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2021

Dental Practitioners Provider Manual

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Contents

SECTION 1

Note: Benefits may differ from one scheme/option to another - please refer to the Medical Scheme Benefit Matrix for more information regarding the benefits applicable per scheme. Please contact our call centre without fail to query/ verify if in any doubt to prevent claim rejections.

1.1 Benefits

1.1.1 The following benefits are allowed WITHOUT authorisation (unless otherwise indicated)

Code	Description	Frequency
8101	Consultation oral examination	Once per year
8104	Examination for a specific problem not requiring full mouth examination	
8109	Infection control	Two per visit
8110	Sterilised instrumentation	One per visit
8145	Local anaesthetic	One per visit
8107, 8112	Intra oral radiographs/Bite Wing X-rays, per film (maximum of 4x X-rays per beneficiary per year) authorisation required after the 4th.	
8155	Polishing only	Once a year for ages 3-12yrs
8159	Scaling and polishing	Once a year over the age 12 yrs
8161	Topical application of fluoride	Once a year for ages 3 to 12 yrs
8935	Treatment of septic socket	First treatment no authorisation is required. For second treatment and onward authorisation is necessary (historic treatment of 8201/8202).

Non-surgical extractions per beneficiary per year - only if clinically indicated (maximum of 4 for 8201, 8202 allowed thereafter X-rays and motivation required - pre-authorise additional)

Code	Description
8201	Single extraction - for first extraction in quadrant
8202	Extraction of each additional tooth in the same quadrant

Surgical extractions only for certain Schemes (please call Service Centre for details).

Code	Description
8937	One (1) surgical extraction per beneficiary per year. Must be authorised and requires a letter of motivation accompanied by the x-rays taken with the authorisation request. Applies to sutures as well. In the event of an emergency (i.e. tooth fracturing during a normal extraction procedure), the dentist may complete the surgical extraction. In such a situation post-operative authorisation is necessary and the dentist must submit a peri-apical (small) x-ray to prove that the situation demanded a surgical extraction.

General Pain and Sepsis Covered under certain Codes*

Code	Description
8131*	Palliative (emergency) dental pain treatment
8132	Gross pulpal debridement, primary & permanent teeth (emergency root canal)
8307	Pulp amputation (pulpotomy) - Only on primary teeth - maximum two per year per beneficiary

Amalgam restorations (fillings) per beneficiary per year * Resin restorations (fillings) per beneficiary per year *

Code	Description	Code	Description
8341	One surface amalgam restoration (posterior)	8351	Resin restoration - one surface (anterior)
8342	Two surface amalgam restoration (posterior)	8352	Resin restoration - two surface (anterior)
8343	Three surface amalgam restoration (posterior)	8353	Resin restoration - three surface (anterior)
8344	Four surface amalgam restoration (posterior)	8354	Resin restoration - four surface (anterior)
8367	One surface resin restoration (posterior)	8368	Two surface resin restoration (posterior)
8369	Three surface resin restoration (posterior)	8370	Four surface resin restoration (posterior)

* Please note a maximum of 4 amalgam/resin restorations. Additional need to be pre-authorised

Note: If patient requests / agrees to treatment not on the approved list of codes covered by benefit rules, the patient must please sign the patient consent form attached in this manual.
NOTE 8367, 8368, 8369, 8370 TO BE PAID AT AMALGAM RATE, DENTIST CAN CLAIM EITHER AMALGAM OR RESIN AS PER THE SITUATION APPLYING AND THE TARIFF FOR BOTH WILL BE SAME RATE".

1.1.2   General

- Pre-authorisation needed for certain procedures and subject to Managed Care Protocols and Processes
- Prime Cure approved codes are covered at 100% of agreed tariff
- One (1) consultations/ examinations code 8101 per year per beneficiary
- Treatment – follow up consultations (if clinically indicated unlimited but managed)
- Preventative treatments – one treatment per beneficiary per year (Includes fluoride treatment, cleaning, scaling, polishing)
- 8162 needs to be authorised
- Fillings - White/Resin (anterior only) or Amalgam posterior - Note: Posterior Resin fillings will be paid for at Amalgam rates
- Pain and sepsis treatment
- Infection control
- Extractions (Only if clinically indicated)
- Local anaesthetic
- Intra Oral Radiograph (X-Rays as per the approved dental list of codes and protocols)
- Emergency Root Canal – Authorisation not required (8132)
- The Dental benefits are limited and managed according to Managed Care Protocols and processes
- *Any claims for work performed without pre-authorisation where indicated will be rejected.*

