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GOEWERMENTSKENNISGEWING

DEPARTEMENT VAN MANNEKRAG

No. 63 **19 Januarie 1990**

ONGEVALLEWET, 1941 (WET No. 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 No. 30 van 1941), soos gewysig, die "Tarief vir Tandheelkundige Behandeling" soos gepubliseer op 9 Desember 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 Februarie 1990 voorskryf.

Die tariewe wat in die Bylae voorkom, is op betalings wat met ingang vanaf 1 Februarie 1990 goedgekeur word van toepasing 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 tariefitems 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.

GOVERNMENT NOTICE

DEPARTMENT OF MANPOWER

No. 63 **19 January 1990**

WORKMEN'S COMPENSATION ACT, 1941 (ACT No. 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 No. 30 of 1941), as amended, I withdraw the "Scale of Fees and Charges for Dental Aid" published on 9 Desember 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 February 1990.

The fees appearing in the Schedule are applicable in respect of payments authorised with effect from 1 February 1990 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 herein.

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 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 08:00 en 17:00 op weeksdae en tussen 08:00 en 13:00 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 vir 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 R73,00.

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.

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 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 08:00 and 17:00 on weekdays, and between 08:00 and 13:00 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 R73,00.

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 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 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.

ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

Kode No.	Prosedure	R
	Konsultasies	
8101	Konsultasie in spreekkamer	21,00
8103	Konsultasie in hospitaal of tuis	28,90
8105	Afspraak nie nagekom (Nie betaalbaar deur ongevallkommissaris nie)	
	Diagnostiese prosedures	
8107	Binnemondse röntgenfoto's, per film	13,50
8108	Maksimum	108,60
8113	Okklusale röntgenfoto's	21,00
8115	Panoramiese röntgenfoto's	65,60
	Behandelingsprosedures	
8129	Bykomende gelde vir noodgevalle, waar die behandeling **buite die normale spreekure uitgevoer is** (insluitende behandeling wat by 'n hospitaal uitgevoer is)	50,90
8131	Noodbehandeling vir pynverligting waarop geen ander tarief item van toepassing is nie	21,00
8132	Noodbehandeling van wortelkanaal	33,90
8133	Hersementering van inlegsels, krone of brûe—per ankertand	21,00
8135	Verwydering van inlegsels en krone (per eenheid) en brûe (per ankertand) as 'n noodprosedure	41,30
8137	Noodkroon (nie van toepassing op plasing van tydelike krone gedurende roetine kroon en brug voorbereidings nie)	70,60
8138	Voorafvervaardigde metaalkroon as noodprosedure	43,00
8139	Bykomende gelde vir behandeling onder algemene narkose of hospitaal- of tuisbesoeke, per geval	33,90
	***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	14,70

012 In case 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.

GENERAL DENTAL PRACTITIONERS

Code No.	Procedure	R
	Consultations	
8101	Consultation at surgery	21,00
8103	Consultation at home or hospital	28,90
8105	Appointment not kept (not payable by commissioner)	
	Diagnostic procedures	
8107	Intra-oral radiographs, per film	13,50
8108	Maximum	108,60
8113	Occlusal radiographs	21,00
8115	Panoramic radiographs	65,60
	Treatment procedures	
8129	Additional fee for emergency treatment rendered **outside normal working hours** including **emergency** treatment carried out at hospital	50,90
8131	Emergency treatment for relief of pain where no other tariff item is applicable	21,00
8132	Emergency root canal treatment	33,90
8133	Re-cementing of inlays, crowns or bridges—per abutment	21,00
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure	41,30
8137	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	70,60
8138	Pre-formed metal crown emergency procedure	43,00
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case	33,90
	***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	14,70

