



Supplementary Health Services Manages Dental Benefits Rand Water Medical Scheme 2017

SHS Contact Detail

Rand Water Dental : Tel: 086 111 45 46

Dental Claim Submissions

Electronic Claim submission via : Healthbridge MDS Itrac E-MED / e-MD Medilink
Lencom MediSwitch Switchonline QEDI/DHS
Datamax I-KAT Medikredit Daily Max

Dental Hospital Authorisations : E-mail: randwaterhosp@shsdent.co.za
Fax: 086 6156697

Other Dental Authorisations : E-mail: randwaterauth@shsdent.co.za
Fax: 086 6156696

Claims Call Centre : E-mail: randwaterclaims@shsdent.co.za
Fax: 086 5177626

Pre-Auth Enquiry Call Centre : E-mail: randwaterenquiry@shsdent.co.za
Fax: 086 6137790

Paper claims can be faxed to : Fax: 086 5177626
or

Posted to : PO Box 3095
Paarl
7620

Please visit our website at www.shsdent.co.za for:

- *The dental tariff and procedure code list 6.3 % escalation for 2017*
- *The dental procedure code exclusions list 2017*
- *Registration Form for the Dental Care Program*
- *Pre-Authorisation for Dental Procedures*

RANDWATER DENTAL BENEFIT 6.3% FEE INCREASE JAN 2017

IN HOSPITAL DENTAL BENEFITS 2017

	OPTION A	OPTION B Plus
<p>Dental Hospitalisation Subject to pre-authorisation</p>	<p>100% of scheme tariff Subject to Overall Annual Hospital Limit R1,693,000 per family per annum</p> <p>Benefit for dental services in hospital is limited to trauma, cancer or PMB cases only</p> <p>Benefit is strictly only for cases of children below 7 years</p> <p><i>Dental Provider account is payable from <u>Conservative Dentistry</u> limit and restricted to restorative procedures only</i></p> <p><i>Multiple hospital admissions will not be covered and will only be authorised once in a lifetime</i></p> <p><i>No benefit for preventative procedures in hospital</i></p>	<p>100% of scheme tariff Subject to Overall Annual Hospital Limit R829,000 per family per annum</p> <p>Benefit for dental services in hospital is limited to trauma, cancer or PMB cases only</p> <p>Benefit is strictly only for cases of children below 7 years</p> <p><i>Dental Provider account is payable from <u>DENTAL SERVICES</u> limit and restricted to restorative procedures only</i></p> <p><i>Multiple hospital admissions will not be covered and will only be authorised once in a lifetime</i></p> <p><i>No benefit for preventative procedures in hospital</i></p>
<p>Maxillo-Facial and Oral/Dental Surgery</p> <p>Subject to preauthorisation and clinical appropriateness and protocol</p>	<p>100% of scheme tariff</p> <p>Hospitalisation and anaesthetist cost from (OHL)</p> <p>Dental Provider account is payable from Maxillo Facial and Oral Surgery limit</p> <p>Benefit only for removal of symptomatic impacted wisdom teeth (3rd molars) associated with pain and pathology, only if pre-authorised as a day case</p>	<p>100% of scheme tariff</p> <p>Hospitalisation and anaesthetist cost from: LIMIT: R 829 000.00 per family per annum</p> <p>Dental Provider account is payable from Maxillo Facial and Oral Surgery limit</p> <p>Benefit only for removal of symptomatic impacted wisdom teeth (3rd molars) associated with pain and pathology, only if pre-authorised as a day case</p>

