

**CHAPTER 30**

**NEW JERSEY BOARD OF DENTISTRY**

**Authority**

N.J.S.A. 45:1-15.1 and 45:6-1 et seq.

**Source and Effective Date**

R.2011 d.041, effective January 5, 2011.  
See: 42 N.J.R. 2217(a), 43 N.J.R. 310(a).

**Chapter Expiration Date**

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 30, New Jersey Board of Dentistry, expires on January 5, 2018. See: 43 N.J.R. 1203(a).

**Chapter Historical Note**

Chapter 30, New Jersey Board of Dentistry, was filed and became effective prior to September 1, 1969.

Subchapter 7, Forms, was repealed by R.1987 d.12, effective January 5, 1987. See: 17 N.J.R. 2851(b), 19 N.J.R. 131(a).

Pursuant to Executive Order No. 66(1978), Chapter 30, New Jersey Board of Dentistry, was readopted as R.1990 d.205, effective March 12, 1990. See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

Pursuant to Executive Order No. 66(1978), Chapter 30, New Jersey Board of Dentistry, was readopted as R.1995 d.191, effective March 10, 2000, and Subchapter 2, Applicants for License to Practice Dental Hygiene, was repealed and Subchapter 2, Applicants for License and Standards for Practice for Dental Auxiliaries, was adopted as new rules by R.1995 d.191, effective April 3, 1995. See: 27 N.J.R. 293(a), 27 N.J.R. 1424(b).

Petition for Rulemaking. See: 28 N.J.R. 4531(a).

Subchapter 2A, Registered Dental Assistant and Limited Registered Dental Assistant Three-Month Internship Programs, was adopted as R.1997 d.44, effective January 21, 1997. See: 28 N.J.R. 4719(a), 29 N.J.R. 367(a).

Petition for Rulemaking. See: 29 N.J.R. 3745(a), 29 N.J.R. 4202(a).

Pursuant to Executive Order No. 66(1978), Chapter 30, New Jersey Board of Dentistry, was readopted as R.2000 d.147, effective March 10, 2000, and Subchapter 2, Applicants for License and Standards for Practice for Dental Auxiliaries, Subchapter 5, Standards for Approval of Dental Schools, and Subchapter 6, Standards for Approval of Schools of Oral Hygiene, were repealed and Subchapter 1A, Dental Hygienists, Subchapter 2, Dental Assistants, Subchapter 5, Continuing Education, and Subchapter 6, Advertising, were adopted as new rules by R.2000 d.147, effective April 3, 2000. See: 32 N.J.R. 215(a), 32 N.J.R. 1221(a).

Chapter 30, New Jersey Board of Dentistry, was readopted as R.2005 d.309, effective August 16, 2005. As a part of R.2005 d.309, Subchapter 2A, Registered Dental Assistant and Limited Registered Dental Assistant Three-Month Internship Programs, was repealed, effective September 19, 2005. See: 37 N.J.R. 1149(a), 37 N.J.R. 3709(a).

Chapter 30, New Jersey Board of Dentistry, was readopted as R.2011 d.041, effective January 5, 2011. See: Source and Effective Date. See, also, section annotations.

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## SUBCHAPTER 1. LICENSURE TO PRACTICE DENTISTRY

### 13:30-1.1 Purpose and scope

(a) The rules in this chapter implement the provisions of N.J.S.A. 45:6-1 et seq., the Dental Practice Act, and regulate the practice of dentistry in the State of New Jersey.

(b) The provisions of this chapter shall apply to all licensed dentists, licensed dental hygienists, registered dental assistants, limited registered dental assistants, and holders of dental clinic permits, and all applicants seeking licensure to engage in the practice of dentistry, dental hygiene, and dental assisting, and applicants seeking permits to operate dental clinics.

(c) Noncompliance with the rules in this chapter may be deemed professional misconduct and may subject the licensee, registrant or permit holder to disciplinary action pursuant to the provisions of N.J.S.A. 45:1-14 et seq.

New Rule, R.2000 d.147, effective April 3, 2000.

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

Former N.J.A.C. 13:30-1.1, Qualifications of applicants, recodified to N.J.A.C. 13:30-1.2.

