

# YOUR 2021 GEMS DENTAL PROVIDER GUIDE



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# 1. Introduction

GEMS ensures that members have access to cost-effective, quality dental healthcare. The Scheme relies on you, as a valued dental provider, to ensure all members' expectations are realised.

This guide will assist you with the 2021 GEMS dentistry benefits and the Scheme's dental managed care rules. These include time and age rules, general principles and exclusions. The guide also stipulates how the rules are applied to various dental procedures and the specific application to the different GEMS options, namely Tanzanite One, Beryl, Ruby, Emerald Value, Emerald and Onyx.

**NOTE:** Should you have any queries on benefits, rules, exclusions, pre-authorisation or your patient's Scheme option, please contact 0860 436 777 or [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za).



## GEMS Dental Network

Since high-quality clinical and administrative services is a team effort between the Scheme and healthcare providers, GEMS invites you to become an integral part of this team by joining the GEMS Dental Network and Friends of GEMS. For details and assistance on joining the growing network, please contact **0860 436 777** or **enquiries@gems.gov.za**.

## Pre-authorisation, pre-notification and patient registration

### Patient registration

During the patient's first visit to your practice, a once-off dental charting and full oral examination in association with code 8101 (as per normal prescribed guidelines for charging of code 8101) needs to be performed and then submitted to GEMS.

The 'Dental report for patient registration' form for benefit applications should be completed and sent to the Scheme. This facilitates centralised capturing of the patient's existing oral health status to ensure proper and appropriate dental managed care and risk management in accordance with internationally recognised standards. It also allows the Scheme to compile an actual and dynamic epidemiologic database of its patient population for future benefit and budgetary planning.

### Pre-authorisation and/or a treatment plan

This is required for certain dental procedures as indicated in the procedure schedules in this guide pertaining to each option. They include certain specialised and surgical procedures, orthodontics, periodontal treatment and any procedures to be performed in an operating theatre or under conscious sedation. State facilities are exempt from having to obtain hospital authorisation from the Scheme, however, providers in private practice who utilise state facilities, still need to obtain pre-authorisation.

Where pre-authorisation is required for periodontal treatment, the 'Periodontal pre-authorisation' form should be completed and forwarded to the Scheme.

Where pre-authorisation and/or treatment plans are required, the standard 'Patient registration, pre-notification and pre-authorisation' form should be completed. It is necessary to complete only the applicable sections - for instance, it is not necessary to complete the charting section with each request, and it can be used until the completion of a treatment plan.

**NOTE:** The 'Dental report for patient registration' and 'Dental report for periodontal pre-authorisation' forms are available at **www.gems.gov.za**. Email the completed forms to **enquiries@gems.gov.za** or fax to **0861 00 4367**.



## 2. Tanzanite One and Beryl:

General administration, benefits and procedures covered

### Tanzanite One and Beryl - summarised benefit specifications and specific rules that apply

Benefit specifications	Tanzanite One	Beryl
Essential dentistry	Approved services/codes are covered at 100% of the agreed tariff subject to the availability of funds	Approved services/codes are covered at 100% of the agreed tariff subject to the availability of funds
GEMS Dental Network provider	Services must be provided by a GEMS Dental Network provider only	Services must be provided by a GEMS Dental Network provider only
Out-of-network visit	One emergency out-of-network visit per beneficiary per year	One emergency out-of-network visit per beneficiary per year
Emergency dentistry	<ul style="list-style-type: none"> <li>One emergency out-of-network visit per beneficiary per year</li> <li>Emergency pain and sepsis treatment, including root canal treatment as per table of benefits</li> <li>Other treatment codes covered – 8201 (extraction of tooth or exposed tooth roots), 8307 (pulp amputation, pulpotomy), and 8132 (pulp removal, pulpectomy)</li> <li>Any additional treatment requires funding by patient</li> </ul>	<ul style="list-style-type: none"> <li>One emergency out-of-network visit per beneficiary per year</li> <li>Emergency pain and sepsis treatment</li> <li>Treatment codes covered – 8201 (extraction of tooth or exposed tooth roots), 8307 (pulp amputation, pulpotomy), and 8132 (pulp removal, pulpectomy)</li> <li>Any additional treatment requires funding by patient</li> </ul>
Examinations and preventive treatment	Two consultation/examination and preventative treatment episodes per beneficiary per year	Two consultation/examination and preventative treatment episodes per beneficiary per year
Restorative treatment	<ul style="list-style-type: none"> <li>Limited to four restorations per beneficiary per year</li> <li>Posterior resin fillings paid at the same rate value as amalgam fillings</li> </ul>	<ul style="list-style-type: none"> <li>Limited to four restorations per beneficiary per year</li> <li>Pre-authorisation needed for more than four fillings</li> </ul>

