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GOEWERMENSKENNISGEWING

DEPARTEMENT VAN MANNEKRAG

No. 297

26 Februarie 1988

ONGEVALLEWET, 1941 (WET 30 VAN 1941) SOOS GEWYSIG

Ek, Johannes Cornelius Izak Uys, Senior Adjunk-ongevallekommissaris, handelende kragtens die gedelegeerde magte my verleen deur die Ongevallekommissaris, maak hierby bekend at ek, na beraadslaging met die Tandheelkundige Vereniging van S A en handelende kragtens die bevoegdheid my verleen by artikel 79 van die Ongevallewet, 1941 (Wet 30 van 1941), soos gewysig, die "Tarief vir Tandheelkundige Behandeling" soos gepubliseer op 5 Maart 1987 en enige wysigings van sodanige Tarief, intrek en die "Tarief vir die Tandheelkundige Behandeling", met inbegrip van die Algemene Reëls wat daarop van toepassing is, en wat in die Bylae van hierdie kennisgewing verskyn met ingang vanaf 1 Maart 1988 voorskryf.

Die tariewe wat in die Bylae voorkom is op betalings wat met ingang vanaf 1 Maart 1988 goedgekeur word van toepassing ongeag die datum van die ongeval ten opsigte waarvan betalings gemaak word.

J. C. I. UYS,
Senior Adjunk-ongevallekommissaris.

BYLAE

TARIEF VIR TANDHEELKUNDIGE DIENSTE

ALGEMENE REËLS BETREFFENDE DIE TARIEF

- 001 'n Konsultasie sluit 'n ondersoek in. Geen verdere konsultasiegeld mag gehef word alvorens die behandelingsplan wat uit hierdie aanvanklike konsultasie voortspruit, afgehandel is nie. Hierdie reël is van toepassing slegs op tarief items 8101 en 8103.
- 002 Uitgesonderd in dié gevalle waar die bedrag vasgestel word "volgens ooreenkoms", moet die bedrag vir die lewering van 'n diens wat nie in die tarieflys vermeld word nie, gebaseer word op die bedrag vir 'n vergelykbare diens wat wel daarin vermeld word.
- 003 In die geval van 'n langdurige of duur tandheelkundige diens of prosedure, moet die tandarts vooraf by die Kommissaris vasstel of hy geldelike aanspreeklikheid vir sodanige behandeling sal aanvaar.

GOVERNMENT NOTICE

DEPARTMENT OF MANPOWER

No. 297

26 February 1988

WORKMEN'S COMPENSATION ACT, 1941 (ACT 30 OF 1941) AS AMENDED

I, Johannes Cornelius Izak Uys, Senior Deputy Workmen's Compensation Commissioner, acting under the powers delegated to me by the Workmen's Compensation Commissioner, hereby give notice that, after consultation with the Dental Association of S A, and acting under powers vested in section 79 of the Workmen's Compensation Act, 1941 (Act 30 of 1941), as amended, I withdraw the "Scale of Fees and charges for Dental Aid" published on 5 March 1987, and any amendments to such Scale of Fees, and prescribe the "Scale of Fees for Dental Aid" inclusive of the General Rules applicable thereto, appearing in the Schedule to this notice, with effect from 1 March 1988.

The fees appearing in the Schedule are applicable in respect of payments authorised with effect from 1 March 1988 irrespective of the date of the accident in respect of which payments are made.

J. C. I. UYS,
Senior Deputy Workmen's Compensation Commissioner.

SCHEDULE

SCALE OF FEES FOR DENTAL SERVICE

GENERAL RULES GOVERNING THE SCALE OF FEES

- 001 A consultation shall include an examination. No further consultation fee shall be chargeable until the treatment plan resulting from this initial consultation has been discharged. This rule applies only to tariff items 8101 and 8103.
- 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 scale of fees shall be based on the fee in respect of a comparable service that is listed therein.
- 003 In the case of a prolonged or costly dental service or procedure, the dental practitioner shall ascertain beforehand from the Commissioner whether he will accept financial responsibility in respect of such treatment.

- 004 In buitengewone gevalle waar die tariefgelde buite verhouding laag is met betrekking tot die werklike dienste deur 'n tandarts gelewer, kan sodanige hoër gelde gehef word soos deur die tandarts en die Kommissaris ooreengekom.

Aan die anderkant, as die gelde buite verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die tarief aangegee word, gevra word.

- 005 Behalwe in buitengewone gevalle moet die dienste van 'n spesialis beskikbaar wees slegs op die aanbeveling van die tandarts of algemene praktisyn wat oor die geval gaan. Praktisyns wat gevalle verwys, moet vir die spesialis aandui dat die pasiënt kragtens die Ongevallewet behandel word.
- 007 "Gewone spreekure" is tussen 07h00 en 18h00 op weekdae en tussen 07h00 en 13h00 op Saterdag.
- 008 'n Tandarts moet sy rekening ten opsigte van behandeling kragtens die Wet aan die betrokke werksman se werkgever stuur.
- 009 Tandartse in algemene praktyk is daartoe geregtig om twee derdes van die gelde van spesialiste te vra slegs vir behandeling wat nie in die tarieflys vir tandartse in algemene praktyk aangegee word nie. 'n Spesialis wat 'n behandeling uitvoer of wat nie aangegee word in die tarieflys vir sy spesialiteit nie, moet dieselfde geld vra as dié vir tandartse in algemene praktyk of, indien sodanige behandeling nie in die tarieflys vir tandartse in algemene praktyk aangegee word nie, dan twee derdes van die geld in die toepaslike spesialistatarieflys. Op die rekening moet sodanige behandeling aangetoon word teenoor die kode 8004.
- 010 Die geld wat 'n tandtegnikus vra (+L), moet op die tandarts se rekening aangedui word teenoor die kode 8099. Sodanige rekening van die tandarts moet vergesel gaan 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" bestaan uit die geld wat die tandtegnikus vir sy dienste vra, asook uit die koste van tande. Byvoorbeeld, tariefitem 8231 word soos volg gespesifiseer:
- | | |
|------------------|------------------|
| | R |
| 8231..... | X |
| 8099 (8231)..... | Y |
| | <u>R (X + Y)</u> |
- 011 Ter aanpassing van spesifieke tariefitems by sekere omstandighede is dit nodig om onderstaande wysigers op die rekening aan te bring:
- 8002 Die toepaslike geld plus 50 %.
- 8003 Die toepaslike geld plus 10 %.
- 8004 Twee-derdes van die toepaslike geld.
- 8005 Die toepaslike geld plus R30,20.
- 8006 50 % van die toepaslike geld.
- 8007 15 % van die toepaslike geld.
- 8008 Die toepaslike geld plus 25 %.
- 8009 75 % van die toepaslike geld.
- 8010 25 % van die toepaslike geld.
- 8011 10 % van die toepaslike geld.
- 8012 5 % van die toepaslike geld.
- 012 In gevalle waar behandeling nie in die tandheelkundige geldetarief vir tandheelkundigedienste gelewer deur algemene tandheelkundige praktisyns of spesialiste gelys is nie, word die toepaslike gelde, soos gelys in die mediese geldetarief, gehef.
- 013 Betaling ten opsigte van behandeling wat nie in die tarief ingesluit is nie, maar ten opsigte waarvan die Kommissaris aanspreeklikheid aanvaar het, asook dié van enige bedrag wat aangegee word vir 'n diens wat in die tarief ingesluit is, is in volle en finale vereffening vir die behandeling of prosedure wat aan die werksman gelewer is, soos in artikel 79 van die Wet in die geval van geneeshere bedoel word.
- 014 Betaling sal slegs gedoen word vir dienste indien dit regstreeks uit die ongeval voortspruit. Geen aanspreeklikheid sal byvoorbeeld ten opsigte van goud-inlegsele in gebreekte kunsgebit aanvaar word nie waar dit bloot om kosmetiese redes gedoen word.
- 015 Waar 'n algemene narkose deur 'n tandarts toegedien word, moet die vordering daarvoor wees soos in item 8499 uiteengesit.
- 016 8279 en 8281 Volle- en Gedeeltelike Kunsgebit met Metaalbasis. Die gelde vir hierdie items verwys slegs na die metaalbasis. Addisionele gelde word gehef vir die volle- of gedeeltelike kunsgebit wat aan die basis geheg word.

