



Informing Oral Healthcare Professionals





Bulletin

SADA Professional Advisory Bulletin

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CLINICAL

IMPORTANT CLINICAL UPDATES

This month's bulletin brings to your attention key updates relevant to your clinical practice. We address the implementation of new CAD/CAM restoration codes, changes to the CEU validity period as outlined by the HPCSA, and access to the 2025 edition of the SADA Dental Procedure Codes and Guidelines.

CAD/CAM RESTORATION CODES

We have recently received a number of queries regarding the appropriate coding for restorations made via CAD/CAM for Momentum Medical Scheme as well as the various schemes they administer, namely:

- BP Medical Aid Society
- Fishmed
- Golden Arrow Employees Medical Benefit Fund
- Health4me
- · Imperial and Motus Medical Aid
- · Medimed Medical Scheme
- · Moto Health Care
- PG Group Medical Scheme
- Pick n Pay Medical Scheme
- RUMed
- · Transmed Medical Fund
- Suremed Health
- Sisonke Health Medical Scheme
- Thebemed
- Wooltru Healthcare Fund

Members are to note that the abovementioned schemes all accept the new CAD/CAM codes which means that codes 8560 and 8570 are no longer applicable. The new codes, namely 8519 – 8526, include **both fabrication and clinical steps** required to deliver the

restoration and 8527 or 8528 for direct cost of materials. For example, the fabrication of a ceramic crown will be coded as follows:

8521 – Fabrication of software generated resin or ceramic crown [NB – the cost of this code includes both the fabrication and clinical steps (previously 8409)]

8528 – Direct cost of material in the fabrication of software-generated ceramic restoration.

HPCSA CEU PERIOD OF VALIDITY

Members have no doubt received SMS communication from the HPCSA on Friday 20 June indicating the number of CEUs currently available as well as their current compliance status. Members are reminded that the HPCSA amended the CEU period of validity from 24 months to 12 months which means that each CPD point is valid for 12 months from the date on which the activity took place. Furthermore, the HPCSA extended the previous deadline for compliance from 31 March to 30 June 2025. Health practitioners should at all times maintain the minimum balance of CPD points required for a year, topping-up on an ongoing basis. The minimum points required over a 12-month period for dentists is 25 clinical and 5 ethical CEUs.

SADA has formally addressed concerns with the HPCSA regarding this unilateral change, highlighting the significant administrative and financial burden imposed on practitioners. Despite these efforts, the HPCSA has upheld the amendment, citing low national compliance rates across all professional boards as the reason.

SADA has experienced a number of enquiries where members are not in agreement with the CEUs indicated on their HPCSA profile. Some of the queries are as a result of personal information such as professional number, and name, etc., which the member incorrectly captured at the time of completing an online SADJ MCQ which does not match the SADA member database.

Please be advised that the HPCSA is currently experiencing a backlog, and are processing the CEUs for the month of June to practitioner profiles. Members should continually monitor their points uploaded to their HPCSA profile.

What happens if you are not CPD compliant with HPCSA?

Practitioners who are suspended must cease practising immediately. To lift the suspension, they may need to pay a restoration fee, and meet any additional conditions set by their professional board. Practising without active registration is illegal and may result in fines or imprisonment of up to a year.

There are various penalties which can be imposed by the Professional Board for non-compliance, such as changing the category of registration to supervised practice; instituting a Board examination; suspension from the register or any other resolution by the relevant Professional Board.

For further information please visit the HPCSA platform:

https://www.hpcsa-blogs.co.za/cpd-programme-and-compliance/

SADA DENTAL PROCEDURE CODES AND GUIDELINES 2025

The 2025 version of the SADA Dental Codes is available for free download by SADA members on the SADA website, in both PDF and Excel versions. In order to access the latest iteration, the following steps may be followed:

- 1. Log in to www.sada.co.za using your username and password.
- 2. Navigate to "Publications and Press."

- 3. Click on "The SADA Dental Codes and Guidelines."
- 4. Download the preferred 2025 version of the Codes.



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LEGAL

COMMON QUESTIONS ASKED BY PRACTITIONERS FROM TIME TO TIME

Can I utilize my oral hygienists to act as a dental assistant from time to time when a dental assistant is unavailable?

Oral Hygienists cannot serve as Dental Assistants, even temporarily, as their professional scope does not include traditional chairside assisting. The Health Professions Council of South Africa (HPCSA) regulations only allow Oral Hygienists to assist within their own scope of practice, such as performing deep root planing during periodontal procedures.

Dental Assistants and Oral Hygienists have distinct roles, and crossing these boundaries could compromise patient safety, regulatory compliance, and professional integrity. Practicing outside one's legally defined scope may result in disciplinary action, legal liability, and a dilution of professional expertise. To ensure compliance and maintain high standards of patient care, each profession must operate within its defined scope.

What wall charts are compulsory to display in a dental practice?

According to law, businesses are obligated to display two wall charts. The two compulsory wall charts that must be displayed are the Basic Conditions of Employment Act (Act 75 of 1997), as amended, and the Employment Equity Act (Act 55 of 1998), as amended.

In addition, where dentist employers with five or more persons in their employment, they must have a copy of the Occupational Health and Safety Act (Act 85 of 1993) and the relevant regulations readily available at the workplace. It not required to have this as a wall chart.

Can I temporarily stop treatment of patients with outstanding accounts?

Although a practitioner was at liberty to decide to whom he or she wished to render services or not, a practitioner may be called upon to justify his or her action in the event of unnecessary suffering or death resulting from refusal to render assistance to a patient with an outstanding account. Practitioners are required to separate their clinical and finance roles and take steps to collect their outstanding fees.

In the case of medium- and long-term treatment, the practitioner may consider putting a patient on maintenance and monitoring but withholding active treatment, while simultaneously initiating legal steps to recover outstanding fees.

Can I claim my clinical fees in advance of providing treatment?

The HPCSA has resolved that it was not permissible for a practitioner to charge fees for services not yet rendered; co-payment at medical aid rates required from patient or it is a foreign patient requiring health services in South Africa, or it is for custom made medical devices which cannot be used or supplied to another patient, or modified for another patient who requires a similar device to recover the cost incurred by the health practitioner.

However, in the event of services to be rendered to foreign patients, the Board could see no objection to an arrangement whereby a financial institution, acting on behalf of a patient, guaranteed payment of an account to be rendered.

Yours in oral health

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Upcoming Events Have you registered to attend?

25 Jul

2025 SADA Dental & Oral Health Congress and Exhibition

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