

ANNEXURE L

DENTAL BENEFITS: GUARDIAN OPTION

Code	Description	Limitations	Benefits
Consultations			
8101	Full mouth examination, charting and treatment planning	Once per beneficiary per benefit year (180 days apart from previous 8101)	Covered at 100% Transmed rate Subject to limitations and DENIS protocols Only stated codes covered
8104	Examination or consultation for a specific problem, not requiring charting and treatment planning	Not within 4 weeks of an 8101, 8102, 8104	
Diagnostic Codes			
8107	Intra Oral radiographs per film	Code 8107 and 8112 cannot be charged more than 2 times per consultation more requires motivation	Covered at 100% Transmed rate Subject to limitations and DENIS protocols Only stated codes covered
8112	Intra Oral radiographs per film	Code 8107 and 8112 cannot be charged more than 2 times per consultation more requires motivation	
8115	Extra-oral radiograph – panoramic	No Benefit	
8109	Infection control	Maximum 2 per visit	
8110	Provision of heat or vapour sterilised and wrapped instrumentation	Maximum 1 per visit	
8145	Local anaesthetic per visit	Once per visit	
Preventative Codes			
8155	Polish (all ages)	Twice per beneficiary per benefit year (180 days apart) for codes 8155 and/or 8159	Covered at 100% Transmed rate Subject to limitations and DENIS protocols Only stated codes covered
8159	Scaling and Polishing (for beneficiaries 12 years and older)		

Code	Description	Limitations	Benefits
8167	Treatment of hypersensitive dentine per visit	Once per 6 months per beneficiary	
Extraction Codes			
8201	Extraction of tooth or exposed roots	A maximum 8 per quadrant, per permanent dentition and 5 per primary dentition	Covered at 100% Transmed rate Subject to limitations and DENIS protocols Only stated codes covered
Emergency Codes			
8132	Emergency pulp removal for the relief of pain prior to root canal therapy	Not covered on primary teeth	Covered at 100% Transmed rate
8131	Emergency dental treatment where no other treatment item is applicable		Subject to limitations and DENIS protocols Only stated codes covered
Restoration Codes			
8163	Dental sealant	Maximum of 8 can be charged per beneficiary younger than 16 years of age 2 per quadrant for beneficiaries younger than 16 years (excluded from benefits if beneficiary is older than 16)	Covered at 100% Transmed rate Subject to limitations and DENIS protocols Only stated codes covered
8341	Amalgam – one surface	1 restoration code per tooth number in 720 days	
8342	Amalgam – two surfaces		
8343	Amalgam – three surfaces		
8344	Amalgam – four or more surfaces		
8351	Resin - one surface	Multiple fillings on anterior teeth only per treatment plan and motivation received	
8352	Resin - two surfaces		
8353	Resin - three surfaces		
8354	Resin - four surfaces		
8367	Resin - one surface		
8368	Resin - two surfaces		

Code	Description	Limitations	Benefits
Restoration Codes			
8369	Resin - three surfaces	1 restoration code per tooth number in 720 days Multiple fillings on anterior teeth only per treatment plan and motivation received	Covered at 100% Transmed rate Subject to limitations and DENIS protocols Only stated codes covered
8370	Resin - four surfaces		
Root Canal			
8307	Pulp amputation (pulpotomy)	Primary teeth only	Covered at 100% Transmed rate Subject to limitations and DENIS protocols Only stated codes covered
8332	Root canal preparatory visit - single canal tooth	Only covered on permanent teeth One per beneficiary in 365 days	
8333	Root canal preparatory visit - multi canal tooth		
8335	Root canal obturation - anterior and premolars - first canal		
8328	Root canal obturation - anterior and premolars - each additional canal		
8336	Root canal obturation - posteriors - first canal		
8337	Root canal obturation - posteriors - each additional canal		
8338	Root canal therapy - anterior and premolars - first canal		
8329	Root canal therapy - anterior and premolars - each additional canal		
8339	Root canal therapy - posteriors - first canal		
8340	Root canal therapy - posteriors - each additional canal		

Code	Description	Limitations	Benefits
Root Canal			
8334	Re-preparation of previously obturated root canal	Only covered on permanent teeth One per beneficiary in 365 days	Covered at 100% Transmed rate Subject to limitations and DENIS protocols Only stated codes covered
8635	Apexification/recalcification – per visit		
8330	Removal of root canal obstruction		
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment		
Dentures (Pre-Authorisation is required)			
8233	Partial Denture - One tooth	One per jaw every 4 years for beneficiaries older than 21 years	Covered 100% Transmed rate Denture limit of R1 290 per family per annum Any balance payable form available specialised dentistry limit of R5 090 per family per annum
8234	Partial Denture - Two teeth		
8235	Partial Denture - Three teeth		
8236	Partial Denture - Four teeth		
8237	Partial Denture - Five teeth		
8238	Partial Denture - Six teeth		
8239	Partial Denture - Seven teeth		
8240	Partial Denture - Eight teeth		
8241	Partial Denture - Nine teeth and more		
8275	Denture	Adjust complete or partial denture	
8232	Full upper or lower denture	One per jaw every 4 years for beneficiaries older than 21 years	Covered 100% Transmed rate Denture limit of R1 290 per family per annum Any balance payable form available specialised dentistry limit of R5 090 per family per annum
8231	Full upper and lower denture		
8257	Lingual Bar Or Palatal Bar		
8533	Implant Supported Removable Complete Overdenture		

