

denis



2024 DENTAL INFORMATION



denis

0860 104 939
www.denis.co.za

DENIS dental wellness programme

DENIS, Africa's leading dental funder, offers a dental wellness programme to all PG Group Medical Scheme members. This programme provides easy-to-understand oral healthcare information to members and focusses on member education. DENIS also manages your dental and oral healthcare benefits on behalf of the Scheme. There is a predefined benefit per procedure, which is paid at the published PG Group Dental Tariff (PDT). Your dental practitioner will also be able to provide information about your benefits, as DENIS supplies all practitioners with a chair-side and benefit guide, which illustrates the dental benefits for 2024.

DENIS network

The DENIS network is made up of dental healthcare service providers across South Africa, and offers members conservative dental treatment, without any self-funding (out-of-pocket payments). Self-funding is when a dental healthcare service provider charges fees above the PDT and/or charges for Scheme exclusions and the member is liable for payment of the difference to the service provider. Your Scheme covers dental treatment limited to the PDT.

As all dental service providers on the DENIS network only charge a defined rate, you should not have to pay for conservative dental treatment out of your pocket.

To find a DENIS network dental service provider in your area, please contact DENIS on **0860 104 939** or visit their website at www.denis.co.za.

2024 PG Group Medical Scheme dental benefits

Dental benefits are paid at the PG Group Dental Tariff (PDT) and are subject to managed care protocols and managed care interventions, which may require treatment plans and/or radiographs to be provided prior to benefits being granted.

NOTE: Dental claims that are short paid will be funded from your positive medical savings account (MSA).

Benefits for dentistry are paid on a fee-for-service basis. This means that for every procedure performed by a dental practitioner, a fee is charged. These fees may differ from one practitioner to another. Your Scheme pays a benefit for each procedure, which may differ from the fee charged by your dental practitioner. It is your right to negotiate this difference with your practitioner.

Please familiarise yourself with the defined benefits before visiting your dental practitioner. By doing this you will be aware of what your Scheme will pay towards your treatment. You are eligible for benefits, irrespective of which dental practitioner treats you.

The information in this booklet illustrates how your benefits are structured so that you know what is covered **before** your treatment is rendered.

For more information on the services rendered by DENIS, please visit www.denis.co.za.

Pre-authorisation

What is pre-authorisation?

Pre-authorisation of benefits is the prior approval of certain dentistry treatments. ***Pre-authorisation must be obtained for all benefits marked with an asterisk* in the tables on page 4 to 8.**

NOTE: Hospitalisation and certain specialised dental procedures must be pre-authorised.

How do I obtain pre-authorisation?

Please call **0860 104 939** or email customercare@denis.co.za for pre-authorisation. Once authorisation has been obtained, cover for the treatment is subject to the Scheme rules, exclusions and managed care protocols.

How to obtain authorisation before admission to hospital

Contact DENIS on **0860 104 939** or by email at hospitalenq@denis.co.za at least 48 hours prior to the planned procedure/admission.

Please have the following information ready when you contact us:

- your PG Group Medical Scheme membership number
- the date of admission/procedure
- dental practitioner's full name and surname, contact details and practice registration number
- anaesthetist's full name and surname, contact details and practice registration number
- the name and telephone number of the hospital/facility
- all relevant ICD-10 diagnostic and procedure codes and applicable tooth numbers.

In certain instances, an x-ray or clinical report will be requested in order to process your pre-authorisation. If the hospital admission is authorised, you will be supplied with an authorisation number via email. **In the event of an after-hours emergency, please inform DENIS of your hospitalisation as soon as possible.**

NOTE: If you do not obtain authorisation before your planned hospital admission, the associated costs (hospital and general anaesthesia accounts) will not be paid. **This does not apply to emergency admissions.**

What happens if I don't apply for pre-authorisation?

- If no pre-authorisation is obtained, or if pre-authorisation is applied for **after** the treatment has been given, these benefits will not be paid. **This does not apply to emergency admissions.**
- Failure to pre-authorise orthodontic treatment will result in payment only from the date of authorisation for the remaining period of treatment, provided that the treatment is clinically indicated (i.e. treatment or medical decision for the patient's benefit, as deemed necessary by the treating dental practitioner).



NOTE: In the event of a dispute regarding the benefit information illustrated in these benefit tables, the Scheme rules will prevail.

