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GOVERNMENT NOTICE

DEPARTMENT OF MANPOWER

No. 2461 **9 December 1988**

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

I, Louis van Assen, Workmen's Compensation Commissioner, hereby give notice that, after consultation with the Dental Association of South Africa, and acting under the powers vested in me by 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 26 February 1988, and any amendments to such Scale of Fees, and prescribe the "Scale of Fees for Dental Aid" inclusive of the General Rules and General Modifiers applicable thereto, appearing in the Schedule to this notice, with effect from 1 January 1989.

The fees appearing in the Schedule are applicable in respect of payments authorised with effect from 1 January 1989 irrespective of the date of accident in respect of which payments are made.

L. VAN ASSEN,
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 and charting. 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.

GOEWERMENTSKENNISGEWING

DEPARTEMENT VAN MANNEKRAG

No. 2461 **9 Desember 1988**

ONGEVALLEWET, 1941 (WET 30 VAN 1941), SOOS GEWYSIG

Ek, Louis van Assen, Ongevallekommissaris, maak hierby bekend dat ek, na beraadslaging met die Tandheelkundige Vereniging van Suid-Afrika 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 26 Februarie 1988 en enige wysigings van sodanige Tarief, intrek en die "Tarief vir die Tandheelkundige Behandeling", met inbegrip van die Algemene Reëls en Algemene Wysigers wat daarop van toepassing is, en wat in die Bylae van hierdie Kennisgewing verskyn, met ingang vanaf 1 Januarie 1989 voorskryf.

Die tariewe wat in die Bylae voorkom, is op betalings wat met ingang vanaf 1 Januarie 1989, goedgekeur word van toepassing ongeag die datum van die ongeval ten opsigte waarvan betalings gemaak word.

L. VAN ASSEN,
Ongevallekommissaris.

BYLAE

TARIEF VIR TANDHEELKUNDIGE DIENSTE

ALGEMENE REËLS BETREFFENDE DIE TARIEF

001 'n Konsultasie sluit 'n ondersoek en kartering 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.

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
	R (X + Y)

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 to a maximum of R60,10.

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.

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 weeksdae en tussen 07h00 en 13h00 op Saterdae.

008 'n Tandarts moet sy rekening ten opsigte van behandeling kragtens die Wet aan die betrokke werksman se werkgewer 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 spesialistarieflys. 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
	R (X + Y)

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 tot in maksimum van R60,10.

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-inlegsels in gebreekte kunsgebitte 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 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.

GENERAL DENTAL PRACTITIONERS

Code No.	Procedure	R
	Consultations	
8101	Consultation at surgery	17,30
8103	Consultation at home or hospital	23,80
8105	Appointment not kept (not payable by commissioner)	
	Diagnostic procedures	
8107	Intra-oral radiographs, per film	11,10
8108	Maximum	89,40
8113	Occlusal radiographs	17,30
8115	Panoramic radiographs	54,00
	Treatment procedures	
8129	Additional fee for emergency treatment rendered **outside normal working hours** including **emergency** treatment carried out at hospital	41,90
8131	Emergency treatment for relief of pain where no other tariff item is applicable	17,30
8132	Emergency root canal treatment	27,90
8133	Re-cementing of inlays, crowns or bridges—per abutment	17,30
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure	34,00
8137	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	58,10
8138	Pre-formed metal crown emergency procedure	35,40
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case	27,90
	***Note:* This item refers to additional treatment carried out as a result of the consultation referred to under items 8101 and 8103**	
8141	Inhalation sedation—first quarter-hour or part thereof	12,10
8143	Per additional quarter-hour or part thereof	6,50
	Note: No additional fee to be charged for gasses used in the case of items 8141 and 8143	
8144	Intravenous sedation	8,00
	Extractions	
	Extractions during a single visit	
8201	One	17,30
8202	Two	24,30
8203	Three	30,80
8204	Four	38,30
8205	Five	45,10
8206	Six	51,60
8207	Seven	58,60
8208	Eight	66,10
8209	Nine	72,60
8210	Ten	79,80
8211	Eleven	86,80
8212	Twelve	93,50
8213	Thirteen	100,60
8214	Fourteen	107,60
8215	Fifteen	114,10
8216	Sixteen	121,60
8217	Seventeen	128,10
8218	Eighteen or more	135,00
8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	12,10
8223	Each additional visit	8,50
8225	Treatment of septic socket	12,10
8227	Each additional visit	8,50

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.