Kode No.	Prosedure	R
8143	Elke bykomende kwartier of gedeelte daarvan *Opmerking:* Geen addisionele gelde mag gehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143	7,90
8144	Intraveneuskalmering	9,70
	Ekstraksies	
	Ekstraksies ten tyde van enkele besoek	
8201	Een	21,00
8202	Twee	29,50
8203	Drie	37,40
8204	Vier	46,50
8205	Vyf	54,80
8206	Ses	62,70
8207	Sewe	71,20
8208	Agt	80,30
8209	Nege	88,20
8210	Tien	97,00
8211	Elf	105,50
8212	Twaalf	113,60
8213	Dertien	122,20
8214	Veertien	130,70
8215	Vyftien	138,60
8216	Sestien	147,70
8217	Sewentien	155,60
8218	Agtien en meer	164,00
8221	Lokale behandeling van postekstraksie bloeding (uitgesonderd behandeling van bloeding in die geval van bloedsiektes bv. hemofilie)	14,70
8223	Elke bykomende besoek	10,30
8225	Behandeling van septiese tandkas	14,70
8227	Elke bykomende besoek	10,30
	Prostetika	
8231	Volle bo- en onderkunsgebit (Sien voetnota onder 8267)	334,50+L
8232	Volle bo- en onderkunsgebit (Sien voetnota onder 8267)	206,10+L
8233	Gedeeltelike kunsgebit met een tand	95,70+L
8234	Gedeeltelike kunsgebit met twee tande	95,70+L
8235	Gedeeltelike kunsgebit met drie tande	143,10+L
8236	Gedeeltelike kunsgebit met vier tande	143,10+L
8237	Gedeeltelike kunsgebit met vyf tande	143,10+L
8238	Gedeeltelike kunsgebit met ses tande	190,80+L
8239	Gedeeltelike kunsgebit met sewe tande	190,80+L
8240	Gedeeltelike kunsgebit met agt tande	190,80+L
8241	Gedeeltelike kunsgebit met nege of meer tande	190,80+L
8243	Bykomende gelde waar 'n sagtebasis met items 8231–8241 ingelyf is	29,50+L
8255	Klammer of rus van vlekvryestaal, per klammer of rus	19,80+L
8257	Linguale stang of palatale stang	23,80+L
	***Let wel:* Waar items 8281 of 8269 toegepas word, mag items 8255 of 8257 nie gevra word nie.**	
8259	Herbasering per kunsgebit	78,70+L
8261	Hermodellering, per kunsgebit	128,30+L
8263	Opvulling—Selfverhardende harde akriel, per kunsgebit	49,20
8265	Weefselopknapper en sagte selfverhardende interim opvulling, per kunsgebit	32,70
8267	Sagte basis opvulling, per kunsgebit (met hitte verhard)	113,60+L
	***Let wel:* Waar item 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	26,90+L

Code No.	Procedure	R
8143	Per additional quarter-hour or part thereof *Note:* No additional fee to be charged for gasses used in the case of items 8141 and 8143	7,90
8144	Intravenous sedation	9,70
	Extractions	
	Extractions during a single visit	
8201	One	21,00
8202	Two	29,50
8203	Three	37,40
8204	Four	46,50
8205	Five	54,80
8206	Six	62,70
8207	Seven	71,20
8208	Eight	80,30
8209	Nine	88,20
8210	Ten	97,00
8211	Eleven	105,50
8212	Twelve	113,60
8213	Thirteen	122,20
8214	Fourteen	130,70
8215	Fifteen	138,60
8216	Sixteen	147,70
8217	Seventeen	155,60
8218	Eighteen or more	164,00
8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	14,70
8223	Each additional visit	10,30
8225	Treatment of septic socket	14,70
8227	Each additional visit	10,30
	Prosthetics	
8231	Full upper and lower dentures (See footnote below 8267)	334,50+L
8232	Full upper or lower dentures (See footnote below 8267)	206,10+L
8233	Partial denture, one tooth	95,70+L
8234	Partial denture, two teeth	95,70+L
8235	Partial denture, three teeth	143,10+L
8236	Partial denture, four teeth	143,10+L
8237	Partial denture, five teeth	143,10+L
8238	Partial denture, six teeth	190,80+L
8239	Partial denture, seven teeth	190,80+L
8240	Partial denture, eight teeth	190,80+L
8241	Partial denture—nine or more teeth	190,80+L
8243	Additional fee where a soft base is incorporated with items 8231–8241	29,50+L
8255	Stainless steel clasp or rest per clasp or rest	19,80+L
8257	Lingual bar or palatal bar	23,80+L
	***Note:* Where items 8281 or 8269 are applied, items 8255 or 8257 may not be charged.**	
8259	Re-base, per denture	78,70+L
8261	Re-model, per denture	128,30+L
8263	Re-line: self-curing hard conditioner acrylic, per denture	49,20
8265	Tissue conditioner and soft self-cure interim reline, per denture	32,70
8267	Soft base reline per denture (heat cured)	113,60+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	26,60+L

Kode No.	Prosedure	R
8273	Bykomende gelde waar 'n afdruk nodig is vir 8269	14,70+L
8279	Metaalbasis vir volle kunsgebit, per gebit	102,40+L
8281	Metaalbasis vir gedeeltelike kunsgebit, per gebit	254,70+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 veelwortelrand.**	
	Endodonsie	
8132	Noodbehandeling van wortelkanaal	33,90
	***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	9,70
8303	Indirekte pulpa-oorkapping waarvoor die permanente herstelling nie gedurende dieselfde besoek voltooi word nie	27,20
	***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	16,40
8307	Amputasie van pulpa (pulpotomie)	27,20
8830	Voorbereidingsbesoek—eenwortel tand (voorheen 8315)	21,00
8331	Maksimum vir 8330 (voorheen 8317)	83,80
8332	Voorbereidingsbesoek—tand met meer as een wortel (voorheen 8319)	28,90
8333	Maksimum vir 8332 (voorheen 8321)	115,40
	***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)	93,90
8335	Wortelkanaalterapie, molare, eerste kanaal (voorheen 8312)	128,30
8336	Elke bykomende kanaal (van toepassing op alle tande) (voorheen 8313)	38,60
	***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.**	