Conservative dentistry

Conservative dentistry is also known as **basic or routine dentistry**. It means the diagnosis, prevention and treatment of tooth and gum diseases as well as the repair of defective teeth. All conservative dental benefits are covered at the PDT.

Benefits for conservative dentistry	
Consultations	Two check-ups per beneficiary per year (once every six months) Subject to managed care protocols Covered at the PDT
X-rays: Intra-oral	Subject to managed care protocols Covered at the PDT
X-rays: Extra-oral	One per beneficiary in a three-year period Additional benefit may be considered where specialised dental treatment is required Benefit subject to managed care protocols Covered at the PDT
Preventative care	Scale and polish: Two annual scale and polish treatments per beneficiary (once every six months) Fissure sealants: Limited to beneficiaries younger than 16 Fluoride treatment: Limited to beneficiaries from age five, and younger than 13 Subject to managed care protocols Covered at the PDT
Fillings and restorations	Fillings: Granted once per tooth every 720 days Re-treatment of a tooth: Subject to managed care protocols Multiple fillings: A treatment plan and x-rays may be required Covered at the PDT
Root canal therapy and extractions	Subject to managed care protocols Covered at the PDT
Plastic dentures*, mouthguard and associated laboratory costs	Pre-authorisation is required One set of plastic dentures (upper and lower) per beneficiary in a four-year period Limit: Benefit for plastic dentures and associated laboratory costs is payable from the available conservative dentistry benefit Denture repairs, denture tooth replacements and the addition of a soft base to new dentures: Only the laboratory fee will be covered Mouthguard: Benefit is available for both the clinical and the associated laboratory fee for a mouthguard Subject to managed care protocols Covered at the PDT

*Pre-authorisation must be obtained for all benefits marked with an asterisk.

Specialised dentistry

Specialised dentistry is also known as **advanced dentistry**, and occurs when conservative dental treatment would not be adequate. For example, when badly damaged teeth need to be replaced or repaired.

Benefits for specialised dentistry	
<p>Partial chrome cobalt frame dentures* and associated laboratory costs</p>	<p>Pre-authorisation is required</p> <p>Two partial chrome cobalt frame dentures (upper and lower) per beneficiary in a five-year period</p> <p>Subject to managed care protocols</p> <p>Covered at the PDT</p>
<p>Crowns and bridges* and associated laboratory costs</p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available crown and bridge benefit.</i></p>	<p>Pre-authorisation is required</p> <p>All pre-authorisation requests for crowns and bridges must be accompanied by clear clinical records (x-rays of the teeth to be treated)</p> <p>Three crowns per family per year</p> <p>Crowns granted once per tooth in a five-year period (treatment plan and x-rays may be requested)</p> <p>Pontic on a second molar, where the third molar is a crown retainer, is subject to managed care protocols</p> <p>Subject to managed care protocols</p> <p>Covered at the PDT</p>
<p>Dental implants* and associated laboratory costs</p>	<p>Pre-authorisation is required</p> <p>Two implants per beneficiary in a five-year period</p> <p>Cost of implant components limited to R3 034 per implant</p> <p>Subject to managed care protocols</p> <p>Covered at the PDT</p>
<p>Orthodontics* and associated laboratory costs</p>	<p>Pre-authorisation is required</p> <p>Only one family member may commence orthodontic treatment in a calendar year</p> <p>Upon pre-authorisation, cases will be clinically assessed by doing an orthodontic needs analysis</p> <p>Benefit allocation is subject to the outcome of the needs analysis and funding can be granted to a maximum of R17 420 per beneficiary per lifetime</p> <p>A deposit is paid at the start of treatment and the balance is paid over the estimated treatment period</p> <p>Benefit for orthodontic treatment will be granted where function is impaired</p> <p>Benefits for fixed comprehensive treatment: Limited to beneficiaries from age nine, and younger than 18</p> <p>Subject to managed care protocols</p>
<p>Periodontics*</p>	<p>Pre-authorisation is required</p> <p>Only available to members registered on the periodontal programme</p> <p>Limited to conservative, non-surgical therapy only</p> <p>Subject to managed care protocols</p> <p>Covered at the PDT</p> <p>How do I register on the periodontal programme?</p> <ul style="list-style-type: none"> Send your full periodontic chart of CPI scoring (get this from your dental practitioner), together with your periodontal treatment plan, x-rays and a detailed maintenance plan for the remainder of the benefit year to DENIS by email at perio@denis.co.za. Further information may be requested to process your application. Periodontal benefits will only be considered for cases assessed as periodontally compromised. After the treatment plan and x-rays have been assessed and the periodontal benefit has been authorised, an authorisation letter will be sent to you and your treating dental practitioner.