OUT OF HOSPITAL DENTAL BENEFITS 2017

BASIC DENTISTRY	OPTION A - BASIC DENTISTRY 100% of scheme tariff Subject to Basic Dentistry Limit	OPTION B Plus DENTAL SERVICES 100% of scheme tariff Subject to Dental Services Limit
Dental Consultation (Annual check-up)	2 annual checkups per beneficiary, 1 every 6 months	2 annual checkups per beneficiary, 1 every 6 months
Restorations/fillings (Amalgam and Resin) More than 4 fillings per member per year must be motivated and case management for extensive dental restorations will apply and <u>must</u> register on the dental care programme	Benefits for fillings are available where such fillings are clinically indicated, and will be granted once per tooth in a 2 year period.	Benefits for fillings are available where such fillings are clinically indicated, and will be granted once per tooth in a 2 year period
Diagnostics	Intra-oral radiographs complete series not covered 4 x Peri-apical X-Rays annually per member or 2 x Bite wings once a year	Intra-oral radiographs complete series not covered 4 x Peri-apical X-Rays annually per member or 2 x Bite wings once a year
Preventative Dentistry	Scale and polish once every 6 months Fluoride treatment only members between 5 & 18 years	Scale and polish once every 6 months Fluoride treatment only members between 5 and 18 years
SPECIALISED DENTISTRY	OPTION A - SPECIALISED DENTISTRY 100% of scheme tariff subject to Specialised Dentistry limit	OPTION B Plus DENTAL SERVICES 100% of scheme tariff subject to the above Dental Services Limit
Crowns and Bridges Pre-authorisation and X-Rays are required	2 crowns or one 3 unit bridge per family per year. Benefit for crowns are granted once per tooth per 5 years	1 crowns or 1 bridge unit per family per year. Benefit for crowns are granted once per tooth per 5 years
Dentures Subject to pre-authorisation and treatment protocols.	1 set of full, or upper, or lower plastic denture every 4 years. Relines, rebase, soft base every 2 years Metal framework every 5 years 1 partial plastic denture per jaw per beneficiary every 3 years	1 set of full, or upper, or lower plastic denture per beneficiary every 4 years. Relines, rebase, soft base every 2 years. 1 partial plastic denture per jaw per beneficiary every 3 years
Orthodontics Limited to beneficiaries below the age of 18 years and apply to functional treatment only Pre authorisation required, including retainers	Pre-authorisation is required for orthodontic treatment subject to available specialised dentistry limit	Pre-authorisation is required for orthodontic treatment subject to available specialised dentistry limit
Periodontics Pre-authorisation required	Restricted to non-surgical, root planning and periodontal procedures only	Restricted to non-surgical, root planning and periodontal procedures only
Endodontic therapy (Root canal treatment) 3 Peri-apical X-Rays covered, 8132 Pulp removal/ emergency root canal treatment not allowed on same day as root treatment	Pre-authorisation is required Direct or indirect pulp capping 8301/8303 excluded from benefit Root canal treatment on primary and wisdom teeth excluded from benefit	Pre-authorisation is required Direct or indirect pulp capping 8301/8303 excluded from benefit Root canal treatment on primary and wisdom teeth excluded from benefit

RAND WATER MEDICAL SCHEME DENTAL POLICY AND PROCEDURES PROTOCOL 2017

Supplementary Health Services (SHS) is responsible for the management of dental benefits, claims, pre-authorisation and enquires. Utilising internationally accepted clinical parameters ensures appropriate benefits to the members of the scheme. Dental benefits are divided into three main categories comprising in –hospital, conservative and specialised dentistry. In- hospital and specialised dentistry requires pre-authorisation which is obtainable directly from SHS. Non –authorisation of either in-hospital or specialised dentistry may result in rejection of claims.

Above average benefits are offered for basic dentistry, promoting the SHS dental philosophy of accessible primary care whilst specialised dentistry is benchmarked against international parameters to evaluate clinical necessity before authorisation.

Submitting a Claim to SHS

Please make sure the following information is indicated on the account:

- RWMS membership number
- The dentist details and practice number
- The details of the patient
- The service date
- The receipt if account was settle by member and you need to claim back from RWMS

CONTACT DETIALS

Tel 086 111 45 46

Fax 086 517 7626 (dental claims)

Fax 086 615 6696(dental authorisations request)

PLEASE NOTE: Dental benefits set out below are ALWAYS subject to available benefit limit per family per year only if pre- authorised and RWMS Dental Tariff will always apply.

