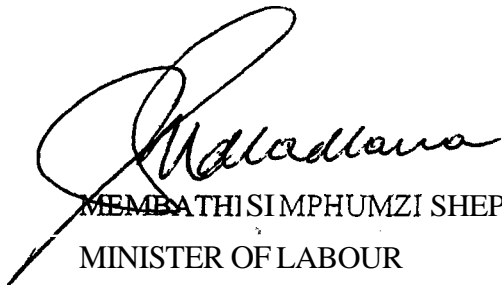

GENERAL NOTICE ALGEMENE KENNISGEWING

NOTICE 859 OF 2005

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

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



MEMBATHISI MPHUMZI SHEPHERD MDLADLANA
MINISTER OF LABOUR

GENERA INFORMATION / IENE INLIGTING.**(i) THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER.**

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

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

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

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

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

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

(i) DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

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

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

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

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

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

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •**

EISE TEENDIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:

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

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

BILLING PROCEDURE • EIS PROSEDURE:

1. The **first account** for services rendered to the injured employee (INCLUDING the First medical report) must be submitted to the employer who will collate all the documents (from other service providers etc.) and submit them to the Compensation Commissioner • *Die eerste rekening (INSLUITEND die Eerste mediese verslag) vir diens gelewer aan die beseerde werknemer, moet aan die werkgewer gestuur word, wat die eise (van ander diensverskaffers ens.) bymekaar sal sit en dit aanstuur na die Vergoedingskommissaris.*
2. New claims are registered by the Commissioner and the **employer is notified of the claim number** allocated to the claim. Enquiries for claim numbers should be directed to the employer and not to the Commissioner. The employer will be able to give you the claim number for the patient **as well as indicate whether the Compensation Commissioner accepted the claim as a COIDA case** • *Nuwe eise word geopen deur die Kommissaris en die werkgewer word in kennis gestel van die eisnommer. Navrae vir eisnommers moet aan die werkgewer gerig word en nie aan die Kommissaris nie. Die werkgewer **kun** die eisnommer verskaf en ook aandui of die Kommissaris die eis teen die Fonds aanvaar het of nie*
3. All new accounts are captured on the Commissioners database and a summarized notice is posted weekly to the service provider. This is only an **acknowledgement of receipt** and not a payment or a guarantee there of • *Alle nuwe rekeninge word vasgelê op die Kommissaris se databasis en 'n opsomming van rekeninge ontvang word weekliks aan die diensverskaffer gestuur. Dit is slegs 'n erkenning van ontvangs en nie 'n betaling of waarborg daarvan nie.*
4. If accounts are still outstanding after **60 days** following submission and acknowledgement by the Commissioner Service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Commissioner. **DO NOT SUBMIT DUPLICATE ACCOUNTS WHEN AN ACKNOWLEDGEMENT WAS RECEIVED FOR THE PARTICULAR ACCOUNT** • *Indien die rekening nog uitstaande is na 60 dae na indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.CL 20 voltooi en EENMALIG indien na die Kommissaris. **MOENIE 'N DUPLIKAAT REKENING INDIEN AS ONTVANGS ERKEN IS VIR DIE BETROKKE REKENING NIE.***
5. If **no acknowledgement** was received and the account is unpaid **60 days after** it was submitted to the employer, a **duplicate account** must be submitted to the Commissioner directly. The account must be accompanied **by** any supporting documents e.g. PART B of the Employers Report of an Accident (W.CL 2), First (W.CL 4), and Progress/Final (W.CL 5/5F) medical reports • *Indien ontvangs nie erken is 60 dae na versending aan die werkgewer, moet 'n duplikaatrekening ingedien word by die Vergoedingskommissaris. Die rekening moet vergesel word van ander dokumentasie bv. DEEL B van die Werkgewer se Verslag oor 'n Ongeval (W.CL 2), Eerste (W.CL 4) en Vordering/Finale (W.CL 5/5F) mediese verslae.*
6. If the account is **partially paid** with no reason therefore indicated on the remittance advise, a duplicate account with the unpaid services clearly indicated must be submitted, accompanied

by a WCI 20 form. (*see website for example) • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die kortbetaling duidelik aangedui, vergesel van 'n WCI20form ingedien word (*sien webblad vir voorbeeld van vorm).*

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

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

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

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

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

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GEHEF

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

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

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COIDA FEES FOR DENTAL SERVICES FROM 1 APRIL 2005 / COIDA TARIWE WIR TANDHEELKUNDIGE DIENSTE VANAF 1 APRIL 2005