ALGEMEME TANDHEELKUNDIGE PRAKTISYNS

Kode No.	Prosedure	R
	Konsultasies	
8101	Konsultasie in spreekkamer	17,30
8103	Konsultasie in hospitaal of tuis	23,80
8205	Afspraak nie nagekom (Nie betaalbaar deur ongevallekommissaris nie)	
	Diagnostiese prosedures	
8107	Binnemondse röntgenfoto's, per film	11,10
8108	Maksimum	89,40
8113	Okklusale röntgenfoto's	17,30
8115	Panoramiese röntgenfoto's	54,00
	Behandelingsprosedures	
8129	Bykomende gelde vir noodgevalle, waar die behandeling **buite die normale spreekure uitgevoer is** (insluitende behandeling wat by 'n hospitaal uitgevoer is)	41,90
8131	Noodbehandeling vir pynverligting waarop geen ander tarief item van toepassing is nie	17,30
8132	Noodbehandeling van wortelkanaal	27,90
8133	Hersementering van inlegsels, krone of brûe—per ankertand	17,30
8135	Verwydering van inlegsels en krone (per eenheid) en brûe (per ankertand) as 'n noodprosedure	34,00
8137	Noodkroon (nie van toepassing op plasing van tydelike krone gedurende roetine kroon en brug voorbereidings nie)	58,10
8138	Voorafvervaardigde metaalkroon as noodprosedure	35,40
8139	Bykomende gelde vir behandeling onder algemene narkose of hospitaal- of tuisbesoeke, per geval	27,90
	***Let wel:* Hierdie item verwys na aanvullende behandeling wat uitgevoer is as gevolg van die konsultasie waarna onder items 8101 en 8103 verwys word**	
8141	Inhaleringskalmering—eerste kwartier of gedeelte daarvan	12,10
8143	Elke bykomende kwartier of gedeelte daarvan	6,50
	Opmerking: Geen addisionele gelde mag gehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143	
8144	Intraveneuskalmering	8,00
	Ekstraksies	
	Ekstraksies ten tyde van enkele besoek	
8201	Een	17,30
8202	Twee	24,30
8203	Drie	30,80
8204	Vier	38,30
8205	Vyf	45,10
8206	Ses	51,60
8207	Sewe	58,60
8208	Agt	66,10
8209	Nege	72,60
8210	Tien	79,80
8211	Elf	86,80
8212	Twaalf	93,50
8213	Dertien	100,60
8214	Veertien	107,60
8215	Vyftien	114,10
8216	Sestien	121,60
8217	Sewentien	128,10
8218	Agtien en meer	135,00
8221	Lokale behandeling van postekstraksie bloeding (uitgesonderd behandeling van bloeding in die geval van bloedsiektes bv. hemofilie)	12,10
8223	Elke bykomende besoek	8,50
8225	Behandeling van septiese tandkas	12,10
8227	Elke bykomende besoek	8,50

Code No.	Procedure	R
	Prosthetics	
8231	Full upper and lower dentures (See footnote below 8267)	275,30+L
8232	Full upper or lower dentures (See footnote below 8267)	169,60+L
8233	Partial denture, one tooth	78,80+L
8234	Partial denture, two teeth	78,80+L
8235	Partial denture, three teeth	117,80+L
8236	Partial denture, four teeth	117,80+L
8237	Partial denture, five teeth	117,80+L
8238	Partial denture, six teeth	157,00+L
8239	Partial denture, seven teeth	157,00+L
8240	Partial denture, eight teeth	157,00+L
8241	Partial denture—nine or more teeth	157,00+L
8243	Additional fee where a soft base is incorporated with items 8231–8241	24,30+L
8255	Stainless steel clasp or rest per clasp or rest	16,30+L
8257	Lingual bar or palatal bar	19,60+L
	***Note:* Where Items 8281 or 8269 are applied, Items 8255 or 8257 may not be charged.**	
8259	Re-base, per denture	64,80+L
8261	Re-model, per denture	105,60+L
8263	Re-line: self-curing hard conditioner acrylic, per denture	40,50
8265	Tissue conditioner and soft self-cure interim re-line, per denture	26,90
8267	Soft base reline per denture (heat cured)	93,50+L
	***Note:* Not applicable when items 8231 to 8241 are carried out concurrently.**	
8269	Repair of denture and/or addition of one or more teeth or clasps to denture	21,90+L
8273	Additional fee where impression is required for 8269	12,10+L
8279	Metal base to full denture per denture	84,30+L
8281	Metal base to partial denture, per denture	209,60+L
	Note: **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. Where Item 8281 is applied, Items 8255 and 8257 can not be charged.**	
	Conservative dentistry	
	***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 multirooted tooth.**	
	Endodontics	
8132	Emergency Root Canal Treatment	27,90
	***Note:* If an emergency root canal treatment is followed by a completed root treatment at the same visit Item 8132 can not be charged.**	
8301	Direct pulp capping	8,00
8303	Indirect pulp capping where permanent filling is not completed at same visit	22,40
	***Note:* Where Rubber Dam is applied for the endodontic procedures listed below, Item 8350 (which has been re-worded) may be applied.**	
8304	Application of Rubber Dam, per arch (irrespective of number of teeth treated) when Items 8307, 8330, 8334 to 8336 are carried out	13,50

Kode No.	Prosedure	R
	Prostetika	
8231	Volle bo- en onderkunsgebit (Sien voetnota onder 8267)	275,30+L
8232	Volle bo- of onderkunsgebit (Sien voetnota onder 8267)	169,60+L
8233	Gedeeltelike kunsgebit met een tand	78,80+L
8234	Gedeeltelike kunsgebit met twee tande	78,80+L
8235	Gedeeltelike kunsgebit met drie tande	117,80+L
8236	Gedeeltelike kunsgebit met vier tande	117,80+L
8237	Gedeeltelike kunsgebit met vyf tande	117,80+L
8238	Gedeeltelike kunsgebit met ses tande	157,00+L
8239	Gedeeltelike kunsgebit met sewe tande	157,00+L
8240	Gedeeltelike kunsgebit met agt tande	157,00+L
8241	Gedeeltelike kunsgebit met nege of meer tande	157,00+L
8243	Bykomende gelde waar 'n sagtebasis met items 8231–8241 ingelyf is	24,30+L
8255	Klammer of rus van vlekvryestaal, per klammer of rus	16,30+L
8257	Linguale stang of palatale stang	19,60+L
	***Let wel:* Waar Items 8281 of 8269 toegepas word, mag Items 8255 of 8257 nie gevra word nie.**	
8259	Herbasering per kunsgebit	64,80+L
8261	Hermodellering, per kunsgebit	105,60+L
8263	Opvulling—Selfverhardende harde akriel, per kunsgebit	40,50
8265	Weefselopknapper en sagte selfverhardende interim opvulling, per kunsgebit	26,90
8267	Sagte basis opvulling, per kunsgebit (met hitte verhard)	93,50+L
	***Let wel:* Waar items 8231 tot 8241 gelyktydig uitgevoer is, mag hierdie item nie gevra word nie.**	
8269	Herstelling van kunsgebit en/of byvoeging van een of meer tande of klammers tot kunsgebit	21,90+L
8273	Bykomende gelde waar 'n afdruk nodig is vir 8269	12,10+L
8279	Metaalbasis vir volle kunsgebit, per gebit	84,30+L
8281	Metaalbasis vir gedeeltelike kunsgebit, per gebit	209,60+L
	Let wel: **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.** **2. Waar Item 8281 toegepas word, kan Items 8255 en 8257 nie gevra word nie.**	
	Konserverende tandheelkunde	
	***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 wortelkanaalterapie op 'n voortand en 'n verdere vyf Röntgenfoto's vir elke voltooide wortelkanaalterapie op 'n veelwortelтand.**	
	Endodonsie	
8132	Noodbehandeling van wortelkanaal	27,90
	***Let wel:* Indien 'n nood-wortelkanaal tydens dieselfde besoek permanent gevul word (voltooide wortelkanaalbehandeling) mag Item 8132 nie gevra word nie.**	
8301	Direkte pulpa-oorkapping	8,00
8303	Indirekte pulpa-oorkapping waarvoor die permanente herstelling nie gedurende dieselfde besoek voltooi word nie	22,40
	***Let wel:* Waar 'n Kofferdam aangewend word vir die endodontiese prosedures hieronder genoem, mag Item 8350 (wat herbewoord is) toegepas word.**	
8304	Aanwending van Kofferdam, per boog (ongeag die aantal tande herstel) wanneer Items 8305, 8307, 8330, 8334 tot 8336 uitgevoer word	13,50

