THE SADArite
The South African Dental Association Newsletter
Informing Oral Healthcare Professionals
Bulletin

SADA Professional Advisory Bulletin

- Clinical Bulletin - The correct application of examination codes for GP dentists.
- Legal Bulletin - Impact of Amendments to the Ethical Rules of Conduct for Dental Practitioners by the HPCSA.

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Dear SADA Member

CLINICAL

CLINICAL BULLETIN: THE CORRECT APPLICATION OF EXAMINATION CODES FOR GP DENTISTS

We trust that our members are keeping warm in the chilly weather that has enveloped the country! It has recently emerged that a number of general practitioners have been using the complete and limited examination codes incorrectly. As part of our ongoing member education on the correct application of dental codes, this bulletin aims to shed light on the requirements of these codes to ensure they are appropriately billed.

1. 8101: Oral examination – general dental practitioner

As the code clearly states, this code may be claimed by GP dentists. It is imperative to note that code 8101 entails a complete assessment *and* recording of the patient's state of oral health at the time by conducting an extra-oral examination as well as an intra-oral hard and soft-tissue examination.

An **extraoral examination** includes the following:

- Evaluation of the face for any swelling, discoloration, or asymmetry, as well as signs of injury such as lacerations or bruising.
- Palpation of the patient's neck to assess major lymph nodes, with particular attention to enlargement, fixation, or tenderness.

An **intra-oral examination** includes:

Hard Tissue Examination:

- A comprehensive assessment and charting of the patient's dentition, which involves recording existing restorations, present caries, congenitally missing and extracted teeth. Additionally, it includes the evaluation of leaking or fractured restorations, current tooth positions, possible impactions, drifting of teeth, and signs of attrition, abrasion and/or erosion. This examination also involves assessing abnormal growth of the jaw bones.

Soft Tissue Examination:

- *Lips:* Assess for symmetry, tissue consistency, texture, colour, and any lumps. The commissures should be evaluated for pathological conditions such as Angular Cheilitis.
- *Buccal and Labial Mucosa:* Note findings such as cheek biting, burns, and ulcers, which should be reviewed at appropriate intervals. Record any changes like erythroplakia and speckled leukoplakia and refer appropriately.
- *Floor of Mouth:* Document abnormal findings, including swelling, ulceration, mucoceles, sialoliths, and neoplastic changes.
- *Tongue:* Note any abnormalities such as geographic tongue, ulceration, leukoplakia, and erythroplakia, and refer as necessary.
- *Hard Palate:* Record atypical findings such as palatal tori and ulceration.
- *Soft Palate and Oropharynx:* Note any asymmetry which may result from infection, tonsillectomy, or the presence of a lesion.
- *Gingiva:* Document erythema, deposits of plaque and calculus, and the presence of reactive gingival lesions and mucocutaneous diseases.

In the case of patients with prostheses, examine the fit and function of the prosthesis and note any findings. Once the examination is completed and noted, a treatment plan may be devised.

Appropriate Coding:

One may not bill 8101 again until the treatment plan that emanated from the oral examination has been completed. Once all elements of the treatment plan are completed, code 8120 (no monetary value attached) is levied to indicate completion of the treatment plan. If an unforeseen occurrence takes place, such as a fracture of a tooth, after the treatment plan has been drawn up but prior to the necessary work being completed, one may bill 8104 (limited consultation) for the specific visit. Code 8101 may include the issuance of a prescription.

2. 8102 - Comprehensive oral examination - general dental practitioner.

The comprehensive oral examination, conducted by a GP dentist, includes all the necessary examination protocol as contained in 8101, in addition to:

- Pulp vitality tests of the complete dentition
- Plaque index
- Occlusal relationships
- A full periodontal charting including a bleeding index
- Assessment of the temporomandibular joint, both at rest and during mandibular movements, noting any pain, clicking, limitations of movement or opening, tenderness, deviations, or deflections.