- 004 In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a dental practitioner, such higher fee as may be agreed upon between the dental practitioner and the Commissioner, may be charged.

Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the Scale of Fees should be charged.

- 005 Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated under the Workmen's Compensation Act.
- 007 "Normal consulting hours" are between 07h00 and 18h00 on weekdays, and between 07h00 and 13h00 on Saturdays.
- 008 A dental practitioner shall submit his account for treatment under the Act to the employer of the workman concerned.
- 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 tariff of fees for dentists in general practice. Any specialist performing any treatment not listed in the tariff of fees for his speciality shall charge the same fee as that for dentists in general practice or, if such treatment does not appear in the tariff of fees for dentists in general practice either, then two-thirds of the fee listed in the appropriate specialist tariff of fees. Such treatment shall be indicated on the account against the code 8004.
- 010 Fees charged by dental technicians for their services (+L) shall be shown on the dentist's account against the code 8099. Such dentist's account shall be accompanied by the actual account of the dental technician (or a copy thereof) and the account of the dental technician shall bear the signature of the dentist (or the person authorised by him/her) as proof of that it has been compiled correctly. "L" comprises the fee charged by the dental technician for his services as well as the cost of teeth. For example, tariff item 8231 is specified as follows:
- | | |
|------------------|------------------|
| | R |
| 8231..... | X |
| 8099 (8231)..... | Y |
| | <u>R (X + Y)</u> |
- 011 For the adjustment of specific tariff items to certain circumstances, it is necessary to show the following modifiers on the account:
- 8002 The appropriate schedule fee plus 50 %.
- 8003 The appropriate schedule fee plus 10 %.
- 8004 Two-thirds of appropriate schedule fee.
- 8005 The appropriate scheduled fee plus R30,20.
- 8006 50 % of the appropriate scheduled fee.
- 8007 15 % of the appropriate scheduled fee.
- 8008 The appropriate scheduled fee plus 25 %.
- 8009 75 % of the appropriate scheduled fee.
- 8010 25 % of the appropriate scheduled fee.
- 8011 10 % of the appropriate scheduled fee.
- 8012 5 % of the appropriate scheduled fee.
- 012 In cases where treatment is not listed in the dental tariff of fees for dentists in general practice or specialists then the appropriate fee listed in the medical tariff of fees shall be charged.
- 013 Payment of a fee in respect of treatment not listed in the Scale of Fees but for which the Commissioner has agreed to accept liability, and of any fee reflected in respect of a service listed in the Scale of Fees, shall be in full and final settlement for the treatment or procedure given to the workman as is contemplated under section 79 of the Act in respect of medical practitioners.
- 014 Payment shall only be made for services required as a direct result of the accident. No liability would e.g. be accepted for gold fillings in broken dentures for cosmetic purposes only.
- 015 Where a general anaesthetic is administered by a dental practitioner, the fee charged shall be as set out in item 8499.
- 016 8279 and 8281 Metal Base to Full and partial Dentures. The fees for these items refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.

ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			GENERAL DENTAL PRACTITIONERS		
Kode No.	Prosedure	R	Code No.	Procedure	R
Konsultasies			Consultations		
8101	Konsultasie in spreekkamer	13,80	8101	Consultation at surgery	13,80
8103	Konsultasie in hospitaal of tuis	19,00	8103	Consultation at home or hospital	19,00
8105	Afspraak nie nagekom (Nie betaalbaar deur on-gevallekommissaris nie)		8105	Appointment not kept (not payable by commissioner)	
Diagnostiese prosedures			Diagnostic procedures		
8107	Binnemondse röntgenfoto's, per film	8,90	8107	Intra-oral radiographs, per film	8,90
8108	Maksimum	71,50	8108	Maximum	71,50
8113	Okklusale röntgenfoto's	13,80	8113	Occlusal radiographs	13,80
8115	Panoramiese röntgenfoto's	43,20	8115	Panoramic radiographs	43,20
Behandelingsprosedures			Treatment procedures		
8129	Bykomende gelde vir noodgevalle, waar die behandeling buite die normale spreekure uitgevoer is (insluitende behandeling wat by 'n hospitaal uitgevoer is)	33,50	8129	Additional Fee for emergency treatment rendered outside normal working hours including emergency treatment carried out at hospital	33,50
8131	Noodbehandeling vir pynverligting waarop geen ander tarief item van toepassing is nie	13,80	8131	Emergency Treatment for relief of pain where no other tariff item is applicable	13,80
8132	Noodbehandeling van wortelkanaal	22,30	8132	Emergency root canal treatment	22,30
8133	Hersementering van inlegsels, krone of brúe—per ankertand	13,80	8133	Re-cementing of inlays, crowns or bridges—per abutment	13,80
8135	Verwydering van inlegsels en krone (per eenheid) en brúe (per ankertand) as 'n noodprosedure	27,20	8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure	27,20
8137	Noodkroon (nie van toepassing op plasing van tydelike krone gedurende roetine kroon en brug voorbereidings nie)	46,50	8137	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	46,50
8138	Voorafvervaardigde metaalkroon as noodprosedure	28,30	8138	Pre-formed metal crown emergency procedure	28,30
8139	Bykomende gelde vir behandeling onder algemene narkose of hospitaal- of tuisbesoeke, per geval	22,30	8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case	22,30
Let wel: Hierdie item verwys na aanvullende behandeling wat uitgevoer is as gevolg van die konsultasie waarna onder items 8101 en 8103 verwys word			Note: This item refers to additional treatment carried out as a result of the consultation referred to under items 8101 and 8103		
8141	Inhaleringskalmering—eerste kwartier of gedeelte daarvan	9,70	8141	Inhalation sedation—first quarter-hour or part thereof	9,70
8143	Elke bykomende kwartier of gedeelte daarvan	5,20	8143	Per additional quarter-hour or part thereof	5,20
Opmerking: Geen addisionele gelde mag gehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143.			Note: No additional fee to be charged for gases used in the case of items 8141 and 8143.		
8144	Intraveneuskalmeering	6,40	8144	Intravenous sedation	6,40
Ekstraksies			Extractions		
Ekstraksies ten tyde van enkele besoek			Extractions during a single visit		
8201	Een	13,80	8201	One	13,80
8202	Twee	19,40	8202	Two	19,40
8203	Drie	24,60	8203	Three	24,60
8204	Vier	30,60	8204	Four	30,60
8205	Vyf	36,10	8205	Five	36,10
8206	Ses	41,30	8206	Six	41,30
8207	Sewe	46,90	8207	Seven	46,90
8208	Agt	52,90	8208	Eight	52,90
8209	Nege	58,10	8209	Nine	58,10
8210	Tien	63,80	8210	Ten	63,80
8211	Elf	69,40	8211	Eleven	69,40
8212	Twaalf	74,80	8212	Twelve	74,80
8213	Dertien	80,50	8213	Thirteen	80,50
8214	Veertien	86,10	8214	Fourteen	86,10
8215	Vyftien	91,30	8215	Fifteen	91,30
8216	Sestien	97,30	8216	Sixteen	97,30
8217	Sewentien	102,50	8217	Seventeen	102,50
8218	Agtien en meer	108,00	8218	Eighteen or more	108,00
8221	Lokale behandeling van postekstraksie bloeding (uitgesonderd behandeling van bloeding in die geval van bloedsiektes bv. hemofilie)	9,70	8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	9,70
8223	Elke bykomende besoek	6,80	8223	Each additional visit	6,80
8225	Behandeling van septiese tandkas	9,70	8225	Treatment of septic socket	9,70
8227	Elke bykomende besoek	6,80	8227	Each additional visit	6,80

