



Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Vol. 518

Pretoria, 22 August
Augustus 2008

No. 31318

N.B. The Government Printing Works will not be held responsible for the quality of "Hard Copies" or "Electronic Files" submitted for publication purposes



AIDS HELPLINE: 0800-0123-22 Prevention is the cure

CONTENTS • INHOUD

No.

*Page
No. Gazette
 No.*

GENERAL NOTICE

Labour, Department of

General Notice

941 Compensation for Occupational Injuries and Diseases Act (130/1993): COIDA fees for dental services 3 31318

GENERAL NOTICE

NOTICE 941 OF 2008

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

1. I, Membathisi Mpumzi 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 2008**.
2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2008** and **Exclude VAT**.



MEMBATHISI MPHUMZI SHEPHERD MDLADLANA
MINISTER OF LABOUR

GENERAL INFORMATION / ALGEMENE INLIGTING

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose 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 or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

In terms of section 42 of the Compensation for Occupational Injuries and Diseases Act the Compensation Fund may refer an injured employee to a specialist medical practitioner of his choice for a medical examination and report. Special fees are payable when this service is requested.

In the event of a change of medical practitioner attending to a case, the first doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal. **To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the first doctor.** As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist.

According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and accepted by the Compensation Fund. **Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.**

An employee seeks medical advice at his own risk. If an employee represented to a medical service provider that he is entitled to treatment in terms of the Compensation for Occupational Injuries and Diseases Act, and yet failed to inform the Compensation Commissioner or his employer of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for medical expenses incurred. The Compensation Commissioner could also have reasons not to accept a claim lodged against the Compensation Fund. In such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

Please note that from 1 January 2004 a certified copy of an employee's identity document will be required in order for a claim to be registered 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 the employer for attachment of a certified copy of the employee's identity document. Furthermore, all supporting documentation submitted to the Compensation Fund must reflect the identity number of the employee. If the identity number is not included such documents can not be processed but will be returned to the sender to add the ID number.

The tariff amounts published in the tariff guides to medical services rendered in terms of the Compensation for Occupational Injuries and Diseases Act do not include VAT. All accounts for services rendered will be assessed without VAT. Only if it is indicated that the service provider is registered as a VAT vendor and a VAT registration number is provided, will VAT be calculated and added to the payment, without being rounded off.

The only exception is the “per diem” tariffs for Private Hospitals that already include VAT.

Please note that there are VAT exempted codes in the private ambulance tariff structure.

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 nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgever met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.

Kragtens die bepalings van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris 'n beseerde werknemer na 'n ander geneesheer deur homself aangewys verwys vir 'n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialis gelewer word.

*In die geval van 'n verandering in geneesheer wat 'n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na 'n spesialis verwys is, as die lasgewer beskou word. **Ten einde geskille rakende die betaling vir dienste gelewer te voorkom, moet geneesheer hul daarvan weerhou om 'n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig.** Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.*

*Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag 'n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. **Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.***

Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko aanvra. As 'n werknemer dus aan 'n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgever in te lig oor enige moontlike gronde vir 'n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die

Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie 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.

Neem asseblief kennis dat 'n gesertifiseerde afskrif van die werknemer se identiteitsdokument benodig word vanaf 1 Januarie 2004 om 'n eis by die Vergoedingsfonds aan 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 vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.

Die bedrae gepubliseer in die handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.

Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit.

Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •
EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER**

1. New claims are registered by the Compensation Fund and the **employer is notified of the claim number** allocated to the claim. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund • *Nuwe eise word geregistreer deur die Vergoedingsfonds en die werkgewer word in kennis gestel van die eisnommer. Navrae aangaande eisnommers moet aan die werkgewer gerig word en nie aan die Vergoedingskommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds aanvaar is, sal redelike mediese koste betaal word deur die Vergoedingsfonds.*
3. If a claim is **rejected (repudiated)**, accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur (gerepudieer) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien geen besluit oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • EISPROSEDURE

1. The **first account** for services rendered for an injured employee (INCLUDING the First Medical Report) must be submitted to the employer who will collate all the necessary documents and submit them to the Compensation Commissioner • *Die eerste rekening (INSLUITEND die Eerste Mediese Verslag) vir dienste gelewer aan 'n beseerde werknemer moet aan die werkgewer gestuur word, wat die nodige dokumentasie sal versamel en dit aan die Vergoedingskommissaris sal voorlê*
2. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met • *Daaropvolgende rekeninge moet ingedien of gepos word aan die naaste Arbeidsentrum. Dit is belangrik dat al die voorskrifte vir die indien van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie*
3. If accounts are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*
4. If an account has been **partially paid** with no reason indicated on the remittance advice, a duplicate account with the unpaid services clearly marked can be submitted to the Labour Centre, accompanied by a WCl 20 form. (*see website for example of the form). • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die wanbetaling duidelik aangedui, vergesel van 'n WCl 20 vorm by die Arbeidsentrum ingedien word (*sien webblad vir 'n voorbeeld van die vorm)*
5. **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*
6. Service providers **should not generate** • *Diensverskaffers moenie die volgende lewer nie:*
 - 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** - submit a separate account for every month • *Aaneenlopende rekeninge -lewer 'n aparte rekening vir elke maand*
 - c. **Accounts on the old documents** (W.Cl 4 / W.Cl 5/ W.Cl 5F) New *First Medical Report (W.Cl 4) and Progress / Final Medical Report (W.Cl 5 / W.Cl 5F) forms

are available. The use of the old reporting forms combined with an account (W.CL11) has been discontinued. **Accounts on the old medical reports will not be processed** • *Rekeninge op die ou voorgeskrewe dokumente van die Vergoedingskommissaris. Nuwe *Eerste Mediese Verslag (W.Cl 4) en Vorderings / Finale Mediese Verslag (W.Cl 5) vorms is beskikbaar. Die vorige verslagvorms gekombineer met die rekening (W.CL11) is vervang. Rekeninge op die ou vorms word nie verwerk nie.*

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

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

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • *Minimum besonderhede wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgever en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Service provider's reference or account number • *Diensverskaffer se verwysing of rekening nommer*
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g. • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word by.*
 - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
 - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

GENERAL GUIDELINES / ALGEMENE RIGLYNE

COIDA FEES FOR DENTAL SERVICES FROM 1 APRIL 2008 / COIDA TARIEWE VIR TANDHEELKUNDIGE DIENSTE VANAF 1 APRIL 2008

RULES / REËLS

1. The following Rules apply to all practitioners /

Die volgende reëls is van toepassing op alle praktisyns:

001 Code 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 code 8102. This includes the issuing of a prescription where only medication is prescribed / *Kode 8101 verwys na 'n volmond-ondersoek, kartering en behandelingsbeplanning en geen bykomende fooie sal hefbaar wees totdat die behandelingsplan, voortspruitend uit hierdie konsultasie, voltooi is nie met die uitsondering van kode 8102. Dit sluit in die uitreiking van 'n voorskrif, waar slegs medikasie voorgeskryf is.*

Item code 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 / *Itemkode 8104 verwys na 'n konsultasie vir 'n spesifieke probleem en nie na 'n volmond-ondersoek, kartering en behandelingsbeplanning nie. Dit sluit in die uitreiking van 'n voorskrif, 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 code /

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 tariefkode 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 financial responsibility in respect of such treatment will be accepted /

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 code /

In uitsonderlike gevalle waar die tariefgelde buite verhouding laag is in vergelyking met die dienste werklik deur 'n praktisyn gelewer, kan sodanige hoër fooi waarop die tandarts en die Kommissaris onderling ooreenkoms geëf word en reël 004 moet tesame met die tariefkode aangedui word.

005 Except 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 in terms of 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 spesialis 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 weksdae en tussen 08:00 en 13:00 op

GENERAL GUIDELINES / ALGEMENE RIGLYNE

- Saterdag.*
- 008 A dental practitioner shall submit his account for treatment to the employer of the employee concerned /
'n Tandarts moet sy rekening ten opsigte van behandeling aan die betrokke werknemer se werkgewer stuur.
- (M/W) 009 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 code /
Tandartse in algemene praktyk is daarop geregtig om twee-derdes van die gelde van spesialiste te hef slegs vir behandeling wat nie in die skedule vir tandartse in algemene praktyk aangegee word nie en Wysiger 8004 moet teenoor sodanige itemkode getoon word.
- Benefits in respect of specialists charging treatment procedures not listed in the schedule 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 / <i>Algemene Tandheelkunde Praktisyne Skedule</i> | 100% |
| Other Dental Specialists Schedules / <i>Ander Tandheelkunde Spesialis Skedules</i> | 2/3 |
- 010 Fees charged by dental technicians for their services (PLUS L) shall be indicated 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 dental technician shall bear the signature of the dentist (or the person authorised by him) as proof that it has been compiled correctly. "L" comprises the fee charged by the dental technician for his services as well as the cost of gold and of teeth. For example, code 8231 is specified as follows (gold only applicable with prior authorization)
Die fooi wat 'n tandtegnikus hef (PLUS L), moet op die tandarts se rekening aangedui word teenoor die kode 8099. Sodanige rekening van die tandarts moet vergesel wees van 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" sluit die fooi wat die tandtegnikus vir sy dienste hef, asook die koste van goud en van tande in. Byvoorbeeld, kode 8231 word soos volg gespesifiseer: (goud slegs van toepassing met vooraf goedkeuring)
- | | | |
|----------------|-------|---------------|
| | | Rc |
| 8231 | | X |
| 8099 (8231) | | Y |
| Total / Totaal | | <u>R(X+Y)</u> |
- 011 Modifiers may only be used where (M/W) appears against the item code in the schedule /
Wysigers mag slegs gebruik word waar (W/M) teenoor die itemkode in die skedule verskyn.
- 8001** 33 1/3% of the appropriate scheduled fee (see Note 4 - preamble to maxillo-facial and oral surgery schedule) /
33 1/3% van die toepaslike skedule fooie (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 fooie plus 50% (sien Nota 1 - inleiding tot die kaak-gesigs- en mondchirurgie skedule)
- 8003** The appropriate scheduled fee + 10% (see Note 5 - preamble to periodontal schedule) /
Die toepaslike skedule fooie plus 10% (sien Nota 5 - inleiding tot periodontale

GENERAL GUIDELINES / ALGEMENE RIGLYNE

- skedule)*
- 8004** Two-thirds of appropriate scheduled fee (see Rule 009) /
Twee-derdes van die toepaslike skedule fooie (Sien Reël 009)
- 8005** The appropriate scheduled fee up to a maximum of **R254.70** (see Note 2 - preamble to maxillo-facial and oral surgery schedule) /
Die toepaslike skedule fooie tot 'n maksimum van R254.70 (sien Nota 2 – inleiding tot die kaak-gesigs- en mondchirurgie skedule)
- 8006** 50% of the appropriate scheduled fee (see Note 3 – preamble to maxillo-facial and oral surgery schedule) /
50% van die toepaslike skedule fooie (sien Nota 3 – inleiding tot die kaak-gesigs- en mondchirurgie skedule)
- 8007** 15% of the appropriate scheduled fee with a minimum of **R129.50** (See preamble(s) under “oral surgery” in the schedule for GPs and the schedule for specialists in maxillo-facial and oral surgery) /
15% van die toepaslike skedule fooie met 'n minimum van R129.50 (Sien inleiding(s) onder “mondchirurgie” in die skedule vir APs en die skedule vir spesialiste in kaak-gesigs- en mondchirurgie)
- 8008** The appropriate scheduled fee + 25% (see Note 5 – preamble to maxillo-facial and oral surgery schedule, GPs' schedule) /
Die toepaslike skedule fooie 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 fooie (sien Nota 3 onder die inleiding van die kaak-gesigs- en mondchirurgie skedule)
- 8010** The appropriate schedule fee plus 75% /
Die toepaslike skedule fooie plus 75%.
- 012 In cases where treatment is not listed in the schedule for dentists in general practice or specialists, the appropriate fee listed in the medical schedules shall be charged and the relevant code in the medical schedules indicated /
In gevalle waar behandeling nie in die skedule vir tandartse in algemene praktyk of spesialiste gelys is nie, word die toepaslike fooie soos gelys in die mediese skedule gehef, en die betrokke kode in die mediese skedules aangedui
- 013 Cost of material (VAT inclusive): This item provides for the charging of material costs where indicated against the relative item codes by the words “(See Rule 013)”. Material should be charged for at cost plus a handling fee not exceeding 35%, up to **R2134.00**. A maximum handling fee of 10% shall apply above a cost of **R2134.00**. A maximum handling fee of **R3201.00** will apply /
Koste van materiaal (BTW ingesluit): Hierdie item maak voorsiening vir die hef van fooie vir materiaal waar spesifiek aangedui deur die woorde “(Sien Reël 013)”. Kosprys plus 'n maksimum van 35% kan gehef word vir materiaal, waar die koste R2134.00 of minder is. 'n Maksimum hanteringsfooi van 10% sal van toepassing wees vir koste bo R2134.00. Die maksimum hanteringsfooi sal R3201.00 beloop
Note/Nota: Item 8220 (suture) is applicable to all registered practitioners / Item 8220 (hegting) is toepaslik op alle geregistreerde praktisyne

