

Transmed Dental Benefit Tables 2020

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TRANSMED SELECT Dental Benefit Table 2020

Dental Benefits

Dental benefits are managed by DENIS and paid at the Transmed Dental Tariff (TDT).

Only the dental codes listed in the table below will be covered under this option, except in the case of authorised crown and bridgework, orthodontics, hospitalisation and authorised Prescribed Minimum Benefit (PMB) events.

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.

In the event of a dispute, the registered Rules of the Scheme will prevail.

Pre-authorisation*

Pre-authorisation is required for dentures, crown and bridgework, orthodontics, IV conscious sedation in the room and general anaesthetic in hospital.

No pre-authorisation will result in no payment.

Emergencies require authorisation within 48 hours of admission.

TRANSMED SELECT CONSERVATIVE DENTISTRY

Benefit	Code	Limitations
Consultations		
Full mouth examination, charting and treatment planning	8101	Two annual consultations per beneficiary per year (once in 6 months, i.e. 180 days apart from previous 8101)
Examination or consultation for a specific problem, not requiring charting and treatment planning	8104	Not within 4 weeks of an 8101, 8102, 8104
Diagnostic Codes		
Intraoral X-rays	8107 <i>and/or</i> 8112	Code 8107 and 8112 cannot be charged more than 7 times per year in total
Intraoral radiograph – occlusal	8113	Only applicable to Orthodontics
Extraoral radiograph – hand-wrist	8114	Only applicable to Orthodontics
Extraoral X-ray – panoramic	8115	No benefit <i>Covered if provided with impacted wisdom tooth removal authorisation application</i> <i>An additional 8115 can be allowed for Orthodontics</i>
Extraoral radiograph – cephalometric	8116	Only applicable to Orthodontics
Infection control	8109	Maximum 2 per visit
Instrument sterilisation	8110	Maximum 1 per visit
Local anaesthetic	8145	Once per visit
Preventative Codes		
Polish (all ages)	8155	Two annual treatments per year in total; once in 6 months (i.e. 180 days apart) for codes 8155 and/or 8159
Scaling and polishing (for beneficiaries 12 years and older)	8159	
Fluoride treatment		Two annual treatments per beneficiary per year (once in 6 months; i.e. 180 days apart from previous code 8161 or 8162)
	8161	Younger than 12 years of age
	8162	From age 12 and older

TRANSMED SELECT CONSERVATIVE DENTISTRY

Benefit	Code	Limitations
Treatment of hypersensitive dentine per visit	8167	Two annual treatments per beneficiary per year (once in 6 months; i.e. 180 days apart from previous 8167)
Extractions (Removal of Teeth)		
Extraction first tooth	8201	Maximum 1 per quadrant; the 2 nd and additional extractions per quadrant must be claimed under code 8202
Extraction each additional tooth in the same quadrant	8202	A maximum of 7 per quadrant per permanent dentition and 4 per primary dentition
Emergency Codes		
Emergency dental treatment where no other treatment item is applicable	8131	<i>Root canal treatment is not covered on Primary Teeth</i>
Emergency root canal treatment	8132	
Restoration Codes <i>(Authorisation required on quantity; see limitations)</i>		
Dental sealants	8163	Maximum of 8 (2 per quadrant) can be charged for beneficiaries younger than 16 years of age.
Dental fillings (Restorations):		One restoration code per tooth number in 720 days
Amalgam – one surface	8341	Multiple fillings on anterior teeth on the same service date only per treatment plan and motivation, including X-rays, received.
Amalgam – two surfaces	8342	
Amalgam – three surfaces	8343	
Amalgam – four or more surfaces	8344	Pre-authorisation and X-rays required for any 3 or 4 surface fillings on wisdom teeth (<i>non-functional wisdom teeth not covered</i>)
Resin – one surface	8351	
Resin – two surfaces	8352	
Resin – three surfaces	8353	Repairing of teeth damaged due to bruxism, toothbrush abrasion, erosion and fluorosis will not be covered
Resin – four surfaces	8354	
Resin – one surface	8367	
Resin – two surfaces	8368	Replacement of non-carious amalgam with resin will not be covered
Resin – three surfaces	8369	
Resin – four surfaces	8370	
		Posterior teeth restorations cannot be performed across the midline