Kode No.	Prosedure	R	Kode No.	Procedure	R
Prostetika			Prosthetics		
8231	Volle bo- en onderkunsgebit (Sien voetnota onder 8267).....	220,20+L	8231	Full upper and lower dentures (See footnote below 8267).....	220,20+L
8232	Volle bo- of onderkunsgebit (Sien voetnota onder 8267).....	135,70+L	8232	Full upper or lower dentures (See footnote below 8267).....	135,70+L
8233	Gedeeltelike kunsgebit met een tand.....	63,00+L	8233	Partial denture, one tooth.....	63,00+L
8234	Gedeeltelike kunsgebit met twee tande.....	63,00+L	8234	Partial denture, two teeth.....	63,00+L
8235	Gedeeltelike kunsgebit met drie tande.....	94,20+L	8235	Partial denture, three teeth.....	94,20+L
8236	Gedeeltelike kunsgebit met vier tande.....	94,20+L	8236	Partial denture, four teeth.....	94,20+L
8237	Gedeeltelike kunsgebit met vyf tande.....	94,20+L	8237	Partial denture, five teeth.....	94,20+L
8238	Gedeeltelike kunsgebit met ses tande.....	125,60+L	8238	Partial denture, six teeth.....	125,60+L
8239	Gedeeltelike kunsgebit met sewe tande.....	125,60+L	8239	Partial denture, seven teeth.....	125,60+L
8240	Gedeeltelike kunsgebit met agt tande.....	125,60+L	8240	Partial denture, eight teeth.....	125,60+L
8241	Gedeeltelike kunsgebit met nege of meer tande.....	125,60+L	8241	Partial denture—nine or more teeth.....	125,60+L
8243	Bykomende gelde waar 'n sagtebasis met items 8231–8241 ingelyf is.....	19,40+L	8243	Additional fee where a soft base is incorporated with items 8231–8241.....	19,40+L
8255	Klammer of rus van vlekvrystaal, per klammer of rus.....	13,00+L	8255	Stainless steel clasp or rest per clasp or rest.....	13,00+L
8257	Linguale stang of palatale stang.....	15,70+L	8257	Lingual bar or palatal bar.....	15,70+L
Let wel: Waar Items 8281 of 8269 toegepas word, mag Items 8255 of 8257 nie gevra word nie.			Note: Where Items 8281 or 8269 are applied, Items 8255 or 8257 may not be charged.		
8259	Herbasering per kunsgebit.....	51,80+L	8259	Re-base, per denture.....	51,80+L
8261	Hermodellering, per kunsgebit.....	84,50+L	8261	Re-model, per denture.....	84,50+L
8263	Opvulling—Selfverhardende harde akriel, per kunsgebit.....	32,40	8263	Re-line: self-curing hard conditioner acrylic, per denture.....	32,40
8265	Weefselopknapper en sagte selfverhardende interim opvulling, per kunsgebit.....	21,50	8265	Tissue conditioner and soft self-cure interim re-line, per denture.....	21,50
8267	Sagte basis opvulling, per kunsgebit (met hitte verhard).....	74,80+L	8267	Soft base reline per denture (heat cured).....	74,80+L
Let wel: Waar items 8231 tot 8241 gelyktydig uitgevoer is, mag hierdie item nie gevra word nie.			Note: Not applicable when items 8231 to 8241 are carried out concurrently.		
8269	Herstelling van kunsgebit en/of byvoeging van een of meer tande of klammers tot kunsgebit.....	17,50+L	8269	Repair of denture and/or addition of one or more teeth or clasps to denture.....	17,50+L
8273	Bykomende gelde waar 'n afdruk nodig is vir 8269.....	9,70+L	8273	Additional fee where impression is required for 8269.....	9,70+L
8279	Metaalbasis vir volle kunsgebit, per gebit.....	67,40+L	8279	Metal base to full denture per denture.....	67,40+L
8281	Metaalbasis vir gedeeltelike kunsgebit, per gebit.....	167,70+L	8281	Metal base to partial denture, per denture.....	167,70+L
Let wel:			Note:		
1. Die gelde vir items 8279 en 8281 verwys slegs na die metaalbasis. Addisionele gelde word gehef vir die volle of gedeeltelike kunsgebit wat aan die basis geheg word.			1. The fees for items 8279 and 8281 refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.		
2. Waar Item 8281 toegepas word, kan Items 8255 en 8257 nie gevra word nie.			2. Where Item 8281 is applied, Items 8255 and 8257 can not be charged.		
Konserverende tandheelkunde			Conservative dentistry		
Let wel: Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het beslis dat, met uitsondering van diagnostiese binnemondse Röntgenfoto's, gelde vir slegs drie verdere binnemondse Röntgenfoto's gevra mag word vir elke voltooide wortelkanaaltherapie op 'n voortand en 'n verdere vyf Röntgenfoto's vir elke voltooide wortelkanaaltherapie op 'n veel-worteltand.			Note: The South African Medical and Dental Council 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 an anterior tooth and a further five Intra-oral Radiographs for each completed root canal therapy on a multi-rooted tooth.		
Endodonsie			Endodontics		
8132	Noodbehandeling van wortelkanaal.....	22,30	8132	Emergency root canal Treatment.....	22,30
8301	Direkte pulpa-oorkapping.....	6,40	8301	Direct pulp capping.....	6,40
8303	Indirekte pulpa-oorkapping waarvoor die permanente herstelling nie gedurende dieselfde besoek voltooi word nie.....	17,90	8303	Indirect pulp capping where permanent filling is not completed at same visit.....	17,90
8307	Amputasie van pulpa (pulpotomie).....	17,90	8307	Amputation of pulp (pulpotomy).....	17,90
8311	Wortelkanaaltherapie, uitsluitende molare—eerste kanaal.....	61,80	8311	Root canal therapy, excluding molars, first canal.....	61,80
8312	Wortelkanaaltherapie, molare—eerste kanaal.....	84,50	8312	Root canal therapy, molars, first canal.....	84,50
8313	Elke bykomende kanaal (van toepassing op alle tande).....	25,40	8313	Each additional canal (applicable to all teeth).....	25,40
8315	Elke bykomende besoek—eenworteltand.....	13,80	8315	Each additional visit—single-rooted tooth.....	13,80
8317	Maksimum vir 8315.....	55,20	8317	Maximum for 8315.....	55,20
8319	Elke bykomende besoek—veelworteltand.....	19,00	8319	Each additional visit—multi-rooted tooth.....	19,00
8321	Maksimum vir 8319.....	76,00	8321	Maximum for 8319.....	76,00

