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SADA Professional Advisory Bulletin

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- Please participate in these SADA Surveys

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Dear Members

CLINICAL

Coding amendments effective 27 July 2026
This bulletin sets out three new codes added to the SADA Dental Codes and Procedure Guidelines book, effective 27 July 2026. It also lists amendments to four existing codes. Members should update claims systems and treatment plans accordingly.

New codes

Code	Nomenclature	RVU / scope
8395	Pre-endodontic build-up	SP scope – GP 58; PR 58
8922	Root submergence	SP scope – MS 37.5; OMP 37.5
8302	Vital pulp therapy	SP scope – GP 59.2; PR 59.2

8395 – Pre-endodontic build-up
This code covers a restoration placed before root canal treatment starts, to rebuild enough tooth structure for rubber dam isolation and access cavity preparation. It applies only where at least one proximal wall is missing. If the tooth has adequate coronal structure on all proximal surfaces, the code does not apply. The code excludes the final definitive restoration. That restoration is charged separately once root canal treatment is complete.
Clinical scenario: A patient referred for endodontic treatment has lost a mesial or distal wall through caries or fracture. Isolation and access cannot proceed safely without first rebuilding that wall. The practitioner places an interim restoration for this purpose and charges 8395. The permanent restoration placed after obturation is billed under its own code.

8922 – Root submergence
This code covers deliberate decoronation of a vital or endodontically treated root, with the root submerged below the gingival margin. The purpose is to preserve alveolar ridge volume and soft tissue contour ahead of, or alongside, prosthodontic, implant, or aesthetic treatment. It includes access, reduction of the coronal tooth structure, contouring of the root margins, and primary closure of the soft tissue over the root. The code does not apply to emergency or orthodontic indications. It is also distinct from coronectomy, which applies to the management of impacted third molars.
Clinical scenario: A tooth is planned for extraction and implant placement in the aesthetic zone, but full extraction would compromise ridge width or the buccal plate. Instead, the crown is removed, the root is reduced and left in situ below the gum line, and the soft tissue is closed over it. This preserves the ridge for later implant placement or pontic design. The code covers this procedure; it does not cover coronectomy of an impacted third molar, which remains under code 8938.

8302 – Vital pulp therapy
This code covers partial or complete removal of coronal pulp tissue in a vital permanent tooth, mature or immature, where the diagnosis is reversible pulpitis. A bioactive material, bioceramic or mineral trioxide aggregate, is applied directly to the remaining pulp tissue to promote healing and dentine bridge formation. The code includes access preparation, haemostasis, and placement of the bioactive medicament in the same appointment, to achieve a bacterial seal.
It excludes the definitive coronal restoration, which is billed separately. It does not apply to emergency pulp relief, pulpotomy in primary teeth, or teeth diagnosed with irreversible pulpitis or necrosis.
Clinical scenario: A permanent molar with a diagnosis of reversible pulpitis, following deep caries removal, exposes the pulp. Bleeding is controlled and a bioceramic material is placed over the remaining pulp tissue in the same visit, with the aim of preserving pulp vitality and allowing continued root development or long-term function. Code 8302 covers this procedure. A tooth diagnosed with irreversible pulpitis or necrosis does not qualify, and full root canal treatment codes apply instead.

Note: These new codes have been introduced in response to the current absence of appropriate coding for these procedures. It is important to note that the introduction of new codes by SADA does not guarantee automatic acceptance or reimbursement by medical schemes. SADA will engage and lobby with medical schemes to encourage recognition of these codes; however, this process may take time and outcomes cannot be assured. Notwithstanding this, the codes are valid and may be used for billing purposes from the date of their introduction.

Amendments to existing codes

Four existing codes have also been amended, effective from the same date.

Code	Nomenclature	Change
8938	Coronectomy	RVU amended to 62.5.
Rule 010	Modifier 010	The rule no longer references the alternative Modifier-01 (last two digits of the modifier). That reference has been deleted.
8757	Clinical crown lengthening	RVUs added: GP 118.9 and OMP 161.3. MS removed from SQP.
8937	Surgical removal of erupted tooth	The phrase "...and/or roots" added, to cover surgical extraction of exposed tooth roots.

Members should refer to the full SADA Dental Codes and Procedure Guidelines book for the complete descriptors. This is available on the SADA website for free download by members.

SABMAS Change of administration

Discovery Health will formally take over as Administrator of SAB Medical Aid (SABMAS) from 1 October 2026, following the current administrator's exit from all services, including winding-down support, from 1 September 2026. To bridge this gap, Discovery Health will provide interim priority services during September 2026, covering pre-authorisations, oncology, PMB, AIB and CCB applications. All SABMAS members will receive new membership numbers, verifiable via HealthID or HP Zone, and practices must use these new numbers (not previous ones) when submitting claims from 1 September 2026 onward. Claims for service dates from 1 January 2026 not yet submitted to the previous administrator should be sent to Discovery Health via existing vendors, noting that SABMAS Scheme rules remain unchanged, but tariffs will shift to the Discovery Health rate structure. The first claims payment cycle under the new arrangement will take place at the end of October 2026, with claims received from 1 September flagged as pending in the interim.

LEGAL

Dentist X-ray and CBCT Equipment responsibilities when selling a practice

Dental X-ray and CBCT equipment is regulated as a Group III hazardous substance under the Hazardous Substances Act 15 of 1973 and the applicable regulations administered by SAHPRA Radiation Control.

When selling or closing a dental practice, if the practice has X-ray or CBCT equipment:
The applicable SAHPRA Radiation Control requirements and approvals must be followed.

Where the equipment is transferred to a new owner or location, the required change in ownership and/or premises must be processed through SAHPRA Radiation Control before the equipment is transferred or used.

Where the equipment is disposed of, the applicable SAHPRA disposal requirements must be followed and appropriate records retained.

For the current requirements, forms and procedures, see SAHPRA - Guideline-for-Code-of-Practice-for-Users-of-Medical-X-Rays-Equipment

PLEASE PARTICIPATE IN THESE IMPORTANT PROFESSIONAL SURVEYS

Please participate in this RESEARCH SURVEY:

Knowledge, Attitudes and Practices of Radiation Safety by private practice dentists based in Johannesburg, South Africa

To assess the knowledge, attitudes and practices (KAP) of private practice dental practitioners in Johannesburg regarding radiation safety and the use of ionising radiation in dental radiography. The study also aims to estimate potential cumulative exposure levels using a Job Exposure Matrix (JEM) developed from self reported radiographic workload, equipment and work practices. By identifying gaps in knowledge, adherence and potential risks this will support improved surveillence, strengthen compliance and inform future education, policy and occupational health initiatives. Findings may assist professional and regulatory bodies in enhancing radiation safety standards and promoting best practice for dental professionals and patients. Private practice dentists working in Johannesburg, South Africa

Link to participate

SADA Surveys



Yours in oral health

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