*Pre-authorisation must be obtained for all benefits marked with an asterisk.

Specialised dentistry (continued)

Benefits for specialised dentistry (continued)

Maxillofacial surgery and oral pathology

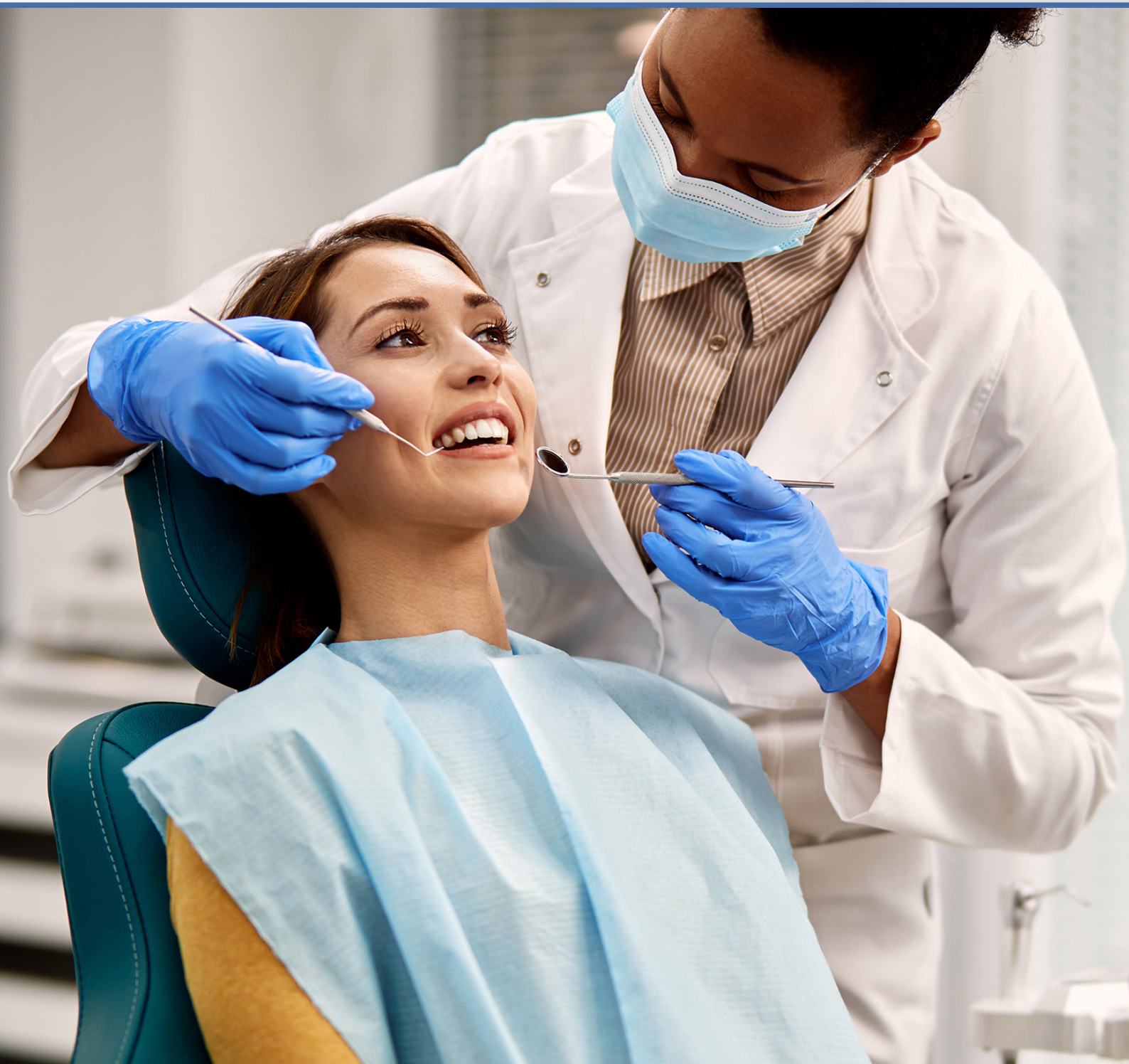
Surgery in the dental chair: Subject to managed care protocols and covered at the PDT

