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GENERAL NOTICE
ALGEMENE KENNISGEWING

NOTICE 859 OF *2005*

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASED ACT, 1993 (ACT NO. 130 OF 1993)

1. I, Membathisi Mphumzi Shepherd Mdladlana, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under the powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), I prescribe the scale of "Fees for Medical **Aid"** payable under section 76, inclusive of the General Rules applicable thereto, appearing in the Schedule to this notice, with effect from **1 April 2005.**

2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2005** and **Exclude VAT.**

MEMBATHISI MPHUMZI SHEPHERD MDLADLANA
MINISTER OF LABOUR

GENERA INFORMATION / *IENE INLIGTING*.

(i) THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER.

The employee is permitted to choose freely his own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted as long as it is exercised reasonably and without prejudice to the employee himself or the Compensation Fund. The only exceptions to this rule are those cases where employers, with the Compensation Commissioner's approval, provide their own medical aid facilities in toto, i.e. including hospital, nursing and other services—section 78 of the Act refers.

In terms of section 42 either the Compensation Commissioner or an employer may send the injured employee to another doctor chosen by him (Compensation Commissioner or employer) for a special examination and report. Special fees are payable for this service. This examination and report is usually done only by specialists.

In the event of a change of doctors attending a case, the first doctor in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him. **To avoid disputes, doctors should refrain from treating a case already under treatment without first discussing it with the first doctor. As** a general rule, changes of doctor are not favoured, unless there are sufficient reasons therefore.

If an injured employee is in need of emergency treatment, the doctor should act in the same manner as he would to any patient who needs his urgent help. He should not, however, ask the Compensation Commissioner to authorise such treatment before the claim has been admitted as failing within the scope of the Act.

It should be remembered that an employee seeks medical advice at his own risk. If, therefore, an employee represents to his medical service provider that he is a Compensation for Occupational injuries and Diseases Act case and yet fails to claim the benefits of the Act, leaving the Compensation Commissioner, or his employer, in ignorance of any possible grounds for a claim, the insurance fund concerned cannot accept any responsibility for any medical expenses incurred if the claim is not reported in the prescribed manner. The Compensation Commissioner can also have reason not to accept the claim lodged against the Fund. In such circumstances the employee would be in the same position as any other member of the public as regards payment of his medical expenses.

The amounts published in the tariff for COIDA for medical services are calculated without VAT. The only exclusion is die "per diem" tariff for Private Hospitals, that includes VAT The account for services rendered will be assessed and calculated without VAT. If VAT is applicable and a VAT registration number was indicated, it will be calculated and added to the payment without being rounded off

(i) DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer het 'n vrye keuse van diensverskaffer bv. Dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat solank dit redelik en sonder nadeel vir die werknemer self of die Vergoedingsfonds uitgeoefen word nie. Die enigste uitsonderings op hierdie reel is in daardie gevalle waar die werkgewers met die goedkeuring van die Vergoedingskommissaris hul eie geneeskundige dienste in die geheel voorsien, d.i. insluitende hospitaal- verplegings- en ander dienste—artikel 78 van die Wet venvys.

Kragtens die bepalings van artikel **42** mag die Vergoedingskommissaris of die werkgewer na gelang van die geval, 'n beseerde werknemer na 'n ander geneesheer deur hom (Vergoedingskommissaris of werkgewer) aangewys, stuur vir 'n spesiale ondersoek en verslag. Spesiale gelde is betaalbaar vir hierdie dienste. Hierdie ondersoek word uit die aard van die saak feitlik uitsluitlik deur spesialiste gedoen.

In die geval van verandering van geneeshere wat 'n geval behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die geval aan 'n spesialis oorhandig is, as die lasgewer beskou word en betaling sal normaalweg aan hom gemaak word. **Ten einde geskille te voorkom, moet geneeshere hul daarvan weerhou om 'n geval wat reeds onder behandeling is te behandel sonder om dit eers met die eerste geneesheer te bespreek.** Oor die algemeen word veranderings van geneeshere, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

In gevalle waar 'n beseerde werknemer noodbehandeling benodig, moet die geneesheer op dieselfde wyse as teenoor enige pasient wat sy hulp dringend nodig het optree. Hy moet egter nie die Vergoedingskommissaris vra om sulke behandeling goed te keur alvorens aanspreeklikheid vir die eis kragtens die Wet aanvaar is nie. Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko soek. As 'n werknemer dus aan 'n geneesheer voorgee dat hy 'n geval is onder die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die voordele van die Wet te eis deur die Vergoedingskommissaris of sy werkgewer in die duister te laat van enige moontlike gronde vir 'n eis, kan die betrokke versekeringsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie as die besering nie aangemeld is op die voorgeskrewe wyse nie. Die Vergoedingskommissaris kan ook rede he om nie die eis teen die Fonds te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Die bedrae gepubliseer in die tarief vir COIDA is BTW uitgesluit. Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit. Die rekening vir dienste gelewer word aangeslaan en bereken sonder BTW. Indien BTW van toepassing is en 'n BTW registrasie nommer aangedui is, word dit bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS •
EISE TEEN DIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:

1. If the claim is **accepted** as a COIDA claim, reasonable medical expenses will be paid by the Compensation Commissioner • As *die eis teen die Fonds aanvaar word, word redelike mediese koste betaal deur die VergoedingsKommissaris.*

2. If the claim is **rejected (repudiated),** services will not be paid by the Compensation Commissioner. All parties are informed of this decision, including the service providers. The injured employee will be liable for payment. • As *die eis teen die Fonds afgekeur word (**gerepudieer**), word dienste nie deur die VergoedingsKommissaris betaal nie. Die betrokke partye word in kennis gestel van die besluit, ingesluit die diensverskaffers. Die beseerde werknemer is dan aanspreeklik vir die rekening.*

If no **decision** can be made due to a lack of information, the outstanding information is requested and upon receipt, the claim will again be adjudicated. Depending on the outcome, the accounts from the service provider, will be handled as set out in 1 and 2. Unfortunately, there are claims for which a decision might never be made due to a lack of forthcoming information • *Indien **geen besluit** geneem **kan** word nie, weens 'ngebrek aan inligting, word die uitstaande inligting aangevra. Met ontvangs word die eis heroorweeg. Afhangende van die uitslag, word die rekening hanteer soos uiteengesit in nommer **1** en 2. Ongelukkig is daar eise waar 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nie verskaf word nie*

BILLING PROCEDURE • EIS PROSEDURE:

1. The **first account** for services rendered to the injured employee (INCLUDING the First medical report) must be submitted to the employer who will collate all the documents (from other service providers etc.) and submit them to the Compensation Commissioner • *Die eerste rekening (INSLUITEND die Eerste mediese verslag) vir diens gelewer aan die beseerde werknemer, moet aan die werkgewer gestuur word, wat die eise (van ander diensverskaffers ens.) bymekaar sal sit en dit aanstuur na die Vergoedingskommissaris.*

2. New claims are registered by the Commissioner and the **employer is notified of the claim number** allocated to the claim. Enquiries for claim numbers should be directed to the employer and not to the Commissioner. The employer will be able to give you the claim number for the patient **as** well as indicate whether the Compensation Cornmissioner accepted the claim as a **COIDA** case • *Nuwe eise word geopen deur die Kommissaris en die werkgewer word in kennis gestel van die eisnommer. Navrae vir eisnommers moet aan die werkgewer gerig word en nie aan die Kommissaris nie. Die werkgewer kun die eisnommer verskaf en ook aandui of die Kommissaris die eis teen die Fonds aanvaar het of nie*

