shsb
dental quality assurance

Dental Benefits Operations Manual

VERSION 3.0 JANUARY, 2024

Supplementary Health Services Botswana

Dental Risk Management Services

> Introduction

The purpose of this document is to provide a comprehensive overview of Dental Management, its activities and principles within Dental Risk Management by Supplementary Health Service Botswana - SHSB.

SHSB is responsible for the Management of dental benefits, claims, pre- authorisation and enquiries. Utilising internationally accepted clinical parameters ensures appropriate benefits to the members of Medical Aid Schemes.

Dental benefits are divided into three main categories consisting of:

- In-hospital
- Conservative and
- Specialised dentistry

In-hospital and specialised dentistry requires pre-authorisation which is obtainable directly from SHSB - failure to pre-authorise either in-hospital or specialist dentistry may result in rejection of claims.

Above average benefits are offered for basic dentistry, promoting the dental philosophy of accessible primary care while specialised dentistry is benchmarked against industry and international parametres to evaluate clinical appropriateness before authorisation.

> Pre-Authorisation Policy and Procedures

Pre-authorisation policy and procedures applicable to all schemes and options will be subject to available benefits.

Pre-authorisation must be obtained within 48 hours for the following clinical services and will be subject to benefits availability and all required clinical information, before treatment commences, except in the case of emergency hospital admissions. Such emergency authorisation must be obtained within 48 hours or the following working day thereafter.

Pre authorisation requirements and supporting documentation must be emailed to dental@shsbotswana.co.bw

Once authorisation is complete, SHSB will send a letter of benefit allocation back to the service provider.

> Procedures that require Pre-Authorisation

1. ORTHODONTICS

- Benefits for all orthodontic treatment is subject to
- pre-authorisation accompanied by three (3) treatment records and treatment plan;
- Once approved payment will be made as an initial deposit and the balance over an estimated time period;
- Payment will be made according to member available
- specialized dentistry benefits;
- Removable appliances are limited to 2 appliances per
- beneficiary;
- Re-treatment of orthodontics is not covered;
- Lost appliances repairs, re-mounting or replacing of fixed
- orthodontic brackets is not covered;
- Re-treatment of orthodontic cases is not covered and for
- transferred cases to a next provider, only the balance of the treatment plan will be covered;
- Retainers are limited to one per jaw - motivation for more will be required;
- Two (2) extra-oral panoramic radiographs for orthodontic treatment planning will be covered one at the beginning and one at the end of the treatment, and any other investigative radiograph needed, based on the motivation provided.

Fixed Orthodontics
The following must be submitted to authorize.

- Treatment plan
- Detailed quotation (with all relevant coding and fees)
- Panoramic radiographs
- Cephalometric analysis
- Photographs of face and teeth occlusion from the front and both sides
- Clinical motivation

Non-fixed Orthodontics (Retainer)
The following must be submitted

- Detailed quotation
- OPG radiograph

Procedures that require Pre-Authorisation

2. CROWN AND BRIDGEWORK

- Benefits for crown and bridgework are limited to one crown per tooth number or one bridge area in a five (5) your period. Such benefits are subject to annual limited dentistry available, clinical appropriateness and pre- authorisation;
- Benefits for crowns will be granted once per tooth in five (5) years except where clinically motivated and assessed by SHSB;
- Laboratory fabricated crowns on primary teeth are not covered;
- Temporary crowns, including laboratory aspects, placed for any reason are excluded from benefits;
- Cosmetic procedures such as bleaching and anterior tooth laminate veneers are not covered, however, consideration is made for cases of enamel defects or Fluorosis supported by photographs plus cost of treatment, via pre-authorisation;
- Crowns will be covered in accordance with option benefits;
- Pre and post radiographs must be submitted with the invoice.

The following must be submitted.

- Detailed quotation
- Periapical of the specific tooth or teeth area
- Tooth identification
- Clinical motivation

3. DENTAL IMPLANTS

The following must be submitted.

- Detailed quotation
- Periapical of the specific tooth or teeth area
- Clinical motivation
- Tooth identification

4. SURGICAL EXTRACTION/ IMPACTED

The following must be submitted.

- Detailed quotation
- Pre-op radiograph
- Tooth identification
- Clinical motivation

5. PERIODONTICS

- Benefits for periodontal disease management done by general dentists is limited to conservative (non-surgical) management and is subject to submission of full charting and treatment plan with periapical or Panorex radiographs;
- Comprehensive Oral Examination (8101) must be performed on all patients suspected to have periodontal disease to determine the patient's dental and medical health status involving a comprehensive examination, diagnosis and treatment plan.

