

Transmed Dental Benefit Tables 2026

Transmed Select	2
Dental Benefit Table 2026	2
Dental Benefits	2
Pre-authorisation*	2
Transmed Guardian	7
Dental Benefit Table 2026	7
Dental Benefits	7
Pre-authorisation*	7
Additional Fund Exclusions (Both Options).....	12

Get in touch

For assistance with Dental pre-authorisations, queries on your claims, or benefit information, contact DENIS:

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Transmed Select

Dental Benefit Table 2026

Dental Benefits

Dental benefits are managed by DENIS and paid at the Transmed Dental Tariff (TDT).

Only the dental codes listed in the table below will be covered under this option, except in the case of authorised crown and bridgework, orthodontics, hospitalisation and authorised Prescribed Minimum Benefit (PMB) events.

Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application.

In the event of a dispute, the registered Rules of the Fund will prevail.

Pre-authorisation*

Pre-authorisation is required for dentures, crown and bridgework, orthodontics, moderate/deep sedation in the dental rooms and general anaesthetic in hospital. No pre-authorisation will result in no payment. Emergencies require authorisation within 48 hours of admission.

Transmed Select Conservative Dentistry		
Benefit	Code	Limitations
Consultations		
Full mouth examination, charting and treatment planning	8101	Two annual consultations per beneficiary per year (once in 6 months, i.e. 180 days apart from previous 8101)
Examination or consultation for a specific problem, not requiring charting and treatment planning	8104	Not within 4 weeks of an 8101, 8102, 8104
Diagnostic Codes		
Intraoral X-rays	8107 and/or 8112	Code 8107 and 8112 cannot be charged more than 7 times per year in total
Intraoral radiograph – occlusal	8113	Only applicable to Orthodontics
Extraoral radiograph – hand-wrist	8114	Only applicable to Orthodontics
Extraoral X-ray – panoramic	8115	No benefit <i>Covered if provided with impacted wisdom tooth removal authorisation application; an additional 8115 can be allowed for Orthodontics</i>
Extraoral radiograph – cephalometric	8116	Only applicable to Orthodontics
Infection control	8109	Maximum 2 per visit
Instrument sterilisation	8110	Maximum 1 per visit
Local anaesthetic	8145	Once per visit

Transmed Select Conservative Dentistry

Benefit	Code	Limitations
Preventative Codes		
Polish (all ages)	8155	Two annual treatments per beneficiary per year in total; once in 6 months (i.e. 180 days apart) for codes 8155 and/or 8159
Scaling and polishing (for beneficiaries 12 years and older)	8159	
Fluoride treatment		Two annual treatments per beneficiary per year (once in 6 months, i.e. 180 days apart from previous code 8161 or 8162)
	8161	Younger than 12 years of age
	8162	From age 12 and younger than 16 years of age
Treatment of hypersensitive dentine per visit	8167	Two annual treatments per beneficiary per year (once in 6 months, i.e. 180 days apart from previous 8167)
Extractions (Removal of Teeth)		
Extraction of tooth or exposed roots	8201	A maximum of 8 per quadrant per permanent dentition and 5 per primary dentition
Emergency Codes		
Emergency dental treatment where no other treatment item is applicable	8131	Root canal treatment is not covered on Primary Teeth
Emergency Pulp removal for the relief of acute pain prior to root canal therapy	8132	
Restoration Codes (Authorisation required on quantity; see limitations)		
Dental sealants	8163	Maximum of 8 (2 per quadrant) can be charged for beneficiaries younger than 16 years of age.
Dental fillings (Restorations):		<ul style="list-style-type: none">- One restoration code per tooth number in 720 days- Multiple fillings on anterior teeth on the same service date only per treatment plan and motivation, including X-rays, received.- Pre-authorisation and X-rays required for any 3 or 4 surface fillings on wisdom teeth (non-functional wisdom teeth not covered)- Repairing of teeth damaged due to bruxism, toothbrush abrasion, erosion and fluorosis will not be covered- Replacement of non-carious amalgam with resin will not be covered- Posterior teeth restorations cannot be performed across the midline
Amalgam – one surface	8341	
Amalgam – two surfaces	8342	
Amalgam – three surfaces	8343	
Amalgam – four or more surfaces	8344	
Resin – one surface	8351	
Resin – two surfaces	8352	
Resin – three surfaces	8353	
Resin – four surfaces	8354	
Resin – one surface	8367	
Resin – two surfaces	8368	
Resin – three surfaces	8369	
Resin – four surfaces	8370	