3. All new accounts are captured on the Commissioners database and a summarized notice is posted weekly to the service provider. This is only an **acknowledgement of receipt** and not a payment or a guarantee there of • *Alle nuwe rekeninge word vasgelê op die Kommissaris se databasis an 'n opsomming van rekeninge ontvang word weekliks aan die diensverskaffer gestuur. Dit is slegs 'n erkenning van ontvangs en nie 'n betaling of waarborg daarvan nie.*

4. If accounts are still outstanding after **60** days following submission and acknowledgement by the Commissioner Service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Commissioner. **DO NOT SUBMIT DUPLICATE ACCOUNTS WHEN AN ACKNOWLEDGEMENT WAS RECEIVED FOR THE PARTICULAR ACCOUNT** • *Indien die rekening nog uitstaande is na 60 dae na indiening an ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.CL 20 voltooi en EENMALIG indien na die Kommissaris. MOENIE 'N DUPLIKAAT REKENING INDIEN AS ONTVANGS ERKEN IS VIR DIE BETROKKE REKENING NIE.*

5. If **no acknowledgement** was received and the account is unpaid **60 days after** it was submitted to the employer, a **duplicate account** must be submitted to the Commissioner directly. The account must be accompanied **by** any supporting documents e.g. PART **B** of the Employers Report of **an** Accident (W.CL 2), First (W.CL **4),** and Progress/Final (W.CL 5/5F) medical reports • *Indien ontvangs nie erken is 60 dae na versending aan die werkgewer, moet 'n duplikaatrekening ingedien word by die Vergoedingskommissaris. Die rekening moet vergesel word van ander dokumentasie bv. DEEL B van die Werkgewer se Verslag oor 'n Ongevai (W.CL 2), Eerste (W.CL 4) en Vordering/Finale (W.CL 5/5F) mediese veslae.*

6. If the account is **partially paid** with no reason therefore indicated on the remittance advise, a duplicate account with the unpaid services clearly indicated must be submitted, accompanied

by a WCI 20 form. (*see website for example) • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die kortbetaling duidelik aangedui, vergesel van 'n WCI20 form ingedien word (*sien webblad vir voorbeeld van vorm).*

7. **Information NOT to be reflected** on the account: Details of the employee's medical aid and the practice number of the referring practitioner • *Inligting wat NIE aangedui moet word op die rekening nie: Besonderhede van die werknemer se mediese fonds en die verwysende geneesheer se praktyknommer.*

8. Service provider **should not generate** • *Diensverskaffer moenie die volgende genereer:*

   a. **Multiple accounts** for services rendered on the **same date** i.e. one account for medication and a second account for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. Medikasie op een rekening en ander dienste op 'n tweede rekening.*
   b. **Accumulative accounts** but rather submit a separate account for every month • *Aaneenlopende rekeninge: aparte rekeningeper maand word verkies.*
   c. **Accounts** on **the old documents (W.CL 4/5/5F) A** *New First Medical Report **(W.CL 4)** and Progress/Final Report (W.CL 5/5F) forms are available. The old forms combined with the account (W.CL11), were replaced. **Accounts** on **the old medical reports will not be entertained** • *Rekeninge op die ou voorgeskrewe dokumente van die Vergoedingskommissaris. 'n *Nuwe Eerste mediese verslag (W.CL4) en Vordering/Finale verslag (W.CL5) is beskikbaar. Die vorige vorms gekombineer met die rekening (W.CL11) is vervang. Rekeninge op die ou vorms is nie aanvaarbaar nie.*

*** Examples of the new forms (W.CL 4/5/5F) are available on the website www.labour.gov.za •**

** Voorbeelde van die nuwe vorms (W.CL 4/5/5F) is beskikbaar op die webblad www.labour.gov.za*

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED • MINIMUM VEREISTES VIR REKENINGE GEHEF

1. **Minimum information** to be indicated on the account submitted to the Commissioner • ***Minimum besonderhede*** *wat aangedui moet word op 'n rekening vir die Vergoedingskommissaris:*

   a. Name of employee and ID number • *Naam van werknemer en ID nommer.*
   b. Name of employer and registration number if available. • *Naam van werkgewer en registrasie nommer indien beskikbaar.*
   c. *CC* claim number/ alternatively employer's registration number • *CC eisnommer/alternatiewelik die werkgewer se registrasie nommer.*
   d. DATE *OF* ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
   e. Service provider's reference number • *Diensverskaffer se rekening nommer*
   f. The practice number (In case of address change, BHF must be notified) • *Die praktyknommer (in geval van adresverandering moet dit by BHF verander word)*
   g. *VAT* registration number (The Compensation Commissioner will not pay **VAT** if ***a*** **VAT** registration number is not indicated on the account) • ***BTW*** *registrasie nommer (die Kommissaris sal nie BTW betaal as die BTW registrasie nommer nie aangedui word nie)*
   h. Date of service (Actual service date must be indicated. Invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word, Rekening datum is nie aanvaarbaar)*
   i. Items according to the official published tariffs • *Items* soos *aangedui in die amptelik gepubliseerde tariewe.*
   j. Amount claimed per item and total for account • *Bedrag ge-eis vir item en totaal van rekening.*

2. Please note that **as from 1 January 2004** a **certified copy of an employee's identity document will be required** in order to register a claim with the Compensation Fund. **If** a copy of the identity document is not submitted the claim will not be registered but will be returned to you/the employer to attach a certified copy of the employee's identity document. Furthermore, all supporting documentation sent to this office must reflect the identity number as well. If it is not reflected, the documents will not be processed but will be returned to the sender to add the ID number. • *Neem asseblief kennis dat 'n* ***gesertifiseerde afskrif van van die werknemer se identiteits dokument benodig word vanaf I Januarie 2004*** *om 'n eis by die Vergoedingsfondsaan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgewer/uself vir die aanheg van die dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet die identiteitsnommer aangedui hê. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.*

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COIDA FEES FOR DENTAL SERVICES FROM 1 APRIL 2005 / COIDA TARIEWE VIR TANDHEELKUNDIGE DIENSTE VANAF 1 APRIL 2005

RULES / REËLS

1. The following Rules apply to all practitioners /
Die volgende reëls is van toepassing op alle praktisyns:

001 Item **8101** refers to a Full Mouth Examination, charting and treatment planning and no further examination fees shall be chargeable until the treatment plan resulting from this consultation is completed with the exception of Item 8102. This includes the issuing of a prescription where only medication is prescribed /*Item 8101 verwys na 'n vollemondse. ondersoek, kartering en behandelingsbeplanning en geen bykomende gelde sal hefbaar wees totdat die behandelingsplan, voortspruitend uit hierdie konsultasie, voltooi is nie met die uitsondering van items **8102**. Dit sluit in die uitreiking van 'n voorskrit waar slegs medikasie voorgeskryf is.*

Item **8104** refers to a consultation for a specific problem and not to a full mouth examination, charting and treatment planning. This includes the issuing of a prescription where only medication is prescribed /*Item **8104** verwys na 'n konsultasie vir 'n spesifieke probleem en nie na 'n vollemondse-ondersoek, kartering en behandelingsbeplanning nie Dit sluit in die uitreiking van 'n voorskrit waar slegs medikasie voorgeskryf is.*

002 Except in those cases where the fee is determined "by arrangement", the fee for the rendering of a service which is not listed in this schedule shall be based on the fee in respect of a comparable service that is listed therein and Rule 002 must be indicated together with the tariff item /

*Met uitsondering van dié gevalle waar die bedrag vasgestel word "volgens ooreenkoms' moet die bedrag vir die lewering van 'n diens wat nie in hierdie skedule vermeld word nie, gebaseer word op die bedrag vir 'n vergelykbare diens wat daarin vermeld word en reël **002** moet tesame met die tariefitem aangedui word.*

003 In the case of a prolonged or costly dental service or procedure, the dental practitioner shall ascertain beforehand from the Commissioner whether he will accept financial responsibility in respect of such treatment /

In die geval van 'n langdurige of duur tandheelkundige diens of prosedure, moet die tandarts vooraf by die Kommissaris vasstel of hy geldige aanspreeklikheid vir sodanige behandeling sal aanvaar.