Code No.	Procedure	R
8307	Amputation of pulp (pulpotomy)	22,40
8330	Preparatory visit-single-rooted tooth (previously 8315)	17,30
8331	Maximum for 8330 (previously 8317)	69,00
8332	Preparatory visit—multi-rooted tooth (previously 8319)	23,80
8333	Maximum for 8332 (previously 8321)	95,00
	***Note:* Items 8330, 8331, 8332 and 8333 are not charged at the same visit as Items 8334, 8335 and 8336.**	
8334	Root canal therapy, excluding molars, first canal (previously 8311)	77,30
8335	Root canal therapy, molars, first canal (previously 8312)	105,60
8336	Each additional canal (applicable to all teeth) (previously 8313)	31,80
	***Note:* Where a Root Treatment is completed at one visit (i.e. pulp removal, debridesment, enlarging and filling canals, etc.) Modifier 8008 can be applied to Items 8334, 8335 and 8336.**	
	Plastic restorations	
	***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	18,60
8342	Two surfaces	25,60
8343	Three surfaces	34,00
8344	More than three surfaces	41,90
8345	Preformed post reinforcement per post	25,10
8347	Pin retention for restoration, first pin	17,30
8349	Maximum for pin retention, per tooth	34,40
	Plastic restorations (using acid etch technique)	
8350	Application of Rubber Dam, per arch (irrespective of number of teeth restored) when Items 8351 to 8354 are carried out	13,50
8351	One surface	21,40
8352	Two surfaces	28,40
8353	Three surfaces	36,40
8354	More than three surfaces	43,90
	***Note:* Where items 8351 to 8354 are carried out on molars and premolars Modifier 8008 may be applied.**	
8355	Composite Veneers (Laminated or Direct)	54,00+L
8356	Bridge per abutment	54,00+L
	Per pontic (see 8420, 8422, 8424)	
8357	Preformed metal crown	35,40
	Inlays	
	Metal inlays	
8361	One surface	54,00+L
8362	Two surfaces	78,80+L
8363	Three surfaces	131,40+L
8364	Four surfaces	158,90+L
8365	Five surfaces	158,90+L
	Ceramic/Resin Bonded Inlays	
8371	One surface	54,00+L
8372	Two surfaces	78,80+L
8373	Three surfaces	131,40+L
8374	Four surfaces	158,90+L
8375	Five surfaces	158,90+L
	Preformed post and core	
8376	Single post and core	43,90
8377	Double post and core	69,40
8378	Triple post and core	94,50
	***Note:* Items are inclusive of pins.**	

Kode No.	Prosedure	R
8307	Amputasie van pulpa (pulpotomie)	22,40
8330	Voorbereidingsbesoek—eenwortel tand (voorheen 8315)	17,30
8331	Maksimum vir 8330 (voorheen 8317)	69,00
8332	Voorbereidingsbesoek—tand met meer as een wortel (voorheen 8319)	23,80
8333	Maksimum vir 8332 (voorheen 8321)	95,00
	***Let wel:* Items 8330, 8331, 8332 en 8333 word nie gehef tydens dieselfde besoek as Items 8334, 8335 en 8336 nie.**	
8334	Wortelkanaalterapie, uitgeslote molare-eerste kanaal (voorheen 8311)	77,30
8335	Wortelkanaalterapie, molare, eerste kanaal (voorheen 8312)	105,60
8336	Elke bykomende kanaal (van toepassing op alle tande) (voorheen 8313)	31,80
	***Let wel:* Waar 'n Wortelkanaalbehandeling voltooi word tydens een besoek (d.w.s. pulpaverwydering, insnyding, vergroting en opvulling van kanale, ens.) mag Wysiger 8008 toegepas word op Items 8334, 8335 en 8336.**	
	Plastiese herstellings	
	***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	18,60
8342	Twee vlakke	25,60
8343	Drie vlakke	34,00
8344	Meer as drie vlakke	41,90
8345	Voorafvervaardigde stif versterking, per stif	25,10
8347	Penversterking vir herstelling, eerste pen	17,30
8349	Maksimum vir penversterking per tand	34,40
	Plastiese herstellings (met gebruik van suur-ets tegniek)	
8350	Aanwending van Kofferdam per boog (ongeag die aantal tande herstel) wanneer Items 8351 tot 8354 uitgevoer word	13,50
8351	Een vlak	21,40
8352	Twee vlakke	28,40
8353	Drie vlakke	36,40
8354	Meer as drie vlakke	43,90
	***Let wel:* Waar items 8351 tot 8354 toegepas word op die molare en premolare mag Wysiger 8008 gebruik word.**	
8355	Harsfinere (Lamel of Direkte)	54,00+L
8356	Brug per ankertand	54,00+L
	Per foptand (kyk 8420, 8422, 8424)	
8357	Voorafgevormde metaalkroon	35,40
	Inlegsels	
	Metaalinlegsels	
8361	Een vlak	54,00+L
8362	Twee vlakke	78,80+L
8363	Drie vlakke	131,40+L
8364	Vier vlakke	158,90+L
8365	Vyf vlakke	158,90+L
	Keramiek/Hars Gebonde Inlegsels	
8371	Een vlak	54,00+L
8372	Twee vlakke	78,80+L
8373	Drie vlakke	131,40+L
8374	Vier vlakke	158,90+L
8375	Vyf vlakke	158,90+L
	Voorafvervaardigde Stif en Kern	
8376	Enkel stif en kern	43,90
8377	Tweeledige stif en kern	69,40
8378	Drieledige stif en kern	94,50
	***Let wel:* Bogenoemde items sluit penne in.**	

