

momentum
health



Dental Network Guide

2026

Discipline
54



more health

for **more** people

for **less**



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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.

Pick n Pay
Medical scheme

Client Services:
021 480 4801 or toll free on
0800 004 389

Hospital Authorisation &
Managed Care Programmes:
0860 767 633

Abulance (ER24): 084 124

PO Box 15774 Vlaeberg 8018
www.pnpms.co.za




horizon
medical scheme

Call Centre
0860 101 103
ER24
084 124

CareCross
086 010 3491

Hospital
Pre-authorisation
0860 100 081

Administered by Medischeme www.medscheme.co.za

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Call Centre & Authorisation 0860 11 78 59
Emergency Evacuation 082 911

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medical scheme

Call Centre and Authorisation
0860 11 78 59

Emergency Evacuation
082 911

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Call Centre and Authorisation
0860 10 24 93

Emergency Evacuation
082 911

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Call Centre & Authorisation 0860 10 24 93
Emergency Evacuation 082 911

moto
HEALTH CARE
MEDICAL SCHEME

EMERGENCIES
0861 009 353

CALL CENTRE & AUTHORISATION
0861 000 300

momentum

Call Centre and Authorisation
0860 10 29 03

Employee Assistance Programme
0800 22 93 55

Health4Me

Enquiries
Tel: 0860 104 121 Fax: 0860 104 123
Hospital Pre-authorisation
Tel: 0861 888 118

VIS-MED FISHMED
Est. 1952
FISHING INDUSTRY
MEDICAL SCHEME

PO Box 15747
Vlaeberg
8018
www.fishmed.co.za



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Health4Me

Call Centre and Authorisation 0860 10 29 03
Employee Assistance Programme 0800 22 93 55

suremed
HEALTH CARE

CUSTOMER CARE 0860 08 08 88
E-mail: info@suremedhealth.co.za
Website: www.suremedhealth.co.za
HOSPITAL AUTHORISATIONS 0860 08 08 88
P.O. Box 1672, Port Elizabeth, 6000

Managed by **momentum** | TYB

WOOLTRU HEALTHCARE
NETWORK OPTION

PO BOX 44991, CLAREMONT 7735
www.wooltruhealthcarefund.co.za

CLIENT SERVICE TEAM
T: 0800 765 432 F: 021 413 0512

HOSPITAL PRE-AUTHORISATION AND CHRONIC CARE
T: 0800 765 432 F: 021 413 0512



Contact matrix for affiliated network options

	Option		Benefit confirmation
	Non-medical scheme product		
	MOMENTUM HEALTH4ME	Gold	> 0860 102 903
		Silver	
	Medical schemes		
	MOMENTUM MEDICAL SCHEME	Ingwe Primary Care Network	> 0860 117 859
		Ingwe Active Network	
	HORIZON	Hospital Plus Network Plan	> 0860 103 491
	MOTO HEALTH CARE	Custom	> 0861 000 300
		Essential	
	PICK N PAY	Primary	> 0860 103 491
	WOOLTRU	Network	> 0802 228 922
	FISHMED	Primary	> 086 010 4121
		Standard	
	SUREMED HEALTH	Explorer	086 008 0888
		Shuttle	

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

- The 2026 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

claims@momentumhealth.co.za

drnet@momentum.co.za

dental@momentumhealth.co.za

claims@momentumhealth.co.za

drnet@momentum.co.za

dental@momentumhealth.co.za

info.horizon@momentumtyb.co.za

info.horizon@momentumtyb.co.za

info.horizon@momentumtyb.co.za

dental.motivations@momentum.co.za

drnet@momentum.co.za

dental.motivations@momentum.co.za

claims@pnpms.co.za

healthcareprovider@momentum.co.za

dental@pnpms.co.za

enquiries@wooltruhealthcarefund.co.za

enquiries@wooltruhealthcarefund.co.za

enquiries@wooltruhealthcarefund.co.za

enquiries@fishmed.co.za

enquiries@fishmed.co.za

enquiries@fishmed.co.za

providerclaims@suremedhealth.co.za

info@suremedhealth.co.za

info@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 administration 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 the 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 to avoid claims rejecting as stale.

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 radiograph will be covered for Fishmed members only - 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

Rejection of claims

- If the details are incomplete, the claim will be rejected.
- The clinical and laboratory codes are to be submitted together, reflecting corresponding codes.
- If a lab account is received without the dentist clinical code, the account will be rejected.
- Any other procedures done outside the list of Network benefits will not be paid.
- 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.

Important Network benefit information

Authorisation *(continued)*

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.

Surgical procedures

On the network options, members only have benefits for general extractions. Should you need to do a surgical removal of a tooth, patients need to be informed of this prior to or on the day of service for the patient to be held responsible for the outstanding amount.

Sedation

If a member chooses to have primary care dentistry done under sedation, it is important to inform them that they will be responsible for the sedation account.

Primary care benefits will be paid for by the scheme if done under sedation according to the standard limits. Authorisation is required prior to the sedation for additional procedures over and above the limits as indicated on the dental benefit list.

Specialist

- The Wooltru Network Option has an additional benefit for removal of impacted wisdom teeth in hospital, which is covered under the maxillo-facial benefit at 100% of the agreed tariff, subject to pre-authorisation.

Call **0800 765 432** for specialist referral or email the authorisation request to enquiries@wooltruhealthcarefund.co.za.

- The Suremed Shuttle option has an additional benefit for removal of impacted wisdom teeth in hospital for children under the age of 12, subject to pre-authorisation.

Call **0860 080 888/041 395 4545** or email the authorisation request to specauth@suremedhealth.co.za.