EXPLANATIONS / VERDUIDELIKINGS

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

A summary listing all 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

GENERAL GUIDELINES / ALGEMENE RIGLYNE

Bylae A

New codes added to the Schedule are identified with the symbol • placed before the code / *Nuwe kodes wat tot die Skedule bygevoeg is word deur die • simbool voor die kode aangedui*

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

3. **Tooth identification / Tandidentifikasie**

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 designated system for teeth and areas of the oral cavity of the International Standards Organisation (ISO) in collaboration with the FDI, should be used /

Tandidentifikasie is verpligtend vir alle rekeninge wat gelewer word. Tandidentifikasie is slegs van toepassing op prosedures wat met die letter "(T)" in die monddeel-kolom (MD) aangedui word. Die "International Standards Organisation" (ISO), in samewerking met die FDI, se aanwysingstelsel vir 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 fooie van kunsgebit by
+L	Add laboratory fee	+L	Voeg laboratoriumfooie by
GP	General practitioner	AP	Algemene praktisyn
M/W	Modifier	M/W	Wysiger
MP	Mouth part	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	
	<p>PREAMBLE / INLEIDING</p>
(1)	<p>The dental procedure codes for general dental practitioners are divided into twelve (12) categories of services. The procedures have been grouped according to the category with which the procedures are most frequently identified. The categories are created 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 that in the "Current Dental Terminology" Third Edition (CDT-3)</p> <p><i>Die tandheelkunde prosedurekodes vir algemene tandheelkundige praktisyne is in twaalf (12) kategorieë verdeel. Elke prosedure is in die kategorie waar dit die algemeenste voorkom gegroep. Die kategorieë is uitsluitlik vir doeleindes van gerief in die gebruik van die Skedule geskep en moet nie geïnterpreteer word as synde sekere groepe van Mondgesondheidswerkers in die uitvoer of vermelding van sekere prosedures te weerhou nie. Hierdie kategorieë is soortgelyk aan die in die "Current Dental Terminology" Third Edition (CDT-3)</i></p>
(2) (M/W)	<p>Procedures not described in the general practitioner's 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 codes that are not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item code (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.</p> <p><i>Prosedures wat nie in die algemene praktisyne se skedule beskryf word nie, moet vermeld word deur na die toepaslike spesialisskedule te verwys. Tandartse in algemene praktyk is daarop geregtig om twee-derdes van die fooie van spesialiste te hef slegs vir behandelingkodes wat nie in die skedule vir tandartse in algemene praktyk aangegee word nie en Wysiger 8004 moet teenoor sodanige itemkode getoon word (Sien Reëls 009, 011). Daar is geen spesifieke ortodontiese kodes in die huidige algemene praktisyne skedule nie, en die algemene praktisyne moet na die spesialis ortodontisskedule verwys.</i></p>
(3) (M/W)	<p>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 Compensation Fund 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 Compensation Fund.</p> <p><i>Kaak-, gesig- en mondchirurgie (Seksie J van die Skedule): Die fooie aan 'n algemene praktisyne assistent betaalbaar word bereken op 15% van die fooie van die praktisyne wat die operasie uitvoer, met die aangeduide minimum (sien Wysiger 8007). Die Vergoedingsfonds moet vooraf in kennis gestel word dat 'n tweede tandarts by die operasie teenwoordig sal wees en dat fooie aan die tandarts betaalbaar sal wees. Die naam van die assistent moet op die rekening wat aan die Vergoedingsfonds gelewer word, verskyn.</i></p>

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code <i>Kode</i>	Procedure description <i>Prosedure beskrywing</i>	Rc		MP MD
		FEE TARIEF		
A. DIAGNOSTIC / DIAGNOSTIES				
Clinical oral evaluation / Kliniese evaluering van die mond				
8101	Full mouth examination, charting and treatment planning (see Rule 001) / <i>Volmond-ondersoek, kartering en behandelingsbeplanning (sien Reël 001)</i>	133.10		
8102	Comprehensive consultation / <i>Omvattende konsultasie</i>	173.70		
<p>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:</p> <ul style="list-style-type: none"> • 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 <p><i>'n Omvattende konsultasie behels behandelingsbeplanning tydens 'n afsonderlike afspraak, waar 'n diagnose gemaak word met behulp van studiemodelle, volmond 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:</i></p> <ul style="list-style-type: none"> • <i>Sagteweefselondersoek</i> • <i>Hardeweefselondersoek</i> • <i>Siftingsondersoek van periodontale sakkies</i> • <i>Mukogingivale ondersoek</i> • <i>Plaakindeks</i> • <i>Bloedingsindeks</i> • <i>Okklusale ontleding</i> • <i>TMG ondersoek</i> • <i>Vitaliteitsondersoek van alle tande</i> 				
8104	Examination or consultation for a specific problem not requiring a full mouth examination, charting and treatment planning / <i>Ondersoek of konsultasie vir 'n spesifieke probleem wat nie 'n volmond-ondersoek, kartering en behandelingsbeplanning benodig nie</i>	52.50		
Radiographs / Diagnostic imaging / Röntgenfoto's / Diagnostiese afbeelding				
8107	Intra-oral radiographs, per film / <i>Binnemondse röntgen-foto's, per film</i>	50.80		
8108	Maximum for 8107 / <i>Maksimum vir 8107</i>	381.80		
8113	Occlusal radiographs / <i>Okklusale röntgenfoto's</i>	79.10		
8115	Extra-oral radiograph, per film / <i>Buitemondse röntgenfoto, per film</i> (i.e. panoramic, cephalometric, PA / i.e. panoramies, kefalometries, PA)	209.00		

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
	<p>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.</p> <p>Tests and laboratory examinations / Toetse en laboratoriumondersoeke</p>			
8117	Study model – unmounted or mounted on a hinge articulator / <i>Studiemodel ongemonteer of gemonteer op 'n skarnier artikulator</i>	57.00	+L	
8119	Study model – mounted on a movable condyle articulator / <i>Studiemodel gemonteer op artikulator met verstelbare kondiele</i>	146.60	+L	
8121	Photograph (for diagnostic, treatment or dento-legal purposes) per photograph / <i>Foto (vir diagnostiese-, behandelings- of geregtelike doeleindes) per foto</i>	57.00		
8122	<p>Bacteriological studies for determination of pathologic agents/ <i>Bakteriologies studies vir die bepaling van patologies agense</i></p> <p>May include, but is not limited to tests for susceptibility to periodontal disease / Sluit in maar is nie beperk tot die toets van vatbaarheid vir periodontale siektes nie</p> <p>If requested, a periodontal risk assessment must be made available at no charge / 'n <i>Periodontale risiko-bepaling moet op versoek gratis beskikbaar gestel word</i></p> <p>(The use of this code is limited to general dental practitioners and specialist in community dentistry / <i>Die gebruik van hierdie kode is beperk tot algemene tandheelkundige praktisyne en spesialiste in gemeenskapstandheekunde</i>)</p>	53.80		
	<p>B. PREVENTIVE / VOORKOMEND</p> <p>This schedule, applicable to occupational injuries and diseases, excludes preventive services / <i>Hierdie skedule, van toepassing op beroepsbeserings en -siektes, sluit nie voorkomende dienste in nie.</i></p>			
	<p>C. RESTORATIVE / HERSTELLEND</p> <p>Amalgam restorations (including polishing) / Amalgaam herstellings (polering ingesluit)</p> <p>All adhesives, liners and bases are included as part of the restoration. If pins are used, they should be reported separately / <i>Alle bindingsmateriale, onderlae en basislae word as deel van die herstelling ingesluit. Indien penne gebruik word, moet dit afsonderlik vermeld word.</i></p> <p>See Codes 8345, 8347 and 8348 for post and / or pin retention / <i>Sien Kodes 8345, 8347 en 8348 vir stif en / of penretensie</i></p>			
8346	Restorative material factor/ <i>Herstellingsmateriaal faktor</i>	M/W8003 + 10%		
8341	Amalgam - one surface / <i>Amalgaam - een vlak</i>	135.80		T
8342	Amalgam - two surfaces / <i>Amalgaam - twee vlakke</i>	170.00		T
8343	Amalgam - three surfaces / <i>Amalgaam - drie vlakke</i>	203.70		T
8344	Amalgam - four or more surfaces / <i>Amalgaam - vier of meer vlakke</i>	226.40		T

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
	<p>Resin restorations / Harsherstellings</p> <p>Resin refers to a broad category of materials including but not limited to composites and 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.</p> <p><i>Harse verwys na 'n wye kategorie van materiaal wat komposiete insluit en 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, moet dit afsonderlik vermeld word.</i></p> <p>See codes 8345, 8347 and 8348 for post and / or pin retention / <i>Sien kodes 8345, 8347 en 8348 vir stif en / of penretensie</i></p> <p>The fees are inclusive of direct pulp capping (code 8301) and rubber dam application (code 8304) / <i>Die tariewe sluit direkte pulpa-oorkapping (kode 8301) en die aanwending van 'n kofferdam (kode 8304) in</i></p>			
8351	Resin - one surface, anterior / <i>Hars - een vlak, anterior</i>	149.20		T
8352	Resin - two surfaces, anterior / <i>Hars - twee vlakke, anterior</i>	169.60		T
8353	Resin - three surfaces, anterior / <i>Hars - drie vlakke, anterior</i>	224.40		T
8354	Resin - four or more surfaces, anterior / <i>Hars - vier of meer vlakke, anterior</i>	249.20		T
8367	Resin - one surface, posterior / <i>Hars - een vlak, posterior</i>	160.50		T
8368	Resin - two surfaces, posterior / <i>Hars - twee vlakke, posterior</i>	199.00		T
8369	Resin - three surfaces, posterior / <i>Hars - drie vlakke, posterior</i>	239.90		T
8370	Resin - four or more surfaces, posterior / <i>Hars - vier of meer vlakke, posterior</i>	254.50		T
	<p>Inlay / Onlay restorations / Inlegsels / Oplegsele herstellings</p> <p>METAL INLAYS / METAALINLEGSELS</p> <p>The fee for metal inlays on anterior teeth (incisors and canines) are determined 'by arrangement' with the Compensation Commissioner / <i>Die fooie vir metaalinlegsele op anterior tande (snytande en hoektande) word 'volgens ooreenkoms' met die Voergoedingskommissaris bepaal</i></p>			
8358	Inlay, metallic - one surface, anterior / <i>Inlegsels, metaal - een vlak, anterior</i>	na / nvt	+L	T
8359	Inlay, metallic - two surfaces, anterior / <i>Inlegsels, metaal - twee vlakke, anterior</i>	na / nvt	+L	T
8360	Inlay, metallic - three surfaces, anterior / <i>Inlegsels, metaal - drie vlakke, anterior</i>	na / nvt	+L	T
8365	Inlay, metallic - four or more surfaces, anterior / <i>Inlegsels, metaal - vier of meer vlakke, anterior</i>	na / nvt	+L	T
8361	Inlay, metallic - one surface, posterior / <i>Inlegsels, metaal - een vlak, posterior</i>	246.50	+L	T
8362	Inlay, metallic - two surfaces, posterior / <i>Inlegsels, metaal - twee vlakke, posterior</i>	360.30	+L	T
8363	Inlay, metallic - three surfaces, posterior / <i>Inlegsels, metaal - drie vlakke, posterior</i>	726.60	+L	T