Code No.	Procedure	R
	Post with thimble or coping	
8391	Single post	40,50+L
8393	Binary post	64,80+L
8395	Triple post	93,50+L
8396	Copings	26,60+L
8397	Cast core with pins	64,80+L
8398	Plastic core on pin reinforcing irrespective of number of pins	64,80
	***Note:* The fees in this section include cost of temporary/intermediate crowns.**	
	Crowns	
8401	Cast full crown	188,80+L
8403	Cast three-quarter crown	188,80+L
8405	Acrylic jacket crown	161,10+L
8407	Acrylic veneered crown	201,60+L
8409	Porcelain jacket crown	201,60+L
8411	Porcelain veneered crown	201,60+L
8413	Facing replacement	39,50+L
	Resin bonded retainers	
	Maryland Bridges (see 8356)	
	Per pontic (see 8420, 8422, 8424)	
	Bridges (retainers as above)	
8420	Sanitary pontic	98,40+L
8422	Posterior pontic	131,40+L
8424	Anterior pontic including premolars	164,50+L
	General anaesthetics	
8499	The relevant items in the tariff of fees for medical services as published in *Government Gazette* 11083 of 24 December 1987 shall apply to all general anaesthetics in dental procedures.	

SPECIALIST PROSTHODONTISTS

Code No.	Procedure	R
	Treatment procedures	
	Emergency treatment	
8511	Emergency treatment for relief of pain (where no other tariff item is applicable)	39,50
8513	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	64,80
8515	Recementarion of inlay, crown or bridge per abutment	25,10
8517	Reimplantation of a tooth, including fixation as required	67,10+L
	Provisional treatment	
8521	Provisional splinting-extracoronal wire, per sextant	54,00
8523	Provisional splinting-extracoronal wire plus resin, per sextant	78,80
8527	Provisional splinting-intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	25,10+L
8529	Provisional crown, which is not placed during routine crown preparation	64,80+L
8530	Preformed metal crown	55,00
	Occlusal adjustment	
8551	Major occlusal adjustment	184,40
8553	Minor occlusal adjustment	58,10
	Ceramic/Resin Bonded Inlays	
8555	One surface	243,60+L
8556	Two surfaces	351,80+L

Kode No.	Prosedure	R
	Stif met kappie of vingerhoed	
8391	Enkele stif	40,50+L
8393	Tweeledige stif	64,80+L
8395	Drieledige stif	93,50+L
8396	Vingerhoede	26,60+L
8397	Gegote kern met penne	64,80+L
8398	Plastiese kern op penversterking ongeag aantal penne	64,80
	***Let wel:* Die gelde sluit die koste van voorlopige/tussentydse krone in.**	
	Krone	
8401	Gegote volle kroon	188,80+L
8403	Gegote driekwartkroon	188,80+L
8405	Akrieldopkroon	161,10+L
8407	Akrielgefineerde kroon	201,60+L
8409	Porseleindopkroon	201,60+L
8411	Porseleingefineerde kroon	201,60+L
8413	Vervanging van gesigstuk	39,50+L
	Harsgebonde ankers	
	Maryland Brûe (kyk 8356)	
	Per foptand (kyk 8420, 8422, 8424)	
	Brûe (ankers soos hierbo)	
8420	Sanitêre foptand	98,40+L
8422	Posterior foptand	131,40+L
8424	Anterior foptand (sluit premolêre in)	164,50+L
	Algemene narkose	
8499	Die relevante items in die geldetarief vir mediese dienste, gepubliseer in *Staatskoerant* 11083 van 24 Desember 1987 is van toepassing op alle algemene narkose in tandheelkundige prosedures.	

