



ADVISORY

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Informing Oral Healthcare Professionals

Bulletin



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CLINICAL SUPPORT SERVICES

Endodontic coding

The SADA Clinical team generally observes a trend in the coding queries that are received. One of those which presents very often is that of the coding for endodontic treatment. We certainly hope that the below guideline will provide guidance to members to assist in lessening their confusion in the future.

The coding for root treatment often presents as a challenge to members since the procedure may be performed over a single appointment or a few appointments. Furthermore, the coding is different for anterior vs posterior teeth as well as the retreatment of previously root-treated teeth.

1. Treatment completed over two visits

- **This scenario occurs when root canal preparation and obturation are completed at the same visit.**
- Once a root canal is deemed necessary, a pulp removal is often performed at the same visit in order to provide pain relief for the patient.

Appropriate code: 8132

- If, during the second appointment following the initial one, the canal(s) are prepared **and** obturated, the procedure is regarded and billed as complete root canal therapy.
- Appropriate codes:

Anteriors and premolars: 8338 for the first canal; 8329 for each additional canal.

Molars: 8339 for the first canal and 8340 for each additional canal.

2. Treatment completed in three or more visits

Root canal preparation and obturation are completed in separate visits

- Once the initial pulpectomy has been completed, it may be necessary for the canal(s) to be prepared over more than one visit. It is, however, important to note that each canal may only be prepared once. If an infected canal is still irrigated at a subsequent appointment, this is not regarded as preparation of the canal.
- Appropriate codes for preparation:
Single canal tooth: 8332 per canal
Multi-canal tooth: 8333 per canal
Irrigation and medication of a tooth at a separate visit: 8318 (may not be reported in conjunction with any other root canal therapy codes on the same tooth.)
- Appropriate codes for obturation:

Anteriors and premolars: 8335 for the first canal and 8328 for each additional canal
Molars: 8336 for the first canal and 8337 for each additional canal.

Examples:

1. RCT 26 completed over four visits would call for the following codes to be reported: 8132 (1st visit); 8333 x 2 (2nd visit); 8333 (3rd visit); 8336 (obturation – first canal) and 8337 x 3 (each additional canal) at the 4th visit.
2. RCT 14 completed over three visits: 8132 (1st visit); 8333 (2nd visit); 8335 (obturation – first canal) and 8328 (obturation – 2nd canal) at the 3rd visit.

3. Retreatment of previously completed root canal therapy

a. Includes the removal of the previous root canal filling material and preparation of the root canals and excludes the removal of retention posts, fractured root canal instruments and/or root canal obstructions.

- First visit: Code 8334 for the first canal. 8323 for each additional canal in an anterior or a premolar, and 8324 for each additional canal in a molar.
- Second visit: If it was not possible to prepare all canals at the first visit, the remaining canals would be charged using 8334 at the subsequent visit.

*****NOTE:** Each canal may only be billed once using 8323, 8324 or 8334.

- If the tooth required any further preparation or replacement of the intracanal medicament, the practitioner may claim 8332 (single canal tooth) or 8333 (multi canal tooth) at a subsequent visit, **up to a maximum of four visits per tooth.**

b. The detection of a previously untreated canal during retreatment of other canals

- If this occurs, the practitioner may claim code 8132 **or** code 8333.
- If both the preparation and obturation were completed at the same visit as the detection of the new canal, this may be reported as 8338 (anteriors and premolars) or 8339 (molars.)
- If, however, the obturation is carried out at a subsequent visit, this may be reported as 8335 (anteriors and premolars first canal) or 8328 (each additional canal.) For molars, the appropriate codes will be 8336 (first canal) and 8337 (each additional canal.)

c. Examples:

Retreatment of tooth 46 with the treatment of an undetected canal at a separate visit

First visit: 8334 (first canal); 8324 x 2 (second and third canals)

Second visit: 8132/8333 (fourth canal detected)

Third visit: 8336 (first canal) and 8337 x 3 (obturation – additional canals)

Retreatment of tooth 15 in one visit with no undetected canals

8334 (first canal); 8323 (additional canal); 8338 (obturation – first canal);

8328 (second point.)

LEGAL AND CORPORATE SERVICES

Prescription by Dentists

The practice of dentistry often requires using medication such as antibiotics, pain relief, and sedation for their patients. Members have recently queried cases where pharmacists challenge their prescriptions when requested to dispense medicines to their patients.

Dentists' Scope of Authority

Prescription writing privileges provide dentistry with one of its most powerful therapeutic tools. The authority of dentists to write prescriptions is granted to dentists upon registration as a practitioner with the Health Professions Council of South Africa (HPCSA).