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8364	Inlay, metallic - four or more surfaces, posterior / <i>Inlegsel, metaal - vier of meer vlakke, posterior</i> CERAMIC AND / OR RESIN INLAYS / KERAMIEK EN / OF HARS INLEGSELS Porcelain / ceramic inlays include either all ceramic or porcelain inlays. Composite / resin inlays must be laboratory processed / <i>Porselein / keramiek inlegsels sluit alle keramiek of porselein inlegsels in. Komposiet / hars inlegsels moet in 'n laboratorium verwerk word</i> NOTE: The fees exclude the application of a rubber dam (code 8304) / <i>NOTA: Die tariewe sluit die aanwending van 'n kofferdam (kode 8304) uit.</i>	726.60	+L	T
8371	Inlay, ceramic / resin - one surface / <i>Inlegsel, keramiek / hars - een vlak</i>	246.50	+L	T
8372	Inlay, ceramic / resin - two surfaces / <i>Inlegsel, keramiek/hars - twee vlakke</i>	360.30	+L	T
8373	Inlay, ceramic / resin - three surfaces / <i>Inlegsel, keramiek / hars - drie vlakke</i>	601.20	+L	T
8374	Inlay, ceramic / resin - four or more surfaces / <i>Inlegsel, keramiek / hars - vier of meer vlakke</i>	726.60	+L	T
(M/W)	<p>NOTES / NOTAS</p> <ol style="list-style-type: none"> In some of the above cases (e.g. direct hybrid inlays) +L may not necessarily apply <i>In sommige van bg gevalle (bv. direkte gemengde hars inlegsels) mag +L nie noodwendig van toepassing wees nie.</i> In cases where direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used <i>In gevalle waar direkte gemengde hars inlegsels gebruik word en +L nie van toepassing is nie, mag Wysiger 8008 gebruik word.</i> See the General Practitioner's Guideline to the correct use of treatment codes for computer generated inlays. <i>Sien die Algemene Praktisyn se Riglyne vir die korrekte gebruik van behandelingskodes tov rekenaar gegenereerde inlegsels</i> <p>Crowns – single restorations / Krone – enkel herstellings</p> <p>The fees 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 <i>Die fooie sluit die koste van voorlopige en / of tussentydse krone in. Sien kode 8193 (been-geïntegreerde ankertand herstelling) in die kategorie 'vaste prostodontsie' vir krone op been-geïntegreerde implantate.</i></p>			
8401	Cast full crown / <i>Gegote volle kroon</i>	863.00	+L	T
8403	Cast three-quarter crown / <i>Gegote driekwartkroon</i>	863.00	+L	T
8405	Acrylic jacket crown / <i>Akrieldopkroon</i>	Com Fee	+L	T
8407	Acrylic veneered crown / <i>Akrielfineerde kroon</i>	921.30	+L	T
8409	Porcelain jacket crown / <i>Porseleindopkroon</i>	921.30	+L	T
8411	Porcelain veneered crown / <i>Porseleingefineerde kroon</i>	921.30	+L	T
	Other restorative services / Ander herstellende dienste			
8133	Re-cementing of inlays, crowns or bridges - per abutment / <i>Hersementering van inlegsels, krone of brúe - per ankertand</i> In some cases where item code 8133 is used +L may not apply / <i>In sommige gevalle waar itemkode 8133 gebruik word mag +L nie van toepassing wees nie.</i>	79.10	+L	T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP MD
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 / <i>Verwydering van inlegsels en kroone (per eenheid) en brûe (per ankertand) of per seksie van 'n brug, waarvan 'n deel behou moet word as 'n kroon as gevolg van die faling van 'n brug</i>	155.40	+L	T
8137	Temporary crown placed as an emergency procedure / <i>Tydlike kroon, geplaas as 'n noodprosedure</i> 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 / <i>Nie van toepassing op tydelike kroone wat tydens roetine kroon- en brugwerk geplaas word nie, waar die afdruk vir die finale kroon tydens dieselfde besoek geneem word nie</i>	265.70	+L	T
8330	Removal of fractured post or instrument and / or bypassing fractured endodontic instrument / <i>Verwydering van gefrakteurde stif of instrument en / of omleiding om 'n gefrakteurde endodontiese instrument</i> NOTE: The fee excludes the application of a rubber dam (code 8304) / <i>NOTA: Die tarief sluit die aanwending van 'n kofferdam (kode 8304) uit.</i>	104.00		T
8345	Preformed post retention, per post / <i>Vooraf-vervaardigde stifversterking, per stif</i>	114.90		T
8347	Pin retention for restoration, first pin / <i>Penversterking vir herstelling, eerste pen</i>	79.10		T
8348	Pin retention for restoration, each additional pin / <i>Penversterking vir herstelling, elke bykomende pen</i> A maximum of two additional pins may be charged / <i>'n Maksimum van twee bykomende penne mag gehê word</i>	68.30		T
8355	Composite veneers (direct) / <i>Harsfinere (direkte)</i>	251.90		T
8357	Preformed metal crown / <i>Voorafgevormde metaalkroon</i>	167.30		T
8366	Pin retention as part of cast restoration, irrespective of number of pins / <i>Penretensie as deel van gegote herstelling, ongeag aantal penne</i>	122.10		T
8376	Prefabricated post and core in addition to crown / <i>Vooraf vervaardigde stif en kern bykomend tot kroon</i> The core is built around a prefabricated post(s) / <i>Die kern word rondom 'n voorafvervaardigde stif (we) opgebou</i>	407.60		T
8391	Cast post and core - single / <i>Gegote stif en kern - enkel</i>	185.10	+L	T
8393	Cast post and core - double / <i>Gegote stif en kern - tweeledig</i>	296.30	+L	T
8395	Cast post and core - triple / <i>Gegote stif en kern - drieledig</i>	427.10	+L	T
8396	Cast coping / <i>Gegote vingerhoed</i>	121.30	+L	T
8397	Cast core with pins / <i>Gegote kern met penne</i> This service is usually provided on grossly broken down vital teeth, and may not be charged when a post has been inserted in the tooth in question / <i>Hierdie prosedure word gewoonlik toegepas op erg vernietigde vitale tande, en mag nie gehê word wanneer 'n stif in die betrokke tand geplaas is nie.</i>	296.30	+L	T
8398	Core build-up, including any pins / <i>Opbou van kern, alle penne ingesluit</i> Refers to the building up of an anatomical crown when a restorative crown will be placed, irrespective of the number of pins used / <i>Verwys na die opbou van 'n anatomiese kroon as 'n herstellende kroon geplaas gaan word, met of sonder die gebruik van penne</i>	296.30		T
8413	Facing replacement / <i>Vervanging van gesigstuk</i>	180.90	+L	T
8414	Additional fee for provision of a crown within an existing clasp or rest / <i>Bykomende gelde vir voorsiening van 'n kroon binne 'n bestaande klammer of rus</i>	56.70	+L	T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
	D. ENDODONTICS / ENDODONSIE			
*	<p>Preamble / Inleiding:</p> <ol style="list-style-type: none"> The Health Professions Council of SA has ruled that, with the exception of diagnostic intra-oral radiographs, fees 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 / <i>Die HPCSA het beslis dat, met uitsondering van diagnostiese binnemond röntgenfoto's, fooie vir slegs drie verdere binnemond röntgenfoto's gehief mag word vir elke voltooide wortelkanaalterapie op 'n enkelkanaal tand en 'n verdere vyf röntgenfoto's vir elke voltooide wortelkanaalterapie op 'n veelkanaaltand.</i> 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 / <i>Die tarief vir die aanwending van 'n kofferdam (Sien kode 8304 in die kategorie "Bygevoegde Algemene Dienste") mag slegs tesame met die volgende prosedures gehief word:</i> <ul style="list-style-type: none"> Gross pulpal debridement, primary and permanent teeth, for the relief of pain (code 8132) / <i>Verwydering van die pupaholte inhoud, primêre en permanente tande, vir die verligting van pyn (kode 8132);</i> Apexification of a root canal (code 8305) / <i>Apeksifikasie van 'n wortelkanaal (kode 8305);</i> Pulpotomy (code 8307) / <i>Pulpotomie (kode 8307);</i> Complete root canal therapy (codes 8328, 8329 and 8332 to 8340) / <i>Voltooide wortelkanaalbehandeling (kodes 8328, 8329 en 8332 tot 8340);</i> Removal or bypass of a fractured post or instrument (code 8330) / <i>Verwydering of omleiding van 'n gefrakteurde stif of instrument (kode 8330);</i> Bleaching of non vital teeth (codes 8325 and 8327) and / <i>Bleiking van nie-vitale tande (kodes 8325 en 8327) en</i> Ceramic and or resin inlays (codes 8371 to 8374) / <i>Keramiek en of hars inlegsels (kodes 8371 tot 8374)</i> After endodontic preparatory visits (codes 8332, 8333 and 8334) have been charged, fees for endodontic treatment completed at a single visit (codes 8329, 8338, 8339 and 8340) may not be levied / <i>Nadat endodontiese voorbereidingsbesoeke (kodes 8332, 8333 en 8334) toegepas is, mag geen fooie vir endodontiese behandeling wat tydens 'n enkel besoek voltooi word (kodes 8329, 8338, 8339 en</i> 			

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
	8340) <i>gehef word nie</i>			
	Pulp capping / Pulpa-oorkapping			
8301	Direct pulp capping / <i>Direkte pulpa oorkapping</i>	Com Fee		T
8303	Indirect pulp capping / <i>Indirekte pulpa-oorkapping</i> <i>The permanent filling is not completed at the same visit / Die permanente herstelling word nie gedurende dieselfde besoek voltooi nie</i>	102.70		T
	Pulpotomy / Pulpotomie			
8307	Amputation of pulp (pulpotomy) / <i>Amputasie van pulpa (pulpotomie)</i> <i>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 prosedure mag tesame met kode 8307 gehef word nie en 'n volledige wortelkanaalbehandeling behoort nie beoog te word nie (kode 8304 uitgesluit)</i>	61.80		T
	Endodontic therapy (including the treatment plan, clinical procedures and follow-up care) / Endodontiese behandeling (behandelingsbeplanning, 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 / <i>Enkelkanaal tand, per besoek</i> <i>A maximum of four visits per tooth may be charged / 'n Maksimum van vier besoeke mag per tand gehef word</i>	79.10		T
8333	Multi-canal tooth, per visit / <i>Meerkanaal tand, per besoek</i> <i>A maximum of four visits per tooth may be charged / 'n Maksimum van vier besoeke mag per tand gehef word</i>	110.10		T
	OBTURATION OF ROOT CANALS AT A SUBSEQUENT VISIT / VULLING VAN WORTELKANALE TYDENS 'N DAAROPVOLGENDE BESOEK			
8335	First canal - anteriors and premolars / <i>Eerste kanaal - anterior en premolare tande</i>	360.40		T
8328	Each additional canal - anteriors and premolars / <i>Elke bykomende kanaal - anterior en premolare tande</i>	138.70		T
8336	First canal - molars / <i>Eerste kanaal - molare tande</i>	495.10		T
8337	Each additional canal - molars / <i>Elke bykomende kanaal - molare tande</i>	146.60		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 / <i>Eerste kanaal - anterior en premolare tande</i>	549.80		T
8329	Each additional canal - anteriors and premolars / <i>Elke bykomende kanaal - anterior en premolare tande</i>	174.70		T
8339	First canal - molars / <i>Eerste kanaal - molare tande</i>	755.20		T
8340	Each additional canal - molars / <i>Elke bykomende kanaal - molare tande</i>	184.20		T
	Endodontic retreatment / Endodontiese herbehandeling			
8334	Re-preparation of previously obturated canal, per canal / <i>Hervoorbereiding van kanaal wat voorheen gevul was</i>	117.00		T

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8305	<p>Apexification / recalcification procedures / Apeksifikasie / herkalsifikasie prosedures</p> <p>Apexification of root canal, per visit / <i>Apeksifikasie van wortelkanaal, per besoek</i></p> <p>No other endodontic procedures may, in respect of the same tooth, be charged concurrent with code 8305 at the same visit (code 8304 excluded) / <i>Geen ander endodontiese prosedure mag tesame met kode 8305 tydens dieselfde besoek ten opsigte van dieselfde tand gehief word nie (kode 8304 uitgesluit)</i></p>	99.20		T
8229	<p>Apicoectomy / Periradicular services / Apisektomie / Periradikulêre dienste</p> <p>Apicoectomy including retrograde filling where necessary – incisors and canines / <i>Apisektomie insluitend retrograde herstelling waar nodig – snytande en oogtande</i></p>	393.50		T
8132	<p>Other endodontic procedures / Ander endodontiese prosedures</p> <p>Gross pulpal debridement, primary and permanent teeth / <i>Verwydering van die pulpaholte inhoud, primêre en permanent tande</i></p> <p>* Where code 8132 is charged, no other endodontic procedures 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 / <i>Wanneer kode 8132 gehief word, mag geen ander endodontiese prosedure tydens dieselfde besoek vir dieselfde tand gehief word nie. Kodes 8338, 8329, 8339 en 8340 (enkel besoek) mag tydens die daaropvolgende besoek gehief word, selfs wanneer kode 8132 tydens die aanvanklike besoek vir die verligting van pyn gehief was</i></p> <p>(See note 2 in the preamble above / <i>Sien nota 2 in die inleiding hierbo</i>)</p>	127.70		T
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment / <i>Toegang deur 'n prostetiese kroon of inlegsel om wortelkanaalbehandeling te vergemaklik</i>	61.60		T
8306	Cost of Mineral Trioxide Aggregate / <i>Koste van Minerale Trioksied Aggregaat</i>	Reël 013		
8325	Bleaching of non-vital teeth, per tooth as a separate procedure / <i>Bleiking van nie-vitale tande, per tand as 'n afsonderlike prosedure</i>	178.30		T
8327	Each additional visit for bleaching of non-vital tooth as a separate procedure / <i>Elke bykomende besoek vir bleiking van nie-vitale tande as 'n afsonderlike prosedure</i>	84.70		T
	<p>A maximum of two additional visits may be charged / <i>'n Maksimum van twee bykomende besoeke mag gehief word</i></p>			
<p>E. PERIODONTICS / PERIODONSIE</p> <p>This schedule, applicable to occupational injuries and diseases, do not include periodontic services / <i>Hierdie skedule, van toepassing op beroepsbeserings en – siektes, sluit nie periodontiese dienste in nie.</i></p>				

