SADA
ADVISORY
The South African Dental Association Newsletter
Informing Oral Healthcare Professionals
Bulletin

SADA Professional Advisory Bulletin

- Surgical extractions
- Understanding professional indemnity cover

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Dear SADA Member

CLINICAL

Surgical extractions

While conventional extractions are suitable for erupted teeth with sound structures, surgical extractions may become necessary when teeth are impacted, fracture below the gingival line, or exhibit complex root anatomy. SADA has recently been made aware that an inordinate number of surgical extractions have been claimed from schemes of late, and we therefore wish to remind members of how and when to appropriately claim for this procedure.

Definition

A **surgical extraction** is a procedure where a tooth cannot be easily removed through simple luxation and traction, which may then require elevation of a mucoperiosteal flap, bone removal, and/or sectioning of the tooth to facilitate removal.

Coding and Indications

The various surgical extraction SADA codes are as follows:

1. Code 8213 - Surgical removal of residual tooth roots

This procedure involves raising a **mucoperiosteal flap**, removing surrounding bone as necessary, extracting the root fragments, and achieving proper closure of the surgical site. A residual root refers to the portion of the tooth root that remains after significant loss of the crown, prior to any surgical management. This term encompasses roots that are left behind, retained, or buried **beneath the mucosa**, typically identified through radiographic examination — a crucial diagnostic step for this procedure.

Coding considerations: Report per tooth. The removal of more than one root of the same tooth should be reported as one surgical removal. Maxillofacial surgeons may report 8953 for this procedure. The associated material code is 8220 (cost of suture material) if applicable.

2. Code 8973 – Surgical Removal of erupted tooth

This procedure may be carried out in the following scenarios:

- Teeth with complex root anatomy such as dilacerated or curved roots or hypercementosis;

- Teeth that are situated in close proximity to critical anatomical structures such as sinuses or nerves
- Teeth with associated periapical pathology, cysts or tumors;
- Severely decayed teeth with extensive structural loss, making forceps extraction impossible;
- Teeth involved in infection or abscesses where drainage is also required;
- Removal of supernumerary teeth interfering with occlusion or alignment;
- Teeth that require removal prior to prosthetic rehabilitation or orthodontic treatment
- Incomplete simple extraction attempts requiring surgical approach to retrieve fractured roots or remaining tooth fragments.

*Coding considerations: Report per tooth. This procedure **may** include raising of a mucoperiosteal flap and/or removal of bone and/or suturing – in certain cases, a tooth may be sectioned to remove it with no incision having been made and no sutures placed. The associated material code is 8220 (cost of suture material) if applicable.*

3. Code 8941 - Surgical removal of impacted tooth - report per tooth.

This procedure is used to describe cases where the occlusal surface of a tooth is covered by either partially or fully by soft tissue and/or bone. Management of such cases requires elevation of a mucoperiosteal flap, with or without bone removal, followed by extraction of the tooth and surgical closure of the site. Radiographic evaluation is essential to confirm the diagnosis of impaction and to aid in treatment planning.

Coding considerations: Report per tooth. The associated material code is 8220 (cost of suture material) if applicable. Codes 8943 and 8945 (previously used to indicate the second impacted tooth and third and subsequent impacted teeth respectively) have been removed from the SADA schedule in order to reinforce the fact that the same, if not more, effort, skill, time and risk is involved in removing subsequent teeth and should therefore be remunerated as such.

Understanding the appropriateness of surgical extractions is essential for ensuring safe, effective, and patient-centred dental care. Not all extractions require a surgical approach; however, recognizing when surgical intervention is necessary — based on clinical and radiographic assessment — helps prevent complications and promotes better outcomes. Dentists should also be mindful of their clinical limitations and refer complex cases to specialists when indicated, ensuring patients receive the most appropriate level of care.

LEGAL

UNDERSTANDING PROFESSIONAL INDEMNITY COVER

1. What is indemnity cover, and why is it important for dentists?

Indemnity cover protects dentists from legal claims and complaints by patients. It ensures financial and legal support in case of malpractice allegations, investigations, or disciplinary actions.

2. What are the two main types of indemnity protection?

There are two primary types:

- **Occurrence-based cover** (offered by mutual benefit societies like Dental Protection in the UK through SADA offices).
- **Claims-made cover** (provided by short-term insurance companies in South Africa).