Code No.	Procedure	R
8273	Additional fee where impression is required for 8269	14,70+L
8279	Metal base to full denture per denture	102,40+L
8281	Metal base to partial denture, per denture	254,70+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	33,90
	***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	9,70
8303	Indirect pulp capping where permanent filling is not completed at same visit	27,20
	***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	16,40
8307	Amputation of pulp (pulpotomy)	27,20
8830	Preparatory visit—single-rooted tooth (previously 8315)	21,00
8331	Maximum for 8330 (previously 8317)	83,80
8332	Preparatory visit—multi-rooted tooth (previously 8319)	28,90
8333	Maximum for 8332 (previously 8321)	115,40
	***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)	93,90
8335	Root canal therapy, molars, first canal (previously 8312)	128,30
8336	Each additional canal (applicable to all teeth) (previously 8313)	38,60
	***Note:* Where a Root Treatment is completed at one visit (i.e. pulp removal, debridement, enlarging and filling canals, etc.) Modifier 8008 can be applied to items 8334, 8335 and 8336.**	

Kode No.	Prosedure	R
	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	22,60
8342	Twee vlakke	31,10
8343	Drie vlakke	41,30
8344	Meer as drie vlakke	50,90
8345	Voorafvervaardigde stif versterking, per stif	30,50
8347	Penversterking vir herstelling, eerste pen	21,00
8349	Maksimum vir penversterking per tand	41,80
	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	16,40
8351	Een vlak	26,00
8352	Twee vlakke	34,50
8353	Drie vlakke	44,20
8354	Meer as drie vlakke	53,30
	***Let wel:* Waar items 8351 tot 8354 toegepas word op die molare en premolare mag Wysiger 8008 gebruik word.**	
8355	Harsfinere (Lamel of Direkte)	65,60+L
8356	Brug per ankertand Per foptand (kyk 8420, 8422, 8424)	65,60+L
8357	Voorafgevormde metaalkroon	43,00
	Inlegsels	
	Metaalinlegsels	
8361	Een vlak	65,60+L
8362	Twee vlakke	95,70+L
8363	Drie vlakke	159,70+L
8364	Vier vlakke	193,10+L
8365	Vyf vlakke	193,10+L
	Keramiek/Hars Gebonde Inlegsels	
8371	Een vlak	65,60+L
8372	Twee vlakke	95,70+L
8373	Drie vlakke	159,70+L
8374	Vier vlakke	193,10+L
8375	Vyf vlakke	193,10+L
	Voorafvervaardigde Stif en Kern	
8376	Enkel stif en kern	53,30
8377	Tweeledige stif en kern	84,30
8378	Drieledige stif en kern	114,80
	***Let wel:* Bogenoemde items sluit penne in.**	
	Stif met kappie of vingerhoed	
8391	Enkele stif	49,20+L
8393	Tweeledige stif	78,70+L
8395	Drieledige stif	113,60+L
8396	Vingerhoede	32,30+L
8397	Gegote kern met penne	78,70+L
8398	Plastiese kern op penversterking ongeag aantal penne	78,70

Code No.	Procedure	R
	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	22,60
8342	Two surfaces	31,10
8343	Three surfaces	41,30
8344	More than three surfaces	50,90
8345	Preformed post reinforcement per post	30,50
8347	Pin retention for restoration, first pin	21,00
8349	Maximum for pin retention, per tooth	41,80
	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	16,40
8351	One surface	26,00
8352	Two surfaces	34,50
8353	Three surfaces	44,20
8354	More than three surfaces	53,30
	***Note:* Where items 8351 to 8354 are carried out on molars and premolars Modifier 8008 may be applied.**	
8355	Composite Veneers (Laminated or Direct)	65,60+L
8356	Bridge per abutment Per pontic (see 8420, 8422, 8424)	65,60+L
8357	Preformed metal crown	43,00
	Inlays	
	Metal inlays	
8361	One surface	65,60+L
8362	Two surfaces	95,70+L
8363	Three surfaces	159,70+L
8364	Four surfaces	193,10+L
8365	Five surfaces	193,10+L
	Ceramic/Resin Bonded Inlays	
8371	One surface	65,60+L
8372	Two surface	95,70+L
8373	Three surfaces	159,70+L
8374	Four surfaces	193,10+L
8375	Five surfaces	193,10+L
	Preformed Post and Core	
8376	Single post and core	53,30
8377	Double post and core	84,30
8378	Triple post and core	114,80
	***Note:* Items are inclusive of pins.**	
	Post with thimble or coping	
8391	Single post	49,20+L
8393	Binary post	78,70+L
8395	Triple post	113,60+L
8396	Copings	32,30+L
8397	Cast core with pins	78,70+L
8398	Plastic core on pin reinforcing irrespective of number of pins	78,70

