



## COUNCIL FOR MEDICAL SCHEMES

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Reference: Dental labs and technicians

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### **Circular 26 of 2008**

#### **ICD-10 coding for dental laboratory and technician claims**

In the past, dental practitioners submitted all dental laboratory claims to schemes and patients as part of their own claims.

From 1 February 2008, legislation enables registered dental technicians to submit their claims directly to patients and medical schemes. Implementation has been largely delayed in order to accommodate logistic arrangements by technicians, dentists and medical schemes.

With the advent of the new legislation, all dental technicians - irrespective of whether or not they choose to submit claims directly to healthcare funders - are now required to include ICD-10 codes on their claims, which must conform to the line item requirement (the mandatory submission of ICD-10 codes at a line level).

Dental technicians are non-diagnosing practices and are therefore unable to determine which ICD-10 diagnostic code(s) to use. They should therefore use one of the following default codes on each line on their claims:

- **Z46.3 Fitting and adjustment of dental prosthetic device**
- **Z46.4 Fitting and adjustment of orthodontic device**

The referring dentist should supply a referral diagnosis code which should be placed in the designated space for referral diagnosis within a claim. This will enable medical schemes to determine if the services rendered refer to a prescribed minimum benefit (PMB) condition and thus to ensure that the correct benefits are allocated for the services rendered.

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A STATUTORY BODY ESTABLISHED IN TERMS OF THE MEDICAL SCHEMES ACT, 1998 (ACT 131 OF 1998)

Healthcare funders should not reject claims for reasons relating to clinical appropriateness or on the basis of trying to correlate claims between different service providers at this point in time.

Your co-operation will be greatly appreciated.

Sincerely,

**MM Willie**  
**Research and Monitoring**  
**Council for Medical Schemes**