

NON-CONTRACTED DENTAL THERAPY



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

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

TARIFF CODE	DESCRIPTION OF TARIFF	CF	BF	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	1,000		R0,00	
8109	Infection control/barrier techniques	210	1,000	1,730	R20,30	
8110	Sterilized instrumentation	210	1,000	4,460	R51,80	
8120	Treatment plan completed	210	1,000		R0,00	
	Diagnostic services					

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8101	Oral examination	210	1,000	10,000	R116,20	
8102	Comprehensive oral examination	210	1,000	16,147	R187,80	
8104	Limited oral examination	210	1,000	7,791	R90,50	
8189	Re-examination - existing condition	210	1,000	7,791	R90,50	
8129	Office/hospital visit – after regularly scheduled hours	210	1,000	24,000	R279,10	
8176	Periodontal screening				R98,30	
8140	House/extended care facility/hospital call	210	1,000	15,875	R184,80	
8190	Consultation - second opinion or advice	210	1,000	-	R0,00	
	Radiographs/diagnostic imaging					
8107	Intraoral radiograph - periapical	210	1,000	7,500	R87,00	
8108	Intraoral radiographs - complete series	210	1,000	60,187	R699,60	
8112	Intraoral radiograph - bitewing	210	1,000	7,500	R87,00	
8113	Intraoral radiograph - occlusal	210	1,000	12,894	R150,00	
8114	Extraoral radiograph - hand-wrist	210	1,000	-	R0,00	
8115	Extraoral radiograph - panoramic	210	1,000	30,000	R348,80	
8116	Extraoral radiograph - cephalometric	210	1,000	30,000	R348,80	
8118	Extraoral radiograph - skull/facial bone	210	1,000	-	R0,00	
8121	Oral and/or facial image (digital/conventional)	210	1,000	8,044	R93,30	
	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	1,000	7,850	R91,20	
8153	Oral hygiene instruction - each additional visit	210	1,000	5,746	R66,80	
8155	Polishing - complete dentition	210	1,000	9,603	R111,70	

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8159	Prophylaxis - complete dentition	210	1,000	17,491	R203,60	
8179	Polishing-complete dentition (periodontically compromised)				R118,60	
8180	Prophylaxis-complete dentition (periodontically compromised)				R220,70	
8161	Topical application of fluoride - child	210	1,000	9,603	R111,70	
8162	Topical application of fluoride - adult	210	1,000	9,603	R111,70	
8163	Dental sealant	210	1,000	7,109	R83,10	
	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				R413,70	
8739	Root planning-one to three per quadrant				R329,10	
	EXTRACTIONS DURING A SINGLE VISIT					
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	210	1,000	11,200	R130,00	
8202	Extraction - each additional tooth or exposed tooth roots	210	1,000	4,324	R50,50	
8145	Local anaesthetic - per visit	210	1,000	1,700	R20,00	
8220	Cost of suture material	210	1,000	-		
8931	Treatment of post-extraction haemorrhage	210	1,000	7,304	R84,60	
8935	Treatment of septic socket	210	1,000	7,304	R84,60	
9011	Incision & drainage of abscess - intra-oral (pyogenic)	210	1,000	13,790	R160,50	
8303	Pulp cap - indirect	210	1,000	14,200	R165,30	
	AMALGAM RESTORATIONS (INCLUDING POLISHING)					
8341	Amalgam - one surface	210	1,000	20,491	R238,30	
8342	Amalgam - two surfaces	210	1,000	25,263	R293,90	
8343	Amalgam - three surfaces	210	1,000	30,795	R358,00	

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TARIFF CODE	DESCRIPTION OF TARIFF	CF	BF	UNITS	TARIFF VALUES	FLAG
8344	Amalgam - four or more surfaces	210	1,000	34,301	R398,80	
	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	1,000	24,795	R288,20	
8352	Resin - two surfaces, anterior	210	1,000	31,165	R362,20	
8367	Resin - one surface, posterior	210	1,000	26,880	R312,40	
8369	Resin - three surfaces, posterior	210	1,000	40,164	R466,70	
8370	Resin - four or more surfaces, posterior	210	1,000	43,202	R502,30	
8368	Resin - two surfaces, posterior	210	1,000	33,249	R386,80	
8353	Resin - three surfaces, anterior	210	1,000	37,242	R432,90	
8354	Resin - four or more surfaces, anterior	210	1,000	41,566	R483,20	
8350	Resin crown - anterior primary tooth (direct)	210	1,000	44,683	R519,60	
	Note: Only one of the above codes may be charged per tooth within a year.					
8355	Veneer-resin				R457,40	
	Palliative Treatment					
8131	Emergency dental treatment	210	1,000	10,000	R116,20	
8165	Sedative filling	210	1,000	10,000	R116,20	
8166	Application of desensitising resin, per tooth	210	1,000	6,603	R76,70	
8167	Application of desensitising medicament, per visit	210	1,000	7,694	R89,60	

GEMS TARIFF FOR SERVICES BY DIETICIANS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Dietetics**
Code: **084**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	TARIFF VALUE
	<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					
003	Dietary services are per individual patient.				
004	<p>Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, as amended, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars</p> <ul style="list-style-type: none"> • The name and practice code number of the referring practitioner. • The name of the member. • The name of the patient. • The name of the medical scheme. • The membership number of the member. • The nature of the treatment. • The date on which the service was rendered. • The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. 				
005	When multiple diagnoses apply every applicable diagnosis shall be specified on the statement.				
010	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.				
011	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.				
MODIFIERS					
0021	Services to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients.				