Kode No.	Prosedure	R
	***Let wel:* Die gelde sluit die koste van voorlopige/tussentydse krone in.**	
	Krone	
8401	Gegote volle kroon	229,40+L
8403	Gegote driekwartkroon	229,40+L
8405	Akrieldopkroon	195,70+L
8407	Akrielgefineerde kroon	244,90+L
8409	Porseleindopkroon	244,90+L
8411	Porseleingefineerde kroon	244,90+L
8413	Vervanging van gesigstuk	48,00+L
	Harsgebonde ankers	
	Maryland Brûe (kyk 8356)	
	Per foptand (kyk 8420, 8422, 8424)	
	Brûe (ankers soos hierbo)	
8420	Sanitêre foptand	119,60+L
8422	Posterior foptand	159,70+L
8424	Anterior foptand (sluit premolêre in)	200,00+L
	Algemene narkose	
8499	Die relevante items in die geldetarief vir mediese dienste, gepubliseer in *Staatskoerant* No. 12212 van 15 Desember 1989 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)	48,00
8513	Noodkroon (nie van toepassing op plasing van tydelike krone gedurende roetine kroon en brug voorbereidings nie)	78,70
8515	Hersementering van inlegsel, kroon of brug, per ankertand	30,50
8517	Herinplantering van tand, insluitende verandering soos benodig	81,50+L
	Tydelike behandeling	
8521	Tydelike spalking-ekstrakoronale draad, per sekstant	65,60
8523	Tydelike spalking-ekstrakoronale draad plus hars, per sekstant	95.70
8527	Tydelike spalking-intrakoronale draad of penne of gegote stang plus amalgaan of hars, per tandeenheid in die spalk ingesluit	30,50+L
8529	Voorlopige kroon wat nie gedurende roetine kroonvoorbereiding geplaas word nie	78,70+L
8530	Voorafvervaardigde metaalkroon	66,80
	Okklusale verstelling	
8551	Volledige okklusale verstelling	224,00
8553	Geringe okklusale verstelling	70,60
	Keramiek/Hars Gebonde Inlegsels	
8555	Een vlak	296,00+L
8556	Twee vlakke	427,40+L
8557	Drie vlakke	661,90+L
8558	Vier vlakke	661,90+L
8559	Vyf vlakke	661,90+L
	Metaalinlegsels	
8571	Een vlak	142,20+L
8572	Twee vlakke	205,50+L

Code No.	Procedure	R
	***Note:* The fees in this section include cost of temporary/intermediate crowns**	
	Crowns	
8401	Cast full crown	229,40+L
8403	Cast three-quarter crown	229,40+L
8405	Acrylic jacket crown	195,70+L
8407	Acrylic veneered crown	244,90+L
8409	Porcelain jacket crown	244,90+L
8411	Porcelain veneered crown	244,90+L
8413	Facing replacement	48,00+L
	Resin bonded retainers	
	Maryland Bridges (see 8356)	
	Per pontic (see 8420, 8422, 8424)	
	Bridges (retainers as above)	
8420	Sanitary pontic	119,60+L
8422	Posterior pontic	159,70+L
8424	Anterior pontic including premolars	200,00+L
	General anaesthetics	
8499	The relevant items in the tariff of fees for medical services as published in *Government Gazette* No. 12212 of 15 December 1989 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)	48,00
8513	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	78,70
8515	Recementarion of inlay, crown or bridge per abutment	30,50
8517	Reimplantation of a tooth, including fixation as required	81,50+L
	Provisional treatment	
8521	Provisional splinting-extracoronal wire, per sextant	65,60
8523	Provisional splinting-extracoronal wire plus resin, per sextant	95,70
8527	Provisional splinting-intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	30,50+L
8529	Provisional crown, which is not placed during routine crown preparation	78,70+L
8530	Preformedmetal crown	66,80
	Occlusal adjustment	
8551	Major occlusal adjustment	224,00
8553	Minor occlusal adjustment	70,60
	Ceramic/Resin Bonded Inlays	
8555	One surface	296,00+L
8556	Two surfaces	427,40+L
8557	Three surfaces	661,90+L
8558	Four surfaces	661,90+L
8559	Five surfaces	661,90+L
	Metal inlays	
8571	One surface	142,20+L
8572	Two surfaces	205,50+L