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
F. PROSTHODONTICS (REMOVABLE) / PROSTODONSIE (VERWYDERBAAR)				
Complete dentures (including routine post-delivery care) / Volledige kunsgebit (roetine nasorg ingesluit)				
8231	Full upper and lower dentures inclusive of soft base or metal base, where applicable / <i>Volledige bo- en onderkunsgebit, insluitend sagte basis of metaal basis, waar van toepassing</i>	1258.40	+L	
8232	Full upper or lower dentures inclusive of soft base or metal base, where applicable / <i>Volledige bo- of onderkunsgebit, insluitend sagte basis of metaalbasis, waar van toepassing</i>	775.60	+L	
Partial dentures (including routine post-delivery care) / Gedeeltelike kunsgebitte (roetine nasorg ingesluit)				
8233	Partial denture, one tooth / <i>Gedeeltelike kunsgebit met een tand</i>	360.30	+L	
8234	Partial denture, two teeth / <i>Gedeeltelike kunsgebit met twee tande</i>	360.30	+L	
8235	Partial denture, three teeth / <i>Gedeeltelike kunsgebit met drie tande</i>	538.50	+L	
8236	Partial denture, four teeth / <i>Gedeeltelike kunsgebit met vier tande</i>	579.80	+L	
8237	Partial denture, five teeth / <i>Gedeeltelike kunsgebit met vyf tande</i>	538.50	+L	
8238	Partial denture, six teeth / <i>Gedeeltelike kunsgebit met ses tande</i>	717.80	+L	
8239	Partial denture, seven teeth / <i>Gedeeltelike kunsgebit met sewe tande</i>	717.80	+L	
8240	Partial denture, eight teeth / <i>Gedeeltelike kunsgebit met agt tande</i>	717.80	+L	
8241	Partial denture, nine or more teeth / <i>Gedeeltelike kunsgebit met nege of meer tande</i>	717.80	+L	
8281	Metal (e.g. chrome cobalt, etc.) base to partial denture, per denture / <i>Metaal (bv. chroomkobalt) basis vir gedeeltelike kunsgebit, per gebit</i> <small>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 / <i>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 kunsgebit basis wat tesame met 8281 benodig word</i></small>	958.40	+L	
Adjustments to dentures / Verstellings aan kunsgebitte				
8275	Adjustment of denture / <i>Verstelling van kunsgebit</i> <small>(After six months or for patient of another practitioner / <i>Na ses maande of vir 'n pasiënt van 'n ander tandarts</i>)</small>	54.40	+L	
Repairs to complete or partial dentures / Herstel van vol- of gedeeltelike kunsgebitte				
8269	Repair of denture or other intra-oral appliance / <i>Herstel van kunsgebit of ander binnemond toestel</i> <small>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 / <i>'n Tandarts mag nie professionele fooie vir die herstel van kunsgebitte hef indien die pasiënt nie persoonlik ondersoek was nie; laboratoriumfooie mag egter gevorder word.</i></small>	103.20	+L	
8270	Add clasp to existing partial denture / <i>Byvoeging van 'n klammer tot bestaande gedeeltelike gebit</i> <small>(One or more clasps/ <i>Een of meer klammers</i>)</small>	68.30	+L	

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8271	Code 8270 is in addition to code 8269 / <i>Kode 8270 is bykomend tot kode 8269.</i> Add tooth to existing partial denture / <i>Byvoeging van 'n tand tot bestaande gedeeltelike gebit</i> (One or more teeth / Een of meer tande) Code 8271 is in addition to code 8269 / <i>Kode 8271 is bykomend tot kode 8269.</i>	68.30	+L	
8273	Additional fee where one or more impressions are required for 8269, 8270 and 8271 / <i>Bykomende fooi waar een of meer afdrukke nodig is vir kodes 8269, 8270 en 8271</i>	54.40	+L	
Denture rebase procedures / Herbaseringprosedures vir kunsgebitte				
8259	Re-base of denture (laboratory) / <i>Herbasering van kunsgebit (laboratorium)</i>	296.30	+L	
8261	Re-model of denture / <i>Hermodelering van kunsgebit</i>	486.50	+L	
Denture reline procedures / Opvullingprosedures vir kunsgebitte				
8263	Re-line of denture in selfcuring acrylic (intra-oral) / <i>Opvulling van kunsgebit met selfverhardende akriel (intra-oraal)</i>	185.10		
8267	Soft base re-line per denture (heat cured) / <i>Sagte basis opvulling, per kunsgebit (met hitte verhardende hars)</i> Code 8267 may not be charged concurrent with codes 8231 to 8241 / <i>Kode 8267 mag nie gelyktydig met kodes 8231 tot 8241 gehef word nie.</i>	427.10	+L	
Other removable prosthetic services / Ander verwyderbare prostetiese dienste				
8243	Soft base to new denture / <i>Sagte basis vir nuwe gebit</i>	Com Fee	+L	
8255	Stainless steel clasp or rest, per clasp or rest / <i>Klammer of rus van vlekvrystaal, per klammer of rus</i>	74.40	+L	
8257	Lingual bar or palatal bar / <i>Linguale stang of palatale stang</i> Code 8257 may not be charged concurrent with codes 8269 (repair of denture) or 8281 (metal framework) / <i>Kodes 8257 mag nie tesame met kodes 8269 (herstel van gebit) of 8281 (metaalraamwerk) gehef word nie.</i>	89.90	+L	
8265	Tissue conditioner and soft self-cure interim re-line, per denture / <i>Weefselopknapper en sagte selfverhardende interim opvulling, per kunsgebit</i>	122.90		
G. MAXILLOFACIAL PROSTHETICS / GESIGSPROSTESSES				
This schedule, applicable to occupational injuries and diseases, excludes maxillofacial prosthetic services / <i>Hierdie skedule, van toepassing op beroepsbeserings en -siektes, sluit nie gesigsprosteses in nie.</i>				

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS		
	Code Kode	Procedure description <i>Prosedure beskrywing</i>	Rc FEE TARIEF
	H. IMPLANT SERVICES / INPLANTAAT DIENSTE		
	Report surgical implant procedures using codes in this section; prosthetic devices should be reported using existing fixed or removable prosthetic codes / <i>Vermeld chirurgiese prosedures deur van kodes in hierdie afdeling gebruik te maak; prostetiese toestelle word vermeld deur van bestaande vaste- of verwyderbare prostetiese kodes gebruik te maak.</i>		
	Endosteal implants / Endosteale inplantate		
	Endosteal dental implants are placed into the alveolar and / or basal bone of the mandible or maxilla and transecting only one cortical plate / <i>Endosteale tandheelkundige inplantate word in die alveolêre en / of basale been van die mandibula of maksilla geplaas en strek slegs deur een kortikale beenplaat.</i>		
8194	Placement of a single osseo-integrated implant per jaw / <i>Plasing van een osseo-integrerende inplantaat per kaak</i>	785.30	T
8195	Placement of a second osseo-integrated implant in the same jaw / <i>Plasing van 'n tweede osseo-integrerende inplantaat in dieselfde kaak</i>	587.40	T
8196	Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant / <i>Plasing van 'n derde en daaropvolgende osseo-integrerende inplantaat in dieselfde kaak, per inplantaat</i>	392.20	T
8197	Cost of implants / <i>Koste van inplantaat</i>	Reël 013	
8198	Exposure of a single osseo-integrated implant and placement of a transmucosal element / <i>Blootlegging van een osseo-integrerende inplantaat en plasing van 'n transmukosale element</i>	291.00	T
8199	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw / <i>Blootlegging van 'n tweede osseo-integrerende inplantaat en plasing van 'n transmukosale element in dieselfde kaak</i>	218.30	T
8200	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant / <i>Blootlegging van 'n derde en daaropvolgende osseo-integrerende inplantaat in dieselfde kaak, per inplantaat</i>	145.50	T
	Eposteal implants / Eposteale inplantate		
	Eposteal (subperiosteal) dental implants receive its primary bone support by means of resting on the alveolar bone / <i>Eposteale (subperiosteale) tandheelkundige inplantate rus op die alveolêre been vir primêre ondersteuning.</i>		
	Refer to the specialist maxillo-facial and oral surgeons schedule / <i>Verwys asb na die spesialis kaak-, gesigs- en mondchirurg skedule</i>		
	Transosteal implants / Transosteale inplantate		
	Transosteal dental implants penetrate both cortical plates and pass through the full thickness of the alveolar bone / <i>Transosteale tandheelkundige inplantate penetreer beide die kortikale beenplate en strek deur die volledige dikte van die alveolêre been.</i>		
	Refer to the specialist maxillo-facial and oral surgeons schedule / <i>Verwys asb na die spesialis kaak-, gesigs- en mondchirurg skedule</i>		

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
I. PROSTHODONTICS, FIXED / PROSTODONSIE, VAS				
The words 'bridge' and 'bridgework' have been replaced by the term 'fixed partial denture' / Die woorde 'brug' en 'brugwerk' word deur die term 'vaste gedeeltelike gebit' vervang				
Each abutment and pontic constitute a unit in a fixed partial denture / Elke anker en foptand vorm 'n eenheid in 'n vaste gedeeltelike kunsgebit.				
Fixed partial denture pontics / Vaste gedeeltelike kunsgebit foptande				
8420	Sanitary pontic / Sanitêre foptand	449.90	+L	T
8422	Posterior pontic / Posterior foptand	601.20	+L	T
8424	Anterior pontic (including premolars) / Anterior foptand (sluit premolare tande in)	752.70	+L	T
Fixed partial denture retainers – inlays / onlays / Ankers vir vaste gedeeltelike gebitte – inlegsels / oplegsels				
Refer to inlay / onlay restorations for inlay / onlay retainers / erwys asb na inlegsel / oorlegsel herstellings vir inlegsels / oorlegsels as ankers				
8356	Bridge per abutment - only applicable to Maryland type bridges / Brug anker, per anker - slegs van toepassing op Maryland tipe brûe Only applicable to Maryland type bridges. Report per abutment. Report pontics separately (see codes 8420, 8422 and 8424) / Slegs op Maryland tipe brûe van toepassing Rapporteer per anker. Rapporteer foptande afsonderlik (sien kodes 8420, 8422 en 8424)	333.70	+L	T
Fixed partial denture retainers – crowns / Ankers vir vaste gedeeltelike gebitte – krone				
Refer to crowns, single restorations for crown retainers / Verwys na krone, enkel herstelling vir krone as ankers				
8193	Osseo-integrated abutment restoration, per abutment / Beengeïntegreerde ankertand herstelling, per ankertand Refer to the DASA's 'General Practitioner's Guidelines to the correct use of treatment codes' for the application(s) of this code / Verwys na die TVSA se "Algemene Praktisyn se Riglyne vir die korrekte gebruik van behandelingskodes" vir die aanwending(s) van die kode.	1220.80	+L	T
J. ORAL AND MAXILLOFACIAL SURGERY / KAAK-, GESIG- EN MONDCHIRURGIE				
Refer to the specialist maxillo-facial and oral surgeon schedule for surgical services not listed in this schedule / Verwys asb na die spesialis kaak-, gesigs- en mondchirurg skedule vir chirurgiese dienste wat nie in die skedule voorkom nie.				
Extractions / Ekstraksies				
8201	Single tooth / Enkel tand Code 8201 is charged for the first extraction in a quadrant / Kode 8201 word vir die eerste ekstraksie in 'n kwadrant gehef.	79.10		T
8202	Each additional tooth in the same quadrant / Elke bykomende tand in dieselfde kwadrant Code 8202 is charged for each additional extraction in the same quadrat / Kode 8202 word vir elke bykomende ekstraksie in dieselfde kwadrant gehef.	110.90		T