General Principles

- All dental procedures are covered as per the description of Rules for the specific Scheme option concerned.
- The Clinical Protocols of Supplementary Health Services will take precedence and Rand Water Medical Scheme tariff will apply.
- All treatment rendered by a dental specialist is regarded as Specialised treatment regardless of the treatment with the exception of treatment defined as falling within PMB.
- All specialised dentistry and hospitalisation for dental procedures are subject to pre-authorization by Supplementary Health Services before treatment commences, except in the case of emergency hospital admissions. Such authorisation must be obtained within 48 hours or the following working day thereafter.
- A written authorisation is not a guarantee of payment and is issued subject to available benefit at the time when the claim/s is received. The authorisation includes a summary of benefit allocation.
- Hospital authorisations are only valid for one (1) month and all other authorisation are valid for three (3) months.
- Benefit verification applicable to Hospitalisation, consumables, theatre and anaesthetist cost must be obtained from the Scheme's Hospital Managed care organisation.

Pre-Authorisation Policy and Procedures

Applicable to Option A and Option B+ Subject to applicable available limits.

BASIC /CONSERVATIVE DENTISTRY

- Benefits for dental "check-ups" as described in the schedule under code 8101 or 8104 are allowed once per six (6) months per period per dependant per practitioner. Where high risk individuals require more regular "check-ups" such visits will attract benefit only once risk has been clinically motivated and assessed by SHS. Further visits to the dentists in said period will only be covered as per code 8104.
- Preventive visits are limited to one every six months. More regular visits will attract benefit once disease risk has been clinically motivated and assessed by Supplementary Health Services.
- Fissure sealants are covered once every two (2) years, up to 14 years old only on permanent molars and premolars.
- 4 x Peri-apical intra-oral radiographs annually per member or 2 x Bite wings once a year unless with root canal therapy and clinically motivated and assessed by SHS.
- One (1) extra-oral /panoramic radiograph only for removal of impacted wisdom teeth removal and (2) extra-oral /panoramic radiographs for orthodontic treatment planning will be covered one at the beginning and one at the end of the treatment.

- Benefits for conservative dental restorations/fillings are limited to a maximum of four (4) restorations per dependant per year and are available where such fillings are clinically indicated.
- Benefits for conservative dental restorations (fillings) will be granted once per tooth in two (2) years except where clinically motivated and assessed by SHS.
- More than 4 fillings per member per year where clinically motivated case management for extensive dental restorations will apply and must register on the dental care programme and assessed by Supplementary Health Services

SPECIALISED DENTISTRY

Pre-authorisation must be obtained for the following clinical services and will be subject to benefit availability:

- All specialised dentistry (pre-authorisation only valid for three (3) months)
- Orthodontics
- Periodontics
- Crown & Bridgework
- Dentures
- Bite plate (Restricted to the treatment of TMJ dysfunction only above the age of 25 years)
- All dental hospitalisation and general anaesthetics (pre-authorisation only valid for one (1) month)
- Dentistry done under Conscious sedation

Dentures

- OPTION A- Plastic dentures are limited to one (1) per jaw, i.e. two(2) per person, in a four(4) year period except where clinically justified and authorised by SHS. Complicated dentures are covered at the basic denture rate. Partial metal denture frames are limited to one (1) per jaw, i.e. two (2) per person, within a five (5) year period. Partial denture every 3 years. Relines, rebase, soft base every 2 years
- OPTION B PLUS 1 set of full, or upper, or lower plastic denture per beneficiary in a four (4) year period or 1 partial plastic denture per jaw per beneficiary every 3 years. Relines, rebase, soft base every 2 years.
- Metal base to full denture or soft base to new denture including laboratory cost is not covered on both options.

Crown and Bridgework

- Benefits for crowns and bridge work are limited to 2 crowns per dependant or one 3 unit bridge, subject to available benefit limit per year per family.
- Benefits for crowns will be granted once per tooth in five (5) years except where clinically motivated and assessed by SHS.
- Laboratory fabricated crowns are not covered on primary teeth or third molars (wisdom) teeth.
- Acrylic and temporary crowns, including laboratory aspects, placed for any reason are excluded from benefits.
- Cosmetic procedures such as bleaching and anterior tooth laminate veneers and posterior tooth porcelain or resin inlays are not covered.
- Crowns will be covered as follows per option:
 - - OPTION A- (3) Three unit bridge and two (2) crowns per beneficiary per year per tooth every five (5) years, subject to available financial benefit limit per year per family.
 - - OPTION B+ (1) one unit bridge and one (1) crown per beneficiary per year per tooth every five (5) years, subject to financial available benefit limit per year per family.

