Connecticut Dental Health Partnership

Provider Partner Newsletter

July 2017

CTDHP Website
The Connecticut Dental Health Partnership, the Dental Plan for HUSKY Health, has a useful and informative website. Please go to www.CTDHP.com to access provider resources, to upload prior authorizations, verify client history, download educational materials and much more!

About Us
The State of Connecticut's publicly funded dental care programs, HUSKY A, HUSKY B, HUSKY C and HUSKY D now have been combined into one dental plan with a new name: the Connecticut Dental Health Partnership the Dental Plan for HUSKY Health (CTDHP). CTDHP oversees the dental plan for the Department of Social Services (DSS) HUSKY Health program which covers more than 780,000 residents in Connecticut.

In this issue

Changes to the plan!

Keep a watchful eye on the CTDHP website! The Connecticut Dental Health Partnership, the Dental Plan for HUSKY Health, website www.ctdhp.com is a great place to stay up to date about changes to our dental plan.

PANDA/ACEs Initiative

Abuse Prevention and Neglect through Dental Awareness – Part 2

Dental Professionals are frequently the first health care professional to render treatment to a maltreated individual. Early recognition with timely reporting and referrals to appropriate agencies can help prevent more significant health consequences and even death in maltreated individuals. As we continue our series on Abuse Prevention and Neglect through Dental Awareness, the focus will be on the four basic types of child abuse and neglect and the various physical and behavioral manifestations that may be exhibited in each.

Child abuse and neglect (maltreatment) is a widespread problem that permeates all ethnic, cultural, and socioeconomic segments of our society.

PANDA/ACEs Initiative

Over the past two decades, the incidence of child abuse and neglect has increased dramatically, to the point where approximately 3.6 million cases were reported, with 25% substantiated as victims of child maltreatment, in 2005.

All health professionals are legally mandated to report suspected cases of child maltreatment to the proper authorities, consistent with the laws of the jurisdiction in which they practice. But dentists, as a group, have been fairly inactive participants in recognizing and reporting child maltreatment when compared to other health professionals. This lack of involvement is especially unfortunate in light of recent hospital studies which indicate that injuries to the head and neck occur in 65 to 75% of the cases of physically abused children. Additionally, many visual and behavioral symptoms of sexual and emotional abuse and neglect are easily discernable to dentists who are well-informed of and alert to this problem.

There are four basic types of child abuse and neglect, each with its own distinct signs and symptoms. Being knowledgeable of each allows the dentist to detect the physical and

Table 1. Types of Child Maltreatment.

Types of Abuse	Description
Physical abuse:	Any non-accidental injury or trauma to the body of a child by a parent, guardian, or sibling.
Sexual abuse:	Any sexual behavior or activity with a minor or the exploitation of a minor, by an adult, for the sexual pleasure of someone else.
Emotional abuse:	A pattern of behavior that retards a child's development and self-esteem such as constant criticizing or belittling or not providing love or guidance.
Neglect:	When an adult knowingly permits a child to endure pain or suffering or fails to provide the basic prerequisites for proper maturation. Includes subcategories of physical, emotional, and medical (dental) neglect.

For the dental professional to be able to identify the signs of maltreatment that a child may present with, he or she must be knowledgeable of not only the types of abuse or neglect, mentioned previously, but the various physical and behavioral manifestations that may be exhibited. The ability to properly identify suspicious injuries to the head, face, mouth, and neck of a child is imperative for dentists. The following information outlines the signs and symptoms or the four types of child maltreatment with emphasis placed on the locations on the child where they may occur.

Identification: Physical Abuse

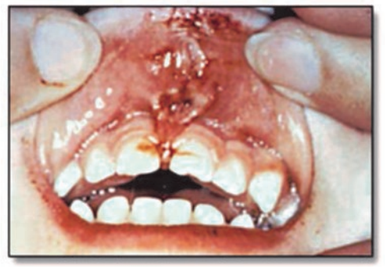
Physical Abuse may result in numerous types of injuries including contusions, ecchymosis, abrasions, lacerations, fractures, burns, bites, hematomas, retinal hemorrhaging, traumatic, and dental trauma. A list of head and orofacial injuries that dentists should be alert for include:

Head Injuries

Scalp and hair – subdural hematomas (cause more serious injuries and deaths than any other form of abuse), traumatic alopecia, subgaleal hematomas, and bruises behind the ears
Eyes – retinal hemorrhage, ptosis, and periorbital bruising
Ears – bruising of the auricle and tympanic membrane damage
Nose – nasal fractures or an injury resulting in clotted nostrils

Orofacial Injuries

Lips – lacerations, burns, abrasions, or bruising
Mouth – labial or lingual frenum tears (characteristic of more severely abused children), burns or lacerations of the gingiva, tongue, palate, or floor of the mouth
Maxilla or mandible – past or present fractures to facial bones, condyles, ramus, or symphysis of mandible. Malocclusion may be a result of this type of injury.

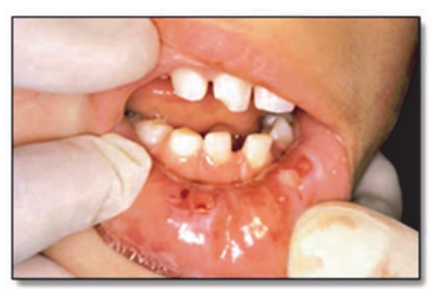


Bite marks

This type of injury is usually associated with physical or sexual abuse. In such suspected cases, a forensic pathologist or odontologist should be contacted.