RULES / REËLS

1. The following Rules apply to all practitioners /
Die volgende reëls is van toepassing op alle praktisyns:
 - 001 Item **8101** refers to a Full Mouth Examination, charting and treatment planning and no further examination fees shall be chargeable until the treatment plan resulting from this consultation is completed with the exception of Item 8102. This includes the issuing of a prescription where only medication is prescribed *Item 8101 verwys na 'n vollemondse-ondersoek, kartering en behandelingsbeplanning en geen bykomende gelde sal hefbaar wees totdat die behandelingsplan, voortspruitend uit hierdie konsultasie, voltooi is nie met die uitsondering van items 8102. Dit sluit in die uitreiking van 'n voorskrit waar slegs medikasie voorgeskryf is.*
Item **8104** refers to a consultation for a specific problem and not to a full mouth examination, charting and treatment planning. This includes the issuing of a prescription where only medication is prescribed *Item 8104 verwys na 'n konsultasie vir 'n spesifieke probleem en nie na 'n vollemondse-ondersoek, kartering en behandelingsbeplanning nie. Dit sluit in die uitreiking van 'n voorskrit waar slegs medikasie voorgeskryf is.*
 - 002 Except in those cases where the fee is determined "by arrangement", the fee for the rendering of a service which is not listed in this schedule shall be based on the fee in respect of a comparable service that is listed therein and Rule 002 must be indicated together with the tariff item /
Met uitsondering van dié gevalle waar die bedrag vasgestel word "volgens ooreenkoms" moet die bedrag vir die lewering van 'n diens wat nie in hierdie skedule vermeld word nie, gebaseer word op die bedrag vir 'n vergelykbare diens wat daarin vermeld word en reël 002 moet tesame met die tariefitem aangedui word.
 - 003 In the case of a prolonged or costly dental service or procedure, the dental practitioner shall ascertain beforehand from the Commissioner whether he will accept financial responsibility in respect of such treatment /
In die geval van 'n langdurige of duur tandheelkundige diens of prosedure, moet die tandarts vooraf by die Kommissaris vasstel of hy geldige aanspreeklikheid vir sodanige behandeling sal aanvaar.
 - 004 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the Commissioner may be charged and Rule 004 must be indicated together with the tariff item /
In uitsonderlike gevalle waar die tariefgeld buite verhouding laag is in vergelyking met die dienste werklik deur 'n praktisyn gelewer, kan sodanige hoër geld gehef word as waaroor die tandarts en die Kommissaris onderling ooreenkoms en reël 004 moet tesame met die tariefitem aangedui word.
 - 005 Save in exceptional cases the service of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated under the Compensation for Occupational Injuries and Diseases Act /
Behalwe in uitsonderlike gevalle moet die dienste van 'n spesialis slegs op die aanbeveling van die tandarts of mediese praktisyn wat die geval hanteer, beskikbaar wees. Praktisyns wat gevalle verwys, moet die spesial inlig dat die pasiënt kragtens die Wet op Vergoeding vir Beroepsbeserings en-siektes behandel word.
 - 007 "Normal consulting hours" are between 08:00 and 17:00 on weekdays, and between 08:00 and 13:00 on Saturdays /
"Gewone spreekure" is tussen 08:00 en 17:00 op woensdae en tussen 08:00 en 13:00 op Saterdag.
 - 008 A dental practitioner shall submit his account for treatment under the Act to the employer of

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the employee concerned /

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

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

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

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

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

*General Dental Practitioners Schedule / Algemene Tandheeskunde
Praktisyns Skedule*

1001

*Other Dental Specialists Schedules / Ander Tandheeskunde Spesialis
Skedules*

21

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

Die geld wat 'n tandtegnikus vra (PLUS L), moet op die tandarts se rekening aangedu word teenoor die kode 8099. Sodanige rekening van die tandarts moet vergesel wees 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 goud en van tande. Byvoorbeeld, item 8231 word soos volg gespesifiseer. (goud slegs van toepassing met vooraf goedkeuring)

		Rc
8231	X
8099 (8231)	Y
Total / Totaal	<u>R(X+Y)</u>

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

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

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

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

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

Die toepaslike skedule gelde plus 50% (sien Nota 1 - inleiding tot die Kaak-gesigs- en mondchirurgie skedule)

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

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

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

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

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

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

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- inleiding tot die Kaak-gesigs- en mondchirurgie skedule)*
- 8006** 50% of the appropriate scheduled fee (see Note 3 – preamble to Maxillo-facial and oral surgery schedule)/
50% van die toepaslike skedule gelde (sien Nota 3 – inleiding tot die Kaak-gesigs- en mondchirurgie skedule)
- 8007** 15% of the appropriate scheduled fee with a minimum of **R118.60** (See preamble(s) under "oral surgery" in the schedule for GPs and the schedule for specialists in Maxillo-facial and oral surgery /
15% van die toepaslike skedule gelde met 'n minimum van R118.60 (Sien inleiding(s) onder "mondchirurgie" in die skedule vir Aps en die skedule vir spesialiste in kaak-gesigs- en mondchirurgie)
- 8008** The appropriate scheduled fee + 25% (see Note 5 – preamble to Maxillo-facial and oral surgery schedule, GPs' schedule) /
Die toepaslike skedule gelde plus 25% (sien Nota 5 – inleiding tot kaak-gesigs en mondchirurgie, AP skedule)
- 8009** 75% of the appropriate scheduled fee (see Note 3 under the preamble of the Maxillo-facial and oral surgery schedule /
75% van die toepaslike skedule gelde (sien Nota 3 onder die inleiding van dit Kaak-gesigs- en mondchirurgie skedule)
- 8010** The appropriate schedule fee plus 75% /
Die toepaslike skedule gelde plus 75%.
- 012** In cases where treatment is not listed in the schedule for dentists in general practice or specialists then the appropriate fee listed in the medical schedules shall be charged and the relevant item in the medical schedules must be indicated /
In gevalle waar behandeling nie in die skedule vir tandartse in algemene praktyk of spesialiste gelys is nie, word die toepaslike gelde, soos gelys in die mediese skedule: gehel, en die betrokke item in die mediese skedules moet aangedui word.
- 013** **Cost** of material (VAT inclusive): This item provides for a charge for material where indicated against the relative item codes by the words (See Rule 013). Material to be charged for at cost plus a handling fee not exceeding 35%, up to **R1954.20**. A maximum handling fee of 10% shall apply above a cost of **R1954.20**. A maximum handling fee of **R2931.30** will apply /
Koste van materiaal (BTW ingesluit): Hierdie item maak voorsiening vir die hef van gelde vir materiaal waar uitdruklik aangedui deur die woorde (Sien Reel 013). Kosprys plus 'n maksimum van 35% kan gehel word vir materiaal, waar die koste R1954.20 of minder is. 'n Maksimum van 10% hanteringskoste sal van toepassing wees vir kosfes bo R1954.20. Maksimum hanteringskoste sal R2931.30 beloop.
Note/Nota: Item 8220 (suture) is applicable to all registered persons / Item 8220 (hegting) is foepaslik op alle geregistreerde persone

