

Exhibit G – Radiographic Criteria

Reference: Center for Devices and Radiological Health and the American Dental Association

I. Radiographic Examination of the New Patient

- A. Child - Primary Dentition (with closed proximal contacts): Posterior bitewings
- B. Child - Transitional Dentition: Individualized Periapical/Occlusal series with posterior bitewings OR Panoramic X-ray with posterior bitewing
- C. Adolescent (Ages 16-19; permanent dentition prior to eruption of third molars): Individualized examination consisting of selected periapical and posterior bitewings
- D. Adult - Dentulous: Individualized examination consisting of selected periapical with posterior bitewings
- E. Adult - Edentulous: Individualized examination consisting of Panoramic X-ray or Periapical Series of such quality that all relevant structures of the oral cavity (including possible impacted teeth and/or root tips) may be viewed.

II. Radiographic Examination of the Recall Patient

All radiographs and x-rays will follow the ALARA (As Low As Reasonably Achievable) Principle:

<https://www.cdc.gov/nceh/radiation/alara.html#:~:text=ALARA%20stands%20for%20%E2%80%9CAs%20low,ti me%2C%20distance%2C%20and%20shielding>

- A. Patients with clinical caries or other high-risk factors for caries:
 - 1. Child – Primary and Transitional Dentition: Posterior bitewings at a 6-12-month interval
 - 2. Adolescent (ages 16-19): Posterior bitewings at a 6-12-month interval
 - 3. Adult – Dentulous: Posterior Bitewings at 6-12-month interval
 - 4. Adult – Edentulous: Examination for occult disease in this group cannot be justified based on prevalence, morbidity, mortality, radiation dose, and cost. Therefore, DentaQuest recommends that no radiographs be obtained for edentulous recall patients without clinical signs and symptoms.
- B. Patients with no clinical caries and no other high-risk factors for caries:
 - 1. Child – Primary dentition (with closed proximal contacts): Posterior bitewings at 12-24-month interval
 - 2. Adolescent (ages 16-19): Posterior bitewings at 12-24-month interval
 - 3. Adult – Dentulous: Posterior bitewings at 24-36-month intervals
- C. Patients with periodontal disease, or a history of periodontal treatment for Child (Primary and Transitional Dentition), Adolescent, and Adult (Dentulous).

- D. Individualized radiographic survey consisting of selected periapical and/or bitewings of areas with clinical evidence or a history of periodontal disease (except nonspecific gingivitis).
- E. Growth and Development Assessment:
 - 1. Child – Primary Dentition: No radiographs prior to the eruption of the first permanent tooth at recall visits in the absence of clinical signs or symptoms.
 - 2. Child – Transitional Dentition: At first recall visit after the eruption of the first permanent tooth, individualized periapical/occlusal series, or panoramic X-ray
 - 3. Adolescent (ages 16-19): Single set of periapical of the third molars or panoramic X-ray
 - 4. Adult: DentaQuest recommends that no radiographs be obtained in the absence of clinical signs or symptoms.

III. Reimbursement

- A. Reimbursement for radiographs includes exposure of the radiograph, developing, mounting and radiographic interpretation.
- B. Reimbursement for multiple x-rays of the same tooth or area may be denied if DentaQuest determines the number to be redundant, excessive, or not in keeping with the federal policies relating to radiation exposure. DentaQuest uses the guidelines published by the Department of Health and Human Services, Center for Devices and Radiological Health. These guidelines were published in conjunction with the Food and Drug Administration.
- C. DentaQuest requires that, to be reimbursed, radiographs must meet quality standards of readability. In cases where a radiograph does not meet DentaQuest's treatment standards, DentaQuest can require that the procedure be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Dental Consultant reviews the circumstances.
- D. Additional radiographic views, digitally rendered from a single exposure, are not separately reimbursable.
- E. Radiographs should be labeled, identified by patient name, dated, designated by patient's left and right side, and mounted if intraoral films.
- F. In accordance with the ADA and FDA's Recommendations for patient selection and limiting radiation exposure, "Dentists should conduct a clinical examination, consider the patient's oral and medical histories, as well as consider the patient's vulnerability to environmental factors that may affect oral health before conducting a radiographic examination." Reimbursement will not be made for radiographs taken without examination and/or prescribed without clinical necessity.
- G. Cone Beam CT (CBCT)'s are only a benefit for approved implant cases, skeletal fractures, craniofacial anomalies, or pathology when conventional radiographs are insufficient to evaluate the service.

H. Procedures that may meet clinical criteria for approval may be disallowed due to frequency limitations. Services that fail to meet clinical criteria due to prior treatment will be disallowed.

References:

Center for Devices and Radiological and the American Dental Association

Ohio Administrative Code 5160-5-01 Dental Services

Ohio Administrative Code 5160-5-01 Diagnostic Imaging, Including Interpretation - Appendix A