



COUNCIL FOR MEDICAL SCHEMES

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**To:
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DRAFT NATIONAL HEALTH REFERENCE PRICE LIST 2005: DENTAL THERAPY

1. Attached is the draft 2005 National Health Reference Price List (NHRPL) schedule for dental therapists. Comments on this schedule are requested by no later than **4 October 2004**. The major changes in the schedule from the NHRPL 2004, as well as some of the principal reasoning behind the changes, are described below.
2. No better costing models on dental therapy practice were provided. Accordingly, for 2005, we have no basis on which to deviate from cost neutrality on NHRPL 2004. The schedule has therefore been compiled to ensure an overall utilization-adjusted expenditure increase of 5.2%, equivalent to the projection of CPIX for 2005.
3. Please note the deletion of the preamble, and item 2 of the "General Rules" from the schedule, as these items were considered inappropriate for inclusion in a reference price list. Medical schemes are advised to consider including in their rules similar provisions to the deleted items, if they so wish.
4. Also note the inclusion of a new paragraph (x) in rule 002, relating to the provision of diagnostic codes.

Sincerely

**Stephen Harrison
SENIOR SPECIALIST: POLICY AND SPECIAL PROJECTS**

Chairperson: Prof. Nicky Padayachee Vice-Chairperson: Ms Gando Matyumza Chief Executive & Registrar: Patrick Masobe

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NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DENTAL THERAPISTS EFFECTIVE FROM 1 JANUARY 2005

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

GENERAL RULES

001	Item 001 refers to a Full Mouth Examination, charting and treatment planning and no further fee shall be chargeable until the treatment plan resulting from this consultation is completed.	
002	(a) Every dental therapist shall render a monthly account for every procedure which has been completed irrespective of whether the total treatment plan has been. (b) Every account shall contain the following particulars : (i) the surname and initials of the member; (ii) the first name of the patient; (iii) the name of the scheme; (iv) the membership number of the member; (v) the practice number; (vi) date on which every service was rendered; (vii) where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the dental therapist ; (viii) a statement of whether the account is in accordance with the National Reference Price List ; (ix) the name of the dental therapist rendering the service must be shown on the account;and (x) the relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered;.	
003	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	
	ITEMS	
Code	Description	39500
001	Full mouth examination, charting and treatment planning (see Rules).	51.30 (45.00)
003	Appointment not kept (by arrangement with patient)	- (-)
004	Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning.	40.00 (35.10)
005	Intra-oral radiographs, per film (peri-apical, bitewing and occlusal).	38.50 (33.80)
007	Maximum for 005 (4 x X-rays).	154.50 (135.50)
009	Use of rubber gloves and masks as part of infection control, per dental therapist, per assistant, per visit.	7.70 (6.75)
011	Panoramic radiograph (By arrangement with scheme).	- (-)
013	Additional fee/benefit for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers an extended hours service as the norm.	123.20 (108.10)
	Note : Items 015, 016 and 018 may not be charged more than once in six months per patient. Where item 015 is applied, item 016 may not be charged. Item 020 may not be charged to patients under 9 years of age.	
015	Scaling and polishing	89.80 (78.80)



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016	Polishing only	49.30 (43.20)
018	Fluoride treatment	49.30 (43.20)
	<p>Note : 019 and 021 chargeable once only in respect of a tooth per annum.</p> <p>019 and 021 apply to individuals below 21 years of age. Fee for patients over 21 years of age by arrangement with scheme.</p>	
019	Fissure sealant, per tooth.	36.50 (32.00)
020	Oral hygiene instructions	25.20 (22.10)
021	Maximum per quadrant (sealant 2 + teeth).	86.30 (75.70)
023	Treatment of hypersensitive dentine, per visit as an isolated procedure where items 018 has not been applied.	39.50 (34.60)
	Extractions during a single visit.	
025	One tooth in a quadrant.	57.50 (50.40)
027	Two teeth in same quadrant.	78.00 (68.40)
029	Three teeth in same quadrant.	100.10 (87.80)
031	Four teeth in same quadrant.	124.20 (108.90)
033	Five teeth in same quadrant.	146.80 (128.80)
035	Six teeth in same quadrant.	167.90 (147.30)
037	Seven teeth in same quadrant.	190.00 (166.70)
039	Eight teeth in same quadrant.	213.10 (186.90)
040	Local anaesthetic, per visit.	8.73 (7.66)
041	Use of sutures per sterile pack.	35.40 (31.10)
043	Local treatment of post-extraction bleeding per visit (excluding treatment in the case of blood dyscrasias, e.g. haemophilia) Only if a separate visit is needed after an extraction at a prior visit and as an isolated procedure where no other treatment is performed at the same visit	37.50 (32.90)
045	Treatment of septic socket per visit. Only applicable if a separate visit is needed after the extraction on a prior date and as an isolated procedure where no other treatment is performed at the same visit	37.50 (32.90)
047	Incision and drainage of pyogenic abscess (intra-oral approach) where an extraction does not take place at the same visit.	70.80 (62.10)
049	Temporary filling of indirect pulp capping where permanent filling is not completed at the same visit.	72.90 (63.90)
	Amalgam restorations (including polishing).	
051	Amalgam - one surface	105.20 (92.30)
052	Amalgam - two surfaces	127.30 (111.70)
053	Amalgam - three surfaces	127.30 (111.70)
054	Amalgam - four or more surfaces	127.30 (111.70)
	Only one of the above items may be charged per tooth within a year.	
	Resin restorations (using resin bonding technique)	
055	Resin - one surface anterior	127.30 (111.70)
056	Resin - two surfaces anterior	127.30 (111.70)



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057	Resin - one surface posterior (premolar or molar)	115.50 (101.30)
058	Resin - three surfaces posterior (premolar or molar)	141.20 (123.90)
059	Resin - four or more surfaces (premolar of molar)	141.20 (123.90)
060	Resin - two surfaces posterior (premolar or molar)	141.20 (123.90)
061	Resin - three surfaces anterior	127.30 (111.70)
063	Resin - four or more surfaces anterior	127.30 (111.70)
	Note: Only one of the above codes may be charged per tooth within a year.	