Many times misdiagnosed as simple childhood bruises, an area of hemorrhage, representing a “suck” or “thrust” mark, may be found between tooth marks, suggesting physical or sexual abuse .

Although marks may occur anywhere on a child’s body, the most common sites are the cheeks, back, sides, arms, buttocks, and genitalia.



Identification: Sexual Abuse

While dentists are not as involved as other health professionals in the diagnosis of sexual abuse, they should remain alert for the following signs and symptoms.

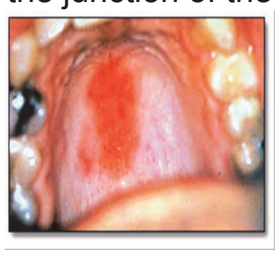
Orofacial Manifestations of Sexual Abuse

Gonorrhea – most commonly sexually transmitted disease in sexually abused children. May appear symptomatically on lips, tongue, palate, face, and especially pharynx in forms ranging from erythema to ulcerations and from vesiculopustular to pseudomembranous lesions.

Condylomata Acuminata (veneral warts) – appear as single or multiple raised, pedunculated, cauliflower-like lesions. In addition to the oral cavity, lesions may also be found on the anal or genital areas.

Syphilis – manifests as a papule on the lip or dermis at the site of inoculation. The papule ulcerates to form the classic chancre in primary syphilis and a maculopapular rash in secondary syphilis.

Herpes simplex virus, Type 2 (HSV-2) – Herpes simplex virus, Type 2 (genital herpes), presents as an oral or perioral painful, reddened area with a grape-like cluster of vesicles (blisters) that rupture to form lesions or sores. Erythema and petechia – such trauma at the junction of the hard and soft palate may indicate forced oral sex.



Identification: Emotional Abuse

Although difficult to diagnose, a child enduring emotional abuse may exhibit the following behavior and physical indicators:

- Lack of self-esteem
- Poor social skills, often antisocial
- Developmentally delayed
- Passive and aggressive – behavioral extremes
- Pronounced nervousness, often manifested in habit disorders such as sucking and rocking. Possibly have self-inflicted injuries such as lip or cheek biting.

Identification: Neglect

Neglect is often misunderstood and misdiagnosed. Physical/behavioral indicators include:

General Neglect

- Constant hunger
- Lack of supervision
- Fatigue or listlessness
- Unattended medical needs
- Poor personal hygiene
- Inappropriate or inadequate clothing

Dental Neglect

- Untreated rampant caries easily detected by a lay person
- Untreated pain, infection, bleeding, or trauma affecting the orofacial region
- History of lack of continuity of care in the presence of identified dental pathology

Reference: Crest® Oral-B® at dentalcare.com Continuing Education

PANDA/ACEs Initiative

Under Connecticut law, dentists and dental hygienists are “mandated reporters” and are therefore required to report known or suspected incidents of abuse or neglect of any child under age 18 and any child under age 21 if the child is a DCF client. The public policy of the State of Connecticut is to protect children whose health and welfare may be at peril due to child abuse or neglect. The State of Connecticut requires that continuing education shall (1) be in an area of the licensee's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include at least one contact hour of training or education in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) access to care, (C) risk management, (D) care of special needs patients, and (E) domestic violence, including sexual abuse.

The Connecticut Dental Health Partnership will continue to provide education, resources and support on abuse prevention and neglect. If you have questions regarding this project please email Leigh-Lynn Vitukinas, RDH, MSDH – Outreach Coordinator at leigh.vitukinas@ctdhp.com

Predetermination Documentation

As a reminder there is a minimal amount of documentation required from the treating provider in order for a prior authorization to be considered by our clinical consultants. The following is a chart to assist you determining the requirements.

Partial dentures (ADA Codes 5211, 5212, 5213, 5214):
1) Charting of the missing teeth and any planned extractions.
2) Mounted full-arch periapical radiographs or panoramic film.
3) Documentation that is relevant to the request including;
   any radiograph, photograph, chart notes, narratives or other materials that demonstrates the need for the request.

Full dentures (ADA Codes 5110 – 5120):
1) Radiograph review is not required since the patient is edentulous.

Crowns (ADA Codes 2751 and 2791):
1) Pre-operative *periapical* radiograph or completed endodontic *periapical* radiograph.
2) Charting of the missing teeth and any planned extractions.
3) Documentation you feel is relevant to the request including;
   any radiograph, photograph, chart notes, narratives or other materials that demonstrates the need for the request.

Endodontics (ADA Codes 3000 – 3999):
1) Pre-operative *periapical* radiograph.
2) Charting of the missing teeth and any planned extractions.
3) Documentation you feel is relevant to the request including;
   any radiograph, photograph, chart notes, narratives or other materials that demonstrates the need for the request.

Oral surgery (ADA Codes 7000 – 7999):
1) Pre-operative periapical radiograph or panoramic film

Occlusal Guard:
1) Full Mouth series or panoramic film
2) Detailed narrative

Replacement Fillings:
1) Bitewing, periapical radiograph or photos are acceptable.

More detailed information is available in the Provider Manual which can be found at www.CTDHP.com . If you ever are unsure of what material is necessary for submission feel free to call the provider hot line at 1-888-445-6665.