Understanding dental coding

KC Makhubele with J Michelson

One of the most important services the South African Dental Association can render to our members and to the Dental and Oral Health professional community is the development, interpretation and maintenance of Dental Codes. This has over the years provided oral health practitioners and stakeholders the basis upon which to speak a "common" language.

At the onset, be reminded that the existence of a Dental Code as determined by SADA does not mean that the procedure will be reimbursed by medical schemes/third party funders - a matter with which the Association is continually dealing.

Medical schemes have the right to limit the scope, the frequency and/or combinations of such dental procedures that are covered or reimbursed. The currently acceptable Dental Codes are published in the SADA 2016 Code book.

There are often misunderstandings of the reasons for using coding in general and, particularly, for the different types of codes used in dentistry.

With the Association planning to release the results of the study on Relative Value Units (RVU) and the revised Code book in the latter part of 2019, it is opportune that we clarify dental coding and its use.

I have taken the liberty of publishing below an article written by Dr Jeff Michelson, for our May Clinical Advisory Bulletin.

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Basic background knowledge for the dentist and practice staff

There are often misunderstandings of the reasons for using coding in general and, particularly, the different types of codes used in dentistry. A coding system is simply a way of assigning numbers or characters to items of information, enabling a user to list, identify, transmit, receive or retrieve data.

Coding allows a user to locate an item of information/data, in a logical list, and to find a descriptor (verbal description) that tells us what that code represents. (In some cases, individual descriptors have further conditions, rules and guidelines attached).

Codes enable us to record in writing actions or charges without having to write out each line item in full.

Two major coding systems are commonly used in South African dentistry

Diagnostic codes
Diagnostic codes signify and annotate the reason for an intervention - why / under what circumstances did the patient come? / what is wrong with the patient? The Diagnostic coding system in common use is the ICD-10, created by the World Health Organisation (WHO) for universal usage.

Procedure codes

Procedure codes represent what is actually done to investigate/examine and treat a condition that has been diagnosed. These codes cover consultations, tests/examinations, X-rays/Ultrasound, operations/procedures and technicians' codes.
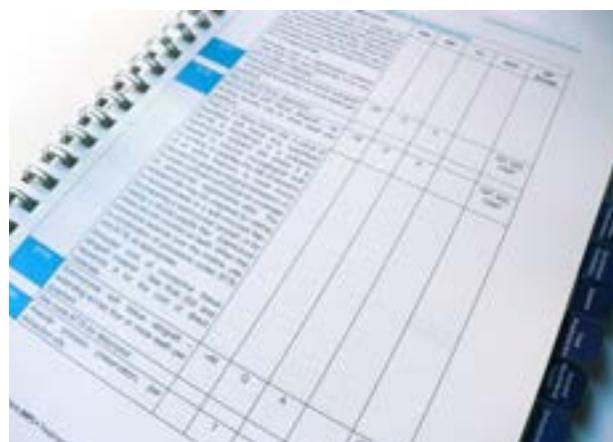
Basics of diagnostic codes

- **In an ideal world** the individual dentist or dental specialist should be the one assigning an ICD-10 code to every procedure because he or she knows the reason for the patient being there and is the one making the diagnosis or describing the circumstances.

- **In reality**, most of the time, clinicians seem to use the same diagnostic code every time a similar procedure is done, especially if it is a high repetition operation (e.g. a single surface restoration).

- Often, administrative staff who have little or no knowledge about clinical procedures or circumstances are assigned the task of allocating ICD-10 codes.

- In addition, in most practices the electronic accounting software automatically assigns a predetermined ICD-10 code to each procedure code, whether it is really the reason for the procedure or not.

- Medical Aid assessors are therefore often correct in declining claims as a result of mis-matching diagnostic and procedure codes.

Usage of procedure codes

- Procedure codes are the codes used to list consultations, tests/examinations, X-rays/Ultrasound, operations/procedures and technicians' codes.

- The codes for all currently accepted procedures are listed in: **SADA Dental Codes 2016**.

SADA receives frequent requests for the **2019 version** of the **Dental Codes** but these will not be updated until finalisation of the RVU so the **SADA Dental Codes 2016** remains effective.

Members often call in to the Association requesting the "**price**" i.e. what to charge for a **particular procedure**.

In the past, **funders' benefits** were based on the National Reference Price List (NHRPL). This was governed by RAMS (Representative Association of Medical Schemes) under the auspices of the BHF (Board of Healthcare Funders).

In 2010, after pronouncement by the Competition Commission, the **NHRPL was declared invalid**.

Since that time, each **individual medical aid** or administrator has been legally required to publish its **own benefits**, including which codes are reimbursed (with the exception of PMBs, which all funders are obligated to fund) and the tariff for each service.

So, while we are prevented by legislation from making any comment about the price for any procedure, SADA is always happy to assist members with interpretation of procedure codes.

Links to more detailed information about coding and guidelines may be obtained from the SADA website **www.sada.co.za.**