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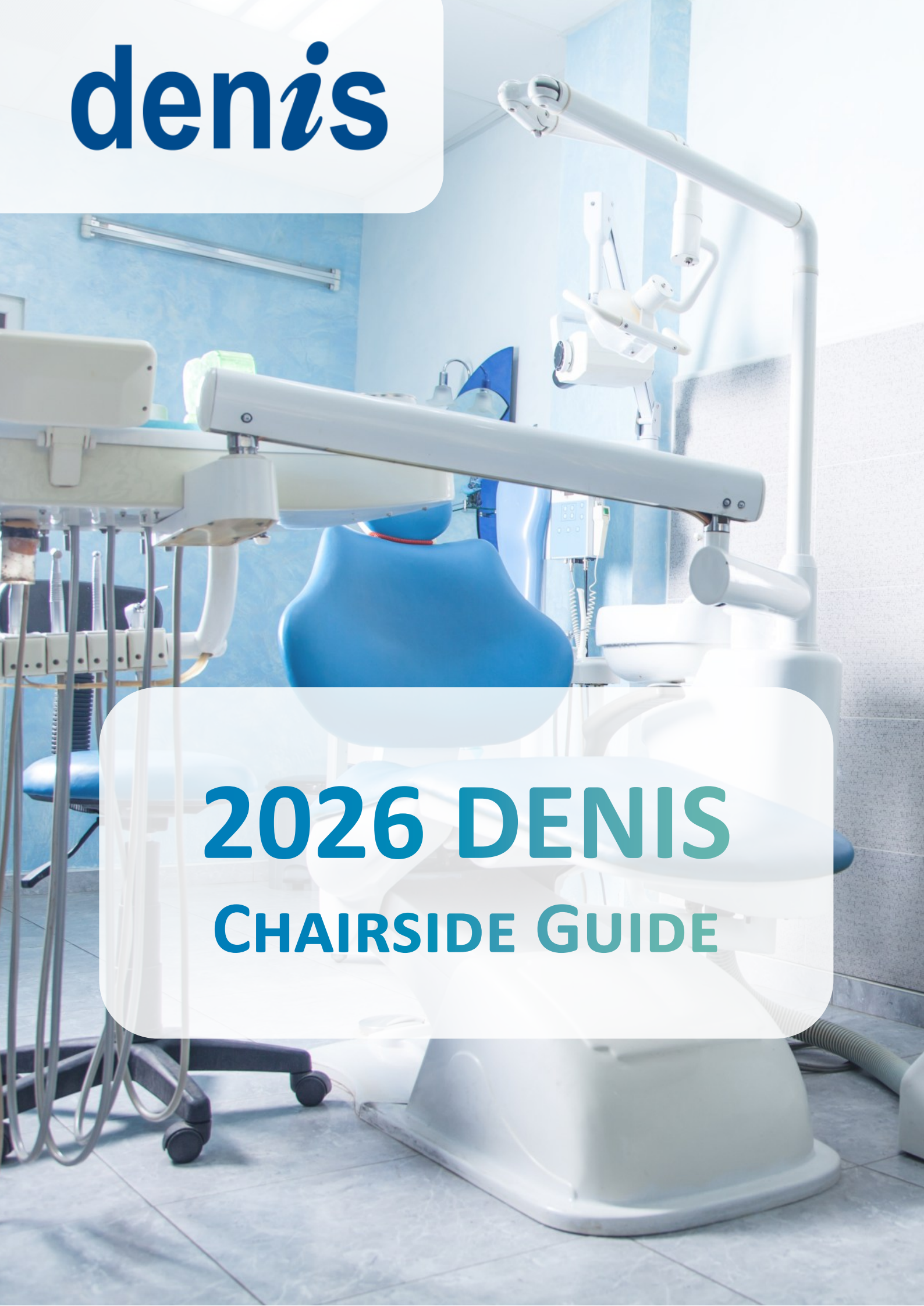

