

Dental Radiographs

Adjudication Guideline

Rule Category: Dental

Approved by: Daman

Ref: No: 2012-DN-0004

Responsible:Medical Standards
& Research

Version Control: Version No. 2.0

Related Adjudication Guidelines: N/A

Effective Date:

01/06/2012

Revision Date: 01/11/2024



Table of Contents

1.	Abstract		
	1.1	For Members For Medical Professionals	.3
2.	Scop	e	.3
3.	Adju	dication Policy	.3
	3.2	Eligibility / Coverage Criteria	.4
	3.4	Payment and Coding Rules	.4
4.	Deni	al Codes	.5
5.	Appendices		
		References	



1. Abstract

1.1 For Members

Dental X-rays (radiographs) are images of your teeth that your dentist uses to evaluate your oral health. These X-rays are used with low levels of radiation to capture images of the interior of your teeth and gums.

These X-rays can help your dentist to identify problems like cavities, tooth decay, and impacted teeth. Dental X-rays may seem complex, but they're actually very common tools that are just as important as your teeth cleanings.

1.2 For Medical Professionals

Dental radiology includes the periapical film to visualize periapical pathology, bitewing films to identify occlusal and inter-proximal dental caries, occlusal films most commonly to identify submandibular sialolithiasis, the panorex (panoramic radiograph or orthopantomogram) is a two-dimensional view of the bones and dentition of the upper and lower dental arches. Cone-beam computed tomography is a recent addition to the dental practice, a helical three-dimensional CT scan for hard tissue imaging with high diagnostic quality and lower radiation doses than conventional CT scans.

2. Scope

This adjudication rule addresses the coverage of Dental Radiographs by Daman for all plans with the optional benefit of dental and administered by Daman.

3. Adjudication Policy

- Routine dental X-rays are no longer be reimbursed separately; they will be considered an integral part of dental consultations, examinations, and procedures (UCSLS codes).
- Panoramic Radiographs (OPG) and Tomography scan (CBCT) are not bundled and will be payable separately based on medical necessity.
- Panoramic X-Ray (OPG) is limited to once per year per provider group.

damaninsurance.ae PUBLIC | 11870R00 | 3 of 5



 CBCT is covered for pre-surgical planning of dental implants, cases of deep impaction that are close to vital structures, cysts, or tumours. Other diagnosis such as jaw asymmetry, and malocclusion codes that may require CBCT by Oral and maxillofacial surgeons for orthognathic surgeries.

Payment for this service requires medical justification and is subject to medical evaluation, as well as adherence to policy coverage terms and conditions.

- The reporting of the **tooth number** for implant and complicated impacted tooth procedures or wherever applicable is a mandatory billing requirement, at both authorization and claims level.
- Computed Tomography (CPT 70486) is not considered as routine dental diagnostic imaging and should not be billed by any dentists.
- Dentists must use USCLS/CDT codes as per territory when billing for dental radiographs associated with dental diagnoses. They should avoid billing with CPT codes.

3.1 Eligibility / Coverage Criteria

All dental radiographs to be claimed using the correct USCLS codes with a justifying ICD-10-CM code for diagnosis, unless otherwise specified.

The plan wise coverage of dental radiographs is subject to availability of dental benefits and policy terms & conditions.

3.2 Requirements for Coverage

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

3.3 Non-Coverage

Dental Radiographs are not covered for the Daman plans without the optional dental benefit in the SOBs.

3.4 Payment and Coding Rules

damaninsurance.ae PUBLIC | 11870R00 | 4 of 5



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

Code	Code Description
MNEC-003	Service is not clinically 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.moderndentistrymedia.com/aug_sep2018/hartshorne_part2_references.pdf
- https://www.sciencedirect.com/topics/medicine-and-dentistry/dental-radiology
- https://jada.ada.org/article/S0002-8177(23)00734-1/fulltext
- https://en.wikipedia.org/wiki/Dental_radiography

5.2 Revision History

Date	Change(s)
01/11/2024	Content Update.

Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:
The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.

Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.

This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws

This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.

This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.

damaninsurance.ae PUBLIC | 11870R00 | 5 of 5