3. How do these two types differ in coverage?

Aspect	Occurrence-Based	Claims-Made
Availability of Assistance	You may request assistance for any incidents during your period of membership – irrespective when the actual claim or complaint is brought. Assistance may be requested for a claim or complaint while you were in membership even if raised years after you cease to be a member of Dental Protection. You can request assistance if the incident took place (treatment date) during your membership. Naturally you should still report any claims/ complaint as soon as it comes to your attention.	You can request assistance during your insurance period. If you had cover during treatment and no cover during claim or complaint, you will not be covered unless you purchased what is known as tail cover" or "extended reporting cover" (explained below)
Coverage Trigger	Covers any incident that occurred while the dentist was a member, even if the claim is filed years later.	Only covers incidents both reported and occurring during the active policy period.
Protection After Membership Ends	Yes, protection continues indefinitely for incidents during membership.	No protection unless you purchase Extended Reporting Benefits (ERBs) or 'tail cover'. Purchasing ERBs offers continued protection for a fixed period of time (dependent on the period of the ERB). Check with your broker for period of protection.
Risk of Unreported Claims	Low, as all incidents during membership are covered.	High, if ERBs are not purchased, as claims from past incidents won't be covered.

4. What is Extended Reporting Benefits (ERBs) or 'tail cover'?

ERBs extend claims-made protection after the policy ends, allowing claims to be reported after membership has lapsed. Without ERBs, claims made after leaving the insurer will not be covered. It does not apply to occurrence-based cover.

5. How do costs compare occurrence-based between occurrence-based and claims-made cover?

Aspect	Occurrence-Based	Claims-Made
Cost Structure	Higher upfront cost but remains stable over time.	Lower initial cost but increases as more coverage years accumulate. Can become similar to occurrence-based if ERBs are purchased.
Additional Payments Post-Retirement	None.	Required if ERBs are needed for continued coverage.

6. Indemnity Limit

- **Occurrence-based cover -** Cover is discretionary cover usually allows for flexibility and can even indemnify the "moral" argument.
- ***Claims-made cover* -** Limit of indemnity to be chosen by the practitioner and is the maximum insurer will pay in respect of any *one* claim. Limits usually include defence costs.

7. What does indemnity cover typically include?

- **Legal support for clinical negligence claims** (from first notification to resolution).
- **Regulatory investigations** (legal representation for professional inquiries).
- **Disciplinary procedures** (support for allegations related to competence or professional conduct).
- **Criminal proceedings** (assistance if facing investigations linked to patient care).
- **Good Samaritan acts** (coverage for emergency treatment given outside a professional setting).

- **24/7 medicolegal advice and media support** (help with complaints and reputational issues).

7. What are common exclusions from indemnity cover?

- Acting against indemnity provider's advice.
- Business-related disputes (e.g., contracts or debt collection).
- Fraud, dishonesty, or intentional misconduct.
- Claims related to personal behaviour rather than clinical practice.
- Fines, penalties, or refunding money to patients.

8. Is there an excess (deductible) in indemnity cover?

- **Occurrence-based:** No excess, but members may be asked to contribute in rare cases.
- **Claims-made:** An excess amount may apply depending on the policy.

9. What happens if a dentist retires, becomes disabled, or dies?

- **Occurrence-based:** Coverage continues automatically for past incidents.
- **Claims-made:** Must purchase ERBs to remain protected after retirement, disability, or death. Some insurers offer free non-practicing extensions if conditions (e.g., age and membership duration) are met.

10. What is a retroactive date, and why does it matter?

- **Occurrence-based policies** do not have a retroactive date—claims are covered indefinitely.
- **Claims-made policies** have a retroactive date, meaning claims related to incidents before this date are not covered.

11. How should dentists choose between claims-made and occurrence-based cover?

- **Occurrence-based cover** is ideal for long-term security without additional post-retirement payments.
- **Claims-made cover** may be cheaper initially but requires ongoing investment in ERBs for extended protection.

12. What steps should be taken when reporting a claim or complaint?

- Report claims or complaints immediately and provide a detailed account.
- Regulatory complaints have strict deadlines, so timely reporting is crucial.
- Understand your policy's definition of a "claim" to avoid losing coverage due to delayed reporting.

13. What cover is provided on retirement, death or disability?

- **Occurrence-based cover** – assistance after leaving member arising from death or retirement or disability as long as cover is active when treatment provided.
- **Claims-made cover** – may provide non-practising extension at no charge or a charge and for unlimited duration. Insofar as retirement is concerned policy may stipulate a minimum age and have had uninterrupted indemnity.

By understanding these key differences, dentists can make informed choices that best protect their careers and financial security.

Yours in oral health
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