TRANSMED SELECT CONSERVATIVE DENTISTRY

Benefit	Code	Limitations
Root Canal		
Pulp amputation (Pulpotomy)	8307	Code 8307 - Primary teeth ONLY
Preparatory visit – single canal tooth	8332	
Preparatory visit – multi canal tooth	8333	All other codes: ONLY covered on permanent teeth
Obturation – anterior & premolars; 1 st canal	8335	
Obturation – anterior & premolars; add. canal	8328	One per beneficiary in 365 days
Obturation – posteriors; 1 st canal	8336	
Obturation – posteriors; add. canal	8337	There is a benefit for re-root canal treatment on a tooth where root canal treatment has failed
Therapy – anterior & premolars; 1 st canal	8338	
Therapy – anterior & premolars; add. canal	8329	
Therapy – posteriors; 1 st canal	8339	In the event that the re-root canal treatment fails, benefits will be available for an apicectomy
Therapy – posteriors; each add. canal	8340	
Re-prep of previously obturated root canal	8334	
Apexification/recalcification – per visit	8635	
Removal of root canal obstruction	8330	
Access through a prosthetic crown or inlay to facilitate root canal treatment	8136	
Plastic Dentures*		*Pre-authorisation required
Full upper and lower denture	8231	No payment without pre-authorisation
Full upper or lower denture	8232	
Partial denture – one tooth	8233	All codes (8231 – 8273) are subject to the specialised dentistry limit of R4 380 per family per year.
Partial denture – two teeth	8234	
Partial denture – three teeth	8235	
Partial denture – four teeth	8236	Codes 8232 – 8662: One per jaw every 4 years for beneficiaries 21 years and older
Partial denture – five teeth	8237	
Partial denture – six teeth	8238	
Partial denture – seven teeth	8239	
Partial denture – eight teeth	8240	
Partial denture – nine teeth and more	8241	
Immediate denture – Maxillary	8244	
Immediate denture - Mandibular	8245	
Bar – lingual or palatal	8257	
Implant supported removable complete overdenture	8533	
Implant supported removable partial overdenture	8534	
Overdenture - Complete	8652	
Overdenture - Partial	8653	
Implant supported fixed-detachable complete overdenture	8654	
Implant supported fixed-detachable partial overdenture	8655	

TRANSMED SELECT CONSERVATIVE DENTISTRY

Benefit	Code	Limitations
Replacement of precision attachment	8657	
Additional fee to implant supported fixed-detachable denture per implant	8660	
Adjust complete or partial dentures (remounting)	8662	
Denture rebase	8259	Once in 365 days per beneficiary
Repair denture	8269	Once in 365 days per beneficiary
Denture reline	8263	Once in 365 days per beneficiary
Denture soft base reline	8267	Once in 365 days per beneficiary
Denture remodel	8261	Once in 365 days per beneficiary
Add a tooth to existing denture	8271	Once in 365 days per beneficiary
Impression to repair denture	8273	Once in 365 days per beneficiary

TRANSMED SELECT SPECIALISED DENTISTRY

BENEFIT	CODE	LIMITATIONS
Partial Metal Frame Dentures and Associated Laboratory Costs*		*Pre-authorization required
Partial denture – cast metal framework only	8281	One frame in 5 years per beneficiary 21 years and older
Adjust complete or partial denture	8275	Subject to the Specialised Dentistry Limit of R4 380 per family per year and managed care protocols
Crown and Associated Laboratory Costs*		*Pre-authorization required
		<p>One crown per family per 2 years for beneficiaries 16 years and older</p> <p>Subject to the Specialised Dentistry Limit of R4 380 per family per year and managed care protocols</p> <p>A treatment plan and X-rays may be requested.</p> <p>A crown on 3rd molars requires pre-authorization with supporting radiograph.</p>
Implants and Associated Laboratory Costs		No benefit