004 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the Commissioner may be charged and Rule 004 must be indicated together with the tariff item /

*In uitsonderlike gevalle waar die tariefgeld buite verhouding laag is in vergelyking met die dienste werklik deur 'n praktisyn gelewer, kan sodanige hoër geld gehef word as waaroor die tandarts en die Kommissaris onderling ooreenkom en reël **004** moet tesame met die tariefitem aangedui word.*

005 Save in exceptional cases the service of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated under the Compensation for Occupational Injuries and Diseases Act /

Behalwe in uitsonderlike gevalle moet die dienste van 'n spesialis slegs op die aanbeveling van die tandarts of mediese praktisyn wat die geval hanteer, beskikbaar wees. Praktisyns wat gevalle verwys, moet die spesial inlig dat die pasient kragtens die Wet op Vergoeding vir Beroepsbeserings en –siektes behandel word.

007 "Normal consulting hours" are between 08:00 and 17:00 on weekdays, and between 08:00 and 13:00 on Saturdays /

"Gewone spreekure" is *tussen 08:00 en 17:00 op weeksdae en tussen 08:00 en 13:00 op Saterdae.*

008 A dental practitioner shall submit his account for treatment under the Act to the employer of

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the employee concerned /

'n Tandarts moet sy rekening ten opsigte van behandeling kragtens die Wet aan di betrokke werknemer ser werkgewer stuur.

(M/W) **009** *Dentists in general practice shall be entitled to charge two-thirds of the fees* of *specialist only* for *treatment that is not listed in the schedule for dentists in general practice* an *Modifier* **8004** *must be shown against any such item /*

Tandartse in algemene praktyk is daarop geregtig om bee-derdes van die gelde va spesialiste te vra slegs vir behandeling wat nie in die skedule vir tandartse in algemen praktyk aangegee word nie en Wysiger 8004 moet teenoor sodanige item getoon word,

Benefits in respect **of** *specialists charging treatment procedures not listed in the* schedul *for that specialty, shall be allocated as follows/*

Voordele ten opsigte van spesialiste wat gelde hef vir behandelingsprosedures wat nie gelys is in die skedule van die betrokke spesialiteit nie, sal as volg toegeken word:

General Dental Practitioners Schedule / Algemene Tandheelkunde Praktisyns Skedule *1001*

Other Dental Specialists Schedules / Ander Tandheelkunde Spesialis Skedules 2/

010 *Fees charged by dental technicians for their services (PLUS L) shall be shown* **on** the *dentist's invoice against the code* **8099.** *Such dentist's invoice shall be accompanied by* the *actual invoice of the dental technician* (or *a copy thereof) and the invoice of the denta technician shall bear the signature of the dentist* (or *the person authorised by him)* **as** proo *that it has been compiled correctly.* **"L"** *comprises the fee charged by the dental techniciar for his services as well as the* cost *of gold and* of *teeth. For example, item* **8231** *is specifiec as follows (gold only applicable with prior authorization)*

Die geld wat 'n tandtegnikus vra (PLUS **L),** *moet op die tandarts se rekening aangedu word teenoor die kode* ***8099.*** *Sodanige rekening van die tandarts moet vergesel wees var die werklike rekening van die tandtegnikus (of 'n afskrif daarvan), en die rekening van die tandtegnikus moet die handtekening van die tandarts (of sy gevolmagtigde) dra as* **bewys** *dat dit korrek saamgestel is. "L" bestaan uit die geld wat die tandtegnikus vir* **sy** *dienste vra, asook uit die koste van goud en van tande. Byvoorbeeld, item 8231 word* **soos** *volg gespesifiseer. (goud slegs van toepassing met vooraf goedkeuring)*

		Rc
8231	.....	X
8099 (8231)	.....	Y
Total / Totaal	.....	R(X+Y)

011 *Modifiers may only be used where* (M/W) *appears against the item in the schedule /*

Wysigers mag slegs gebruik word waar (W/M) teenoor die item in die skedule verskyn.

8001 *33 113%* **of** *the appropriate scheduled fee (see Note* **4** - *preamble to Maxillo-facial and oral surgery schedule) /*

33 1/3% *van die toepaslike skedule gelde (sien Nota* ***4*** - *inleiding tot die Kaak-gesigs- en mondchirurgie skedule)*

8002 *The appropriate scheduled fee + 50% (see Note* 1 - *preamble* to *Maxillo-facial and oral surgery schedule) /*

Die toepaslike skedule gelde plus 50% (sien Nota I - inleiding tot die Kaak-gesigs- en mondchirurgie skedule)

8003 *The appropriate scheduled fee +* **10%** *(see Note* **5** - *preamble to Perio schedule)/*

Die toepaslike skedule gelde plus 10% (sien Nota 5 - inleiding tot Perio skedule)

8004 *Two-thirds of appropriate scheduled fee (see Rule 009) /*

Twee-derdes van die toepaslike skedule gelde (Sien Reel 009)

8005 *The appropriate scheduled fee up* to *a maximum of* **R233.30** *(see Note* **2** - *preamble* **to** *Maxillo-facial and oral surgery schedule)/*

Die toepaslike skedule gelde tot 'n maksimum van ***R233.30*** *(sien Nota 2* -

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inleiding tot die Kaak-gesigs- en mondchirurgie skedule)

8006 *50%* of the appropriate scheduled fee (see Note 3 – preamble to Maxillo-facia and oral surgery schedule)/

***50%** van die toepaslike skedule gelde (sien Nota 3 – inleiding tot die Kaak gesigs- en mondchirurgie skedule)*

8007 15% of the appropriate scheduled fee with a minimum of **R118.60** (Se preamble(s) under "oral surgery" in the schedule for GPs and the schedule fc specialists in Maxillo-facial and oral surgery /

***15%** van die toepaslike skedule gelde met 'n minimum van **R118.60** (Sie inleiding(s) onder "mondchirurgie" in die skedule vir Aps en die skedule vi spesialiste in kaak-gesigs- en mondchirurgie)*

8008 The appropriate scheduled fee + 25% **(see** Note 5 – preamble to Maxillo-facia and oral surgery schedule, GPs' schedule) /

Die toepaslike skedule gelde plus 25% (sien Nota 5 – inleiding tot kaak-gesigs en mondchirurgie, AP skedule)

8009 *75%* of the appropriate scheduled fee (see Note 3 under the preamble of the Maxillo-facial and oral surgery schedule /

75% *van die toepaslike skedule gelde (sien Nota 3 onder die inleiding van dit Kaak-gesigs- en mondchirurgie skedule)*

8010 The appropriate shedule fee plus 75%/ .

Die toepaslike skedule gelde plus 75%.