SPESIALIS PROSTODONTISTE

Kode No.	Prosedure	R
	Behandelingsprosedures	
	Noodbehandeling	
8511	Pynverligting (waarop geen ander tariefitem van toepassing is nie)	39,50
8513	Noodkroon (nie van toepassing op plasing van tydelike krone gedurende roetine kroon en brug voorbereidings nie)	64,80
8515	Hersementering van inlegsel, kroon of brug, per ankertand	25,10
8517	Herinplantering van tand, insluitende verankering soos benodig	67,10+L
	Tydelike behandeling	
8521	Tydelike spalking-ekstrakoronale draad, per sekstant	54,00
8523	Tydelike spalking-ekstrakoronale draad plus hars, per sekstant	78,80
8527	Tydelike spalking-intrakoronale draad of penne of gegote stang plus amalgaan of hars, per tandeenheid in die spalk ingesluit	25,10+L
8529	Voorlopige kroon wat nie gedurende roetine kroonvoorbereiding geplaas word nie	64,80+L
8530	Voorafvervaardigde metaalkroon	55,00
	Okklusale verstelling	
8551	Volledige okklusale verstelling	184,40
8553	Geringe okklusale verstelling	58,10
	Keramiek/Hars Gebonde Inlegsels	
8555	Een vlak	243,60+L
8556	Twee vlakke	351,80+L

Code No.	Procedure	R
8557	Three surfaces	544,80+L
8558	Four surfaces	544,80+L
8559	Five surfaces	544,80+L
	Metal inlays	
8571	One surface	117,00+L
8572	Two surfaces	169,10+L
8573	Three surfaces	261,80+L
8574	Four surfaces	261,80+L
8575	Five surfaces	261,80+L
8577	Pin retention	39,00
	Post and copings	
8581	Single post	64,90+L
8582	Double post	93,50+L
8583	Triple post	117,00+L
8587	Copings	54,00+L
8589	Cast core with pins	92,30+L
8591	Plastic core on pin reinforcing irrespective of number of pins	64,80
	Connectors	
8597	Locks and milled rests	26,60+L
8599	Precision attachments	64,80+L
	Crowns	
8601	Cast three-quarter crown	261,80+L
8607	Porcelain jacket crown	261,80+L
8609	Porcelain veneered metal crown	327,00+L
	Bridges	
	***Note:* Retainers as above.**	
8611	Sanitary pontic	197,50+L
8613	Posterior pontic	243,50+L
8615	Anterior pontic	261,80+L
	Resin bonded retainers	
8617	Per abutment	80,60+L
	Per pontic (see 8611, 8613, 8615)	
	Conservative treatment of myofascial pain-dysfunction syndrome	
8621	First visit	31,80
8623	Subsequent visit	23,80
	Endodontic procedures, etc	
8631	Root canal therapy, first canal	229,10
8633	Each additional canal	57,30
	***Note:* The above endodontic fees include all X-rays and repeat visits.**	
8635	Apexification of root canal, per visit	38,30
8637	Hemisection of a tooth or resection of root	92,30
8638	Incision and drainage of pyogenic abcess, intraoral approach	54,50
9015	Apicectomy, including retrograde root filling where necessary—anterior tooth	126,80
9016	Apicectomy including retrograde filling where necessary—posterior tooth	189,50
8640	Removal of fractured post or instrument from root canal	67,10
	Prosthetics (Removable)	
8641	Complete upper and lower dentures without primary complications	654,40+L
8643	Complete upper and lower dentures without major complications	849,50+L
8645	Complete upper and lower dentures with major complications	1044,80+L
8647	Complete upper or lower dentures without primary complications	457,90+L

Kode No.	Prosedure	R
8557	Drie vlakke	544,80+L
8558	Vier vlakke	544,80+L
8559	Vyf vlakke	544,80+L
	Metaalinlegsels	
8571	Een vlak	117,00+L
8572	Twee vlakke	169,10+L
8573	Drie vlakke	261,80+L
8574	Vier vlakke	261,80+L
8575	Vyf vlakke	261,80+L
8577	Penretensie	39,00
	Stiwwe en vingerhoede	
8581	Enkelstif	64,90+L
8582	Tweeledige stif	93,50+L
8583	Drieledige stif	117,00+L
8587	Vingerhoede	54,00+L
8589	Gegote kern met penne	92,30+L
8591	Plastiese kern op penversterking ongeag aantal penne	64,80
	Verbinders	
8597	Slot en gemasjineerde ruste	26,60+L
8599	Slothegtings	64,80+L
	Krone	
8601	Gegote driekwartkroon	261,80+L
8607	Porseleindopkroon	261,80+L
8609	Porseleingefineerde metaalkroon	327,00+L
	Brugwerk	
	Let wel: Ankers soos bo.	
8611	Sanitêre foptand	197,50+L
8613	Posterior foptand	243,50+L
8615	Anterior foptand	261,80+L
	Harsgebonde ankers	
8617	Per ankertand	80,60+L
	Per foptand (sien 8611, 8613, 8615)	
	Konserwatiewe behandeling van miofasiale pyn disfunksiesindroom	
8621	Eerste besoek	31,80
8623	Opvolgende besoek	23,80
	Endodontiese prosedures, ens.	
8631	Wortelkanaalterapie, eerste kanaal	229,10
8633	Elke bykomende kanaal	57,30
	***Let wel:* Bogenoemde endodontiese gelde sluit in alle X-straalfoto's en bykomende besoeke.**	
8635	Apeksifikasie van wortelkanaal, per besoek	38,30
8637	Hemiseksie van 'n tand of reseksie van 'n wortel	92,30
8638	Lansering en dreinering van piogene absesse (binnemondse toegang)	54,50
9015	Apisektomie insluitend retrograde herstelling waar nodig—anterior tand	126,80
9016	Apisektomie insluitend retrograde herstelling waar nodig—Posterior tand	189,50
8640	Verwydering van fraktuurde stif of instrument vanuit die wortelkanaal	67,10
	Prostetika	
8641	Volle kunsgebit—bo en onder, sonder primêre komplikasies	654,40+L
8643	Volle kunsgebit—bo en onder, sonder groot komplikasies	849,50+L
8645	Volle kunsgebit—bo en onder, met groot komplikasies	1044,80+L
8647	Volle kunsgebit—bo of onder, sonder primêre komplikasies	457,90+L

Code No.	Procedure	R
8649	Complete upper or lower denture without major complications	523,10+L
8651	Complete upper or lower denture with major complications	588,30+L
8661	Diagnostic dentures (inclusive of tissue conditioning treatment)	523,10+L
8662	Remounting and occlusal adjustment of dentures	75,40
8663	Chrome cobalt base for full denture (extra charge)	157,50+L
8665	Re-base, per denture	105,60+L
8667	Soft base, per denture (heat cured)	157,50+L
8668	Tissue conditioner, per denture	39,00
8669	Intraoral reline of complete or partial denture	58,10
8671	Metal (e.g. Chrome cobalt) partial denture	523,10+L
8672	Additional fee for altered cast technique for partial denture	20,50+L
8674	Additive partial denture	237,00+L
8679	Repairs	26,60+L
8273	Additional fee where impression is required for 8269	12,10+L

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 for the subsidiary operation to a maximum of R60,10 for each such subsidiary operation or procedure **(8005)**.