Benefit specifications	Tanzanite One	Beryl
Root canal treatment	<ul style="list-style-type: none"> <li>Root canal therapy is limited to one complete event per beneficiary in 12 months</li> <li>An event relates to only one root canal treatment on one tooth per beneficiary per year</li> <li>Services must be provided by a GEMS Dental Network provider only</li> <li>No benefit for specialist dental discipline</li> <li>No benefit for retreatment of a previously root canal treated tooth</li> </ul>	<ul style="list-style-type: none"> <li>Root canal therapy is limited to one complete event per beneficiary in 12 months</li> <li>An event relates to only one root canal treatment on one tooth per beneficiary per year</li> <li>Services must be provided by a GEMS Dental Network provider only</li> <li>No benefit for specialist dental discipline</li> <li>No benefit for retreatment of a previously root canal treated tooth</li> </ul>
Specialised dentistry benefit	No specialised dentistry benefit – limited to PMB's	No specialised dentistry benefit – limited to PMB's
Maxillofacial surgery	Subject to an annual sub-limit of R24 012 per family	Subject to an annual sub-limit of R24 012 per family
General anaesthesia and sedation	Subject to Scheme rules, relevant managed care protocols and pre-authorisation	Subject to Scheme rules, relevant managed care protocols and pre-authorisation
Hospital network	Hospitalisation subject to use of state or network hospital; failing which, the Scheme shall not be liable to fund the first R12 000 of the other facility's bill	Hospitalisation subject to PMB and the use of state or network facility
Radiology	All services subject to an approved list of tariff codes, managed care protocols and processes	All services subject to an approved list of tariff codes, managed care protocols and processes

**CHARTING:** Please note that as part of code 8101, a once-off patient charting and oral examination will be required for each beneficiary visiting your practice for the first time. The charting is to be submitted to the Scheme on the 'Dental report for registration, pre-notification and pre-authorisation' form.



## Tanzanite One and Beryl – specific rules that apply to dentures

Benefit specifications	Tanzanite One	Beryl
Dentures	<ul style="list-style-type: none"> <li>Plastic dentures subject to pre-authorisation</li> <li>One set* of plastic dentures allowed per beneficiary per 48-month benefit cycle</li> <li>No benefit for metal frame dentures</li> <li>Plastic dentures limited to the approved 2021 Scheme tariff</li> <li>Only members and beneficiaries over the age of 21 qualify for this benefit</li> </ul>	<ul style="list-style-type: none"> <li>Plastic dentures subject to pre-authorisation</li> <li>One set* of plastic dentures allowed per beneficiary per 48-month benefit cycle</li> <li>No benefit for metal frame dentures</li> <li>Plastic dentures limited to the approved 2021 Scheme tariff</li> <li>Only members and beneficiaries over the age of 21 qualify for this benefit</li> </ul>

\*A set of dentures is defined as follows:

- Complete upper and/or lower dentures (not two upper or two lower)
- Partial upper and/or lower denture (not two partial upper or two partial lower)

The following table details the reimbursement codes for dentures:

- When claiming via Electronic Data Interchange (EDI), use individual codes (i.e. 9-codes) for dental laboratories. Laboratory invoices to be retained by the practice for possible auditing.
- When submitting paper claims, use individual codes (i.e. 9-codes) for dental laboratories, and submit the dental laboratory invoice together with the paper invoice.
- No claim will be accepted without the professional fee and laboratory codes submitted together or being matched if a laboratory performs self-billing.

Denture codes funded	Denture codes not funded
8231 (complete dentures – maxillary and mandibular) 8232 (complete dentures – maxillary or mandibular) 8233 (partial – one tooth) to 8241 (partial denture – nine or more teeth)	8658 (interim complete denture)
8269 (repair of a denture or other intraoral appliance)	8659 (interim partial denture)
8271 (add tooth to existing partial denture)	8661 (diagnostic dentures)
8273 (impression to repair or modify a denture, or other removable intraoral appliances)	8244 (immediate upper denture)
8259 (rebase complete or partial denture – laboratory)	8245 (immediate lower denture)
8263 (reline complete or partial denture – intraoral)	8281, 8663, and 8671 (metal base codes) and associated laboratory fees
9-codes (individual laboratory codes)	8099 (dental laboratory service)

**NOTE:** No additional cover if dentures are lost due to negligence. A motivation is required for the replacement of dentures. Please direct all motivations to the GEMS call centre on **0860 436 777** or **enquiries@gems.gov.za**.

## Tanzanite One and Beryl – specific rules that apply to Periodontics

Benefit specifications	Tanzanite One	Beryl
Periodontics	<ul style="list-style-type: none"> <li>Benefit for periodontal treatment is subject to member's registration on the Periodontal Programme, pre-authorisation, and managed care protocols and processes</li> <li>Limited to non-surgical periodontal treatment</li> <li>No benefit for specialist dental discipline</li> <li>Services must be provided by a GEMS Dental Network provider only</li> </ul>	<ul style="list-style-type: none"> <li>Benefit for periodontal treatment is subject to member's registration on the Periodontal Programme, pre-authorisation, and managed care protocols and processes</li> <li>Limited to non-surgical periodontal treatment</li> <li>No benefit for specialist dental discipline</li> <li>Services must be provided by a GEMS Dental Network provider only</li> </ul>

The following table details the reimbursement codes for the Periodontal Programme:

- Periodontal treatment is subject to pre-authorisation and registration on the Periodontal Programme.
- The following records are required for registration:
  - Community periodontal index (CPI)
  - Recent clear X-rays of the affected areas
  - Maintenance plan (8159 or 8180 with the period of follow up, e.g. three monthly or four monthly)
- Complete the 'Periodontal pre-authorisation' form and forwarded to the Scheme along with the supporting records.
- The benefit is subject to adherence to the approved maintenance plan.
- Additional scaling and polishing benefit is allowed for beneficiary registered on the Periodontal Programme.



