

Dental Therapy 2004

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DENTAL THERAPISTS EFFECTIVE FROM 1 JANUARY 2004

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.

Preamble

The following rates are a guide for schemes who wish to determine the level of benefits in respect of services rendered by Dental Therapists.

It is recommended that, when such benefits are granted, the following should be clearly specified in the scheme's rules.

1. The limitation, if any, for such benefits.

GENERAL RULES.

- 1 The following Rules apply to all practitioners.

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	<p>(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.</p> <p>(b) Every account shall contain the following particulars :</p> <p>(i) the surname and initials of the member;</p> <p>(ii) the first name of the patient;</p> <p>(iii) the name of the scheme;</p> <p>(iv) the membership number of the member;</p> <p>(v) the practice number;</p> <p>(vi) date on which every service was rendered;</p> <p>(vii) where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the dental therapist ;</p> <p>(viii) a statement of whether the account is in accordance with the National Reference Price List ; and</p> <p>(ix) the name of the dental therapist rendering the service must be shown on the account.</p>
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.
2	Rules for benefits schedule accounts submitted to medical schemes for direct payment (when applicable).
	<p>The date of birth of the patient shall be indicated on the account, with the first name of the patient.</p> <p>The designated description appearing in bold against each item code in the recommended scale of benefits shall be indicated on the dental therapist's account. No other wording will be acceptable.</p> <p>A copy of the account shall be rendered to the member of a medical scheme, at the same time as submission to the medical scheme.</p> <p>The rule and item code descriptions shall be strictly adhered to in the rendering of all accounts.</p> <p>The indications for treatment shall be recorded and, in the case of restorative treatment, shall be radiologically verified.</p> <p>All records shall be kept in a transmissible form and be forwarded by the dental therapist to the relevant medical scheme on request.</p> <p>Where an item is indicated as "By arrangement", prior motivation and arrangement must be made with the individual medical scheme.</p> <p>Tooth identification will be applicable to the following codes : 019, 021, 025 to 039, 045, 049, 051 to 059.</p>
DENTAL THERAPISTS RECOMMENDED REIMBURSEMENT RATES	
Code	Description
95	
001	Full mouth examination, charting and treatment planning (see Rules).
48.80	(42.80)

Dental Therapy 2004

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.	38.10 (33.40)
005	Intra-oral radiographs, per film (peri-apical, bitewing and occlusal).	36.60 (32.10)
007	Maximum for 005 (4 x X-rays).	146.90 (128.90)
009	Use of rubber gloves and masks as part of infection control, per dental therapist, per assistant, per visit.	7.32 (6.42)
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.	117.10 (102.70)
	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	85.40 (74.90)
016	Polishing only	46.80 (41.10)
018	Fluoride treatment	46.80 (41.10)
	Note : 019 and 021 chargeable once only in respect of a tooth per annum. 019 and 021 apply to individuals below 21 years of age. Fee for patients over 21 years of age by arrangement with scheme.	
019	Fissure sealant, per tooth.	34.60 (30.40)
020	Oral hygiene instructions	23.90 (21.00)
021	Maximum per quadrant (sealant 2 + teeth).	82.00 (71.90)
023	Treatment of hypersensitive dentine, per visit as an isolated procedure where items 018 has not been applied.	37.60 (33.00)
	Extractions during a single visit.	
025	One tooth in a quadrant.	54.70 (48.00)
027	Two teeth in same quadrant.	74.20 (65.10)
029	Three teeth in same quadrant.	95.20 (83.50)
031	Four teeth in same quadrant.	118.10 (103.60)
033	Five teeth in same quadrant.	139.60 (122.50)
035	Six teeth in same quadrant.	159.60 (140.00)
037	Seven teeth in same quadrant.	180.60 (158.40)
039	Eight teeth in same quadrant.	202.50 (177.60)
040	Local anaesthetic, per visit.	8.30 (7.28)
041	Use of sutures per sterile pack.	33.70 (29.60)
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	35.60 (31.20)
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	35.60 (31.20)
047	Incision and drainage of pyogenic abscess (intra-oral approach) where an extraction does not take place at the same visit.	67.30 (59.00)

Dental Therapy 2004

049	Temporary filling of indirect pulp capping where permanent filling is not completed at the same visit.	69.30 (60.80)
	Amalgam restorations (including polishing).	
051	Amalgam - one surface	100.00 (87.70)
052	Amalgam - two surfaces	121.00 (106.10)
053	Amalgam - three surfaces	121.00 (106.10)
054	Amalgam - four or more surfaces	121.00 (106.10)
	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	121.00 (106.10)
056	Resin - two surfaces anterior	121.00 (106.10)
057	Resin - one surface posterior (premolar or molar)	109.80 (96.30)
058	Resin - three surfaces posterior (premolar or molar)	134.20 (117.70)
059	Resin - four or more surfaces (premolar or molar)	134.20 (117.70)
060	Resin - two surfaces posterior (premolar or molar)	134.20 (117.70)
061	Resin - three surfaces anterior	121.00 (106.10)
063	Resin - four or more surfaces anterior	121.00 (106.10)
	Note: Only one of the above codes may be charged per tooth within a year.	