Transmed Select
Conservative Dentistry

Benefit	Code	Limitations
Root Canal		
Pulp amputation (pulpotomy)	8307	- Code 8307 - Primary teeth ONLY
Preparatory visit – single canal tooth	8332	- All other codes: ONLY covered on permanent teeth
Preparatory visit – multi canal tooth	8333	
Obturation – anterior & premolars; 1 st canal	8335	- One per beneficiary in 365 days
Obturation – anterior & premolars; add. canal	8328	- There is a benefit for re-root canal treatment on a tooth where root canal treatment has failed
Obturation – posteriors; 1 st canal	8336	
Obturation – posteriors; add. canal	8337	
Therapy – anterior & premolars; 1 st canal	8338	- In the event that the re-root canal treatment fails, benefits will be available for an apicectomy
Therapy – anterior & premolars; add. canal	8329	
Therapy – posteriors; 1 st canal	8339	
Therapy – posteriors; each add. canal	8340	
Re-prep of previously obturated root canal	8334	
Apexification/recalcification – per visit	8635	
Removal of root canal obstruction	8330	
Access through a prosthetic crown or inlay to facilitate root canal treatment	8136	
Plastic Dentures*		
*Pre-authorisation required		
Full upper and lower denture	8231	- No payment without pre-authorisation
Full upper or lower denture	8232	- All codes (8231 – 8273) are subject to the Specialised Dentistry limit of R5 900 per family per year.
Partial denture – one tooth	8233	
Partial denture – two teeth	8234	
Partial denture – three teeth	8235	- Codes 8232 – 8662: One per jaw every 4 years for beneficiaries 21 years and older
Partial denture – four teeth	8236	
Partial denture – five teeth	8237	
Partial denture – six teeth	8238	
Partial denture – seven teeth	8239	
Partial denture – eight teeth	8240	
Partial denture – nine teeth and more	8241	
Immediate denture – maxillary	8244	
Immediate denture – mandibular	8245	
Bar – lingual or palatal	8257	
Implant supported removable complete overdenture	8533	
Implant supported removable partial overdenture	8534	
Overdenture - complete	8652	
Overdenture - partial	8653	
Implant supported fixed-detachable complete overdenture	8654	
Implant supported fixed-detachable partial overdenture	8655	
Replacement of precision attachment	8657	
Additional fee to implant supported fixed-detachable denture per implant	8660	
Adjust complete or partial dentures (remounting)	8662	
Denture rebase	8259	Once in 365 days per beneficiary
Repair denture	8269	Once in 365 days per beneficiary
Denture reline	8263	Once in 365 days per beneficiary
Denture soft base reline	8267	Once in 365 days per beneficiary
Denture remodel	8261	Once in 365 days per beneficiary
Add a tooth to existing denture	8271	Once in 365 days per beneficiary
Impression to repair denture	8273	Once in 365 days per beneficiary