Kode No.	Prosedure	R
8573	Drie vlakke	318,10+L
8574	Vier vlakke	318,10+L
8575	Vyf vlakke	318,10+L
8577	Penretensie	47,40+L
	Stiwwe en vingerhoede	
8581	Enkelstif	78,90+L
8582	Tweeledige stif	113,60+L
8583	Drieledige stif	142,20+L
8587	Vingerhoede	65,60+L
8589	Gegote kern met penne	112,10+L
8591	Plastiese kern op penversterking ongeag aantal penne	78,70
	Verbinders	
8597	Slot en gemasjineerde ruste	32,30+L
8599	Slothegtings	78,70+L
	Krone	
8601	Gegote driekwartkroon	318,10+L
8607	Porseleindopkroon	318,10+L
8609	Porseleingefineerde metaalkroon	397,30+L
	Brugwerk	
	***Let wel:* Ankers soos bo.**	
8611	Sanitêre foptand	240,00+L
8613	Posterior foptand	295,90+L
8615	Anterior foptand	318,10+L
	Harsgebonde ankers	
8617	Per ankertand	97,90+L
	Per foptand (sien 8611, 8613, 8615)	
	Konserwatiewe behandeling van miofasiale pyn disfunksiesindroom	
8621	Eerste besoek	38,60
8623	Opvolgende besoek	28,90
	Endodontiese prosedures, ens.	
8631	Wortelkanaalterapie, eerste kanaal	278,40
8633	Elke bykomende kanaal	69,60
	***Let wel:* Bogenoemde endodontiese gelde sluit in alle X-straalfoto's en bykomende besoeke.**	
8635	Apeksifikasie van wortelkanaal, per besoek	46,50
8637	Hemiseksie van 'n tand of reseksie van 'n wortel	112,10
8638	Lansering en dreinering van piogene absesse (binnemondse toegang	66,20
9015	Apisektomie insluitend retrograde herstelling waar nodig—anterior tand	154,10
9016	Apisektomie insluitend retrograde herstelling waar nodig—Posterior tand	230,20
8640	Verwydering van fraktuurde stif of instrument vanuit die wortelkanaal	81,50
	Prostetika	
8641	Volle kunsgebit—bo en onder, sonder primêre komplikasies	795,10+L
8643	Volle kunsgebit—bo en onder, sonder groot komplikasies	1 032,10+L
8645	Volle kunsgebit— bo en onder, met groot komplikasies	1 269,40+L
8647	Volle kunsgebit—bo of onder, sonder primêre komplikasies	556,30+L
8649	Volle kunsgebit—bo of onder, sonder komplikasies	635,60+L
8651	Volle kunsgebit—bo of onder, met groot komplikasies	714,80+L
8661	Diagnostiese kunsgebitte (met inbegrip van weefselopknapbehandeling)	635,60+L
8662	Hermontering en okklusale verstelling van kunsgebitte	91,60

Code No.	Procedure	R
8573	Three surfaces	318,10+L
8574	Four surfaces	318,10+L
8575	Five surfaces	318,10+L
8577	Pin retention	47,40+L
	Post and copings	
8581	Single post	78,90+L
8582	Double post	113,60+L
8583	Triple post	142,20+L
8587	Copings	65,60+L
8589	Cast core with pins	112,10+L
8591	Plastic core on pin reinforcing irrespective of number of pins	78,70
	Connectors	
8597	Locks and milled rests	32,30+L
8599	Precision attachments	78,70+L
	Crowns	
8601	Cast three-quarter crown	318,10+L
8607	Porcelain jacket crown	318,10+L
8609	Porcelain veneered metal crown	397,30+L
	Bridges	
	***Note:* Retainers as above.**	
8611	Sanitary pontic	240,00+L
8613	Posterior pontic	295,90+L
8615	Anterior pontic	318,10+L
	Resin bonded retainers	
8617	Per abutment	97,90+L
	Per pontic (see 8611, 8613, 8615)	
	Conservative treatment of myofascial pain-dysfunction syndrome	
8621	First visit	38,60
8623	Subsequent visit	28,90
	Endodontic procedures, etc.	
8631	Root canal therapy, first canal	278,40
8633	Each additional canal	69,60
	***Note:* The above endodontic fees include all X-rays and repeat visits.**	
8635	Apexification of root canal, per visit	46,50
8637	Hemisection of a tooth or resection of root	112,10
8638	Incision and drainage of pyogenic abcess, intraoral approach	66,20
9015	Apicectomy, including retrograde root filling where necessary—anterior tooth	154,10
9016	Apicectomy including retrograde filling where necessary—posterior tooth	230,20
8640	Removal of fractured post or instrument from root canal	81,50
	Prosthetics (Removable)	
8641	Complete upper and lower dentures without primary complications	795,10+L
8643	Complete upper and lower dentures without major complications	1 032,10+L
8645	Complete upper and lower dentures with major complications	1 269,40+L
8647	Complete upper or lower dentures without primary complications	556,30+L
8649	Complete upper or lower denture without major complications	635,60+L
8651	Complete upper or lower denture with major complications	714,80+L
8661	Diagnostic dentures (inclusive of tissue conditioning treatment)	635,60+L
8662	Remounting and occlusal adjustment of dentures	91,60