Amended by R.2016 d.084, effective July 18, 2016.

See: 47 N.J.R. 3097(a), 48 N.J.R. 1462(b).

In (b), deleted "registered" preceding the first occurrence of "dental".

### 13:30-1.2 Application for licensure to practice dentistry

(a) All persons desiring to practice dentistry in New Jersey shall secure a license from the Board.

(b) To qualify as a candidate for dental licensure, an applicant shall submit a completed application to the Board which shall contain the following information and materials:

1. A certified transcript from the secretary or dean of a dental school, college or department of a university approved by the Commission on Dental Accreditation verifying that the applicant has obtained a dental degree from such institution;

2. A passport size photograph of the applicant signed by the applicant and notarized;

3. Results from the successful completion of the North East Regional Board examination. If an applicant fails any portion of the North East Regional Board examination three consecutive times, the Board may require the applicant to sit for and pass a remedial course in the subject area at a dental school, college or department of a university approved by the Commission on Dental Accreditation. The Board shall recognize successful completion of the North East Regional Board examination for up to five years;

4. Results of the successful completion of parts I and II of the National Board Dental Examination;

5. Results from the successful completion of the New Jersey Jurisprudence examination taken within one year of the date of application;

6. A certification by the board of dentistry in every state or jurisdiction in which the applicant holds a dental license verifying that the applicant's license in that state or jurisdiction is in good standing;

7. Results from a criminal history background check conducted by the State of New Jersey pursuant to N.J.S.A. 45:1-28 et seq.;

8. The applicant's complete professional employment history; and

9. The application fee as set forth in N.J.A.C. 13:30-8.1.

(c) An applicant for dental licensure who graduated from a dental school that has not been approved by the Commission on Dental Accreditation shall have completed at least two years of study at a dental school, college or department of a university approved by the Commission of Dental Accreditation, with a dental degree having been conferred by such institution.

(d) A candidate for dental licensure who has successfully completed the North East Regional Board examination five years or more prior to the date of application shall submit a completed application to the Board, which shall contain the following information and materials:

(b) Dentists may engage in the practice of dentistry in any permissible business format in which they are not shielded from liability for their own breaches of professional duties, they retain responsibility for the quality of care and the appropriateness of their professional judgments, and they are assured access to information and involvement in issues pertaining to quality of care, professional judgment, recordkeeping, advertising practices, and the finances of the permissible business format.

(c) Dentists may be employed by a permissible business format which includes one or more closely allied health care professionals, including at least one licensed dentist, provided their professional practice is not supervised and evaluated by a professional who is not a dentist.

(d) Dentists shall not receive, solicit, offer or pay any remuneration as an inducement to make a referral or as compensation for a referral of a patient for a service, product, drug or device or to purchase, prescribe or recommend a product, drug or device. Nothing contained in this section shall prohibit a licensee from paying the reasonable costs of any advertisement permitted pursuant to N.J.A.C. 13:30-6.1 and 6.2. Nothing contained in this section shall prohibit a dentist from providing a gift to a patient, or from providing a credit for dental services to a patient, provided the gift or credit does not exceed \$25.00 in value.

(e) Dentists shall not participate in any arrangement or agreement, with any person other than an associate, whereby any remuneration received by that person in payment for the provision of space, professional services, facilities, equipment, personnel, marketing or management services used by the dentist is to be determined or calculated as a fixed percentage of, or otherwise dependent upon, the income or receipts derived from the practice of dentistry. Nothing in this section, however, shall preclude a dentist from entering into a bona fide profit sharing plan or retaining the services of a collection agency.

(f) Dentists may provide professional services in connection with a permissible dental practice as independent contractors provided the arrangement complies with all State and Federal laws.

