

# Endodontics

## Adjudication Guideline

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# 1. Abstract

## 1.1 For Members

Endodontics is the branch of dentistry concerning dental pulp and tissues surrounding the roots of a tooth. "Endo" is the Greek word for "inside" and "odont" is Greek for "tooth." Endodontic treatment, or root canal treatment, treats the soft pulp tissue inside the tooth.

## 1.2 For Medical Professionals

Endodontics is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and peri radicular tissues. Its study and practice encompass the basic clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated peri radicular conditions (ADA).

# 2. Scope

This Adjudication Rule highlights the coverage and payment requirements by Daman as per policy terms and conditions for various Endodontic services. It also highlights the medical criteria for coverage.

Various Endodontic services include:

## I. Vital Pulp Therapy

1. Apexogenesis
2. Pulpotomy
3. Pulpal Debridement
4. Indirect Pulp Capping
5. Direct Pulp Capping

## II. Nonsurgical Endodontics

1. Dental Dams (Isolation of endodontic tooth for asepsis)
2. Root canal treatment Primary Teeth
3. Root canal treatment Permanent Teeth
4. Pulpal Regeneration (Regenerative Endodontics), Apexification and Recalcification
5. Perforation Repair
6. Nonsurgical Root Canal Retreatment

## III. Surgical Endodontics

1. Incision and Drainage/Trephination
2. Peri radicular Curettage

3. Root-end Resection (Apicoectomy)
4. Root-end Filling (Retro filling)/Root Repair
5. Biopsy
6. Root Resection (Root Amputation)
7. Intentional Replantation (Extraction/Replantation)
8. Surgical Removal of the Apical Segment of a Fractured Root

#### IV. Restoration of Endodontically Treated Teeth

1. Post (Dowel)
2. Core
3. Posterior Teeth
4. Anterior Teeth

#### V. Post/Post and Core Removal

**Various Endodontic procedures with their Clinical Indications are mentioned in the table.**

#### Vital Pulp Therapy:

| Procedure    | Indication  |
|--------------|---|
| Apexogenesis | Apexogenesis is indicated on permanent teeth with immature apices if all the following conditions exist: <ol style="list-style-type: none"> <li>a. Tooth has D3:D6a deep carious lesion that is considered likely to result in pulp exposure during excavation.</li> <li>b. No history of subjective pretreatment symptoms.</li> <li>c. Pretreatment radiographs should exclude peri radicular pathosis.</li> <li>d. Mechanical exposure of a clinically vital and asymptomatic pulp occurs.</li> <li>e. Bleeding is controlled at the exposure site.</li> <li>f. Exposure occurs when the tooth is under dental dam isolation.</li> <li>g. Adequate seal of the coronal restoration can be maintained.</li> <li>h. Exposure permits the capping material to make direct contact with the vital pulp tissue.</li> <li>i. Patient has been fully informed that endodontic treatment may be indicated in the future.</li> </ol> |
| Pulpotomy    | A pulpotomy may be indicated if any of the following clinical conditions exist: <ol style="list-style-type: none"> <li>a. Exposed vital pulps or irreversible pulpitis of primary teeth.</li> <li>b. Primary teeth with insufficient root structure, or associated periodontal or periapical pathology that may jeopardize permanent tooth development are not indicated for pulpotomy</li> <li>b. As an emergency procedure in permanent teeth until root canal</li> </ol>   |

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|---------------------------------|---|
|                                 | <p>treatment can be accomplished. Pulpal debridement should be encouraged.</p> <p>c. As an interim procedure for permanent teeth with immature root formation to allow continued root development (apexogenesis).</p>   |
| Pulpal Debridement (Pulpectomy) | <p>Pulpal debridement (pulpectomy) is indicated for the relief of acute pain prior to conventional root canal treatment when complete root canal treatment cannot be accomplished at this appointment. This procedure cannot be submitted for reimbursement when endodontic treatment is completed on the same day.</p>   |
| Indirect Pulp Capping           | <p>Indirect pulp capping is indicated on permanent teeth with immature apices if all the following conditions exist:</p> <ul style="list-style-type: none"> <li>a. Tooth has a deep carious lesion that is considered likely to result in pulp exposure during excavation.</li> <li>b. No history of subjective pretreatment symptoms.</li> <li>c. Pretreatment radiographs should exclude peri radicular pathosis.</li> <li>d. Patient has been fully informed that endodontic treatment may be indicated in the future.</li> </ul>  |
| Direct Pulp Capping             | <p>Direct pulp capping is indicated when all of the following clinical conditions exist:</p> <ul style="list-style-type: none"> <li>a. Mechanical exposure of a clinically vital and asymptomatic pulp occurs.</li> <li>b. Bleeding is controlled at the exposure site.</li> <li>c. Exposure permits the capping material to make direct contact with the vital pulp tissue.</li> <li>d. Exposure occurs when the tooth is under dental dam isolation.</li> <li>e. Adequate seal of the coronal restoration can be maintained.</li> <li>f. Patient has been fully informed that endodontic treatment may be indicated in the future.</li> </ul> |