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
Surgical extractions (includes routine postoperative care) / Chirurgiese ekstraksies (roetine nabehandelingsorg ingesluit)				
8209	Surgical removal of a tooth requiring elevation of mucoperiosteal flap, removal of bone and / or section of tooth / <i>Chirurgiese verwydering van geërupteerde tand wat die lig van 'n mukoperiosteale flap, verwydering van been en / of gedeelte van tand benodig</i> <i>Includes cutting of gingiva and bone, removal of tooth structure and closure / Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i>	243.10		T
8210	Removal of unerupted or impacted tooth – first tooth / <i>Verwydering van ongeërupteerde of bekleemde tand – eerste tand</i>	568.90		T
8211	Removal of unerupted or impacted tooth – second tooth / <i>Verwydering van ongeërupteerde of bekleemde tand – tweede tand</i>	305.40		T
8212	Removal of unerupted or impacted tooth – each additional tooth / <i>Verwydering van ongeërupteerde of bekleemde tand – elke bykomende tand</i>	173.80		T
8213	Surgical removal of residual tooth roots (cutting procedure) / <i>Chirurgiese verwydering van wortelreste (snyprosedure)</i> <i>Includes cutting of gingiva and bone, removal of tooth structure and closure / Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i>	350.70		T
8214	Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth / <i>Chirurgiese verwydering van wortelreste (snyprosedure), elke daaropvolgende tand</i> <i>Includes cutting of gingiva and bone, removal of tooth structure and closure / Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i>	248.50		T
Other surgical procedures / Ander chirurgiese prosedures				
8188	Biopsy - intra-oral / <i>Biopsie – binne mond</i> <i>This item does not include the cost of the essential pathological evaluations / Hierdie item sluit nie die koste van die noodsaaklike patologiese evaluasies in nie.</i>	191.30		
Repair of traumatic wounds / Herstel van traumatiese wonde				
8192	Appositioning (i.e., suturing) of soft tissue injuries / <i>Hegting van sagte weefselbeserings</i>	393.50		
K. ORTHODONTICS / ORTODONSIE				
This schedule, applicable to occupational injuries and diseases, excludes orthodontic services / <i>Hierdie skedule, van toepassing op beroepsbeserings en – siektes, sluit nie ortodontiese dienste in nie.</i>				
L. ADJUNCTIVE GENERAL SERVICES / BYGEVOEGDE ALGEMENE DIENSTE				
Unclassified treatment / Ongeklassifiseerde behandeling				
8131	Palliative [emergency] treatment for dental pain / <i>Noodbehandeling vir tandheelkundige pyn</i> <i>This is typically reported on a "per visit" basis for emergency treatment of dental pain where no other treatment item is applicable or applied for treatment of the same tooth / Hierdie word tipies vermeld op 'n "per besoek" grondslag vir die noodbehandeling van tandheelkundige pyn waar geen ander tarief item van toepassing is, of toegepas word ten opsigte van dieselfde tand nie</i>	79.10		T

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8221	Local treatment of post-extraction haemorrhage – initial visit / <i>Lokale behandeling van post-ekstraksie bloeding – aanvanklike besoek</i> (Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia / <i>Sluit die behandeling van bloeding in die geval van stollingsiektes bv. hemofilie uit</i>)	55.50		
8223	Local treatment of post-extraction haemorrhage – each additional visit / <i>Lokale behandeling van post-ekstraksie bloeding – elke bykomende besoek</i>	35.60		
8225	Treatment of septic socket – initial visit / <i>Behandeling van septiese tandkas – aanvanklike besoek</i>	55.50		
8227	Treatment of septic socket – each additional visit / <i>Behandeling van septiese tandkas – elke bykomende besoek</i>	35.60		
Anaesthesia / Verdowing				
8141	Inhalation sedation - first quarter-hour or part thereof / <i>Inhaleringsedasie - eerste kwartier of gedeelte daarvan</i>	70.10		
8143	Inhalation sedation - each additional quarter-hour or part thereof / <i>Inhaleringsedasie - elke bykomende kwartier of gedeelte daarvan</i> No additional fee can be charged for gases used in the case of items 8141 and 8143 / <i>Geen addisionele fooie mag gehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143 nie</i>	37.90		
8144	Intravenous sedation / <i>Intraveneuse sedasie</i>	36.80		
8145	Local anaesthetic, per visit / <i>Plaaslike verdowing, per besoek</i> * Code 8145 includes the use of the wand / <i>Kode 8145 sluit die gebruik van die stafie in</i>	17.30		
8499	The relevant codes published in the Government Gazette for Medical Practitioners shall apply to general anaesthetics for dental procedures / <i>Die toepaslike kodes gepubliseer in die Staatskoerant vir Mediese Praktisyne is op algemene narkose vir tandheelkundige prosedures van toepassing</i>			
Professional visits / Professionele besoeke				
8129	Additional fee for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers extended service hours as the norm / <i>Bykomende fooi vir noodgevall, wanneer die behandeling buite die normale spreekure uitgevoer is (insluitende noodbehandeling wat by 'n hospitaal uitgevoer is). Nie van toepassing waar 'n praktyk uitgebreide diensure as die reel aanbied nie</i>	191.30		
8140	Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic and home visits; per visit / <i>Foie vir behandeling op 'n plek anders as die spreekkamer, met inbegrip van hospitaalbesoeke, behandeling onder algemene narkose en tuisbesoeke; per besoek</i> Code 8140 may be applied concurrent with codes 8101 or 8104, but in accordance with rule 001 / <i>Kode 8140 kan gelyktydig met kodes 8101 of 8104 geëis word, maar ooreenkomstig reël 001</i>	122.00		
Drugs, medication and materials / Geneesmiddels, medikasie en materiale				

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8183	Intra-muscular or sub-cutaneous injection therapy, per injection / <i>Intramuskulêre of subkutane inpuitingsterapie, per inspuiting</i> (Not applicable to local anaesthetic / <i>Nie van toepassing op plaaslike verdoving nie</i>)	33.70		
8220	Use of suture material provided by practitioner / <i>Gebruik van hegtingsmateriaal wat deur praktisyn verskaf is</i>	Reël 013		
Miscellaneous services / Diverse dienste				
8109	Infection control, per dentist, per hygienist, per dental assistant, per visit / <i>Infeksiebeheer, per tandarts, per mondhygienis, per assistent, per besoek</i> Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc. for each patient / <i>Kode 8109 sluit die verskaffing, deur die tandarts, van nuwe rubberhandskoene, maskers ens. in</i>	11.60		
8110	Provision of sterilized and wrapped instrumentation in consulting rooms / <i>Verskaffing van gesteriliseerde en verpakte instrumentasie in die spreekkamer</i> The use of this code is limited to heat, autoclave or vapour sterilised and wrapped instruments / <i>Die gebruik van hierdie kode is beperk tot hitte-, vogtige hitte- en stoom gesteriliseerde instrumente</i>	32.90		
8168	Behaviour management, by report / <i>Gedragsbeheer, deur verslagdoening</i> May be reported in addition to treatment provided. Should be reported in 15 minute increments / <i>Mag bykomend tot behandeling gehêf word. Behoort in tydintervalle van 15 minute gerapporteer te word</i> Notes/ <i>Notas:</i> If requested, the report must be made available at no charge / <i>Die verslag moet op versoek gratis beskikbaar gestel word</i> The use of this code is limited to general dental practitioners and specialists in community dentistry / <i>Die gebruik van hierdie kode is beperk tot algemene tandheelkundige praktisyns en spesialiste in gemeenskapstandheelkunde</i> Limitation / <i>Beperking</i> May be reported in addition to treatment provided, when the patient is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff utilising additional time, skill and / or assistance to render treatment. The code can only be billed where treatment requires extraordinary effort and is the only alternative to general anaesthesia. The fee includes all pharmacological, psychological and physical management adjuncts required or utilized. Notation and justification must be recorded in the patient record identifying the specific behavior problem and the technique used to manage it. Billed in 15-minute units. (maximum 4 units per visit and allowed once per patient per day). Limited to 12 units per year.	75.30		
8304	Rubber dam, per arch / <i>Kofferdam, per tandboog</i> (Refer to the guidelines for the application of a rubber dam in the preamble to the category "Endodontics" / <i>Verwys asb na die riglyne vir die aanwending van 'n kofferdam in die inleiding tot die kategorie "Endodontsie"</i>)	60.50		

SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009				
II	Code <i>Kod e</i>	Procedure description <i>Prosedure beskrywing</i>	Rc	
			FEE <i>TARIEF</i>	MP <i>MD</i>
		A. DIAGNOSTIC PROCEDURES / DIAGNOSTIESE PROSEDURES		
	8501	Consultation / <i>Konsultasie</i>	146.60	
	8107	Intra-oral radiographs, per film / <i>Binnemond röntgen-foto's, per film</i>	50.80	
	8108	Maximum for 8107 / <i>Maksimum vir 8107</i>	408.60	
	8113	Occlusal radiographs / <i>Okklusale röntgenfoto's</i>	79.10	
	8115	Extra-oral radiograph, per film / <i>Buitemond röntgenfoto, per film</i> (i.e. Panoramic, cephalometric, PA / i.e. <i>Panoramies, kefalometries. PA</i>)	209.50	
		The fee is chargeable to a maximum of two films per treatment plan / <i>Die tarief mag tot 'n maksimum van twee films per behandelingsplan gehêf word.</i>		
	8117	Study models - unmounted / <i>Studiemodelle - ongemonteer</i>	57.00	+L
	8119	Study models - mounted on adjustable articulator / <i>Studiemodelle - op verstelbare artikulator gemonteer</i>	146.60	+L
	8121	Diagnostic photographs, per photograph / <i>Diagnostiese fotos, per foto</i>	57.00	
	8503	Occlusal analysis on adjustable articulator / <i>Okklusale analise op verstelbare artikulator</i>	300.00	
	8505	Pantographic recording / <i>Pantograafopnames</i>	437.60	
	8506	Detailed clinical examination, recording, radiographic interpretation, diagnosis, treatment planning and case presentation / <i>Gedetailleerde kliniese ondersoek, rekordhouding, radiografiese interpretasie, diagnose, beplanning van behandeling en uiteensetting van geval.</i>	486.50	
		Note: Code 8506 is a separate procedure from 8507 and is applicable to craniomandibular disorders, implant placement or orthognatic surgery where extensive restorative procedures will be required / <i>Kode 8506 is 'n afsonderlike prosedure van kode 8507 en is van toepassing op kraniomandibulêre afwykings, plasing van implantate en ortognatiese chirurgie waar uitgebreide herstelprosedures benodig word</i>		
	8507	Examination, diagnosis and treatment planning / <i>Ondersoek, diagnose en behandelingsbeplanning</i>	300.00	
	8508	Electrognathographic recording / <i>Elektrognatografiese opname</i>	468.90	
	8509	Electrognathographic recording with computer analysis / <i>Elektrognatografiese opname met rekenaaranalise.</i>	780.50	
		B. PREVENTIVE PROCEDURES / VOORKOMENDE PROSEDURES		
		This schedule, applicable to occupational injuries and diseases, excludes preventive services / <i>Hierdie skedule, van toepassing op beroepsbeserings en -siektes, sluit nie voorkomende dienste in nie.</i>		
		C. TREATMENT PROCEDURES / BEHANDELINGSPROSEDURES		
		Emergency treatment / Noodbehandeling		
	8511	Emergency treatment for relief of pain (where no other tariff code is applicable) / <i>Noodbehandeling vir pyn-verligting (as geen ander tariefkode van toepassing is nie)</i>	180.90	

II	SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009			
	Cod e Kod e	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP MD
8513	Emergency crown / Noodkroon <i>(Not applicable to temporary crowns placed during routine crown and bridge preparation / Nie van toepassing op die plasing van tydelike kroone gedurende roetine kroon en brug voorbereiding nie)</i>	296.30	+L	T
8515	Re-cementing of inlay, crown or bridge, per abutment / Hersementering van inlegsels, kroon of brug, per ankerband	114.90		T
8517	Re-implantation of an avulsed tooth, including fixation as required / Herinplantering van 'n uitgestampte tand, insluitende fiksasie soos benodig	306.60	+L	T
Provisional treatment / Tydelike behandeling				
8521	Provisional splinting – extracoronary wire, per sextant / Tydelike spalking – ekstrakoronale draad, per sekstant.	246.50		
8523	Provisional splinting – extracoronary wire plus resin, per sextant / Tydelike spalking - ekstrakoronale draad plus hars, per sekstant	360.30		
8527	Provisional splinting – intercoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint / Tydelike spalking - interkoronale draad of penne of gegote stang plus amalgaam of hars, per tandeenhed in die spalk ingesluit	114.90	+L	
8529	Provisional crown/ Voorlopige kroon <i>Crown utilized as an interim restoration for at least six weeks during restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to, changing vertical dimension, completing periodontal therapy or cracked tooth syndrome. This code should not be utilised for a temporary crown in a routine prosthetic restoration / Kroon gebruik as 'n voorlopige herstelling vir ten minste ses weke gedurende herstellende behandeling om voorsiening te maak vir voldoende tydsverloop vir genesing, of die voltooiing van ander prosedures. Dit sluit in maar is nie beperk tot die verandering van die vertikale dimensie, voltooiing van periodontale behandeling of gefrakteerde tandsindroom nie. Die prosedurekode word nie gebruik vir 'n tydelike kroon in 'n alledaagse protetiese herstelling nie.</i>	296.30	+L	T
8530	Preformed metal crown / Voorafvervaardigde metaalkroon	251.50		T
Occlusal adjustment / Okklusale verstelling				
8551	Major occlusal adjustment / Volledige okklusale verstelling <i>This procedure can not be carried out without study models mounted on an adjustable articulator / Hierdie prosedure mag nie uitgevoer word sonder studiemodelle op verstelbare artikulator gemonteer nie.</i>	842.90		
8553	Minor occlusal adjustment / Geringe okklusale verstelling	265.70		
Ceramic and / or resin bonded inlays and veneers / Keramiek en / of harsgebonde inlegsels en fineersels :				
<i>In some of the procedures below (e.g. Direct hybrid inlays) +L may not apply / In sommige van die ondergenoemde prosedures (bv. Direkte gemengde harsinlegsels) mag +L nie van toepassing wees nie.</i>				
8554	Bonded veneers / Gebonde fineersels	864.20	+L	T
8555	One surface / Een vlak	1113.90	+L	T
8556	Two surfaces / Twee vlakke	1608.30	+L	T
8557	Three surfaces / Drie vlakke	2591.80	+L	T
8558	Four or more surfaces / Vier of meer vlakke	2591.80	+L	T