EXPLANATIONS / VERDUIDELIKINGS

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

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

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

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

3. Tooth identification / Tandidentifikasie

GENERAL GUIDELINES / ALGEMENE RIGLYNE

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

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

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

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

5. VAT / BTW

Fees are VAT exclusive / Tariewe sluit BTW uit

I. GENERAL DENTAL PRACTITIONERS / ALGEMENE TANDHEELKUNDIGE PRAKTISYNS	
	<p>PREAMBLE / INLEIDING</p>
(1)	<p><i>The dental procedure codes for general dental practitioners are divided into twelve (12) categories of services. The procedures have been grouped under the category with which the procedures are most frequently identified. The categories are solely for convenience in using the Schedule and should not be interpreted as excluding certain types of Oral Care Providers from performing or reporting such procedures. These categories are similar to the Current Dental Terminology Third Edition (CDT-3)</i></p> <p><i>Die tandheelkunde prosedurekodes vir algemene tandheelkundige praktisyne is in twaalf (12) kategorieë van dienste verdeel. Die prosedures is in die kategorie waarmee dit in die algemene identifiseer word groepeer. Die kategorieë is uitsluitlik vir geriefsdoeleindes vir gebruik van die Skedule en moet nie geïnterpreteer word as synde sekere groepe van Mondgesondheidswerkers in die uitvoer of vermelding van sodanige prosedures te weerhou nie. Hierdie kategorieë is soortgelyk aan die 'Current Dental Terminology Third Edition' (CDT-3).</i></p>
(2) (M/W)	<p><i>Procedures not described in the general practitioners' schedule should be reported by referring to the relevant specialist's schedule. Dentists in general practice shall be entitled to charge two-thirds of the fees of specialists only for treatment that is not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item (See Rules 009 and 011). There are no specific codes for orthodontic treatment in the current general practitioner's schedule, and the general practitioner must refer to the specialist orthodontist's schedule.</i></p> <p><i>Prosedures wat nie in die algemene praktisyne se skedule beskryf word nie, moet vermeld word deur na die toepaslike spesialisskedule te verwys. Tandartse in algemene praktyk is daarop geregtig om twee-derdes van die gelde van spesialiste te vra slegs vir behandeling wat nie in die skedule vir tandartse in algemene praktyk aangegee word nie en Wysiger 8004 moet teenoef sodanige item getoon word (Sien Reels 009, 011). Daar is geen spesifieke ortodontiese kodes in die huidige algemene praktisyne se skedule nie, en die algemene praktisyne moet na die spesialis ortodontiese skedule verwys.</i></p>
(3) (M/W)	<p><i>Oral and maxillofacial surgery (Section J of the Schedule): The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (see Modifier 8007). The patient must be informed beforehand that another dentist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient.</i></p> <p><i>Kaak-, gesig- en mondchirurgie (Seksie J van die Skedule): Die gelde aan 'n algemene praktisyne assistent betaalbaar word bereken op 15% van die gelde van die praktisyne wat die operasie uitvoer, met die aangeduide minimum (sien Wysiger 8007). Die pasiënt moet vooraf in kennis gestel word dat 'n tweede tandarts by die operasie teenwoordig sal wees en dat gelde aan die tandarts betaalbaar sal wees. Die naam van die assistent moet op die rekening wat aan die pasiënt gelewer word, verskyn.</i></p>

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description <i>Prosedure beskrywing</i>	Rc		MP MD
		FEE TARIEF		
A. DIAGNOSTIC/ DIAGNOSTIES				
Clinical oral evaluations / Kliniese evaluering van die mond				
8101	Full mouth examination, charting and treatment planning (see Rule 001) / <i>Vollemondse-ondersoek, kartering en behandelingsbeplanning (sien Reël 001)</i>	121.90		
8102	Comprehensiveconsultation/ <i>Omvattende konsultasie</i>	159.00		
<p>A comprehensive consultation shall include treatment planning at a separate appointment where a diagnosis is made with the help of study models, full-mouth x-rays and other relevant diagnostic aids. Following on such a consultation, the patient must be supplied with a comprehensive written treatment plan which must also be recorded on the patient's file and which must include the following:</p> <ul style="list-style-type: none"> • Soft tissue examination • Hard tissue examination • Screening/probing of periodontal pockets • Mucogingival examination • Plaque index • Bleeding index • Occlusal Analysis • TMJ examination • Vitality screening of complete dentition <p><i>'n</i> Omvattende konsultasie behels behandelingsbeplanning tydens 'n afsonderlike <i>afpraak</i>, waar 'n diagnose gemaak word met <i>behulp</i> van studiemodelle, vollemondse X-strale en <i>ander</i> toepaslike <i>diagnostiese hulpmiddels</i>. So 'n omvattende konsultasie sluit in dat die <i>patiënt</i> voorsien word van 'n <i>geskrewe</i> behandelingsplan <i>waarin</i> al die volgende <i>vermeld</i> word, en ook op die <i>patiënt</i> se <i>kaart</i> aangedui word:</p> <ul style="list-style-type: none"> • Sagteweefselondersoek • Hardeweefselondersoek • <i>Siftings</i>ondersoek van periodontale sakkies • <i>Mukogingivale</i> ondersoek • Plaakindeks • <i>Bloedings</i>indeks • <i>Okklusale</i> ontieding • <i>TMG</i> ondersoek • Vitaliteitsondersoek van alle tande 				
8104	Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning / <i>Ondersoek of konsultasie vir 'n spesifieke probleem wat nie vollemondse-ondersoek, kartering en behandelingsbeplanning benodig nie</i>	48.10		
Radiographs/Diagnostic imaging / Röntgenfoto's/Diagnostiese afbeelding				
8107	Intra-oral radiographs, per film / <i>Binnemondse röntgen-foto's, per film</i>	46.50		
8108	Maximum for 8107 / <i>Maksimum vir 8107</i>	349.60		
8113	Occlusal radiographs / <i>Okklusaleröntgenfoto's</i>	72.40		
8115	Extra-oral radiograph, per film / <i>Buitemondse röntgenfoto, per film</i> (i.e. panoramic, cephalometric.PA/ i.e. panommies, kefaimetries, PA)	191.30		

