momentum health



Momentum Dental Network Guide (discipline 95)



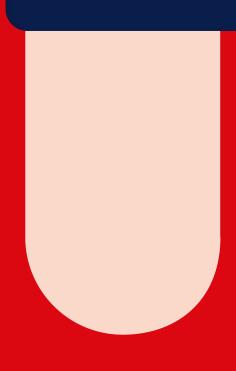




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Primary care products



Momentum Health is a registered managed healthcare company and makes use of provider networks for some schemes' options and insurance products.

Being part of the Momentum Dental Network offers many benefits.

We:
Reimburse you every two weeks.
Only pay providers.
Advertise and promote your practice to the members of the affiliated schemes and options.
Ensure all membership records are up to date in order to verify members.
Offer you easy access to our call centre and/or website for verification of membership details.
Communicate relevant information timeously.
Provide easy access to the Network operations manual and all standard forms which you may require from time to time.
Resolve all Network practice enquiries effectively and efficiently, within 48 hours.



Contact matrix for affiliated

		Option		Benefit confirmation
	Non-medical scheme product			
momentum 1060102303/ 06001023903/	MOMENTUM HEALTH4ME	Gold		0860 102 903
United to Additional Transverse 08000 22 99 35/ Health&Me		Silver		
	Medical schemes			
Momentum modc2/scheme Officers explained Officers explained Officers explained Officers explained	MOMENTUM MEDICAL SCHEME	Ingwe Primary Care Network		0860 117 859
		Ingwe Active Network		
horizon and	HORIZON	Hospital Plus Network Plan	\rangle	0860 103 491
, Sice moto	MOTO HEALTH CARE	Custom		0861 000 300
0651 000 300		Essential	/	
	PICK N PAY	Primary	\rangle	0860 103 491
Monte de la constante de la co	WOOLTRU	Network	\rangle	0802 228 922
Antoney Antoney	SISONKE	Diversity		0860 104 012
Talance () re	Life""	Pride	\rangle	
	FISHMED	Primary	086 010 41	086 010 4121
Polisi (Polisi) Maria vvvidamina		Standard		
The state	SUREMED HEALTH	Explorer		086 008 0888
THE REAL PROPERTY AND ADDRESS		Shuttle		

Go to the Momentum Health provider portal to access the following information:

- The 2025 pay run dates per medical scheme administered by Momentum Health;
- The banking details form and the process you need to follow if your practice's banking details have changed; and
- Non-network dental rates for all medical schemes administered by Momentum Health.

Claim submission Enquiries Authorisation

EDI: 472P	drnet@momentum.co.za	dental@momentumhealth.co.za
Paper claims:		

EDI: 822P	drnet@momentum.co.za	dental@momentumhealth.co.za
Paper claims:		
EDI: 561P	network@momentum.co.za	clientservices.carecross@momentum.co.za
Paper claims: clientservice@carecross.co.za		
EDI: 822P	drnet@momentum.co.za	dental.motivations@momentum.co.za
Paper claims: dental.motivations@momentum.co.za		
EDI: 822P	healthcareprovider@momentum.co.za	dental@pnpms.co.za
Paper claims:		
EDI: 822P	enquiries@wooltruhealthcarefund.co.za	enquiries@wooltruhealthcarefund.co.za
Paper claims: enquiries@wooltruhealthcarefund.co.za		
EDI: 116P	info@sisonkehealth.co.za	Basic dentistry for Diversity and Pride:
Paper claims: providerclaims@sisonkehealth.co.za		info@sisonkehealth.co.za
EDI: 822P	enquiries@fishmed.co.za	enquiries@fishmed.co.za
Paper claims: enquiries@fishmed.co.za		
EDI: 072P	info@suremedhealth.co.za	info@suremedhealth.co.za
Paper claims: providerclaims@suremedhealth.co.za		

Important Network benefit information

Operational processes

Co-payments and administration fees

The dental provider should not under any circumstances charge the member any co-payments or admin fees of any description for services that are part of dental benefits for network members.

Member consent

When a member elects to have treatment done that does not form part of the covered benefits, it is of utmost importance that you have the member sign either a quote, which includes the amounts and treatment tariffs, or a standard **Member consent for out-of-benefit dental procedures form**. Should a member state that they were not aware of costs, you will need to have written consent or the amount due will have to be waived.