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SECTION 1 *(continued)*

1.1.3 Emergency Dentistry according to protocols entails

- Emergency pain and sepsis treatment only
- Pulpotomy on primary teeth only
- At approved Prime Cure dental service provider only
- Any additional treatment requires self-funding by patient

Tariff codes that will be funded for under Emergency Dentistry

Code	Description	Code	Description
8104	Examination for specific problem not requiring full mouth examination	8145	Local anaesthetic
8109	Infection control	8110	Sterilised instrumentation
8107	Intra oral radiographs/bite wing X-rays, per film (maximum of 1)	8132	Gross pulpal debridement, primary & permanent teeth (Emergency root canal)
8131	Palliative (emergency) dental pain treatment		
8202	Extraction of each additional tooth in the same quadrant	8307	Pulp amputation (pulpotomy - only on primary teeth)
8201	Single extraction - for first extraction in quadrant (limited to 1)		

1.1.4 Dentures (Please refer to Medical Scheme Benefit Matrix for details)

- Authorisation required
- A co-payment is payable on some schemes. Please refer to the Medical Scheme Benefit Matrix for details
- The co-payment equates to 20% of the Laboratory Fee
- All co-payments must be collected by the approved Network Dentist prior to placing the order, directly from the member
- A receipt must be issued to the member when paying the co-payment. Balance billing must be indicated on account
- Prime Cure will reimburse the dentist an amount equal to the total less the co-payment
- 1 Set of dentures allowed per family per 24-month cycle
- Only members over the age of 21 years qualify for the denture benefit EXCLUDING metal frame dentures and clasps
- Benefits exclude metal frame dentures and clasps.

The following codes will not be funded:

Interim dentures

Also known as provisional, temporary or transitional dentures. Provisional dentures are used for a limited period of time for reasons of aesthetics, function or occlusal support, after which it is replaced by a more definitive prosthesis.

Code	Description
8658	Interim complete denture
8659	Interim partial denture
8661	Diagnostic dentures (including tissue conditioning)

The following Denture Codes are limited to pre-authorisation and available funds: Dentures (A 20% co-payment on laboratory fees)

Code	Description	Code	Description
8099	Lab codes	8240	Partial Denture - Eight teeth
8233	Partial Denture - One tooth	8241	Partial Denture - Nine teeth and more
8234	Partial Denture - Two teeth	8232	Full upper or lower denture
8235	Partial Denture - Three teeth	8231	Full upper or lower denture
8236	Partial Denture - Four teeth	8255	Clasp or Rest - stainless steel
8237	Partial Denture - Five teeth	8269	Repair denture
8238	Partial Denture - Six teeth	8271	Add tooth to partial denture
8239	Partial Denture - Seven teeth		

Approved Denture Codes (Dental Technician)

8233			8234		
T007		**ONE TOOTH**	**T008**		**TWO TEETH**
9301	2	Plaster model	9301	2	Plaster model
9327	2	Infection control	9327	2	Infection control
9330	1	Delivery	9330	1	Delivery
9351	1	One tooth	9352	1	Two teeth
9700	1	Denture teeth 1 X 6/8	9700	1	Denture teeth 1 X 6/8
9722	1	Acrylic	9722	1	Acrylic
8235			**8236**		
T009		**THREE TEETH**	**T010**		**FOUR TEETH**
9301	2	Plaster model	9301	2	Plaster model
9327	2	Infection control	9327	2	Infection control
9330	1	Delivery	9330	1	Delivery
9353	1	Three teeth	9354	1	Four teeth
9700	1	Denture teeth 1 X 6/8	9700	1	Denture teeth 1 X 6/8
9722	1	Acrylic	9722	1	Acrylic
8237			**8238**		
T011		**FIVE TEETH**	**T012**		**SIX TEETH**
9301	3	Plaster model	9301	3	Plaster model
9321	1	Occlusion block	9321	1	Occlusion block
9327	4	Infection control	9327	4	Infection control
9330	1	Delivery	9330	1	Delivery
9355	1	Five teeth	9356	1	Six teeth
9431	1	Special tray	9431	1	Special tray
9700	1	Denture teeth 1 X 6/8	9700	1	Denture teeth 1 X 6/8
9702	1	Tooth - odd	9702	1	Tooth - odd
9722	1	Acrylic	9722	1	Acrylic

