



Dental Benefit Guide 2014: Thebemed

As dental cover differs from one scheme to another, becoming familiar with the benefit design of each scheme is important to both members and their service providers.

This guide is provided as a reference guide, offering a summary of the dental benefits offered on each scheme and option managed by Denis in 2014.

In the event of a discrepancy between the benefit guide and the individual scheme rules, the rules of each scheme will prevail.

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Thebemed Benefits 2014

Dental benefits are paid at the Thebemed Dental tariff (TDT). Hospitalisation and certain specialised dentistry procedures and treatment must be pre-authorized*. If no pre-authorization is obtained or if pre-authorization is applied for after the treatment has been done, benefits will not apply. This does not apply to emergency hospital admissions. Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Scheme exclusions apply to dental benefits. In the event of a dispute, the registered rules of the scheme prevail.

General scheme exclusions applicable to Energy and Universal options:

- Electrognathographic recordings, pantographic recordings and other such electronic analysis
- Nutritional and tobacco counseling
- Caries susceptibility and microbiological tests
- Fissure sealants on patients 16 years and older
- Pulp tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointment not kept
- Special report
- Dental testimony including Dento-legal fees
- Treatment plan completed (currently code 8120)
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures

Please refer to the tables below for benefit specific exclusions.

CONSERVATIVE DENTISTRY	DENTAL BENEFIT TABLE	ENERGY PLAN
	Pre-authorization is required for Periodontics, Hospitalisation and IV conscious sedation in rooms.	
	Consultations	2 annual check-ups per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Covered at the TDT.
	X-rays: Intra-oral	Benefit is subject to managed care protocols. Covered at the TDT.
	X-rays: Extra-oral	1 per beneficiary in a 3 year period. Benefit is subject to managed care protocols. Covered at the TDT.
	Oral Hygiene	2 annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age. Benefit for fluoride is limited to beneficiaries younger than 13 years of age. Covered at the TDT. Scheme exclusions: <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 13 years and older • Dental bleaching
	Fillings	Benefit for fillings are granted once per tooth in 365 days. Benefits for retreatment of a tooth are subject to managed care protocols. Covered at the TDT. A treatment plan and x-rays may be required for multiple fillings. Scheme exclusions: <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy



CONSERVATIVE DENTISTRY	DENTAL BENEFIT TABLE	ENERGY PLAN
	<p>Root Canal Therapy and Extractions</p>	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on wisdom teeth (3rd molars) • Direct and indirect pulp capping procedures
<p>Plastic Dentures and associated Laboratory costs</p>	<p>1 set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p> <p>Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.</p> <p>Benefit is not available for the laboratory fee of mouth guards; the clinical fee will be covered.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs 	
SPECIALISED DENTISTRY	<p>Partial Metal Frame Dentures and associated Laboratory costs</p>	<p>1 partial frame (an upper or a lower) per beneficiary in a 5 year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees
	<p>Crowns and associated Laboratory costs</p>	<p>No benefit</p>
	<p>Implants and associated Laboratory costs</p>	<p>No benefit</p>
	<p>Orthodontics and associated Laboratory costs</p>	<p>No benefit</p>
	<p>Periodontics*</p>	<p>Pre-authorization is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p> <p>Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery tissue grafting and the hemisection of a tooth • Perio chip placement.
<p>Maxillo-facial Surgery and Oral Pathology</p>	<p>Surgery in the dental chair:</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p> <p>Benefit for Temporomandibular Joint (TMJ) therapy is limited to non-surgical Intervention/treatments.</p> <p>The claims for oral pathology treatments (Cysts and Biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • Sinus lift procedures • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 8941, 8943 and 8945) is a scheme exclusion. <p>Surgery in hospital: See Hospitalisation* below</p>	



HOSPITALISATION AND ANAESTHETICS	DENTAL BENEFIT TABLE	ENERGY PLAN
	Hospitalisation (general anaesthetic)*	<p>Pre-authorisation is required.</p> <p>Admission protocols apply.</p> <p>General anaesthetic benefits are available for children younger than 5 years of age for extensive dental treatment.</p> <p>General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols.</p> <p>The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at the TDT:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia
	Laughing gas in dental rooms	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p>
	IV conscious sedation in rooms*	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p> <p>Benefit is limited to extensive dental treatment.</p>

Thebemed Universal Dental benefit table 2014

Dental benefits are paid at the Thebemed Dental tariff (TDT). Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Scheme exclusions apply to dental benefits. In the event of a dispute, the registered rules of the scheme prevail.

The benefits available on the Universal Plan are subject to a designated service provider (DSP) arrangement with Denis Network dentists. If there is no Designated Service Provider in the member's area, the member needs to contact Denis prior to treatment.

DENTAL BENEFIT TABLE	PROCEDURE CODE	QUANTITY PAID PER BENEFICIARY PER CALENDAR YEAR
Consultations	8101	<p>1 per beneficiary per calendar year.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p>
X-rays	8107, 8112	<p>4 x-rays in total per beneficiary per calendar year.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p>
Gloves, masks and sterilised instruments	8109, 8110	<p>1 set per beneficiary per visit (8109 x 1 and 8110 x 1)</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p>
Scale and Polish	8159, 8155	<p>1 per beneficiary per calendar year (either 8159 or 8155).</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p>
After Hours Emergency	8129	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p>



Specific oral examination	8104	Benefit is subject to managed care protocols. Covered at the TDT.
Emergency root canal treatment	8132	Benefit is subject to managed care protocols. Root canal treatment on wisdom teeth (3rd molars) is not covered. Covered at the TDT.
Local Anaesthetic	8145	1 per beneficiary per visit. Benefit is subject to managed care protocols. Covered at the TDT.
Extractions	8201, 8202	Benefit is subject to managed care protocols. Covered at the TDT.
Conservative dental restorations; amalgam and anterior resin restorations*	8341, 8342, 8343, 8344 8351, 8352, 8353, 8354	Maximum of 4 fillings per beneficiary per calendar year. Benefit for fillings are granted once per tooth in 365 days. Benefit for retreatment of a tooth is subject to managed care protocols. Benefit is subject to managed care protocols. Covered at the TDT.
Surgery in the dental rooms (impacted teeth only)	8941, 8943, 8945	Benefit is subject to managed care protocols. Covered at the TDT.
Plastic Dentures	8231, 8232, 8233, 8234, 8235, 8236, 8237, 8238, 8239, 8240, 8241	1 set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period. Benefit is subject to managed care protocols. Covered at the TDT.