012 In cases where treatment is not listed in the schedule for dentists in general practice o specialists then the appropriate fee listed in the medical schedules shall be charged anc the relevant item in the medical schedules must be indicated /

In gevalle waar behandeling nie in die skedule vir tandartse in algemene praktyk o spesialiste gelys is nie, word die toepaslike gelde, **soos** *gelys in die mediese skedule: gehef, en die betrokke item in die mediese skedules moet aangedui word.*

013 **Cost** of material (VAT inclusive): This item provides for a charge for material where indicated against the relative item codes by the words (See Rule 013). Material to be charged for at cost plus a handling fee not exceeding 35%, up to **R1954.20.** A maximum handling fee of 10% shall apply above a cost of **R1954.20**. A maximum handling fee of **R2931.30** will apply /

*Koste van materiaal (BTW ingesluit): Hierdie item maak voorsiening vir die hef van gelde vir materiaal waar uitdruklik aangedui deur die woorde (Sien Reel 013). Kosprys plus 'n maksimum van 35% kan gehef word vir maferiaal, waar die koste **R1954.20** of minder **is.** n Maksimum van **10%** hanteringskoste sal van toepassing wees vir kosfes bo **R1954.20**. Maksimum hanteringskoste sal **R2931.30** beloop.*

Note/*Nota*: Item *8220* (suture) is applicable to all registered persons / *Item* 8220 *(hegting)* is *foepaslik op alle geregistreerdepersone*

EXPLANATIONS / VERDUIDELIKINGS

2. Additions, deletions and revisions / Toevoegings, weglatings en wysigings

A summary listing of additions, deletions and revisions applicable to this Schedule is found in Appendix A / *'n Opsomming van toevoegings, weglatings en wysigings tot die Skedule is gelys in Bylae A*

New code numbers added to the Schedule are identified with the symbol • placed before the code number / *Nuwe kodenommers wat tot die Skedule bygevoeg is word deur die • simbool wat voor die kodenommer geplaas is geïdentifiseer*

In instances where a code has been revised, the symbol * is placed before the code number / *In gevalle waar 'n kode gewysig is, word die simbool * voor die kodenommer geplaas.*

3. Tooth identification / Tandidentifikasie

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Tooth identification is compulsory for all invoices rendered. Tooth identification is only applicable to procedures identified with the letter (T) in the mouth part (MP) column. The International Standards Organisation (ISO) in collaboration with the FDI designated system for teeth and areas of the oral cavity, should be used.

Tandidentifikasie is verpligtend vir alle rekeninge wat gelewer word. Tandidentifikasie is slegs vat toepassing op prosedures wat met die letter (T) *in* ***die monddeel-kolom (MD) aangedui word. Dit*** International Standards Organisation' *(ISO),* ***in samewerking met die*** *FDI,* ***se aanwysingstelsel*** *vi* ***tande en areas van die mondholte moet gebruik word.***

4. Abbreviations used in the Schedule / Afkortings gebruik in die Skedule

+D	Add fee for denture	+D	Voeg gelde van kunsgebit by
+L	Add laboratory fee	+L	Voeg laboratorium gelde by
GP	General practitioner	AP	Algemene praktisyn
M/W	Modifier	M/W	Wysiger
MP	Mouthpart	MD	Monddeel
Na	not applicable	nvt	nie van toepassing
T	Tooth	T	Tand

5. VAT / BTW

Fees are VAT exclusive / *Tariewe sluit BTW uit*

I. GENERAL DENTAL PRACTITIONERS / ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

PREAMBLE / INLEIDING

(1) *The dental procedure codes for general dental practitioners are divided into twelve (12) categories of services. The procedures have been grouped under the category with which the procedures are most frequently identified. The categories are solely for convenience in using the Schedule and should not be interpreted as excluding certain types of Oral Care Providers from performing or reporting such procedures. These categories are similar to the Current Dental Terminology Third Edition (CDT-3)*

Die tandheelkunde prosedurekodes vir algemene tandheelkundige praktisyns is in twaalf (12) kategorieë van dienste verdeel. Die prosedures is in die kategorie waarmee dit in die algemeen identifiseer word groepeer. Die kategorieë is uitsluitlik vir geriefsdoeleindes vir gebruik van die Skedule en moet nie geïnterpreteer word as synde sekere groepe van Mondgesondheidswerkers in die uitvoer of vermelding van sodanige prosedures te weerhou nie. Hierdie kategoriee is soortgelyk aan die 'Current Dental Terminology Third Edition' (CDT-3).

(2) (M/W) *Procedures not described in the general practitioners' schedule should be reported by referring to the relevant specialist's schedule. Dentists in general practice shall be entitled to charge two-thirds of the fees of specialists only for treatment that is not listed in the schedule for dentists in general practice and Modifier* **8004** *must be shown against any such item (See Rules 009 and 011). There are no specific codes for orthodontic treatment in the current general practitioner's schedule, and the general practitioner must refer to the specialist orthodontist's schedule.*

Prosedures wat nie in die algemene praktisyns se skedule beskryf word nie, moet vermeld word deur na die toepaslike spesialisskedule te verwys. Tandartse in algemene praktyk is daarop geregtig om bee-derdes van die gelde van spesialiste te vra slegs vir behandeling wat nie in die skedule vir tandartse in algemene praktyk aangegee word nie en Wysiger 8004 moet teenoor sodanige item getoon word (Sien Reels 009, 011). Daar is geen spesifieke ortodonsie kodes in die huidige algemene praktisyn se skedule nie, en die algemene praktisyn moet na die spesialis ortodontiste skedule verwys.

(3) (M/W) *Oral and maxillofacial surgery (Section J of the Schedule): The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (see Modifier 8007). The patient must be informed beforehand that another dentist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient.*

Kaak-, gesig- en mondchirurgie (Seksie J van die Skedule): Die gelde aan 'n algemene praktisyn assistent betaalbaar word bereken op 15% van die gelde van die praktisyn wat die operasie uitvoer, met die aangeduide minimum (sien Wysiger 8007). Die pasiënt moet vooraf in kennis gestel word dat 'n tweede tandarts by die operasie teenwoordig sal wees en dat gelde aan die tandarts betaalbaar sal wees. Die naam van die assistent moet op die rekening wat aan die pasiënt gelewer word, verskyn.