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 operations 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 specialities, 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 R36,40 (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.

Kode No.	Prosedure	R
8649	Volle kunsgebit—bo of onder, sonder komplikasies	523,10+L
8651	Volle kunsgebit—bo of onder, met groot komplikasies	588,30+L
8661	Diagnostiese kunsgebitte (met inbegrip van weefselopknapbehandeling	523,10+L
8662	Hermontering en okklusale verstelling van kunsgebitte	75,40
8663	Chroomkobalt basis vir volle kunsgebit (ekstra koste)	157,50+L
8665	Herbasering, per kunsgebit	105,60+L
8667	Sagte basis, per kunsgebit (met hitte verhard)	157,50+L
8668	Weefselopknapper, per kunsgebit	39,00
8669	Binnemondse opvulling van vol- of gedeeltelike kunsgebit	58,10
8671	Metaal (bv. Chroomkobalt) gedeeltelike kunsgebit	523,10+L
8672	Bykomende gelde vir veranderde model tegniek, gedeeltelike kunsgebit	20,50+L
8674	Aanlasbare gedeeltelike kunsgebit	237,00+L
8679	Herstelwerk	26,60+L
8273	Bykomende gelde waar 'n afdruk nodig is vir 8269	12,10+L

SPESIALIS 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 R60,10 vir elke sodanige operasie of prosedure **(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/operasies **(8012)**.

Hierdie reël is nie van toepassing nie waar twee of meer onverwante operasies deur praktisyns 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 R36,40 (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 praktisyns of spesialiste gelys is nie, sal die toepaslike gelde, gelys in die mediese geldetarief, gevra word, en die mediese gelde tariefitem moet aangedui word.

Code No.	Procedure	R
	Consultations and visits	
8901	Consultation at consulting rooms	31,80
8903	Consultation at hospital, nursing home or house	35,40
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house	17,30
8905	Weekend visits and night visits between 18h00–07h00 the following day	51,10
8907	Subsequent consultations, per week, to a maximum of	58,60
	Note:	
	"Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same traumatic condition provided that such consultations occurs within six months of the first consultation.	
	Investigations and records	
8107	Intra-oral radiographs, per film	11,10
8108	Maximum	89,40
8113	Occlusal radiographs	17,30
8115	Panoramic radiograph	54,00
8917	Biopsies: Intra-oral	65,10
8919	Biopsy of bone: Needle biopsy	112,60
8921	Biopsy of bone: Open	185,40
8811	Cephalometric radiograph and analysis	54,00
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph	58,60
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph	64,80
	Removal of teeth	
8924	More than eighteen teeth, per tooth	3,30
8957	Alveolotomy or alveolectomy—concurrent with or independent of extractions (per jaw)	154,60
8961	Implanting of teeth	253,40+L
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	84,80
8935	Treatment of post-extraction septic socket where patient is referred by another registered person	22,40
8937	Surgical removal of a tooth i.e.:—raising of mucoperiosteal flap, removal of bone and suturing	78,30
	Removal of Roots	
8953	Surgical removal of **residual** roots of first tooth	112,60
8955	Surgical removal of **residual** roots of each subsequent tooth. See ***Rule 011.*** Notes 2 and 3	—
	Diverse procedures	
8908	Removal of roots from maxillary antrum involving Caldwell-Luc **and** closure of oral antral communication	384,80
8909	Closure of oral antral fistula—acute or chronic	295,40
8910	Removal of roots from maxillary antrum	116,00
8911	Caldwell-Luc procedure	116,00
8965	Peripheral neurectomy	253,40
8997	Sulcoplasty/Vestibuloplasty	580,80+L
8999	Deepening the vestibular sulcus: Plastic repair	154,60+L
9001	Deepening the buccal/labial sulcus: Buccalinlay	352,00+L
9003	Repositioning mental foramen and nerve, per side	352,00+L
9005	Alveolar ridge augmentation by bone graft	591,50+L
	Sepsis	
9011	Incision and drainage of pyogenic abscesses (intra-oral approach)	72,30