Kode No.	Prosedure	R
	<i>Plastiese herstellings</i> Let wel: Plastiese herstellings van dieselfde materiaal op die molare en premolare word geklassifiseer ooreenkomstig die aantal oppervlaktes behandel per tand, per besoek, ongeag of die herstellings aaneenlopend is al dan nie.	
8341	Een vlak	14,90
8342	Twee vlakke	20,50
8343	Drie vlakke	27,20
8344	Meer as drie vlakke	33,50
8345	Voorafvervaardigde stif versterking, per stif	20,10
8347	Penversterking vir herstelling, eerste pen	13,80
8349	Maksimum vir penversterking per tand	27,50
	<i>Suur-ets tegniek</i>	
8350	Aanwending van Kofferdam per boog (ongeaag die aantal tande herstel) wanneer Items 8351 tot 8354 uitgevoer word	10,80
8351	Een vlak	17,10
8352	Twee vlakke	22,70
8353	Drie vlakke	29,10
8354	Meer as drie vlakke	35,10
8355	Harsfinere (Lamel of Direkte)	43,20+L
8356	Brug per ankertand	43,20+L
	Per foptand (kyk 8420, 8422, 8424)	
8357	Voorafgevormde metaalkroon	28,30
	<i>Inlegsels</i> Metaalinlegsels:	
8361	Een vlak	43,20+L
8362	Twee vlakke	63,00+L
8363	Drie vlakke	105,10+L
8364	Vier vlakke	127,10+L
8365	Vyf vlakke	127,10+L
	<i>Keramiek/Hars Gebonde Inlegsels:</i>	
8371	Een vlak	43,20+L
8372	Twee vlakke	63,00+L
8373	Drie vlakke	105,10+L
8374	Vier vlakke	127,10+L
8375	Vyf vlakke	127,10+L
	<i>Voorafvervaardigde stif en Kern</i>	
8376	Enkel stif en kern	35,10
8377	Tweeledige stif en kern	55,50
8378	Driededige stif en kern	75,60
	Let wel: Bogenoemde items sluit penne in Stif met kappie of vingerhoed	
8391	Enkele stif	32,40+L
8393	Tweeledige stif	51,80+L
8395	Driededige stif	74,80+L
8396	Vingerhoede	21,30+L
8397	Gegote kern met penne	51,80+L
8398	Plastiese kern op penversterking ongeag aantal penne	51,80
	Let wel: Die gelde sluit die koste van voorlopi-ge/tussentydse kroon in.	
	<i>Krone</i>	
8401	Gegote volle kroon	151,00+L
8403	Gegote driekwartkroon	151,00+L
8405	Akrieldopkroon	128,90+L
8407	Akrielfineerde kroon	161,30+L
8409	Porseleindopkroon	161,30+L
8411	Porseleingefineerde kroon	161,30+L
8413	Vervanging van gesigstuk	31,60+L
	<i>Harsgebonde ankers</i> Maryland Brûe (kyk 8356) Per foptand (kyk 8420, 8422, 8424)	
	<i>Brûe</i> (ankers soos hierbo)	
8420	Sanitêre foptand	78,70+L
8422	Posterior foptand	105,10+L
8424	Anterior foptand (sluit premolêre in)	131,60+L

Kode No.	Prosedure	R
	<i>Plastic restorations</i> Note: Plastic Restorations of the same material on posterior teeth are classified in accordance with the number of surfaces treated per tooth per visit, irrespective of whether the restorations are contiguous or not.	
8341	One Surface	14,90
8342	Two surfaces	20,50
8343	Three surfaces	27,20
8344	More than three surfaces	33,50
8345	Preformed post reinforcement per post	20,10
8347	Pin retention for restoration, first pin	13,80
8349	Maximum for pin retention, per tooth	27,50
	<i>Acid etch technique</i>	
8350	Application of Rubber Dam, per arch (irrespective of number of teeth restored) when Items 8351 to 8354 are carried out	10,80
8351	One Surface	17,10
8352	Two Surfaces	22,70
8353	Three Surfaces	29,10
8354	More than three surfaces	35,10
8355	Composite Veneers (Laminated or Direct)	43,20+L
8356	Bridge per abutment	43,20+L
	Per pontic (see 8420, 8422, 8424)	
8357	Preformed metal crown	28,30
	<i>Inlays</i> Metal inlays:	
8361	One Surface	43,20+L
8362	Two surfaces	63,00+L
8363	Three surfaces	105,10+L
8364	Four surfaces	127,10+L
8365	Five surfaces	127,10+L
	<i>Ceramic/Resin Bonded Inlays:</i>	
8371	One surface	43,20+L
8372	Two surfaces	63,00+L
8373	Three surfaces	105,10+L
8374	Four surfaces	127,10+L
8375	Five surfaces	127,10+L
	<i>Preformed post and core</i>	
8376	Single post and core	35,10
8377	Double posts and core	55,50
8378	Triple post and core	75,60
	Note: Items are inclusive of pins <i>Post with thimble or coping</i>	
8391	Single post	32,40+L
8393	Binary post	51,80+L
8395	Triple post	74,80+L
8396	Copings	21,30+L
8397	Cast core with pins	51,80+L
8398	Plastic core on pin reinforcing irrespective of number of pins	51,80
	Note: The fees in this section include cost of temporary/intermediate crowns.	
	<i>Crowns</i>	
8401	Cast full crown	151,00+L
8403	Cast three-quarter crown	151,00+L
8405	Acrylic jacket crown	128,90+L
8407	Acrylic veneered crown	161,30+L
8409	Porcelain jacket crown	161,30+L
8411	Porcelain veneered crown	161,30+L
8413	Facing replacement	31,60+L
	<i>Resin bonded retainers</i> Maryland Bridges (see 8356) Per pontic (see 8420, 8422, 8424)	
	<i>Bridges</i> (retainers as above)	
8420	Sanitary pontic	78,70+L
8422	Posterior pontic	105,10+L
8424	Anterior pontic including premolars	131,60+L

Kode No.	Prosedure	R
8499	Algemene narkose Die relevante items in die geldetarief vir mediese dienste, gepubliseer in <i>Staatskoerant</i> 11083 van 24 Desember 1987 is van toepassing op alle algemene narkose in tandheelkundige prosedures.	