Transmed Select Specialised Dentistry

Benefit	Code	Limitations
Partial Chrome Cobalt Frame Dentures and Associated Laboratory Costs*		*Pre-authorisation required
Partial denture – cast metal framework only	8281	<ul style="list-style-type: none"> - One frame in 5 years per beneficiary 21 years and older - Subject to the Specialised Dentistry Limit of R5 900 per family per year and managed care protocols
Adjust complete or partial denture	8275	
Crown and Associated Laboratory Costs*		*Pre-authorisation required
		<ul style="list-style-type: none"> - One crown per family per 2 years for beneficiaries 16 years and older - Subject to the Specialised Dentistry Limit of R5 900 per family per year and managed care protocols - A treatment plan and X-rays may be requested.
		Fund Exclusion: <ul style="list-style-type: none"> - Crowns on third molars
Implants and Associated Laboratory Costs		No benefit
Orthodontics and Associated Laboratory Costs*		*Pre-authorisation is required
		<ul style="list-style-type: none"> - Benefit is subject to managed care protocols. - On pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis. - Benefit is subject to the outcome of the needs analysis and an Orthodontic limit of R11 730 per beneficiary younger than 18 years of age. - This benefit is granted <i>once</i> per beneficiary per lifetime
Surgery*		*Pre-authorisation is required
Surgical removal of a tooth	8937	No pre-authorisation required; only covered out of hospital NOTE: The dental account is subject to the Specialised Dentistry Limit of R5 900 per family per year.
Surgical removal of impacted tooth – report per tooth	8941	<u>Surgery in Hospital</u> *Pre-authorisation is required Admission protocols apply ONLY for the surgical removal of impacted teeth NOTE: The dental account is subject to the Specialised Dentistry Limit of R5 900 per family per year. The hospital and anaesthetist accounts are payable from the Insured Benefit (Major Medical Benefits).
Fistula Closure	8909	<u>Fistula Closure</u> <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols NOTE: The dental account is subject to the Specialised Dentistry Limit of R5 900 per family per year. The hospital and anaesthetist accounts are payable from the Insured Benefit (Major Medical Benefits).

Transmed Select Hospitalisation and Anaesthetics		
Benefit	Code	Limitations
Inhalation Sedation in the Dental Rooms		
		Subject to the Specialised Dentistry Limit of R5 900 per family per year
	8141 8143	First 15 minutes Each additional 15 minutes
Moderate/Deep Sedation in the Dental Rooms*		*Pre-authorisation required
	8144	Subject to managed care protocols Subject to the Specialised Dentistry Limit of R5 900 per family per year
Hospitalisation (General Anaesthetic)*		*Subject to pre-authorisation
		Admission protocols apply General Anaesthetic benefits are available for children under the age of 6 years for extensive dental treatment. Limited to 1 admission per beneficiary per 24 months. The hospital and anaesthetist accounts are payable at the TDT from the Insured Benefit (Major Medical benefits). The dental account will be paid according to the listed dental benefits and is subject to available funds. General Anaesthetic benefits are available for the removal of impacted teeth. A Panoramic X-ray needs to be provided with submission. The hospital and anaesthetist accounts are payable at the TDT from the Insured Benefit (Major Medical benefits). The dental account will be subject to the Specialised Dentistry Limit of R5 900 per family per year.
	8140 8499	Facility / Hospital Call General Anaesthetic
		Fund Exclusions: - In-hospital Dentectomies - In-hospital Apicectomies

Transmed Guardian

Dental Benefit Table 2026

Dental Benefits

Dental benefits are managed by DENIS and paid at the Transmed Dental Tariff (TDT).

Only the dental codes listed in the table below will be covered under this option, except in the case of authorised crown and bridgework, hospitalisation and authorised Prescribed Minimum Benefit (PMB) events. Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application.

In the event of a dispute, the registered Rules of the Fund will prevail.

Pre-authorisation*

Pre-authorisation is required for dentures, crown and bridgework, moderate/deep sedation in the dental rooms and general anaesthetic in hospital.

PMB treatment and certain procedures are the only dental treatment covered in hospital on the Guardian option. No pre-authorisation will result in no payment. Emergencies require authorisation within 48 hours of admission.

Transmed Guardian Conservative Dentistry		
Benefit	Code	Limitations
Consultations		
Full mouth examination, charting and treatment planning	8101	Once per beneficiary per year (180 days apart from previous 8101)
Examination or consultation for a specific problem, not requiring charting and treatment planning	8104	Not within 4 weeks of an 8101, 8102, 8104
Diagnostic Codes		
Intraoral X-rays	8107 and/or 8112	Code 8107 and 8112 cannot be charged more than 2 times per consultation in total; more requires motivation.
Extraoral X-rays	8115	No benefit
Infection Control	8109	Maximum 2 per visit
Instrument Sterilisation	8110	Maximum 1 per visit
Local Anaesthetic	8145	Once per visit
Preventative Codes		
Polish (all ages)	8155	Two annual treatments per beneficiary per year in total; once in 6 months (i.e. 180 days apart) for codes 8155 and/or 8159.
Scaling and Polishing (for beneficiaries 12 years and older)	8159	
Treatment of hypersensitive dentine per visit	8167	Two annual treatments per beneficiary per year (once in 6 months, i.e. 180 days apart from previous 8167).

