



SADA Professional Advisory Bulletin

- Scheme and coding updates 2024
- Treating immediate family members - is it ethical and professional?
- **Circulation date: 11 January 2024**

Dear SADA Member

CLINICAL

Scheme and coding updates 2024

As we begin yet another busy and productive year in the realm of dental practice, it is with great pleasure that we present the first edition of our Clinical Bulletin for 2024. We hope that our members enjoyed a restful and relaxing holiday period and send compliments of the season to one and all.

1. Scheme Updates

GEMS

- GEMS have announced an increase of 5.4% for network dental providers while non-network dental providers will receive an increase of 5%.
- Benefit enhancements in 2024 for GEMS include:
 - Beneficiaries up to the age of nine years are eligible for conscious sedation in the consulting rooms, subject to pre-authorization and managed care protocols.
 - On all benefit options, the surgical removal of **all** impacted teeth under general anaesthesia will be covered from the Surgical Procedures benefit when the procedure is authorized at 100% of the Scheme rate and at 200% of the Scheme rate when done under conscious sedation in the rooms.
 - The Ruby, Emerald, Emerald Value and Onyx options will allow for 10 periapical radiographs and 6 bitewing radiographs per beneficiary per year.
 - Benefits will be introduced from 2024 for one CBCT per beneficiary per lifetime for surgical procedures on all Scheme options i.e., codes 8194, 8195, 8196, 8197, 8198, 8199 (only MS and PR), 8200 (only MS and PR), 8217. Dental providers who utilise and claim for CBCT scans are requested to register their CBCT machines by submitting proof of purchase of the CBCT machine including the model and serial number as per the manufacturer as well as a valid calibration certificate (dated in the last 365 days) if the machine was purchased over 365 days from the time the documents are received by GEMS. The documents may be mailed to enquiries@gems.gov.za with the subject line: DENTAL CBCT REGISTRATION.
 - Implant denture codes 8533, 8534, 8654, 8655 and 8660 will require pre-authorization from 1 January 2024.
 - Dental polishing (8155) will be funded from the Preventative Care Services benefit on the Ruby, Emerald, Emerald Value, and Onyx options and not from the shared dental sub-limit for children from 3 to 9 years of age.
 - There will no longer be a differentiation between contracted and non-contracted dental practitioners with respect to the claiming of subsequent codes. Therefore, as of 1 January, each extraction must be billed using code **8201 only** and each surgical removal of an impacted tooth must be coded using

code **8941 only**. Code 8214 has also been deleted and will be replaced by using code 8213, irrespective of tooth number.

- Code 8481 (cost of prefabricated resin crown) has been deleted from the GEMS tariff schedule and may be claimed for using code 8380 (cost of prefabricated non-metal restoration or crown.)
- The updated SADA descriptor for code 8163 (Dental sealant) has been accepted by GEMS and may be used to claim for pit and fissure sealants as well as the application of SDF as of 1 January 2024.

MEDSCHEME

- As of January 2024, the following increases will apply to Medscheme-administered schemes:

Scheme Percentage increase

- AECl: 5%
- Barloworld: 6.5%
- Bonitas: 6.5%
- Fedhealth: 6.5%
- Horizon: 5.6%
- MBMed: 6.5%
- MEDiPOS: 5.5%
- Parmed: 6.5%
- Polmed: 5.3%
- SABC: 6.5%
- SAMWUMED: 5%

SASOLMED

- As of 1 January 2024, Sasolmed will no longer be administered by Momentum Health Solutions. Discovery will now administer Sasolmed and the applicable tariff lists may be accessed on the SADA website.

2. 2024 Scheme tariff lists

Those medical schemes and managed care organisations that have made their tariff lists available have been uploaded to the SADA website and may be accessed as follows:

- Log in to www.sada.co.za with your username and password
- Click on Professional Resources > Clinical Resources > Medical Schemes 2024
- Click on the relevant tariff list and save for future reference.

3. Coding

Members are to note that the use of code 8136 (access through a prosthetic crown or inlay to facilitate root canal treatment) is only applicable when the crown or inlay are permanent in nature. The code may not be billed with access via temporary or provisional crowns.

LEGAL

TREATING IMMEDIATE FAMILY MEMBERS - IS IT ETHICAL AND PROFESSIONAL?

Recently, a member inquired as to whether he would be allowed to see and discuss with his adult child. A 12-month or longer long-term treatment plan was used as the therapy.

The problem of being solicited for guidance by a friend or family member comes up for most practitioners at some point. Typically, the counsel given is benign and trouble-free, such as explaining dental procedures, offering consultations for minor problems, and helping one locate resources or referrals for more information.

Most dentists will, however, also have to handle requests that can present additional ethical difficulties, such as examinations, the diagnosis of more complicated problems, evaluations of the care provided by other professionals, and requests to prescribe medication for conditions relating to both oral and non-oral health.

Practitioners are occasionally asked to, but occasionally they will request prescriptions for drugs for non-dental medical concerns like heart or diabetic medication, among others. Sick notes are another request that dentists occasionally receive.

What do the ethical rules say?

While treating family members is not expressly prohibited by the Health Professions Council, it is advised that practitioners avoid doing so.

Prior decisions made by the executive committee of the Medical and Dental Professions Board (MDPB) of the HPCSA in October 2007 declared that although a practitioner could treat their immediate dependents, they could not provide an account for the services they provided to them, except laboratory fees and supplies, for which an account could be provided. It was understood that this includes giving prescription drugs.

Only dependent family members were considered members of the immediate family. This was presumably done to protect a practitioner from accusations of unethical financial gain or of misusing their health insurance benefits.