Once the treatment plan has been drawn up, the patient should be provided with a comprehensive copy and the original must be retained in the patient's clinical record.

Appropriate Coding:

Code 8102 may not be billed again until code 8120 has been reported. If an unforeseen occurrence takes place, such as a fracture of a tooth, after the treatment plan has been drawn up but prior to the necessary work being completed, one may bill 8104 (limited consultation) for the specific visit. Code 8102 may include the issuance of a prescription.

3. 8104 – Limited oral examination

- Used for consultation regarding a specific issue that does not necessitate a comprehensive oral examination and treatment plan.
- It is applicable solely to a distinct problem not included in the initial treatment plan and cannot be used alongside a routine appointment.
- Code 8104 may also cover the issuance of a prescription (this may not be billed separately under code 8131.)

Appropriate Coding:

Code 8104 may only be billed for the consultation regarding a specific problem that does not form part of the initial treatment plan. It may NOT be routinely billed per visit for successive steps of the same procedure (for e.g., at every successive step of endodontic treatment.) The appropriate ICD-10 code related to the specific diagnosis reached during the limited consultation should be applied with code 8104.

4. 8189 – Re-examination – existing condition

A re-examination code may be applied by GP dentists, Maxillofacial surgeons, Periodontists and Prosthodontists. This code is limited to an existing patient to conduct an examination related to the status of an **untreated**, previously existing condition only. The code may be used when a patient:

- Who has sustained a traumatic injury with no treatment rendered but requires follow-up monitoring;
- Who needs evaluation for undiagnosed, persistent pain after a limited oral examination and diagnostic tests revealed no findings; or
- Who has soft tissue lesions, such as leukoplakia observed during a previous visit, requiring follow-up monitoring for pathological changes.

This re-examination is **not** a post-operative visit.

5. 8176 – Periodontal Examination

This examination, which may be billed by periodontists and dentists alike, includes a complete periodontal charting of the entire dentition as well as plaque and bleeding indices.
The findings must always be recorded and retained as part of the patient's clinical record.

Appropriate Coding:

Code 8176 may be billed in addition to code 8101 however it may **not** be billed together with 8102 since a periodontal examination is already catered for therein.

6. 8190 – Consultation – second opinion or advice

This consultation is a separate diagnostic service rendered by a dentist or specialist, other than the treating practitioner, whose opinion regarding a specific problem is requested. Following an examination, the consulting dentist will provide a written report to the referring practitioner or directly to the patient. This report will outline the diagnosis and proposed

treatment plan. The consulting dentist may recommend additional diagnostic procedures or therapeutic services, excluding routine oral examinations.

Members are to take note that certain medical schemes have implemented ISO mouthpart abbreviations in their claims as a necessity to avoid rejections or having to request additional information from the practitioner. Members are therefore reminded to submit the correct mouthpart abbreviation which will be found in the column labelled ‘’MP’’ under each code in the SADA Dental Procedure Codes and Guidelines 2024.

By understanding and implementing accurate coding practices for oral examinations, dentists can ensure proper reimbursement, facilitate efficient communication with insurance providers, and contribute to valuable dental health data collection. Following the outlined guidelines will not only streamline administrative processes but also ensure patients receive appropriate coverage for their dental needs. Remember, staying current with coding updates and seeking clarification, when necessary, will optimize the coding process for your practice.

References:

1. Al-Helou, N. The extra oral and intra oral examination. BDJ Team 8, 20–22 (2021).
2. Villa, A. Oral Examination. eMedscape (2022).
3. SADA Dental Procedure Codes and Guidelines 2024.

LEGAL

IMPACT OF AMENDMENTS TO THE ETHICAL RULES OF CONDUCT FOR DENTAL PRACTITIONERS BY THE HPCSA

Introduction

On 17 November 2023, the HPCSA released the "Proposed Amendments to the Ethical Rules of Conduct". The amendments were erroneously titled "Proposed," and dentists are required to read them as final amendments. The amendments must be read together with the Act, rules, regulations, policies etc. of the Council.