SPECIALIS PROSTODONTISTE

Kode No.	Prosedure	R
	Behandelingsprosedures	
	<i>Noodbehandeling</i>	
8511	Pynverligting (waarop geen ander tariefitem van toepassing is nie).....	31,60
8513	Noodkroon (nie van toepassing op plasing van tydelike kroon gedurende roetine kroon en burg voorbereidings nie).....	51,80
8515	Hersementering van inlegsel, kroon of brug, per ankertand.....	20,10
8517	Herimplantering van tand, insluitende verankering soos benodig.....	53,70+L
	<i>Tydelike behandeling</i>	
8521	Tydelike spalking—ekstrakoronale draad, per sekstant.....	43,20
8523	Tydelike spalking—ekstrakoronale draad plus hars, per sekstant.....	63,00
8527	Tydelike spalking—intrakoronale draad of penne of gegote stang plus amalgaan of hars, per tandeendheid in die spalk ingesluit.....	20,10+L
8529	Voorlopige kroon wat nie gedurende roetine kroonvoorbereiding geplaas word nie.....	51,80+L
8530	Voorafvervaardigde metaalkroon.....	44,00
	<i>Okklusale verstelling</i>	
8551	Volledige okklusale verstelling.....	147,50
8553	Geringe okklusale verstelling.....	46,50
	<i>Keramiek/Hars Gebonde Inlegsels:</i>	
8555	Een vlak.....	194,90+L
8556	Twee vlakke.....	281,40+L
8557	Drie vlakke.....	435,80+L
8558	Vier vlakke.....	435,80+L
8559	Vyf vlakke.....	435,80+L
	<i>Metaalinlegsels</i>	
8571	Een vlak.....	93,60+L
8572	Twee vlakke.....	135,30+L
8573	Drie vlakke.....	209,40+L
8574	Vier vlakke.....	209,40+L
8575	Vyf vlakke.....	209,40+L
8577	Penretensie.....	31,20
	<i>Stiwwe en vingerhoede</i>	
8581	Enkelstif.....	51,90+L
8582	Tweeledige stif.....	74,80+L
8583	Driedelige stif.....	93,60+L
8587	Vingerhoede.....	43,20+L
8589	Gegote kern met penne.....	73,80+L
8591	Plastiese kern op penversterking ongeag aantal penne.....	51,80
	<i>Verbinders</i>	
8597	Slot en gemasjineerde ruste.....	21,30+L
8599	Slotheftings.....	51,80+L
	<i>Kroon</i>	
8601	Gegote driekwartkroon.....	209,40+L
8607	Porseleindopkroon.....	209,40+L
8609	Porseleingefineerde metaalkroon.....	261,60+L

Kode No.	Prosedure	R
8499	General anaesthetics The relevant items in the tariff of fees for medical services as published in <i>Government Gazette</i> No. 11083 of 24 December 1987 shall apply to all general anaesthetics in dental procedures	

SPECIALIST PROSTHODONTISTS

Kode No.	Procedure	R
	Treatment procedures	
	<i>Emergency treatment</i>	
8511	Emergency treatment for relief of pain (where no other tariff item is applicable).....	31,60
8513	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations).....	51,80
8515	Recementation of inlay, crown or bridge per abutment.....	20,10
8517	Reimplantation of a tooth, including fixation as required.....	53,70+L
	<i>Provisional treatment</i>	
8521	Provisional splinting—extracoronary wire, per sextant.....	43,20
8523	Provisional splinting—extracoronary wire plus resin, per sextant.....	63,00
8527	Provisional splinting—intracoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint.....	20,10+L
8529	Provisional crown, which is not placed during routine crown preparation.....	51,80+L
8530	Preformed metal crown.....	44,00
	<i>Occlusal adjustment</i>	
8551	Major occlusal adjustment.....	147,50
8553	Minor occlusal adjustment.....	46,50
	<i>Ceramic/Resin Bonded Inlays</i>	
8555	One surface.....	194,90+L
8556	Two surfaces.....	281,40+L
8557	Three surfaces.....	435,80+L
8558	Four surfaces.....	435,80+L
8559	Five surfaces.....	435,80+L
	<i>Metal inlays</i>	
8571	One surface.....	93,60+L
8572	Two surfaces.....	135,30+L
8573	Three surfaces.....	209,40+L
8574	Four surfaces.....	209,40+L
8575	Five surfaces.....	209,40+L
8577	Pin retention.....	31,20
	<i>Post and copings</i>	
8581	Single post.....	51,90+L
8582	Double post.....	74,80+L
8583	Triple post.....	93,60+L
8587	Copings.....	43,20+L
8589	Cast core with pins.....	73,80+L
8591	Plastic core on pin reinforcing irrespective of number of pins.....	51,80
	<i>Connectors</i>	
8597	Locks and milled rests.....	21,30+L
8599	Precision attachments.....	51,80+L
	<i>Crowns</i>	
8601	Cast three-quarter crown.....	209,40+L
8607	Porcelain jacket crown.....	209,40+L
8609	Porcelain veneered metal crown.....	261,60+L