II	SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009			
	Cod e Kod e	Procedure description <i>Prosedure beskrywing</i>	Rc	
		FEE TARIEF		MD
	Gold restorations (only applicable with prior authorization) / Goudherstellings (vooraf goedkeuring benodig)			
8571	One surface / <i>Een vlak</i>	534.90	+L	T
8572	Two surfaces / <i>Twee vlakke</i>	773.40	+L	T
8573	Three surfaces / <i>Drie vlakke</i>	1197.20	+L	T
8574	Four or more surfaces / <i>Vier of meer vlakke</i>	1197.20	+L	T
8577	Pin retention / <i>Penretensie</i>	178.60		T
	Posts and copings / Stiwwe en vingerhoede			
8581	Single post / <i>Enkelstif</i>	296.70	+L	T
8582	Double post / <i>Tweeledige stif</i>	427.10	+L	T
8583	Triple post / <i>Driededige stif</i>	534.90	+L	T
8587	Copings / <i>Vingerhoede</i>	246.50	+L	T
8589	Cast core with pins / <i>Gegote kern met penne</i>	421.90	+L	T
	Preformed posts and cores / Voorafvervaardigde stiwwe en kern			
8591	Core build-up, including all pins / <i>Opbou van kern, alle penne ingesluit</i> <i>Refers to the building up of an anatomical crown when a restorative crown will be placed, whether or not pins are used / Verwys na die opbou van 'n anatomiese kroon wanneer 'n herstellende kroon geplaas gaan word, met of sonder die gebruik van penne</i>	296.30		T
8593	Prefabricated post and core in addition to crown / <i>Vooraf vervaardigde stif en kern bykomend tot kroon</i> <i>Core is built around a prefabricated post(s). Die kern word rondom 'n voorafvervaardigde pen(ne) opgebou</i>	549.30		T
	Implants / Inplantate			
8592	Osseo-integrated abutment restoration, per abutment / <i>Been-geïntegreerde ankertand herstelling, per ankertand</i>	1829.80	+L	T
8600	Cost of implant components / <i>Koste van implantaat komponente</i>	Reël 013		
9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element / <i>Blootlegging van een osseo-geïntegreerde implantaat en plasing van 'n transmukosale element</i>	434.70		
9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw / <i>Blootlegging van 'n tweede osseo-geïntegreerde implantaat en plasing van 'n transmukosale element in dieselfde kaak</i>	326.00		
9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant / <i>Blootlegging van 'n derde en daaropvolgende osseo-geïntegreerde implantaat in dieselfde kaak, per implantaat.</i>	217.10		
	Connectors / Verbinders			
8597	Locks and milled rests / <i>Slotte en gemasjineerde ruste</i>	121.30	+L	T
8599	Precision attachments / <i>Slotheftings</i>	296.30	+L	T

II		SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009		
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
Crowns / Krone				
8601	Cast three-quarter crown / <i>Gegote driekwartkroon</i>	1197.20	+L	T
8603	Cast gold crown (authorization needed) / <i>Gegote goue kroon (goedkeuring benodig)</i>	1197.20	+L	T
8605	Acrylic veneered gold crown / <i>Akriëlgefineerde goue kroon</i>	1332.50	+L	T
8607	Porcelain jacket crown / <i>Porseleindopkroon</i>	1197.20	+L	T
8609	Porcelain veneered metal crown / <i>Porseleingefineerde metaalkroon</i>	1494.80	+L	T
Bridges / Brugwerk (Retainers as above / <i>Ankers soos bo</i>)				
8611	Sanitary pontic / <i>Sanitêre foptand</i>	903.20	+L	T
8613	Posterior pontic / <i>Posterior foptand</i>	1113.10	+L	T
8615	Anterior pontic / <i>Anterior foptand</i>	1197.20	+L	T
Resin bonded retainers / Harsgebonde ankers				
8617	Per abutment / <i>Per ankertand</i> Per pontic (see 8611, 8613, 8615) / <i>Per foptand (sien 8611, 8613, 8615)</i>	368.80	+L	T
Conservative treatment for temporo-mandibular joint dysfunction / Konservatiewe behandeling vir temporo-mandibulêre gewrig disfunksie				
8625	Bite plate for TMJ dysfunction / <i>Bytplaat vir TMG-disfunksie</i>	456.30	+L	
8621	First visit for treatment of TMJ dysfunction / <i>Eerste besoek vir behandeling van TMG-disfunksie</i>	104.20		
8623	Follow-up visit for TMJ dysfunction / <i>Opvolgbesoek vir TMG-disfunksie</i> The number of visits and fees therefore depend on the relationship between the practitioner and the patient, and the problems involved in the case / <i>Die aantal besoeke en koste daaraan verbonde is afhanklik van die ooreenkoms tussen die pasiënt en die tandarts sowel as die aard en omvang van die geval.</i>	77.70		
Endodontic procedures / Endodontiese prosedures				
ROOT CANAL THERAPY / WORTELKANAALBEHANDELING Procedure codes 8631, 8633 and 8636 include all X-rays and repeat visits / <i>Prosedurekodes 8631, 8633 en 8636 sluit alle X-straalfoto's en opvolgbesoeke in</i>				
8631	Root canal therapy, first canal / <i>Wortelkanaalterapie, eerste kanaal</i>	1047.70		T
8633	Each additional canal / <i>Elke bykomende kanaal</i>	261.80		T
8636	Re-preparation of previously obturated canal, per canal / <i>Hervoorbereiding van kanaal wat voorheen geobtureer was</i>	174.90		T
OTHER ENDODONTIC PROCEDURES / ANDER ENDODONTIESE PROSEDURES				
8635	Apexification of root canal, per visit / <i>Apeksifikasie van wortelkanaal, per besoek</i>	175.00		T

II	SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009		
	Cod e Kod e	Procedure description Prosedure beskrywing	Rc FEE TARIEF
8637	Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure) / <i>Hemiseksie van 'n tand, wortelreseksie of tonnelvoorbereiding (as 'n geïsoleerde prosedure)</i>	488.60	T
9015	Apicectomy including retrograde root filling where necessary - anterior tooth / <i>Apisektomie insluitend retrograde wortel herstel indien aangedui - anterior tand</i>	579.80	T
9016	Apicectomy including retrograde root filling where necessary - posterior tooth / <i>Apisektomie insluitend retrograde wortel herstel indien aangedui - posterior tand</i>	866.10	T
8640	Removal of fractured post or instrument from root canal / <i>Verwydering van gebreekte stif of instrument vanuit die wortelkanaal</i>	306.60	T
Prosthetics (Removable) / Prostetika (Verwyderbaar)			
8641	Complete upper and lower dentures without primary complications / <i>Volle kunsgebit - bo en onder sonder primêre komplikasies</i>	2992.40	+L
8643	Complete upper and lower dentures without major complications / <i>Volle kunsgebit - bo en onder sonder groot komplikasies</i>	3883.80	+L
8645	Complete upper and lower dentures with major complications / <i>Volle kunsgebit - bo en onder met groot komplikasies</i>	4776.90	+L
8647	Complete upper or lower denture without primary complications / <i>Volle kunsgebit - bo of onder sonder primêre komplikasies</i>	2093.50	+L
8649	Complete upper or lower denture without major complications / <i>Volle kunsgebit bo of onder sonder groot komplikasies</i>	2391.60	+L
8651	Complete upper or lower denture with major complications / <i>Volle kunsgebit - bo of onder met groot komplikasies</i>	2689.70	+L
8661	Diagnostic dentures (inclusive of tissue conditioning treatment) / <i>Diagnostiese kunsgebit (met inbegrip van weefselopknappingsbehandeling)</i>	2391.60	+L
8662	Remounting and occlusal adjustment of dentures / <i>Hermontering en okklusale verstelling van kunsgebit</i>	344.30	+L
8663	Chrome cobalt base base for full denture (extra charge) / <i>Chroom- kobalt basis vir volle kunsgebit (ekstra koste)</i>	720.00	+L
8664	Remount of crown or bridge for extensive prosthetics / <i>Hermontering van kroon of brug vir omvattende prostetika</i>	350.70	
8665	Re-base, per denture / <i>Herbasering, per kunsgebit</i>	482.70	+L
8667	Soft base, per denture (heat cured) / <i>Sagte basis, per kunsgebit (hitte verhardend)</i>	720.00	+L
8668	Tissue conditioner, per denture / <i>Weefselopknapper, per kunsgebit</i>	178.60	
8669	Intra-oral relines of complete or partial denture / <i>Binne-mondse opvulling van volle- of gedeeltelike kunsgebit.</i>	265.70	
8671	Metal (e.g. Chrome cobalt or gold) partial denture / <i>Metaal (bv Chroom-kobalt of goud) gedeeltelike kunsgebit</i>	2391.60	+L
8672	Additional fee for altered cast technique for partial denture / <i>Bykomende fooi vir veranderde gietegniek, gedeeltelike kunsgebit</i>	93.60	+L
8674	Additive partial denture / <i>Aanlasbare gedeeltelike kunsgebit</i>	1083.70	+L
8679	Repairs / <i>Herstelwerk</i>	121.30	+L

II	SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009			
Code Kode	Procedure description <i>Prosedure beskrywing</i>	Rc		MP
		FEE TARIEF		MD
8273	Additional fee where impression is required for 8679 / <i>Bykomende fooi waar 'n afdruk vir 8679 benodig word</i>	55.50	+L	
8275	Adjustment of denture / <i>Verstelling van kunsgebit</i> (After six months or for a patient of another practitioner / <i>Na ses maande of vir 'n pasiënt van 'n ander tandarts</i>)	55.50	+L	

III. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE	
	<p>PREAMBLE / INLEIDING</p> <p>(See Rule 011 / Sien Reël 011)</p>
1. (M/W)	<p>If extractions (codes 8201 and 8202) are carried out by specialists in maxillo- facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (See Modifier 8002) / <i>Indien ekstraksies (kodes 8201 en 8202) deur spesialiste in kaak-, gesigs- en mondchirurgie uitgevoer word, is die fooie gelyk aan die toepaslike tarief plus 50 persent (Sien Wysiger 8002).</i></p>
2. (M/W)	<p>The fee for more than one operation or procedure performed through the same incision shall be calculated as the fee for the major operation plus the tariff fee for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (See Modifier 8005) / <i>Die fooi vir meer as een operasie of prosedure via dieselfde insnyding uitgevoer, word bereken as die fooi vir die hoofoperasie plus die tariefgelde van die bykomende operasie tot die aangeduide maksimum vir elke sodanige operasie of prosedure (Sien Wysiger 8005).</i></p>
3. (M/W)	<p>The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operation plus: 75% for the second procedure / operation (Modifier 8009) 50% for the third and subsequent procedures / operations (Modifier 8006) / <i>Die fooi vir meer as een operasie of ingreep onder dieselfde narkose maar via 'n ander insnyding uitgevoer, word bereken as die fooi vir die hoofoperasie plus: 75% vir die tweede procedure / operasie (Wysiger 8009) 50% vir die derde en daaropvolgende prosedures / operasies (Wysiger 8006).</i></p> <p>This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialties, in which case each practitioner shall be entitled to the full fee for his operation / <i>Hierdie reël is nie van toepassing waar twee of meer onverwante operasies deur praktisyns van verskillende spesialiteite uitgevoer word nie, in welke geval elke praktisyn geregtig is op die volle fooi vir sy operasie.</i></p> <p>If, within four months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation / <i>Indien daar binne vier maande 'n tweede operasie vir dieselfde toestand of besering uitgevoer word, is die fooi vir die tweede operasie die helfte van die vir die eerste.</i></p> <p>The fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge: provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the practitioner and the Compensation Fund may be charged / <i>Die fooi vir 'n operasie sluit in, tensy daar anders vermeld word, die normale na-operatiewe versorging vir 'n tydperk van hoogstens vier maande. Indien 'n praktisyn nie self die na-operatiewe versorging voltooi nie, moet hy reël dat dit voltooi word sonder bykomende heffing: met dien verstande dat, in die geval van na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard, sodanige fooi gehel kan word as waarop die praktisyn en die Vergoedingsfonds ooreengekom het.</i></p>
4. (M/W)	<p>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 assistant's fee payable to a maxillo- facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the invoice rendered to the Compensation Fund / <i>Die bedrag aan 'n algemene praktisyn assistent betaalbaar word bereken op 15% van die fooi van die praktisyn wat die operasie uitvoer, met die aangeduide minimum (Sien Wysiger 8007). Die bedrag aan 'n kaak-, gesigs- en mondchirurg assistent betaalbaar word bereken op 33,33% van die toepaslike fooie (Wysiger 8001). Die assistent se naam moet op die rekening wat aan die Vergoedingsfonds gelewer word verskyn.</i></p>
5. (M/W)	<p>The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (8008) / <i>Die bykomende fooie vir alle lede van die snykundige span vir na-ure noodoperasies sal bereken word deur 25% by die fooi vir die prosedure of prosedures uitgevoer by te voeg (8008).</i></p>