Periodontal codes funded	Periodontal codes not funded
8176 (periodontal examination/screening)	8723 (provisional splinting – intracoronal, per dental unit included in the splint)
8179 (polishing - complete dentition, periodontally compromised patient)	8725 (provisional splinting – extracoronal, wire with resin, per sextant)
8180 (scaling and polishing - complete dentition, periodontally compromised patient)	8727 (provisional splinting – extracoronal, per quadrant)
8737 (root planing – four or more teeth per quadrant)	8746 (flap operation with root planing and curettage (open curettage) – four or more teeth per quadrant)
8739 (root planing – one to three teeth per quadrant)	8747 (flap operation with root planing and curettage, including bone surgery – one to three teeth per quadrant)
	8748 (flap operation with root planing and curettage, including bone surgery – four or more teeth per quadrant)
	8749 (flap procedure, root planing and one to three surgical services per quadrant)

**NOTE:** The 'Dental report for periodontal pre-authorisation' form is available at [www.gems.gov.za](http://www.gems.gov.za). Email the completed form and supporting documentation to [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za) or fax to **0861 00 4367**.



## Tanzanite One and Beryl – approved service codes and table of benefits

Code	Code description	Limitations	Covered: Tanzanite One	Covered: Beryl
8101	Consultation	Two per beneficiary per year	Yes	Yes
8104	Examination for a specific problem not requiring full mouth examination	Two per beneficiary per year	Yes	Yes
8107	Intraoral radiographs, per film	Maximum of two per beneficiary per year	Yes	Yes
8112	Bitewings	Maximum of four per beneficiary per year	Yes	Yes
8115	Panoramic X-ray	Benefit from the age of six – maximum one every three years	Yes	Yes
8155	Polishing – complete dentition	Two per beneficiary per 12 months; cannot be charged with 8159 in same year	Yes	Yes
8159	Scaling and polishing	Two per beneficiary per 12 months; only over the age of 10	Yes	Yes
8161	Topical application of fluoride (children)	From the age of three to the age of 11; once per beneficiary per 12 months	Yes	Yes
8162	Topical application of fluoride (adults)	From the age of 12 to the age of 16; once per beneficiary per 12 months	Yes	Yes
8163	Fissure sealant, per tooth	Patient younger than 14; maximum of two per quadrant on posterior permanent teeth only	Yes	Yes
8341	Amalgam one surface	Any four amalgam fillings per beneficiary per year; limited to four restorations overall	Yes	Yes
8342	Amalgam two surfaces			
8343	Amalgam three surfaces			
8344	Amalgam four and more surfaces			
8351	Resin restoration, one surface anterior	Any four resin fillings per beneficiary per year (anterior); limited to four restorations overall	Yes	Yes
8354	Resin restoration, four and more surfaces			

Code	Code description	Limitations	Covered: Tanzanite One	Covered: Beryl
8367	Resin restoration, one surface posterior	Any four resin fillings per beneficiary per year (posterior); limited to four restorations overall	Yes, but to the same rand value as same surfaces amalgam filling	Yes
8368	Resin restoration, two surfaces posterior			
8369	Resin restoration, three surfaces posterior			
8370	Resin restoration, four and more surfaces			
8201	Extraction of tooth or exposed tooth roots – first tooth per quadrant	Any four non-surgical extractions per beneficiary per year; only if clinically indicated	Yes	Yes
8202	Extraction of tooth or exposed tooth roots – each additional tooth per quadrant	Any four non-surgical extractions per beneficiary per year apply (in association with code 8201)	Yes	Yes
8937	Surgical removal of erupted tooth – report per tooth	Maximum of two removals	Yes, from the age of 12	Yes, from the age of 12
8213	Surgical removal of residual tooth roots – first tooth per quadrant	Maximum of one procedure – more than one requires clinical motivation	Yes, from the age of 12	Yes, from the age of 12
8214	Surgical removal of residual tooth roots – each additional tooth per quadrant	Maximum of one procedure – more than one requires clinical motivation	Yes, from the age of 12	Yes, from the age of 12
8941	Surgical removal of impacted tooth – first tooth*	Pre-authorisation required for in-hospital	Yes	Yes
8943	Surgical removal of impacted tooth – second tooth*	Pre-authorisation required for in-hospital	Yes	Yes
8945	Surgical removal of impacted tooth – third and subsequent teeth*	Pre-authorisation required for in-hospital	Yes	Yes
8220	Sutures	In association with surgical extractions and/or impactions; limited to once per year	Yes	Yes
8935	Treatment of septic socket		Yes	Yes

Code	Code description	Limitations	Covered: Tanzanite One	Covered: Beryl
8109	Infection control/barrier techniques. Code 8109 includes provision by dentist of new rubber gloves, masks etc. for each patient	Two per visit	Yes	Yes
8110	Sterilised instrumentation	One per visit	Yes	Yes
8145	Local anaesthetic	One per visit	Yes	Yes
<b>DENTURES</b>				
8231	Complete dentures – maxillary and mandibular	<ul style="list-style-type: none"> <li>One set of plastic dentures allowed per beneficiary per 48 months</li> <li>Pre-authorisation necessary</li> <li>Only members and beneficiaries over the age of 21</li> </ul>	Yes	Yes
8232	Complete dentures – maxillary or mandibular		Yes	Yes
8233	Partial denture – one tooth		Yes	Yes
8234	Partial denture – two teeth		Yes	Yes
8235	Partial denture – three teeth		Yes	Yes
8236	Partial denture – four teeth		Yes	Yes
8237	Partial denture – five teeth		Yes	Yes
8238	Partial denture – six teeth		Yes	Yes
8239	Partial denture – seven teeth		Yes	Yes
8240	Partial denture – eight teeth		Yes	Yes
8241	Partial denture – nine teeth and more		Yes	Yes
8259	Rebase complete or partial dentures (lab)	Rebase only allowed once every two years	Yes	Yes
8269	Repair denture	Cannot be completed within 6 months of fitting a new denture	Yes	Yes