8239			8240		
T013		**SEVEN TEETH**	**T014**		**EIGHT TEETH**
9301	3	Plaster model	9301	3	Plaster model
9321	1	Occlusion block	9321	1	Occlusion block
9327	4	Infection control	9327	4	Infection control
9330	1	Delivery	9330	1	Delivery
9357	1	Seven teeth	9358	1	Eight teeth
9431	1	Special tray	9431	1	Special tray
9700	1	Denture teeth 1 X 6/8	9700	2	Denture teeth 1 X 6/8
9702	1	Tooth - odd	9722	1	Acrylic
9722	1	Acrylic			

8241			8231		
T015		**NINE OR MORE TEETH**	**T003**		**FULL UPPER & LOWER**
9301	3	Plaster model	9301	4	Plaster model
9321	1	Occlusion block	9321	2	Occlusion block
9327	4	Infection control	9327	6	Infection control
9330	1	Delivery	9330	2	Delivery
9359	1	Nine or more teeth	9331	1	Full upper & lower
9431	1	Special tray	9431	2	Special tray
9700	2	Denture teeth 1 X 6/8	9700	4	Denture teeth 1 X 6/8
9722	1	Acrylic	9722	2	Acrylic

8232			8269		
T004		**FULL UPPER OR LOWER**	**T028**		**REPAIR**
9301	3	Plaster model	9301	1	Plaster model
9321	1	Occlusion block	9327	1	Infection control
9327	4	Infection control	9330	2	Delivery
9330	1	Delivery	9391	1	Repair first
9333	1	Full upper or lower			
9431	1	Special tray			
9700	2	Denture teeth 1 X 6/8			
9722	1	Acrylic			

8271			8263		
T030		**ADD TOOTH**	**T025**		**ACRYLIC RELINE**
9301	2	Plaster model	9301	1	Plaster model
9327	2	Infection control	9327	1	Infection control
9330	2	Delivery	9330	1	Delivery
9391	1	Repair first	9413	1	Acrylic reline
9702	1	Tooth - odd			

1.2 Medication

- Medication may be prescribed according to the Dental Medicine Formulary
- Prescribed by an approved Dentist
- Medication will be dispensed by approved Network Pharmacies
- Benefit is unlimited and managed

1.3 Pre-Authorisation

For Pre-authorisation, please contact the Call Centre at 0861 665 665. Pre-authorisation is required for:

- 5th (fifth) or more amalgam restorations (fillings) per beneficiary per year
- 5th (fifth) or more anterior resin restoration per beneficiary per year
- 5th (fifth) or more non-surgical extractions (8201, 8202) per beneficiary per year
- Dentures, reline, rebase and all specialised dentistry - Partial dentures - Tooth numbers required
- Sutures
- Code 8144 (Intravenous/conscious sedation): refer to Prime Cure case manager for pre-authorisation (Full risk schemes only - pre-authorisation required)
- Surgical extractions where applicable scheme rules allow for surgical extractions
- Topical application of fluoride for patients older than 12 years (code 8162)
- More than four extractions per annum.

1.3.1 Pre-authorisation procedure verification of membership and benefits is essential prior to treatment

- The Dental Authorisation Form must be completed in full
- Fax the authorisation form to 0866 738 106 or email to dental.preauthorization@primecure.co.za
- Please ensure that the form contains all the required information
- All requests will be processed and an authorisation number issued for approved dental procedures
- The authorisation letter/number will be forwarded by fax
- Incomplete application forms will be rejected.

1.4 Claim procedures

- EDI - When claiming EDI, use claim code 8099 for Dental Laboratories, submit the laboratory invoice to Prime Cure using code 8099
- Paper - When submitting paper claims use claim code 8099 for the Dental Laboratories and submit the Dental Laboratory invoice together with your paper claim. Code 8099 will be paid.
  No claim/authorisation will be accepted without the Professional Fee and the Laboratory code (8099) submitted together
- Codes that require authorisation will not be considered for payment if the relevant authorisation number is not quoted on the claim.