Orthodontic treatment

- Benefits are only applicable to functional treatment for beneficiaries below the age of 18 years
- Benefits for all orthodontic treatment is subject to prior appraisal using the Index of Complexity, Outcome and Need (ICON Copyright University of Wales College of Medicine) other such recognised clinical index as determined by Supplementary Health Services.
- Once approved payment will be paid as an initial deposit and the balance over estimated time period. Payment paid according to member available specialised dentistry benefits.
- Removable appliances are limited to 2 appliances.
- Re-treatment of orthodontics is not covered.
- Lost appliances repair, remounting or replacement of fixed orthodontic brackets is not covered. Lingual orthodontics or ceramic orthodontics brackets are not covered. Invisible retainer material is not covered.
- Re-treatment of orthodontic cases is not covered and for transferred cases to a next provider; only the balance of the treatment plan will be covered.
- Retainers are limited to one per jaw.
- Orthognathic and associated hospitalisation is not covered. Preparatory orthodontic therapy prior to orthognathic surgery will be limited to the treatment required to achieve an outcome without such surgery.

Apisectomies

Benefit will not be considered unless a reasonable attempt has been made to drain the peri-apical infection via endodontic procedures and through re-treatment where applicable.

Periodontics

Benefits for periodontal disease management is limited to conservative (non-surgical) management once every 2 years and is subject to pre-authorisation using the CPITN index. Surgical periodontal treatment is not covered.

DENTAL SERVICES DURING HOSPITALISATION

Hospitalisation for dentistry is not automatically covered and is subject to benefit pre-authorisation.

OPTION A - Dental providers account would be paid from the relevant available dental benefit and only hospital account will attract benefit from available overall hospital limit.

OPTION B Plus - Hospital account would be paid from Maxillo-Facial and Oral/Dental Surgery only if authorised pre-authorised as a day case - R12, 800 per family per annum for 2017.

The following protocols apply:

Hospitalisation and Intravenous Sedation

- Hospitalisation cover is provided for children below the age of 7 years when the treatment envisaged is of such a nature that it cannot be performed without a general anaesthesia and will only be considered after other forms of sedation were administered unsuccessfully. Fissure sealant, fluoride treatment and polishing of teeth for children below 7 years will not be authorised in hospital.
- Multiple restorative visits to theatre for children below the age of 7 years will not be covered i.e. a single hospital visit should suffice to stabilise the dentition thereafter routine dental treatment and preventative dentistry will only be covered in the dental rooms.
- Theatre visits for persons above 7 years for conservative dentistry and extractions will not be covered. The requirement of a sterile facility is not on its own an acceptable reason for hospitalisation for dental treatment.
- Removal of impacted teeth will only be covered when the tooth is associated with pathology or severe pain and the removal of such a tooth cannot be reasonably performed outside of hospital as may be radiologically verified and not for orthodontic reasons. Single impaction, extraction or soft tissue impactions will not be covered in Hospital.
- Hospitalisation cover will only be considered where an underlying medical condition increases the risk of treating in the rooms or indicates that a higher level of care is

required. Benefit only in cases of accidents, injury, congenital abnormalities and oncology related procedures only (PMB).

- Apicectomies on premolar canine, anterior and 3rd Molars procedures in hospital will not be considered for benefit unless retreatment of root canal has been attempted and is restricted to molars and lower pre-molars.
- Hospitalisation benefits are not available for dental implantology and associated procedures e.g. sinus lift, bone harvest and tissue regeneration procedures on all options

The following will not be covered in hospital:

- Dectomies
- Frenectomies
- Conservative dental treatments e.g. fillings on adults, fissure sealant, fluoride treatment and polishing of teeth
- Periodontal procedures are not covered in hospital
- Periodontal surgery
- Genioplasty
- Implants
- Gingivectomy
- Root canal therapy

Patient anxiety control

Where a dental practitioner requires a medical colleague to administer sedatives intravenously (not general anaesthetic) to assist in difficult cases in the dental rooms, the fee charged by the second professional will be covered by the scheme only if pre-authorized by Supplementary Health Services. Such authorisation will only be considered if the administering nitrous oxide (laughing gas) has been unsuccessful.