Temporo-mandibular joint (TMJ) therapy: Limited to non-surgical intervention/treatment

Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft-tissue tumours): Claims will only be covered if supported by a laboratory report that confirms diagnosis

Closure of an oral-antral opening (code 8909): Subject to motivation and managed care protocols

Oral surgery in hospital: See Hospitalisation* below



Hospitalisation, general anaesthesia and sedation

Benefits for hospitalisation, general anaesthesia and sedation	
Hospitalisation* (general anaesthesia)	<p>Pre-authorisation is required</p> <p>Admission protocols apply</p> <p>General anaesthesia benefit available for children under the age of five for extensive dental treatment</p> <p>General anaesthesia benefits are available for the removal of impacted teeth</p> <p>Where a beneficiary has a history of an allergic reaction to local anaesthesia, a pathology report is required</p> <p>Subject to managed care protocols</p> <p>The payment of these dental procedures will be dependent on available benefits and payable at the PDT:</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
Sedation for dental anxiety	<p>Some people are anxious about dental treatment and mild sedation may be required</p> <p>Benefits are payable for sedation methods, such as nitrous oxide (inhalation sedation in dental rooms) or sedative medication</p> <p>No pre-authorisation is required for nitrous oxide or sedative medication</p>
Inhalation sedation in dental rooms	<p>Subject to managed care protocols</p> <p>Covered at the PDT</p>
Moderate/deep sedation in dental rooms*	<p>Pre-authorisation is required</p> <p>Limited to extensive dental treatment</p> <p>Subject to managed care protocols</p> <p>Covered at the PDT</p>

*Pre-authorisation must be obtained for all benefits marked with an asterisk.



A close-up photograph of a hand wearing a blue nitrile glove holding a dental mirror. The mirror is positioned over a stainless steel tray filled with various dental instruments. The background is blurred, showing more dental equipment. There are two circular graphic elements: a light blue one on the left and a dark blue one on the right.

General benefit exclusion summary

Scheme exclusions apply to certain dental benefits. In the event of a dispute, the registered rules of the Scheme will prevail.

→ General benefit exclusion summary

The following services and products are **not covered** by the Scheme, and the member is therefore liable for the total costs of these services:

Conservative dentistry

Preventative care

- Oral hygiene instructions
- Oral hygiene evaluation
- Professionally applied fluoride for beneficiaries younger than five, and aged 13 and older
- Teeth whitening
- Nutritional and tobacco use counselling
- Prescribed toothpastes, mouthwashes (e.g. Corsodyl®) and ointments
- Fissure sealants on patients aged 16 and older

Fillings and restorations

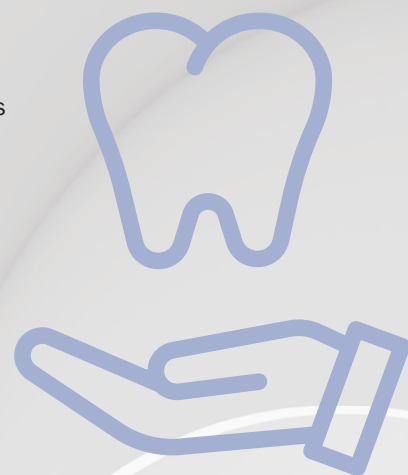
- Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis
- Resin bonding for restorations charged as a separate procedure to the restoration
- Polishing of restorations
- Gold foil restorations
- Ozone therapy

Root canal therapy and extractions

- Root canal therapy on primary (milk) teeth
- Root canal therapy on third molars (wisdom teeth)
- Direct and indirect pulp capping procedures

Dentures, repairs, modifications and snoring appliances

- Diagnostic dentures and associated laboratory costs
- Snoring appliances and associated laboratory costs
- Provisional dentures and associated laboratory costs
- Clinical fee for denture repairs, denture tooth replacements and the addition of a soft base to new dentures
- High-impact acrylic
- Gold, precious metal, semi-precious metal and platinum foil
- Laboratory delivery fees