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code *Kode*	Procedure description *Prosedure beskrywing*	Rc FEE TARIEF		MP MD
	A. DIAGNOSTIC / DIAGNOSTIES			
	Clinical oral evaluations / Kliniese evaluering van die mond			
8101	Full mouth examination, charting and treatment planning (see Rule 001) / *Vollemondse-ondersoek, kartering en behandelingsbeplanning (sien Reël 001)*	121.90		
8102	Comprehensive consultation / *Omvattende konsultasie*	159.00		
	A comprehensive consultation shall include treatment planning at a separate appointment where a diagnosis is made with the help of study models, full-mouth x-rays and other relevant diagnostic aids. Following on such a consultation, the patient must be supplied with a comprehensive written treatment plan which must also be recorded on the patient's file and which must include the following: • Soft tissue examination • Hard tissue examination • Screening/probing of periodontal pockets • Mucogingival examination • Plaque index • Bleeding index • Occlusal Analysis • TMJ examination • Vitality screening of complete dentition			
	'n Omvattende konsultasie behels behandelingsbeplanning tydens *'n* afsonderlike *afspraak*, waar 'n diagnose gemaak word met *behulp* van studiemodelle, vollemondse *X-strale* en *ander* toepaslike *diagnostiese hulpmiddels*. So 'n omvattende konsultasie sluit in dat die *pasiënt* voorsien word van *'n geskrewe* behandelingsplan *waarin al* die volgende *vermeld* word, en ook op die *pasiënt* se *kaart* aangedui *word*: • Sagteweefselondersoek • Hardeweefselondersoek • *Siftingsondersoek* van periodontale sakkies • *Mukogingivale ondersoek* • Plaakindeks • *Bloedingsindeks* • *Okklusale* ontieding • *TMG* ondersoek • Vitaliteitsondersoek van alle tande			
8104	Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning / *Ondersoek of konsultasie vir 'n spesifieke probleem wat nie vollemondse-ondersoek, kartering en behandelingsbeplanning benodig nie*	48.10		
	Radiographs/Diagnostic imaging / Röntgenfoto's/Diagnostiese afbeelding			
8107	Intra-oral radiographs, per film / *Binnemondse röntgen-foto's, per film*	46.50		
8108	Maximum for **8107** / *Maksimum vir 8107*	349.60		
8113	Occlusal radiographs / *Okklusale röntgenfoto's*	72.40		
8115	Sxtra-oral radiograph, per film / *Buitemondse röntgenfoto, per film* (i.e. panoramic, cephalometric. PA/ *i.e.* panommies, kefaiometries, PA)	191.30		

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code *Kode*	Procedure description Prosedurebeskrywing	Rc FEE TARIEF		MP MD
	The fee is chargeable to a maximum of two films per treatment plan / *Die* tarief *mag* tot *'n* maksimum van twee films per *behandelingsplan* gehef word.			
	Tests and laboratory examinations / Toetse en laboratoriumondersoeke			
8117	*Study models – unmounted* or *mounted on a hinge articulator / Studiemodelle ongemonteer of monteer op skarnier artikulator*	52.20	+L	
8119	*Study models – mounted on a movable condyle articulator / Studiemodelle monteer op artikulator met verstelbare kondiles*	134.20	+L	
8121	*Photographs (for diagnostic, treatment* or *dento-legal purposes)* per *photograph / Fotos (vir diagnostiese-, behandelings- of geregtelike doeleindes) per foto*	52.20		
8122	*Bacteriological studies for determination of pathologic agents/ Bakteriologies studies vir die bepaling van patologies agente*	49.20		
	May inlcude, but is not limited to tests for susceptability to periodontal disease/ Sluit in maar is nie beperk tot die toets vir vatbaarheid van periodontale siektes nie			
	If requested, a perio risk assessment must be made available at no charge/ *'n Periodontalerisilo-bepaling* moet *op* versoek gratis beskikbaar *gestel word*			
	(The use of this code is limited to general dental practitiones and specialist in community dentistry/ Gebruik van die kode is *beperk* tot algemene tandheelundige praktisyns en spesialiste *in* gemeenskapstandheelkunde)			
	B. PREVENTIVE / VOORKOMEND			
	This schedule, applicable to occupational injuries and diseases, excludes preventive services / Hierdie skedule, van toepassing op beroepbeserings en -siektes, sluit nie voorkomende dienste in nie.			
	C. RESTORATIVE / HERSTELLEND			
	Amalgam, restorations (including polishing) / Amalgaam herstellings (polering ingesluit)			
	All adhesives, liners and bases are included as part of the restoration. If pins are used, they should be reported separately / Alle bindingsmateriale, onderlae en basislae word as deel van die herstelling ingesluit. Indien penne gebruik word, moet dit afsonderlik vermeld word.			
	See Codes **8345, 8347** and **8348** for post and/or pin retention / Sien Kodes **8345, 8347** en **8348** vir *stif en/of penretensie*			
8346	Restorative *material factor/ Herstellingsmateriaal faktor* Note/Nota: Restorative material factor - an additional 10% can be added to codes **8341, 8342, 8343, 8344, 8351, 8352, 8353, 8354, 8355, 8367, 8368, 8369, 8370** for general dental practitioners only/ *Herstellingsmateriaal faktor - 'n* bykomende *10% kan* by **Kodes 8341, 8342, 8343, 8344, 8351, 8352, 8353, 8354, 8355, 8367, 8368, 8369, 8370** deur algemene *tandheelkundige* praktisyns bygevoeg word.	M/W8003 + 10%		
8341	*Amalgam - one surface / Amalgaam - een vlak*	124.30		T
8342	*Amalgam - two surfaces / Amalgaam - twee vlakke*	155.70		T
8343	*Amalgam – three surfaces / Amalgaam - drie vlakke*	186.50		T
8344	*Amalgam - four or more surfaces / Amalgaam - vier of meer vlakke*	207.30		T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code Kode	Procedure description Prosedure *beskrywing*	Rc FEE TARIEF		MP MD
	Resin restorations / Harsherstellings			
	Resin refers to a broad category of materials including but not limited to composites. May include **bonded** composite, light-cured composite, etc. Light-curing, acid etching and adhesives (including resin bonding agents) are included as part of the restoration. Glass ionomers/compomers, when used as restorations should be reported with these **codes.** If pins are used, they should be reported separately.			
	Harse verwys na *'n wye* kategorie van materiaal wat komposiete insluit. Dit mag gebonde, *ligverhardende* komposiete, ens., insluit, *Ligverharding, suur-ets en bindingsmateriale* (insluitend hars bindingsagente) is deel van die herstelling. Wanneer *glasionomere/kompomere* as herstellings gebruik *word, moet hierdie* kodes gebruik *word.* Indien penne gebruik *word.* Word dit *afsonderlik vermeld.*			
	See Codes **8345. 8347** and **8348** for post and/or pin retention / Sien Kodes *8345, 8347 en 8348* vir **stif***en/of* penretensie			
	The **fees** are inclusive of direct pulp capping (code **8301)** and rubber dam application (code 8304) / Die tariewe *sluit* direkte *pulpa-oorkapping* (kode *8301)* en die aanwending van *'n kofferdam (kode* **8304)** in			
8351	Resin – one surface, anterior / *Hars - een vlak, anterior*	136.60		T
8352	Resin – two surfaces, anterior / *Hars - twee vlakke, anterior*	155.30		T
8353	Resin – three surfaces, anterior / *Hars – drie vlakke, anterior*	205.50		T
8354	Resin – four or more surfaces, anterior / *Hars – vier of meer vlakke, anterior*	228.20		T
8367	Resin – one surface, posterior / *Hars - een vlak, posterior*	147.00		T
8368	Resin – *two* surfaces, posterior / *Hars - twee vlakke, posterior*	182.20		T
8369	Resin – three surfaces, posterior / *Hars – drie vlakke, posterior*	219.70		T
8370	Resin – four or more surfaces, posterior / *Hars – vier of meer vlakke, oosterior*	233.10		T
	Inlay/Onlay restorations/ Inlegsel/Oplegsel herstellings			
	METAL INLAYS / METAALINLEGSELS			
	The fee for metal inlays on anterior teeth (incisors and canines) are 'by arrangement' with the Compensation Commissioner / Die VVMS *voordele* vir *inlegsels* op anterior tande snytande en *hoektande)* is *'volgens* ooreenkoms' met die *Voergoedingskommissaris*			
8358	Inlay, metallic – one surface, anterior / *Inlegsel, metaal – een vlak, anterior*	na/nvt	+L	T
8359	Inlay, metallic – two surfaces, anterior / *Inlegsel, mefaal – twee vlakke, anterior*	na/nvt	+L	T
8360	Inlay, metallic – three surfaces, anterior / *Inlegsel, metaal – drie vlakke, anterior*	na/nvt	+L	T
8365	Inlay, metallic – four or more surfaces, anterior / *Inlegsel, metaal – vier of meer vlakke, anterior*	na/nvt	+L	T
8361	Inlay, metallic – one surface, posterior / *Inlegsel, metaal – een vlak, posterior*	225.80	+L	T
8362	Inlay, metallic – two surfaces, posterior / *Inlegsel, metaal – twee vlakke, posterior*	329.90	+L	T
8363	Inlay, metallic – three surfaces, posterior / *Inlegsel, metaal – drie vlakke, posterior*	665.40	+L	T
8364	Inlay, metallic – four or more surfaces, posterior / *Inlegsel, mefaal – vier of meer vlakke, posterior*	665.40	+L	T