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

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

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

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

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MO
		FEE TARIEF		
	D. ENDODONTICS/ ENDODONSIE			
*	<p><i>Preamble/ Inleiding:</i></p> <p>1 The Health Professions Council of SA has ruled that, with the exception of diagnostic intra-oral radiographs, fees/benefits for only three further intra-oral radiographs may be charged for each completed root canal therapy on a single-canal tooth; or a further five intra-oral radiographs for each completed root canal therapy on a multi-canal tooth / Die "Health Professions Council of SA het beslis dat, met uitsondering van diagnostiese binnemondse röntgenfoto's, gelde/voordele vir slegs drie verdere binnemondse röntgenfoto's gevra mag word vir elke voltooide wortelkanaal terapie op 'n enkelkanaal tand en 'n verdere vyf röntgenfoto's vir elke voltooide wortelkanaal terapie op 'n veelkanaal tand.</p> <p>2 The fee for the application of a rubber dam (See code 8304 in the category "Adjunctive General Services") may only be charged concurrent with the following procedures / Die VVMS tarief vir die aanwending van 'n kofferdam (Sien kode 8304 in die kategorie "Bygevoegde Algemene Dienste") mag slegs tesame met die volgende prosedures gehef word:</p> <ul style="list-style-type: none"> • Gross pulpal debridement, primary and permanent teeth for the relief of pain (code 8132) / Verwydering van die pulpaholte inhoud, primêre en permanente tande vir die verligting van pyn (kode 8132); • Apexification of a root canal (code 8305) / Apeksifikasie van wortelkanaal (kode 8305); • Pulpotomy (code 8307) / Pulpofomie (kode 8307); • Complete root canal therapy (codes 8328, 8329 and 8332 to 8340) / Voltooidewortelkanaalbehandeling (kodes 8328, 8329 en 8332 tot 8340); • Removal or bypass of a fractured post or instrument (code 8330) / Verwydering of omleiding van 'n gefrakteurde stif of instrument (kode 8330); • Bleaching of non vital teeth (codes 8325 and 8327) and / Bleiking van nie-vitale tande (kodes 8325 en 8327) en • Ceramic and or resin inlays (codes 8371 to 8374) / Keramiek en of hars inlegsels (kodes 8371 tot 8374) <p>3. After endodontic preparatory visits (codes 8332, 8333 and 8334) have been charged, endodontic treatment completed at a single visit (codes 8329, 8338, 8339 and 8340) may not be levied. / Nadat endodontiese voorbereidingsbesoeke (kodes 8332, 8333 en 8334) toegepas is, mag daar nie vir endodontiese behandeling wat tydens 'n enkel besoek voltooi word (kodes 8329, 8338, 8339 en 8340) gehef word nie</p> <p>Pulp capping/ Pulpa-oorkapping</p> <p>8301 Direct pulp capping / Direkte pulpa oorkapping</p> <p>8303 Indirect pulp capping / Indirekte pulpa-oorkapping</p> <p>The permanent filling is not completed at the same visit / Die permanente herstelling word nie gedurende dieselfde besoek voltooi nie</p>			
		Com Fee		T
		94.00		T

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

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP MO
	Apicoectomy/Periradicular services / Apisektomie/Periradikulêre dienste			
8229	Apicoectomy including retrograde filling where necessary – incisors and canines / Apisektomie insluitend retrograde herstelling waar nodig : snytande en oogtande	360.40		T
	Other endodontic procedures / Ander endodontiese prosedures			
8132	Gross pulpal debridement, primary and permanent teeth / Verwydering van die pulpaholte inhoud, primêre en permanent tande	116.90		T
*	<i>Where Code 8132 is charged, no other endodontic codes may be charged at the same visit on the same tooth. Codes 8338, 8329, 8339 and 8340 (single visit) may be charged at the subsequent visit, even if Code 8132 was used for the initial relief of pain/ Wanneer Kode 8132 gehef word, mag geen ander endodontieskode tydens dieselfde besoek vir dieselfde tand gehef word nie. Kodes 8338, 8329, 8339 en 8340 (enkel besoek) mag tydens die daampvolgende besoek gehef word, selfs wanneer Kode 8132 tydens die aanvanklike besoek vir die verligting van pyn gehef was</i>			
	<i>(See note 2 in the preamble above / sien nota 2 in die inleidinghierbo)</i>			
813E	Access through a prosthetic crown or inlay to facilitate root canal treatment/ Toegang deur 'n prostetiese kroon of inlegsels om wortelkanaalbehandeling te vergemaklik	56.40		T
830E	Cost of Mineral Trioxide Aggregate1 Koste van Minerale Trioksied Aggregaat	Reel 013		
8325	Bleaching of non-vital teeth, per tooth as a separate procedure / Bleiking van nie-vitale tande, per tand as 'n afsonderlike prosedure	163.30		T
8327	Each additional visit for bleaching of non-vital tooth as a separate procedure / Elke bykomende besoek vir bleiking van nie-vitale tande as 'n afsonderlike prosedure	77.60		T
	<i>4 maximum of two additional visits may be charged / 'n Maksimum van twee bykomende besoeke mag gehef word</i>			
	E. PERIODONTICS / PERIODONSIE			
	<i>This schedule, applicable to occupational injuries and diseases, do not include periodontic services / Hierdie skedule, van toepassing op beroepsbeserings en -siektes, sluit nie periodontiese dienste in nie.</i>			
	F. PROSTHODONTICS (REMOVABLE) / PROSTODONSIE (VERPLAASBAAR)			
	Complete dentures (including routine post-delivery care) / Volledige kunsgebitte (roetine nasorg ingesluit)			
8231	Full upper and lower dentures inclusive of soft bases or metal bases, where applicable / Vol bo- en onderkunsgebit, insluitend sagte basisse of metaal-basisse, waar van toepassing	1152.40	+L	
8232	Full upper or lower dentures inclusive of soft base or metal base, where applicable / Vol bo-of onderkunsgebit, insluitend sagte basis of metaalbasis, waar van toepassing	710.30	+L	