6.	In cases where treatment is not listed in this schedule for general practitioners or specialists, the appropriate fee listed in the medical schedule(s) shall be charged, and the relevant medical tariff code must be indicated (See Rule 012) / <i>In gevalle waar behandeling nie in hierdie skedule vir algemene praktisyne of spesialiste gelys is nie, sal die toepaslike fooi, gelys in die mediese skedule(s) gevra word, en die betrokke mediese tariefkode moet aangedui word (Sien Reël 012).</i>			
III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009			
Code Kode	Procedure description <i>Prosedure beskrywing</i>	Rc		MP MD
		FEE TARIEF		
CONSULTATIONS AND VISITS / KONSULTASIES EN BESOEKE				
8901	Consultation at consulting rooms / <i>Konsultasie by spreekkamers</i>	145.10		
8902	Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation / <i>Gedetailleerde kliniese ondersoek, radiografiese interpretasie, diagnose, behandelingsbeplanning en uiteensetting van geval</i> <small>Code 8902 is a separate procedure from code 8901 and is applicable to craniomandibular disorders, implant placement and orthognathic and maxillofacial reconstruction / <i>Kode 8902 is 'n afsonderlike prosedure van kode 8901 en is van toepassing op kraniomandibulêre afwykings, plasing van implantate en ortognatiese- en kaak-en-gesig herkonstruksie</i></small>	406.90		
8903	Consultation at hospital, nursing home or house / <i>Konsultasie by hospitaal, verpleeginrigting of tuis</i>	162.00		
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house / <i>Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis</i>	79.10		
8905	Weekend visits and night visits between 18h00 - 07h00 the following day / <i>Naweek- en nagbesoeke tussen 18h00 en 07h00 die volgende dag</i>	233.30		
8907	Subsequent consultations, per week, to a maximum of / <i>Daaropvolgende konsultasies per week, tot 'n maksimum van</i> <small>"Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same pathological condition provided that such consultation occurs within six months of the first consultation / <i>"Daaropvolgende konsultasie" beteken, in terme van items 8904 en 8907, 'n konsultasie vir dieselfde siektetoestand mits sodanige konsultasie plaasvind binne ses maande vanaf die eerste konsultasie."</i></small>	267.90		
INVESTIGATIONS AND RECORDS / ONDERSOEKE EN REKORDS				
8107	Intra-oral radiographs, per film / <i>Binnemond röntgen-foto's, per film</i>	50.80		
8108	Maximum for 8107 / <i>Maksimum vir 8107</i>	404.90		
8113	Occlusal radiographs / <i>Okklusale röntgenfoto's</i>	79.10		
8115	Extra-oral radiograph, per film / <i>Buitemond röntgenfoto, per film</i> <small>(i.e. panoramic, cephalometric, PA / <i>i.e. panoramies, kefalometries, PA</i>) A maximum of two films per treatment plan may be charged for / <i>'n Maksimum van twee films per behandelingsplan mag geëis word.</i></small>	209.00		
8117	Study models - unmounted / <i>Studiemodelle - ongemonteer</i>	57.00	+L	
8119	Study models - mounted on adjustable articulator / <i>Studiemodelle - op verstelbare artikulatormonteer</i>	146.60	+L	
8121	Diagnostic photographs - per photograph / <i>Diagnostiese foto's - per foto</i>	57.00		
8917	Biopsies - intra-oral / <i>Biopsies - binnemond</i>	297.90		
8919	Biopsy of bone - needle / <i>Beenbiopsie - naald</i>	514.80		

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8921	Biopsy of bone - open / <i>Beenbiopsie - oop</i>	547.90		
ORTHOGNATHIC SURGERY AND TREATMENT PLANNING / ORTOGNATIESE CHIRURGIE EN BEHANDELINGSBEPLANNING				
(M/W)	In the case of treatment planning requiring the combined services of an Orthodontist and a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist / <i>In die geval van behandelingsbeplanning waar die gesamentlike dienste van 'n Ortodontis en 'n Kaak-, Gesigs- en Mondchirurg benodig word, mag Wysiger 8009 (75%) toegepas word by die fooie geëis deur elke spesialis.</i>			
8840	Treatment planning for orthognathic surgery / <i>Behandelingsbeplanning vir ortognatiese chirurgie</i>	637.20	+L	
REMOVAL OF TEETH / VERWYDERING VAN TANDE				
Modifier 8002 is applicable to codes 8201 and 8202 / <i>Wysiger 8002 is van toepassing op tariefkodes 8201 en 8202</i>				
Extractions during a single visit / Ekstraksies ten tyde van enkele besoek				
8201	Single tooth / <i>Enkel tand</i> Code 8201 is charged for the first extraction in a quadrant / <i>Kode 8201 word vir die eerste ekstraksie in 'n kwadrant gehef.</i>	79.10		T
8202	Each additional tooth in the same quadrant / <i>Elke bykomende tand in dieselfde kwadrant</i> Code 8202 is charged for each additional extraction in the same quadrant / <i>Kode 8202 word vir elke bykomende ekstraksie in dieselfde kwadrant gehef.</i>	36.30		T
8957	Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw) / <i>Alveolotomie of alveolektomie - tesame met of onafhanklik van ekstraksie (per kaak)</i>	706.80		
8961 (M/W)	Auto-transplantation of tooth/ <i>Auto-transplantasie van tand</i> (See Rule 011 and Notes 2 and 3 / <i>Sien Reël 011 en Notas 2 en 3</i>)	1158.60	+L	
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia) / <i>Lokale behandeling van post-ekstraksiebloeding (met uitsluiting van bloeding in die geval van stollingsiektes, bv. hemofilie)</i>	387.90		
8933	Treatment of haemorrhage in the case of blood dyscrasias, e.g. hemophilia, per week / <i>Behandeling van bloeding in die geval van bloedsiektes, bv. hemofilie, per week</i>	1376.40		
8935	Treatment of post-extraction septic socket where patient is referred by another registered practitioner / <i>Behandeling van post-ekstraksie septiese tandkas waar die pasiënt verwys word deur 'n ander geregistreerde praktisyn</i>	102.70		

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009				
8937	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap, removal of bone and / or other section of tooth / <i>Chirurgiese verwydering van geërupteerde tand wat die lig van 'n mukoperiosteale flap, verwydering van been en / of gedeelte van tand benodig.</i> Includes cutting of gingiva and bone, removal of tooth structure and closure / <i>Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i> Code 8220 is applicable when suture material is provided by the practitioner (Rule 013) / <i>Kode 8220 is van toepassing wanneer hegtingsmateriaal deur die praktisyn verskaf word (Reël 013)</i>	358.20		
Removal of roots / Verwydering van wortels Code 8220 is applicable when suture material is provided by the practitioner (Rule 013) / <i>Kode 8220 is van toepassing wanneer hegtingsmateriaal deur die praktisyn verskaf word (Reël 013)</i>				
8953	Surgical removal of residual roots roots (cutting procedure) / <i>Chirurgiese verwydering van wortelreste (snyprosedure)</i> Includes cutting of gingiva and bone, removal of tooth structure and closure / <i>Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i>	515.00		T
8955 (M/W)	Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth / <i>Chirurgiese verwydering van wortelreste (snyprosedure), elke daaropvolgende tand</i> Includes cutting of gingiva and bone, removal of tooth structure and closure / <i>Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i> (See Rule 011 and Notes 2 and 3 / <i>Sien Reël 011 en Notas 2 en 3</i>)	na/nvt		T
Unerupted or impacted teeth / Ongeërupteerde of bekleemde tande				
8941	First tooth / <i>Eerste tand</i>	853.20		T
8943	Second tooth / <i>Tweede tand</i>	458.30		T
8945	Third tooth / <i>Derde tand</i>	261.80		T
8947	Fourth and subsequent tooth / <i>Vierde en daaropvolgende tand</i>	261.80		T
DIVERSE PROCEDURES / DIVERSE PROSEDURES				
8908	Removal of roots from maxillary antrum involving Caldwell-Luc procedure and closure of oral-antral communication / <i>Verwydering van tandwortels van die maksilêre antrum insluitend Caldwell-Luc operasie en herstel van antro-orale fistel</i>	1758.90		
8909	Closure of oral-antral fistula - acute or chronic / <i>Sluiting van antro-orale fistel - akute of chronies</i>	1350.90		
8911	Caldwell-Luc procedure / <i>Caldwell-Luc prosedure</i>	530.30		
8965	Peripheral neurectomy / <i>Perifere neurektomie</i>	1158.60		
8966	Functional repair of oronasal fistula (local flaps) / <i>Funksionele herstel van oronasale fistula (lokale flappe)</i>	1640.60		
8977	Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage) / <i>Major herstelwerk aan bo- of onderkaak (bv. deur middel van beenoorplanting of prostese, met kaakspalking)</i> (Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure / <i>Wysigers 8005 en 8006 is nie van toepassing in hierdie geval nie. Die volle fooi kan gehef word ongeag of hierdie prosedure gelyktydig met prosedure 8975 of as 'n afsonderlike prosedure uitgevoer word</i>)	2754.50		
8962	Harvest iliac crest graft / <i>Insameling van heupbeen</i>	1168.30		

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009				
8963	Harvest rib graft / Insameling van ribbebeen	1343.90		
8964	Harvest cranium graft / Insameling van skedelbeen	1050.60		
8979	Harvesting of autogenous grafts (intra-oral) / <i>Insameling van outogene been (binnemond)</i>	189.50		
9048	Removal of internal fixation devices, per site / <i>Verwydering van interne fiksasietoestelle, per area</i>	608.70		
SURGICAL PREPARATION OF JAWS FOR PROSTHETICS / CHIRURGIESE VOORBEREIDING VAN KAKEBEEN VIR PROSTETIEK				
8987	Reduction of mylohyoid ridges, per side / <i>Reduksie van tongriwwe, per kant</i>	1183.40	+L	
8989	Torus mandibularis reduction, per side / <i>Reduksie van torus mandibularis, per kant</i>	1183.40	+L	
8991	Torus palatinus reduction / <i>Reduksie van torus palatinus</i>	1183.40	+L	
8993	Reduction of hypertrophic tuberosity, per side / <i>Reduksie van hipertrofiese tuberositeit, per kant</i> <small>See procedure code 8971 for excision of denture granuloma / Sien prosedure kode 8971 vir die verwydering van kunsgebitgranuloom</small>	527.30	+L	
8995	Gingivectomy, per jaw / <i>Gingivektomie, per kaak</i>	1052.00	+L	
8997	Sulcoplasty / Vestibuloplasty / <i>Sulkoplastiek / Vestibulo-plastiek</i>	2655.80	+L	
9003	Repositioning mental foramen and nerve, per side / <i>Herplasing van foramen mentale en senuwee, per kant</i>	1609.80	+L	
9004	Lateralization of inferior dental nerve (including bone grafting) / <i>Lateralisasie van inferior alveolêre senuwee (insluitend beenoorplanting)</i>	3192.20		
9005	Total alveolar ridge augmentation by bone graft / <i>Versterking van totale alveolêre rif deur beenoorplanting</i>	2702.60	+L	
9007	Total alveolar ridge augmentation by alloplastic material / <i>Versterking van totale alveolêre rif met alloplastiese materiaal</i>	1742.70	+L	
9008	Alveolar ridge augmentation across 1 to 2 adjacent tooth sites / <i>Versterking van alveolêre rif wat strek oor 1 tot 2 naasliggende tand areas.</i>	1113.90	+L	
9009	Alveolar ridge augmentation across 3 or more tooth sites / <i>Versterking van alveolêre rif wat strek oor 3 of meer naasliggende tand areas</i>	1242.30	+L	
9010	Sinus lift procedure / <i>Sinus lig prosedure</i>	1758.90	+L	
SEPSIS / SEPSIS				
9011	Incision and drainage of pyogenic abscesses (intra-oral approach) / <i>Insnyding en dreinerings van piogene absesse (intra-orale toegang)</i>	330.60		
9013	Extra-oral approach, e.g. Ludwig's angina / <i>Ekstra-orale toegang, bv. Ludwigangina</i>	449.90		
9015	Apicectomy including retrograde filling where necessary - anterior teeth / <i>Apisektomie insluitend retrograde herstel waar nodig - anterior tande</i>	579.80		T
9016	Apicectomy including retrograde filling where necessary, posterior teeth / <i>Apisektomie insluitend retrograde herstel waar nodig, posterior tande</i>	1160.90		T

