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CLINICAL SUPPORT SERVICES

The Vital Role of Radiography in Dental Surgical Procedures: Mitigating Complications and Ensuring Success

Dental surgical procedures play a crucial role in addressing various oral health issues and improving patients' quality of life. Among the indispensable tools used in these procedures, radiography stands out as an invaluable aid. Radiographic imaging techniques, such as intraoral and extraoral radiographs, provide vital information about the oral and maxillofacial structures, aiding dentists and oral surgeons in diagnosing conditions, treatment planning, and achieving successful outcomes. Since it has come to light by schemes that many dentists perform surgical procedures without the aid of radiographs, this bulletin will aim to highlight the importance of radiography during dental surgical procedures as well as the potential complications that may arise in its absence.

Importance of Radiography in Dental Surgical Procedures:

Diagnostic Accuracy: Radiography plays a pivotal role in providing a comprehensive and accurate assessment of the patient's oral health. It helps identify dental caries, periodontal diseases, impacted teeth, cysts, tumours, and other anomalies that may require surgical intervention. By visualizing the underlying structures, radiographs enable practitioners to make informed decisions and plan appropriate treatment strategies.

Treatment Planning: Radiographic images aid dental professionals in devising effective treatment plans. They provide essential information regarding the position, orientation, and relationship of teeth, bone, nerves, and blood vessels. This knowledge is especially crucial in dental implant placement, orthodontic treatment, wisdom tooth extraction, and other complex surgical procedures. Radiographs guide the surgeon in selecting the optimal approach, determining the need for bone grafts or sinus lifts, and minimizing potential complications.

Preoperative Assessment: Prior to dental surgical procedures, radiographic examinations help evaluate the patient's overall oral health and identify any anatomical variations or pathologies that may influence the treatment approach. Radiographs assist in assessing bone density, identifying root morphology, detecting the presence of infection, and evaluating the proximity of vital structures like nerves and blood vessels. This preoperative assessment aids in risk stratification and ensures the surgical plan is tailored to each patient's unique needs, minimizing complications.

Possible reasons that radiographs are not taken

- Radiation exposure: X-rays can be harmful to the patient in any doses.
- Cost: X-rays can be expensive, especially if multiple images are required.
- Accessibility: X-ray machines may not be available in the practice or clinic.

Complications Without Radiography:

Inadequate Treatment Planning: Without radiographs, the surgeon's ability to accurately diagnose and plan the procedure is significantly compromised. This increases the risk of inadequate treatment planning, leading to suboptimal outcomes, prolonged surgeries, and potential revision surgeries.

Nerve Damage: Radiographs help identify the proximity of vital structures, such as nerves, to the surgical site. Without this crucial information, the risk of unintentional nerve damage during dental procedures, such as tooth extractions or implant placement, significantly increases. Nerve injuries can result in sensory disturbances, pain, numbness, or even permanent damage.

Undetected Pathologies: Radiographic images reveal the presence of underlying pathologies, such as cysts, tumours, or infections. Without early detection, these conditions may go unnoticed, leading to complications during or after the surgical procedure. Delayed diagnosis can result in increased morbidity, extensive treatment requirements, and compromised patient outcomes.

Incomplete Removal of Pathological Structures: In some cases, the complete removal of impacted teeth, cysts, or tumours is necessary for successful treatment outcomes. Radiographic imaging aids in determining the size, location, and extent of these structures, ensuring their complete removal. In the absence of radiographs, there is an increased risk of incomplete removal, leading to recurrent infections, complications, and potential operations.

Invalid consent process: Patients may argue that the consent initially provided by them is invalid due to lack of information supplied prior to the procedure.

Monitoring of progress: Radiographs taken subsequent to the procedure provide vital information with regard to the patient's progress and ensures that there are no complications that arise such as infections or delayed healing.

Potential Negligence Claims: If any of the above situations occur, one may face allegations of negligence and malpractice.

Radiography plays an indispensable role in dental surgical procedures, facilitating accurate diagnoses, comprehensive treatment planning, and successful outcomes. The use of radiographic imaging helps prevent complications by providing crucial information about the patient's oral health, identifying anatomical variations, and aiding in risk assessment. Without radiography, dental procedures become less predictable, potentially leading to inadequate treatment, nerve damage, undetected pathologies, and incomplete removal of pathological structures. By embracing radiographic imaging, dental professionals can enhance patient safety, improve surgical outcomes, and deliver the highest standard of care.

