

Periodontal

Pre-authorisation and Programme Registration



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. (H) Fax No.

Cellphone No.

Email

Section B: Member and patient details

Main Member Initials Membership No.

Main Member Surname

Patient Full Name

Dependant code Patient birthdate

Section C: Periodontal evaluation

Mobility

Mobility

Mobility grades (indicate in blocks above)

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

Calculus accumulation Light Mild 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: Malpositioned Missing teeth Clenching Stable & non-contributory

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.