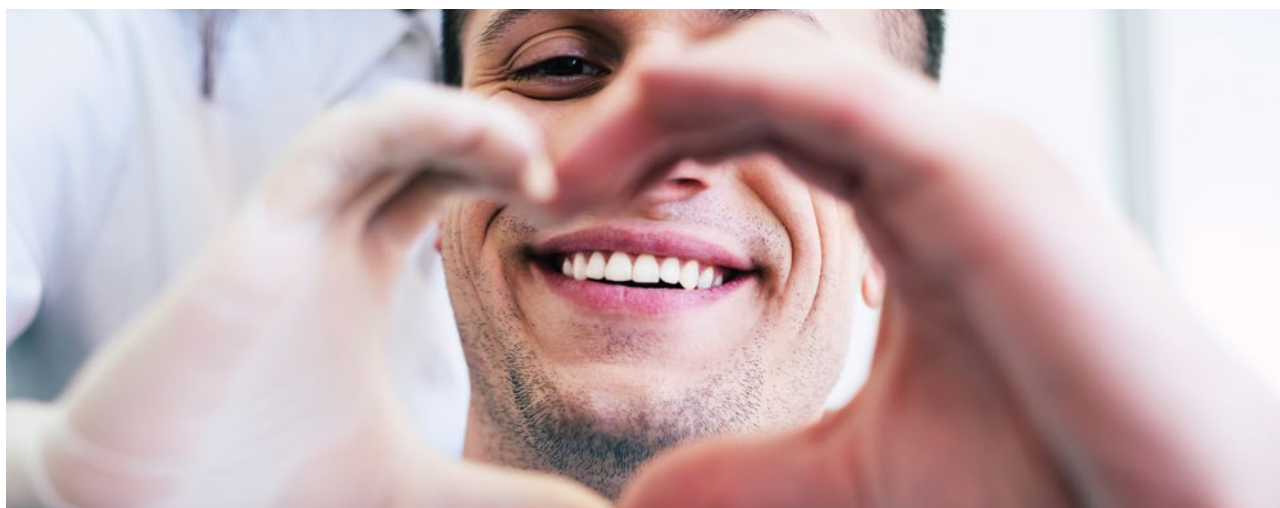
Code	Code description	Limitations	Covered: Tanzanite One	Covered: Beryl
8263	Reline complete or partial dentures (chair side)	Reline only allowed once every two years	Yes	Yes
8271	Add tooth to existing partial dentures	Cannot be completed within 6 months of fitting a new denture	Yes	Yes
8273	Impression to repair or modify a denture, or other removable intraoral appliance	Cannot be completed within 6 months of fitting a new denture	Yes	Yes
<b>ROOT CANAL TREATMENT</b>				
8307	Pulp amputation (pulpotomy)	Pulpotomy only on primary teeth	Yes	Yes
8132	Pulp removal (pulpectomy)	Once per beneficiary per 12 months; one event per beneficiary per benefit year allowed for emergency dentistry	Yes	Yes
8303	Pulp cap – indirect	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8317	Root canal preparation, each additional canal	Limited to five per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8318	Irrigation and medication per tooth at a separate visit	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8328	Root canal obturation – anteriors and premolars, each additional canal	Limited to two per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8329	Root canal therapy – anteriors and premolars, each additional canal	Limited to two per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8330	Removal of root canal obstruction	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes

Code	Code description	Limitations	Covered: Tanzanite One	Covered: Beryl
8331	Repair of perforation defects	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8332	Root canal preparatory visit – single canal tooth	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8333	Root canal preparatory visit – multi canal tooth	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8335	Root canal obturation – anteriors and premolars, first canal	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8336	Root canal obturation – posteriors, first canal	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8337	Root canal obturation – posteriors, each additional canal	Limited to four per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8338	Root canal therapy – anteriors and premolars, first canal	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8339	Root canal therapy – posteriors, first canal	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes
8340	Root canal therapy – posteriors, each additional canal	Limited to four per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes

Code	Code description	Limitations	Covered: Tanzanite One	Covered: Beryl
8640	Removal of fractured root canal instrument	Limited to once per tooth per life time and one complete root canal therapy event (one tooth only) per beneficiary per 12 months	Yes	Yes

#### PERIODONTAL TREATMENT

8176	Periodontal examination (screening)	One per beneficiary per six months	Yes	Yes
8179	Polishing – complete dentition (periodontally compromised patient)	Subject to pre-authorisation and registration on the Periodontal Programme	Yes	Yes
8180	Scaling and polishing – complete dentition (periodontally compromised patient)			
8737	Root planing – four or more teeth per quadrant	Subject to pre-authorisation and registration on the Periodontal Programme	Yes	Yes
8739	Root planing – one to three teeth per quadrant	<p>Only one of the following code combinations is allowed per beneficiary per year:</p> <ul style="list-style-type: none"> <li>• 8737 x4</li> <li>• 8739 x4</li> <li>• 8737 x1 and 8739 x3</li> <li>• 8737 x2 and 8739 x2</li> <li>• 8737 x3 and 8739 x1</li> </ul>		