TRANSMED SELECT SPECIALISED DENTISTRY

BENEFIT	CODE	LIMITATIONS
Orthodontics and Associated Laboratory Costs*		*Pre-authorization is required
		<p>Benefit is subject to managed care protocols.</p> <p>On pre-authorization cases will be clinically assessed by using an orthodontic needs analysis.</p> <p>Benefit is subject to the outcome of the needs analysis and an Orthodontic limit of R8 720 per beneficiary younger than 18 years of age.</p> <p>This benefit is granted <i>once</i> per beneficiary per lifetime</p>
Surgery*		*Pre-authorization is required
Surgical removal of impacted tooth – 1 st tooth	8941	
Surgical removal of impacted tooth – 2 nd tooth	8943	
Surgical removal of impacted tooth – 3 rd and subsequent teeth	8945	
Surgical removal of impacted tooth – 1 st tooth Surgical removal of impacted tooth – 2 nd tooth Surgical removal of impacted tooth – 3 rd and subsequent teeth	8941 8943 8945	<p><u>Surgery in Hospital</u></p> <p style="color: red;">Pre-authorization is required</p> <p>Admission protocols apply</p> <p>ONLY for the surgical removal of impacted teeth</p> <p>NOTE: The dental account is subject to the Specialised Dentistry Limit of R4 380 per family per year. The hospital and anaesthetist accounts are payable from the Insured Benefit (Major Medical Benefits).</p>
Fistula Closure	8909	<p><u>Fistula Closure</u></p> <p>NOTE: The dental account is subject to the Specialised Dentistry Limit of R4 380 per family per year. The hospital and anaesthetist accounts are payable from the Insured Benefit (Major Medical Benefits).</p>

TRANSMED SELECT HOSPITALISATION AND ANAESTHETICS

BENEFIT	CODE	LIMITATIONS
Inhalation Sedation (Laughing Gas in Dental Rooms) First 15 minutes Each additional 15 minutes	 8141 8143	Subject to the Specialised Dentistry Limit of R4 380 per family per year
IV/Conscious Sedation in the Rooms	8144	<p style="color: red;">Pre-authorisation required</p> Subject to managed care protocols Subject to the Specialised Dentistry Limit of R4 380 per family per year
Hospitalisation (General Anaesthetic) Facility / Hospital Call General Anaesthetic	 8140 8499	<p style="color: red;">Subject to pre-authorisation</p> Admission protocols apply General Anaesthetic benefits are available for children under the age of 6 years for extensive dental treatment. Limited to 1 admission per beneficiary per 24 months. The hospital and anaesthetist accounts are payable at the TDT from the Insured Benefit (Major Medical benefits). The dental account will be paid according to the listed dental benefits and is subject to available funds. General Anaesthetic benefits are available for the removal of impacted teeth. A Panoramic X-ray needs to be provided with submission. The hospital and anaesthetist accounts are payable at the TDT from the Insured Benefit (Major Medical benefits). The dental account will be subject to the Specialised Dentistry Limit of R4 380 per family per year. Scheme Exclusions: <ul style="list-style-type: none"> • In-hospital Dentectomies • In-hospital Apicectomies

TRANSMED GUARDIAN Dental Benefit Table 2020

Dental Benefits

Dental benefits are managed by DENIS and paid at the Transmed Dental Tariff (TDT).

Only the dental codes listed in the table below will be covered under this option, except in the case of authorised crown and bridgework, hospitalisation and authorised Prescribed Minimum Benefit (PMB) events.

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.

In the event of a dispute, the registered Rules of the Scheme will prevail.

Pre-authorisation*

Pre-authorisation is required for dentures, crown and bridgework, IV conscious sedation in the room and General Anaesthetic in hospital.

PMB treatment and certain procedures are the only dental treatment covered in hospital on the Guardian option. No pre-authorisation will result in no payment.

Emergencies require authorisation within 48 hours of admission.

TRANSMED GUARDIAN CONSERVATIVE DENTISTRY

BENEFIT	CODE	LIMITATIONS
Consultations		
Full mouth examination, charting and treatment planning	8101	Once per beneficiary per year (180 days apart from previous 8101)
Examination or consultation for a specific problem, not requiring charting and treatment planning	8104	Not within 4 weeks of an 8101, 8102, 8104
Diagnostic Codes		
Intraoral X-rays	8107 <i>and/or</i> 8112	Code 8107 and 8112 cannot be charged more than 2 times per consultation in total; more requires motivation.
Extraoral X-rays	8115	No benefit
Infection Control	8109	Maximum 2 per visit
Instrument Sterilisation	8110	Maximum 1 per visit
Local Anaesthetic	8145	Once per visit