1.4.1 Claims submission

Submission of claims via EDI

System	Destination code	System	Destination code
QEDI	642P	*Lenasia Computers	642P
Mediswitch	642P	*Medilink	PCUR0001
Health Bridge	642P	EMD	642P

1.4.2   *Required information on claims*

- Name and surname of patient/dependant code and gender (male/female)
- Main member surname, initials, address and telephone number
- ID number or date of birth of the patient
- Medical Scheme name, option name and membership number
- Exact date of treatment & practice number
- Specific tariff codes (state what service was given to the patient)
- Tooth numbers or mouth parts that received treatment (including dentures)
- Authorisation number for out of scope benefits
- Medication dispensed: detail the Nappi codes
- Please note that the payment of laboratory fees claimed by any practice on behalf of a dental laboratory will only be processed for payment in the event that all laboratory procedure codes and fees feature on the electronically submitted invoice by the dentist in accordance with the SADA Billing Guideline (and not only code 8099), excerpt as follows:
    - Electronic submission of invoices directly to a patient or medical aid fund
    - The total fee charged by a dental technician for laboratory services shall be indicated on the dentist's invoice by submitting code 8099 - Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code on the date on which the dental procedure was rendered.
    - The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician shall be filed by the dentist for record purposes.
    - The laboratory fee shall be submitted electronically for payment on the date on which the procedure code is sub mitted for payment, and the appropriate dental laboratory service codes and fees shall be reported on the lines following code 8099.

1.4.3   *Rejection of claims*

- If the details are incomplete the claim will be rejected
- Any other procedures done outside the scope of benefit without pre-authorisation will not be paid.

1.5 *Member verification*

- Only valid members with a valid South African ID document and membership card may be consulted
- Please authorise/verify by calling the Prime Cure Customer Service Centre for member verification/benefits.

1.5.1 *Authorisation or verification of benefits*

- Only one consultation covered by Prime Cure per member per day
- Prime Cure will not be responsible for any payment of consultations outside the service times, except in the case of an emergency.

SECTION 2 - DENTAL CODES

CODES	PROCEDURE	AUTH REQUIRED
8101	Consultation (Once per year)	No
8104	Examination for a specific problem not requiring full mouth examination	No
8107, 8112	Intra oral radiographs, per film. (Maximum of 4 without authorisation per beneficiary per year)	No
8109	Infection control/barrier techniques. Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc. for each patient once per visit	No
8145	Local anaesthetic (1 x per visit) would it be as per the treatment	No
8155	Polishing once per year over the age 3 years	No
8159	Scaling and polishing (Once a year over the age of 12 years)	No
8161	Topical application of fluoride (once a year between the ages of 3 - 12 years)	No
8162	Topical application of fluoride (once a year over the age of 12 years)	Yes
8937	Surgical extraction	Yes
8341	Amalgam – one surface (5TH OR MORE)	Yes
8342	Amalgam – two surfaces (5TH OR MORE)	Yes
8343	Amalgam – three surfaces (5TH OR MORE)	Yes
8344	Amalgam – four and more surfaces (5TH OR MORE)	Yes
8351	Resin restoration – one surface, anterior (5TH OR MORE)	Yes
8352	Resin restoration – two surfaces, anterior (5TH OR MORE)	Yes
8353	Resin restoration – three surfaces, anterior (5TH OR MORE)	Yes
8354	Resin restoration – four and more surfaces (5TH OR MORE)	Yes
8132	Root canal therapy – gross pulpal debridement	No
8307	Pulp amputation (Pulpotomy) on primary teeth only	No
8220	Sutures	Yes
8231	Complete denture – maxilliary and mandibular	Yes
8232	Complete denture – maxilliary or mandibular	Yes
8233	Partial denture (resin base) – one tooth	Yes
8234	Partial denture (resin base) – two teeth	Yes
8235	Partial denture (resin base) – three teeth	Yes
8236	Partial denture (resin base) – four teeth	Yes
8237	Partial denture (resin base) – five teeth	Yes
8238	Partial denture (resin base) – six teeth	Yes
8239	Partial denture (resin base) – seven teeth	Yes
8240	Partial denture (resin base) – eight teeth	Yes
8241	Partial denture (resin base) – nine or more teeth	Yes
8269	Repair of/add to denture or other intra-oral appliances	Yes
8271	Add tooth to existing partial denture. A dentist may not charge professional fees for the repair of dentures if the patient was not personally examined; laboratory fees, however, may be recovered.	Yes
8144	Conscious sedation	Yes
8259	Rebase complete or partial dentures (laboratory)	Yes
8267	Reline complete or partial dentures (laboratory)	Yes
8201, 8202	Extraction, single tooth. Code 8201 is charged for the first extraction in a quadrant. Maximum for 8201 & 8202 is four (4), thereafter pre-authorisation required for the first extraction in a quad- rant. Maximum for 8201 & 8202 is four (4), thereafter pre-authorisation required	No