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

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
Denture reline procedures / Opvullingprosedures vir kunsgebitte				
8263	Reline of denture in selfcuring acrylic (intra-oral) / <i>Opvulling</i> van kunsgebit met selfverhardende akriel (<i>intra-oraal</i>)	169.50		
8267	Soft base re-line per denture (heat cured) / Sagte basis <i>opvulling</i> , per kunsgebit (met hitte verhard) Code 8267 may not be charged concurrent with codes 8231 to 8241 / Kode 8267 mag <i>nie</i> gelyktydig met kodes 8231 tot 8241 gehê word <i>nie</i> .	391.20	+L	
Other removable prosthetic services / Ander verplaasbare protetiese dienste				
8243	Soft base to new denture / Sagte basis vir nuwe gebit	Com Fee	+L	
8255	Stainless steel clasp or rest per clasp or rest / <i>Klammer of rus van vlekvrystaal</i> , per klammer of <i>rus</i>	68.20	+L	
8257	Lingual bar or palatal bar / <i>Linguale sfang of palatale stang</i> Code 8257 may not be charged concurrent to codes 8269 (repair of denture) or 8281 (metal framework) ■ Kodes 8257 mag <i>nie</i> tesame met kodes 8269 (herstel van <i>gebit</i>) of 8281 (<i>metaalraamwerk</i>) gehê word <i>nie</i> .	82.30	+L	
8265	Tissue conditioner and soft self-cure interim re-line, per denture / Weefselopknapper en sagte selfverhardende interim <i>opvulling</i> , per kunsgebit	112.50		
G. MAXILLOFACIAL PROSTHETICS / GESIGSPROSTESSES				
<i>This schedule, applicable to occupational injuries and diseases, excludes maxillofacial prosthetic services / Hierdie skedule, van toepassing op beroepsbeserings en -siektes, sluit nie gesigsprostesses in nie.</i>				
H. IMPLANT SERVICES / INPLANTAAT DIENSTE				
Report surgical implant procedures using codes in this section; prosthetic devices should be reported using existing fixed or removable prosthetic codes / <i>Vermeld chirurgiese prosedures deur van kodes in hierdie afdeling gebruik te maak; protetiese toestelle word vermeld deur van besaande vaste- of verplaasbare protetiese kodes gebruik te maak.</i>				
Endosteal implants / Endosteale inplantate				
<i>Endosteal dental implants are placed into the alveolar and/or basal bone of the mandible or maxilla and transecting only one cortical plate / Endosteale tandheelkundige inplantate word in die alveolêre en/of basale been van die mandibula of maksilla geplaas en strek slegs deur een kortikale beenplaat.</i>				
8194	Placement of a single osseo-integrated implant per jaw / Plasing van een <i>osseo-integrerende</i> inplantaat per kaak	719.10		T
8195	Placement of a second osseo-integrated implant in the same jaw / Plasing van 'n tweede <i>osseo-integrerende</i> inplantaat in dieselfde kaak	537.90		T
8196	Placement of a third and subsequent osseo-integrated implant in the same jaw per implant / Plasing van 'n derde en daaropvolgende <i>osseo-integrerende</i> inplantaat in dieselfde kaak, per inplantaat	359.10		T
8197	Cost of implants / Koste van inplantaat	Reel 013		
8198	Exposure of a single osseo-integrated implant and placement of a transmucosal element / Blootlegging van een <i>osseo-integrerende</i> inplantaat en plasing van 'n <i>transmukosale</i> element	266.40		T