### 3. Ruby, Emerald Value, Emerald and Onyx:

General administration, benefits and procedures covered

#### Ruby, Emerald Value, Emerald and Onyx - shared dental sub-limit

Ruby	Emerald Value and Emerald	Onyx
Shared dental sub-limit of R3 690 per beneficiary per year for in-hospital dentistry professional fees and all out-of-hospital dentistry	Shared dental sub-limit of R5 672 per beneficiary per year for in-hospital dentistry professional fees and all out-of-hospital dentistry	Shared dental sub-limit of R10 119 per beneficiary per year for in-hospital dentistry professional fees and all out-of-hospital dentistry

#### Ruby, Emerald Value, Emerald and Onyx - summarised benefits covered

Benefits specifications	Ruby	Emerald Value and Emerald	Onyx
Provider limitations	Services not limited to GEMS Dental Network provider		
Conservative and restorative dentistry (including plastic dentures)	100% of Scheme rate subject to available funds		
Specialised dentistry (including metal base partial dentures)	<ul style="list-style-type: none"> <li>No pre-authorisation required for partial metal base dentures</li> <li>Pre-authorisation required for all other specialised dentistry procedures</li> <li>Excludes osseo-integrated implants, all implant-related procedures and orthognathic surgery</li> <li>Excludes orthodontic treatment on patients older than 21</li> </ul>		
General anaesthesia and conscious sedation	<ul style="list-style-type: none"> <li>Subject to pre-authorisation, and managed care protocols and processes</li> <li>Applicable only to beneficiaries younger than six, severe trauma and impacted teeth</li> <li>Impacted third molars: 200% of Scheme rate payable for removal under conscious sedation in doctor's rooms</li> <li>Anaesthetists are required to obtain a separate authorisation for dental-related conscious sedation procedures</li> </ul>		

**CHARTING:** As part of code 8101, a once-off patient charting and oral examination will be required for each beneficiary visiting your practice for the first time. The charting is to be submitted to the Scheme on the 'Dental report for registration, pre-notification and pre-authorisation' form.

Please ensure that pre-authorisations are performed before starting treatment where indicated i.e. specialised dentistry, orthodontic treatment, in-hospital (theatre) and conscious sedation-associated treatment.



## Ruby, Emerald Value, Emerald and Onyx – General rules

### General principles

- All dental procedures are covered by the rules applicable per specific Scheme option.
- All specialised dentistry and in-hospital dentistry are subject to pre-authorisation before start of treatment except in an emergency where retrospective authorisation should be obtained within 72 working hours after the event.
- An authorisation granted is not a guarantee of payment – payment remains strictly subject to availability of funds.
- Confirmation of benefits is not a guarantee of payment – payment remains strictly subject to availability of funds.
- Hospital authorisations are valid for one month and all other authorisations are valid for three months.
- Where the dental treatment plan changes, authorisations must be updated before submitting the claim.

### Orthodontic treatment

- Benefits applicable only to beneficiaries under 21.
- Authorisation and a treatment plan apply, and benefits subject to prior evaluation according to the Index of Complexity, Outcome and Treatment Need (ICON) criteria.
- Once approved, an initial amount will be payable and the balance in increments subject to availability of funds.
- Approved treatment plans are valid for one year.
- Should a case be transferred to another provider, only the balance due as per original treatment plan is covered.
- Orthodontic exclusions: Refer to “General exclusions and restrictions”.
- When relocating or seeking second opinions, kindly request records from the first service provider to avoid overexposure to radiation.

### Hospitalisation

- Covered only for patients under the age of six, impacted teeth, and severe trauma as per Scheme rules.
- No other procedures apply.
- Subject to pre-authorisation.
- Children under the age of six:
  - Considered only where no other options are available.
  - All procedures necessary to be completed in one theatre-associated event.
  - Only necessary restorative and surgical (e.g. extractions) procedures may be performed. No preventative treatment (polish, fluoride treatment, fissure sealants) will be covered in theatre.
- Emerald Value option: A co-payment of up to R12 000 may be levied should you not use a GEMS network hospital.

**Table of benefits: Ruby, Emerald Value, Emerald and Onyx**

Conservative dentistry	Ruby	Emerald Value and Emerald	Onyx
Dental consultation yearly check-up	Two annual consultations per beneficiary, one every six months	Two annual consultations per beneficiary, one every six months	Two annual consultations per beneficiary, one every six months
Diagnostics	8107: Diagnosis and treatment procedures where necessary	8107: Diagnosis and treatment procedures where necessary	8107: Diagnosis and treatment procedures where necessary
	8108: Benefit from the age of six – one every 24 months	8108: Benefit from the age of six – one every 24 months	8108: Benefit from the age of six – one every 24 months
	8112: Maximum of four per 12 months	8112: Maximum of four per 12 months	8112: Maximum of four per 12 months
	8115: Benefit from the age of six – maximum one every 36 months	8115: Benefit from the age of six – maximum one every 36 months	8115: Benefit from the age of six – maximum one every 36 months
	8116, 8114: For orthodontic treatment only, benefit subject to pre-authorisation	8116, 8114: for orthodontic treatment only, benefit subject to pre-authorisation	8116, 8114: For orthodontic treatment only, benefit subject to pre-authorisation
Infection control	8109: Infection control/barrier techniques – twice per visit	8109: Infection control/barrier techniques – twice per visit	8109: Infection control/barrier techniques – twice per visit
Preventative dentistry	8110: Sterilised instrumentation – once per visit	8110: Sterilised instrumentation – once per visit	8110: Sterilised instrumentation – once per visit
	Scale and polish 8159: Once every six months – from the age of 10 only	Scale and polish 8159: Once every six months – from the age of 10 only	Scale and polish 8159: Once every six months – from the age of 10 only
	Polish 8155: Once every six months	Polish 8155: Once every six months	Polish 8155: Once every six months
	Fluoride treatment 8161: From the age of three to the age of 11, once every six months	Fluoride treatment 8161: From the age of three to the age of 11, once every six months	Fluoride treatment 8161: From the age of three to the age of 11, once every six months
	Fluoride treatment 8162: From the age of 12 to the age of 16, once every six months	Fluoride treatment 8162: From the age of 12 to the age of 16, once every six months	Fluoride treatment 8162: From the age of 12 to the age of 16, once every six months