Furthermore, the regulations defining the Scope of the Profession of Dentistry also provide in sub-regulation 2 (c) *“performing dental procedures and/or prescribing medicines aimed at managing the oral health of a patient, including prevention, treatment and rehabilitation”*.

In addition, the Medicines and Related Substances Act (Act 101 of 1965) defines the dentist as one of the “authorized prescribers” who may prescribe drugs for a “medicinal purpose” which means for the purposes of the treatment or prevention of a disease or some other definite curative or therapeutic purpose.

It does not include satisfying or relieving a habit or craving for the substance used or for any other such substance, except where it is administered or used in a hospital or similar institution maintained wholly or partly by the Government or a provincial government.

This means a dentist or dental specialist may only issue a prescription in good faith for a legitimate dental purpose or treatment and issue in the normal course of practice.

Issuing a prescription

The ethical rules of conduct provide that no dentist may issue a prescription unless he or she had ascertained through a personal examination of the patient, or by virtue of a report by another practitioner under whose treatment the specific patient was or had been, that such prescription or supply was necessary for the treatment of the patient, except in the of a repeat prescription for, or the supply of, a substance in respect of a patient with a chronic illness.

A documented medical evaluation must be done and the relevant clinical history necessary to diagnose underlying conditions as well as any contra-indications regarding the recommended treatment must be obtained before providing treatment, including issuing prescriptions, electronically or otherwise.

Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care.

When prescribing care using telemedicine consulting practitioners should ensure that informed consent is taken in accordance with the standards practice used in the face-to-face issuing of prescriptions.

Electronic transmissions, (e.g. email, prescriptions, and laboratory results) must be secure within existing technology (e.g. password protected, encrypted electronic prescriptions or other reliable authentication techniques). It is the responsibility of healthcare practitioners to ensure that these non-healthcare personnel do not violate patient confidentiality.

Which schedule drugs may dentists prescribe or dispense?

What is a medicine schedule? Medicine schedules make up the classification system used to define a medication’s level of risks and benefits. As the possible medicinal risks increase, so does the schedule – with South Africa’s highest being Schedule 8.

Medicine Schedule Where and How Made Available

S0 - On the shelf at a general store or pharmacy

For a drug to be S0, it must be relatively safe to use without the need to consult a medical professional, and the symptoms for its use are easily recognized by the patient.

Aspirin, low dosages of paracetamol, and vitamins are usually S0. Because of their relative safety, S0 substances can also be sold in any store, and (along with S1 medicines)

advertised directly to the consumer.

Simple analgesics like aspirin

S1 -Over the counter at a pharmacy. A sale record must be kept

Antibacterial and antifungal skin creams

Annexure 2 contains drugs Dental Therapists may prescribe.

Annexure 5 contains drugs Oral Hygienists may prescribe (local anaesthetic and topical fluorides).

S2 -Over the counter at a pharmacy.

A sale record must be kept of Cough and cold preparations

Schedule 1 and 2 medicines are only available over the counter but they don't require a prescription, explains the Medicines Control Council.

This is because, while most of the minor illnesses they treat (like colds and coughs) can be self-diagnosed, certain medications can be addictive or dangerous when used incorrectly.

To ensure that these medicines are used safely, the patient's personal details must be recorded (in the case of S2 substances), and guidance provided by a pharmacist or other healthcare professional.

Annexure 2 contains drugs Dental Therapists may prescribe (Analgesic, Antipyretic, Anti Inflammatory, Anti-Fungals)

S3 - Prescription only; available at the pharmacy dispensary

Can be repeated for 6 months

Medicines for hypertension and diabetes

Annexure 2 contains drugs Dental Therapists may prescribe (no annexure gazetted)

S4 - Prescription only; available at the pharmacy dispensary.

Can be repeated for 6 months Anti-infectives such as antibiotics and antivirals

For S3 and S4 substances, the Medicines Control Council explains that the illnesses for which they're prescribed (like diabetes, hypertension, bacterial infections, etc.) need professional diagnosis and management. Repeat prescriptions are restricted to six months, except in an emergency.

In these cases, to avoid disrupting a patient's therapy, a pharmacist can sell a schedule 3 or 4 substance once-off for a maximum of 30 days, in accordance with the original prescription and under strict conditions.

Annexure 2 contains drugs Dental Therapists may prescribe (Local Anaesthetic, anti-microbials (Beta-Lactams),

Anti-Protozoal, Autonomic Sympathomimetics.

S5 - Prescription only; available at the pharmacy dispensary.

