

CONTRACTED DENTAL THERAPY



GEMS TARIFF FOR SERVICES BY CONTRACTED DENTAL THERAPISTS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Dental Therapy**
Code: **095**

TARIFF CODE	DESCRIPTION OF TARIFF	CF	UNITS	TARIFF VALUES	FLAG
	<p>In calculating the GEMS Tariff, 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.</p> <p>ALL GEMS TARIFFS ARE VAT INCLUSIVE.</p>				
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	<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> <ul style="list-style-type: none"> 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					
8139	Appointment not kept /30min	210	-	R0,00	
8109	Infection control/barrier techniques	210	1,730	R21,40	
8110	Sterilized instrumentation	210	4,460	R55,00	
8120	Treatment plan completed	210	-	R0,00	
DIAGNOSTIC SERVICES					
8101	Oral examination	210	10,000	R123,50	
8102	Comprehensive oral examination	210	16,147	R199,50	

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8104	Limited oral examination	210	7,791	R96,30	
8189	Re-examination - existing condition	210	7,791	R96,30	
8129	Office/hospital visit – after regularly scheduled hours	210	24,000	R296,50	
8176	Periodontal screening			R104,50	
8140	House/extended care facility/hospital call	210	15,875	R196,20	
8190	Consultation - second opinion or advice	210	-	R0,00	
	RADIOGRAPHS/DIAGNOSTIC IMAGING				
8107	Intraoral radiograph - periapical	210	7,500	R92,60	
8108	Intraoral radiographs - complete series	210	60,187	R743,20	
8112	Intraoral radiograph - bitewing	210	7,500	R92,60	
8113	Intraoral radiograph - occlusal	210	12,894	R159,30	
8114	Extraoral radiograph - hand-wrist	210	-	R0,00	
8115	Extraoral radiograph - panoramic	210	30,000	R370,70	
8116	Extraoral radiograph - cephalometric	210	30,000	R370,70	
8118	Extraoral radiograph - skull/facial bone	210	-	R0,00	
8121	Oral and/or facial image (digital/conventional)	210	8,044	R99,40	
	PREVENTIVE SERVICES				
	Note : Items 8159, 8155, 8161 and 8162 may not be charged more than once in six months per patient. Where item 8159 is applied, item 8155 may not be charged. Item 8151 and 8153 may not be charged to patients under 9 years of age.				
8151	Oral hygiene instruction	210	7,850	R97,10	
8153	Oral hygiene instruction - each additional visit	210	5,746	R71,10	
8155	Polishing - complete dentition	210	9,603	R118,60	
8159	Prophylaxis - complete dentition	210	17,491	R216,10	
8179	Polishing-complete dentition (periodontically compromised)			R126,00	
8180	Prophylaxis-complete dentition (periodontically compromised)			R234,40	

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8161	Topical application of fluoride - child	210	9,603	R118,60	
8162	Topical application of fluoride - adult	210	9,603	R118,60	
8163	Dental sealant	210	7,109	R87,90	
	Note: 8163 chargeable once only in respect of a tooth per annum. 8163 apply to individuals below 21 years of age. Fee for patients over 21 years of age by arrangement with scheme.				
8737	Root planning-four or more teeth per quadrant			R439,40	
8739	Root planning-one to three per quadrant			R349,70	
	EXTRACTIONS DURING A SINGLE VISIT				
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	210	11,200	R138,20	
8202	Extraction - each additional tooth or exposed tooth roots	210	4,324	R53,30	
8145	Local anaesthetic - per visit	210	1,700	R21,10	
8220	Cost of suture material	210	-		
8931	Treatment of post-extraction haemorrhage	210	7,304	R90,20	
8935	Treatment of septic socket	210	7,304	R90,20	
9011	Incision & drainage of abscess - intra-oral (pyogenic)	210	13,790	R170,30	
8303	Pulp cap - indirect	210	14,200	R175,50	
	AMALGAM RESTORATIONS (INCLUDING POLISHING)				
8341	Amalgam - one surface	210	20,491	R253,10	
8342	Amalgam - two surfaces	210	25,263	R312,00	
8343	Amalgam - three surfaces	210	30,795	R380,50	
8344	Amalgam - four or more surfaces	210	34,301	R423,50	
	Only one of the above items may be charged per tooth within a year.				
	RESIN RESTORATIONS (USING RESIN BONDING TECHNIQUE)				
8351	Resin - one surface, anterior	210	24,795	R306,20	

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8352	Resin - two surfaces, anterior	210	31,165	R384,80	
8367	Resin - one surface, posterior	210	26,880	R331,90	
8369	Resin - three surfaces, posterior	210	40,164	R496,00	
8370	Resin - four or more surfaces, posterior	210	43,202	R533,70	
8368	Resin - two surfaces, posterior	210	33,249	R410,70	
8353	Resin - three surfaces, anterior	210	37,242	R459,90	
8354	Resin - four or more surfaces, anterior	210	41,566	R513,50	
8350	Resin crown - anterior primary tooth (direct)	210	44,683	R552,10	
	Note: Only one of the above codes may be charged per tooth within a year.				
8355	Veneer-resin			R485,90	
	PALLIATIVE TREATMENT				
8131	Emergency dental treatment	210	10,000	R123,50	
8165	Sedative filling	210	10,000	R123,50	
8166	Application of desensitising resin, per tooth	210	6,603	R81,50	
8167	Application of desensitising medicament, per visit	210	7,694	R95,10	