Conservative dentistry	Ruby	Emerald Value and Emerald	Onyx
	Dental sealant: Maximum two per quadrant and once every two years per tooth – no benefit if tooth already in mouth for more than four years and for those over 18	Dental sealant: Maximum two per quadrant and once every two years per tooth – no benefit if tooth already in mouth for more than four years and for those over 18	Dental sealant: Maximum two per quadrant and once every two years per tooth – no benefit if tooth already in mouth for more than four years and for those over 18
Restorations/ fillings	Benefits available where clinically indicated – once per tooth per year	Benefits available where clinically indicated – once per tooth per year	Benefits available where clinically indicated – once per tooth per year
Dentures	One set of full, or full upper or full lower, or partial upper and/or partial lower plastic dentures every four years; relines, rebase, soft base every two years; metal framework every five years	One set of full, or full upper or full lower, or partial upper and/or partial lower plastic dentures every four years; relines, rebase, soft base every two years; metal framework every five years	One set of full, or full upper or full lower, or partial upper and/or partial lower plastic dentures every four years; relines, rebase, soft base every two years; metal framework every five years
Endodontic (root canal) treatment	8132 not allowed on same day as root treatment.	8132 not allowed on same day as root treatment.	8132 not allowed on same day as root treatment.
Crowns and bridges	Pre-authorisation necessary. Benefit once per tooth per four years	Pre-authorisation necessary. Benefit once per tooth per four years	Pre-authorisation necessary. Benefit once per tooth per four years
Orthodontics	Treatment plan necessary – limited to patients under 21	Treatment plan necessary – limited to patients under 21	Treatment plan necessary – limited to patients under 21
Periodontics	Treatment plan necessary	Treatment plan necessary	Treatment plan necessary
Maxillo-facial & oral/dental surgery	Pre-authorisation necessary when done in theatre or under conscious sedation; impacted wisdom teeth paid at 200% of rate when performed under conscious sedation in dentist's rooms	Pre-authorisation necessary when done in theatre or under conscious sedation; impacted wisdom teeth paid at 200% of rate when performed under conscious sedation in dentist's rooms	Pre-authorisation necessary when done in theatre or under conscious sedation; impacted wisdom teeth paid at 200% of rate when performed under conscious sedation in dentist's rooms
Dental hospitalisation*	For patients under the age of six, bony impactions, and severe trauma (PMB). Subject to pre-authorisation, treatment protocols and PMB conditions	For patients under the age of six, bony impactions, and severe trauma (PMB). Subject to pre-authorisation, treatment protocols and PMB conditions	For patients under the age of six, bony impactions, and severe trauma (PMB). Subject to pre-authorisation, treatment protocols and PMB conditions

\*Emerald Value: Non-network hospital use may attract a co-payment of up to R12 000.

# 4. All GEMS options:

## General exclusions and restrictions (excludes PMB)

### Exclusions

Please refer to the summary of benefits, detailed procedure benefit lists/schedules, and general exclusions detailed earlier in this guide pertaining to each Scheme option to ensure compliance with the benefits allowed, exclusions and managed care rules (e.g. pre-authorisation, number of annual events, age rules etc.).

Where treatment is performed where an exclusion exist or the patient's benefits have been exceeded, the patient will have to self-fund – please ensure the 'Patient consent' form for limits exceeded is completed by the patient and kept on file at the practice.

### Diagnostic / preventative treatment

- Special report
- Dental testimony
- Microbiological studies
- Caries susceptibility tests
- Diagnostic models covered only in association with orthodontic treatment
- Appointment not kept
- Nutritional counselling
- Tobacco counselling
- Oral hygiene instruction and/or associated visits
- Removal of gross calculus
- Behaviour management
- Cost of toothbrushes, toothpastes and mouthwashes
- Fissure sealants in patients older than 18 or where teeth have been in the mouth for more than four years
- Oral and/or facial image (digital and conventional) covered only where orthodontic treatment applies
- Fluoride treatment for patients older than 16







## Fillings and restorations

- Resin bonding for restorations charged separately from the restoration
- Enamel micro-abrasion
- Elective replacement of fillings
- Gold or gold foil restorations

## Dentures

- Diagnostic dentures
- Snoring apparatus
- Clasp or rest – cast gold
- Clasp or rest – wrought gold
- Inlay in denture
- Metal base to full dentures
- Metal frames for partial dentures limited to one per jaw and once every five years