2026 DENIS

Chairside Guide

DENIS 2026 Chairside Guide

A summary of DENIS dental benefit management methodology for dental professionals, to be read in conjunction with the **2026 Dental Benefit Tables** which describe individual scheme benefits:

www.denis.co.za

Table of Contents

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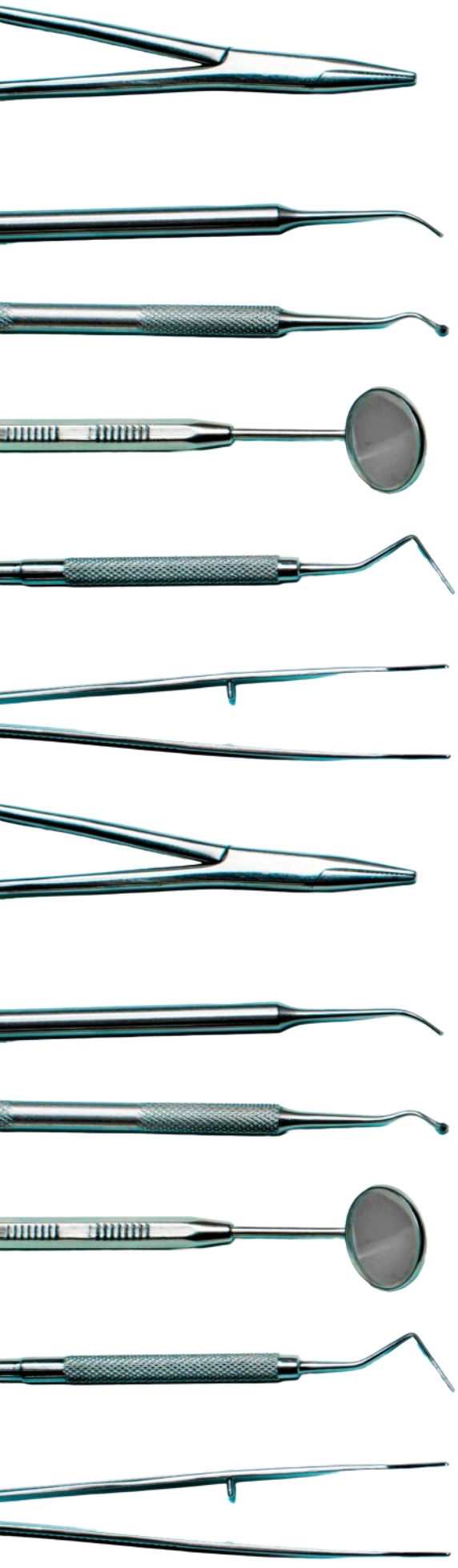

Dental Benefit Management

Although oral health is an important part of overall health, schemes have limited budgets for dental treatment, and some form of management must be applied to remain within this budget.

At DENIS, our preferred method of managing scheme dental benefits is ***limitation by treatment definition.*** However, DENIS, as an accredited managed care company, is able to manage dental benefits according to the specific scheme's preference, whether financial limits apply, or managed care rules alone determine dental benefits.

Treatment as limit differentiator

The positive aspect of this approach is that members are not disadvantaged by financial limits which are affected by other treatment received during a given period, or by treatment received by other family members or even other disciplines.

The DENIS preferred approach is an effective and equitable way to ensure that members have affordable access to dental treatment throughout the benefit year, thus ensuring positive health outcomes. With this approach dental benefits are paid from the overall scheme risk pool. This is in contrast with a medical savings account which is not scheme money, but the members' own funds.

Managed care vs. practitioner diagnosis

Managing the benefit must not be confused with a diagnosis made by a practitioner. Any measurement DENIS applies to patient records is merely to categorise the funding requests into those that qualify for funding and those that do not. It should be seen in the same way as a scheme that decides not to cover certain treatments or to fund treatments up to pre-defined limits. Such funding decisions are also not based on diagnosis.