TRANSMED GUARDIAN CONSERVATIVE DENTISTRY

BENEFIT	CODE	LIMITATIONS
Preventative Codes		
Polish (all ages)	8155	Two annual treatments per year in total; once in 6 months (i.e. 180 days apart) for codes 8155 and/or 8159.
Scaling and Polishing (for beneficiaries 12 years and older)	8159	
Fluoride Treatment (Adult)	8162	Two annual treatments per year for beneficiaries 12 years and older (once in 6 months; i.e. 180 days apart from previous code 8162).
Treatment of hypersensitive dentine per visit	8167	Two annual treatments per beneficiary per year (once in 6 months; i.e. 180 days apart from previous 8167).
Extractions		
Extraction first tooth	8201	Maximum 1 per quadrant; the 2 nd and additional extractions per quadrant must be claimed under code 8202.
Extraction each additional tooth in the same quadrant	8202	A maximum of 7 per quadrant per permanent dentition and 4 per primary dentition.
Emergency Codes		
Emergency dental treatment where no other treatment item is applicable	8131	Root Canal Treatment is <u>NOT</u> covered on: ➤ Primary Teeth
Emergency root canal treatment	8132	
Restoration Codes		
Dental Sealants	8163	Maximum of 8 (2 per quadrant) can be charged for beneficiaries younger than 16 years of age.

TRANSMED GUARDIAN CONSERVATIVE DENTISTRY

BENEFIT	CODE	LIMITATIONS
<u>Dental Fillings (Restorations)</u>		
Amalgam – one surface	8341	One restoration code per tooth number in 720 days
Amalgam – two surfaces	8342	Multiple fillings on anterior teeth on the same service date only per treatment plan and motivation, including X-rays, received.
Amalgam – three surfaces	8343	
Amalgam – four or more surfaces	8344	
Resin – one surface	8351	Pre-authorization and X-rays required for any 3 or 4 surface fillings on wisdom teeth (non-functional wisdom teeth not covered)
Resin – two surfaces	8352	
Resin – three surfaces	8353	
Resin – four surfaces	8354	
Resin – one surface	8367	Repairing of teeth damaged due to bruxism, toothbrush abrasion, erosion and fluorosis will not be covered.
Resin – two surfaces	8368	
Resin – three surfaces	8369	
Resin – four surfaces	8370	
		Replacement of non-carious amalgam with resin will not be covered.
		Posterior teeth restorations cannot be performed across the midline
Root Canal Treatment		
Pulp Amputation (Pulpotomy)	8307	Code 8307 - Primary teeth ONLY
Preparatory visit – single canal tooth	8332	All other codes: ONLY covered on permanent teeth
Preparatory visit – multi canal tooth	8333	
Obturation–anterior & premolars; 1 st canal	8335	
Obturation–anterior & premolars; add. canal	8328	One per FAMILY in 365 days
Obturation-posteriors; 1 st canal	8336	
Obturation-posteriors; add. canal	8337	There is a benefit for re-root canal treatment on a tooth where root canal treatment has failed In the event that the re-root canal treatment fails, benefits will be available for an apicectomy.
Therapy –anterior & premolars; 1 st canal	8338	
Therapy-anterior & premolars; add. canal	8329	
Therapy-posteriors; 1 st canal	8339	
Therapy-posteriors; each add. canal	8340	
Re-prep of previously obturated root canal	8334	
Apexification/recalcification – per visit	8635	
Removal of root canal obstruction	8330	
Access through a prosthetic crown or inlay to facilitate root canal treatment	8136	

TRANSMED GUARDIAN CONSERVATIVE DENTISTRY

BENEFIT	CODE	LIMITATIONS
Plastic Dentures*		
Full upper and lower denture	8231	<p>*Pre-authorisation required</p> <p>All codes (8231 – 8273) are subject to a denture limit of R1 000 per family. Once depleted, the balance is payable from the available specialised dentistry limit of R3 950 per family per year.</p> <p>Codes 8232 – 8662: One per jaw every 4 years for beneficiaries 21 years and older</p>
Full upper and lower denture	8232	
Partial denture – one tooth	8233	
Partial denture – two teeth	8234	
Partial denture – three teeth	8235	
Partial denture – four teeth	8236	
Partial denture – five teeth	8237	
Partial denture – six teeth	8238	
Partial denture – seven teeth	8239	
Partial denture – eight teeth	8240	
Partial denture – nine teeth and more	8241	
Immediate denture – Maxillary	8244	
Immediate denture - Mandibular	8245	
Bar – lingual or palatal	8257	
Implant supported removable complete overdenture	8533	
Implant supported removable partial overdenture	8534	
Overdenture - Complete	8652	
Overdenture - Partial	8653	
Implant supported fixed-detachable complete overdenture	8654	
Implant supported fixed-detachable partial overdenture	8655	
Replacement of precision attachment	8657	
Additional fee to implant supported fixed-detachable denture per implant	8660	
Adjust complete or partial dentures (remounting)	8662	
Denture rebase	8259	<p>Once in 365 days per beneficiary</p> <p>Once in 365 days per beneficiary</p> <p>Once in 365 days per beneficiary</p> <p>Once in 365 days per beneficiary</p> <p>Once in 365 days per beneficiary</p> <p>Once in 365 days per beneficiary</p> <p>Once in 365 days per beneficiary</p> <p>Once in 365 days per beneficiary</p>
Repair denture	8269	
Denture reline	8263	
Denture soft base reline	8267	
Denture remodel	8261	
Denture reline	8263	
Add a tooth to existing denture	8271	
Impression to repair denture	8273	