CODES	PROCEDURE	AUTH REQUIRED
8110	Sterilisation instrumentation tray (1 per visit)	No
8935	Treatment of septic socket	Not for first one - but required thereafter
8141	Inhalation sedation: under 7 years of age – first 15 minutes	Yes
8143	Inhalation sedation – after the 15th minute (refer to code 8141)	Yes
8131	Palliative (emergency) dental pain treatment	No

NOTE 8335, 8336, 8338, 8339, 8340 WILL NOT BE FUNDED NOTE 8367, 8368, 8369, 8370 TO BE PAID AT AMALGAM RATE

2.2 Excluded: X-Rays

Panoramic and other extra oral x-rays (e.g. 8115) does not form part of the benefit schedule

2.3 Exclusions

- Dental extractions for Non-Medical purposes
- The provision of gold inlays in dentures
- The treatment of any complications related to treatment not funded by Prime Cure.
- Prime Cure does not fund dentures and dental treatment that is related to traumatic injury as a result of the following:
  - MVA: this should be referred to scheme except in the case of full risk clients (refer benefits matrix)
  - Treatment related to a work related injury will be required to be referred to COID

SECTION 3 - Prime Cure Dental Formulary 2021

PLEASE NOTE: Provider Trade Names are not listed on formulary, allowing for generic substitution, but applying Reference Pricing

Key to quantities and limitations:

1. "Consumables - Clinic use only" means the medication may only be administrated by a DSP at the rooms. All injectables are consumables. Patients will not be able to collect from DSP pharmacies.

2. "Max Rx/7 days & 3 Rx/annum" means a script filled to a maximum of 7 days medication supply and 3 prescriptions per year can be claimed.

3. All items are to be dispensed by a contracted DSP pharmacy.

4. Benefits for medicine are subject to Mediscor Reference Price (MRP). Should the cost of the item exceed the MRP, the patient will be liable for payment of the difference in cost. If this is the case, please inform the patient that it will be for his/her own personal account.

SECTION 3 - Prime Cure Dental Formulary 2021 *(continued)*

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Quantities and Limitations
2. ANAESTHETICS						
2.2 Local Anaesthetics						
2.2	Local Anaesthetics	Lidocaine HCl Local Inj 2%	IJ	SOLN	A	Consumables
		Lidocaine Inj 2% w/ Epinephrine-1:80000	IJ	SOLN	A	Consumables
3. ANALGESICS						
3.2 Analgesics and Antipyretics						
3.2	Analgesic and Antipyretics	Ibuprofen Susp 100 MG/5ML	OR	SUSP	A	Max 200ml/Rx & 3 Rx/annum
		Mefanamic Acid Susp 50mg/5ml	OR	SUSP	A	Max 200ml/Rx & 3 Rx/annum
		Mefenamic Acid Cap 250 MG	OR	CAPS	A	Max Rx/5 days & 3 Rx/annum
		Paracetamol Elixir 120 MG/5ML	OR	ELIX	A	Max 200ml/Rx & 3 Rx/annum
		Paracetamol Syrup 120 MG/5ML	OR	ELIX	A	Max 200ml/Rx & 3 Rx/annum
		Paracetamol Tab 500 MG	OR	TABS	A	Max Rx/7 days & 3 Rx/annum
3.3 Combinations						
3.3	Combination Analgesics	Acetaminophen w/ Codeine Cap 500-8 MG	OR	CAPS	A	Max Rx/7 days & 3 Rx/annum
		Paracetamol w/ Codeine Tab 500-10 MG	OR	TABS	A	Max Rx/7 days & 3 Rx/annum
		Paracetamol w/ Codeine Tab 500-8 MG	OR	TABS	A	Max Rx/7 days & 3 Rx/annum
		Paracetamol-Meprobamate-Caff-Cod Tab 320-150-32-8 MG	OR	TABS	A	Max Rx/5 days & 3 Rx/annum
		Paracetamol-Promethazine w/ Codeine Syrup 120-6.5-5 MG/5ML	OR	SYRP	A	Max 100ml/Rx & 3 Rx/annum
4. MUSCULO-SKELETAL AGENTS						
4.1 Non-Steroidal Anti-Inflammatory Agents						
4.1.1	COX Inhibitors	Diclofenac Sodium Tab Delayed Release 25 MG	OR	TBEC	A	Max Rx/7 days & 3 Rx/annum
		Diclofenac Sodium Tab Delayed Release 50 MG	OR	TBEC	A	Max Rx/7 days & 3 Rx/annum
		Ibuprofen Tab 200 MG	OR	TABS	A	Max Rx/7 days & 3 Rx/annum
		Ibuprofen Tab 400 MG	OR	TABS	A	Max Rx/7 days & 3 Rx/annum

