

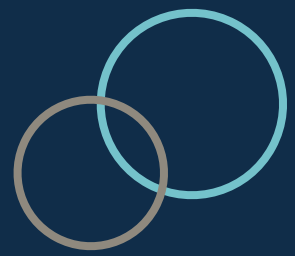


FOR PROFESSIONALS
SINCE 1941

HEALTHCARE
ADMINISTRATORS

PPS HEALTHCARE ADMINISTRATORS DENTAL BENEFIT MANAGEMENT





VALUE PROPOSITION

PPS Healthcare Administrators (PPSHA) is proud to launch our dental benefit management services to the market. Profmed is the first medical scheme to implement these dental benefit management services. Our focus is to deliver easily accessible and user-friendly processes that serve all Dental Providers. This principle is in line with our ethos of providing tailor made solutions as a boutique administrator.

We have a dedicated Dental Provider call centre with a team of highly skilled consultants with impeccable technical and medical knowledge to ensure quick turnaround times on requests and queries. Our efficient turnaround times on claim payments will enable improved cash flow to your practice.

We are proud to have well respected dental advisors on our team who bring with them specialised knowledge of dental benefit management. Our intention and promise to our Dental Providers is to provide service excellence that makes doing business with PPSHA seamless and delivers on our promise to enrich the lives of dental professionals.

Our Promise



Ease of doing business with us



Simple, easy-to-use provider processes that will be accessible at all touch points (call centre, SADA website, Scheme website)



Provider Guide on processes, benefits and tariffs



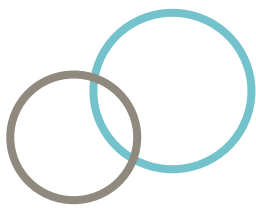
Dedicated call centre and support team to facilitate quick turnaround times on authorisations, quotations, queries and escalations



SADA aligned clinical protocols



Efficient claims payment turnaround times to improve cash flow



HOW TO CONTACT US

Provider call centre	0860 679 200
Hospital pre-authorisation	0860 776 363
Dental authorisations and quotations	dental@profmed.co.za
Provider contact information updates	providerrelations@ppsha.co.za
Provider changes to banking details	finance@ppsha.co.za

REQUIREMENTS FOR CHANGES TO BANKING DETAILS:

- Latest bank confirmation letter (not older than three months)
- Confirmation of bank account changes on provider/company letterhead,
- Copy of identity document
- BHF registration
- Company registration letter (CIPC letter)

Original documents must be sent to:



Postal Address:

P O Box 14145
Lyttelton
0140



Courier address:

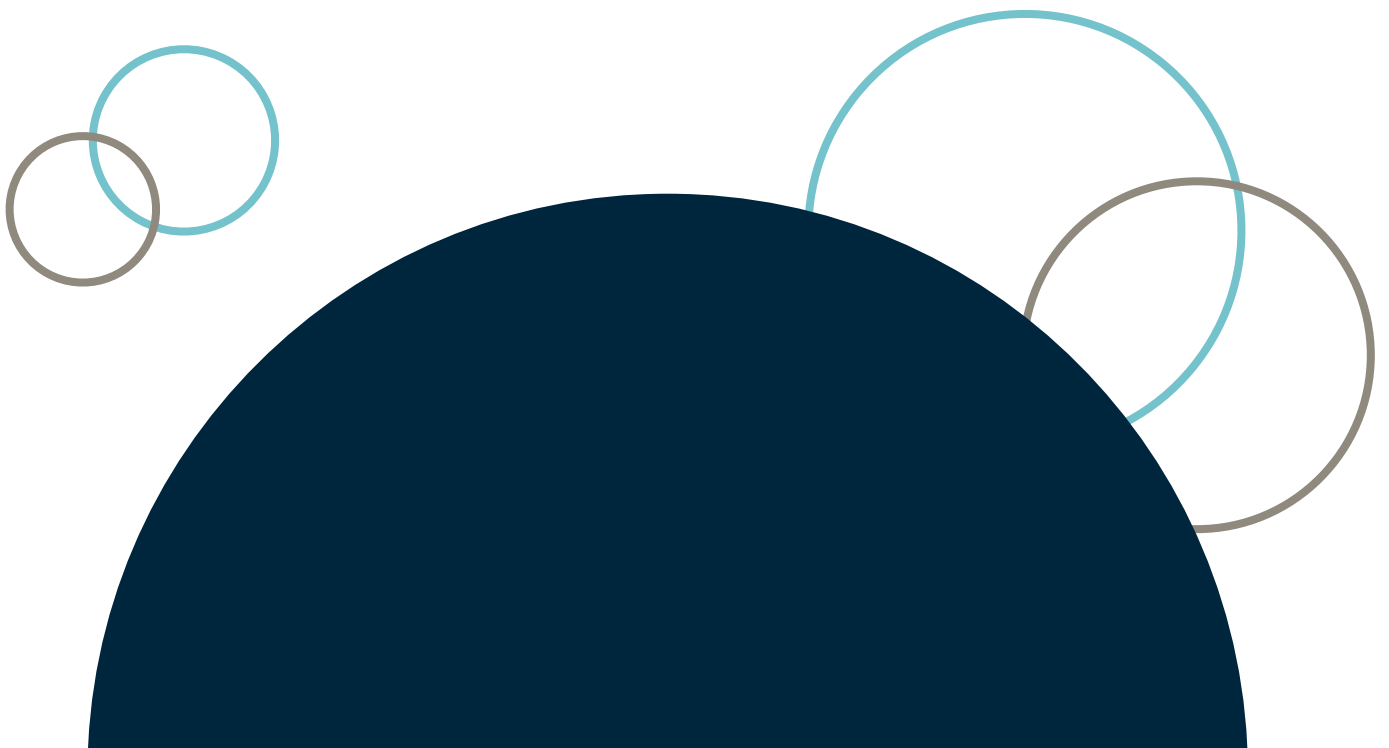
PPS Centurion Square
Cnr Gordon Hood and
Heuwel Road
Centurion
0157