Kode No.	Prosedure	R
	Konsultasie en besoeke	
8901	Konsultasie by spreekkamers	31,80
8903	Konsultasie by hospitaal, verpleeginrigting of tuis	35,40
8904	Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis	17,30
8905	Naweek- en nagbesoeke tussen 18h00 en 07h00 die volgende dag	51,10
8907	Daaropvolgende konsultasie per week, tot 'n maksimum van	58,60
	Let wel:	
	"Daaropvolgende konsultasie" beteken, in verband met item 8904 en 8907, 'n konsultasie vir dieselfde troumatiese toestand mits sodanige konsultasie plaasvind binne ses maande vanaf die eerste konsultasie.	
	Ondersoek en rekords	
8107	Binnemondse röntgenfoto's per film	11,10
8108	Maksimum	89,40
8113	Okklusale röntgenfoto's	17,30
8115	Panoramiese röntgenfoto	54,00
8917	Biopsies: Binnemonds	65,10
8919	Beenbiopsie: Naald	112,60
8921	Beenbiopsie: Oop	185,40
8811	Kefalometriese röntgenfoto en ontleding	54,00
8813	Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname	58,60
8815	Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname	64,80
	Verwydering van tande	
8924	Meer as agtien tande, per tand	3,30
8957	Alveolotomie of alveolektomie—tesame met of onafhanklik van ekstraksies (per kaak)	154,60
8961	Inplanting van tande	253,40+L
8931	Lokale behandeling van postekstraksie-bloeding (met uitsluiting van bloeding in die geval van bloedsiektes, bv. hemofilie)	84,80
8935	Behandeling van postekstraksieseptiese tandkas waar die pasiënt verwys word deur 'n ander geregistreerde persoon	22,40
8937	Chirurgiese verwydering van 'n tand d.w.s. maak van mukoperiosteale flap, verwydering van been en hegting	78,30
	Verwydering van Wortels	
8953	Chirurgiese verwydering van **wortelreste** van die eerste tand	112,60
8955	Chirurgiese verwydering van **wortelreste** van elke daaropvolgende tand. ***Verwys Reël 011.*** Notas 2 en 3	—
	Diverse prosedures	
8908	Verwydering van tandwortels van die maksilêre antrum insluitend Caldwell-Luc operasie en herstel van antro-orale fistel	384,80
8909	Sluiting van antro-orale fistel—akuut of kronies	295,40
8910	Verwydering van wortel vanuit die maksilêre antrum	116,00
8911	Caldwell-Luc prosedure	116,00
8965	Perifere neurektomie	253,40
8997	Sulkoplastiek/Vestibuloplastiek	580,80+L
8999	Verdieping van vestibulêre sulkus: Plastiese herstelling	154,60+L
9001	Verdieping van bukkale/labiale sulkus: Bukkale inlegsel	352,00+L
9003	Herplasing van foramen mentale en senuwee, per kant	352,00+L
9005	Verbetering van alveolêre rif deur beenoorplanting	591,50+L
	Sepsis	
9011	Lansering en dreinering van piogene absesse (binnemondse toegang)	72,30

Code No.	Procedure	R
9013	Extra-oral approach, e.g. Ludwig's angina	98,40
9015	Apicectomy including retrograde filling where necessary—anterior teeth	126,80
9016	Apicectomy including retrograde filling where necessary—posterior teeth	253,90
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	522,10
9019	Sequestrectomy—intra-oral	112,60
	Trauma	
	Treatment of associated soft tissue injuries	
9021	Minor	126,80
9023	Major	267,80
	Mandibular fractures	
9025	Treatment by closed reduction, with intermaxillary fixation	281,30
9027	Treatment of compound fracture, involving eyelet wiring	394,90
9029	Treatment by metal cap splintage or Gunning's splints	437,80+L
9031	Treatment of open reduction with restoration of occlusion by splintage	648,40+L
	Maxillary fractures with special attention to occlusion	
9035	Le Fort I or Guérin fracture	395,90+L
9037	Le Fort II or middle third of face	648,40+L
9039	Le Fort III or croniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage	929,60+L
	Zygoma/Orbit/Antral—Complex fractures	
9041	Gillies or temporal elevation	281,30
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation	563,50
9045	Requiring multiple interosseous wiring or bone graft	844,90
	Deformities	
	***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	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)	1 183,00+L
9049	Anterior segmental osteotomy of mandible (Köle)	985,60+L
9051	Genioplasty	563,50
9055	Maxillary posterior segment osteotomy (Schukardt)—1 or 2 stage procedure	985,60+L
9057	Maxillary anterior segment osteotomy (Wassmund)—1 or 2 stage procedure	985,60+L
9059	Le Fort I osteotomy	1 854,60+L
9061	Palatal osteotomy	648,40+L
9063	Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic-deformities	2 367,90+L
9069	Functional tongue reduction (partial glossectomy)	423,00
9071	Geniohyiodotomy	253,40
9072	Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure)	1 854,60+L
	Temporomandibular joint procedures	
	(Investigation as in preceding section)	
9073	Conservative treatment of temporomandibular joint derangement or dysfunction with bite plate	70,50+L

