

## Dental Protocol 2019

### Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

### Overview

- Out-of-hospital dentistry is limited to funds in the Medical Savings Account (first R600, for each beneficiary. Conservative dentistry is paid from Insured Procedures Benefit and after this from the MSA).
- Co-payments will only apply where the healthcare provider charges more than the Scheme Rate.
- If treatment is approved in hospital, all codes will pay from the hospital benefit except for implants.
- The Scheme has no limit in hospital. The limit out of hospital is subject to the Medical Savings Account and IPB limit. If the member is under the age of 7, dental treatment may be approved in hospital, subject to the below listed protocols.
- If the member has an approved hospital authorisation for another procedure, and dental procedures are being done at the same time, all the codes will be funded from the hospital benefits except for dental implants.
- If the member has a medical conditions (like infection, allergy to local anesthetic or mental impairment) refer to table B.
- Tables C to E detail dentistry protocols that apply to the Scheme. These protocols apply only to a dentist (practice type 54).

**Table A**

Treatment	Codes	Criteria	Approve or Decline	Benefit
Prostodontics	All crowns, dentures, bridges (pontics)		Decline in hospital (IH)	Medical Savings Account (MSA)
Extractions	8201, 8202, 8937, 8953	Removal of six or more permanent teeth - look for tooth numbers of permanent teeth: 11,12,13,14,15,16,17,18,21,22,23,24, 25,26,27,28,31,32,33,34,35,36,37,38, 41,42,43,44,45,46,47,48	Approve IH	Hospital Benefit (HB)
		Removal of less than six teeth or primary teeth (over the age of seven) - look for tooth numbers: 51,52,53,54,55,61,62,63,64,65,71,72, 73,74,75,81,82,83,84,85	Decline IH	MSA
Placement of implants	9180, 9181, 9182, 9183, 9184, 9185	Anterior (tooth areas 11,12,13,21,22,23,31,32,33,41, 42,43)	Decline IH	MSA /ex-gratia
		Posterior or edentulous client (no teeth at all) tooth areas 14,15,16,17,18,24,25,26,27,28,34,3 5,36,37,38,44,45,46,47,48	Approve IH	HB
Exposure of implants	9190, 9191, 9192		Decline IH	MSA
Total ridge augmentation	9005, 9007		Approve IH	HB
Ridge augmentation	9008	One to two sites	Decline IH	MSA
	9009	Three or more sites	Approve IH	HB
Bone harvest	8962, 8963, 8964		Approve IH	HB
Autogenous bone graft	8979		Decline IH	MSA
Sinus lift	9010		Approve IH	HB
Surgical exposure	8981		Approve IH	HB
Corticotomy	8983, 8984		Approve IH	HB
Impacted/ un-erupted teeth	8941, 8943, 8945		Approve IH	HB
Biopsies	8917, 8919, 8912		Approve IH	HB
Removal of tumors	8971, 8973		Approve IH	HB
Trauma	As per the Discovery Health benefit		Approve IH	HB
Temporomandibular Joint treatment	9074, 9075, 9076, 9053, 9077, 9079, 9081, 9083, 9085, 9087, 9089, 9091, 9092		Approve IH	HB



**Table A (continued)**

Treatment	Codes	Criteria	Approve or Decline	Benefit
Orthodontic related surgery (orthognathic surgery)	9047, 9049, 9050, 9052, 9055, 9057, 9059, 9062, 9060, 9061, 9063, 9065, 9066		Approve IH	HB
Decortication, sequestrectomy	9017, 9019		Approve IH	HB
Frenectomy	8757, 8985			Forward to the doctors
Cyst removal			Approve IH	HB
Apicoectomy	9015, 9016		Approve IH	HB
Periodontal treatment (any surgery to the gums or cleaning or deep cleaning or crown lengthening)			Decline IH	MSA
Mucosal	8762	Across more than four teeth	Approve IH	HB
Autografts (gum- grafts)	8761, 8772		Decline IH	MSA
Caldwell-Luc	8911		Approve IH	HB
Repositioning nerves	9003, 9004		Approve IH	HB
Alveotomy	8957		Approve IH	HB
Sulcoplasty/ vestibuloplasty	8997		Approve IH	HB
Excision of bone tissue	9290, 9292, 9294, 9298, 9300		Approve IH	HB
Incision and drainage abscess	9011, 9013		Approve IH	HB
Decortication, sequestrectomy	9017, 9019		Approve IH	HB
Removal of salivary glands	9093, 9095, 9096		Approve IH	HB
Cleft lip and palate repairs			Approve IH	HB