Kode No.	Prosedure	R
8663	Chroomkobalt basis vir volle kunsgebit (ekstra koste)	191,40+L
8665	Herbasering, per kunsgebit	128,30+L
8667	Sagte basis, per kunsgebit (met hitte verhard)	191,40+L
8668	Weefselopknapper, per kunsgebit	47,40
8669	Binnemondse opvulling van vol- of gedeeltelike kunsgebit	70,60
8671	Metaal (bv. Chroomkobalt) gedeeltelike kunsgebit	635,60+L
8672	Bykomende gelde vir veranderde model tegniek, gedeeltelike kunsgebit	24,90+L
8674	Aanlasbare gedeeltelike kunsgebit	288,00+L
8679	Herstelwerk	32,30+L
8273	Bykomende gelde waar 'n afdruk nodig is vir 8269	14,70+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 R73,00 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 R44,20 **(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
8663	Chrome cobalt base for full denture (extra charge)	191,40+L
8665	Re-base, per denture	128,30+L
8667	Soft base, per denture (heat cured)	191,40+L
8668	Tissue conditioner, per denture	47,40
8669	Intraoral reline of complete or partial denture	70,60
8671	Metal (e.g. Chrome cobalt) partial denture	635,60+L
8672	Additional fee for altered cast technique for partial denture	24,90+L
8674	Additive partial denture	288,00+L
8679	Repairs	32,30+L
8273	Additional fee where impression is required for 8269	14,70+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 per**formed 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 R73,00 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 forth procedure/operation **(8010)**.

10 % for the fifth procedure/operation **(8011)**.

5 % for the sixth and subsequent procedure/operation **(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 at 15 per cent of the fee of the practitioner performing the operation, with a minimum of R44,20 **(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
	Konsultasie en besoeke	
8901	Konsultasie by spreekkamers	38,60
8903	Konsultasie by hospitaal, verpleeginrigting of tuis	43,00
8904	Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis.	21,00
8905	Naweek- en nagbesoeke tussen 17:00 en 08:00 die volgende dag	62,10
8907	Daaropvolgende konsultasie per week, tot 'n maksimum van	71,20
	Let wel: **"Daaropvolgende konsultasie" beteken, in verband met items 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	13,50
8108	Maksimum	108,60
8113	Okklusale röntgenfoto's	21,00
8115	Panoramiese röntgenfoto	65,60
8917	Biopsies: Binnemonds	79,10
8919	Beenbiosie: Naald	136,80
8921	Beenbiopsie: Oop	225,30
8811	Kefalometriese röntgenfoto en ontleding	65,60
8813	Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname	71,20
8815	Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname	78,70
	Verwydering van tande	
8924	Meer as agtien tande, per tand	4,00
8957	Alveolotomie of alveolektomie—tesame met of onafhanklik van ekstraksies (per kaak)	187,80
8961	Inplanting van tande	307,90+L
8931	Lokale behandeling van postekstraksiebloeding (met uitsluiting van bloeding in die geval van bloedsiektes, bv. hemofilie)	103,00
8935	Behandeling van postekstraksieseptiese tandkas waar die pasiënt verwys word deur 'n ander geregistreerde persoon	27,20
8937	Chirurgiese verwydering van 'n tand d.w.s. maak van mukoperiosteale flap, verwydering van been en hegting	95,10
	Verwydering van Wortels	
8953	Chirurgiese verwydering van **wortelreste** van die eerste tand	136,80
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	467,50
8909	Sluiting van antro-orale fistel—akuut of kronies	358,90
8910	Verwydering van wortel vanuit die maksilêre antrum	140,90
8911	Caldwell-Luc prosedure	140,90
8965	Perifere neurektomie	307,90
8997	Sulkoplastiek/Vestibuloplastiek	705,70+L
8999	Verdieping van vestibulêre sulkus: Plastiese herstelling	187,80+L
9001	Verdieping van bukkale/labiale sulkus: Bukkale inlegsel	427,70+L
9003	Herplasing van foramen mentale en senuwee, per tant	427,70+L
9005	Verbetering van alveolêre rif deur beenoorplanting	718,70+L

Code No.	Procedure	R
	Consultations and visits	
8901	Consultation at consulting rooms	38,60
8903	Consultation at hospital, nursing home or house	43,00
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house	21,00
8905	Weekend visits and night visits between 17:00–08:00 the following day	62,10
8907	Subsequent consultations, per week, to a maximum of	71,20
	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	13,50
8108	Maximum	108,60
8113	Occlusal radiographs	21,00
8115	Panoramic radiograph	65,60
8917	Biopsies: Intra-oral	79,10
8919	Biopsy of bone: Needle biopsy	136,80
8921	Biopsy of bone: Open	225,30
8811	Cephalometric radiograph and analysis	65,60
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph	71,20
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph	78,70
	Removal of teeth	
8924	More than eighteen teeth, per tooth	4,00
8957	Alveolotomy or alveolectomy—concurrent with or independent of extractions (per jaw)	187,80
8961	Implanting of teeth	307,90+L
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	103,00
8935	Treatment of post-extraction septic socket where patient is referred by another registered person	27,20
8937	Surgical removal of a tooth i.e.:—raising of mucoperiosteal flap, removal of bone and suturing	95,10
	Removal of Roots	
8953	Surgical removal of **residual** roots of first tooth	136,80
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	467,50
8909	Closure of oral antral fistula—acute or chronic	358,90
8910	Removal of roots from maxillary antrum	140,90
8911	Caldwell-Luc procedure	140,90
8965	Peripheral neurectomy	307,90
8997	Sulcoplasty/Vestibuloplasty	705,70+L
8999	Deepening the vestibular sulcus: Plastic repair	187,80+L
9001	Deepening the buccal/labial sulcus: Buccal inlay	427,70+L
9003	Repositioning mental foramen and nerve, per side	427,70+L
9005	Alveolar ridge augmentation by bone graft	718,70+L