Kode No.	Prosedure	R
9013	Buitemondse toegang, bv. Ludwigkeelpyn	98,40
9015	Apisektomie insluitend retrograde herstelling waar nodig—anterior tand	126,80
9016	Apisektomie insluitend retrograde herstelling waar nodig. Posterior tand	253,90
9017	Dekortisering, uitholling en sekwestrektomie vir osteomièlitis van mandibula	522,10
9019	Sekwestrektomie—binnemondse toegang	112,60
	Trouma	
	Behandeling van gepaardgaande sagteweefselbeserings	
9021	Gering	126,80
9023	Uitgebreid	267,80
	Frakture van die mandibula	
9025	Behandeling deur middel van geslote reduksie, met intermaksillêre fiksering	281,30
9027	Behandeling van saamgestelde fraktuur deur middel van ogies en kruisbedrading	394,90
9029	Behandeling deur middel van metaalopspalke of Gunningspalke	437,80+L
9031	Behandeling deur middel van oop reduksie en herstel van okklusie met spalke	648,40+L
	Frakture van die maksilla met spesiale aandag aan okklusie	
9035	Le Fort I-fraktuur of Guérin-fraktuur	395,90+L
9037	Le Fort II-fraktuur of middelste derde van gesig	648,40+L
9039	Le Fort III-fraktuur of kraniofasiale ontwrigting of brokkelfraktuur van middel gesig wat oop reduksie en spalke vereis	929,60+L
	Wangbeen/Oogkas/Antrum—Saamgestelde frakture	
9041	Gillies of temporale elevasie	281,30
9043	Onstabiele en/of verbrokkelde wangbeen, behandeling deur middel van oop reduksie of Caldwell-Luc operasie	563,50
9045	Wat veelvuldige tussenbeenbedrading of beenoorplanting vereis	844,90
	Deformiteite	
	***Let Wel:* Die volle geld kan gehef word vir prosedures 9047 tot 9072 d.w.s. aanmerkings 2 en 3 (i.s. Reël 011) is nie toepasbaar nie.**	
9047	Operasie ter verbetering of restourasie van sluit-en-koufunksie, bv. bilaterale osteotomie, oop operasie (met immobilisering)	1 183,00+L
9049	Osteotomie van anterior segment van die mandibula (Köle)	985,60+L
9051	Kenplastiek	563,50
9055	Osteotomie van posterior segment van die maksilla (Schukardt)—1-stadium of 2-stadium-prosedure	985,60+L
9057	Osteotomie van anterior segment van die maksilla (Wassmund)—1-stadium of 2-stadium-prosedure	985,60+L
9059	Le Fort I-osteotomie	1 854,600+L
9061	Palatale osteotomie	648,40+L
9063	Le Fort II-osteotomie vir korreksie van gesigsdeformiteite of fasiostenose en nabeseringdeformiteite	2 367,90+L
9069	Funksionele tongreduksie (gedeeltelike glosektomie)	423,00
9071	Geniohioïedotomie	253,40
9072	Funksionele herstel van sekondêre oro-nasale fistel en verwante strukture met been transplantaat (volledige prosedure)	1 854,60+L
	Prosedures en temporomandibulêre gewrig	
	(Ondersoek soos in voorafgaande afdeling)	
9073	Konserwatiewe behandeling van ontwrigting of disfunksie van temporomandibulêre gewrig met bytplaat	70,50+L

Code No.	Procedure	R
9075	Condylectomy or coronoidectomy or both (extra-oral approach) or menisectomy	591,50
9053	Coronoidectomy (intra-oral approach)	352,00
9077	Intra-articular injection, per injection	42,40
9079	Subsequent injection	16,80
9081	Condyle neck osteotomy (Ward/Kostecka)	281,30
9083	Temporomandibular arthroplasty, e.g. emi nenectomy (Le Clerk and Toller proce dure)	704,30
9085	Reduction of temporomandibular joint dislocation without anaesthetic	56,00
9087	Reduction of temporomandibular joint dislocation, with anaesthetic	112,60
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisa tion	281,30
9091	Reduction of temporomandibular joint dislocation requiring open reduction	591,50
	Salivary glands	
9095	Removal of salivary gland	338,30
	Implants	
*9180	Placement of sub-periosteal implant—Preparatory procedure/operation	389,00
*9181	Placement of sub-periosteal implant prosthesis/operation	389,00
*9182	Placement of endosteal implant, per implant	194,50+L
*9183	Placement of osseointegrated implant and abutment single implant per jaw	202,30
*9184	Placement of osseointegrated implant and abutment, two implants per jaw	264,60
*9185	Placement of osseointegrated implant and abutment, three implants per jaw	326,90
*9186	Placement of osseointegrated implant and abutment, four implants per jaw	389,00
*9187	Placement of osseointegrated implant and abutment, five implants per jaw	451,30
*9188	Placement of osseointegrated implant and abutment, six implants per jaw	513,50
*9189	Cost of Implants	By arrangement
*	***Note:*** **1. The fee includes subsequent exposure and placement of the transmucosal extensions.** **2. For items 9180 to 9188 the full fee may be charged, i.e. notes 2 and 3 of Rule 011 will not apply.**	

Kode No.	Prosedure	R
9075	Kondilektomie of koronoïdektomie of albei (buitemondse toegang) of menisektomie	591,50
9053	Coronoïdektomie (binnemondse toegang)	352,00
9077	Intra-artikulêre inspuiting, per inspuiting	42,40
9079	Daaropvolgende inspuiting	16,80
9081	Kondielnek-osteotomie (Ward/Kostecka)	281,30
9083	Temporomandibulêre artroplastiek, bv. eminenektomie (Le Clerk-en-Toller-ingreep)	704,30
9085	Reduksie van temporomandibulêre ontwrigting sonder narkose	56,00
9087	Reduksie van temporomandibulêre ontwrigting, onder narkose	112,60
9089	Reduksie van temporomandibulêre ontwrigting, onder narkose en immobilisasie	281,30
9091	Reduksie van temporomandibulêre ontwrigting wat oop reduksie vereis	591,50
	Speekselkliere	
9095	Verwydering van speekselklier	338,30
	Implantate	
*9180	Plasing van sub-periosteale implantaat—Voorbereiding prosedure/operasie	389,00
*9181	Plasing van sub-periosteale implantaat prostese/operasie	389,00
*9182	Plasing van endosteale implantaat, per implantaat	194,50+L
*9183	Plasing van osseo-integrerende implantaat en aanhegting een implantaat per kaak	202,30
*9184	Plasing van osse-integrerende implantaat en aanhegting twee implantate per kaak	264,60
*9185	Plasing van osseo-integrerende implantaat en aanhegting drie implantate per kaak	326,90
*9186	Plasing van osseo-integrerende implantaat en aanhegting vier implantate per kaak	389,00
*9187	Plasing van osseo-integrerende implantaat en aanhegting vyf implantate per kaak	451,30
*9188	Plasing van osseo-integrerende implantaat en aanhegting ses implantate per kaak	513,50
*9189	Koste van implantate	Deur onderhandeling
*	***Let wel:*** **1. Die fooi sluit die daaropvolgende ontbloting en plasing van die transmukosale verlengstukke in.** **2. Vir items 9180 tot 9188 mag die volle fooie gehef word, dit wil sê aanmerkings 2 en 3 van reël 011 is nie van toepassing nie.**	

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