## Nonsurgical Endodontics

|   |  |
|---|--|
| Isolation of endodontic tooth for asepsis (Dental Dams) | Tooth isolation using the dental dam is the standard of care; it is integral and essential for any nonsurgical endodontic treatment. One of the primary objectives of endodontic treatment is disinfection of the root canal system. Only dental dam isolation minimizes the risk of contamination of the root canal system by indigenous oral bacteria.   |
| RCT-PRIMARY   | Nonsurgical root canal treatment for primary teeth is indicated if any of the following clinical conditions exist: <ul style="list-style-type: none"> <li>a. Irreversible pulpitis or pulpal necrosis with no evidence of a permanent successor tooth.</li> <li>b. Pulpal necrosis with or without evidence of peri radicular disease.</li> <li>c. Treatment will not jeopardize the permanent successor</li> </ul>  |
| RCT-PERMANENT   | Nonsurgical root canal treatment for permanent teeth is indicated if any of the following clinical conditions exist: <ul style="list-style-type: none"> <li>a. Symptomatic or asymptomatic irreversible pulpitis, with or without evidence of periapical disease</li> <li>b. Necrotic pulp with or without evidence of peri radicular disease.</li> <li>c. Teeth with a pulp that would be compromised during dental procedures, including but not limited to caries removal, overdenture abutments, malposed teeth and root resection.</li> <li>d. Restorative reason when a placement of a core and possibly a post is necessary for retention of a fixed restoration.</li> <li>e. Cracked or fractured teeth with pulpal involvement (with or without clinical symptoms) that can reasonably be expected to maintain satisfactory periodontal health.</li> <li>f. Teeth with thermal hypersensitivity that significantly interferes with normal function, when alternative methods have failed to reduce the hypersensitivity.</li> </ul> |
| RCT - Retreatment                                       | Nonsurgical root canal retreatment is indicated if any of the following clinical conditions exist: <ul style="list-style-type: none"> <li>a. Continued peri radicular pathosis, with symptoms.</li> <li>b. Radiographic evidence of a deficiency in the quality of the root canal obturation when peri radicular pathosis or symptoms continue after endodontic treatment.</li> <li>c. Persistent symptoms.</li> <li>d. Anticipated restorative or prosthetic procedures that could compromise any pre-existing root canal obturations.</li> <li>e. Anticipated restorative or prosthetic procedures on a tooth where the previous treatment quality is questionable.</li> <li>f. Salivary contamination when bacterial leakage into the root canal system is suspected</li> <li>g. In case of broken instrument, possible root fracture,</li> </ul>   |

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|   | presence of foreign body or evidence of missed (un-treated) canal.   |
| Pulpal Regeneration (revascularization) | <p>a. The primary indication at this time is incomplete root development (length) as well as incomplete apical closure</p> <p>b. Treatment options other than extraction are limited to apexification or pulpal regeneration. An apexification may provide an apical barrier; however, this would result in less-than-ideal root length and dentinal wall thickness, making the root more prone to fracture.</p> <p>c. Apexogenesis is not a choice because the pulp is necrotic</p> |
| Apexification                           | This procedure can be done if pulpal generation has failed or there are other reasons not to attempt to regenerate the pulp.   |

### Surgical Endodontics:

|                                    |  |
|------------------------------------|--|
| Incision and Drainage/Trephination | <p>a. If a pathway is needed in soft tissue with localized fluctuant swelling that can reasonably be expected to provide necessary drainage.</p> <p>b. When pain is caused by accumulation of exudate within soft tissues.</p> <p>c. When necessary to collect samples for bacteriologic analysis.</p> <p>Trephination of hard tissues is indicated in any of the following clinical situations:</p> <p>a. If a pathway is needed from hard tissue that can reasonably be expected to provide necessary drainage.</p> <p>b. When pain is caused by accumulation of exudate within the alveolar bone.</p> <p>c. When necessary to collect samples for bacteriologic analysis.</p> <p>d. When adequate drainage cannot be established through the tooth.</p> |
|------------------------------------|--|