New Rule, R.1987 d.158, effective April 6, 1987.  
See: 18 N.J.R. 2419(a), 19 N.J.R. 552(a).  
Recodified from N.J.A.C. 13:30-8.15 by R.1990 d.205, effective April 2, 1990.  
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).  
Repeal and New Rule, R.1999 d.68, effective March 1, 1999.  
See: 30 N.J.R. 1898(a), 31 N.J.R. 649(a).  
Section was "Referral fees".  
Amended by R.2000 d.147, effective April 3, 2000.  
See: 32 N.J.R. 215(a), 32 N.J.R. 1221(a).  
In (d), added a second sentence; and deleted a former (f).  
Amended by R.2005 d.309, effective September 19, 2005.  
See: 37 N.J.R. 1149(a), 37 N.J.R. 3709(a).  
In (a), rewrote definitions "Associate" and "Limited liability company"; added (f).  
Amended by R.2011 d.041, effective February 7, 2011.  
See: 42 N.J.R. 2217(a), 43 N.J.R. 310(a).

In (d), inserted the last sentence; and in (e), inserted "professional services,".

### 13:30-8.14 Dental X-rays; lead shields

Every licensee, as well as any employee or agent of such licensee duly licensed by the Department of Environmental Protection pursuant to N.J.S.A. 26:2D-24 et seq. shall use a lead shield to provide protection to the greatest extent possible to the torso and thyroid areas of patients during all dental X-ray procedures.

New Rule, R.1987 d.98, effective February 2, 1987.  
See: 18 N.J.R. 2113(c), 19 N.J.R. 296(b).  
Recodified from N.J.A.C. 13:30-8.16 by R.1990 d.205, effective April 2, 1990.  
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).  
Amended by R.2000 d.147, effective April 3, 2000.  
See: 32 N.J.R. 215(a), 32 N.J.R. 1221(a).  
Inserted N.J.S.A. reference.

### 13:30-8.15 Dentist of record; fee reimbursement

(a) Each patient shall have a dentist of record who shall remain primarily responsible for assuring the proper implementation of the dental treatment plan on such patient regardless of whether the treatment is rendered by the dentist of record, by another dentist or by a dental hygienist rendering such treatment in conjunction with, in the employ of, at the direction or request of, or under the supervision of such dentist of record.

(b) The name of the dentist of record shall be conspicuously identified on the patient record. If the dentist of record is not identified on the patient record, it shall be presumed that the dentist of record is the owner(s) of the practice in which the patient was treated.

(c) In a multi-dentist practice, the dentists of record shall not change unless the subsequent treating dentist acknowledges in writing in the patient record that he or she is currently the dentist of record for the patient. The dentist of record shall be changed when the licensee leaves the practice where treatment was provided and the patient elects to continue treatment in the facility in which treatment began.

(d) A new dentist of record shall be presumed to have obtained or reviewed the patient's medical history and dental records, examined the patient, and either developed a new treatment plan or concurred with the continuance of the pre-existing treatment plan.

(e) A licensee found to have rendered deficient treatment and the owner of the facility in which the licensee rendered the deficient treatment shall be jointly and severally responsible for the reimbursement to the patient and/or third party payor of any fees as may be directed by the Board.

New Rule, R.1988 d.81, effective February 16, 1988.  
See: 19 N.J.R. 1629(a), 20 N.J.R. 403(c).  
Recodified from N.J.A.C. 13:30-8.17 by R.1990 d.205, effective April 2, 1990.  
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(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 (f), inserted a reference to third party payors.  
Amended by R.2005 d.309, effective September 19, 2005.  
See: 37 N.J.R. 1149(a), 37 N.J.R. 3709(a).

Deleted former (c) and recodified former (d)-(f) as (c)-(e).

### 13:30-8.16 Opportunity to be heard

Prior to any suspension, revocation or refusal to renew a license, the licensee shall have an opportunity to be heard consistent with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

New Rule, R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

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

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

Substituted "an opportunity to be heard consistent with" for "the right to request a hearing which shall be conducted pursuant to" following "shall have".

### 13:30-8.17 Delegation of physical modalities

(a) A dentist may delegate the administration of certain physical modalities to licensed dental hygienists, registered dental assistants, limited registered dental assistants, and unregistered dental assistants consistent with their particular scopes of practice as set forth in N.J.A.C. 13:30-1A.3, 1A.4, 2.4, 2.5, and 2.6 and as set forth in this section.

