

See: 31 N.J.R. 2130(a), 32 N.J.R. 3327(a).

13:30-8.20 (Reserved)

13:30-8.21 Divestiture of interest in professional corporations by disqualified licensees

(a) As used in this section, the following terms shall have the following meanings unless the context indicates otherwise:

“Disqualify” means to prohibit a licensee from engaging in professional practice and from deriving income from that practice as a result of a revocation, permanent surrender, with or without prejudice, or active suspension of licensure of one year or more. As used in this section, a licensee shall not be deemed disqualified if he or she is permitted to practice dentistry in a limited fashion, is the subject of an order of suspension which is stayed or if the duration of a suspension is less than one year.

“Divest” means to relinquish interest of all shares or equity interest in a professional corporation or other permissible business format, as defined in N.J.A.C. 13:30-8.13.

“Licensee” means any person licensed by the Board to engage in the practice of dentistry.

“Professional practice” means that activity which is defined as “practicing dentistry” pursuant to N.J.S.A. 45:6-19.

(b) A licensee disqualified pursuant to Board order shall divest his or her interest in each professional corporation for which the holding of a license issued by the Board is a prerequisite. The licensee shall complete such divestiture within 90 days of the entry of the Board order and shall furnish proof of divestiture to the Board.

(c) If all shareholders of a professional corporation are disqualified pursuant to Board order, the employees of the professional corporation shall cease to engage in professional practice in the professional corporation until the professional corporation is restructured in membership and in a format authorized to engage in professional practice pursuant to N.J.S.A. 14A:17-13.

(d) Transfer of any shares or equity interest to a member of the licensee’s immediate family shall not be deemed a divestiture as required in (b) above unless:

1. The immediate family member held an interest in the professional corporation prior to the licensee’s disqualification; and

2. The immediate family member was actively engaged in the practice of dentistry within the professional corporation prior to the licensee’s disqualification.

New Rule, R.1998 d.286, effective June 1, 1998.

See: 30 N.J.R. 516(d), 30 N.J.R. 2049(a).

Amended by R.2000 d.147, effective April 3, 2000.

See: 32 N.J.R. 215(a), 32 N.J.R. 1221(a).

Rewrote (a).
Administrative correction.
See: 32 N.J.R. 2908(b).

13:30-8.22 Validity of diagnostic tests for traumatically induced temporomandibular dysfunction

(a) As used in this section, the following terms shall have the following meanings, unless the context clearly indicates otherwise.

“Clinically supported” means that a licensee, prior to selecting, performing or ordering the administration of a diagnostic test, has:

1. Personally performed a physical examination, making an assessment of any current and/or historical subjective complaints, observations, and objective findings;
2. Considered any and all previously performed tests relating to the patient’s injury; and
3. Documented in the patient record positive and negative findings, observations and clinical indications to justify the test.

“Conservative treatment” means therapy which is not considered aggressive; avoiding the utilization of invasive procedures until such procedures are clearly indicated.

“Diagnostic test” means a service or procedure intended to assist in establishing a dental diagnosis for the purpose of recommending a course of treatment to be implemented by the treating dentist or by the consultant.

“Medically necessary” means that the treatment is consistent with the symptoms or diagnosis, and treatment of the injury:

1. Is not primarily for the convenience of the injured person or provider;
2. Is the most appropriate standard or level of service which is in accordance with standards of good practice and standard professional treatment protocols, as such protocols may be recognized or designated by the Commissioner of Banking and Insurance, in consultation with the Commissioner of Health and Senior Services or with a professional licensing or certifying board in the Division of Consumer Affairs in the Department of Law and Public Safety, or by a nationally recognized professional organization; and
3. Does not involve unnecessary diagnostic testing.

(b) A licensee may charge the patient or bill a third party for the following diagnostic tests to determine the presence of temporomandibular dysfunction (TMD) resulting from traumatic injury, which tests have been determined to have value in the evaluation of traumatic injuries and the diagnosis and development of a treatment plan, when medically necessary and consistent with clinically supported findings:

1. Diagnostically acceptable panoramic x-ray or transcranial temporomandibular joint x-ray: This diagnostic test may be repeated post surgery.

2. Magnetic resonance imaging (MRI): Where there are clinical signs of internal derangement such as nonself-induced clicking, deviation, limited opening, and pain with a history of trauma to the lower jaw, an MRI is allowable to show displacement of the condylar disc, such procedure following a panoramic or transcranial x-ray and six to eight weeks of conservative treatment. This diagnostic test may be repeated post surgery and/or post appliance therapy.

3. Tomography: Where there are clinical signs of degenerative joint disease as a result of traumatic injury of the temporomandibular joint, tomograms may not be performed sooner than 12 months following traumatic injury.

(c) A licensee shall not charge the patient or bill a third party for the following diagnostic tests to determine the presence of temporomandibular dysfunction (TMD) resulting from traumatic injury, as these tests fail to yield data of sufficient value, not otherwise available from a comprehensive clinical examination and/or tests listed in (b) above, which would alter or influence the development, evaluation, or implementation, of a plan of treatment for injuries sustained as a result of trauma:

1. Mandibular tracking;
2. Surface EMG;
3. Sonography;
4. Doppler ultrasound;
5. Needle EMG;
6. Electroencephalogram (EEG);
7. Thermograms/thermographs;
8. Video fluoroscopy;
9. Reflexology.

(d) Notwithstanding the limitations set forth in (c) above, a licensee may perform such enumerated diagnostic tests for which there shall be no charge to the patient or third party payor only after obtaining written informed consent from the patient.

New Rule, R.1999 d.69, effective March 1, 1999.

See: 30 N.J.R. 3748(b), 31 N.J.R. 651(a).

Administrative correction.

See: 31 N.J.R. 2360(a).

Amended by R.2000 d.147, effective April 3, 2000.

See: 32 N.J.R. 215(a), 32 N.J.R. 1221(a).

In (a), deleted "Board".