

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 (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

Mobility grades (indicate in blocks above)

- 0 Normal
- +1 Facial-Lingual-IMM.+
- +2 Mecal-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.

We are committed to protecting your personal data

Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and others and to meet our legal and regulatory obligations. For more detailed information on how and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the *GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual* on our website: [GEMS PAIA Manual](#).