Transmed Guardian
Conservative Dentistry

Benefit	Code	Limitations
Extractions		
Extraction of tooth or exposed roots	8201	Maximum of 8 per quadrant per permanent dentition and 5 per primary dentition
Emergency Codes		
Emergency dental treatment where no other treatment item is applicable	8131	
Emergency Pulp removal for the relief of acute pain prior to root canal therapy	8132	Root Canal Treatment is <i>not covered</i> on <u>Primary Teeth</u>
Restoration Codes		
Dental Sealants	8163	Maximum of 8 (2 per quadrant) can be charged for beneficiaries younger than 16 years of age.
Dental Fillings (Restorations): Amalgam – one surface Amalgam – two surfaces Amalgam – three surfaces Amalgam – four or more surfaces Resin – one surface Resin – two surfaces Resin – three surfaces Resin – four surfaces Resin – one surface Resin – two surfaces Resin – three surfaces Resin – four surfaces	 8341 8342 8343 8344 8351 8352 8353 8354 8367 8368 8369 8370	 One restoration code per tooth number in 720 days Multiple fillings on anterior teeth on the same service date only per treatment plan and motivation, including X-rays, received. Pre-authorisation and X-rays required for any 3 or 4 surface fillings on wisdom teeth (non-functional wisdom teeth not covered) Repairing of teeth damaged due to bruxism, toothbrush abrasion, erosion and fluorosis will not be covered. Replacement of non-carious amalgam with resin will not be covered. Posterior teeth restorations cannot be performed across the midline
Root Canal Treatment		
Pulp Amputation (Pulpotomy) Preparatory visit – single canal tooth Preparatory visit – multi canal tooth Obturation–anterior & premolars; 1 st canal Obturation–anterior & premolars; add. canal Obturation-posteriors; 1 st canal Obturation-posteriors; add. canal Therapy –anterior & premolars; 1 st canal Therapy-anterior & premolars; add. canal Therapy-posteriors; 1 st canal Therapy-posteriors; each add. canal Re-prep of previously obturated root canal Apexification/recalcification – per visit Removal of root canal obstruction Access through a prosthetic crown or inlay to facilitate root canal treatment	 8307 8332 8333 8335 8328 8336 8337 8338 8329 8339 8340 8334 8635 8330 8136	 Code 8307 - Primary teeth ONLY All other codes: ONLY covered on permanent teeth One per beneficiary in 365 days There is a benefit for re-root canal treatment on a tooth where root canal treatment has failed In the event that the re-root canal treatment fails, benefits will be available for an apicectomy.

Transmed Guardian
Conservative Dentistry

Benefit	Code	Limitations
Plastic Dentures*		
Full upper and lower denture	8231	<p>*Pre-authorisation required</p> <ul style="list-style-type: none"> - All codes (8231 – 8273) are subject to a denture limit of R1 290 per family. Once depleted, the balance is payable from the available Specialised dentistry limit of R5 090 per family per year. - Codes 8232 – 8662: One per jaw every 4 years for beneficiaries 21 years and older
Full upper and lower denture	8232	
Partial denture – one tooth	8233	
Partial denture – two teeth	8234	
Partial denture – three teeth	8235	
Partial denture – four teeth	8236	
Partial denture – five teeth	8237	
Partial denture – six teeth	8238	
Partial denture – seven teeth	8239	
Partial denture – eight teeth	8240	
Partial denture – nine teeth and more	8241	
Immediate denture – Maxillary	8244	
Immediate denture - Mandibular	8245	
Bar – lingual or palatal	8257	
Implant supported removable complete overdenture	8533	
Implant supported removable partial overdenture	8534	
Overdenture - Complete	8652	
Overdenture - Partial	8653	
Implant supported fixed-detachable complete overdenture	8654	
Implant supported fixed-detachable partial overdenture	8655	
Replacement of precision attachment		
Additional fee to implant supported fixed-detachable denture per implant	8657	
Adjust complete or partial dentures (remounting)	8660	
	8662	
Denture rebase	8259	Once in 365 days per beneficiary
Repair denture	8269	Once in 365 days per beneficiary
Denture reline	8263	Once in 365 days per beneficiary
Denture soft base reline	8267	Once in 365 days per beneficiary
Denture remodel	8261	Once in 365 days per beneficiary
Add a tooth to existing denture	8271	Once in 365 days per beneficiary
Impression to repair denture	8273	Once in 365 days per beneficiary