I	**GENERAL DENTAL PRACTITIONERS** **ALGEMENE TANDHEELKUNDIGE PRAKTISYNS**			
Code ***Kode***	**Procedure description** **Prosedurebeskrywing**	**Rc** **FEE** **TARIEF**		**MP** **MD**
	CERAMIC AND/OR RESIN INLAYS / KERAMIEK EN/OF HARS INLEGSELS			
	Porcelain/ceramic inlays presently include either all ceramic or porcelain inlays. Composite/resin inlays must be laboratory processed /			
	Porselein/keramiek inlegsels ***sluit*** vir die huidige alle keramiek of *porselein* inlegsels *in. Komposiet/hars* inlegselsmoetin *'n laboratorium verwerk* word			
	NOTE: The fees exclude the application of a rubber dam (code 8304) / NOTA: Die *tariewe sluit* die aanwending van *'n* kofferdam (kode 8304) ***uit***.			
8371	Inlay, ceramic/resin – one surface / Inlegsel, *keramiek/hars* – een vlak	225.80	+L	T
8372	Inlay, ceramic/resin – two surfaces / Inlegsel, *keramiek/hars – twee* vlakke	329.90	+L	T
8373	Inlay, ceramic/resin - three surfaces / Inlegsel, *keramiek/hars* – drie vlakke	550.60	+L	T
8374	Inlay, ceramichesin - four or more surfaces / Inlegsel, *keramiek/hars – vier of* meer vlakke	665.40	+L	T
(M/W)	NOTES / *NOTAS* 1. In some of the above cases (e.g. Direct hybrid inlays) +L may not necessarily apply In sommige *bogenoemde* gevalle (bv. direkte gemengde *hars* inlegsels) mag +L nie noodwendig van toepassing wees *nie*. 2. In cases where the direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used In *gevalle* waar die *direkte* gemengde *hars* inlegsels gebruik word en +L nie van toepassing is *nie,* mag *Wysiger* 8008 gebruik word. 3. See the General Practitioner's Guideline to the correct use of treatment codes for computer generated inlays. Sien die Algemene *Praktisyn* se Riglyne vir die korrekte gebruik van *behandelingskodes* in sake rekenaar *gegenereerde* inlegsels			
	Crowns – single restorations / Krone – enkel herstellings			
	The fees/benefits include the cost of temporary and/or intermediate crowns. See code 8193 (osseo integrated abutment restoration) in the 'fixed prosthodontic' category for crowns on osseo-integrated implants			
	Die gelde/voordele sluit die koste van *voorlopige en/of tussentydse* krone in. Sien kode 8193 *(been-geïntegreerde* ankertand herstelling) in kategorie 'vaste *prostodonsie'* vir krone *op been-geïntegreerde* implantate.			
8401	Cast full crown / Gegote volle *kroon*	790.30	+L	T
8403	Cast three-quarter crown / Gegote driekwartkroon	790.30	+L	T
8405	Acrylic jacket crown / Akrieldopkroon	Com Fee	+L	T
8407	Acrylic veneered crown / Akrielgefineerde kroon	843.70	+L	T
8409	Porcelain jacket crown / Porseleindopkroon	843.70	+L	T
8411	Porcelain veneered crown/ Porseleingefineerde kroon	843.70	+L	T
	Other restorative services / Ander herstellende dienste			
8133	Re-cementing of inlays, crowns or bridges - per abutment / *Hersementering* van inlegsels, krone *of brûe-* per ankertand	72.40	+L	T
	In some cases where item 8133 is used +L may not apply In sommige gevalle waar *item 8133* gebruik word mag +L nie van toepassing wees nie.			
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) or sectioning of a bridge, part of which is to be retained as a crown following the failure of a bridge / *erwydering* van inlegsels en krone (per eenheid) *en brûe* (per ankertand) *of* seksie van *'n* brug, *waarvan* 'n deel behou moet *word* as 'n kroon as gevolg van die *mislukking* van *'n* brug	142.30	+L	T
8137	Temporary crown placed as an emergency procedure / Tydelike kroon, *geplaas* as *'n* noodprosedure	243.30	+L	T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code *Kode*	Procedure description *Prosedure beskrywing*	Rc FEE TARIEF		MP MD
	Not applicable to temporary crowns placed during routine crown and bridge preparations i.e. where the impression for the final crown is taken at the same visit / *Nie* van toepassing *op tydelike* krone *wat* tydens *roetine* kroon- en brugwerk geplaas word nie, maw. waaf *die afdruk* vir die *finale kroon* tydens dieselfde besoek geneem word nie			
8330	Removal of fractured post or instrument andlor bypassing fractured endodontic instrument / *Verwydering van gefraktuurde stif of instrument en/of omleiding om 'n gefraktuurde endodontiese instrument* NOTE: The fee excludes the application of a rubber dam (code 8304) / NOTA: Die *tarief* sluit die aanwending van *'n* kofferdam (kode 8304) uit.	95.20		T
8345	Preformed post retention, per post / *Vooraf-vervaardigde stifversterking, per stif*	105.20		T
8347	Pin retention for restoration, first pin / *Penversterking vir herstelling, eerste pen*	72.40		T
8348	Pin retention for restoration, each additional pin / *Penversterking vir herstelling, elke bykomende pen* A maximum of two additional pins may be charged / *'n* Maksimum van *twee* bykomende penne mag gehef word	62.50		T
8355	Composite veneers (Direct) / *Hasfinere (Direkte)*	230.70		T
8357	Preformed metal crown / *Voorafgevormde metaalkroon*	153.20		T
8366	Pin retention as part of cast restoration, irrespective of number of pins / *Penretensie as deel van gegote herstelling, ongeag aantal penne*	111.80		T
8376	Prefabricated post and core in addition to crown / *Vooraf vervaardigde stif en kern bykomend tot kroon* The core is built around a prefabricated post(s) / Die *kern* word *rondom 'n voorafvervaardigde stif (stiwwe)* opgebou	373.30		T
8391	Cast post and core – single / *Gegote stif en kern – enkel*	169.50	+L	T
8393	Cast post and core – double / *Gegote stif en kern – tweeledig*	271.30	+L	T
8395	Cast post and core – triple / *Gegote stif en kern – drieledig*	391.20	+L	T
8396	Cast coping / *Gegote vingerhoed*	111.10	+L	T
8397	Cast core with pins / *Gegote kern met penne* This service is usually provided on grossly brokendown vital teeth, and may not be charged when a post has been inserted in the tooth in question / Hierdie *prosedure* word *gewoonlik toegepas* op erg vemietigde *vitale* fande, en mag *nie* gehef word wanneer *'n stif* in die *betrokke* tand geplaas is nie.	271.30	+L	T
8398	Core build-up, including any pins / Opbou van kern, alle penne ingesluit Refers to building up of anatomical crown when restorative crown will be placed, irrespective of the number of pins used / *Verwys* na die opbou van *anatomiese kroon* wanneer *'n herstellende* kroon geplaas gaan word, met of sonder die gebruik van penne	271.30		T
8413	Facing replacement / *Vervanging van gesigstuk*	165.70	+L	T
8414	Additional fee for provision of crown within an existing clasp or rest / *Bykomende gelde vir voorsiening van 'n kroon binne 'n bestaande klammer of rus*	51.90	+L	T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code *Kode*	Procedure description *Prosedure beskrywing*	Rc FEE TARIEF		MP MO
	D. ENDODONTICS/ ENDODONSIE			