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
		III		
SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE				
(M) See Rule 009/ (W) Sien Reël 009				
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible / <i>Dekortikasie, uitholling en sekwestrektomie vir osteomiëlitis van die mandibula</i>	2387.20		
9019	Sequestrectomy - intra-oral, per sextant and / or per ramus / <i>Sekwestrektomie – intra-orale toegang, per sekstant en / of per ramus</i>	514.40		
TRAUMA / TROUMA				
Treatment of associated soft tissue injuries / Behandeling van gepaardgaande sagteweefselbeserings				
9021	Minor / <i>Gering</i>	579.80		
9023	Major / <i>Uitgebreid</i>	1224.10		
9024	Dento-alveolar fracture, per sextant / <i>Dento-alveolêre fraktuur, per sekstant</i>	579.80	+L	
Mandibular fractures / Frakture van die mandibula				
9025	Treatment by closed reduction, with intermaxillary fixation / <i>Behandeling deur middel van toe reduksie, met intermaksilêre fiksering</i>	1286.50		
9027	Treatment of compound fracture, involving eyelet wiring / <i>Behandeling van oop fraktuur deur middel van ogies en kruisbedrading</i>	1805.80		
9029	Treatment by metal cap splintage or Gunning's splints / <i>Behandeling deur middel van metaaldopspalke of Gunningspalke</i>	2001.90	+L	
9031	Treatment by open reduction with restoration of occlusion by splintage / <i>Behandeling deur middel van oop reduksie en herstel van okklusie met spalke</i>	2964.60	+L	
Maxillary fractures with special attention to occlusion / Frakture van die maksilla met spesiale aandag aan okklusie				
<ul style="list-style-type: none"> • When open reduction is required for Items 9035 and 9037, Modifier 8010 may be applied / <i>Wanneer oop reduksie vir Items 9035 en 9037 benodig is, mag Wysiger 8010 geëis word</i> 				
9035	Le Fort I or Guerin fracture / <i>Le Fort I-fraktuur of Guerin-fraktuur</i>	1810.20	+L	
9037	Le Fort II or middle third of face fracture / <i>Le Fort II-fraktuur of middelste derde van gesig fraktuur</i>	2964.60	+L	
9039	Le Fort III or craniofacial dislocation or comminuted mid-facial fractures requiring open reduction and splintage / <i>Le Fort III-fraktuur of kraniofasiale ontwingting of verbrokkelde fraktuur van mid-gesig wat oop reduksie en spalping vereis</i>	4250.10	+L	
Zygoma / Orbit / Antral - complex fractures / Wangbeen / Oogkas / Antrum - oop frakture				
9041	Gillies or temporal elevation / <i>Gillies of temporale elevasie</i>	1286.50		
9043	Unstable and / or comminuted zygoma fractures, treatment by open reduction or Caldwell-Luc operation / <i>Onstabiele en / of verbrokkelde wangbeen frakture, behandeling deur middel van oop reduksie of Caldwell-Luc operasie</i>	2576.70		

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
9045	Requiring multiple osteosynthesis and / or grafting / Vereis veelvuldige osteosintese en / of beënoorplanting	3863.00		
<p>FUNCTIONAL CORRECTION OF MALOCCLUSIONS / FUNKSIONELE HERSTEL VAN WANOKKLUSIES</p> <p>For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re Rule 011) will not apply / Die volle fooi kan gehef word vir prosedures 9047 tot 9072 d.w.s. notas 2 en 3 (i.s. Reël 011) is nie van toepassing nie.</p>				
9047	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation) / Operasie ter verbetering of herstel van okklusie- en koutfunksie, bv. bilaterale osteotomie, oop operasie (met immobilisering)	5408.60	+L	
9049	Anterior segmental osteotomy of mandible (Köle) / Anterior segmentele osteotomie van die mandibel (Köle)	4506.20	+L	
9050	Total subapical osteotomy / Totale subapikale osteotomie	9099.80		
9051	Genioplasty / Kenplastiek	2576.70		
9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy) / Midfasiale ontbloting (vir maksillêre en nasale augmentasie of piramidale Le Fort II-osteotomie)	4168.80		
9055	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure / Posterior segmentele osteotomie van die maksilla (Schukardt) - 1-stadium of 2-stadium prosedure	4506.20	+L	
9057	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure / Anterior segmentele osteotomie van die maksilla (Wassmund) - 1-stadium of 2-stadium prosedure	4506.20	+L	
9059	Le Fort I osteotomy - one piece / Le Fort I-osteotomie - een stuk	8479.30	+L	
9062	Le Fort I osteotomy - multiple segments / Le Fort I-osteotomie - veelvuldige segmente	11041.10	+L	
9060	Le Fort I osteotomy with inferior repositioning and inter-positional grafting / Le Fort I-osteotomie met inferior herposisionering en inter-posisionele transplantaat	9718.00		
9061	Palatal osteotomy / Palatale osteotomie	2964.60		
9063	Le Fort II osteotomy for the correction of facial deformities or faciostenosis and post-traumatic deformities / Le Fort II-osteotomie ter korreksie van gesigsdeformiteite of fasiostenose en post traumatise deormiteite	10748.90	+L	
9069	Functional tongue reduction (partial glossectomy) / Funksionele tongreduksie (gedeeltelike glossektomie)	1934.10		
9071	Geniohyoidotomy / Geniohioïedotomie	1158.60		
9072	Functional closure of a secondary oro-nasal fistula and associated structures with bone grafting (complete procedure) / Funksionele herstel van sekondêre oro-nasale fistel en verwante strukture met been transplantaat (volledige prosedure)	8479.30	+L	
<p>TEMPORO-MANDIBULAR JOINT PROCEDURES / PROSEDURES VIR TEMPORO-MANDIBULÊRE GEWRIGTE</p> <p>For Items 9081, 9083 and 9092 the full fee may be charged per side / Vir Items 9081, 9083 en 9092 mag volledige fooi per kant gehef word</p>				

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009				
9073	Bite plate for TMJ dysfunction / <i>Bytplaat vir TMG-disfunksie</i>	455.50	+L	
9074	Diagnostic arthroscopy / <i>Diagnostiese artroskopie</i>	1303.70		
9075	Condylectomy or coronoidectomy or both (extra-oral approach) / <i>Kondilektomie of koronoïdektomie of beide (ekstra-orale toegang)</i>	2704.80		
9076	Arthrocentesis TMJ / <i>Artrosintese TMG</i>	779.70		
9053	Coronoidectomy (intra-oral approach) / <i>Koronoïdektomie (intra-orale toegang)</i>	1609.80		
9077	Intra-articular injection, per injection / <i>Intra-artikulêre inspuiting, per inspuiting</i>	193.70		
9079	Trigger point injection, per injection / <i>Sneller-punt inspuiting, per inspuiting</i>	152.50		
9081	Condyle neck osteotomy (Ward / Kostecka) / <i>Kondielnek osteotomie (Ward / Kostecka)</i>	1286.50		
9083	Temporo-mandibular joint arthroplasty / <i>Temporo-mandibulêre gewrigsartroplastie</i>	3220.20		
9085	Reduction of temporomandibular joint dislocation without anaesthetic / <i>Reduksie van temporo-mandibulêre ontwrigting sonder narkose</i>	255.90		
9087	Reduction of temporo-mandibular joint dislocation, with anaesthetic / <i>Reduksie van temporo-mandibulêre ontwrigting, onder narkose</i>	514.80		
9089	Reduction of temporo-mandibular joint dislocation, with anaesthetic and immobilisation / <i>Reduksie van temporo-mandibulêre ontwrigting, onder narkose en met immobilisasie</i>	1286.50		
9091	Reduction of temporo-mandibular joint dislocation requiring open reduction / <i>Reduksie van temporo-mandibulêre ontwrigting wat oop reduksie vereis</i>	2704.80		
9092	Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy) / <i>Totale gewrigsrekonstruksie met alloplastiese materiaal of been (insluitend kondilektomie en koronoïdektomie)</i>	8745.10	+L	
SALIVARY GLANDS / SPEEKSELKLIERE				
9095	Removal of sublingual salivary gland / <i>Verwydering van sublinguale speekselklier</i>	1547.10		
9096	Removal of salivary gland (extra-oral) / <i>Verwydering van speekselklier (ekstra-orale)</i>	2339.80		
IMPLANTS / INPLANTATE				
For codes 9180 to 9192 the full fee may be charged, i.e. note 2 of Rule 011 will not apply / <i>Vir kodes 9180 tot 9192 mag die volle fooie gehef word, d.w.s. nota 2 van Reël 011 is nie van toepassing nie</i>				
9180	Placement of sub-periosteal implant - Preparatory procedure / operation / <i>Plasing van sub-periosteale implantaat - voorbereidingsprosedure / operasie</i>	1778.30		
9181	Placement of sub-periosteal implant prosthesis / operation / <i>Plasing van sub-periosteale implantaat prostese / operasie</i>	1778.30		

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009				
9182	Placement of endosteal implant, per implant / <i>Plasing van endosteale implantaat, per implantaat</i>	889.50	+L	
9183	Placement of a single osseo-integrated implant, per jaw / <i>Plasing van een osseo-geïntegreerde implantaat, per kaak</i>	1176.60		
9184	Placement of a second osseo-integrated implant in the same jaw / <i>Plasing van 'n tweede osseo-geïntegreerde implantaat in dieselfde kaak</i>	881.70		
9185	Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant / <i>Plasing van 'n derde en daaropvolgende osseo-geïntegreerde implantaat in dieselfde kaak, per implantaat</i>	588.20		
9189	Cost of implants / <i>Koste van implantate</i>	Reël 013		
9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element / <i>Blootlegging van een osseo-geïntegreerde implantaat en plasing van 'n transmukosale element</i>	434.70		
9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw / <i>Blootlegging van 'n tweede osseo-geïntegreerde implantaat en plasing van 'n transmukosale element in dieselfde kaak</i>	326.00		
9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant / <i>Blootlegging van 'n derde en daaropvolgende osseo-geïntegreerde implantaat in dieselfde kaak, per implantaat</i>	217.10		
9046	Placement of zygomaticus fixture, per fixture / <i>Plasing van wangbeen hegstuk, per hegstuk</i>	3230.90		
9198	Implant removal / <i>Inplantaat verwydering</i> <i>This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure / Hierdie prosedure behels die sirurgiese verwydering van 'n implantaat, i.e. die sny van sagteweefsel en been, verwydering van implantaat en thegting van die snit</i>	722.70		
8761	Masticatory mucosal autograft extending across not more than four teeth (isolated procedure) / <i>Autoransplantaat van kou-mukosa en subepiteel bindweefsel wat oor nie meer as vier tande strek nie (enkel prosedure)</i>	780.50		
8772	Submucosal connective tissue autograft (isolated procedure) / <i>Submukosale bindweefsel autotransplantaat (enkel prosedure)</i>	894.90		
8767	Bone regenerative / repair procedure at a single site / <i>Been regeneratiewe / herstelprosedure by 'n enkele area</i> <i>Excluding cost of regenerative material - see code 8770 / Koste van regeneratiewe material uitgesluit - sien kode 8770</i>	958.40		
8769	Subsequent removal of membrane used for guided tissue regeneration procedure / <i>Daaropvolgende verwydering van membraan gebruik vir 'n gerigte weefselregenerasie prosedure</i> <i>Codes 8761, 8767 and 8769 should be claimed only as part of implant surgery / Kodes 8761, 8767 en 8769 mag net tesame met implantaat chirurgie geëis word</i>	381.80		

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001
Publications: Tel: (012) 334-4508, 334-4509, 334-4510
Advertisements: Tel: (012) 334-4673, 334-4674, 334-4504
Subscriptions: Tel: (012) 334-4735, 334-4736, 334-4737
Cape Town Branch: Tel: (021) 465-7531

Gedruk deur en verkrygbaar by die Staatsdrukker, Bosmanstraat, Privaatsak X85, Pretoria, 0001
Publikasies: Tel: (012) 334-4508, 334-4509, 334-4510
Advertensies: Tel: (012) 334-4673, 334-4674, 334-4504
Subskripsies: Tel: (012) 334-4735, 334-4736, 334-4737
Kaapstad-tak: Tel: (021) 465-7531