TRANSMED GUARDIAN SPECIALISED DENTISTRY

BENEFIT	CODE	LIMITATIONS
Partial Metal Frame Dentures and Associated Laboratory Costs*		*Pre-authorisation required
Partial denture – cast metal framework only Adjust complete or partial denture	8281 8275	One frame in 5 years per beneficiary 21 years and older Subject to the Specialised Dentistry Limit of R3 950 per family per year and managed care protocols
Crown and Associated Laboratory Costs*		*Pre-authorisation required
		One Crown per family per 2 years for beneficiaries 16 years and older Subject to the Specialised Dentistry Limit of R3 950 per family per year and managed care protocols A treatment plan and X-rays may be requested. A crown on 3 rd molars requires pre-authorisation with supporting radiograph.
Implants and Associated Laboratory Costs		
		No benefit
Orthodontics and Associated Laboratory		
		No benefit
Surgery*		
		<p><u>Surgery in the dental chair</u> PMB and certain procedures only</p> <p><u>Surgery in Hospital</u> *Pre-authorisation is required *Admission protocols apply</p> <p>PMB and certain procedures only. Panorama radiograph to be supplied with application. This includes fistula closures (tariff code 8909).</p> <p>NOTE: The dental account is subject to the Specialised Dentistry Limit of R3 950 per family per year. The hospital and anaesthetist accounts are payable from the Insured Benefit (Major Medical benefits).</p>

TRANSMED GUARDIAN HOSPITALISATION AND ANAESTHETICS

BENEFIT	CODE	LIMITATIONS
Inhalation Sedation (Laughing Gas in Dental Rooms)		
First 15 minutes (code 8141) Each additional 15 minutes (code 8143)		No benefit
IV/Conscious Sedation in the Rooms*		*Pre-authorisation required
	8144	Subject to managed care protocols Subject to the Specialised Dentistry Limit of R3 950 per family per year
Hospitalisation (General Anaesthetic)*		* Subject to pre-authorisation
Facility / Hospital Call	8140	
General Anaesthetic	8499	Admission protocols apply PMB and certain procedures only; this includes fistula closures (tariff code 8909) The procedure is subject to the Specialised Dentistry Limit of R3 950 per family per year. The hospital and anaesthetist accounts are payable from the Insured Benefit (Major Medical benefits). Panoramic radiograph to be supplied with application Scheme Exclusions: <ul style="list-style-type: none"> • In-hospital Dentectomies • In-hospital Apicectomies

Additional Scheme Exclusions (*Both Options*)

- Electrognathographic recordings, pantographic recordings and other such electronic analyses
- Cost of Mineral Trioxide
- Metal base to full dentures, including the laboratory costs
- Soft base to new dentures and diagnostic dentures
- Mouth guards and associated laboratory costs (including material)
- Oral hygiene instructions
- Perio chip
- Snoring appliances
- Provisional crowns and associated laboratory costs
- Emergency crowns and associated laboratory costs
- Ozone therapy
- Resin bonding for restorations charged as a separate procedure
- Dental bleaching
- Porcelain veneers
- Laboratory fabricated crowns on primary teeth
- Root Canal Treatment on primary teeth
- Gingivectomy and Apicectomy
- Periodontal flap surgery and tissue grafting
- Surgical tooth exposure for orthodontic reasons
- Orthognathic (jaw correction) surgery and related hospital cost
- Sinus lift
- Bone augmentations
- Bone and other tissue regeneration procedures
- Laboratory delivery fees
- Cost of gold, precious metal, semi-precious metal and platinum foil
- Cost of invisible retainer material
- Cost of bone regeneration material
- Cost of implant components and laboratory costs
- Surgery associated with dental implants
- Dental implants