- Treatment planning includes but is not limited to the evaluation and recording of dental caries, pulp vitality tests of the complete dentition, plaque index, missing and unerupted teeth, restorations, occlusal relationships, periodontal conditions (including a periodontal charting and bleeding index), hard and soft tissue anomalies (including TMJ).
- Periodontal examination (8176) includes a copy of periodontal charting of the complete dentition, plaque index and bleeding index and full mouth x-rays or panorex taken.
- A CPITN score will be made, from which a treatment plan will be submitted for pre-authorisation.
- The submission of periodontal charts and x-rays shall be attached to an invoice related to first visit by the patient, reporting 8176 (periodontal screening), 8177 (oral hygiene instructions for the periodontally compromised) and 8180 (scaling for the periodontally compromised) as having been completed.
- The root planning services (8184 or 8182) can only be performed at a separate, subsequent visit.
- Children with mild periodontitis requiring code 8180, will need motivation to be submitted with the invoice;
- Intra-oral radiographs complete series (8 peri-apicals), tariff code 8108, are only covered for periodontally compromised patients;
- All root planning/debridement invoices to be submitted with radiographs;
- Invoices should be submitted with identification of sextants and quadrants.

6. CHROME COBALT DENTURE

- Plastic dentures are limited to one per jaw, i.e. two (2) per person, in a four (4) year period except where clinically justified and authorised by SHSB;
- Partial metal denture frames are limited to one (1) per jaw, i.e. two (2) per person, within a five (5) year period;
- Partial denture every three (3) years;
- Relines, Rebase, Soft Base every two (2) years;
- Metal base to full denture or soft base to new denture including laboratory cost is not covered;
- Metal base to partial dentures is limited to one (one) per jaw in a 5-year period. Repairs to the metal base and replacement of lost dentures are not covered.

The following must be submitted.

- Detailed quotation
- Tooth identification
- Clinical motivation

7. COMPOSITE VENEERS

The following must be submitted.

- Pre-op photographs
- A detailed quotation
- Tooth identification
- Clinical motivation
- The invoice must be submitted with post op radiographs.

8. ORTHOGNATHIC SURGERY

- Clinical motivation is required for consideration for payment including associated hospital costs.

9. APICECTOMIES

- Benefit will not be considered unless a reasonable attempt has been made to drain the peri-apical infection via endodontic procedures and through re-treatment where applicable.

10. ALL APPLIANCES

Splinting (restricted to the treatment of TMJ dysfunction)

- Mouth guard
- Space maintainer
- Habit breaker

The following must be submitted:

- Detailed quotation
- Clinical motivation

11. DENTAL HOSPITALIZATION OR CONSCIOUS SEDATION

All options including implantology, orthognathic and paediatric patients

The following must be submitted:

- Clinical motivation
- Detailed Quotation (with all relevant coding and fees)
- Tooth identification
- Panoramic radiographs or intra-oral peri-apical radiograph

> Dental services during hospitalization

Hospitalisation or intravenous sedation for dentistry is not automatically covered and are subject to pre-authorisation where the following protocols will apply:

Hospitalisation and Intravenous Sedation:

- Hospitalisation cover is provided for children below the age of ten (10) years when the treatment envisaged is of such a nature that it cannot be performed without general anesthesia;
- Fissure sealant, fluoride treatment and polishing of teeth for children below ten (10) years will not be authorized in hospital;
- Multiple restorative visits to theatre for children below the age of ten (10) years will not be covered i.e. a single hospital visit should suffice to stabilize the dentition there after routine dental treatment and preventative dentistry will be covered in the dental rooms;
- Theatre visits for persons above ten (10) years of conservative dentistry and extractions will be covered. The requirement of a sterile facility is not on its own and acceptable reason for hospitalization for dental treatment. Removal of infected teeth will only be covered when the teeth are associated with pathology, severe pain and orthodontic reasons. Single infection extraction or soft tissue imperfections will not be covered in hospital;
- Apicectomies on anterior teeth in hospital will not be covered for benefit unless re-treatment of root canals has been attempted;
- Hospitalisation benefits are available for procedures associated with dental implants e.g. sinus lift, bone harvest and tissue regeneration procedures on all options.
- Hospitalisation cover will only be considered where an underlying medical condition increases the risk of treating in the rooms or indicate that higher level of care is required. Benefit only in cases of accidents, injury, congenital abnormalities and oncology related procedures only;
- Dental implantology in hospital or chairside will be pre-authorised;