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|--|--|
| Apicoectomy<br>(Periradicular curettage) | <ul style="list-style-type: none"> <li>a. Periradicular pathology is evident</li> <li>b. Periradicular lesion that enlarges after completion of initial endodontic therapy (post endodontic therapy -pre, post and follow up radiographic images required documentation)</li> <li>c. Marked overextension of oburgating materials with periapical pathology</li> <li>d. Access for curettage and/or biopsy</li> <li>e. Access to additional root</li> <li>f. When periapical pathology is present, non-surgical or conventional, including re-treatment endodontia should first be attempted prior to apicoectomy</li> <li>g. Access when peri radicular pathosis cannot be eliminated/adequately treated by nonsurgical endodontic therapy (cleaned, shaped and obturated).</li> <li>h. Appropriate when the root canal demonstrates an inadequate obturation and may or may not have a post and crown</li> <li>g. Will not be considered when performed in conjunction with root resection surgery on multirooted teeth</li> </ul> |
| Retro filling/Root Repair                | <ul style="list-style-type: none"> <li>a. Persistent peri radicular pathosis resulting from an inadequate apical seal that cannot be corrected no surgically.</li> <li>b. Periradicular pathosis and a blockage of the root canal system that could not be obturated by nonsurgical root canal treatment.</li> <li>c. Root perforations and transported canals.</li> <li>d. Resorptive defects.</li> </ul>   |
| Biopsy                                   | <p>A biopsy is the surgical removal of a soft and/or hard tissue specimen for histopathologic examination. A biopsy is indicated if any of the following clinical conditions exist:</p> <ul style="list-style-type: none"> <li>a. When an adequate amount of tissue or foreign material can be removed from the peri radicular surgical site for histopathologic examination.</li> <li>b. Persistent pathosis or pathosis inconsistent with endodontic disease is noted on clinical or radiographic examination.</li> <li>c. medical history indicates the merits of biopsy.</li> </ul>  |
| Root Resection                           | <p>A root resection procedure is indicated if at least one root of the tooth is structurally sound and any of the following conditions exist:</p> <ul style="list-style-type: none"> <li>a. Periodontal furcation defect with a severe infrabony defect.</li> <li>b. Vertical root fracture confined to the root to be separated and removed.</li> <li>c. Carious, resorptive root or perforation defects that</li> </ul>  |



|  |  |
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|  | <p>are inoperable or cannot be corrected without root removal.</p> <p>d. Persistent peri radicular pathosis where nonsurgical root canal treatment or peri radicular surgery is not possible.</p>  |
| Intentional Replantation (Extraction/Replantation):        | <p>Intentional replantation is indicated when all of the following clinical conditions exist</p> <p>a. Persistent peri radicular pathosis following endodontic treatment.</p> <p>b. Nonsurgical retreatment is not possible or has an unfavourable prognosis.</p> <p>c. Peri radicular surgery is not possible or involves a high degree of risk to adjacent anatomical structures.</p> <p>d. The tooth presents a reasonable opportunity for removal without fracture.</p> <p>e. The tooth has an acceptable periodontal status prior to the replantation procedure.</p> <p>F. the replanted tooth has healthy periodontium and similar size of the extracted tooth</p> <p>g. avulsed tooth because of trauma</p> |
| Surgical Removal of the Apical Segment of a Fractured Root | <p>Surgical removal of the apical segment of a fractured root is indicated when all the following clinical conditions exist:</p> <p>a. Root fracture in the apical portion of the root.</p> <p>b. Pulpal necrosis in the apical segment as indicated by a peri radicular lesion or clinical signs or symptoms.</p> <p>c. Coronal tooth segment is restorable and functional.</p>   |

## Restoration of Endodontically Treated Teeth

| Procedure    | Indication  |
|--------------|---|
| Post (Dowel) | <p>Post placement is indicated if all of the following clinical conditions exist:</p> <p>a. The remaining coronal tooth structure is inadequate for the retention of a restoration.</p> <p>b. When there is sufficient root length to accommodate the post while maintaining an adequate apical seal.</p> <p>c. There is adequate tooth structure remaining to allow for a ferrule after crown preparation.</p> |
| Core         | <p>Core restorations are indicated if any of the following clinical conditions exist:</p> <p>a. The replacement of missing coronal tooth structure is necessary.</p> <p>b. When the enhanced retention and resistance to displacement of the final restoration is necessary.</p>  |