Whether schemes use the DENIS approach or apply financial limits that are shared or separate for dental benefits, DENIS believes that the managing of limited benefits should be utilised in a fair, equitable and cost-effective manner, thus benefiting many beneficiaries.

The sole focus of DENIS is oral healthcare, and we are passionate about improving the oral health of all members.

Referral to Specialists

Benefits for specialists are usually only considered if there is a referral from a general dental practitioner.
This excludes treatment for prescribed minimum benefit conditions (PMB's).
The referral ensures that the member is aware of possible benefit restrictions before they arrive at the specialist.
If the scheme option does not offer specialised dental benefits, then no benefits are available for any service rendered by dental specialists.

Orthodontists

Most of our schemes offer orthodontic benefits. A needs analysis is done to ensure that deserving members receive orthodontic treatment. Patients must be aware that the benefit offered by the scheme is not automatic as it is subject to the out-come of the needs analysis.

When referring a patient to an orthodontist, kindly request them to contact DENIS prior to booking the appointment in order to confirm benefits available.

*(See page 7: **Orthodontics** for the information required to process an authorisation.)*

Periodontists

The specialist consultation fee is covered, but to access all other related benefits, patients have to be registered with the DENIS Periodontal Programme. Approval for the treatment plan should be obtained before commencement of treatment.

Benefits for treatment are subject to published benefit guidelines. Hospital benefits are not available for periodontal surgery.

*(See page 10: **Periodontics** for the information required to process an authorisation.)*

Maxillo-facial surgeons

Pre-authorisation (with X-rays) is a requirement for admission to theatre, whether for moderate/deep sedation or general anaesthetic.

Implant benefits are subject to pre-authorisation, and hospital benefits are not available for implant placement.

Benefits for all treatment are subject to published benefit guidelines.

Note: Please read through the **Scheme Exclusions** as indicated in the Dental Benefit Tables per scheme, for excluded surgical procedures.

(See page 6 for the information required to process an authorisation.)

Prosthodontists

The specialist consultation fee is covered, but all other benefits are subject to approval of a treatment plan.

Kindly submit the treatment plan and obtain approval before commencement of treatment.

Benefits for treatment are subject to published benefit guidelines.

(See page 6 for the information required to process an authorisation.)

Unique Funding **Definitions and Exclusions**

Occlusal rehabilitation

For funding purposes, *occlusal rehabilitation* is defined as follows: The restoration of teeth with fixed prosthodontics where the primary cause of damage is bruxism, erosion, or abrasion, and where this long-term "wear and tear" has resulted in reduced occlusal height and worn enamel. This type of damage to teeth does not qualify for funding. Occlusal rehabilitations to correct Temporomandibular Joint (TMJ) disorders, or dental malocclusions are also not funded.

There is no benefit for fixed prosthodontics in such cases, but this in no way implies that it is clinically inappropriate to restore such teeth with fixed prosthodontics.

Orthodontic severity

For funding purposes, all orthodontic cases are assessed by using an orthodontic needs analysis. Benefit allocation is subject to the outcome of the needs analysis and dependent on the analysis; the benefit may vary based on the member's chosen benefit option.

Compromised treatments

For the purposes of benefit application, *compromised treatments* mean treatments which are done but where the outcome or prognosis is known to be questionable.

There may be good reason for doing such compromised treatments, such as the patient's inability to pay for the preferred treatment or the patient's time constraints. However, benefits will not be awarded for such treatment, and the patient would be liable for interim treatment costs.