The following will not be covered in hospital:

- Dentectomies – removal of all teeth in the mouth
- Frenectomies
- Conservative dental treatments e.g. fillings on adults, fissure sealant, fluoride treatment and polishing of teeth
- Periodontal procedures are not covered in hospital
- Genioplasty
- Gingivectomy
- Root canal therapy

Patient Anxiety Control

- Where a dental practitioner requires a medical colleague to administer sedatives intravenously (not general anaesthetic) to assist in difficult cases in the dental rooms, the fee charged by the second professional will be covered by the scheme only if he authorised by SHSB. No limits are placed on the use of oral sedatives or nitrous oxide administered by dental practitioners in their rooms.

> Procedures that do not require Pre-Authorisation

- Benefits for dental "consultation" as described in Schedule A under the code 8101 are allowed once per six (6) months period per dependent per practitioner;
- Where high risk individuals require more regular "check-ups" such visits will attract benefit only once risk has been clinically motivated;
- Examination or consultation for a specific problem (tariff code 8104), not requiring charting and treatment planning may not be charged with tariff code 8101 or following the same treatment plan. It may be charged for specific unrelated diagnosis and for treatment that need review;
- Disimpaction, Surgical Extraction and RCT reviews do not qualify for 8104 -codes for dry socket and excessive bleeding to be used;
- Four bite wings plus peri-apicals for specific teeth and under treatment will be covered;
- Only one in six (6) months extra-oral panoramic radiograph covered per beneficiary benefit period were indicated e.g. periodontal disease, otherwise limited to one Pan x-ray per beneficiary benefit year.

1. ROOT CANAL TREATMENT

- Invoice to be submitted with a pre and post radiograph
- Peri-apicals associated with RCT will be covered up to a maximum of 4 per procedure

> Preventative Dentistry

Preventive visits are limited to one every six (6) months. More regular visits will attract benefit once disease risk has been clinically assessed and motivated for by attending clinician. Such clinical motivation may be accompanied by x-rays or clinical radiographs as necessary:

i. Scale and polish
ii. Restorations

- Invoice should be submitted with tooth identification
- Covered once in two (2) years on the same tooth.

iii. Fissure sealants

- Invoice must be submitted with tooth identification
- Covered once every two (2) years, up to fourteen (14) years old

2. PLASTIC DENTURES

Plastic dentures and laboratory and their repair

3. SIMPLE EXTRACTIONS

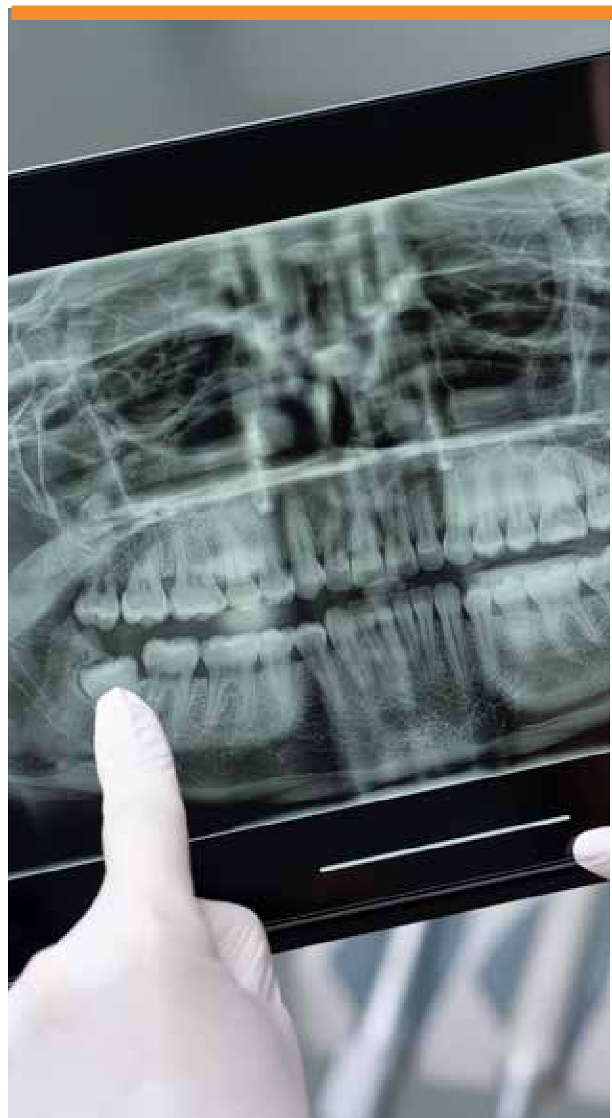
Invoice must be submitted with tooth identification