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| Posterior Teeth | It is recommended that endodontically treated posterior teeth be restored with a full cuspal protective restoration. The restoration should protect the remaining tooth structure and provide a coronal seal.  |
| Anterior Teeth  | Restoration of an endodontically treated anterior tooth is based on its clinical condition. Choice of the final restoration should be based on aesthetic and functional requirements. The restoration should protect the remaining tooth structure and provide a coronal seal. |

## Post/Post and Core Removal

|                            |   |
|----------------------------|---|
| Post/Post and Core Removal | The removal of a post, post and core, or core restoration is indicated if any of the following clinical conditions exist:<br>a. Loss of adequate retention.<br>b. Recurrent caries associated with the existing post, core or both.<br>c. Fracture of the post, core or both. d. When access to the root canal system for nonsurgical retreatment is necessary. |
|----------------------------|---|

**Root canal Treatment Primary Teeth:** Root canal treatment involves the use of biologically acceptable chemical and mechanical treatment of the root canal system to promote healing and repair of the peri radicular tissues.

Debridement, enlargement, disinfection and obturation of all canals are accomplished using an aseptic technique with dental dam isolation. Biologically acceptable material is used to obturate the root canal(s).

- When a permanent successor tooth is evident, the debridement and shaping of the canal system are followed by obturation with an obturating material that will resorb at a rate similar to the primary root.
- When no permanent successor tooth is present, the canals of the primary tooth are obturated with a biologically acceptable nonabsorbable endodontic material. Root canal sealers are used in conjunction with the obturating material to establish an adequate seal.

**Root canal Treatment Permanent Teeth:** A root canal treatment is a dental procedure that removes the inflamed or infected dental pulp on the inside of a tooth which is then carefully cleaned and disinfected, then filled and sealed. It's also called endodontic treatment.

Root canal treatment for permanent teeth involves the use of biologically acceptable chemical and mechanical treatment of the root canal system to promote healing and repair of the peri radicular tissues.

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

Daman will consider coverage of a root canal treatment when all the following Tooth eligibility and restorability criteria are met:

#### **Tooth eligibility:**

Daman will consider coverage of a root canal treatment on:

- incisors, canines, bicuspid, first and second molars; and
- Third molars may be considered for coverage If sound, properly aligned, and in occlusion with opposing tooth.

#### **Tooth restorability.**

Daman will consider coverage of a root canal treatment when all the following criteria are met:

- adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) with absence of furcation involvement.
- adequate remaining non-diseased tooth structure to ensure that biologic width (3 mm) can be maintained during restoration.
- a mesio-distal space (vertically and horizontally) equivalent to that of the natural tooth with no loss of space due to caries or crowding; and
- a tooth that does not require any additional dental treatment such as crown lengthening, and root re-sectioning.

#### **Coverage & Frequency guidelines:**

1. Pre-authorization is not required root canal treatment (RCT) for Thiqa policy however preauthorization is required for enhanced policies.
2. Pulp vitality tests are considered integral to all Endodontic Consultation and services.
3. Root canal or endodontic treatment is not appropriate in the absence of pulpal disease, in cases of extensive caries involving the furcation, extensive alveolar bone loss due to periodontal disease, furcation defect/involvement with extensive bone loss/, and internal and external resorption with questionable or unfavourable prognosis.

4. Multiple Root canal treatments in the anterior region intended to justify for crowns for cosmetic reasons will not be reimbursable and subjected to **payment recovery**.
5. An anterior tooth that has had root canal therapy alone does not qualify for indirect restoration coverage, unless it can be demonstrated that there is significant loss of the coronal tooth structure (50% or more) and/or involvement of one or both incisal angles or cusp tip, in the case of canines.
6. Coverage for Pulpotomy/Pulpectomy/ RCT/ Root canal re-treatment, apicoectomy/ retro-filling is **Once per tooth/per lifetime**.
7. Temporary restorations/Sedative dressings are included in payment of Pulpotomy, Pulpectomy and Root Canal Treatment procedures.
8. Open and Drain, Pulpectomy, Reinsertion of dentogenic material, Obturation of Apexified canals code is not to be billed when endodontic services (RCT) are done on same date of service.
9. Temporary restorations/Sedative dressings is not reimbursable with Direct pulp capping procedure.
10. Root Canal treatment includes treatment plan, local anaesthesia, pulpectomy, biomechanical preparation, chemotherapeutic treatment and Obturation with appropriate radiographs, excluding final restoration.
11. Once the root canal treatment is completed, either Core (based on medical necessity) or Final restoration can be billed and not both.
12. The final fee for a root canal treatment includes the cost associated with a pulpectomy/pulpotomy and open and drain within the 3-month period prior to the completion of the root canal treatment, when performed by the same provider group.
13. Retreatment of root canal therapy by the same dentist or group practice within 24 months is considered part of the original procedure. Re-treatment must be carried out by a specialist/consultant endodontist.
14. The fee for palliative treatment is Disallowed when done In Conjunction With root canal therapy by the same dentist/dental office on the same date of service. Palliative treatment is payable on a separate date of service for relief of pain.
15. The endodontic status of a tooth must be considered (included but not limited to):
  - a. Placement of a restoration on a tooth with untreated or unresolved periapical or peri radicular pathology will not be considered for Coverage.