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SECTION 3 - Prime Cure Dental Formulary 2021 *(continued)*

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Quantities and Limitations
11. EAR, NOSE AND THROAT						
11.3. Mouth and throat preparations						
11.3	Mouth and Throat Preparations	Benzocaine Lozenge 10 MG	MT	LOZG	A	Max 20/Rx & 4 Rx/annum
		Chlorhexidine Gluconate Soln 0.2%	MT	SOLN	A	Max 200ml/annum
		Povidone-Iodine Mouthwash 1%	MT	SOLN	A	Max 200ml/annum
		Tetracaine HCl Ointment 0.5%	MT	OINT	A	Max 1 op/annum
18. ANTI-MICROBIALS						
18.1 Beta-Lactams						
18.1.1	Penicillins	Amoxicillin & K Clavulanate For Susp 125-31.25 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Amoxicillin & K Clavulanate Tab 250-125 MG	OR	TABS	A	Max 4 fills/annum
		Amoxicillin & K Clavulanate Tab 500-125 MG	OR	TABS	A	Max 4 fills/annum
		Amoxicillin (Trihydrate) For Susp 125 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Amoxicillin (Trihydrate) For Susp 250 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Amoxicillin (Trihydrate) Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
		Amoxicillin (Trihydrate) Cap 500 MG	OR	CAPS	A	Max 4 fills/annum
		Ampicillin-Cloxacillin Cap 250-250 MG	OR	CAPS	A	Max 4 fills/annum
		Ampicillin-Cloxacillin For Susp 125-125 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Cloxacillin Sodium Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
		Cloxacillin Sodium Cap 500 MG	OR	CAPS	A	Max 4 fills/annum
		Floxacillin Sodium Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
		Penicillin G Procaine Intramuscular Susp 300000 Unit/ML	IM	SUSP	A	Consumables - Clinic use only
		Penicillin G Benzathine For Intramuscular Susp 2400000 Unit	IM	SUSR	A	Consumables - Clinic use only
		Penicillin V Potassium For Soln 125 MG/5ML	OR	SOLR	A	Max 4 fills/annum
		Penicillin V Potassium Tab 250 MG	OR	TABS	A	Max 4 fills/annum

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SECTION 3 - Prime Cure Dental Formulary 2021 *(continued)*