General Funding Protocols on All Schemes

- **Periodontal screening** (tariff code 8176) is allowed only once a year per beneficiary where the benefit exists. The benefit is available on all options with a Periodontics benefit; subject to funding as per the benefit option.
- The **time rule on fillings** for all schemes managed by DENIS is once per tooth every 720 days, provided the treatment is appropriate. Re-treatment of a tooth within the time limit is subject to motivation and managed care protocols.
- Kindly refer to page 7 for the list of scheme options that require **pre-authorisation for dentures** (plastic as well as partial chrome cobalt frame dentures).
- **Plastic dentures** are limited to one per jaw (i.e. two per person in total) in a 4-year period *subject to published benefit guidelines.*
- Chrome cobalt frames for **partial dentures** are limited to one per jaw (i.e. two per person) within a 5-year period subject to published benefit guidelines.
- Benefits for **crowns** *(where offered by the scheme option)* will be granted once per tooth within a 5-year period; subject to published benefit guidelines.
- Benefits for **endodontic treatment** on deciduous teeth are limited to pulpotomies only.
- If a procedure does not attract benefit, it indicates that all treatment associated with the specific event also does not receive benefits.

  For example, if a crown is not covered then the laboratory costs, including models, are also not covered.
- In cases where a medical colleague is to administer sedatives intravenously or assist in difficult cases in the dental rooms, the fee charged by the second professional will be considered for funding, only if the event is pre-authorised.

Note: Complications of an elective procedure are not covered

Please refer to the 2026 Dental Benefit Tables for scheme/plan specific benefits, as not all options have benefit for some procedures.
The Dental Benefit Tables also include details of the *Scheme Exclusions* and are available on the DENIS website: www.denis.co.za

Pre-authorisation Protocol

In terms of the Medical Schemes Act, all scheme members have given permission for their health records to be shared with accredited managed care companies. Therefore, the managed care organisation is within its rights to request patient records provided that the same level of patient confidentiality is maintained.

Benefit for specialised dental treatment is not automatic. The member does not have a guaranteed number of crowns or implants per year; each item is reviewed and benefit allocated according to the criteria described below.

The published Dental Benefit Table per scheme/plan refers to a maximum benefit that can be awarded per option, provided the specific criteria are met.

Please refer to the 2026 Dental Benefit Tables for scheme/plan specific benefits, as not all options have benefit for some procedures.

The Dental Benefit Tables also include details of the *Scheme Exclusions* and are available on the DENIS website: www.denis.co.za.

Standard Pre-Authorisation Information

With every authorisation submitted to DENIS the following **standard information** must be sent combined with the specific information for each type of authorisation described below:

- Membership number
- Dependant name
- Dependant date of birth
- Provider name
- Provider practice number
- ICD-10 codes
- Procedure codes

On the next few pages, you will find further information on the benefit criteria and **specific authorisation requirements** for the following treatment types:

- Dentures
- Orthodontics
- Crowns
- Bridges and Implants
- Hospitalisation
- Moderate/Deep Sedation
- Inhalation Sedation *(KeyHealth Origin only)*
- Orthodontics
- Periodontics
- Multiple Restorations

Please note that all X-rays are stored and kept as part of the digital patient record. All X-rays, treatment plans and claims automatically update* the *DENIS electronic tooth chart.

Dentures

Pre-authorisation for dentures is required on the following schemes and options:

- **Bonitas** – BonClassic, BonComplete, BonFit, BonComprehensive, BonPrime, BonSave, Standard and Standard Select
- **Enablemed managed options** – Malcor Plan D and Makoti Comprehensive
- **KeyHealth** – Equilibrium, Gold, Platinum and Silver
- **Medshield** – MediBonus, MedPhila, MediPlus Prime, MediPlus Compact, MediSaver, MediValue Prime, MediValue Compact and Premium Plus
- **PG Group**
- **Polmed** – Marine *(authorisation only needed for partial chrome cobalt frame dentures)*
- **SAMWUMED** – Option A and Option B
- **Thebemed** – Energy, Fantasy, Universal and Universal EDO
- **Transmed** – Guardian and Select

The pre-authorisation requirement applies to plastic dentures as well as partial chrome cobalt frame dentures (*except for Polmed Marine—authorisation is only required for partial chrome cobalt frame dentures*).