Specialised dentistry

Partial chrome cobalt frame dentures

- Metal base to full metal frame dentures and associated laboratory costs
- High-impact acrylic
- Gold, precious metal, semi-precious metal and platinum foil
- Laboratory delivery fees

Crowns and bridges

- Laboratory-fabricated temporary crowns
- Crowns on third molars (wisdom teeth)
- Crown and bridge procedures for cosmetic reasons, and associated laboratory costs
- Crown and bridge procedures where there is no extensive tooth structure loss, and associated laboratory costs
- Occlusal rehabilitation and associated laboratory costs
- Provisional crowns and associated laboratory costs
- Porcelain veneers and inlays/onlays and associated laboratory costs
- Emergency crowns not placed for immediate protection in tooth injury, and associated laboratory costs
- Gold, precious metal, semi-precious metal and platinum foil
- Laboratory delivery fees
- Fixed prosthodontics in the following cases:
 - such as crowns used to repair teeth damaged due to bruxism (tooth grinding), toothbrush abrasion or attrition, and erosion or fluorosis
 - to restore teeth for cosmetic reasons
 - where a reasonable attempt has not been made to restore/replace the tooth conservatively
 - member's mouth is periodontally compromised
 - tooth has been recently restored to function
 - tooth is unopposed/non-functional.

Specialised dentistry (continued)

Dental implants

- Implants on third molars (wisdom teeth)
- Laboratory delivery fees
- All associated procedures, including hospitalisation and surgery

Orthodontics

- Orthodontic treatment for cosmetic reasons, and associated laboratory costs
- Orthognathic (jaw correction) surgery, other orthodontic-related surgery and any related hospital costs and associated laboratory costs
- Benefits for fixed orthodontics for beneficiaries younger than nine, and aged 18 and older
- Orthodontic re-treatment and associated laboratory costs
- Invisible retainer material
- Laboratory delivery fees

Periodontics

- Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth
- PerioChip® placement

Maxillofacial surgery and oral pathology

- Orthognathic (jaw correction) surgery, any related hospital cost and associated laboratory costs
- Bone augmentations
- Bone and other tissue regeneration procedures
- Bone regeneration material
- Auto-transplantation of teeth
- Sinus lift procedures
- Gingivectomies
- Surgical procedures associated with dental implantology



Hospitalisation, general anaesthesia and sedation

- Where the reason for admission to hospital is dental fear or anxiety
- Multiple hospital admissions
- Where the only reason for admission to hospital is to acquire a sterile facility
- Hospitalisation for the removal of a single impacted tooth
- Dental materials for procedures performed under general anaesthesia
- Hospital and anaesthetist's claims for the following procedures when performed under general anaesthesia:
 - apicectomies
 - dentectomies
 - frenectomies
 - conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children aged five and older, and adults
 - professional oral hygiene procedures
 - implantology and associated surgical procedures
 - surgical tooth exposure for orthodontic reasons

Additional Scheme exclusions

- Electrognathographic and pantographic recordings and other such electronic analyses
- Caries susceptibility and microbiological tests
- Pulp tests
- Mineral trioxide
- Appointments not kept
- Special reports
- Dental testimonies, including dento-legal fees
- Treatment plans completed (currently code 8120)
- Enamel micro-abrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures defined as having been performed under unusual circumstances
- Unlisted procedures

Submitting claims

Email your dental claims to claims@denis.co.za.

Alternatively, you can post the original copies of your dental claims to:

