Periodontal
Pre-authorisation and Programme Registration

gems
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 D D M M Y Y Y Y

Section C: Periodontal evaluation

Mobility

Mobility

Mobility grades (indicate in blocks above)

  0 Normal
+1 Facial-Lingual-IMM.+
+2 Mecial-Distal-IMM.+
+3 Both - 1 and + 2

Calculus accumulation

☐ Light

☐ Moderate

☐ Heavy

(Denote tooth number, where applicable):

Gingival condition:
☐ Localised ☐ Mucogingival defect ☐ Cratering ☐ Haemorrhage on probing
☐ Recession ☐ Firm, resilient ☐ Suppuration ☐ Edema
☐ Fibrosis ☐ Hyperplasia ☐ Generalised

Radiographic examination:
☐ Localised ☐ Mild ☐ Severe
☐ Generalised ☐ Moderate

Occlusion:
☐ Stable & non-contributory ☐ Missing teeth ☐ Clenching ☐ Malpositioned
☐ Muscle tenderness ☐ Bruxism ☐ No replacement ☐ Jaw opening deviation
☐ Fremitus ☐ 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.

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** or fax to **0861 00 4367.**

Should benefits be approved, a letter of authorisation will be faxed/emailed 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** or fax to **0861 00 4367.**

Should benefits be approved, a letter of authorisation will be faxed/emailed to the attending dental practitioner/specialist and member within five working days of receipt of this form.

Working towards a healthier you