(b) Physical modalities, for the purpose of this section, shall be limited to hot and cold packs, ultrasound, electrogalvanic stimulation, transcutaneous electrical nerve stimulation ("T.E.N.S.") and phonophoresis.

(c) A dentist may delegate the administration of the physical modalities set forth in (b) above to licensed dental hygienists, registered dental assistants, and limited registered dental assistants consistent with their particular scopes of practice as set forth in N.J.A.C. 13:30-1A.3, 1A.4, 2.4, and 2.5, provided all of the following conditions are satisfied:

1. The dentist shall examine the patient to ascertain the nature of the dental condition or disease; to determine whether the application of a physical modality will encourage the alleviation of dentally related pain and the promotion of healing; to assess the risks of the modality for a given patient and the diagnosed condition, injury or disease, and to decide that the anticipated benefits are likely to outweigh those risks.

2. The dentist shall examine the patient prior to each visit and shall determine all components of the treatment to be performed. This determination shall include all types of modalities to be employed, a delineation of the precise area to which the application of each modality shall be limited, the dosage, wattage, or other applicable setting, the length of the treatment, and any and all other factors peculiar to the risks of that modality such as strict avoidance of certain parts of the body or static placement of the applicator. This information shall be written on the patient's chart prior to

each patient's treatment after the dentist has examined the patient, and it shall be made available at all times to the licensed dental hygienist, registered dental assistant or limited registered dental assistant who is responsible for administering the modality.

3. The dentist shall evaluate the patient prior to any subsequent scheduled application of the modality to ascertain that continued treatment is appropriate and that no contraindications to treatment have become apparent.

4. The dentist shall be physically present in the dental office at all times that treatment orders are being carried out and shall be within reasonable proximity to the treatment room.

(d) A dentist may delegate the administration of hot or cold packs to unlicensed assistants. No other physical modalities as set forth in (b) above shall be performed by an unlicensed assistant.

(e) On a health insurance claim form pertaining to physical modalities and requiring certification by the dentist, the dentist shall identify the specific modality applied and shall not generically identify the treatment as physical therapy.

New Rule, R.1991 d.351, effective July 15, 1991.

See: 23 N.J.R. 2647(b), 23 N.J.R. 2159(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 (b), substituted "physical modalities including" for "modalities including, but not limited to," following "other" in the second sentence; in (c)2, deleted "at the present patient visit" following "performed" in the first sentence, and substituted "who is responsible for administering modality" for "carrying out the instruction" at the end of the third sentence; deleted a former (d); and recodified former (e) as (d), and substituted "physical modalities" for "such service" following "pertaining to".

Amended by R.2005 d.309, effective September 19, 2005.

See: 37 N.J.R. 1149(a), 37 N.J.R. 3709(a).

In rule heading, deleted "to unlicensed dental assistants" following "modalities"; rewrote (a)-(c); added (d); recodified former (d) as (e).

Amended by R.2016 d.084, effective July 18, 2016.

See: 47 N.J.R. 3097(a), 48 N.J.R. 1462(b).

In (a) and the introductory paragraph of (c), updated the N.J.A.C. references, and inserted a comma following "assistants", following "2.4", and following "2.5".

### 13:30-8.18 Issuance of prescriptions; NJPBs; controlled dangerous substances

(a) A licensee shall issue written prescriptions only on New Jersey Prescription Blanks (NJPB) that have been secured from an approved vendor and which meet the security requirements of the prescription blanks program set forth in N.J.A.C. 13:45A-27. A licensee's NJPB shall include all information required to appear on the blank pursuant to Division of Consumer Affairs rules, set forth at N.J.A.C. 13:45A-27, including the licensee's National Provider Identifier, if one has been obtained.

(b) Licensees issuing prescriptions for controlled dangerous substances shall comply with all State and Federal laws concerning the issuance of such prescriptions, including requirements set forth at N.J.A.C. 13:45H.

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

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

Section was "Continuing dental education; requirements; exceptions; resumption of practice".

New Rule, R.2011 d.041, effective February 7, 2011.

See: 42 N.J.R. 2217(a), 43 N.J.R. 310(a).

Section was "Reserved".

Administrative change.

See: 43 N.J.R. 1204(b).