**Table B**

Approve in hospital (IH) for:	Do not approve for	Approve in hospital but under local anaesthetic	Require further information from a medical practitioner
Mental retardation	Attention deficit hyperactivity disorder (ADHD)	Bleeding disorders	Paralysis
Allergy to local anaesthetic but first ask for history of reaction: a) admitted to hospital or casualty, breathing difficulty, hives – then approve b) fainted, hyperventilated – decline hospitalisation	Attention deficit hyperactivity disorder (ADHD)	Cardiac disorders	Malignant Hyperthermia
Failure of local anaesthetic a) If sepsis present – approve IH b) No sepsis, local just not working – decline IH	Diabetes	Warfarin treatment (blood thinning medication)	Lupus
History of Rheumatoid Fever, require prophylactic antibiotic treatment before and after dental procedure a) Multiple dental procedures – approve IH b) If single dental procedure – decline IH	Hypertension		

**Table C**

These are dental procedure codes excluded by the Scheme as they are considered cosmetic. The rule applies irrespective of the place of service.

Code	Description
8158	Enamel microabrasion
8308	External bleaching – per arch
8309	Home bleaching – instructions and applicator
8310	Supply of bleaching materials
8311	Home bleaching – subsequent visit
8325	Internal bleaching – per tooth
8327	Internal bleaching – each additional visit



## Table D

These are codes on the professional account never covered in a hospital setting.

Code	Description	Reason
8101	Oral examination	Inappropriate setting
8102	Comprehensive oral examination	Inappropriate setting
8104	Limited oral examination	Inappropriate setting
8151	Oral hygiene instruction	Inappropriate setting
8153	Oral hygiene instruction - each additional visit	Inappropriate setting

## Table E

These are codes on the healthcare professional's account to be funded from day-to-day benefits (MSA or IPB) regardless of setting.

Will be paid from hospital benefit if approved in hospital for children younger than seven

Code	Description
8132	Pulp removal (pulpectomy)
8133	Recement inlay, onlay, crown or veneer
8155	Polishing - complete dentition
8157	Re-burnishing and polishing of restorations - complete dentition
8159	Prophylaxis - complete dentition
8162	Topical application of fluoride - adult Frequency of two - aligned to a twice yearly check-up
8163	Dental sealant Age restriction rule applies for dental procedure code 8163. Procedure code should only be funded for dependants 16 years and younger.
8165	Sedative filling
8166	Application of desensitising resin, per tooth
8167	Application of desensitising medicament, per visit
8301	Pulp cap - direct
8303	Pulp cap - indirect
8307	Pulp amputation (pulpotomy)
8328	Root canal obturation - anteriors and premolars - each additional canal
8329	Root canal therapy - anteriors and premolars - each additional canal
8330	Removal of root canal obstruction
8332	Root canal preparatory visit - single canal tooth

**Table E** (continued)

Code	Description
8333	Root canal preparatory visit - multi canal tooth
8334	Re-preparation of previously obturated root canal
8335	Root canal obturation - anteriors and premolars - first canal
8336	Root canal obturation - posteriors - first canal
8337	Root canal obturation - posteriors - each additional canal
8338	Root canal therapy - anteriors and premolars - first canal
8339	Root canal therapy - posteriors - first canal
8340	Root canal therapy - posteriors - each additional canal
8341	Amalgam - one surface
8342	Amalgam - two surfaces
8343	Amalgam - three surfaces
8344	Amalgam - four or more surfaces
8345	Prefabricated post retention, per post (in addition to restoration)
8347	Pin retention - first pin (in addition to restoration)
8348	Pin retention - each additional pin (in addition to restoration)
8349	Carve restoration to accommodate existing removable prosthesis
8351	Resin - one surface, anterior
8352	Resin - two surfaces, anterior
8353	Resin - three surfaces, anterior
8354	Resin - four or more surfaces, anterior
8367	Resin - one surface, posterior
8368	Resin - two surfaces, posterior
8369	Resin - three surfaces, posterior
8370	Resin - four or more surfaces, posterior

## Contact us

Tel: **0860 100 693** • PO Box 536 Rivonia 2128 • [www.avgms.co.za](http://www.avgms.co.za).

## Complaints process

You may lodge a complaint or query with the Scheme directly on **0860 100 693** or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following the Scheme's internal disputes process.

Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com). Customer Care Centre: **0861 123 267**/website [www.medicalschemes.com](http://www.medicalschemes.com).