Kode No.	Prosedure	R	Kode No.	Prosedure	R
	Brugwerk			Bridges	
	Let wel: Ankers soos bo			Note: Retainers as above	
8611	Sanitêre foptand.....	158,00+L	8611	Sanitary pontic.....	158,00+L
8613	Posterior foptand.....	194,80+L	8613	Posterior pontic.....	194,80+L
8615	Anterior foptand.....	209,40+L	8615	Anterior pontic.....	209,40+L
	Harsgebonde ankers			Resin bonded retainers	
8617	Per ankertand.....	64,50+L	8617	Per abutment.....	64,50+L
	Per foptand (sien 8611, 8613, 8615)			Per pontic (see 8611, 8613, 8615)	
	Konserwatiewe behandeling van miofasiale pyn disfunksiesindroom			Conservative treatment of myofascial pain-dysfunction syndrome	
8621	Eerste besoek.....	25,40	8621	First visit.....	25,40
8623	Opvolgende besoek.....	19,00	8623	Subsequent visit.....	19,00
	Endodontiese prosedures, ens			Endodontic procedures, etc	
8631	Wortelkanaalterapie, eerste kanaal.....	183,30	8631	Root canal therapy, first canal.....	183,30
8633	Elke bykomende kanaal.....	45,80	8633	Each additional canal.....	45,80
	Let wel: Bogenoemde endodontiese gelde sluit in alle X-straalfoto's en bykomende besoeke			Note: The above endodontic fees include all X-rays and repeat visits	
8635	Apeksifikasie van wortelkanaal, per besoek.....	30,60	8635	Apexification of root canal, per visit.....	30,60
8637	Hemiseksie van 'n tand of reseksie van 'n wortel.....	73,80	8637	Hemisection of a tooth or resection of root.....	73,80
8638	Lansering en dreinerings van piogene absesse (binnemonde toegang).....	43,60	8638	Incision and drainage of pyogenic abscess, intraoral approach.....	43,60
9015	Apisektomie insluitend retrograde herstelling waar nodig—anterior tand.....	101,40	9015	Apicectomy, including retrograde root filling where necessary—anterior tooth.....	101,40
9016	Apisektomie insluitend retrograde herstelling waar nodig—Posterior tand.....	151,60	9016	Apicectomy including retrograde filling where necessary—Posterior tooth.....	151,60
8640	Verwydering van fraktureerde stif of instrument vanuit die wortelkanaal.....	53,70	8640	Removal of fractured post or instrument from root canal.....	53,70
	Prostetika			Prosthetics (Removable)	
8641	Volle kunsgebit—bo en onder sonder primêre komplikasies.....	523,50+L	8641	Complete upper and lower dentures without primary complications.....	523,50+L
8643	Volle kunsgebit—bo en onder sonder groot komplikasies.....	679,60+L	8643	Complete upper and lower dentures without major complications.....	679,60+L
8645	Volle kunsgebit—bo en onder met groot komplikasies.....	835,80+L	8645	Complete upper and lower dentures with major complications.....	835,80+L
8647	Volle kunsgebit—bo of onder sonder primêre komplikasies.....	366,30+L	8647	Complete upper or lower dentures without primary complications.....	366,30+L
8649	Volle kunsgebit—bo of onder sonder groot komplikasies.....	418,50+L	8649	Complete upper or lower denture without major complications.....	418,50+L
8651	Volle kunsgebit—bo of onder met groot komplikasies.....	470,60+L	8651	Complete upper or lower denture with major complications.....	470,60+L
8661	Diagnostiese kunsgebitte (met inbegrip van weefselopknappbehandeling).....	418,50+L	8661	Diagnostic dentures (inclusive of tissue conditioning treatment).....	418,50+L
8662	Hermontering en okklusale verstelling van kunsgebitte.....	60,30	8662	Remounting and occlusal adjustment of dentures.....	60,30
8663	Chroomkobalt basis vir volle kunsgebit (ekstra koste).....	126,00+L	8663	Chrome cobalt base for full denture (extra charge).....	126,00+L
8665	Herbasering, per kunsgebit.....	84,50+L	8665	Re-base, per denture.....	84,50+L
8667	Sagte basis, per kunsgebit (met hitte verhard).....	126,00+L	8667	Soft base, per denture (heat cured).....	126,00+L
8668	Weefselopknapper, per kunsgebit.....	31,20	8668	Tissue conditioner, per denture.....	31,20
8669	Binnemonde opvulling van vol- of gedeeltelike kunsgebit.....	46,50	8669	Intraoral relining of complete or partial denture.....	46,50
8671	Metaal (bv. Chroomkobalt) gedeeltelike kunsgebit.....	418,50+L	8671	Metal (e.g. Chrome cobalt) partial denture.....	418,50+L
8672	Bykomende gelde vir veranderde model tegniek, gedeeltelike kunsgebit.....	16,40+L	8672	Additional fee for altered cast technique for partial denture.....	16,40+L
8674	Aanlasbare gedeeltelike kunsgebit.....	189,60+L	8674	Additive partial denture.....	189,60+L
8679	Herstelwerk.....	21,30+L	8679	Repairs.....	21,30+L
8273	Bykomende gelde waar 'n afdruk nodig is vir 8269.....	9,70+L	8273	Additional fee where impression is required for 8269.....	9,70+L

SPECIALIS KAAKGESIGS- EN MONDCHIRURGIE

Kyk Reël 011

1. Indien die prosedures van tariefitems 8201 tot en met 8218 uitgevoer word deur spesialiste in kaak-, gesig-, en mondchirurgie, is die gelde gelyk aan die toepaslike tariefgelde plus 50 persent (8002).

2. Die gelde vir meer as een operasie of prosedure via dieselfde insnyding uitgevoer, word bereken as die geld vir die hoofoperasie plus die tariefgeld van die bykomende operasie tot 'n maksimum van R48,10 vir elke sodanige operasie of prosedure (8005).

SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS

See Rule 011

1. If procedures under tariff items 8201 to 8218 inclusive 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 (8002).

2. 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 a maximum of R48,10 for each such subsidiary operation or procedure (8005).

3. Die gelde vir meer as een operasie of ingreep onder dieselfde narkose maar **via 'n ander insnyding uitgevoer**, word bereken as die geld vir die hoofoperasie plus

75 % vir die tweede prosedure/operasie (8009)

50 % vir die derde prosedure/operasie (8006)

25 % vir die vierde prosedure/operasie (8010)

10 % vir die vyfde prosedure/operasie (8011)

5 % vir die sesde en daaropvolgende prosedure/operasie (8012).

Hierdie reël is nie van toepassing nie waar twee of meer onverwante operasies deur praktisyne van verskillende spesialiteite uitgevoer word, in welke geval elke praktisyn geregtig is op die volle geld vir sy operasie.

Indien daar binne ses maande 'n tweede operasie vir dieselfde toestand of besering uitgevoer word, is die geld vir die tweede operasie die helfte van die vir die eerste.

Die tariefgeld 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 gelde gehef kan word as waarop die praktisyn en die kommissaris ooreengekom het.

4. Die bedrag aan 'n assistent betaalbaar word bereken op 15 persent van die geld van die praktisyn wat die operasie uitvoer, met 'n minimum van R29,10 (8007).

5. Die bykomende gelde vir alle lede van die snykundige span vir na-ure noodoperasies sal bereken word deur 25 % by die tariefgeld vir die prosedure of prosedures uitgevoer by te voeg (8008).

Kyk Reël 012

In gevalle waar behandeling nie in die tandheelkundige geldetarief vir algemene praktisyne of spesialiste gelys is nie, sal die toepaslike gelde, gelys in die mediese geldetarief, gevra word, en die mediese gelde tarief-item moet aangedui word.

Kode No.	Prosedure	R
Konsultasie en besoeke		
8901	Konsultasie by spreekkamers.....	25,40
8903	Konsultasie by hospitaal, verpleeginrigting of tuis	28,30
8904	Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis	13,80
8905	Naweek- en nagbesoeke pasiënt tussen 18h00 en 07h00 die volgende dag.....	40,90
8907	Daaropvolgende konsultasie per week, tot 'n maksimum van	46,90
Let wel:		
"Daaropvolgende konsultasie" beteken, in verband met item 8904 en 8907, 'n konsultasie vir dieselfde traumatiese toestand mits sodanige konsultasie plaasvind binne ses maande vanaf die eerste konsultasie.		
Ondersoek en rekords		
8107	Binnemondse röntgenfoto's, per film	8,90
8108	Maksimum	71,50
8113	Okklusale röntgenfoto's.....	13,80
8115	Panoramiese röntgenfoto.....	43,20
8917	Biopsies: Binnemonds.....	52,10
8919	Beenbiopsie: Naald	90,10
8921	Beenbiopsie: Oop	148,30
8811	Kefalometriese röntgenfoto en ontleding	43,20
8813	Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname.....	46,90
8815	Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname	51,80
Verwydering van tande		
8924	Meer as agtien tande, per tand.....	2,60
8957	Alveolotomie of alveolektomie—tesame met of onafhanklik van ekstraksies (per kaak) ...	123,70

3. 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 (8009)

50 % for the third procedure/operation (8006)

25 % for the fourth procedure/operation (8010)

10 % for the fifth procedure/operation (8011)

5 % for the sixth and subsequent procedure/operations (8012).