To simplify the process of obtaining authorisation, use the denture pre-authorisation request form available on the DENIS website: **www.denis.co.za.**

For denture authorisations, please provide the following information in addition to the **standard information** described above:

- **Partial dentures**— Missing tooth number(s) applicable to the denture application *(this can also be in a tooth chart format)*
- **Full dentures** — Applicable jaw (upper and/or lower jaw)
- Primary laboratory code
- Primary clinical code

Orthodontics

All cases are clinically assessed by using an orthodontic needs analysis. Benefit allocation is subject to the outcome of the needs analysis. DENIS maintains orthodontic budget by only awarding benefits for severe cases up to a certain percentage of benefit which is specific to each scheme.

Benefit for orthodontic treatment is granted only once per beneficiary per lifetime, and for most options only one family member may commence orthodontic treatment in a calendar year.

Benefit for fixed comprehensive orthodontic treatment is limited to **beneficiaries from age 9, but younger than 18 years of age**. Treatment must commence before their 18th birthday.

Every case of orthodontics is pre-authorised and measured against the outcome of the needs analysis in order to reach a funding decision. On occasion post-treatment records might be requested to measure appropriate health outcomes.

The member is responsible for the provision of either the original or copies of the following to DENIS in addition to the **standard information** which should be clearly labelled with the name of the member as well as the date:

- **Photograph of** —
  - ◊ Teeth in occlusion lips retracted
  - ◊ Teeth in occlusion from right
  - ◊ Teeth in occlusion from left
  - ◊ Occlusal view of both jaws
- Recent **panoramic X-ray**
- Recent **Cephalogram**
- **A traced Cephalogram with analysis**

Note: Any original records received will be returned via priority mail

Crowns

DENIS only approves benefits for grossly broken down teeth, where the periodontium is still healthy.

No benefits will be awarded where the primary reason for crowning is occlusal attrition due to long-term bruxism or other habits. This is a scheme exclusion and as such, not eligible for funding.

Crowns are subject to radiographic evaluation and are **not authorised if the following apply**:

- A furcation lesion is present
- Root caries is present
- There are no opposing teeth in occlusion
- The damage to the tooth is due to bruxism (*see Unique Funding Definitions)*
- Third molars (third molars do not attract crown benefit)
- Deciduous teeth (deciduous teeth do not attract crown benefit other than pre-formed crowns)
- Periodontitis evident (no crown benefit will be awarded if there is active periodontitis evident in the area of the crown request)
- No laboratory fees when a CAD/CAM crown is manufactured

Scheme options vary in the number of crowns offered (from 0 to 3 per year), and this must be seen as a maximum benefit. Refer to the **Dental Benefit Tables** per scheme for this annual maximum. However, this maximum does not guarantee benefits, the above rules must be complied with on each crown request.

For crown authorisation please submit the following information in addition to the **standard information:**

- Treating provider practice number
- A recent X-ray clearly showing the entire clinical crown, the neck and the upper part of the alveolar bone and periapical area of the tooth in question, i.e. a periapical X-ray
- The tooth number (FDI format)
- Primary clinical code to be used, i.e. 8409, 8411; if a post is envisaged then the primary code for the post or core
- Primary laboratory codes to be used, e.g. 9505

Bridges and Implants

Due to the excessive force caused by a class 1 lever effect, benefits are not available for cantilever bridges with a single abutment except where the abutment is a canine.

For bridge and implant authorisations please provide the following information in addition to the **standard information** and the information described under Crowns above:

- A **panoramic X-ray**
- A tooth charting listing all missing teeth and all crowned teeth
- The approximate implant position (FDI numbering)
- The prosthodontic treatment plan which is intended to follow the surgical phase

Hospitalisation

- For hospital authorisation, in addition to the **standard information** please provide the following:
  - ◊ Treating provider practice number
  - ◊ Hospital practice number
  - ◊ Anaesthetist practice number
  - ◊ Date of admission
- Hospital benefits for a child for restorative dentistry will only be granted once in that patient's lifetime.
- On options where a general anaesthetic benefit is available for extensive dental treatment, hospital benefits* are considered for **children younger than 5 years** of age with multiple restorations and extractions where moderate/deep sedation or other sedatives are not appropriate.