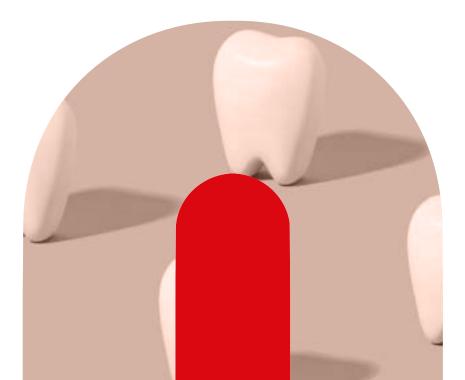
If your practice has a set amount on system and a network patient's account has been short paid due to overcharged amounts, the amount due will need to be waived.

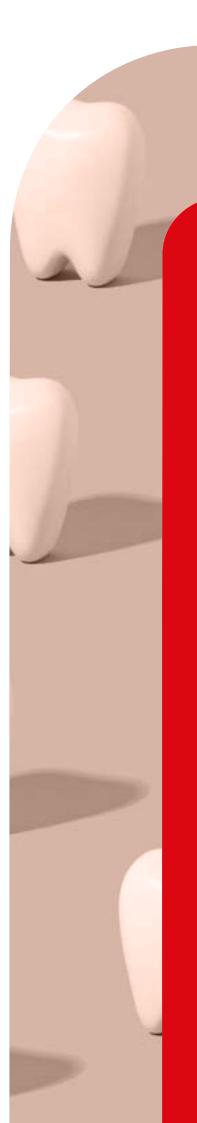
Verification of members and benefits

To avoid claims being rejected due to limits reached, possibly by another provider, please phone for member and benefit confirmation before treatment commences. Thereafter, claims need to be submitted as soon as possible.

Verification of benefits

- Always ensure that available benefit codes and tariff values are verified with the scheme.
- The dental provider is required to verify membership details and confirm the identity of the patient.
- The scheme will not be held responsible for payment of services excluded or not covered under managed care rules.





Authorisation

Radiology

Only intra oral and bitewing x-rays are covered. If a Panorex is required, please inform the patient that the Panorex x-ray will not be covered by the scheme and have them sign a Momentum consent form. Panoramic x-ray will be covered for Fishmed members once every 2 years.

ICD-10 code restrictions

Standard rules apply to the use of ICD-10 codes for dental treatment. Please ensure that you use the correct prescribed ICD-10 codes with your claims, as incorrect allocation of codes may lead to accounts being rejected. Go to: https://icd.who.int/browse10/2019/en to access the WHO International Statistical Classification of Diseases and Related Health Problems 10th Revision.

Stale claims period

Claims older than four months from the date of service will be rejected for reason: "Account not submitted within 4 months of treatment date". We will require proof of submission and a delivery report from your switches for further investigation.

Information required on claims

- Main member's details, such as membership number, option, name and contact details
- Patient's details, including date of birth, name and identity number
- Provider details, including a valid Board of Healthcare Funders practice number, name and contact details
- Diagnosis and summary of medical procedures performed, medicine dispensed, other items
 dispensed to patient
- Relevant tariff codes
- Complete list of individual laboratory codes



Important Network benefit information

Authorisation (continued)

Rejection of claims

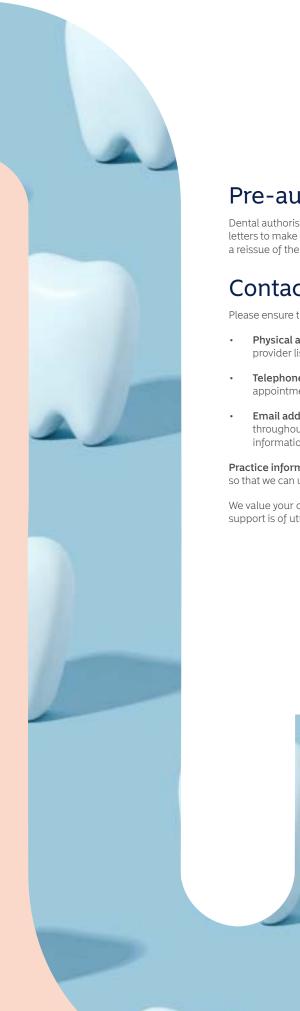
- If the details are incomplete, the claim will be rejected.
- Any other procedures done outside the list of Network benefits will not be paid.
- All claims from non-network dental providers will be rejected.
- The benefit list indicates all codes that require pre-authorisation prior to the date of service. Please ensure that pre-authorisation is obtained for these codes. If the pre-authorisation has expired and a request to reissue the pre-authorisation was not requested by either the practice or the patient prior to service, the account will be rejected as no authorisation.
- If the member is in a waiting period, the scheme will not take responsibility for payment of outstanding amounts. The account will then be the member's responsibility.