## Crown and bridge

- Where an underlying periodontal condition (e.g. extensive loss of alveolar bone) compromises an acceptable term prognosis
- Where a lack of remaining tooth structure compromises an acceptable prognosis
- Where enough remaining tooth structure does not justify a crown as the restoration of choice
- On a failed root canal-treated tooth
- For cosmetic reasons
- Allowed once per tooth every four years
- Emergency crowns not placed for immediate protection of injured teeth
- Temporary and provisional crowns, including laboratory costs
- Pontics on second molars
- On primary teeth or third molars
- Cost of gold, semi-precious metal and platinum foil
- 8570 – computer generated restoration: Laboratory not allowed with this code (only 8560)

## Implants

All implant related clinical and laboratory associated procedures (includes implant placement, cost of components, restorations/crowns/bridges/dentures/repairs associated with implants)

## Endodontic treatment

- On third molars
- On primary teeth
- Emergency root canal treatment charged on the same day as the completed root canal treatment
- Retreatment not covered within two years of initial treatment
- Motivation required for treatment under the age of 14

## Orthodontic treatment exclusions

- Retreatment of orthodontic treatment
- Lost appliances not covered
- Lingual orthodontics not covered
- Ceramic brackets not covered
- Refixing of orthodontic brackets not covered
- Retainers limited to one per jaw
- Treatment planning for orthognathic surgery



## In-hospital (theatre)

- For patients under the age of six, bony impactions and severe trauma as per Scheme rules – no other procedures apply
- Preventative dental procedures as part of the dental treatment performed on children under the age of six not covered

## Inlays and onlays

- Exclude tooth numbers one to three in all quadrants
- No benefit for gold or precious metal
- Allowed once every four years

## Other

- Cosmetic dentistry
- The treatment of any complication related to treatment not funded by the Scheme
- Intramuscular and subcutaneous injections
- All procedures related to bleaching (except internal bleaching on previously endodontically treated teeth)
- PerioChip replacement
- Treatment plan completed (code 8120)
- Cost of mineral trioxide
- Ozone therapy
- Cost of gold, semi-precious metal and platinum foil
- Orthognathic surgery and related hospital costs
- Occlusal adjustment minor (pre-authorisation necessary for major occlusal adjustment)
- Bone regeneration procedures
- Cost of bone regenerative/repair material
- Any laboratory costs where the associated procedure is not covered
- Dental MRI or CAT scans not covered

# 5. Dental medicine formulary

The GEMS medicine formulary is available at [www.gems.gov.za](http://www.gems.gov.za).

Medicine may be prescribed:

- According to the GEMS dental medicine formulary
- By an approved GEMS network dentist or dental therapist (within his/her scope)

For Tanzanite One and Beryl options, medicine must be dispensed by approved GEMS network, courier pharmacies or dispensing dentists.

## Key to quantities and limitations

“Consumables” means the medication may be administered only by a designated service provider (DSP) at the rooms. All injectables are consumables, and claims for scripts given to patients to collect from DSP pharmacies will be rejected.

“Max Rx/7 days & 3 Rx/annum” means a script filled up to a maximum of seven days’ medicine supply and three prescriptions per year may be claimed.

Benefits for medicine are subject to reference pricing lists (MPLs) and exclusion lists (MELs). Should the cost of the item exceed MPL, the patient will be liable for payment of the difference in cost. If this is the case please inform the patient that it is for his/her own personal account.

Dental therapists may prescribe as per the latest government gazette published by the Department of Health.

**NOTE:** Provider trade names are not listed on formulary, allowing for generic substitution, but applying MPLs and MELs.

## Disclaimer

The formulary is reviewed regularly by clinical and pharmaceutical advisors to ensure that it complies with the latest industry norms for the treatment of these conditions. GEMS reserves the right to change medicines on the formulary when important information comes to light that requires it, e.g. new finding regarding the safety of a drug.





## 6. Pre-authorisation

In all cases where pre-authorisation is required, as specified earlier and per option in this guide, please complete the relevant sections of the 'Dental report for registration, pre-notification and pre-authorisation' form and submit to the Scheme before starting treatment.

Should you be unsure whether pre-authorisation is required, contact the call centre on **0860 436 777** to prevent rejection of the patient's account by the Scheme.

Orthodontic treatment: Before treatment, submit to the Scheme a pre-authorisation form and treatment plan, which should include the diagnosis and payment quotation for approval. Email **enquiries@gems.gov.za** or fax to **0861 00 4367**.

Periodontal treatment: Complete and submit the 'Periodontal treatment pre-authorisation' form, downloadable from **www.gems.gov.za**.

**NOTE:** Tooth charting on the form is not necessary for pre-authorisation or treatment plan (charting needs to be completed only at the patient's first visit to the practice in terms of code 8101).

## 7. Claim procedures

### Required information on claims

- Main member details such as membership number, option, name and contact details
- Patient details, including date of birth, name and identity number
- Provider details, including a valid Board of Healthcare Funders practice number, name and contact details
- Diagnosis and summary of medical procedures performed, medicine dispensed, other items dispensed to patient
- Relevant tariff codes
- Complete list of individual laboratory codes
- Associated costs

### Rejection of claims

- If the details are incomplete the claim will be rejected
- The clinical and laboratory codes are to be submitted together, reflecting corresponding service dates, corresponding details of codes used and authorisation numbers for laboratory codes where clinical codes require pre-authorisation
- Self-claiming laboratories may not submit their claim without confirmation with the dental provider that the clinical delivery was completed
- Any other procedures done outside the scope of benefit will not be paid
- All claims from non-network dental providers on Tanzanite One and Beryl options, except emergency consultations (limited to one event per year), will not be funded
- All claims requiring pre-authorisation – if no valid pre-authorisation exists, the claim will be rejected

# 8. Member verification and validation

## Verification on benefits

- Always ensure that available benefit codes and tariff values are verified with the Scheme.
- The dental provider is required to verify membership details and confirm the identity of the patient.
- The Scheme will not be held responsible for payment of services excluded it or managed care rules.
- Members will be liable for claims incurred on benefits falling outside the benefit schedule.
- Benefit confirmation via pre-authorisation is required where indicated.