*	*Preamble / Inleiding:* 1 *The Health Professions Council of SA has ruled that, with the exception of diagnostic intra-oral radiographs, fees/benefits for only three further intra-oral radiographs may be charged for each completed root canal therapy on a single-canal tooth; or a further five intra-oral radiographs for each completed root canal therapy on a multi-canal tooth / Die "Health Professions Council of SA het beslis dat, met uitsondering van diagnostiese binnemondse rdntgenfoto's, gelde/voordele vir slegs drie verdere binnemondse rdntgenfoto's gevra mag word vir elke volfooide wortelkanaalterapie op 'n enkelkanaal tand en h verdere vyf röntgenfoto's vir elke voltooide wortelkanaalferapie op 'n veelkanaaltand.* 2 *The fee for the application of a rubber dam (See code 8304 in the category "Adjunctive General Services") may only be charged concurrent with the following procedures / Die VVMS tarief vir die aanwending van 'n kofferdam (Sien kode 8304 in die kategorie "Bygevoegde Algemene Dienste") mag slegs fesame met die volgende prosedures gehef word:* • *Gross pulpal debridement, primary and permanent teeth for the relief of pain (code 8132)/ Verwydering van die pupaholte inhoud, primêre en permanente tande vir die verligting van pyn (kode 8132);* • *Apexification of a root canal (code 8305) / Apeksifikasie van wortelkanaal (kode 8305);* • *Pulpotomy (code 8307) / Pulpofomie (kode 8307);* • *Complete root canal therapy (codes 8328, 8329 and 8332 to 8340)/ Voltooide wortelkanaalbehandeling (kodes 8328, 8329 en 8332 tot 8340);* • *Removal or bypass of a fractured post or instrument (code 8330)/ Verwydering of omleiding van h gefraktuurde stif of instrument (kode 8330);* • *Bleaching of non vital teeth (codes 8325 and 8327) and / Bleiking van nie-vitale tande (kodes 8325 en 8327) en* • *Ceramic and or resin inlays (codes 8371 to 8374) / Keramiek en of hars inlegsels (kodes 8371 tot 8374)* 3. *After endodontic preparatory visits (codes 8332, 8333 and 8334) have been charged, endodontic treatment completed at a single visit (codes 8329, 8338, 8339 and 8340) may not be levied./ Nadat endodontiese voorbereidingsbesoeke (kodes 8332, 8333 en 8334) foegepas is, mag daar nie vir endodontiese behandeling wat fydens 'n enkel besoek voltooi word (kodes 8329, 8338, 8339 en 8340) gehef word nie*			
	Pulp capping/ Pulpa-oorkapping			
8301	Direct *pulp capping / Direkte pulpa oorkapping*	*Com Fee*		T
8303	Indirect *pulp capping / Indirekte pulpa-oorkapping* The permanent *filling* is not completed *at the same* visit */ Die permanente herstelling word nie gedurende dieselfde besoek voltooi nie*	94.00		T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code *Kode*	Procedure description *Prosedure* beskrywing	Rc FEE TARIEF		MP MD
	Pulpotomy / Pulpotomie			
8307	Amputation of pulp (pulpotomy) / *Amputasie van pulpa (pulpotomie)* No other endodontic procedure may, in respect of the same tooth, be charged concurrent to code **8307** and a completed root canal therapy should not be envisaged (code **8304** excluded) / Geen ander endodontiese prosedurn mag tesame met kode 8307 gehef word *nie* en *'n* volledige wortelkanaalbehandeling *behoort nie* beoog te word nie (kode *8304* uitgesluit)	56.60		T
	Endodontic therapy (including treatment plan, clinical procedures and follow-up care) / Endodontiese behandeling (behandelings-beplanning, kliniese prosedures en nasorg ingesluit)			
	PREPARATORY VISITS (OBTURATION NOT DONE AT SAME VISIT) / VOORBEREIDINGSBESOEKE (VULLING NIE TYDENS DIESELFDE BESOEK GEDOEN NIE)			
8332	Single-canal tooth, per visit / *Enkelkanaal tand, per besoek* A maximum of four visits per tooth may be charged / *'n* Maksimum van vier besoeke *mag* per tand gehef word	72.40		T
8333	Multi-canal tooth, per visit / *Meerkanaal fand, per besoek* A maximum of four visits per tooth may be charged / *'n* Maksimum van vier besoeke *mag* per *tand* gehef word	100.90		T
	OBTURATION OF ROOT CANALS AT A SUBSEQUENT VISIT / VULLING VAN WORTELKANALE NDENS 'N DAAROPVOLGENDE BESOEK			
8335	First canal - anteriors and premolars / *Eerste kanaal -anteriors en premolare*	330.00		T
8328	Each additional canal - anteriors and premolars / *Elke bykomende kanaal-anteriors en premolare*	127.00		T
8336	First canal - molars / *Eerste kanaal - molare*	453.40		T
8337	Each additional canal - molars / *Elke bykomende kanaal - molare*	134.20		T
	PREPARATION AND OBTURATION OF ROOT CANALS COMPLETED AT A SINGLE VISIT / VOORBEREIDING EN VULLING VAN WORTELKANALE GEDURENDE EEN BESOEK VOLTOOI			
8338	First canal - anteriors and premolars / *Eerste kanaal -anteriors en aremolare*	503.50		T
8329	Each additional canal - anteriors and premolars / *Elke bykomende kanaal-anteriors en premolare*	160.00		T
8339	First canal - molars / *Eerste kanaal - molare*	691.50		T
8340	Each additional canal - molars / *Elke bykomende kanaal - molare*	168.70		T
	Endodontic retreatment / Endodontiese herbehandeling			
8334	2e-preparation of previously obturated canal, per canal / *Hervoorbereiding van kanaal wat voorheen gevul was*	107.10		T
	Rpexificationlrecalcificationprocedures / Apeksifikasie/herkalsifikasie prosedures			
8305	Apexification of root canal, per visit / *Apeksifikasie van wortelkanaal, per besoek* No other endodontic procedures may, in respect of the same tooth, be charged concurrent to code **8305** at the same visit (code **8304** excluded) / Geen ander endodontiese prosedurn mag tesame met kode 8305 tydens dieselfde besoek ten opsigte van *dieselfde tand* gehef *word* nie (kode 8304 *uitgesluit)*	90.90		T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF		MP MC
	Apicoectomy/Periradicular services / Apisektomie/Periradikulêre dienste			
8229	Apicoectomy including retrograde filling where necessary – incisors and canines / Apisektomie insluitend retrograde herstelling waar nodig - snytande en oogtande	360.40		T
	Other endodontic procedures / Ander endodontiese prosedures			
8132	Gross pulpal debridement, primary and permanent teeth / Verwydering van die pulpaholte inhoud, primêre en permanent tande	116.90		
*	*Where Code* **8132** *is charged, no other endodontic codes may be charged at the same visit on the same tooth. Codes* **8338, 8329, 8339** *and* **8340** *(single visit) may be charged at the subsequent visit, even if Code* **8132** *was used for the initial relief of pain/ Wanneer Kode 8132 gehef word, mag geen ander endodonties kode tydens dieselfde besoek vir dieselfde tand gehef word nie. Kodes 8338, 8329, 8339 en 8340 (enkel besoek) mag tydens die daampvolgende besoek gehef word, selfs wanneer Kode 8132 tydens die aanvanklike besoek vir die verligting van pyn gehef was* *(See note 2 in the preamble above / Sien nota 2 in die inleiding hierbo)*			T
8135	Access through a prosthetic crown or inlay to facilitate root canal treatment/ *Toegang deur 'n* prostetiese kroon of *inlegsel om* worfelkanaalbehandeling te vergemaklik	56.40		T
8305	*Cost* of Mineral Trioxide Aggregate1 Koste van Mineraal Trioksied Aggregaat	Reel 013		
8325	Bleaching of non-vital teeth, per tooth as a separate procedure / *Bleiking* van nie-vitale tande, per tand as *'n* afsonderlike prosedure	163.30		T
8327	Each additional visit for bleaching of non-vital tooth as a separate procedure / Elke bykomende besoek vir bleiking van nie-vitale tande as *'n* afsonderlike prosedure *A maximum of two additional visits may be charged / 'n Maksimum van twee bykomende besoeke mag gehef word*	77.60		T
	E. PERIODONTICS / PERIODONSIE **This schedule, applicable *to* occupational injuries and diseases, do not include periodontic services /** Hierdie skedule, van toepassing op ***beroepsbeserings*** en ***siektes, sluit*** nie ***periodontiese*** dienste **in nie.**			
	F. PROSTHODONTICS (REMOVABLE) / PROSTODONSIE (VERPLAASBAAR)			
	Complete dentures (including routine post-delivery care) / Volledige kunsgebitte (roetine nasorg ingesluit)			
8231	Full upper and lower dentures inclusive of soft bases or metal bases, where applicable / *Vol* bo- en onderkunsgebit, insluitend sagtebasisse *of* metaal-basisse, waar van toepassing	1152.40	+L	
8232	Full upper or lower dentures inclusive of soft base or metal base, where applicable / *Vol* bo-of onderkunsgebit, insluitend sagte basis of metaalbasis, waar van toepassing	710.30	+L	