** For Polmed or SAMWUMED*
*refer to the **2026 Dental Benefit Tables***

- Hospitalisation cover is provided where an underlying medical condition creates a substantially increased risk of treating a member in the rooms and indicates that a higher level of care is required. The pre-authorisation request for hospitalisation in such cases must be accompanied by an appropriate written medical motivation (including a diagnosis) from a General Practitioner or Specialist.
- Hospitalisation benefits are *not granted* where the primary reason is anxiety control.
- Hospital benefits are *not available* for dental implantology, or any procedures associated with implantology, e.g. sinus lifts and bone augmentation (which are also scheme exclusions).
- Hospital benefits are *not available* for apicectomies.
- Hospital benefits are *not available* for dentectomies.

Moderate / Deep Sedation

Moderate/Deep sedation is subject to pre-authorisation as follows:

- **Moderate/Deep sedation in hospital**
  The same criteria apply as for hospitalisation above.
- **Moderate/Deep sedation in the dental rooms may be authorised for—**
  - ◊ Surgical removal of multiple teeth or the removal of impacted teeth
  - ◊ Procedures such as multiple extractions and multiple restorations in children under 8 years of age where other sedatives are not appropriate
  - ◊ Posterior apicectomies

For moderate/deep sedation authorisation please provide the following information in addition to the **standard information:**

- Treating provider practice number
- Anaesthetist practice number
- Date of treatment
- Recent X-ray

Inhalation Sedation

With the exception of KeyHealth Origin, the use of nitrous oxide in the rooms is not subject to pre-authorisation.

The ***KeyHealth Origin*** option requires pre-authorisation for inhalation sedation in the dental rooms, and this benefit is only available for the removal of impacted teeth.

Periodontics

Where a Periodontics benefit is available, patients have to be registered with the **DENIS Periodontal Programme** to access benefits for periodontal disease management.

In order to apply for the periodontal programme, members are requested to submit the following:

- Full treatment plan on a practice letterhead with the following information in addition to **standard information:**
  - ◊ CPI score
  - ◊ Recent X-rays showing affected areas
  - ◊ Full maintenance plan for the remainder of the benefit year

Members who fail to adhere to the maintenance plan following periodontal treatment will be removed from the DENIS Periodontal Programme, thus forfeiting the additional benefits.

Further clinical information may be requested to support the authorisation request.

(Also refer to page 5: General Funding Protocols on all Schemes: Periodontal Screening—Tariff Code 8176)

Restorations (Amalgam, composite, etc.)

Time rule on fillings

- According to dental literature, fillings should last between five to seven years. In order to align with best practice, the time rule on fillings for all schemes managed by DENIS is **once per tooth every 720 days**.
- Re-treatment on a tooth within the given time frame is subject to motivation and managed care protocols.

Authorisation

- For treatment at a general dental practice (54-practice type), authorisation must be obtained for any patient requiring **more than five fillings** in a benefit year.
- For treatment at a dental therapist (95-practice type), authorisation is required for **more than two fillings** in a benefit year.

A request for motivation and radiographs will assist in providing better oral health care to all our members.

For plastic restorations please provide the following information in addition to the **standard infomation:**

- Intraoral X-rays and written treatment plan which must include the following —
  - ◊ Tooth number
  - ◊ Surface
  - ◊ Diagnoses, e.g. caries, fracture

Limits

Restorative treatment is restricted on certain low cost scheme options.

