Government of Telangana
Aarogyasri Health Care Trust

CIRCULAR

AST/OPS/EHS/DENTAL/2016.dt.01.03.2016

It is to inform that Trust prepared Dental Guidelines involving the Specialists for the highest utilized as well as high pendency procedures in EHS dental (S18) category and also some common guidelines to streamline the processing of Preauthorisation and claims workflow.

The Dental Guidelines are given for existing 72 procedures (55 OP and 17 IP) Units, age and time period limitations are fixed for all procedures and the list is annexed here(Annexure II).

COMMON GUIDELINES

1. Single preauth only to be raised for Beneficiary in a month. Emergency procedures are exempted and approved with HOD permission. For cases like Trauma, emergency extractions, in full mouth rehabilitation cases only for replacement of crowns.
2. Maximum upto 6 packages to be raised in single preauth for a patient.
3. Maximum of 5 preauths per patient in a year is allowed.
4. Timelines for preauth and claims to be followed as per trust guidelines.
5. Standard Treatment Protocols to be followed for all procedures.

PREAUTH GUIDELINES

1. Tooth numbering system in FDI system to be entered beside the remarks column next to specific procedure in online form.
2. Relevant and limited clinical images & labelled attachments(with teeth no.) are mandatory for preauth approval.
3. Reason / Diagnosis to be specified clearly for all proposed therapies in a preauth.
4. All preauth forms should have 4 signs (MEDCO, treating doctor, mithra and patient or attendant).
5. Soft copy of labelled OPG with patient details, hospital name and date to be updated. For RCTs IOPA xray / RVG is mandatory.
6. If more than 3 teeth are involved or multiple procedures are involved, OPG is mandatory.
7. Blood investigations include minor surgical profile - CBP, CT, BT, RBS, mandatory for all surgical procedures. DTRS slip to be provided to the patient. All reports to be signed and stamped with the respective lab in-charge.

8. For IP procedures, surgical profile include – HIV, Hbs Ag, HbA1c, CUE, PT, INR, ECG, CHEST X-RAY, Serum Electrolytes.

9. All invasive surgeries (both OP & IP) need WEBEX / Video recording (min 2 min)

10. Counseling regarding treatment and follow up care (oral hygiene instructions also) to be provided to the patient and the same to be included in counseling form signed by the patient.

CLAIM GUIDELINES

1. Mention the preauth approved procedures which are not done by Network hospitals in MEDCO remarks during claim initiation.

2. Update labeled Pre op & Post op Radiograph In single attachment.

3. Attach relevant & Labelled Intra op & Post op Photographs in order procedure wise.

4. All surgical procedure photos to include surgical incision, and flap raised photo or bone cutting or tooth splitting pics or few intra op photos, and suture closure photos for evidence.

5. Case sheet should include all details from Date of Admission to Date of Discharge in Chronological order. Date of discharge is the last day of treatment for that patient for the procedures approved for that particular preauth.

ROOT CANAL TREATMENT (23.7.2)

Limitation of 8 units per preauth and total 16 units allowed.

Criteria:-

- Brief clinical history-mention the nature of pain in detail. Acute pain – pain persisting for more than 6 weeks
- Correlate the age and general health of the patient. In Young patient – bigger pulp chambers and in old patients, pulpal shrinkage and formation of reparative dentin will be noticed, hence judicious decision is needed.
- Periapical changes seen in radiograph and clinical pics showing evidence of pulp exposure or exposed pulpal orifices.
- Minimal dentin thickness only present. IOPA x-ray is must to locate pulpal exposure and to evaluate minimal dentinal thickness.
• For all Hypersensitivity cases Root canal is not approved. Presence of Dentin thickness (2mm to 3mm) is noted, such cases to be managed conservatively.

Borderline cases-

• Advice for 4 to 6 weeks of conservative management
• Patient to be counseled regarding usage of desensitizing toothpastes and other oral aids like dental varnish and soft brushes.
• Diet control advice to be given.
• Beyond that if pain persists, case to be submitted along with fresh IOPA x-ray, and RCT can be advised.

Post op evidences-

• Post op x-ray with satisfactory root canal filling. Ideal filling (0.5 to 1mm above the apex considered) to be given. Under obturations and over obturations are not entertained and claim deducted accordingly.
• Intra op pics and IOPA x-ray showing working length/ master cone fit to be uploaded.
• Silver cones are not approved.

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**FOR FULL MOUTH REHABILITATION**-

• In aged patients- Collapse of the bite –decreased vertical dimension noticed.
• Occlusal night guard (Occlusal Splint) to be advised for a minimum of 15 days to 1 month for improvement of neuro muscular coordination.
• In such cases, only temporization to be permitted (2weeks) initially and later approval to be given for permanent crowns.

**METAL AND FIBRE POSTS**

Packages - **Metal Post and Core restoration with Metal ceramic crown (23.41.7)** and **Fibre post and core restoration with Anterior all ceramic crown (23.41.5)**-

Criteria-

• Only if the strategic teeth is present and fair prognosis can be expected.
• Subgingival crown fracture tooth cannot be approved for post.
• Only supragingival crown fracture with sound dentin need to be retained with post and core.
• 2/3rd length of the post to be present inside the root.
• Ferrule creation is not mandatory for all cases.
TCR: TOOTH COLORED RESTORATIONS (23.2.4)

Indications:

- Smooth surface lesions not approved.
- Loss of continuity in the surface or ledge or wedge formed due to abrasion or attrition (without pulpal involvement) considered.
- Clear clinical evidence (labeled pics) to be submitted.
- Nearest shade preferred.
- Adhesive tooth colored material to be used (Preferably GIC).

ORAL PROPHYLAXIS – CALCULI (96.54.2)

- Upper and lower teeth together to be considered as oral prophylaxis one unit (Full mouth). Validity for 1 year.
- For flapsurgery / curettage, if preauth is approved, oral prophylaxis to be done preparatory and cannot be claimed as separate procedure.
- Flap surgery done with laser not approved.

FIXED ORTHO TREATMENT WITH METAL BRACES-(24.7.5) [age limit- 35 yrs]

- 2 level payment to be given for claims.
- Initially 50% amount to be given and after completion (minimum 6 months) remaining amount to be sanctioned as follow up package.
- Follow up package can be raised along with retainer package.

ANTERIOR ALL CERAMIC CROWNS (23.41.3)

Indications: [Only for anteriors and 40 yrs age limit]

- Trauma cases, leading to fracture of crowns.
- Midline diastema in young patients (below 25 yrs) can be considered for approval on case basis.
- Non vital or caries related cases, RCT treated teeth can be approved.
- Hyperplastic / pitting enamel or Fluorosis cases or pan, gutka stains (habit related) cannot be entertained.
- Crowns to cover spacing between teeth or any other cosmetic purpose cannot be approved.

FOOD IMPACTION: Replacement with crowns.

- Age of the patient to be considered.
- Scaling, curettage and Periodontal therapy to be considered as first line of treatment.
- Maintenance therapy with dental cleaning aids can be advised.
- In old patients, Physiological migration of teeth /drifting is common, hence cannot be considered for crowns in all teeth.
- In Young patient, loss of the contact due to proximal caries with pulpal involvement only can be considered for crowns.
- Anatomical variations of teeth – leading to proximal caries and periodontal diseases to be restored with proper restoration.
Hence. All the Network Hospitals are hereby informed to follow the above guidelines.

End: Annexure-2.

To:
All the Network Hospitals.

Copy to:-
The EO (P&C) for favour of information.
The GM(PMU) with a request to place in the portal of EHS.
The GM, FOSS with a request to circulate in the field.
PS to CEO, AHCT for information.