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8199	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw / Blootlegging van 'n tweede osseo-integrerende implantaat en plasing van 'n transmukosale element in dieselfde kaak	199.90		T
8200	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant / Blootlegging van 'n derde en daampvolgende osseo-integrerende implantaat in dieselfde kaak, per implantaat	133.30		T
<p>Eposteal implants / Eposteale inplantate</p> <p>Eposteal (subperiosteal) dental implants receive its primary bone support by means of resting on the alveolar bone / Eposteale (<i>subperiosteale</i>) tandheelkundige inplantate rus op die <i>alveolêre</i> been vir <i>primêre ondersteuning</i>.</p> <p>See the specialist maxillo-facial and oral surgeons schedule ■ Sien die spesialis kaak-, gesigs- en <i>mondchirurg</i> skedule</p> <p>Transosteal implants / Transosteale inplantate</p> <p>Transosteal dental implants penetrates both cortical plates and passes through the full thickness of the alveolar bone / <i>Transosteale tandheelkundige</i> inplantate penetreer beide die kortikale beenplate en strek deur die volledige <i>dikte</i> van die <i>alveolêre</i> been.</p> <p>See the specialist maxillo-facial and oral surgeons schedule / Sien die <i>spesialis</i> kaak-, gesigs- en <i>mondchirurg</i> skedule</p>				
<p>I. PROSTHODONTICS, FIXED ■ PROSTODONSIE, VAS</p> <p>The words 'bridge' and 'bridgework' have been replaced by the statement 'fixed partial denture' / Die woorde 'brug' en 'brugwerk' is deur die <i>stelling 'vaste gedeeltelike gebit' vervang</i></p> <p>Each abutment and each pontic constitutes a unit in a fixed partial denture / Elke <i>snker en foptand</i> vorm 'n eenheid in 'n vaste gedeeltelike kunsgebit.</p> <p>Fixed partial denture pontics ■ Vaste gedeeltelike kunsgebit foptande</p>				
8420	Sanitary pontic / <i>Sanitêre</i> foptand	412.00	+L	T
8422	Posterior pontic / Posterior foptand	550.60	+L	T
8424	Anterior pontic (including premolars) / Anterior foptand (sluit premolare in)	689.30	+L	T
<p>Fixed partial denture retainers - inlays/onlays ■ Ankers vir vaste gedeeltelike gebitte - inlegsels/oplegsels</p> <p>See <i>inlay/onlay</i> restorations for <i>inlay/onlay</i> retainers / Sien <i>inlegsel/oortegsel</i> <i>herstellings</i> vir <i>inlegsels/oortegsels</i> as <i>ankers</i></p>				
8356	Bridge per abutment - only applicable to Maryland type bridges / <i>Brug anker</i> , per anker - slegs van toepassing op Maryland tipe <i>brûe</i>	305.60	+L	T
<p>Only applicable to Maryland type bridges. Report per abutment. Report pontics separately (see codes 8420, 8422 and 8424) ■ Slegs op Maryland tipe <i>brûe</i> van toepassing <i>Rapporteer</i> per anker. <i>Rapporteer</i> foptande <i>afsonderlik</i> (sien kodes 8420, 8422 en 8424)</p> <p>Fixed partial denture retainers - crowns ■ Ankers vir vaste gedeeltelike gebitte - krone</p> <p>See crowns, single restorations for crown retainers ■ Sien <i>krone</i>, enkel <i>herstelling</i> vir <i>krone</i> as <i>ankers</i></p>				
8193	Osseo-integrated abutment restoration, per abutment / <i>Been-geïntegreerde</i> ankertand <i>herstelling</i> , per ankertand	1118.00	+L	T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
	Code Kode	Procedure description Prosedurebeskrywing	Rc		MP MD
			FEE TARIEF		
	See the DASA's 'General Practitioner's Guidelines to the correct use of treatment codes' for the application(s) of this code / Sien die TVSA se "Algemene Praktisyn se Riglyne vir die korrekte gebruik van behandelingskodes" vir die aanwending(s) van die kode.				
	J. ORAL AND MAXILLOFACIAL SURGERY / KAAK-, GESIG- EN MONDCHIRURGIE				
	See the specialist maxillo-facial and oral surgeons schedule for surgical services not listed in this schedule / Sien die spesialis kaak-, gesigs- en mondchirurg skedule vir chirurgiese dienste wat nie in die skedule voorkom nie.				
	Extractions / Ekstraksies				
8201	Single tooth / Enkel tand <i>Code 8201 is charged for the first extraction in a quadrant / Kode 8201 word vir die eerste ekstraksie in 'n kwadrant gehef.</i>	72.40		T	
8202	Each additional tooth in the same quadrant / Elke bykomende tand in dieselfde kwadrant <i>Code 8202 is charged for each additional extraction in the same quadrant / Kode 8202 word vir elke bykomende ekstraksie in dieselfde kwadrant gehef.</i>	101.50		T	
	Surgical extractions (includes routine postoperative care) / Chirurgiese ekstraksies (roetine nabehandelingsoorging gesluit)				
8209	Surgical removal of a tooth requiring elevation of mucoperiosteal flap, removal of bone and/or section of tooth / <i>Chirurgiese verwydering van geërupteerde wat die maak van 'n mukoperiosteale flap, verwydering van been en/of gedeelte van tand benodig</i> <i>Includes cutting of gingival and bone, removal of tooth structure and closure / Sluit die sny van gingival, been, verwydering van tandstruktuur en toemaak van wond in.</i>	222.60		T	
8210	Removal of unerupted or impacted tooth - first tooth / <i>Verwydering van ongedruppeerde of bekleemde tand - eerste tand</i>	521.00		T	
8211	Removal of unerupted or impacted tooth - second tooth / <i>Verwydering van ongeërupteerde of bekleemde tand - tweede tand</i>	279.70		T	
8212	Removal of unerupted or impacted tooth - each additional tooth / <i>Verwydering van ongedruppeerde of bekleemde tand - elke bykomende tand</i>	159.10		T	
8213	Surgical removal of residual tooth roots (cutting procedure) / <i>Chirurgiese verwydering van wortelreste (snyprosedure)</i> <i>Includes cutting of gingival and bone, removal of tooth structure and closure / Sluit die sny van gingival, been, verwydering van tandstruktuur en toemaak van wond in.</i>	321.20		T	
8214	Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth / <i>Chirurgiese verwydering van wortelreste (snyprosedure), elke daaropvolgende tand</i> <i>Includes cutting of gingival and bone, removal of tooth structure and closure / Sluit die sny van gingival, been, verwydering van tandstruktuur en toemaak van wond in.</i>	227.60		T	
	Other surgical procedures / Ander chirurgiese prosedures				
8188	Biopsy - intra-oral / <i>Biopsie - binnemonds</i> <i>This item does not include the cost of the essential pathological evaluations / Hierdie item sluit nie die koste van die noodsaaklike patologiese evaluasies in nie.</i>	175.20			
	Repair of traumatic wounds / Herstel van traumatiese wonde				
8192	Appositioning (i.e., suturing) of soft tissue injuries / <i>Hegting van sagte weefselbeserings</i>	360.40			