Kode No.	Prosedure	R
	Sepsis	
9011	Lansering en dreinering van piogene absesse (binnemondse toegang)	87,80
9013	Buitemondse toegang, bv. Ludwigkeelpyn	119,60
9015	Apisektomie insluitend retrograde herstelling waar nodig—anterior tand	154,10
9016	Apisektomie insluitend retrograde herstelling waar nodig. Posterior tand	308,50
9017	Dekortisering, uitholling en sekwestrektomie vir osteomièlitis, van mandibula	634,40
9019	Sekwestrektomie—binnemondse toegang	136,80
	Trouma	
	Behandeling van gepaardgaande sagteweefselbeserings	
9021	Gering	154.10
9021	Uitgebreid	325,40
	Frakture van die mandibula	
9025	Behandeling deur middel van geslote reduksie, met intermaksiliêre fiksering	341,80
9027	Behandeling van saamgestelde fraktuur deur middel van ogies en kruisbedrading	479,80
9029	Behandeling deur middel van metaalop spalke of Gunningspalke	531,90+L
9031	Behandeling deur middel van oop reduksie en herstel van okklusie met spalke	787,80+L
	Frakture van die maksilla met spesiale aandag aan okklusie	
9035	Le Fort I-fraktuur of Guérin-fraktuur	481,00+L
9037	Le Fort II-fraktuur of middelste derde van gesig	787,80+L
9039	Le Fort III-fraktuur of kraniofasiale ontwrigting of brokkelfraktuur van middel gesig wat oop reduksie en spalke vereis	1 129,50+L
	Wangbeen/Oogkas/Antrum—Saamgestelde frakture	
9041	Gillies of temporale elevasie	341,80
9043	Onstabiele en/of verbrokkelde wangbeen, behandeling deur middel van oop reduksie of Caldwell-Luc operasie	684,70
9045	Wat veelvuldige tussenbeenbedrading of beenoorplanting vereis	1 026,60
	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)	1 437,30+L
9049	Osteotomie van anterior segment van die mandibula (Köle)	1 197,50+L
9051	Kenplastiek	684,70
9055	Osteotomie van posterior segment van die maksilla (Schukardt)—1-stadium- of 2-stadium-prosedure	1 197,50+L
9057	Osteotomie van anterior segment van die maksilla (Wassmund)—1-stadium- of 2-stadium-prosedure	1 197,50+L
9059	Le Fort I-osteotomie	2 253,30+L
9061	Palatale osteotomie	787,80+L
9063	Le Fort II-osteotomie vir korreksie van gesigsdeformiteite of fasiostenose en nabeseringdeformiteite	2 877,00+L
9069	Funksionele tongreduksie (gedeeltelike glosektomie)	513,90
9071	Geniohioïedotomie	307,90
9072	Funksionele herstel van sekondêre oronasale fistel en verwante strukture met been transplantaat (volledige prosedure)	2 253,30+L

Code No.	Procedure	R
	Sepsis	
9011	Incision and drainage of pyogenic abscesses (intra-oral approach)	87,80
9013	Extra-oral approach, e.g. Ludwig's angina	119,60
9015	Apicectomy including retrograde filling where necessary—anterior teeth	154,10
9016	Apicectomy including retrograde filling where necessary—posterior teeth	308,50
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	634,40
9019	Sequestrectomy—intra-oral	136,80
	Trauma	
	Treatment of associated soft tissue injuries	
9021	Minor	154,10
9023	Major	325,40
	Mandibular fractures	
9025	Treatment by closed reduction, with intermaxilary fixation	341,80
9027	Treatment of compound fracture, involving eyelet wiring	479,80
9029	Treatment by metal cap splintage or Gunning's splints	531,90+L
9031	Treatment of open reduction with restoration of occlusion by splintage	787,80+L
	Maxillary fractures with special attention to occlusion	
9035	Le Fort I or Guérin fracture	481,00+L
9037	Le Fort II or middle third of face	787,80+L
9039	Le Fort III or croniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage	1 129,50+L
	Zygoma/Orbit/Antral—Complex fractures	
9041	Gillies or temporal elevation	341,80
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation	684,70
9045	Requiring multiple interosseous wiring or bone graft	1 026,60
	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)	1 437,30+L
9049	Anterior segmental osteotomy of mandible (Köle)	1 197,50+L
9051	Genioplasty	684,70
9055	Maxillary posterior segment osteotomy (Schukardt)—1 or 2 stage procedure	1 197,50+L
9057	Maxillary anterior segment osteotomy (Wassmund)—1 or 2 stage procedure	1 197,50+L
9059	Le Fort I osteotomy	2 253,30+L
9061	Palatal osteotomy	787,80+L
9063	Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic-deformities	2 877,00+L
9069	Functional tongue reduction (partial glossectomy)	513,90
9071	Geniohyiodotomy	307,90
9072	Functional closure of the secondary oronasal fistula and associated structures with bone grafting (complete procedure)	2 253,30+L

