

Dental Examination

Adjudication Guideline

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1. Abstract

1.1 For Members

Dental Examinations are done to establish diagnosis and formulate a treatment plan for patients who are in need and to evaluate the general health of mouth and teeth.

The goal is to detect issues such as cavities, gum disease, oral cancers, and other abnormalities early, allowing for timely intervention and effective treatment strategies. Additionally, the dentist may assess your bite, jaw alignment, and any habits that could impact your oral health, ensuring a comprehensive approach to your dental care.

1.2 For Medical Professionals

Dental Examinations involve thorough visual and tactile assessments, along with specific tests, to diagnose dental issues or refer patients to other practitioners when necessary. These evaluations assess teeth, gums, oral tissues, and craniofacial structures to identify signs of disease or abnormalities.

The process may utilize digital imaging and periodontal assessments to gain a comprehensive understanding of oral health. This proactive method promotes early detection of issues and aids in crafting personalized treatment plans, ultimately enhancing overall health outcomes.

2. Scope

This adjudication rule addresses the coverage criteria to be applied to the Dental examination for health insurance plans with the optional dental benefit administered by Daman.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

- Requirement for Pre-authorization for Dental examinations is based on policy coverage, terms and conditions.
- All Dental Examination except the orthodontics examination will be covered every 6 months per facility group, applicable to all health insurance plans.
- Dental examination codes can be billed by any GP-dentist or Specialist dentist. There is no distinction made between the evaluations provided by general practitioners and specialists.

- 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.
- GP-Dentist or Specialist dentist should bill only USCLS/CDT codes for examination.
- Two dental examinations cannot be claimed in the same invoice.

3.2 Requirements for Coverage

Daman covers Dental Examinations as per the policy terms and conditions of each health insurance plan it administers.

3.3 Non-Coverage

Daman does not cover dental services for visitors and basic plans. Dental examination is not covered for Daman plans without the optional dental benefit in the SOBs.

3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CDT, USCLS etc. Kindly code the ICD-10 and the USCLS/CDT codes to the highest level of specificity.

4. Denial Codes

Regulator denial codes with description are elaborated for reference. These are specialized codes directed by regulators, that explains the reason of rejection of the service by DAMAN to the providers.

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities.
MNEC-005	Service/supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
PRCE-002	Payment is included in the allowance for another service

5. Appendices

5.1 References

<https://www.cda-adc.ca/en/index>.

https://www.aapd.org/globalassets/media/policies_guidelines/bp_periodicity.pdf

<https://www.doh.gov.ae/-/media/85112EF843DD4E1D8F08D0C51CCAC21D.ashx>

5.2 Revision History

Date	Change(s)
01/11/2024	Content Updated: - References updated - Coverage Frequency and Eligibility updated - Definitions updated

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