### 13:30-8.19 Practice name

(a) A licensee shall not engage in the practice of dentistry under a practice name which is misleading in any way as to the legal form of the practice or as to the persons who are partners, members or shareholders of the practice.

(b) If a licensee ceases to be associated with a practice through the sale of the business, retirement or death, such licensee's name shall be removed from the practice name within six months of the sale, retirement or death, except as provided in (c) below.

(c) A practice name may include the name of a licensee who has ceased to be associated with the practice through retirement or death, provided that the laws governing the practice's business format do not prohibit such inclusion, and provided that the status of such a licensee is clearly set forth on the practice letterhead, business cards, signs and advertisements. The status of a retired licensee shall be indicated on the practice letterhead by the word "retired" or by numerals showing the dates the licensee engaged in the practice. The status of a deceased licensee shall be indicated on the practice letterhead by the word "deceased," by numerals showing the dates the licensee engaged in the practice or by numerals showing the years of the licensee's birth and death.

New Rule, R.2000 d.357, effective September 5, 2000.

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

Amended by R.2005 d.309, effective September 19, 2005.

See: 37 N.J.R. 1149(a), 37 N.J.R. 3709(a).

In (a), deleted "officers," following "partners,".

### 13:30-8.20 Nitrous oxide/oxygen inhalation analgesia; duties of a licensed dentist, delegation to licensed dental hygienist and registered dental assistant

(a) The following words and terms, as used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

"Administration" means the determination and introduction of a therapeutic level of nitrous oxide/oxygen inhalation analgesia.

"Direct supervision" means acts performed in the office of a licensed dentist wherein the dentist is physically present on the premises at all times during the performance of such acts and such acts are performed pursuant to the dentist's order, control, and full professional responsibility.

"Monitoring" means observing or checking a patient's condition to assess the safety and comfort of the patient receiving nitrous oxide/oxygen inhalation analgesia.

"Nitrous oxide/oxygen inhalation analgesia" means the introduction by inhalation of a combination of nitrous oxide and oxygen gases to a conscious patient.

"Supervising dentist" means the dentist who induces or administers the nitrous oxide/oxygen inhalation analgesia to the patient.

(b) If a patient is to receive nitrous oxide/oxygen inhalation analgesia, a supervising dentist shall induce or administer the nitrous oxide/oxygen inhalation analgesia and shall exercise direct supervision and full responsibility for the patient.

(c) A supervising dentist may delegate the monitoring of the nitrous oxide/oxygen inhalation analgesia to a licensed dental hygienist during the performance of dental hygiene procedures provided that the patient is stabilized and that the licensed dental hygienist satisfies the requirements set forth in N.J.A.C. 13:30-1A.3.

(d) A supervising dentist may delegate the monitoring of the nitrous oxide/oxygen inhalation analgesia to a registered dental assistant who will perform no other function while monitoring the patient provided the patient is stabilized and the registered dental assistant satisfies the requirements set forth in N.J.A.C. 13:30-2.4.

(e) If a supervising dentist delegates the monitoring of the nitrous oxide/oxygen inhalation analgesia to a licensed dental hygienist pursuant to N.J.A.C. 13:30-1A.3, or to a registered dental assistant pursuant to N.J.A.C. 13:30-2.4, the supervising dentist shall ensure that:

1. The nitrous oxide/oxygen inhalation delivery system is a fail-safe unit which shall not deliver nitrous oxide unless oxygen is continuously flowing at a minimum of 30 percent and includes a scavenging system operating while the nitrous oxide is in use; and
2. The dental office is equipped, at a minimum, with the following:
  - i. A high speed vacuum source;
  - ii. Suction equipment;
  - iii. Equipment to deliver positive pressure oxygen; and
  - iv. Blood pressure monitoring equipment.

(f) A supervising dentist shall not delegate the monitoring of nitrous oxide/oxygen inhalation analgesia to a licensed dental hygienist or to a registered dental assistant if a patient is taking any medications, whether prescribed by the dentist or by another licensed practitioner, that in the professional judgment of the dentist may potentiate the effects of the

nitrous oxide/oxygen inhalation analgesia, or may change the level of consciousness of the patient.