In the UK, the General Medical Council advises practitioners to refrain from treating patients with whom they have a close personal relationship if feasible. Similar provisions are made by the American and Irish Medical Associations, General Medical Council of New Zealand, and Ontario.

Doctors are advised by other medical societies and councils not to treat non-patients, except minor issues and dire situations like emergencies. If a doctor treats a non-patient, they should record the treatment and abstain from writing prescriptions for medications.

Arguments in favour of treating family members

Over the years, practitioners have maintained that they should be able to make claims for the care they receive because they are paying for their immediate family members' insurance or medical plan coverage.

A further argument advanced for treating one's family is that the dentist is trustworthy and that she/he will take good care of the person because of the relationship that exists between them and the knowledge that the doctor has of the patient.

An additional advantage is the considerable reduction in the cost of the treatment. This would respect the autonomy of the patient and dentists and be beneficial to the patient at the same time respecting the patient's right to choose their doctor.

The consultation and consent process can be simpler as the dentist is already familiar with their condition and the dentist is trusted.

Arguments against treating family members

Some of the key aspects to be considered when treating family and friends include:

Professional objectivity

It can be difficult to remain somewhat clinically objective when treating friends and family. A dentist's emotional attachment to a patient can easily influence their professional judgment, perhaps resulting in over or under treating the patient. Moreover, a practitioner may make unwarranted therapy referrals or diagnoses

out of fear of disease and a desire to give exceptional care. Making rational decisions can be more challenging the more emotionally invested the doctor is in the patient.

Personal privacy and intimacy

When a patient discloses a significant medical problem or brings up delicate topics during a doctor-patient session, it can be challenging for both parties. The doctor may refrain from inquiring about these, and the patient may remain silent about them.

There are significant problems with patient confidentiality when details about personal, private, and health-related matters are discussed in social interactions as well as consultations.

There will be differences in the extent of a formal consultation with friends and family. A practitioner may feel under pressure to provide advice or perform a basic diagnostic or treatment outside of a formal session if they are requested for help informally. In these situations, it's simple for the practitioner to make errors, produce subpar work, and violate patient privacy rises. Additionally, there can be a miscommunication because the practitioner believes they are only providing casual advice, but the patient might view it as a professional session.

Additionally, there's a chance that the physician's personal judgment may influence their professional judgment, potentially resulting in over- or under-treating the patient.

Nothing will be recorded in the patient record, which may cause serious issues if the patient receives care in this informal way and it subsequently has a detrimental effect on them.

Autonomy and informed consent

It could be tough for the patient to refuse the dentist's suggested course of action if they are close. Getting a second dentist's assessment could also be challenging. In a connection like this, a child's autonomy as a patient is especially at risk, particularly if the dentist is also the child's biological parent.

As a result of their relationship, the doctor will often expect the patient to have faith in the assessments given. This assumption could lead to the doctor withholding pertinent information that would enable the patient to make educated decisions on their own.

In addition, patients may be afraid to voice their opinions for fear of betraying their practitioner relative.

Additionally, the doctor may overreach and disregard the patient's autonomy.

Dependents, family members, and friends

The present rule of the HPCSA refers to immediate dependents only and this could refer to those who are reliant on the practitioner for support, most often financial support. A dependent in this case can be a child, relative, or any other individual who cannot take care of themselves and relies on another person.

It is also important to distinguish a practitioner's immediate dependents and family members or intimate friends and more distant family members or friends.

Family members or intimate friends are not necessarily affected by the Board ruling as it refers to "dependents" only.

Record keeping

Dentists treating family members must ensure proper record keeping as they would for any other patients in terms of the ethical rules of conduct.

These records must be able to show that the practitioner acted in terms of ethical practice and is able to justify any treatment or investigation. These records must be able to defend a clinical decision made by the practitioner during treatment of a family member.

A treatment of a family member or friend with adverse outcome may result in the patient lodging a formal complaint with the HPCSA or institute a civil claim just like any other patient. This will for obvious reasons affect the personal and professional relationships.

Conclusion

As there is no law prohibiting the treatment of family members or friends and the ethical rules have not been updated by the Health Professions Council of South Africa, it appears that a practitioner may treat a family member (immediate or not) or a friend. They may charge a fee for rendering such professional service if not immediately dependent and if dependent of the practitioner for laboratory and material costs only.

A practitioner will have to assess each situation and consider perhaps referring the person to a colleague if their objectivity will be compromised.

Although it is legally acceptable to treat someone close to the practitioner, it can be questioned ethically and difficult at times.

References

Ethics Article S Kling Associate Professor, Department of Paediatrics and Child Health, Stellenbosch University and Tygerberg Children's Hospital Email | sk@sun.ac.za Current Allergy & Clinical Immunology | June 2015 | Vol 28, No 2 p 118

MacRobert Attorneys Professional Indemnity Law IS IT ACCEPTABLE FOR A MEDICAL PRACTITIONER TO TREAT FAMILY MEMBERS AND FRIENDS? Posted 06 June 2023 Avanya Dhanuk

Yours in oral health

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Jan

SADA North West Branch - CPD & AGM, 20 January 2024 (NW024)

03
Feb

SADA - KwaZulu Natal Branch CPD Event 3 February 2024 (KZN061)

10
Feb

SADA Mpumalanga Branch CPD & AGM Drs N Morar & S Mpungose 10 Feb (MP018)

08
Mar

SADA Gauteng South Branch Mini Congress 8-9 March 2024 (GS067)

30
Aug

2024 SADA Dental & Oral Health Congress and Exhibition



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