AUTHORISATIONS AND APPROVALS FRAMEWORK

This framework will guide you on cases where authorisation is required. For these instances you will need to either complete an authorisation form or email us the information required seven days prior to date of service. Your request will be assessed, and a response will be provided within 24 - 48 hours.

- Preauthorisation is required for:
 - a) Specialised dentistry - implants, metal-based partial dentures, crowns and bridgework, functional orthognathic surgery, orthodontics up to 18 years of age (must include cephalometric tracing), periodontal treatment (must include clear x-rays, CPITN index, maintenance plan).
 - b) General anaesthesia and conscious sedation - Severe impacted permanent teeth, extensive conservative dental treatment for children under 8 years (benefit limited to 24 months per child).
 - c) Prescribed Minimum Benefit (PMB) benefit.
- All planned in-hospital procedures are subject to pre-authorisation seven days before starting treatment. In case of emergencies that occur after hours or on week ends and public holidays, authorisation must be obtained the next working day.
- Authorisation is not required for conservative and restorative dentistry (including consults, restorations, extractions, root canal treatment and plastic dentures). Subject to day-to-day dentistry benefit limits.





AUTHORISATIONS AND APPROVALS FRAMEWORK

Please provide us with the following information to obtain pre-authorisation:

- Membership number
- Member name and surname
- Patient name
- Patient dependant code
- Date of procedure
- Practice number
- Practice name
- Practice contact information
- ICD-10 codes
- Procedure codes and cost
- Tooth numbers
- Breakdown of laboratory codes, costs and quantity
- Clear radiographs to be submitted
- For hospital admission: date of admission, hospital name and practice number
- For orthodontics: a cephalometric tracing must be submitted
- For periodontal treatment: a CPITN index and maintenance plan must be submitted.

Please submit this information to dental@profmed.co.za.

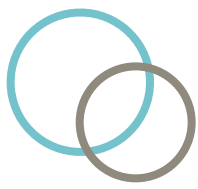


DENTAL TARIFFS

Profmed's dental tariffs are 135% Profmed tariff, and not 135% OF profmed tariff, the Scheme's base tariff. The list of tariffs and values are available on the provider login portal on the Scheme's website at www.profmed.co.za. Only tariffs that are listed on the file will be covered. The rates will also be provided to SADA to make available to all dental providers.

In light of the above, PPSHA will be rejecting claims that include the subsequent procedure codes below. Service providers will be advised to amend their billing to reflect the latest changes or to contact SADA for further assistance .

- 1) 8202 (Extraction of tooth or exposed tooth roots - each additional tooth per quadrant) - **All extractions of tooth or exposed tooth roots should be charged as 8201 (Extraction of tooth or exposed roots).**
- 2) 8214 (Surgical removal of residual tooth roots - each additional tooth per quadrant) - **All surgical removal of residual roots should be charged as 8213 (Surgical removal of residual tooth roots).**
- 3) 8943 (Surgical removal of impacted tooth - second tooth) and 8945 (Surgical removal of impacted tooth - third and subsequent tooth) **All surgical removal of impacted teeth should be charged as 8941 (Surgical removal of impacted tooth).**
- 4) 8984 (Corticotomy - each additional tooth) - **This should be charged as 8983 - (Corticotomy - first tooth).**
- 5) 9184 (Surgical placement of endosseus implant - second per quadrant) and 9185 (Surgical placement of endosseus implant - third and subsequent per quadrant). **All surgical placement of endosseus implants should be charged as 9183 (Surgical placement of endosseus implant).**
- 6) 9191 (Surgical exposure of endosseus implant (second per quadrant) and 9192 (Surgical exposure of endosseus implant - third and subsequent per quadrant). **All surgical exposures of endosseus implants should be charged as 9190 (surgical exposure of endosseus implant).**