Background

The amendments arise from the Competition Commission’s Final Findings and Recommendations Report of the Health Market Inquiry, also known as the "HMI Report," which found that certain ethical rules impeding innovative care models in health care.

The report suggested changes to encourage practices like multidisciplinary group setup, alternative care models such as interdisciplinary group practices like in other countries. These amendments aim to create more opportunities for dental professionals and offer patients better care options. The goal is to make the rules more flexible and consumer-friendly, promoting innovation and competition in the dental market.

The HMI identified the following rules giving rise to competition concerns:
a) Rule 7 – Fees and commission;
b) Rule 8 - Partnership and juristic persons

c) Rule 8A – Sharing of rooms;
d) Rule 18 – Professional appointments.

1. Amendment of Ethical Rule 1

Several new concepts are introduced in the Amendment Notice, and practitioners must be aware of it namely:

'Multidisciplinary healthcare' meaning 'healthcare delivery that involves multiple health practitioners from different professions of healthcare. The health practitioners often work as a team to provide wholesome healthcare services for the benefit of the patient'.

'Quality healthcare services' meaning the delivery of health care that is effective, safe and people centred, aimed at achieving desirable outcomes using evidence-based healthcare services to all who could benefit.

'Appropriate healthcare' meaning healthcare delivery which is expected to deliver clinical benefits of care that outweigh the expected negative effects to such an extent that the treatment is justified.

'Collaborative practices' meaning the practices that occur when multiple health practitioners, from different professional backgrounds, work together with patients, families, carers, and communities to deliver the highest quality of care across settings.

These concepts seem broad, and it is unclear how the HPCSA will measure and decide on the different parts of these concepts. This may become more acute when practitioners working together are registered with different regulators.

2. Amendment of Rule 7 – Fees and Commission

What has changed?

Before Amendment

Dentists could only share fees with professionals who provided the services or their employees, associates, partners, shareholders or locum tenens.

After Amendment

A practitioner may share, charge or receive fees from another practitioner subject to certain provisions:

- There must be an express agreement, arrangement or model of rendering multi-disciplinary based health-care services to patients
- Which is structured,
- Which provides high-quality health-care services or products,
- contain costs of rendering health-care services, and
- enhance access to appropriate healthcare.

	Practitioners may also share fees with professionals not registered with the HPCSA but another regulator.
Warned against global fees as they feared it would lead to fewer services, limit patient choices, and cause schemes to penalise patients who used healthcare professionals not in these arrangements.	In their latest correspondence to SADA, they state that they always accepted global fees or any other module for reimbursement that does not contravene the ethical and professional rules of the Council. Health practitioners in a multidisciplinary team are permitted to practice in collaboration and bill for the respective services rendered. They cautioned that it is still not permissible for health practitioners to bill for services not personally rendered.

3. Amendment of Rule 8 - Partnerships and Juristic Persons

Before Amendment	
Rule 8 imposed restrictions on the business models available to dental practitioners. It allowed them to practice only in partnerships or associations with other practitioners who are not prohibited from entering such partnerships or associations, as per the Ethical Rules.	
Practitioners were required to form practices with individuals who are registered within the same categories of registration.	
The HPCSA Policy on Business Practices, considered an annexure to the Ethical Rules, prohibits individuals or companies not registered under the Act from sharing in the profits or income of a professional practice, known as undesirable corporate ownership, either directly or indirectly.	

After Amendment

New Rule 8 (5)
A practitioner is now permitted to provide health-care services with other registered practitioners, persons registered in terms of the [Health Professions Act No. No. 56 of 1974 ('HPA')], or in terms of any other legislation regulating health professions subject to provisos:

- the primary aim will be to enhance the quality of health-care services to patients;
- there is an express agreement, arrangement or model of rendering multi-disciplinary based health-care services to patients which provides:
  - high-quality health-care services or products to patients,
  - structured to contain costs, and
  - enhance access to appropriate healthcare.