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.

If, within six 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.

The tariff 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 Commissioner may be charged.

4. The fee payable to an assistant shall be calculated as 15 per cent of the fee of the practitioner performing the operation, with a minimum of R29,10 (8007).

5. The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25 % to the tariff fee of the procedure or procedures performed (8008).

See Rule 012

In cases where treatment is not listed in the dental tariff of fees for general practitioners or specialists then the appropriate fee listed in the medical tariff of fees shall be charged, and the medical tariff item must be indicated.

Code No.	Procedure	R
Consultations and visits		
8901	Consultation at consulting rooms	25,40
8903	Consultation at hospital, nursing home or house	28,30
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house	13,80
8905	Weekend visits and night visits between 18h00-07h00 the following day	40,90
8907	Subsequent consultations, per week, to a maximum of	46,90
Note:		
"Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same traumatic condition provided that such consultation occurs within six months of the first consultation.		
Investigations and records		
8107	Intra-oral radiographs, per film	8,90
8108	Maximum	71,50
8113	Occlusal radiographs	13,80
8115	Panoramic radiograph	43,20
8917	Biopsies: Intra-oral	52,10
8919	Biopsy of bone: Needle biopsy.....	90,10
8921	Biopsy of bone: Open	148,30
8811	Cephalometric radiograph and analysis	43,20
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph	46,90
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph.....	51,80
Removal of teeth		
8924	More than eighteen teeth, per tooth.....	2,60
8957	Alveolotomy or alveolectomy—concurrent with or independent of extractions (per jaw)	123,70

Kode No.	Prosedure	R	Code No.	Procedure	R
8961	Implanting van tande	202,70+L	8961	Implanting of teeth.....	202,70+L
8931	Lokale behandeling van postekstraksieseptiese (met uitsluiting van bloeding in die geval van bloedsiektes, bv. hemofilie)	67,80	8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia).....	67,80
8935	Behandeling van postekstraksieseptiese tandkas waar die pasiënt verwys word deur 'n ander geregistreerde persoon	17,90	8935	Treatment of post-extraction septic socket where patient is referred by another registered person	17,90
8937	Chirurgiese verwydering van 'n tand d.w.s. maak van mukoperiosteale flap, verwydering van been en hegting	62,60	8937	Surgical removal of a tooth i.e.:—raising of mucoperiosteal flap, removal of bone and suturing	62,60
<i>Verwydering van Wortels</i>			<i>Removal of Roots</i>		
8953	Chirurgiese verwydering van wortelreste van die eerste tand	90,10	8953	Surgical removal of residual roots of first tooth	90,10
8955	Chirurgiese verwydering van wortelreste van elke daaropvolgende tand. <i>Verwys Reël 011. Notas 2 en 3.</i>	—	8955	Surgical removal of residual roots of each subsequent tooth. <i>See Rule 011. Notes 2 and 3.</i>	—
<i>Diverse prosedures</i>			<i>Diverse procedures</i>		
8908	Verwydering van tandwortels van die maksilêre antrum insluitend Caldwell-Luc operasie en herstel van antro-orale fistel	307,80	8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication	307,80
8909	Sluiting van antro-orale fistel—akuut of kronies	236,30	8909	Closure of oral antral fistula—acute or chronic	236,30
8910	Verwydering van wortel vanuit die maksilêre antrum	92,80	8910	Removal of roots from maxillary antrum	92,80
8911	Caldwell-Luc prosedure	92,80	8911	Caldwell-Luc procedure	92,80
8965	Perifere neurektomie	202,70	8965	Peripheral neurectomy	202,70
8997	Sulkoplastiek/Vestibuloplastiek	464,60+L	8997	Sulcoplasty/Vestibuloplasty	464,60+L
8999	Verdieping van vestibulêre sulkus: Plastiese herstelling	123,70+L	8999	Deepening the vestibular sulcus: Plastic repair ..	123,70+L
9001	Verdieping van bukkale/labiale sulkus: Bukkale inlegsel	281,60+L	9001	Deepening the buccal/labial sulcus: Buccal inlay ..	281,60+L
9003	Herplanting van foramen mentale en senuwee, per kant	281,60+L	9003	Repositioning mental foramen and nerve, per side	281,60+L
9005	Verbetering van alveolêre rif deur beenoorplanting	473,20+L	9005	Alveolar ridge augmentation by bone graft	473,20+L

Kode No.	Prosedure	R	Code No.	Procedure	R
<i>Sepsis</i>			<i>Sepsis</i>		
9011	Lansering en dreinerig van piogene absesse (binnemondse toegang)	57,80	9011	Incision and drainage of pyogenic abscesses (intra-oral approach).....	57,80
9013	Buitemondse toegang, bv. Ludwigkeelpyn	78,70	9013	Extra-oral approach, e.g. Ludwig's angina	78,70
9015	Apisektomie insluitend retrograde herstelling waar nodig—anterior tand	101,40	9015	Apicectomy including retrograde filling where necessary—anterior teeth	101,40
9016	Apisektomie insluitend retrograde herstelling waar nodig. Posterior tand	203,10	9016	Apicectomy including retrograde filling where necessary. Posterior teeth	203,10
9017	Dekortisering, uitholling en sekwestrektomie vir osteomiëlitis van mandibula	417,70	9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	417,70
9019	Sekwestrektomie—binnemondse toegang	90,10	9019	Sequestrectomy—intra-oral	90,10
<i>Trouma</i>			<i>Trouma</i>		
<i>Behandeling van gepaardgaande sagte-weefselbeserings</i>			<i>Treatment of associated soft tissue injuries</i>		
9021	Gering	101,40	9021	Minor	101,40
9023	Uitgebreid	214,20	9023	Major	214,20
<i>Frakture van die mandibula</i>			<i>Mandibular fractures</i>		
9025	Behandeling deur middel van geslote reduksie, met intermaksillêre fiksering	225,00	9025	Treatment by closed reduction, with inter-maxillary fixation	225,00
9027	Behandeling van saamgestelde fraktuur deur middel van ogies en kruisbedrading	315,90	9027	Treatment of compound fracture, involving eyelet wiring	315,90
9029	Behandeling deur middel van metaaldopspalke of Gunningspalke	350,20+L	9029	Treatment by metal cap splintage or Gunning's splints	350,20+L
9031	Behandeling deur middel van oop reduksie en herstel van okklusie met spalke	518,70+L	9031	Treatment of open reduction with restoration of occlusion by splintage	518,70+L