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF		MP MD
	Partial dentures (including routine post-delivery care) / Gedeeltelike kunsgebitte (roetine nasorg ingesluit)			
8233	*Partial denture, one tooth / Gedeeltelike kunsgebit met een tand*	329.90	+L	
8234	*Partial denture,* two *teeth / Gedeelfelike kunsgebit met twee tande*	329.90	+L	
8235	*Partial denture, three teeth / Gedeeltelike kunsgebit met drie fande*	493.20	+L	
8236	*Partial denture, four teeth / Gedeeltelike kunsgebit met vier tande*	531.00	+L	
8237	*Partial denture, five teeth / Gedeeltelike kunsgebit met vyf tande*	493.20	+L	
8238	*Partial denture, six teeth / Gedeeltelike kunsgebit met ses tande*	657.30	+L	
8239	*Partial denture, seven teeth / Gedeeltelike kunsgebif met sewe tande*	657.30	+L	
8240	*Partial denture, eight teeth / Gedeeltelike kunsgebit met agt tande*	657.30	+L	
8241	*Partial denture, nine or more teeth / Gedeeltelike kunsgebit met nege of meer tande*	657.30	+L	
8281	*Metal* (e.g. *chrome cobalt, etc.) base to partial denture, per denture / Metaal (bv. chroomkobalt) basis vir gedeeltelike kunsgebit, per gebit* The procedure refers to the metal framework only, and includes all clasps, rests and bars (i.e., 8251, 8253, 8255 and 8257). See codes 8233 to 8241 for the resin denture base required concurrent to 8281 / Die *prosedure verwys alleenlik* na die *metaalraam,* en *sluit alle klammers,* ruste en stange *(i.e. 8251, 8253,* 8255 en 8257) in. *Sien* kodes 8233 to *8241 vir akriel* kunsgebitbasis wat tesame met *8281* benodig word	877.70	+L	
	Adjustments to dentures / Verstellings aan kunsgebitte			
8275	*Adjustment of denture / Verstelling van kunsgebif* (After six months or for patient of another practitioner / *Na* ses maande *of* vir *'n pasiënt van* 'n ander tandarts)	49.80	+L	
	Repairs to complete or partial dentures / Reparasie aan vol- of gedeeltelike kunsgebitte			
8269	*Repair of denture or other intra-oral appliance / Herstel van kunsgebit of ander binnemondse toestel* A dentist may not charge professional fees for the repair of dentures if the patient was not personally examined; laboratory fees, however, may be recovered / 'n *Tandarts* mag nie *professionele* gelde vir die herstel van kunsgebitte hef indien die *pasiënt* nie *persoonlik* ondersoek was nie; *laboratoriumfooie* mag egter *gevorder* word.	94.50	+L	
8270	*Add clasp to existing partial denture / Byvoeging van 'n klammer tot bestaande gedeeltelike gebit* (One or more clasps / Een of meer klammers) Code 8270 is in addition to code 8269 / Kode *8270* is bykomend tot kode *8269.*	62.50	+L	
8271	*Add tooth to existing partial denture / Byvoeging van 'n tand tot bestaande gedeeltelike gebit* (One or more teeth / Een of meer tande) Code 8271 is in addition to code 8269 / Kode *8277* is bykomend *tot* kode 8269.	62.50	+L	
8273	*Additional* fee/benefit *where one or more impressions are required for 8269, 8270 and 8271 / Bykomende gelde/voordeel waar een of meer afdrukke nodig is vir kodes 8269,* 8270 *en 8271*	49.80	+L	
	Denture rebase procedures / Herbaseringprosedures vir kunsgebitte			
8259	*Re-base of denture (laboratory)/Herbasering van kunsgebit (laboratorium)*	271.30	+L	
8261	*Re-model of denture / Hermodelering van kunsgebif*	445.50	+L	