Repeats stipulated Psycho-active medicines like sedatives and antidepressants

S5 medication (like antidepressants or sedatives) "must be known to have

a low to moderate potential for abuse or dependence, which necessitates both medical diagnosis and management, but also enhanced control of supply."

Compared to S4 substances, repeat S5 prescriptions going beyond six months are permitted, but they are tightly controlled. A physical prescription must be provided to the pharmacist and in the case of digital prescriptions, these must be supplied directly by the dentist's office to the pharmacy.

S6 -Prescription only; available at the pharmacy dispensary

Schedule 6 medicines, like narcotic painkillers, are moderately to highly addictive.

This means that patients must be closely monitored, with firm professional control over their supply. Consequently, these drugs aren't available on repeat prescriptions, and their dispensing is limited to a 30-day supply at the most.

S7 -Controlled substances

Drugs like cannabis and heroin

S7 substances (like the controlled substance, heroin) are not recognized for medicinal use apart from scientific study and have a very high risk of dependence and abuse. As a result, their use is prohibited.

S8 -Strictly controlled substances

Amphetamine, dexamphetamine and nabilone (the only S8 drugs in SA) are strictly controlled substances with some proven medicinal value.

But, because of their significantly high risk for dependency, the Medicines Control Council explains that they're only "available by the Director-General to medical practitioners who have obtained special permission..."

Common Prescribing Issues:

Self-prescribing

It is inappropriate (unethical and perhaps illegal) for a dentist to self-prescribe any drugs. Ethical rules of conduct do not permit self-prescribing or issuing prescriptions under fictitious names or for individuals who are not the intended recipient of the medication. Common sense indicates that the information on the prescription must be truthful and any deviation is considered unprofessional, unethical, and illegal.

Can dentists prescribe any drug to any individual?

Dentists can only prescribe or dispense drugs for the purpose of diagnosing, treating, or preventing conditions of the oral-facial complex for patients that they are treating. The prescribing of antibiotics, analgesics, or any other drugs, although employed daily in dental practices, is inappropriate when prescribed for medical conditions outside the scope of dental practice.

Before prescribing any drug, a dentist must have current knowledge of the patient's health status and clinical condition, acquired by obtaining a medical history and conducting an appropriate clinical examination to make a diagnosis or differential diagnosis, or otherwise establishing a clinical indication for the use of a drug. There must be a logical connection between the drug prescribed and the diagnosis or clinical indication.

Even for long-term patients of record, prescribing medication for non-dental pain or any other condition is unethical because the patient's treatment record would not be supported by proper dental findings, diagnosis, and treatment plan.

A prescribing dentist would be unable to logically justify a prescription for example for oral contraceptives issued to a front desk staff member or any medication for non-dental conditions provided to a staff member, or amoxicillin suspension prescribed for his or her dental assistant's daughter to hold her over until her paediatrician's appointment. The same would apply to family and friends for non-dental related conditions.

Can dentists prescribe for friends or family members or non-patients?

Based on the above, dentists can only prescribe drugs for friends and family members who are their patients of record, provided these prescriptions are for the purpose of treating conditions within the scope of practice of dentistry.

Prescribing to non-patients (for friends or family members) even if it is for a legitimate purpose is inappropriate as a result of a lack of establishing a dentist-patient relationship and records renders it impossible to establish minimum professional standards. As stated elsewhere, any dental procedure or prescription requires a treatment record, with documented findings, diagnosis, and treatment plans. Even in first-time emergency visit situations, minimum record-keeping guidelines must be adhered to.

Often pharmacists are vigilant and may report back to the practitioner or the regulator in respect of any prescription about which they have concerns.

What information must be included with a prescription?

Dentists must provide the following information with a prescription taking into account the above medicines schedules and their restrictions:

- name of the patient;
- full date (day, month, and year);
- name of the drug, drug strength, and quantity or duration of therapy;
- full instructions for the use of the drug;
- refill instructions, if applicable;
- the printed name of the prescriber;
- address and telephone number of the dental office where the patient's records are kept;
- signature of the prescriber or, in the case of electronically produced prescriptions, a clear and unique identifier, which signifies to the dispenser that the prescriber has authorized the individual prescription.

Can dental office staff call in a verbal prescription for a patient on behalf of a dentist?

The use of intermediaries (e.g. office staff) is a prominent source of medication error and can be a source of liability for the practitioner.

The prescribing dentist is responsible for ensuring accurate information is transmitted to the pharmacy. It is recommended that dentists communicate verbal prescriptions themselves. Pharmacists are responsible for confirming the authenticity of each prescription, which may require direct confirmation with the prescriber before the prescription is filled.

Do dentists need to document prescriptions in patient records?