PROFMED MEDICAL SCHEME DENTAL BENEFITS

BENEFIT	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROSELECT (NETWORK OPTION)
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DENTAL PROCEDURES IN HOSPITAL

Subject to pre-authorisation and protocols. Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

1G1	HOSPITALISATION: - Permanent tooth impaction removals - Extensive conservative dental treatment only for children younger than 8 years (24-month benefit) (Subject to pre-authorisation, protocols and management)	100% Negotiated Tariff	100% Negotiated Tariff (Subject to use of the Day Procedure network)		100% Negotiated Tariff (Subject to the use of the Day Procedure network)	100% Negotiated Tariff (Subject to use of the ProSelect DSPN)
	a) Specialist and anaesthetist fees	300% Profmed Tariff	200% Profmed Tariff	100% Specific tariff	175% Profmed Tariff	100% Specific Tariff
	b) Dentist fees	135% Profmed Tariff	135% Profmed Tariff		135% Profmed Tariff	
1G2	HOSPITALISATION: - Other (Subject to pre-authorisation, protocols and management)	100% Negotiated Tariff	100% Negotiated Tariff (Subject to use of the Day Procedure network)		Subject to PMB legislation (Subject to use of the Day Procedure network)	Subject to PMB legislation (Subject to use of ProSelect DSPN)
	a) Specialist and anaesthetist fees	300% Negotiated Tariff	200% Profmed Tariff	100% Specific tariff	Subject to PMB legislation	
	b) Dentist fees	135% Profmed Tariff Subject to Section 5E	135% Profmed Tariff Subject to Section 5E		135% Profmed Tariff	Subject to PMB legislation
1G3	Functional orthognathic surgery Includes all costs related to the admission and procedure, e.g. all medical practitioner fees, hospitalisation, etc. (Subject to pre-authorisation)	R38 298 per family	No benefit		No benefit	

BENEFIT	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROSELECT (NETWORK OPTION)
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DENTISTRY - OUT OF HOSPITAL

Benefits are subject to protocols and management.

HOSPITALISATION: - Conservative dentistry (includes annual check-ups, restorations, extractions, root canal treatment, dentures) - Advanced dentistry (includes crowns, bridges, implants, orthodontics) Orthodontics available only up to age 18. (Orthodontics and implants subject to pre-authorisation. Call 0860 679 200 for authorisation and protocols)	135% Profmed Tariff	135% Profmed Tariff	135% Profmed Tariff	135% Profmed Tariff	135% Profmed Tariff
	R7 497 per beneficiary Maximum R14 994 per family Not subject to day-to-day limit	R6 367 per beneficiary Maximum R12 837 per family Not subject to day-to-day limit	Subject to day-to-day limit	R718 per beneficiary Maximum R1 848 per family	

PROFMED MEDICAL SCHEME SAVVY DENTAL BENEFITS

BENEFIT	PROPINNACLE SAVVY	PROSECURE PLUS SAVVY	PROSECURE SAVVY	PROACTIVE PLUS SAVVY	PROSELECT SAVVY
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DENTAL PROCEDURES IN HOSPITAL

Subject to pre-authorisation and protocols. Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

1G1	HOSPITALISATION: - Permanent tooth impaction removals - Extensive conservative dental treatment only for children younger than 8 years (24-month benefit) (Subject to pre-authorisation, protocols, management and use of the DSPN)	100% Negotiated Tariff	100% Negotiated Tariff	100% Negotiated Tariff		
	a) Specialist and anaesthetist fees	300% Profmed Tariff	200% Profmed Tariff	100% Profmed Tariff	175% Profmed Tariff	100% Profmed Tariff
	b) Dentist fees	135% Profmed Tariff	135% Profmed Tariff	135% Profmed Tariff		

BENEFIT		PROPINNACLE SAVVY	PROSECURE PLUS SAVVY	PROSECURE SAVVY	PROACTIVE PLUS SAVVY	PROSELECT SAVVY
1G2	HOSPITALISATION: - Other (Subject to pre-authorization, protocols, management and use of the DSPN)	100% Negotiated Tariff	100% Negotiated Tariff		Subject to PMB legislation	
	a) Specialist and anaesthetist fees	300% Negotiated Tariff	200% Profmed Tariff	100% Profmed Tariff	Subject to PMB legislation	
	b) Dentist fees	135% Profmed Tariff Subject to Section 5E	135% Profmed Tariff Subject to Section 5E		135% Profmed Tariff	Subject to PMB legislation
1G3	Functional orthognathic surgery Includes all costs related to the admission and procedure, e.g. all medical practitioner fees, hospitalisation, etc. (Subject to pre-authorization)	R38 298 per family	No benefit		No benefit	