Kode No.	Prosedure	R
	Prosedures en temporomandibulêre gewrig	
	(Ondersoek soos in voorafgaande afdeling)	
9073	Konserwatiewe behandeling van ontwrigting of disfunksie van temporomandibulêre gewrig met bytplaat	85,70+L
9075	Kondilektomie of koronoïdektomie of albei (buitemondse toegang) of menisektomie	718,70
9053	Koronoïdektomie (binnemondse toegang)	427,70
9077	Intra-artikulêre inspuiting, per inspuiting	51,50
9079	Daaropvolgende inspuiting	20,40
9081	Kondielnek-osteotomie (Ward/Kostecka)	341,80
9083	Temporomandibulêre artroplatiek, bv. eminenektomie (Le Clerk-en-Toller-ingreep)	855,70
9085	Reduksie van temporomandibulêre ontwrigting sonder narkose	68,00
9087	Reduksie van temporomandibulêre ontwrigting, onder narkose	136,80
9089	Reduksie van temporomandibulêre ontwrigting, onder narkose en immobilisasie	341,80
9091	Reduksie van temporomandibulêre ontwrigting wat oop reduksie vereis	718,70
	Speekselkliere	
9095	Verwydering van speekselklier	411,00
	Implantate	
*9180	Plasing van sub-periosteale implantaat—Voorbereiding prosedure/operasie	472,60
*9181	Plasing van sub-periosteale implantaat, prostese/operasie	472,60
*9182	Plasing van endosteale implantaat, per implantaat	236,30+L
*9183	Plasing van osseo-integrerende implantaat en aanhegting een implantaat per kaak	245,80
*9184	Plasing van osseo-integrerende implantaat en aanhegting twee implantate per kaak	321,50
*9185	Plasing van osseo-integrerende implantaat en aanhegting drie implantate per kaak	397,20
*9186	Plasing van osseo-integrerende implantaat en aanhegting vier implantate per kaak	472,60
*9187	Plasing van osseo-integrerende implantaat en aanhegting vyf implantate per kaak	548,30
*9188	Plasing van osseo-integrerende implantaat en aanhegting ses implantate per kaak	623,90
*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.**	

Code No.	Procedure	R
	Temporomandibular joint procedures	
	(Investigation as in preceding section)	
9073	Conservative treatment of temporomandibular joint derangement or dysfunction with bite plate	85,70+L
9075	Condylectomy or coronoidectomy or both (extra-oral approach or menisectomy	718,70
9053	Coronoidectomy (intra-oral approach)	427,70
9077	Intra-articular injection, per injection	51,50
9079	Subsequent injection	20,40
9081	Condyle neck osteotomy (Ward/Kostecka)	341,80
9083	Temporomandibular arthroplasty, e.g. emi nenectomy (Le Clerk and Toller procedure)	855,70
9085	Reduction of temporomandibular joint dislocation without anaesthetic	68,00
9087	Reduction of temporomandibular joint dislocation, with anaesthetic	136,80
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation	341,80
9091	Reduction of temporomandibular joint dislocation requiring open reduction	718,70
	Salivary glands	
9095	Removal of salivary gland	411,00
	Implants	
*9180	Placement of sub-periosteal implant—Preparatory procedure/operation	472,60
*9181	Placement of sub-periosteal implant prosthesis/operation	472,60
*9182	Placement of endosteal implant, per implant	236,30+L
*9183	Placement of osseointegrated implant and abutment single implant per jaw	245,80
*9184	Placement of osseointegrated implant and abutment, two implants per jaw	321,50
*9185	Placement of osseointegrated implant and abutment, three implants per jaw	397,20
*9186	Placement of osseointegrated implant and abutment, four implants per jaw	472,60
*9187	Placement of osseointegrated implant and abutment, five implants per jaw	548,30
*9188	Placement of osseointegrated implant and abutment, six implants per jaw	623,90
*9189	Cost of Implants	By arrangement
*	***Note:*** **1. The fee includes subsequent exposure and placement of 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.**	

INHOUD

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