

Coverage of Dental Examination

Medical Strategy & Development



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1. Adjudication Rule Description & Version Control:

Category:	Dental
Reference No.:	2012-DN-0003
Effective Date:	01 June 2012
Related Adjudication Rule:	None
Author:	MI&S - MSD

Version Control

Version No.:	Version Effective Date
1	01 June 2012

2. Chapter 1: Scope:

This adjudication rule addresses the coverage criteria to be applied to the Dental examination codes for all plans administered by Daman.

3. Chapter 2: Adjudication Policy

A. Eligibility / Coverage Criteria:

Dental examination codes can be billed by any GP- dentist or Specialist dentist, using the correct ICD 9 CM diagnosis and USCLS codes.

The plan wise coverage of dental examination is subject to availability of dental benefits, annual sub-limit and policy terms & conditions:

Plans	Coverage
Enhanced plans (with dental benefit and 20% co-pay), Aounak	80% with pre-authorization
Enhanced plans (with dental benefit and no co-pay), Reaaya	100% with pre-authorization
Premier Plus, Executive Plan,	100% covered without pre-authorization
Thiqa-UAE Nationals-Emirate of AD & Thiqa-UAE Nationals-NE & Dubai-residing in AD	50% covered in Private (with few services requiring pre-authorization)& 100% at SEHA providers (without pre-authorization)
Thiqa-UAE Nationals-NE & Dubai-not residing in AD (In SEHA providers only)	100% covered (without pre-authorization)
Abu Dhabi Plan & Enhanced plans (with no dental benefit)	Not covered

B. Requirements for Coverage:

- A Dental examination needs pre-authorization except for Thiqa plans.
- ICD-9 CM codes to the highest specificity are to be reported.

C. Non-Coverage:

Dental examination is not covered for Daman plans without the optional dental benefit (refer to the table in Chapter 2: Adjudication Policy; A. Eligibility / Coverage Criteria)

D. Payment and Coding Rules

Please apply HAAD payment rules and regulation and relevant coding manuals for ICD-9, CPT, USCLS, etc.

- Dental examination codes should be billed appropriately. E.g. a case of partial edentulism should be billed with a Prosthodontic examination code and not otherwise.
- Emergency examination should be billed only in case of emergency encounters like-pain, abscess, fractures, etc. or where the need of an emergency is established.

- Emergency examination code cannot be billed along with another dental examination. If so, only one examination to be passed based on proper adjudication.
- Code 01202 will be considered a recall exam if the diagnosis and the tooth number is the same as in the initial exam. Otherwise, it can be billed as a new examination. The minimum interval between any two examinations should be 3 months.
- Two dental examinations cannot be claimed in the same invoice.
- GP-Dentist or Specialist dentist should bill **only** USCLS codes for examination.
- SRVC 9, 10 & 11 codes can no longer be billed by maxillofacial surgeons, as the billing of these codes is stopped effective 01.07.2011.

4. Chapter 3: Adjudication Examples

Question 1: A claim received from a dentist at Private Provider for a Thiqa card holder has the following details:

ICD 9 CM	521.00	Dental Caries nos
USCLS	01103	Examination and Diagnosis, Complete, Permanent Dentition, to include: (a) Extended examination on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.

How would you proceed?

Answer: We will pay the service.

Question 2: A claim received from a dentist at Private Provider for a Premier card holder aged 30 yrs has the following details:

ICD 9 CM	521.00	Dental caries nos
USCLS	01103	Examination and Diagnosis, Complete, Permanent Dentition, to include: (a) Extended examination on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.
USCLS	01101	Examination and Diagnosis, Complete, Primary Dentition, to include: (a) Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.

How would you proceed?

Answer: We will only pay 01103 and reject 01101, as it is not the correct examination for permanent dentition.

5. Chapter 4: Denial Code:

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
AUTH-001	Prior approval is required and was not obtained
AUTH-005	Claim information is inconsistent with pre-certified/authorized services
NCOV-001	Diagnosis(es) is (are) not covered

I. Appendix

A. Reference:

- CDA-USCLS
- National Institute for Health and Clinical Excellence. (2001). Dental Recall - Recall interval between routine dental examinations. National Institute for Health and Clinical Excellence. 1 (1), p1-68.
- Schedule of benefits