Limited to **four restorations** per year
(*no further benefits are allowed in the period*):

- **Bonitas** BonCap
- **Thebemed** Fantasy, Universal & Universal EDO

Limited to **three restorations** per year
(pre-notification required for more than three fillings):

- **Makoti** Primary & Comprehensive
- **Malcor** Plan D

No benefit available for restorations:

- **Bonitas** BonCore, BonEssential & BonEssential Select, BonStart & BonStart Plus, Hospital Standard
- **Medshield** MediCore

Exclusions

Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion, and fluorosis are scheme exclusions, and as such, not eligible for funding. No benefit will be awarded where the primary reason for restorations is due to long-term bruxism or other habits.

Claims

Information about payment of claims

Dental benefits and cover differ between the schemes and options under DENIS management; the **Dental Benefit Tables** show detailed benefit guidelines for each scheme option or dental plan.
These benefit tables are available on the DENIS website **www.denis.co.za**.

DENIS reserves the right to request clinical records and radiographs to process and assess claims.

Payment of claims is subject to and governed by the registered scheme rules. In the event of a dispute, the registered scheme rules will prevail.

Payment of valid claims is subject to the membership fees being up to date on receipt of the claim. Payment of these fees is regarded as acknowledgement that the member and beneficiaries are bound by the registered rules of their scheme.

What does DENIS need in order to process a claim?

When submitting a claim to DENIS, please ensure that the following information is clearly stipulated on the claim, since missing and/or inaccurate information will result in a rejection of the claim:

- Medical scheme
- Membership number
- Practice name
- Practice number
- Treatment date
- Dependant name
- Dependant code (*please use the code as per the patient's membership card)*
- The relevant ICD-10 code per claim line
- Valid procedure codes
- Tooth numbers *(if applicable)*
- Authorisation number *(if applicable)*
- Assistant name and practice number *(if applicable)*
- Referring practitioner name and practice number *(in the case of a dental laboratory claim)*
- Dental technician registration number *(required on laboratory claims)*

Stale Claims

Regulation 6 of the Medical Schemes Act of 1998
(1) A medical scheme must not in its rules or in any other manner in respect of any benefit to which a member or former member of such medical scheme or a dependant of such member is entitled, limit, exclude, retain or withhold, as the case may be, any payment to such member or supplier of service as a result of the late submission or late re-submission of an account or statement, before the end of the fourth month—
(*a*) from the last date of the service rendered as stated on the account, statement or claim; or
(*b*) during which such account, statement or claim was returned for correction

In terms of the Medical Schemes Act, all claims must be submitted within four months from the end of the month in which the service was provided. Claims that are not submitted and received within this time period will be regarded as stale and will not be eligible for benefit. Payment of such an account will be the member's liability.

Interaction with **DENIS: Claims**

Submit your claims through one of the electronic claim clearing hubs,
i.e., **EDI per scheme/option managed by DENIS.**

If your practice does not submit via EDI, use one of the following alternatives—

Email claims to DENIS: claims@denis.co.za

Post original claims to DENIS: DENIS Claims Department. Private Bag X1, Century City 7446

Deliver original claims to DENIS offices: Block D The Forum, North Bank Lane, Century City 7441

POLMED Queries

Type of Query	Managed by	Contact
♦ Authorisation request/query ♦ Benefit query ♦ Claims query *(excluding hospital or anaesthetist claims)* ♦ Payment query *(excluding hospital or anaesthetist claims)*	**DENIS**	**Telephone:** 0861 033 647 **Email for In Hospital Authorisations:** polmedHospitalauthorisations@denis.co.za **Email for Other Authorisations and General Queries:** polmedcustomerservice@denis.co.za
♦ Hospital or anaesthetist claim query ♦ Hospital or anaesthetist payment query	**Medscheme**	**Telephone:** 0860 765 633* **Email for Hospital Claims:** claimsmanagement@medscheme.co.za **Email for Anaesthetist Claims**: specialist@medscheme.co.za ***Please take note of the options for dental when calling so that your call is routed correctly**

For more information visit the DENIS website

www.denis.co.za

Contact us: 0861 033 647