Procedures that require authorisation on the affiliated options

- **Restorations** Maximum four restorations per year with an additional four allowed only upon pre-authorisation.
- **Extractions** Maximum four extractions per year with an additional four allowed only upon pre-authorisation.
- **Pulpotomy** Can only be done on primary teeth. Maximum two per child per annum without pre-authorisation. Additional two per child per annum with authorisation.







Pre-authorisation expiry date

Dental authorisations expire after 90 days. Please ensure that you check the date of your authorisation letters to make sure that treatment can still be done. If the expiry date has been reached, please request a reissue of the letter by submitting the quote again.

Contact and address details

Please ensure that we have the following information for your practice:

- **Physical address** Please supply the full physical address as this address is posted on our provider list, which the members use to search for a practice.
- **Telephone number** Please provide a number where the member can contact your practice for appointments.
- **Email address** We communicate changes, price lists and other important information to you throughout the year. If we have your bureau or other account administrator's email address, the information will not reach you.

Practice information – Please communicate any changes at your practice to **drnet@momentum.co.za** so that we can update our system.

We value your contribution in providing quality and affordable healthcare to our members. Provider support is of utmost importance to us, and we invite you to contact us for any assistance.

Dental benefits

Basic dentistry benefits for the Momentum affiliated options:

Health4Me Gold and Silver Options Momentum Medical Scheme Ingwe Primary Care Network and Ingwe Active Network Options Moto Health Care Custom and Essential Options Wooltru Network Option Pick n Pay Primary Option Horizon Hospital Plus Network Plan Sisonke Diversity and Pride Options Fishmed Primary and Standard Options, subject to overall annual limit

Suremed Health Explorer and Shuttle Options

Tariff code

Description

Limitation

Consultations and diagnostic codes

8101	Full mouth examination, charting and treatment plan	One per beneficiary per annum
8104	Examination or consultation for a specific problem, not requiring charting and treatment planning	Not within six weeks of 8101 or 8104
8107	Intra-oral radiographs per film	Maximum four per annum combined,
8112		unless otherwise authorised
8109	Maximum of two per visit	Maximum of two per visit
8110	Sterilised instrumentations	Maximum of one per visit
8145	Local anaesthetic per visit	Maximum of one per visit

Preventative codes

8155	Polish (all ages)	Once per annum per member
8159	Scale and polish (older than 12 years)	Once per annum per member (either or 8155)
8161	Fluoride treatment (children)	Maximum of one per annum for patients younger than 12 years.
8163	Fissure sealant (children)	Maximum of two per annum for patients younger than 12 years
8935	Septic socket treatment	Once per tooth

Extraction codes

Combined maximum of four per year with an additional fou
allowed upon pre-authorisation

8201	Extraction – single tooth	One per quadrant per member per visit
8202	Extraction – each additional tooth in the same quadrant	Four and more require pre-authorisation

Dental benefits (continued)

Tariff Description Limitation code **Emergency codes** 8131 Palliative dental pain treatment Only with diagnostic code on the same service date for the same tooth number Posterior amalgam and resin fillings are remunerated at the **Restoration codes** same tariff 8341 Amalgam or resin - one surface Maximum four restorations per year with an additional four allowed only upon 8367 pre-authorisation 8342 Amalgam or resin - two surface 8368 8343 Amalgam or resin - three surface 8369 8344 Amalgam or resin - four surface 8370 8351 Resin - one surface 8352 Resin - two surface 8353 Resin - three surface 8354 Resin - four surface

The following codes are only available to Fishmed members:

8115 Panoramic radiograph

Allowed once every 2 years