DENTISTRY

Benefits are subject to protocols and management. (See Section 1G for dentist and specialist fees in-hospital)

	- Conservative dentistry (includes annual check-ups, restorations, extractions, root canal treatment, dentures) - Advanced dentistry (includes crowns, bridges, implants, orthodontics) Orthodontics available only up to age 18. (Orthodontics and implants subject to preauthorization. Call 0860 679 200 for authorisation and protocols)	135% Profmed Tariff R7 497 per beneficiary Maximum R14 994 per family Not subject to day-to-day limit	135% Profmed Tariff R6 367 per beneficiary Maximum R12 837 per family Not subject to	135% Profmed Tariff Subject to day-to-day limit	135% Profmed Tariff R718 per beneficiary Maximum R1 848 per family
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SUBMITTING CLAIMS

This framework will guide you on cases where authorisation is required. For these instances you will need to either complete an authorisations form or email us the information required seven days prior to date of service. Your request will be assessed, and a response will be provided within 24 - 48 hours.

- All claims for Profmed must be submitted electronically. PPSHA accepts claims from all software vendors. Please contact your software vendor for more information.
- The following supporting information/documents must be submitted in order for a stale claim to be reviewed for payment:
 - Proof that the claim was queried within four months from the date of service; and
 - Proof of submission.

GENERAL RULES

1. Where a procedure is declined or where there is no benefit available, all associated treatments for the event will not be covered.
2. Any discrepancy between authorised and claimed treatment codes and tooth numbers will result in rejection of the claim. Please provide any updates or changes prior to submission of the claim.
3. More than one restoration cannot be claimed on the same tooth surface on the same day.

PROTOCOLS

1. Full mouth examinations will be covered once every 6 months.
2. Restorations on the same tooth will be covered once within a 9-month period.
3. Where code 8132 is claimed, restorations cannot be claimed on the same tooth number and same service date.
4. No benefits for:
 - laboratory fabricated crowns on primary teeth
 - root canal treatment on primary teeth
 - root canal treatment on wisdom teeth (18, 28, 38, 48)
 - crowns on wisdom teeth (18, 28, 38, 48)
 - pontics on 2nd molars (17, 27, 37, 47), unless 3rd molars are fully functional, and has been preauthorised
 - high-impact acrylic.



EXCLUSIONS

		TARIFF CODE
1.	Restorations, crowns and bridges: - for restorations on teeth for cosmetic purposes - where the tooth has recently been restored within a period of 9 months. All clinical codes related to amalgam, resin, gold foil, inlay/onlay, metal inlays, ceramic inlays/onlays, resin-based inlays/onlays, crowns, veneers, temporary crowns and bridges are excluded.	
2.	Nutritional counselling	8149
3.	Counselling for high-risk substance use	8150
4.	Caries susceptibility tests	8123
5.	Microbiological studies	8122
6.	Electrognathographic recording	8508
7.	Electrognathographic recording with computer analysis	8509
8.	Reburnishing and polishing of restorations	8157
9.	Ozone therapy	
10.	Metal base to complete denture	8663, including laboratory cost
11.	Resin bonding for restorations charged as a separate procedure	8146
12.	Dental bleaching	8310, 8308, 8309, 8311, 8325, 8327
13.	Conservative dental treatment for adults in hospital, including restorations, extractions and root canal treatment for adults in hospital	8140, plus procedure code
14.	Professional oral hygiene procedures in hospital	8140, plus 8151, 8153, 8155, 8159, 8160, 8161, 8162
15.	Laboratory costs where the associated dental treatment is not covered and laboratory delivery fees	(delivery fees - 9330)
16.	Oral hygiene instruction	8151, 8153
17.	Lingual orthodontic treatment	8841, 8842, 8843, 8874, 8876, 8878, 8880, 8882, 8884, 8886, 8888

18.	Re-treatment of failed orthodontic cases	8892
19.	Hospitalisation in adults based on fear/anxiety	8140, plus treatment code
20.	In-hospital dentectomies	8140, plus extraction codes
21.	Occlusal mouth guard for sport purposes	8171, 8170
22.	Pulp test	8124
23.	Occlusal analysis on adjustable articulator	8503
24.	Pantographic recording	8505
25.	Diagnostic denture	8661
26.	Altered cast technique	8672
27.	Special report	8106
28.	Appointment not kept	8139
29.	Behaviour management	8168
30.	Therapeutic drug injection	8183
31.	Enamel micro abrasion	8158
32.	Removal of gross calculus	8160
33.	Minor occlusal adjustment	8553
34.	Snoring apparatus	
35.	Toothbrushes, toothpastes and mouthwashes	