- b. Placement of a restoration on a tooth with a carious lesion in close proximity to the pulp chamber in the absence of treatment planned endodontic therapy will not be considered for Coverage.
- c. Endodontic Obturation: The root canal filling should extend as close as possible to the apical constriction of each canal (ideal 0.5-1.2mm) with appropriate fill density (particularly in the apical 1/3 of the root). Gross overextension (over 2mm beyond canal) or under fill (short over 2mm in the presence of patent canals) should be avoided.
- d. Placement of a restoration on a tooth with internal or external resorption may not be considered for Coverage.

## 3.2 Requirements for Coverage

- 1. Recent (within six months) and dated diagnostic-quality periapical radiographic image(s) clearly showing the clinical crown and all root apices.
- 2. Intra-oral photographs where necessary to support conditions not clearly represented with radiographs.
- 4. Recent (within six months) and dated six-point periodontal charting and history of previous periodontal therapy is required when radiographic evidence of bone loss exists.

## 3.3 Non-Coverage

Daman does not cover dental services for visitors and basic plans. For all other plans, refer to 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.

### Additional Information:

ICD-10 and USCLS/CDT codes must be coded to the highest level of specificity.

## 4. Denial Codes

| Code     | Code Description  |
|----------|---|
| NCOV-003 | Service(s) is (are) not covered   |
| PRCE-002 | Payment is included in the allowance for another service  |
| 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 |

## 5. Appendices

### 5.1 References

- [https://www.aapd.org/media/Policies\\_Guidelines/BP\\_PulpTherapy.pdf](https://www.aapd.org/media/Policies_Guidelines/BP_PulpTherapy.pdf)
- [https://britishendodonticsociety.org.uk/\\_userfiles/pages/files/a4\\_bes\\_guidelines\\_2022\\_hyperlinked\\_final.pdf](https://britishendodonticsociety.org.uk/_userfiles/pages/files/a4_bes_guidelines_2022_hyperlinked_final.pdf)
- [https://www.researchgate.net/publication/343917704\\_Decision\\_making\\_and\\_restorative\\_planning\\_for\\_adhesively\\_restoring\\_endodontically\\_treated\\_teeth\\_An\\_update](https://www.researchgate.net/publication/343917704_Decision_making_and_restorative_planning_for_adhesively_restoring_endodontically_treated_teeth_An_update)
- <https://www.envolvedental.com/content/dam/centene/envolve-benefit-options/dental/pdfs/policies/CP.DP.20-Endodontic-Treatment.pdf>
- [https://dental.id/wp-content/uploads/2016/08/aae\\_guidetoclinicalendodontics6.pdf](https://dental.id/wp-content/uploads/2016/08/aae_guidetoclinicalendodontics6.pdf)
- <https://www.sac-isc.gc.ca/eng/1579538771806/1579538804799#a842>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3010030/>
- [https://goldenwestdental.com/provider/clinical\\_guidelines/02-701%20Crowns%20Inlays%20and%20Onlays%20GoldenWest.pdf](https://goldenwestdental.com/provider/clinical_guidelines/02-701%20Crowns%20Inlays%20and%20Onlays%20GoldenWest.pdf)
- [https://publish.uwo.ca/~kzhou54/downloads/Fee\\_Guide-2022\\_General-Practitioners\\_FINAL\\_Online.pdf](https://publish.uwo.ca/~kzhou54/downloads/Fee_Guide-2022_General-Practitioners_FINAL_Online.pdf)
- <https://www2.gov.bc.ca/assets/gov/family-and-social-supports/income-assistance/on-assistance/schedule-dentist.pdf>

### 5.2 Revision History

| Date       | Change(s)  |
|------------|--|
| 16/10/2024 | V1.0 Creation of Adjudication Guideline-External Instruction Template. |
| 16/11/2025 | V2.0 General Template Update   |

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