Dentists are required to document details of their prescriptions in the patient's chart, including the name of the drug, drug strength and quantity, and instructions for use.

How can dentists minimize the risk of forged/fraudulent prescriptions?

Dentists should consider the following precautions when issuing prescriptions

If using a paper prescription pad:

- write the prescription in words and numbers to prevent patients from adding zeros to numbers only;
- draw lines through unused portions of the prescription;
- keep blank prescription pads secure under lock and key and not on the desk where unauthorized persons may have access to them.
- Avoid rubber stamping prescriptions with a signature.

If using desk-top prescription printing:

- use security features, such as watermarks;
- write a clear and unique signature.

If faxing a prescription for those still using the same:

- confirm destination and fax directly to the pharmacy, ensuring confidentiality
- destroy paper copy or clearly mark it as a copy.

A dentist may wish to terminate the relationship if a patient alters or forges a prescription.

In cases where a staff member has forged a prescription, the dentist should document all conversations with the staff member and obtain legal advice about their employment-related issues. On the face of it, forging a prescription may be grounds for dismissal for cause, but the dentist must obtain their own legal counsel if they are contemplating this type of action.

Dentists may report the forgery to the police.

Dependent Patient

Clinically dependent patients can be knowledgeable and sophisticated when it comes to obtaining controlled substances from unsuspecting dentists acting in good faith. They may frequently approach their dentist for a specific dental problem for the specific purpose of obtaining drugs for their dependency or misuse.

Dental problems can be convincingly simulated by the drug-seeking patient. Besides this patient knows that dental patients may present in pain without observable signs. Observed pathology does not always determine the existence or intensity of pain. Distinguishing between drug-seeking and the sincere patient can be challenging because of exaggerated or feigned symptoms. They may be seeking these drugs not for themselves but for a friend or family member.

Sometimes dentists are faced with requests from 'out-of-town patients just passing through, looking for some pain medication to hold them over until they see their hometown dentist. Other common attempts are trying to obtain early prescription refill requests or duplicate prescriptions for 'lost medication'.

Another useful method of preventing manipulation into prescribing controlled substances unnecessarily is to offer an immediate appointment for a new and transient patient calling in paid. In this way, the need for inappropriate medication can be avoided.

Can dentists dispense medicines in their rooms?

Dentists who wish to dispense medicines are required to obtain a dispensing licence accredited by the South African Pharmacy Council after successfully completing a Dispensing course. Dentists are held to the same labeling, record-keeping, security, storage, and packaging requirements as registered pharmacists. They would be required to keep records of all acquisitions and dispensing of medication consistent with legal requirements. Additional responsibilities also apply regarding the security and safe storage of medications.

The destruction of medicines and scheduled substances may only take place in accordance with the Medicines and Related Substances Act, 1965 (Act 101 of 1965) and other

applicable legislation. No medicines and scheduled substances may be disposed of into municipal sewerage systems and the destruction or disposal of medicine and scheduled substances must be conducted in such a manner as to ensure that they are not retrievable. In addition, pharmacists should not dispose of medicines and scheduled substances in refuse that may be destined for landfill or municipal refuse sites

All medicines and scheduled substances (including medicines and scheduled substances returned by patients) must be destroyed in such a manner that does not allow recovery or retrieval. You should dispose of medicines by returning them to the supplier. The supplier should dispose of the medicines in line with current waste regulations.

A medicine and scheduled substance may be destroyed by a contractor who specializes in waste disposal regarding the disposal of chemical or medicinal waste. There are additional responsibilities where a contractor is used.

Worldwide, the recommended and safest way to dispose of medication is simply to return them to your pharmacy. In South Africa, this is actually the only recommended method of disposal. Pharmacies are by law required to take back your expired or unused medications.

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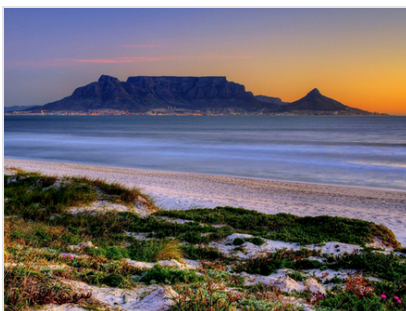
Medicines and Related Substances Act (Act 101 of 1965) and Medicines Schedules.

SAHPRA - South African Health Products Regulatory Authority website www.sahpra.org.za

Yours in oral health

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the platform gives opportunities for all oral healthcare stakeholders.

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27
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SADA Western Cape Branch: CPD & AGM Country Meeting 27 May 2023 (WC056)

01
Jun

SADA Algoa Branch AGM & CPD Evening - 1 June 2023 (Physical) - AM027



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