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
Fishmed Primary and Standard Options, subject to overall annual limit
Suremed Health Explorer and Shuttle Options

Tariff code	Description	Limitation
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Consultations

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

Diagnostic codes

8107	Intra-oral radiographs per film	Maximum four per annum combined, unless otherwise authorised
8112		
8109	Infection control (gloves/masks)	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 child per year for patients younger than 12 years
8163	Fissure sealant (children)	Maximum of two per child per year for patients younger than 12 years
8935	Septic socket treatment	Once per tooth

Extraction codes

Combined maximum of four per year with an additional four 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

Tariff code	Description	Limitation
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Emergency codes

8131	Palliative dental pain treatment	Only with diagnostic code on the same service date for the same tooth number
8132	Emergency root canal treatment	Not covered on primary teeth
8307	Pulp amputation (pulpotomy)	Only on primary teeth Maximum two per child per annum. Additional two per child per annum with authorisation

Restoration codes Posterior amalgam and resin fillings are remunerated at the same tariff

8341	Amalgam or resin - one surface	Maximum four restorations per year with an additional four allowed only upon pre-authorisation
8367		
8342	Amalgam or resin - two surfaces	
8368		
8343	Amalgam or resin - three surfaces	
8369		
8344	Amalgam or resin - four surfaces	
8370		
8351	Resin - one surface	
8352	Resin - two surfaces	
8353	Resin - three surfaces	
8354	Resin - four surfaces	

Denture benefits

Pick n Pay Primary Option: 1 set every 24 months

Moto Health Care Custom Option: 1 set every 24 months

Fishmed Primary and Standard Options: 1 set every year (denture limit subject to overall annual limit)

Suremed Health Explorer and Shuttle Options: 1 set per family every 24 months. A co-payment is payable on all dentures, equal to 20% of the total fees charged by the dentist and laboratory

Denture Code	Description	Limitation
8231	Full upper and lower denture	
8232	Full upper or lower denture	
8233	Partial denture - one tooth	
8234	Partial denture - two teeth	
8235	Partial denture - three teeth	
8236	Partial denture - four teeth	
8237	Partial denture - five teeth	
8238	Partial denture - six teeth	
8239	Partial denture - seven teeth	
8240	Partial denture - eight teeth	
8241	Partial denture - nine and more teeth	
8255	Clasp or rest - stainless steel	Benefit once per new denture
8259	Rebase of denture (laboratory)	Rebase complete or partial denture (once a calendar year per member)
8261	Remodel of denture	Rebase complete or partial denture (once a calendar year per member)
8263	Reline of denture (self-curing acrylic)	Reline complete or partial denture (once a calendar year per member)
8267	Reline complete or partial denture (hard or soft base)	Once a calendar year per member
8269	Repair denture	Twice per calendar year per member
8275	Adjustment of denture (ease)	Adjustment of denture (ease)

Laboratory claims submission

Where laboratory claims are submitted by the laboratory directly, please inform the dental laboratory that you make use of the covered network tariff codes and rates to be billed. These have also been included in the [dental network benefits and rates](#) for your perusal and sharing with your laboratory of choice.

A set of dentures is defined as follows:

- Complete upper and/or lower dentures (not two upper or two lower)
- Partial upper and/or lower denture (not two partial upper or two partial lower)



Laboratory codes

Affiliated options for additional laboratory benefits:

Pick n Pay Primary Option

Moto Health Care Custom Option

Fishmed Primary and Standard Options

Suremed Health Explorer and Shuttle Options: A co-payment is payable on all dentures, equal to 20% of the total fees charged by the dentist and laboratory

Lab Code	Description	Limitation
9301	Casting and trimming of model plaster (yellow/white), per model	
9321	Occlusion block, per block	
9323	Occlusion block on baseplate, per block	
9327	Infection control per impression, denture (wax or acrylic) or any item in contact with body fluids	
9330	Delivery/collection fee per completed procedure (maximum quantity of one)	
9331	Full upper and lower denture	
9333	Full upper or lower denture	
9351	Set-up and finish of one-tooth denture	
9352	Set-up and finish of two-tooth denture	
9353	Set-up and finish of three-tooth denture	
9354	Set-up and finish of four-tooth denture	
9355	Set-up and finish of five-tooth denture	
9356	Set-up and finish of six-tooth denture	
9357	Set-up and finish of seven-tooth denture	
9358	Set-up and finish of eight-tooth denture	
9359	Set-up and finish of nine-tooth or more denture	
9391	Basic charge which includes repair of one fracture, or addition of one tooth, or addition of one clasp	
9413	Reline/rebase or single denture	
9427	Reline/rebase or single denture	
9431	Special tray, acrylic, each	
9415	Remodel of a denture	Quantity of one per denture

Visit the [Momentum Health provider portal](#) to view important information for the medical schemes and health insurance products under our administration. The portal includes a webchat functionality as an additional information resource as well as access straight through to Provider Management.



Lab Code	Description	Limitation
9435	Provision of single arm clasp, to partial denture	(Max quantity of two per denture, any combination of these codes)
9437	Provision of double arm clasp, to partial denture	
9439	Provision of single arm clasp with rest, to partial denture	
9441	Provision of double arm clasp with rest, to partial denture	
9443	Provision of preformed roach clasp to partial denture	
9583	Adams crib	
9585	Jacksons crib	
9587	Provision of preformed ball clasp to partial denture	
9589	Single arm clasp	
9591	Double arm clasp	
9700	Diatorics 1 x 6/8	(Max quantity of two set up on system)
9702	Diatorics, odds, anterior	(Max quantity of five set up on system)
9704	Diatorics, odds, posterior	(Max quantity of five set up on system)
9722	Acrylic per denture	(Max quantity of two set up on system)
9726	Cost of preformed ball or roach clasp	(Max quantity of two per denture)