No limits are placed on the use of oral sedatives or nitrous oxide administered by dental practitioners in their rooms.

Restrictions Procedure Limitations and Exclusions

The treatments and procedure codes listed below are not covered by the scheme. The member is liable for the total cost of these procedures. In the event of a dispute regarding exclusions and benefits, the rules of Rand Water medical scheme will prevail.

- Cosmetic dentistry
- Bite plate below 25 years old
- Mouthwash and toothpastes
- Fissure sealants on patients older than 18 years and younger than 5 years

- Professionally applied topical fluoride in adults 18 years and above
- Oral/facial image of dentist work not covered only for orthodontics
- Perio chip
- Ozone therapy
- Therapy of healed extraction sites
- Vascular surgery for treatment of headaches
- Oral appliance or the ligation of temporal arteries for treatment of headaches
- For multiple charges of desensitising, resin or medicament, only application of desensitising medicament per visit will apply once-off
- Desensitising, resin or medicament, will not be covered during the same visit as application of topical fluoride
- Restorative treatment of attrition or abrasion
- Tariff for amalgam fillings will apply, regardless of the material used
- Endodontic procedures are not covered on third molars (wisdom teeth) or on primary teeth
- Endodontic re-treatment is not covered within 2 years of initial endodontic treatment
- Emergency root canal / Pulp removal (pulpectomy) charged on the same day as complete therapy
- Rubber dam per arch
- Snoring/anti snoring device or device for sleep apnoea manufactured by a dental provider or laboratory
- Crowns used to restore teeth for cosmetic reasons
- Crowns where the tooth has been recently restored to function
- Composite or porcelain veneers
- Laboratory fabricated crowns are not covered on primary teeth or third molars (wisdom teeth)
- Crowning of teeth involving failed R.C.T
- Temporary /provisional and emergency crowns including lab costs
- Acrylic crowns, including laboratory aspects, placed for any reason are excluded from benefits
- Fixed prosthodontics (crowns) where a reasonable attempt has not been made to restore/replace the tooth conservatively
- Fixed prosthodontics where the members mouth is periodontally compromised
- Fixed prosthodontics used to restore teeth for cosmetic reasons
- Fixed prosthodontics used to repair occlusal wear (teeth damaged due to bruxism) erosions or fluorosis
- Fixed prosthodontics where the tooth has been recently restored to function
- Benefit for the cost of metal would be in accordance to the tooth type
- Cost of gold, precious metal, semi-precious metal and platinum foil

- For metal free crowns, metal substitute coping material will be paid at the same rate as metal
- Metal substitute coping material for laboratory cost for crowns
- Lab costs where the associated dental procedure is not covered
- Cantilevers bridges
- Pontics on second molars
- Inlays and onlays regardless of material used, will not be covered
- Diagnostic dentures
- Basic denture rate would apply to Complicated Dentures
- High impact acrylic
- Metal base to full dentures
- Diagnostic models (Study models-unmounted) will only be covered with orthodontic treatment
- Adult orthodontics over 18 years is not covered
- Orthodontics to align teeth for cosmetic reasons
- Orthodontic re-treatment
- Orthodontic retainer/fixed/removable appliance repairs
- Lingual orthodontics/ceramic brackets
- Diagnostic setup (orthodontics)
- Orthognathic (jaw correction) surgery and related hospital costs
- Osteotomy
- Surgical periodontal services
- Gingivectomy
- Dectomies in hospital
- Frenectomies in hospital
- Removal of asymptomatic wisdom teeth
- Fillings, extractions and root canal therapy in hospital over age of 7 years
- Preventative dentistry procedures in hospital
- Assistant fee to be assessed on individual cases
- MRI and CAT scans for any dento-alveolar procedures will not be covered
- Extra-oral radiograph only for orthodontic treatment planning and removal of impacted teeth
- Dental implants in or out of hospital and associated surgical procedures listed below are excluded,
 - Implant tooth replacement all phases
 - Cost of implant components
 - Bone augmentation, or tissue regeneration or cost of bone regeneration material
 - Sinus lifts