# 9. Ex Gratia

Application for an Ex Gratia consideration for benefits not covered may be lodged with the Scheme in accordance with Scheme rules.






## Example:

### Dental report for periodontal pre-authorisation

(Forms are available at [www.gems.gov.za](http://www.gems.gov.za). Email the completed form to [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za) or fax to 0861 00 4367)

Periodontal  
Pre-authorisation and Programme Registration



Government Employees  
Medical Scheme

To be completed by the Dental Service Provider for Tanzanite One, Beryl, Ruby, Emerald Value, Emerald and Onyx options.

Section A: Dental Practitioner/Therapist/Specialist

Dental Practitioner/Therapist/Specialist  
Network provider code  
Practice no  
Tel no (W) ( )  
Fax no ( )  
Cellphone no  
Email address

Section B: Member and patient details

Main member initials  
Surname  
Membership no  
Patient full names  
Dependant code  
Patient birthdate

Section C: Periodontal evaluation

Mobility  
Mobility grades (indicate in boxes above)  
0 Normal  
+1 Facial-Lingual-Buccal-Mental  
+2 Mesial-Distal-Buccal-Mental  
+3 Both +1 and +2  
Calculus accumulation  
Light  
Moderate  
Heavy  
Gingival condition:  
Localised  
Recession  
Fibrosis  
Macrogingival defect  
Firm, resilient  
Hyperplasia  
Cratering  
Suppuration  
Generalised  
Haemorrhage on probing  
Edema  
Radiographic examination:  
Localised  
Generalised  
Mild  
Moderate  
Severe  
Occlusion:  
Stable & non-contributory  
Missing teeth  
Clenching  
Malpositioned  
Muscle tenderness  
Bruxism  
No replacement  
Jaw opening deviation  
Frenitis  
Centric interference  
Food impaction  
Diagnosis:  
I Gingivitis  
II Early  
III Moderate  
IV Advanced  
Prognosis:  
Favourable  
Guarded  
Poor  
Hopeless

Section D: Quotation

Please attach a detailed quotation with all relevant treatment codes, tooth numbers, etc.  
A printed copy generated by your practice management software is preferred.

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Section E: Periodontal Programme registration

For the Tanzanite One and Beryl options: Benefit for periodontal treatment is subject to the member's registration on the Periodontal Programme and pre-authorisation.  
The following is required for the registration request to be considered for approval:  
The completed Periodontal pre-authorisation form  
The Community Periodontal Index (CPI)  
Recent clear x-rays of the affected area  
A maintenance plan for the remainder of the year, i.e. codes 8159 or 8180 with the period of follow up, e.g. three monthly or four monthly (The benefit is subject to adherence to the approved maintenance plan).  
Email the completed Periodontal pre-authorisation form along with the supporting clinical documents to [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za) or fax to 0861 00 4367.  
Should benefits be approved, a letter of authorisation will be faxed/mailed to the attending dental practitioner/specialist and member within five working days of receipt of this form.

Section F: Periodontal pre-authorisation request process

For the Ruby, Emerald Value, Emerald and Onyx options: Benefit for periodontal treatment is subject to pre-authorisation.  
The following is required for the authorisation request to be considered for approval:  
The completed Periodontal pre-authorisation form  
The Community Periodontal Index (CPI)  
Recent clear x-rays of the affected area  
Email the completed Periodontal pre-authorisation form along with the supporting clinical documents to [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za) or fax to 0861 00 4367.  
Should benefits be approved, a letter of authorisation will be faxed/mailed to the attending dental practitioner/specialist and member within five working days of receipt of this form.

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Private Bag 3760 Cape Town 8001 • Call Centre 0800 00 0000 (4367) • Service Provider Call Centre 0800 436 777 • Fax 0861 00 0000 (4367)  
Email [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za) • Press Line 0800 21 2230 • Helpline 0800 436 733 • [www.gems.gov.za](http://www.gems.gov.za)

Working towards a healthier you



# Notes





# Contact details

**GEMS Contact Centre**

0860 436 777 for provider queries  
0860 00 4367 for member queries

**Fax**

0861 00 4367

**Web**

[www.gems.gov.za](http://www.gems.gov.za)

**Email**

[enquiries@gems.gov.za](mailto:enquiries@gems.gov.za)

**Postal address**

GEMS, Private Bag X782, Cape Town, 8000

**GEMS Emergency Services**

0800 444 367

**GEMS Fraud hotline**

0800 212 202  
[gems@thehotline.co.za](mailto:gems@thehotline.co.za)

Make use of the multi-function **GEMS** Member App to interact with the Scheme at home or on the go to make your life easier.

Use the QR Code to download the GEMS Member App



The digital membership card is available on the GEMS Member app and is convenient for members and their beneficiaries. Make use of the multi-function GEMS Member app to interact with the Scheme at home or on the go to make your life easier. Use the QR code to download the GEMS Member App.