

Coverage of Orthodontic Specific Examination

Medical Strategy & Development



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1. Adjudication Rule Description & Version Control:

Category:	Dental
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External Implementation Date:	01 June 2012
Related Adjudication Rule:	Coverage of Orthodontic General Examination(2012-DN-0001)
Author:	MI&S - MSD

Version Control

Version No.:	Version Effective Date
1	01 June 2012

2. Chapter 1: Scope:

This adjudication rule addresses the criteria to be applied to the Orthodontic Specific Examination (01902).

3. Chapter 2: Adjudication Policy

A. Eligibility / Coverage Criteria:

The Orthodontic Specific Examination (01902) can be claimed by Second Opinion Providers and Orthodontists from Providers other than those providing the second opinion (as a specific Orthodontic Examination).

Policy coverage:

Plans	Coverage
Global Plus, International Plus, Regional Plus (with orthodontics included in dental benefit and 20% co-pay)	80% with pre-authorization
Global Plus, International Plus, Regional Plus (with orthodontics included in dental benefit and no co-pay)	100% with pre-authorization
Premier Plus, Executive Plan	100% covered without pre-authorization
Thiqa-UAE Nationals-NE & Dubai-not residing in AD (only to SEHA providers)	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).
Abu Dhabi Plan & Enhanced plans (with no dental benefit) and Enhanced plans (with dental benefit but no orthodontics)	Not covered

B. Requirements for Coverage:

The Orthodontic Specific Examination (01902) requires pre-authorization. (Refer to the above table).

ICD-9 CM codes to the highest specificity are to be reported.

C. Non-Coverage:

Orthodontic Specific Examination will be covered only when billed by Orthodontists for Orthodontic cases and for providing second opinion by the Second Opinion Providers.

D. Payment and Coding Rules

- Please apply HAAD payment rules and regulation and relevant coding manuals for ICD-9, CPT, USCLS, etc.
- SEHA providers cannot bill the code 01902 for less than AED200, as a General Examination, effective: 01.07.2011 service date. On the other hand, the Orthodontists from SEHA facilities can bill for this code, provided 01901, has not been paid /billed before.
- Orthodontic Specific Examination 01902 will not be covered when Orthodontic General

Examination 01901, has already been done by the same Provider before.

4. Chapter 3: Adjudication Examples

Question 1: A claim received from an Orthodontist at a private Dental Centre for a Premier plan card holder has the following details:

ICD 9 CM	524.01	524.01 Maxillary Hyperplasia
USCLS	01902	Orthodontic

How do you proceed?

Answer: We will pay, provided authorization approval is granted and Ortho General examination 01901 has not been paid before.

Question 2: claim received from a dentist at a private Medical Centre for a Thiqa card holder without pre-approval has the following details:

ICD 9 CM	524.01	Maxillary Hyperplasia
USCLS	01902	Examination and Diagnosis, Orthodontic, Specific

How would you proceed?

Answer: The claim will be rejected with AUTH-001, as the service was billed without a pre-approval.

5. Chapter 4: Denial Code:

Code	Code Description
AUTH-001	Prior approval is required and was not obtained.
DUPL-002	Payment already made for same/similar service within set time frame

I. Appendix

A. Reference:

- Schedule of benefits
- CDA-USCLS