical Assistance Program (CMAP) in order to be more consistent with the ADA and Food and Drug Administration's (FDA) guidelines for "The Selection of Patients for Dental Radiographic Examinations" and the American Academy of Pediatric Dentistry's (AAPD) Guidelines on "Prescribing Dental Radiographs for Infants, Children, Adolescents, and People with Special Health Care Needs".

According to the ADA, the closure of posterior proximal contacts necessitates the radiographic assessment of the integrity of interproximal tooth structure. However, current studies and examination of best practices suggests that many of these incipient lesions will remain in the enamel for at least 12 months (or longer) allowing sufficient time

for implementation and evaluation of preventive interventions within this annual benefit limitation.

The ADA/FDA guidelines for the selection of patients for dental radiographic examinations can be found at:

http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProducts andProcedures/MedicalImaging/MedicalX-Rays/ucm116504.htm

The AAPD Guideline on Prescribing Dental Radiographs for Infants, Children, Adolescents, and Persons with Special Health Care Needs can be found at:

http://www.aapd.org/media/Policies\_Guidelin es/E\_radiographs.pdf

Additional medically necessary bitewing radiographs may be prior authorized using the existing Connecticut Dental Health Partnership (CTDHP) prior authorization process and procedures.

**Posting Instructions:** Provider bulletins can be downloaded from the Web site at <u>www.ctdssmap.com</u>.

**Distribution:** This bulletin is being distributed to providers enrolled in CMAP by HP Enterprise Services.

**<u>Responsible Unit:</u>** Department of Social Services, Health Services, Division of Integrated Services, Dental Unit, Donna Balaski, D.M.D. at (860) 424-5342 or donna.balaski@ct.gov

Questions? Need assistance? Call the HP Provider Assistance Center Mon.-Fri. 8:00 a.m.-5:00 p.m. Toll free at 1-800-842-8440 or write to HP, PO Box 2991, Hartford, CT 06104 Program information is available at <u>www.ctdssmap.com</u>. <u>As a reminder, DSS will no longer distribute</u> paper communications to providers as of June 30, 2015. Please see PB15-23 for details.