Transmed Guardian
Specialised Dentistry

Benefit	Code	Limitations
Partial Chrome Cobalt Frame Dentures and Associated Laboratory Costs*		*Pre-authorisation required
Partial denture – cast metal framework only Adjust complete or partial denture	8281 8275	One frame in 5 years per beneficiary 21 years and older Subject to the Specialised Dentistry Limit of R5 090 per family per year and managed care protocols
Crown and Associated Laboratory Costs*		*Pre-authorisation required
		<ul style="list-style-type: none"> - One Crown per family per 2 years for beneficiaries 16 years and older - Subject to the Specialised Dentistry Limit of R5 090 per family per year and managed care protocols - A treatment plan and X-rays may be requested.
		Fund Exclusion: <ul style="list-style-type: none"> - Crowns on third molars
Implants and Associated Laboratory Costs		No benefit
Orthodontics and Associated Laboratory Costs		No benefit
Surgery*		
		<p><u>Surgery in the dental chair</u> PMB and certain procedures only</p> <p><u>Surgery in Hospital</u></p> <ul style="list-style-type: none"> - *Pre-authorisation is required - *Admission protocols apply - PMB and certain procedures only. Panoramic radiograph to be supplied with application. This includes fistula closures (tariff code 8909). - <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols - NOTE: The dental account is subject to the Specialised Dentistry Limit of R5 090 per family per year. The hospital and anaesthetist accounts are payable from the Insured Benefit (Major Medical benefits).

Transmed Guardian
Hospitalisation and Anaesthetics

Benefit	Code	Limitations
Inhalation Sedation in the Dental Rooms		
First 15 minutes Each additional 15 minutes	8141 8143	No benefit
Moderate/Deep Sedation in Dental Rooms*		*Pre-authorisation required
	8144	<ul style="list-style-type: none"> - Subject to managed care protocols - Subject to the Specialised Dentistry Limit of R5 090 per family per year
Hospitalisation (General Anaesthetic) *		* Subject to pre-authorisation
Facility / Hospital Call	8140	
General Anaesthetic	8499	<ul style="list-style-type: none"> - Admission protocols apply - PMB and certain procedures only; this includes fistula closures (tariff code 8909) - The procedure is subject to the Specialised Dentistry Limit of R5 090 per family per year. The hospital and anaesthetist accounts are payable from the Insured Benefit (Major Medical benefits). - Panoramic radiograph to be supplied with application
		Fund Exclusions: <ul style="list-style-type: none"> - In-hospital Dentectomies - In-hospital Apicectomies

Additional Fund Exclusions (Both Options)

- Bone and other tissue regeneration procedures
- Bone augmentations
- Cost of bone regeneration material
- Cost of gold, precious metal, semi-precious metal and platinum foil
- Cost of implant components and laboratory costs
- Cost of invisible retainer material
- Cost of Mineral Trioxide
- Dental implants
- Electrognathographic recordings, pantographic recordings, and other such electronic analyses
- Emergency crowns and associated laboratory costs
- Gingivectomy and Apicectomy
- Laboratory delivery fees
- Laboratory fabricated crowns on primary teeth
- Metal base to full dentures, including the laboratory costs
- Mouth guards and associated laboratory costs (including material)
- Oral hygiene instructions
- Orthognathic (jaw correction) surgery and related hospital cost
- Ozone therapy
- PerioChip
- Periodontal flap surgery and tissue grafting
- Porcelain veneers
- Provisional crowns and associated laboratory costs
- Resin bonding for restorations charged as a separate procedure
- Root Canal Treatment on primary teeth
- Sinus lift
- Snoring appliances
- Soft base to new dentures and diagnostic dentures
- Surgery associated with dental implants
- Surgical tooth exposure for orthodontic reasons
- Tooth Whitening