Kode No.	Procedure	R	Code No.	Procedure	R
	Frakture van die maksilla met spesiale aandag aan okklusie			Maxillary fractures with special attention to occlusion	
9035	Le Fort I-fraktuur of Guérin-fraktuur.....	316,70 + L	9035	Le Fort I or Guérin fracture.....	316,70 + L
9037	Le Fort II-fraktuur of middelste derde van gesig.....	518,70 + L	9037	Le Fort II or middle third of face.....	518,70 + L
9039	Le Fort III-fraktuur of kraniofasiale ontwrigting of brokkelfraktuur van middel gesig wat oop reduksie en spalke vereis.....	743,70 + L	9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage.....	743,70 + L
	Wangbeen/Oogkas/Antrum—Saamgestelde frakture			Zygoma/Orbit/Antral—Complex fractures	
9041	Gillies of temporale elevasie.....	225,00	9041	Gillies or temporal elevation.....	225,00
9043	Onstabiele en/of verbrokelede wangbeen, behandeling deur middel van oop reduksie of Caldwell-Luc operasie.....	450,80	9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation.....	450,80
9045	Wat veelvuldige tussenbeenbedrading of beenoortplanting vereis.....	675,90	9045	Requiring multiple interosseous wiring or bone graft.....	675,90
	Deformiteite			Deformities	
	Let Wel: Die volle geld kan gehew word vir prosedures 9047 tot 9072 d.w.s. aanmerkings 2 en 3 (i.s. Reël 011) is nie toepasbaar nie.			Note: For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re rule 011) will not apply.	
9047	Operasietier verbetering of restourasie van sluit-en-koufunksie, bv. bilaterale osteotomie, oop operasie (met immobilisering).....	946,40	9047	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation).....	946,40
9049	Osteotomie van anterior segment van die mandibula (Köle).....	788,50	9049	Anterior segmental osteotomy of mandible (Köle).....	788,50
9051	Kenplastiek.....	450,80	9051	Genioplasty.....	450,80
9055	Osteotomie van posterior segment van die maksilla (Schukardt)—1-stadium of 2-stadiumprosedure.....	788,50	9055	Maxillary posterior segment osteotomy (Schukardt)—1 or 2 stage procedure.....	788,50
9057	Osteotomie van anterior segment van die maksilla (Wassmund)—1-stadium of 2-stadiumprosedure.....	788,50	9057	Maxillary anterior segment osteotomy (Wassmund)—1 or 2 stage procedure.....	788,50
9059	Le Fort I-osteotomie.....	1 483,70	9059	Le Fort I osteotomy.....	1 483,70
9061	Palatale osteotomie.....	518,70	9061	Palatal osteotomy.....	518,70
9063	Le Fort II-osteotomie ter korreksie van gesigsdeformiteite of fasiostenose en nabe-seringdeformiteite.....	1 894,30	9063	Le Fort II osteotomy for correction of facial deformities or faciosostenosis and post-traumatic-deformities.....	1 894,30
9069	Funksionele tongreduksie (gedeeltelike glossektomie).....	338,40	9069	Functional tongue reduction (partial glossectomy).....	338,40
9071	Geniohioïdotomie.....	202,70	9071	Geniohyoidotomy.....	202,70
9072	Funksionele herstel van sekondêre oro-nasale fistel en verwante strukture met been transplantaat (volledige prosedure).....	1 483,70	9072	Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure).....	1 483,70
	Prosedures en temporomandibulêre gewrig (Ondersoek soos in voorafgaande afdeling)			Temporomandibular joint procedures (Investigation as in preceding section)	
9073	Konserwatiewe behandeling van ontwrigting of disfunksie van temporomandibulêre gewrig met bytplate.....	56,40 + L	9073	Conservative treatment of temporomandibular joint derangement or dysfunction with bite plate.....	56,40 + L
9075	Kondilektomie of koronoidektomie of albei (buitemonde toegang) of menisektomie.....	473,20	9075	Condylectomy or coronoidectomy or both (extra-oral approach) or meniscectomy.....	473,20
9053	Coronoidektomie (binnemonde toegang).....	281,60	9053	Coronoidectomy (intra-oral approach).....	281,60
9077	Intra-artikulêre inspuiting, per inspuiting.....	33,90	9077	Intra-articular injection, per injection.....	33,90
9079	Daaropvolgende inspuiting.....	13,40	9079	Subsequent injection.....	13,40
9081	Kondielnek-osteotomie (Ward/Kostecka).....	225,00	9081	Condyle neck osteotomy (Ward/Kostecka).....	225,00
9083	Temporomandibulêre artroplastiek, bv. eminektomie (La Clerk-en-Toller-ingreep).....	563,40	9083	Temporomandibular arthroplasty, e.g. eminectomy (Le Clerk and Toller procedure).....	563,40
9085	Reduksie van temporomandibulêre ontwrigting sonder narkose.....	44,80	9085	Reduction of temporomandibular joint dislocation without anaesthetic.....	44,80
9087	Reduksie van temporomandibulêre ontwrigting, onder narkose.....	90,10	9087	Reduction of temporomandibular joint dislocation, with anaesthetic.....	90,10
9089	Reduksie van temporomandibulêre ontwrigting, onder narkose en immobilisasie.....	225,00	9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation.....	225,00
9091	Reduksie van temporomandibulêre ontwrigting wat oop reduksie vereis.....	473,20	9091	Reduction of temporomandibular joint dislocation requiring open reduction.....	473,20
	Speekselkliere			Salivary glands	
9095	Verwydering van speekselklier.....	270,60	9095	Removal of salivary gland.....	270,60

Kode No.	Prosedure	R	Code No.	Procedure	R
Implantate			Implants		
***9180	Plasing van sub-periosteale implantaat-voorbereiding prosedure/operasie	311,20	***9180	Placement of sub-periosteal—Preparatory procedure/operation	311,20
***9181	Plasing van sub-periosteale implantaat prostese/operasie	311,20	***9181	Placement of sub-periosteal implant prosthesis/operation	311,20
***9182	Plasing van endosteale implantaat, per implantaat	155,60 + L	***9182	Placement of endosteal implant, per implant	155,60 + L
***9183	Plasing van osseo-integrerende implantaat en aanhegting een implantaat per kaak	161,80	***9183	Placement of osseointegrated implant and abutment single implant per jaw	161,80
***9184	Plasing van osseo-integrerende implantaat en aanhegting twee implantate per kaak	211,70	***9184	Placement of osseointegrated implant and abutment, two implants per jaw	211,70
***9185	Plasing van osseo-integrerende implantaat en aanhegting drie implantate per kaak	261,50	***9185	Placement of osseointegrated implant and abutment, two implants per jaw	261,50
***9186	Plasing van osseo-integrerende implantaat en aanhegting vier implantate per kaak	311,20	***9186	Placement of osseointegrated implant and abutment, four implants per jaw	311,20
***9187	Plasing van osseo-integrerende implantaat en aanhegting vyf implantate per kaak	361,00	***9187	Placement of osseointegrated implant and abutment, five implants per jaw	361,00
***9188	Plasing van osseo-integrerende implantaat en aanhegting ses implantate per kaak	410,80	***9188	Placement of osseointegrated implant and abutment, six implants per jaw	410,80
***9189	Koste van implantate	Deur onderhandelings	***9189	Cost of Implants	By arrangement
***	Let Wel:		***	Note:	
	1. Die fooi sluit die daaropvolgende ontbloting en plasing van die transmukosale verlengstukke in.			1. The fee includes subsequent exposure and placement of the transmucosal extensions.	
	2. Vir items 9180 tot 9188 mag die volle fooie gehef word, dit wil se aanmerkings 2 en 3 van reël 011 is nie van toepassing nie.			2. For items 9180 to 9188 the full fee may be charged, i.e. notes 2 and 3 of Rule 011 will not apply.	

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