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Quantities and Limitations
18. ANTI-MICROBIALS (continued)						
18.1 Beta-Lactams (continued)						
18.1.2	Cephalosporins	Cefotaxime Sodium For Inj 500 MG	IJ	SOLR	A	Consumables - Clinic use only
		Cefoxitin Sodium For Inj 1 GM	IV	SOLR	A	Consumables - Clinic use only
		Ceftriaxone Sodium For Inj 1 GM	IJ	SOLR	A	Consumables - Clinic use only
		Ceftriaxone Sodium For IV Soln 2 GM	IV	SOLN	A	Consumables - Clinic use only
		Cefuroxime Sodium For Inj 250 MG	IJ	SOLR	A	Consumables - Clinic use only
		Cefuroxime Sodium For Inj 750 MG	IJ	SOLR	A	Consumables - Clinic use only
18.1.3	Others	NONE LISTED				
18.2 Erythromycin and other Macrolides						
18.2	Erythromycin and other Macrolides	Erythromycin Estolate Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
		Erythromycin Estolate Susp 125 MG/5ML	OR	SUSP	A	Max 4 fills/annum
		Erythromycin Estolate Susp 250 MG/5ML	OR	SUSP	A	Max 4 fills/annum
		Erythromycin Stearate Tab 250 MG	OR	TABS	A	Max 4 fills/annum
18.3 Aminoglycosides						
18.3	Aminoglycosides	Gentamicin Sulfate Inj 40 MG/ML	IJ	SOLN	A	Consumables - Clinic use only
		Streptomycin Sulfate Inj 1000 MG/3ML	IJ	SOLN	A	Consumables - Clinic use only
18.4 Tetracyclines						
18.4	Tetracyclines	Doxycycline Hyclate Cap 100 MG	OR	CAPS	A	Max 4 fills/annum
		Oxytetracycline HCl Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
18.5 Chloramphenicols						
18.5	Chloramphenicols	Chloramphenicol Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
		Chloramphenicol Susp 125 MG/5ML	OR	SUSP	A	Max 4 fills/annum
18.6 Sulphonamides and combinations						
18.6	Sulphonamides and combinations	Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML	IV	SOLN	A	Consumables - Clinic use only
		Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	OR	SUSP	A	Max 4 fills/annum
		Sulfamethoxazole-Trimethoprim Tab 400-80 MG	OR	TABS	A	Max 4 fills/annum

SECTION 3 - Prime Cure Dental Formulary 2021 *(continued)*

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Quantities and Limitations
18. ANTI-MICROBIALS (continued)						
18.7 Quinolones						
18.7	Quinolones	Ciprofloxacin HCl Tab 250 MG	OR	TABS	A	Max 4 fills/annum
		Ciprofloxacin HCl Tab 500 MG	OR	TABS	A	Max 4 fills/annum
18.9 Other anti-bacterial agents						
18.9	Other anti-bacterial agents	Clindamycin HCl Cap 150 MG	OR	CAPS	A	Max 2 fills/annum
18.10 Anti-Fungal agents						
18.10	Anti-Fungal agents	Nystatin Susp 100000 Unit/ML	MT	SUSP	A	Max 2 fills/annum
18.11 Anti-protozoal agents						
18.11	Anti-protozoal agents	Metronidazole Susp 200 MG/5ML	OR	SUSP	A	Max 3 fills/annum
		Metronidazole Tab 200 MG	OR	TABS	A	Max 3 fills/annum
		Metronidazole Tab 400 MG	OR	TABS	A	Max 3 fills/annum
18.12 Anti-viral agents						
18.12.2	Other Anti-viral Agents	Acyclovir Cream 5%	EX	CREA	A	Max 1 Rx/annum
19. ENDOCRINE SYSTEM						
19.5. Corticosteroids						
19.5	Corticosteroids	Prednisone Tab 5 MG	OR	TABS	A	Max 3 fills/annum

Disclaimer:

Please note that the formulary will be reviewed regularly by clinical and pharmaceutical advisors to ensure it complies with the latest industry norms for the treatment of dental conditions. Prime Cure reserves the right to change medication on the formulary when important information comes to light that requires us to do so, e.g. new findings regarding safety of medicine.

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Form Examples

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Dental Pre-Authorisation Request Form

A Dental Practitioner or Dental Therapist Details:

Dental Practitioner:

Postal Address: Code:

Email:

Counsil No: Practice Number:

Tel: Fax: Cell:

B Details of Principal Member/Policyholder:

Surname:

First Name:

Email:

Member/Policy Number:

Medical Scheme/Health Insurer: Medical Scheme/Health Insurer Plan:

Employer: Paypoint No:

C Patient Details

Surname:

First Name:

Postal Address: Code:

Email: Dependant Code:

Tel: Fax: Cell:

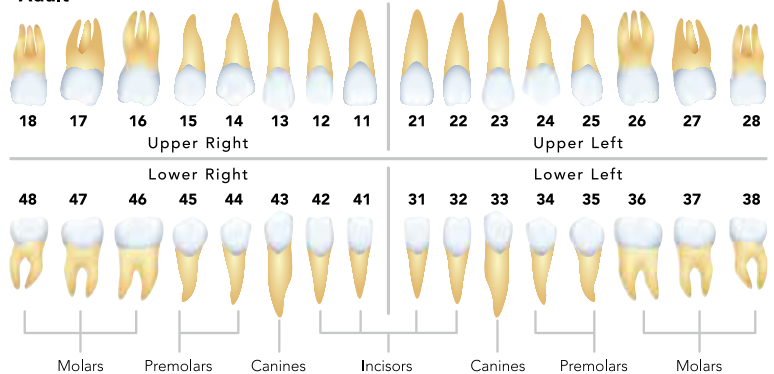Identity Number/Passport: Gender: Male ◯   Female ◯   Age:

D Essential Dentistry and/or Denture Application   *(Please tick the relevant Teeth Numbers below with an X and indicate tariff codes)*

Child

55	54	53	52	51	61	62	63	64	65
Upper Right					Upper Left				

Lower Right					Lower Left				
85	84	83	82	81	71	72	73	74	75

Molars   Canines   Incisors   Canines   Molars

Adult

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Upper Right								Upper Left							

Lower Right								Lower Left							
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Molars   Premolars   Canines   Incisors   Canines   Premolars   Molars
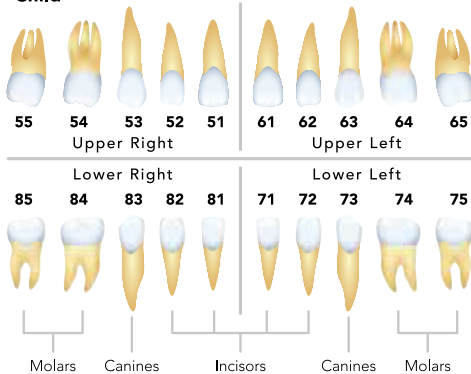
Proc/Lab Codes	Tooth Numbers	ICD 10 Codes

Proc/Lab Codes	Tooth Numbers	ICD 10 Codes

Lab Practice No:		Lab No:	
Co-Payment Value		Receipt No:	
Practitioner Signature:		Date:	

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Patient Consent:
Non-Formulary Medication and Benefits Form

IMPORTANT NOTE: Any procedure not listed requires pre-authorisation: Prime Cure - 0861 665 665 0r Email - auth@primecure.co.za. Pre-authorisation number should be recorded on the account to be considered for payment. Please submit your account electronically using the following destination code - 642P, alternatively post claims to: Prime Cure, Private Bag 2108, Houghton, 2041

A Doctor Details:

Referring Doctor:

Practice Number:

Email:

Tel:

Fax:

Cell:

B Details of Principal Member/Policyholder:

Surname:

First Name:

Email:

Member/Policy Number:

Medical Scheme/Health Insurer:

Medical Scheme/Health Insurer Plan:

Employer:

Paypoint No:

C Patient Details:

Surname:

First Name:

Postal Address:

Code:

Email:

Dependant Code:

Tel:

Fax:

Cell:

Identity Number/Passport:

Gender: Male ◯ Female ◯ Age:

D Patient Requested the Following Non-Formulary Medication:

Nappi Code (eg: 791237)	Medication Name (eg: Ventolin Nebules)	Strength (Eg: 25mg)

E Patient Agreed to the Following Services Not Covered Under the Benefits

Tariff Code (eg: 791237)	Description (Eg: Ventolin Nebules)

I, (the undersigned) _____ declare that I was informed by my doctor that the medication/investigation/procedure/services fall outside my Prime Cure benefits. I am aware that the medication/investigation/procedure/services will be for my personal account.

Signed:

Date: y y y y - m m - d d

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* Member verification during office hours is available by calling 0861 665 665 or by registering on the Prime Cure Dashboard on www.primecure.co.za "Dashboard Login" under the Provider tab.

Prime Cure Customer Service Centre
Monday-Friday: 08h00-17h00 Saturdays: 08h00-12h00
Closed on Sundays and Public Holidays Phone: 0861 665 665
Email: dental.preauthorization@primecure.co.za

Physical Address
2nd Floor, The Oval – East Wing
Wanderers Office Park
52 Corlett Drive
Illovo 2196

Postal Address
Prime Cure
Private Bag 2108
Houghton
2041

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