Code	Description	Limitations	Benefits
Dentures (Pre-Authorisation is required)			
8534	Implant Supported Removable Partial Overdenture	One per jaw every 4 years for beneficiaries older than 21 years	Covered 100% Transmed rate Denture limit of R1 290 per family per annum Any balance payable form available specialised dentistry limit of R5 090 per family per annum
8654	Denture Fxd Impl/Abut Sup Cmpl		
8655	Denture Fxd Impl/Abut Sup Prtl		
8657	Replacement Of Precision Attachment		
8660	Additional Fee to Implant Supported - Per Implant		
8662	Adjustment Of Dentures		
8652	Complete Overdenture		
8244	Immediate Denture – Maxillary		
8245	Immediate Denture – Mandibular		
8653	Partial Overdenture		
8241	Partial Denture, 9 or more Teeth		
8269	Repair Denture	Once in 365 days/beneficiary	Covered 100% Transmed rate Denture limit of R1 290 per family per annum Any balance payable form available specialised dentistry limit of R5 090 per family per annum
8263	Denture Reline	Once in 365 days/beneficiary	
8267	Denture soft base reline	Once in 365 days/beneficiary	
8261	Denture Remodel	Once in 365 days/beneficiary	
8259	Denture Rebase	Once in 365 days/beneficiary	
8271	Add a tooth to existing denture	Once in 365 days/beneficiary	
8273	Impression to repair denture	Once in 365 days/beneficiary	

Code	Description	Limitations	Benefits
Hospitalisation and Anaesthetics (Pre-Authorisation is required)			
8141	Inhalation sedation in dental rooms	No benefit	
8143			
8144	Moderate/Deep sedation in dental rooms	Clinical protocols apply - must be authorised	Covered 100% Transmed rate Payable form available specialised dentistry limit of R5 090 per family per annum
8140	General anaesthetic in hospital	Admission protocols apply	Procedure: Subject to availability of specialised dentistry limit of R5 090 per family per annum Hospital and anaesthetist: Paid from major medical benefits Covered 100% Transmed rate
8499		PMB and certain procedures only Panoramic radiograph to be supplied with application	
Specialised Dentistry (Pre-Authorisation is required)			
	Crown and Bridges	1 crown per family per 2 years –16 years and older	Covered at 100% Transmed rate
8281	Chrome Cobalt Frame Dentures	1 frame in 5 years per beneficiary – 21 years and older	Subject to availability of specialised dentistry limit of R5 090 per family per annum
	Surgery	Admission protocols apply PMB and certain procedures only Panoramic radiograph to be supplied with application	Procedure: Subject to availability of specialised dentistry limit of R5 090 per family per annum Hospital and anaesthetist: Paid from major medical benefits subject to Pre-authorisation Covered at 100% Transmed rate

Code	Description	Limitations	Benefits
Specialised Dentistry (Pre-Authorisation is required)			
	Orthodontics	No benefit	
	Implants	No benefit	
8099	Lab Codes (detail codes required)		

GENERAL PROTOCOLS SPECIFIC TO TRANSMED

- Where root canal treatment has failed; benefits are allocated for a re-root canal treatment on the tooth.
- Crowns on third molars are excluded from benefits.
- Late pre-authorisation and pre-authorisations 48 hours before a planned admission will not attract benefit; no pre-authorisations, no payments.
- Pre-authorisation for Emergency – within 48 hours of admission.
- In- hospital dentectomies.

GENERAL EXCLUSIONS SPECIFIC TO TRANSMED

Oral hygiene instructions, perio-chipping, snoring appliance, electrognathographic recordings and other such electronic analyses
Metal base to full dentures, including the laboratory cost
Mouth guards and associated laboratory cost (including material)
Soft base to new dentures and diagnostic dentures
Provisional crowns
Laboratory cost of provisional crowns and emergency crowns
Ozone therapy
Resin bonding for restorations charged as separate procedure
Tooth Whitening and porcelain veneers
Laboratory fabricated crowns on primary teeth
Gingivectomy and Apicectomies
Periodontal flap surgery and tissue grafting
Orthodontic treatment and 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 Mineral Trioxide
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 (including laboratory costs)
Surgery associated with dental implants
Dental implants
In-hospital surgical removal of impacted teeth
Hospitalisation for extensive conservative treatment