**Private Bag X1
Century City
Cape Town
7446**

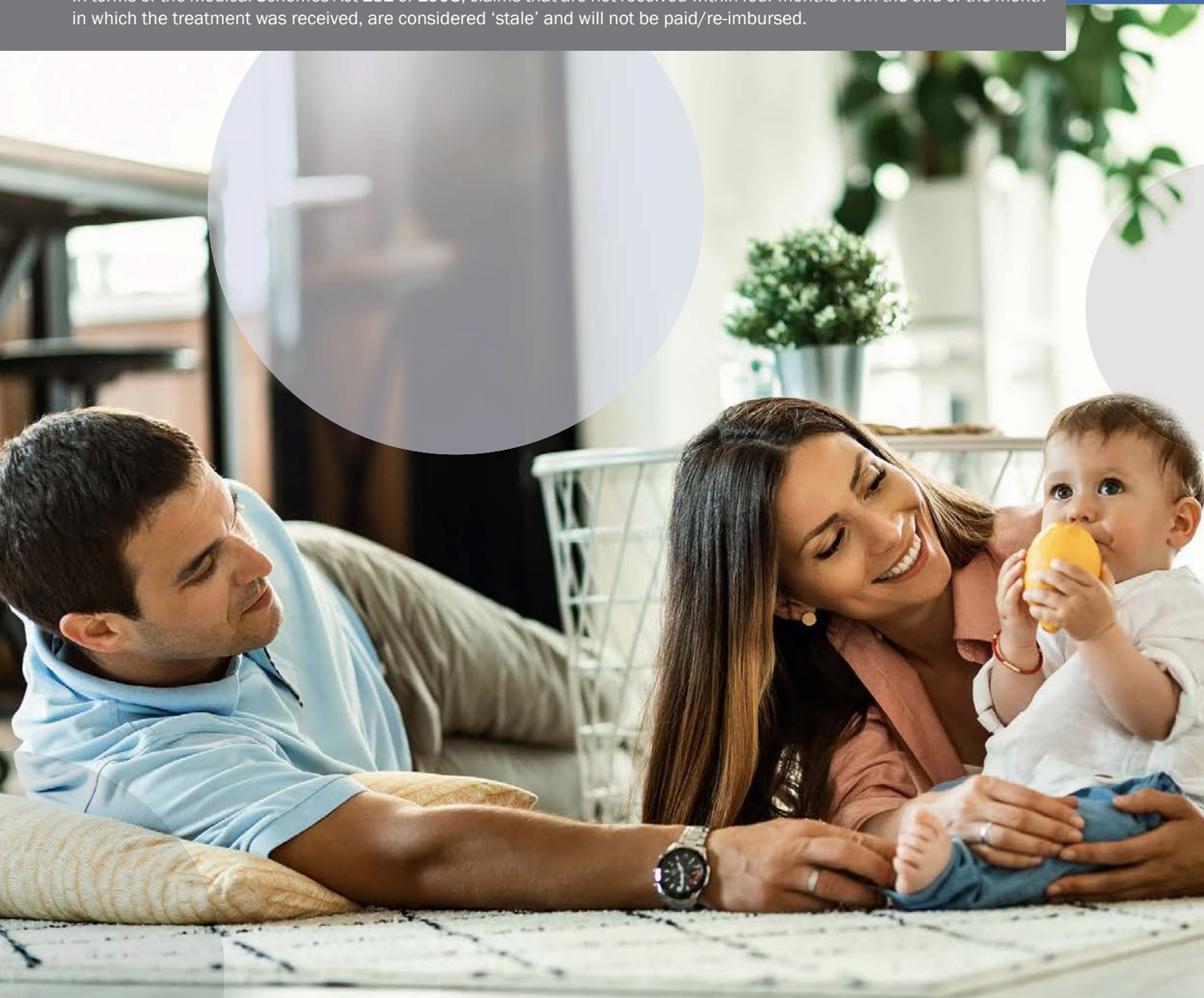
When submitting a claim, please ensure the following details are clearly visible:

- Your PG Group Medical Scheme membership number
- Dental practitioner's full name, contact details and practice registration number
- Correct dependant code (see your membership card)
- Treatment date(s)
- Relevant procedure code(s)
- Applicable tooth number(s)
- Relevant ICD-10 code(s).

If you have already paid for the treatment, kindly ensure that the appropriate receipt is supplied.

Stale claims

In terms of the Medical Schemes Act 131 of 1998, claims that are not received within four months from the end of the month in which the treatment was received, are considered 'stale' and will not be paid/re-imbursed.



Contact details

Telephone number

Call Centre

0860 104 939

Email addresses

Enquiries

Claims

Crowns and bridges

Hospital authorisations

Orthodontic/dental implant authorisations

Periodontal programme

pgenq@denis.co.za

claims@denis.co.za

crowns@denis.co.za

hospitalenq@denis.co.za

ortho@denis.co.za

perio@denis.co.za

Website

www.denis.co.za



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www.denis.co.za

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