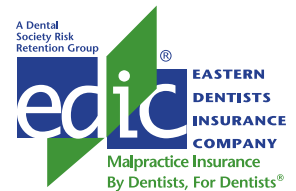




## WITHIN YOUR CONTROL

### *Risk Issues Associated with Cone Beam Computed Tomography Imaging*



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Artifacts in Cone Beam Computed Tomography (CBCT) imaging reminds us that there are risk issues associated with the practice of CBCT imaging in the dental office. It is widely recognized that CBCT images can contribute valuable information for treatment purposes. While the information is important and useful, there are two important risk management issues that should be considered when using this type of imaging.

First, when the CBCT scanners were first brought into use in the private office, the scans captured a wider area than what was needed for dental purposes (maxilla or mandible). The scans captured other parts of the anatomy which could include the cervical spine, sinuses, orbits and even the brain. Though some equipment would allow the user to “collimate” the field down to the area of interest so that only a portion of the scan would be visualized, other areas were still captured in the scan.

As with all images taken in the dental office, it is the responsibility of the dentist to read the images or have them read by the appropriate specialist (dental radiologist, radiologist, etc.). This responsibility usually poses no problem when plain or Panorex films are taken. However, when a CBCT is taken, the responsibility applies to the entire film – even the portions for which the dentist may not have the appropriate diagnostic expertise.

If the entire scan is not read, it leaves the dentist open to the potential of an allegation of a failure to diagnose. To see how this could play out, let’s imagine that a dentist takes a CBCT scan of a patient and doesn’t have the entire scan read. Unfortunately, this patient is later diagnosed with a brain tumor, and wants to sue his medical doctor for failing to timely diagnose it. In the course of the lawsuit, the enterprising plaintiff attorney obtains the records of every medical doctor and dental specialist the patient has seen. In the review of all these records, the attorney finds that the dentist took a CBCT scan on the patient. The scan is reviewed, and the brain tumor can be seen on it. The plaintiff attorney then adds the dentist to the lawsuit, alleging a failure to diagnose the tumor.

Admittedly, situations involving such failures to diagnose have not occurred often. However, by not having the entire scan read, a dentist could still leave him or herself open to such allegations.

When CBCT scanners first came into use, some manufacturers advised dentists they should obtain a disclaimer from their insurers that would protect them from any liability stemming from a failure to diagnose any condition in the areas captured

by the scans they did not visualize or read. They further suggested that the patient be given the decision whether to have the entire scan read by a radiologist to diagnose any potential conditions on the areas not visualized by the dentist.

There are several problems with these suggestions. First, because a dentist owes a duty to a patient to read any film taken on the patient, that decision cannot be delegated to the patient. Second, a patient cannot sign away a right to sue for something that has not yet occurred (e.g., the failure to diagnose). Third, no professional liability insurer would issue such a disclaimer, as it would not protect the dentist against a duty owed to the patient (reading the entire scan taken).

Fortunately, newer types of equipment scan a smaller area, which has largely alleviated this issue. But dentists who still have older equipment that scans the wider area must pay attention to the issue. The overriding principle is that whoever takes a scan must either read it or have it read by the appropriately specialized practitioner.

The second issue concerns insurance coverage for potential claims. Dentists taking scans on their own patients for their own use are covered by most professional liability policies. However, some dentists have expanded the use of CBCT scanners to patients outside their practice, advertising their ability to take scans for other practitioners. It should be recognized that a patient of another practitioner who comes to the dentist’s office solely for a CBCT scan is not a patient of that office, as there has been no treatment rendered. Dentists using the CBCT scanner in this fashion would be categorized as an imaging center. This type of activity is likely not covered under the dentist’s primary professional liability policy.

If a problem occurs (e.g., a failure to diagnose), the dentist would have no insurance coverage for such a claim. Therefore, if a dentist plans to utilize a CBCT scanner for patients not in the practice, he or she should check with their insurer to determine whether this activity is covered under their professional liability policy. If not, they should seek out other coverage for this area of their practice.

In summary, CBCT scans can be very useful for the treatment of patients. But, as in any other aspect of practice, dentists need to be certain they are using and reading the scans appropriately and are adequately covered for this practice. It is a good idea to review how you take and read the scans to ensure you are doing this appropriately, and also to review your coverage with your agent or insurer to make sure you are adequately covered for your CBCT usage. ■