Claims Requirements

- Every claim submitted to the scheme in respect of the rendering of dental service should be submitted electronically through Electronic Data Interchange - EDI.
- Every claim submitted shall contain the following particulars:
  - The surname and initials of the member;
  - The first name of the patient as indicated on the membership card;
  - Date of birth of the patient;
  - The membership number of the member;
  - The practice code and name of the service provider rendering the service;
  - The date on which the service was rendered;
  - The nature of the service and international classification of disease (ICD) and/or current procedural terminology (CPT), called a diagnosis code from time to time;
  - Members should submit invoices written in the English language;
  - The code number of the item of the recognised tariff, where applicable
  - Where the account is a photocopy of the original, certification by the service provider by way of the rubberstamp and signature of such a photocopy
- SHSB reserves the right to return to the service provider, all claims, either not submitted in the prescribed format or not legible;
- Where any account has been paid by a member, the member shall, in support of his claims, submit a receipt as proof of payment;
- The Management Committee may require that, where possible, a claim should be certified by the member;
- Dental claims submitted after a period of 3 months will be considered stale and will not be considered for payment;
- The liability of the scheme to process claims resubmitted for whatever reason, shall lapse three (3) months following the date on which it was first assessed or paid;
- Foreign claims submitted after the three (3) months stale period must be escalated to the scheme

> General Rules and Protocols

- All dental procedures are covered as per the description of rules for the specific scheme and option concerned;
- The dental protocols of the scheme will take precedence and scheme tariffs will apply;
- All treatment rendered by a dental specialist is regarded as specialised treatment regardless of the treatment;
- Where additional treatment to what is considered general practice is provided by a dentist with extra qualification acceptable to Botswana Health Professionals Council – BHPC, the Scheme and BODEA, and relevant equipment - the use of modifiers is mandatory;
- All hospitalisation for dental procedures are subject to pre-authorisation by SHSB before treatment commences, except in the case of emergency hospital admissions - such authorisation must be obtained within 48 hours or the following working day thereafter. No other in-hospital admission and treatment will be allowed;
- For the current benefits period, no pre-authorisation will be required for some procedures, e.g. simple extractions, acrylic based dentures and root canal treatment - completed RCT invoices must be submitted with pre-and post -op X-rays;
- A written authorisation is not a guarantee of payment and is issued subject to available benefit at the time when the claim/s is received. The authorisation includes a summary of benefit allocation;
- Hospital authorisations are only valid for one (1) month and all other authorisations are valid for three (3) months;
- Benefit verification applicable to hospitalisation, consumables, theatre and Anaesthetist cost must be obtained from the Schemes' Hospital Managed-Care Organisation - SHSB will register the case with the Administrator



Restrictions and Exclusions

The treatment and procedure codes listed below are not covered by the scheme. The member is liable for the total cost of these procedures. In the event of a dispute regarding exclusions and benefits, scheme rules will prevail.

- Cosmetic dentistry such as bleaching and laminated veneers where not clinically indicated but purely aesthetic;
- Mouthwash and toothpaste;
- Fissure sealant on patients older than 16 years and younger than 3 years;
- Professionally applied topical fluoride in adults 18 years and above
- Extra oral/facial image of dentist work not covered, except only for orthodontics and flurosis
- Periodontal chip;
- Ozone therapy;
- Therapy of healed extraction site;
- Vascular surgery for treatment of headaches;
- Oral appliances or the ligation of temporal arteries for treatment of headaches;
- For multiple charges of desensitising, resin or medicament, only application of desensitising medicament per visit will apply once-off;
- Desensitising, resin or medicament, will not be covered during the same visit as application of topical fluoride;
- Full endodontic procedures are not covered on primary teeth;
- Emergency root canal/pulp removal (pulpectomy) charged on the same day as complete root canal therapy;
- Snoring/anti snoring device or device for sleep apnoea manufactured by a dental provider or laboratory;
- Crowns used to restore teeth for cosmetic reasons;
- Crowns where the tooth has recently been restored to function successfully;
- Laboratory fabricated crowns are not covered on primary teeth;
- Crowning of teeth involving failed RCT;
- Temporary/provisional and emergency crowns including lab costs;
- Acrylic crowns, including laboratory aspects, placed for any reason are excluded from benefits;
- Fixed prosthodontics where the members mouth is periodontally compromised;
- Crowns on periodontally compromised teeth;
- Bridges where abutments are periodontally compromised;
- Crown and bridgework on teeth with compromised root canal treatment e.g. half-filled canals;
- Fixed prosthodontics used to restore teeth for cosmetic reasons;
- Benefit for the cost of metal would be in accordance to the tooth type;
- Cost of gold, precious metal, semi-precious metal and platinum foil;
- Laboratory costs where the associated dental procedure is not covered;
- Anterior in-lays and on-lays made of metal alloy e.g. gold, will not be covered;
- Diagnostic dentures;
- Metal base to full dentures;
- Orthodontic re-treatment;
- Orthodontic retainer/fixed/removal appliances repairs;
- Diagnostics set up (orthodontics);
- Surgical periodontal services in hospital;