LEGAL AND CORPORATE SERVICES

Managed care contracts – What to consider – Part 1

Why do dentists enter into Managed Care Contracts?

Every year more and more medical schemes either internally or through contracted managed care companies offer contracts to providers to offer services to their members at predetermined tariffs, protocols, limitations etc.

There are many reasons why dentists enter into managed care contracts, some common reasons are:

1. Many dentists sign up for managed-care plans with the wrong expectations. They may fear, for example, that they are going to lose patients to their colleagues in the area who have signed similar managed-care plans.
2. If you are a new dentist or trying to grow your current practice, joining a network seems like a good idea, as your practice will be listed in directories for patients who are in the market for dental services. However, not all plans are created equal and some are more administratively burdensome than others.
3. Dentists who have empty treatment rooms during the course of a normal workday may find themselves tempted to begin accepting patients from underfunded managed-care plans. If the chairs are empty anyway, what can it do but benefit the office if a patient is receiving treatment-even at a deep discount? The fixed costs of the office exist when the dentist opens the office door for the day.

What to Consider

1. Whatever the rationale, the only reason to sign up for a managed-care plan is to enhance bottom-line performance and overall Rand profit. Simply adding more patients to any practice will not enhance bottom-line profit unless the practice is ready, willing, and able to cope with the ramifications.
2. Any poorly run fee-for-service practice that adds managed-care patients is doomed to fail sooner rather than later.
3. Do not expect patients to understand how a managed-care plan works. Patients will more than likely be informed that everything is “free!” Since they have been preconditioned to expect no additional cost, patients may be unwilling to make any co-payment for procedures or the contracts do not permit this.
4. Do not expect increased bottom-line performance unless the practice is already good at providing enhanced services.
5. Do not expect ordinary office communication skills to suffice. In a managed-care environment, every staff member must perform at maximum potential.
6. Do not expect the dental team to readily embrace managed care. They will become busier than ever when normally empty chair hours are filled with patients. After all, the reason for signing on was to fill unused chair hours.
7. Do not expect the collections process to differ with managed-care patients.
8. Do not expect the current practice management system (software) to accommodate the additional paperwork and responsibilities of managed-care programs.
9. Do not expect managed-care patients to refer fee-for-service patients. Obtaining fee-for-service patients requires all members of the office team to remember that happy, satisfied patients will refer other patients – those who may not have a dentist, and possibly fee-for-service patients.
10. In many cases, managed-care treatment allowances and reimbursements have not lived up to our practitioners’ needs as promised.

Points to remember before signing

By signing a managed care contract, practitioners would agree to give up their clinical independence in favour of protocols set down by the Managed Care Companies (MCOs) and agree to charge only the agreed tariff. Sometimes they are given the right to charge for non-covered services but no other co-payments, levies, or other charges may be claimed.

Members may also be offered contracts at the same time appointing them as ‘Designated Service Providers’ (DSPs) to provide treatment or services for Prescribed Minimum Benefits (PMB) at a contracted rate.

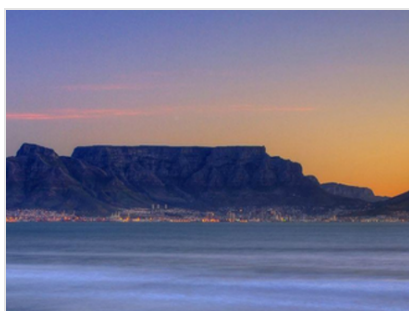
Some points to consider:

1. **Review a contract thoroughly before you sign it** – not all MCO contracts are alike. Often practitioners do not have any leeway in modifying any provision by striking through it and signing their initials unless accepted by the Managed care company.
2. **Always have a copy of your contract readily accessible** - Most practitioners who signed MCO contracts years before forget they signed them or the terms and conditions contained therein. Refer to contractual terms when disputes arise. Keep track of all amendments made to the contract.
3. **Keep a copy of all materials that are incorporated by reference into the contract** – Provider contracts frequently incorporate by reference policy manuals, billing manuals, tariffs or other documents which can often be found on their website. You are deemed to be aware of and agreed to the contents of these documents.
4. **Appointment as a healthcare provider** – appointment is subject to proper registration with the regulator, appropriate indemnity cover, charge agreed tariffs, agree clinical and financial profiling, use of clinical and ICD10 codes, compliance with billing procedures, and supply requested information.
5. **Duration** – usually for indefinite periods commencing within a certain number of days after signature unless terminated in terms of the notice period.
6. **Termination** – usually provides for 30 days termination by either party or MCO if the providers fail to comply with its terms or improve their practice profiles or commit fraud or theft. If no notice of termination is provided, MCO will assume the practitioner agrees with new tariffs and the agreement continues. There may be post-termination obligations and ‘gag’ rules designed to protect their proprietary information.
7. **Obligations of the healthcare provider** - several obligations imposed on practitioners such as agreeing to charge their tariff only, practice audits, refunds, peer and utilization review, minimum service hours, obtaining authorizations where necessary, and confirming membership status, etc.
8. **Obligations of the scheme** – payment within 30 days, change in rules on 30 days’ notice, tariff increases at the end of the year.
9. **Misconduct** – MCO has the right to terminate or suspend providers from participating in the network pending the finalization of investigations. The provider must continue to provide service and charge the scheme or MCO for services provided although not paid
10. **Data & Information** - Comply with provisions of the Protection of Personal Information Act (POPI) i.r.o. patient information and data and keeping it safe and accessible to authorized personnel only.
11. **Dispute resolution** – practitioners agree to be bound by inefficient and costly internal grievance and dispute resolution procedures that result in unnecessary delay. Often, multiple levels of appeals are required to be exhausted while there are no clear deadlines for the MCO to act, or penalties if the MCO fails to act timely.
12. **Different Plans** - Some MCO contracts have several plans and practitioners are not given the choice of plans for which they will contract, in other words, they cannot cherry-pick.

SOME QUESTIONS TO ASK YOURSELF

- How important is the contract to your practice and patient profile?
- Are you in a position to replace any patient or revenue you may lose if you do not sign contracts?
- Are the remuneration levels acceptable?

- What are your costs in providing service when compared with the remuneration levels in the contracts?
- If contracts do not compensate you beyond the covered services which are to be provided, you may lose money on the contract. What are the alternatives to the contract?
- Does the contract allow you to offer other services which are not covered and then to recover fees from patients? Does the contract allow you to balance bill for certain procedures and is this to the advantage of your practice?
- Are Clinical Management Programmes objectively based on evidence-based dentistry or does the MCO retain the right to determine what is clinically necessary?
- What is the duration of the contract and what are the termination provisions?
- How does the MCO enrol a patient on the plan and how easy is it to verify patient details, membership, limits, and covered services?
- When a patient comes into your practice, is there a quick and efficient mechanism in determining whether the patient is a member of the plan by website, telephone or e-mail?
- Does the contract provide for review and audit of your practice?
- Does the contract clearly spell out what services require pre-authorisation?
- Does the MCO provide an efficient and reliable mechanism, available 24/7, to obtain pre authorisation?
- Does the contract provide information sufficient to ensure that you will be paid for the services you provide?
- Does it have a comprehensive fee schedule?
- What are your rights to appeal a claims payment decision?
- Is the appeals process fair, or weighted heavily in favour of the MCO?
- Can MCO change the terms of the claims payment unilaterally?
- Does the contract require the MCO to provide you with notice of any claims payment changes?
- Is there a mechanism for you to terminate the contract if you object to the changed reimbursement terms?
- Does the contract include a specific payment time period, and does the MCO agree to pay interest if it delays payment beyond that time period?
- Does the contract give the MCO the right to unilaterally reverse payment for overpayments?
- Does the contract allow you to select in which products you participate or does the contract require you to participate in 'all products'?
- Does your termination as a Provider in respect of one product terminate your participation in all plans?
- How can you terminate the contract and what are the provisions if the MCO breaches the contract?
- Does the contract renew annually or does it need to be renewed every year?



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Cape Town International Convention Centre, South Africa



Aug 25 - 27, 2023
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SADA Algoa Branch AGM & CPD Evening - 1 June 2023 (Physical) - AM027

21
Jun

SADA KwaZulu-Natal Branch CPD Day & AGM Evening 21 June 2023 (KZN060)

25
Aug

2023 SADA Dental & Oral Health Congress and Exhibition

26
Aug

Gala Dinner 2023 SADA Dental & Oral Health Congress and Exhibition

14
Oct

SADA YDC - KwaZulu-Natal Branch - 14 October 2023 (KZN059)

17
Nov

SADA Gauteng South Branch Mini Congress





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