From 1 May 2024, the BHF began processing applications and assigning multidisciplinary group practice numbers following the new Ethical Rules.

Group practice numbers have been allocated in the past, now the only difference is that groups may include various types of providers.

4. Amendment of Rule 8A – Sharing of Rooms

Before Amendment

Rule 8A did not permit a practitioner to share their rooms with someone not registered under the Act.

Rooms were required to be separate with their entrances from those not registered under the Act, which limited sharing of rooms with other professionals.

After Amendment

A practitioner may now not only share his or her rooms with a person registered in terms of the Act, or in terms of any other legislation regulating health professions.

The new rules support the central theme of establishment of multidisciplinary practices, that may now operate together in the same establishment or rooms without the need for separate entrances.

5. Amendment of Rule 18 – Professional Appointments

Before Amendment

Rule 18 deals with professional appointments (including the employment) of healthcare practitioners.

A practitioner was only permitted to accept a professional appointment or employment from employers approved by the council.

In addition, a written contract of appointment or employment in the interest of the public and the profession was required. which is drawn up on a basis that is in the interest of the public and the profession.

The Council could request the contract.

After Amendment

Approval by the Council is no longer necessary.

Must still be in terms of a written contract of appointment or employment which is drawn up on a basis which is in the interest of the public and the profession.

The employment contract has as its primary aim:

- the enhancement of the quality of health-care services to patients,
- is structured to contain costs,
- enhance access to appropriate high-quality health-care services or products to patients,
- is not designed to extract profit for the benefit of the practitioner or their employer to the detriment of patients.

If the health practitioner wishes to be employed or appointed by any unregistered entity, agency, agent, institution, or person, such employment or appointment should be aligned with the interests of the professions and the public.

The practitioner is responsible for evaluating if the prospective contract of employment is suitable for conducive ethical and professional practices in terms of ethical rule 18.

Contracts do not have to be supplied to the Council.

Paragraph 2.2.1 and 2.2.2 of the Business Practices Policy is categoric when is states that: “A person (whether a natural person or a juristic person) who is not registered in terms of the Act does not qualify to, directly or indirectly, in any manner whatsoever, share in the profits or income of such a professional practice…” and that: “Direct or indirect corporate ownership of a professional practice by a person other than a health

practitioner registered in terms of the Act is not permissible."

By virtue of the above, the position of HPCSA remains unchanged; any person or corporate entities to own a professional practice, either without registration or approval or exemption by the Minister or relevant authority managing healthcare services in South Africa.

6. Amendment of Rule 23A – Financial interests in hospitals

Before Amendment	**After Amendment**
Rule 23A prescribes various requirements that must be met for a practitioner to have a direct or indirect financial interest or shares in a hospital or any other healthcare institution. One of the requirements is that the practitioner must submit an annual report to the HPCSA containing certain information.	The Amendment Notice expands on the reporting requirements in Rule 23A(h) and provides that the report to be submitted to the HPCSA must contain the following information and documents – 1. the number of patients referred by him or her or his or her associates or partners to such hospital or health care institution and the number of patients referred to other hospitals in which he or she or his or her associates or partners hold no shares; 2. the agreements concluded in relation to the acquisition and/or ownership of the interests of shares in the hospital or health care institution; 3. how the acquisition of the financial interest is funded and whether there are other ancillary contractual relationships between all the parties to the transaction or with related parties and entities and if so, the nature of such contractual relationships; 4. policies or peer review protocols for admission of patients into such hospital or health care institutions and quality monitoring mechanisms that serve to ensure that practitioners will comply with the Ethical Rules; and 5. any other information or document which the HPCSA may deem relevant.

The relevant practitioner must, in turn, ensure compliance with Rule 23A at all times.

Yours in oral health
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