> Restrictions and Exclusions

- Gingivectomy in hospital;
- Dentectomies in hospital;
- Frenectomies in hospital;
- Fillings, extractions and root canal therapy in hospital for children over age of ten (10) years, or subject to approval by SHSB;
- Preventative dentistry procedures in hospital;
- Dental implants in or out of hospital and associated surgical procedures are covered subject to annual financial limits.

> Dental Benefit Operations Summary

CONSERVATIVE DENTISTRY	
Dental Consultation - Annual check-up	• Two (2) annual check -ups per beneficiary, one (1) every six months; • Examination or consultation for a specific problem (tariff code 8104), not requiring charting and treatment planning not within four (4) weeks of (tariff code 8101)
Restorations/fillings (Amalgam and Resin)	• Benefits for fillings are available where such fillings are clinically indicated
Diagnostics	• Intra -oral radiographs complete series (8 peri-apicals) not covered (tariff code 8108), except for periodontal treatment; • Panoramic radiograph only 1 in six months per beneficiary unless motivated; • Infection control (tariff code 8109) only 2 per visit; • Local anaesthetic (tariff called 8145) only three (3) per visit. • tivated;
Preventative Dentistry	• Scale and polish once every six (6) months (tariff code 8155/8159); • Fluoride treatment only members between three (3) and eighteen (18) years (tariff code 8161) • Fissure sealant only members between six (6) and sixteen (16) years (tariff code 8163) • Fissure sealant limited to permanent molars and pre-molars. Not within Two (2) years of previous treatment.
Dentures ***Subject to pre-authorisation and treatment protocols***	• One (1) set of full, or upper, or lower plastic denture every four years, or subject to approval; • Relines, Rebase, Soft Base every two (2) years; • One partial plastic denture for jaw per beneficiary every four years or subject to approval.
Endodontic therapy (Root Canal Treatment)	• 4 periapical x-rays covered • 8132 to help removal/emergency root canal treatment not allowed on same day as root treatment • Direct or indirect pulp capping (tariff code 8301/8303) excluded from benefit; • Root canal treatment on primary and wisdom teeth excluded from benefit; • Pulp removal/emergency root canal treatment not allowed on the same day as root canal treatment.

> Dental Benefit Operations Summary

SPECIALISED DENTISTRY	
Crowns and Bridges *Pre-authorisation and x-rays are required*	• Benefit for crowns are granted once per tooth per five (5) years
Dentures	• Metal frame work every five (5) years • Full acrylic dentures every five (5) years • Partial acrylic dentures every four (4) years or subject to pre-authorisation
Orthodontics *Pre-authorisation required*	• Pre-authorisation is required for orthodontic treatment subject to available limited dentistry limit • Re-treatment of orthodontics is not covered • Loss of appliances, repair, remounting or replacement of fixed orthodontic brackets is not covered
Periodontics *Pre-authorisation required*	• For a general dentist, restricted to non-surgical and root planning only
HOSPITALISATION	
Dental Hospitalization *Subject to pre-authorisation*	• Subject to Overall Annual Benefit limit per family; • Benefit only for removal of symptomatic impacted wisdom teeth (3rd molars) associated with pain and pathology, only if pre-authorised as a day case; • Clearly defined radiographs required with authorised submission.
Maxillo-Facial and Oral Surgery *Subject to pre-authorisation and clinical appropriateness protocol*	• Subject to Overall Annual Benefit limit per family; • Benefit only for removal of symptomatic impacted wisdom teeth (3rd molars) associated with pain and pathology, only if pre-authorised as a day case; • Clearly defined radiographs required with authorised submission.