(g) The supervising dentist shall be responsible for ensuring that the patient records are documented to reflect the nitrous oxide and oxygen flow rates and the analgesia duration and clearing times.

(h) The supervising dentist shall personally discharge the patient following the administration of nitrous oxide/oxygen inhalation analgesia.

(i) The delegation of the monitoring of nitrous oxide/oxygen inhalation analgesia to a licensed dental hygienist pursuant to N.J.A.C. 13:30-1A.3 or registered dental assistant pursuant to N.J.A.C. 13:30-2.4 who has not yet met the minimum standards of training and procedures as stated therein shall constitute a deviation from normal standards of practice required of a licensee.

New Rule, R.2003 d.414, effective October 20, 2003.

See: 34 N.J.R. 3426(a), 35 N.J.R. 4902(a).

Amended by R.2016 d.084, effective July 18, 2016.

See: 47 N.J.R. 3097(a), 48 N.J.R. 1462(b).

In (c), updated the N.J.A.C. reference; and in (e) and (i), updated the first N.J.A.C. reference.

### **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".

#### Case Notes

Dentistry Board's action in adopting rule setting forth professional standards governing testing for traumatically induced temporomandibular dysfunction (TMD) did not violate express legislative authority vested in Board by Automobile Insurance Cost Reduction Act (AICRA) and implied legislative authority reposed in Board by Dental Practice Act; Board determined that such diagnostic testing is matter in need of regulation to protect public health, safety, and welfare from cost and ordeal of unnecessary testing. *Dentists for Quality v. State Bd.*, 771 A.2d 659 (2001).

#### 13:30-8.23 Disclosure of participation in third-party payor plans

If a dentist providing services in a dental practice does not participate in a third-party payor plan in which other providers in the dental office participate, the dentist shall clearly disclose this fact to the patient prior to treatment.

New Rule, R.2011 d.041, effective February 7, 2011.

See: 42 N.J.R. 2217(a), 43 N.J.R. 310(a).

#### 13:30-8.24 Animals and pets in dental office

A licensee shall not permit animals or pets in a dental office unless the animals or pets are maintained in an enclosed space that cannot be accessed by patients. This requirement shall not apply to trained guide or service dogs (or dogs in training) for the disabled, sightless or hearing impaired, consistent with the provisions of the Laws Against Discrimination, N.J.S.A. 10:5-29.

New Rule, R.2011 d.041, effective February 7, 2011.

See: 42 N.J.R. 2217(a), 43 N.J.R. 310(a).

#### 13:30-8.25 Prohibited acts

(a) Except as otherwise provided in N.J.S.A. 45:6-16.1 et seq., 45:6-19, and 45:6-20, no person other than a person duly licensed to practice dentistry in this State shall:

1. Make any diagnosis or develop any treatment plan with respect to the dental condition or treatment of any living person in this State;

2. Perform any surgical or irreversible procedure, including but not limited to, the cutting of hard or soft tissue or the extraction of any tooth on any living person in this State;

3. Either bill or submit a claim for any service rendered involving the practice of dentistry or dental hygiene in this State; or

4. Receive payment for the performance of dental or dental hygienist services from any source other than an employer authorized by law to practice dentistry in this State or any dental clinic, institution, or employment agency, as defined pursuant to N.J.S.A. 34:8-43, that employs licensed dental hygienists to provide temporary dental hygiene services.

New Rule, R.2016 d.084, effective July 18, 2016.  
See: 47 N.J.R. 3097(a), 48 N.J.R. 1462(b).

### 13:30-8.26 Emergency protocol

(a) Each dental office, facility, dental clinic, or institution at which there is patient contact, at a minimum, shall:

1. Have a written protocol for managing medical or dental emergencies;

2. Have equipment to maintain adult and pediatric airways;

3. Have an ambu bag (bag-valve-mask resuscitator); and

4. Ensure that all staff are trained upon hire, and at least annually thereafter, to implement the emergency protocol.

New Rule, R.2016 d.084, effective July 18, 2016.  
See: 47 N.J.R. 3097(a), 48 N.J.R. 1462(b).