



Criteria for Radiographs

Purpose

SKYGEN USA, LLC. adheres to the following policy for recommending radiographs to ensure consistency in periodicity and timeliness.

Policy

SKYGEN USA, LLC. establishes recommended guidelines for the provision of radiographs. The source of such guidelines included The American Dental Association. The American Association of Pediatric Dentists and other organizations. In addition, State / Client regulations or other unique or member specific condition may modify the final decisions.

Radiographic Examination of the New Patient

- **Child - Primary Dentition (with closed proximal contacts):** Panoramic X-ray with or without posterior bitewings
- **Child - Transitional Dentition:** Individualized Periapical/Occlusal series with posterior bitewings OR Panoramic X-ray with posterior bitewing
- **Adolescent (ages 16-19):** permanent dentition prior to eruption of third molars): Individualized examination consisting of selected periapical and posterior bitewings
- **Adult - Dentulous:** Individualized examination consisting of selected periapical with posterior bitewings
- **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.

Radiographic Examination of the Recall Patient

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

- Patients with periodontal disease, or a history of periodontal treatment for Child (Primary and Transitional Dentition), Adolescent, and Adult (Dentulous)
 - Individualized radiographic survey consisting of selected periapical and/or bitewings of areas with clinical evidence or a history of periodontal disease (except nonspecific gingivitis).
- Growth and Development Assessment
 - **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.
 - **Child – Transitional Dentition:** At first recall visit after the eruption of the first permanent tooth, individualized periapical/occlusal series OR panoramic X-ray
 - **Adolescent (ages 16-19):** Single set of periapical of the third molars OR panoramic X-ray
 - **Adult:** SKYGEN USA recommends that no radiographs be obtained in the absence of clinical signs or symptoms.

Reimbursement

Reimbursement for radiographs includes exposure of the radiograph, developing, mounting and radiographic interpretation.

Reimbursement for multiple x-rays of the same tooth or area may be denied if SKYGEN USA determines the number to be redundant, excessive or not in keeping with the federal policies relating to radiation exposure. SKYGEN USA 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.

SKYGEN USA requires that, in order to be reimbursed, radiographs must meet quality standards of readability. In cases where a radiograph does not meet SKYGEN USA's treatment standards, SKYGEN USA can require that the procedure be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after SKYGEN USA's Dental Consultant reviews the circumstances.