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
	Code Kode	Procedure description <i>Prosedure beskrywing</i>	Rc		MP MD
			FEE TARIEF		
	K. ORTHODONTICS / ORTODONSIE				
	This schedule, applicable to occupational injuries and <i>diseases, excludes</i> orthodontic services / <i>Hierdie skedule, van toepassing op beroepsbeserings en -siektes, sluit nie</i> ortodontiese dienste <i>in</i> nie.				
	L. ADJUNCTIVE GENERAL SERVICES / BYGEVOEGDE ALGEMENE DIENSTE				
	Unclassified treatment / Ongeklassifiseerde behandeling				
8131	Palliative [emergency] treatment for dental pain/ <i>Noodbehandeling vir tandheelkundigepyn</i> This is typically reported on a "per visit" basis for emergency treatment of dental pain where no other treatment item is applicable or applied for treatment of the same tooth/ <i>Hierdie word tipies vermeld op 'n "per besoek" grondslag vir die noodbehandeling van tandheelkundige pyn waar geen ander tarief item van foepassing is, of toegepas word ten opsigte van dieselfde tand nie</i>	72.40		T	
8221	Local treatment of post-extraction haemorrhage - initial visit / <i>Lokale behandeling van post-ekstraksie bloeding - aanvanklike besoek</i> (Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia / <i>Sluit die behandeling van bloeding in die geval van bloedsiektes bv. hemofilie uit</i>)	50.90			
8223	Local treatment of post-extraction haemorrhage - each additional visit / <i>Lokale behandeling van post-ekstraksie bloeding - elke bykomende besoek</i>	32.60			
8225	Treatment of septic socket - initial visit / <i>Behandeling van septiese tandkas - aanvanklike besoek</i>	50.90			
8227	Treatment of septic socket - each additional visit / <i>Behandeling van septiese tandkas - elke bykomende besoek</i>	32.60			
	Anaesthesia / Verdowing				
8141	Inhalation sedation - first quarter-hour or part thereof / <i>Inhaleringskalmering - eerste kwartier of gedeelte daarvan</i>	64.20			
8143	Inhalation sedation - each additional quarter-hour or part thereof / <i>Inhaleringskalmering - elke bykomende kwartier of gedeelte daarvan</i> No additional fee/benefit to be charged for gases used in the case of items 8141 and 8143 / <i>Geen addisionele gelde/voordeel maggehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143 nie</i>	34.70			
8144	Intravenous sedation / <i>Intraveneuse sedasie</i>	33.70			
8145	Local anaesthetic, per visit / <i>Plaaslike verdowing, per besoek</i> * (Code 8145 includes the use of the Wand / <i>Kode 8145 sluit die gebruik van die Wand in</i>)	15.90			
a499	The relevant MASA/RAMS services shall apply to general anaesthetics for dental procedures / <i>Die toepaslike MVSA/VVMS dienste is op algemene narkose vir tandheelkundigeprosedures van toepassing.</i>				

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedurebeskrywing	Rc		MP MO
		FEE TARIEF		
	Professional visits / Professionele besoeke			
8129	Additional fee/benefit for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers an extended hours service as the norm / <i>Bykomende gelde/voordeel vir noodgevalle, waar die behandeling buite die normale spreekure uitgevoer is (insluitende noodbehandeling wat by 'n hospitaal uitgevoer is) Nie van toepassing waar 'n praktyk uitgebreide diensure as die reel aanbied nie</i>	175.20		
8140	Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit / Gelde vir behandeling by 'n plek anders as die spreekkamer, met inbegrip van hospitaalbesoeke, behandeling onder algemene narkose, tuisbesoeke; per besoek Code 8140 may be applied concurrent with codes 8101 or 8104, but in accordance with rule 001 / Kode 8740 kan gelyktydig met kodes 8701 of 8104 toegepas word, maar ooreenkomstig reël 001	111.70		
	Drugs, medicaments and materials / Geneesmiddels, medikamente en materiale			
8183	Intra-muscular or sub-cutaneous injection therapy, per injection / <i>Intramuskulêre of subkutane inspuitingsterapie, per inspuiting</i> (Not applicable to local anaesthetic / <i>Nie van toepassing op plaaslike verdovingnie</i>)	30.90		
8220	Use of suture provided by practitioner / <i>Gebruik van hegting wat deur praktisyn verskaf is</i>	Reel 013		
	Miscellaneous services / Diverse dienste			
8109	Infection control, per dentist, per hygienist, per dental assistant, per visit / <i>Infeksiebeheer, per tandarts, per mondhigienis, per assistent, per besoek</i> Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc. for each patient / <i>Kode 8109 sluit die verskaffing, deur die tandarts, van nuwe rubberhandskoene, maskers ens. in</i>	10.60		
8110	Provision of sterilized and wrapped instrumentation in consulting rooms / <i>Verskaffing van gesteriliseerde en verpakte instrumentasie in die spreekkamer</i> The use of this code is limited to heat, autoclave or vapour sterilised and wrapped instruments / <i>Die gebruik van hierdie kode is beperk tot hitte-, vogtige hitte- en stoom gesteriliseerde instrumente</i>	30.10		
8168	Behaviour management, by report / <i>Gedragbeheer, deur verslagdoening</i> May be reported in addition to treatment provided. Should be reported in 15 minute increments / <i>Mag bykomend tot behandeling gehef word. Behoort in aanwas van 15 minute gerapporteer te word</i> Notes/ Notas: If requested, the report must be made available at no charge / <i>Die verslag moet op versoek gratis beskikbaar gestel word</i> The use of this code is limited to general dental practitioners and specialists in community dentistry / <i>Gebruik van die kode is beperk tot algemene tandheelkundige praktisyns en spesialiste in gemeenskapstandheekunde</i>	68.90		

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8304	<p>Limitation/ Beperking</p> <p>May be reported in addition to treatment provided, when the patient is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff providing additional time, skill and/or assistance to render treatment.</p> <p>The Code can only be billed where an office treatment requires extraordinary effort and is the only alternative to general anaesthesia. Includes any and all pharmacological, psychological, physical management adjuncts required or utilized.</p> <p>Notation and justification must be written in the patient record identifying the specific behavior problem and the technique used to manage it.</p> <p>Billed in 15-minute units. (max 4 units per visit and allowed once per patient per day) Limit of 12 units per year.</p> <p>Rubber dam, per arch / Kofferdam per tandboog</p> <p>(See the guidelines for the application of a rubberdam in the preamble to the category "Endodontics" / Sien die <i>riglyne</i> vir die aanwending van 'n kofferdam in die inleiding tot die kategorie "Endodontsie")</p>	55.40		

II. SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE				
II SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 0091 (W) Sien Reël 009				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP M D
		FEE TARIEF		
A. DIAGNOSTIC PROCEDURES/ DIAGNOSTIESE PROSEDURES				
8501	Consultation/ <i>Konsultasie</i>	134.20		
8107	Intra-oral radiographs, per film / <i>Binnemondse rontgen-foto's, per film</i>	46.50		
8108	Maximum for 8107 / <i>Maksimum vir 8107</i>	374.10		
8113	Occlusal radiographs/ <i>Okklusaleröntgenfoto's</i>	72.40		
8115	Extra-oral radiograph, per film / <i>Buitemondse rontgenfoto, per film</i> (i.e. Panoramic, cephalometric, PA / <i>be. Panoramies, kefalometries. PA</i>)	191.80		
The fee is chargeable to a maximum of two films per treatment plan / <i>Die tarief mag tot 'n maksimum van twee films per behandelingsplan gehê word.</i>				
8117	Study models - unmounted / <i>Sfudiemodelle - ongemonteer</i>	52.20	+L	
8119	Study models - mounted on adjustable articulator / <i>Sfudiemodelle - op verstelbare artikulator gemonteer</i>	134.20	+L	
8121	Diagnostic photographs, per photograph / <i>Diagnostiese fotos, per foto</i>	52.20		
8503	Occlusal analysis on adjustable articulator / <i>Okklusale analise op verstelbare artikulator</i>	274.70		
8505	Pantographic recording / <i>Pantograafregistrasies</i>	400.80		
8506	Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation / <i>Gedetailleerde kliniese ondersoek, rekords, radiografiese interpretasie, diagnose, behandelings-beplanning en uiteensetting van geval. Note: Code 8506 is a separate procedure from 8507 and is applicable to craniomandibular disorders, implant placement or orthognatic surgery where extensive restorative procedures will be required / Kode 8506 is 'n afsonderlike prosedure van kode 8507 en is van toepassing op craniomandibulêre steumisse. plasing van implantate en ortognatiese-chirurgie waar uitgebreide herstellende prosedures benodig word.</i>	445.50		
8507	Examination, diagnosis and treatment planning / <i>Ondersoek, diagnose en behandelingsbeplanning</i>	274.70		
8508	Electrognathographic recording / <i>Elektrognatografiese opname</i>	429.40		
8509	Electrognathographic recording with computer analysis / <i>Elektrognatografiese opname met rekenaaranalise.</i>	714.70		
B. PREVENTIVE PROCEDURES/ VOORKOMENDE PROSEDURES				
This schedule, applicable to occupational injuries and diseases, excludes preventive services / <i>Hierdie skedule, van toepassing op beroepsbeserings en -siektes, sluit nie voorkomende dienste in nie.</i>				
C. TREATMENT PROCEDURES/ BEHANDELINGSPROSEDURES				
Emergency treatment / <i>Noodbehandeling</i>				

II		SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE (M) See Rule 009/ (W) Sien Reel 009		
Code Kode	Procedure description Prosedure beskrywing	RC		MP M D
		FEE TARIEF		
8511	Emergency treatment for relief of pain (where no other tariff item is applicable) / Noodbehandeling vir pyn-verligting (waarop geen ander tariefitem van toepassing is nie)	165.70		
8513	Emergency crown / Noodkroon (Not applicable to temporary crowns placed during routine crown and bridge preparations/ Nie van toepassing op die plasing van tydelike kroon gedurende roetine kroon en brug voorbereidings nie)	271.30	+L	T
8515	Recementing of inlay, crown or bridge, per abutment / Hersementering van inlegsels, kroon of brug, per ankerfand	105.20		T
8517	Re-implantation of an avulsed tooth, including fixation as required / Herinplantering van 'n uitgestampdefand, insluitende verankering soos benodig	280.80	+L	T
Provisional treatment / Tydelike behandeling				
8521	Provisional splinting - extracoronary wire, per sextant / Tydelike spalking - ekstrakoronale draad, per sekstant.	225.80		
8523	Provisional splinting - extracoronary wire plus resin, per sextant / Tydelike spalking - ekstrakoronale draad plus hars, per sekstant	329.90		
8527	Provisional splinting - intercoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint / Tydelike spalking - interkoronale draad of penne of gegote stang plus amalgaam of hars, per fandeheid in die spalk ingesluit	105.20	+L	
8529	Provisional crown / Voorlopige kroon Crown utilized as an interim restoration of at least six weeks during restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to, changing vertical dimension, completing periodontal therapy or cracked tooth syndrome. This is not to be used as a temporary crown for a routine prosthetic restoration/ Kroon gebruik as 'n voorlopige herstelling vir ten minste ses weke gedurende herstellende behandeling om voldoende tyd vir genesing, of die voltooiing van ander prosedures voorsiening te maak. Dit sluit in maar is nie beperk tot die verandering van die vertikale dimensie, voltooiing van periodontale behandeling of gefrakteerde tandsindroom nie. Die prosedure word nie gebruik as 'n tydelike kroon vir 'n alledaagse prostetiese herstelling nie.	271.30	+L	T
8530	Preformed metal crown / Voorafvervaardigde metaalkroon	230.30		T
Occlusal adjustment / Okklussale verstelling				
8551	Major occlusal adjustment / Volledige okklussale verstelling this procedure can not be carried out without study models mounted on an adjustable articulator / Hierdie prosedure mag nie uitgevoer word sonder studiemodelle op verstelbare artikulator gemonteer nie.	771.90		
8553	Minor occlusal adjustment / Geringe okklussale verstelling	243.30		
Ceramic and/or resin bonded inlays and veneers / Keramieken/of harsgebonde inlegsels en finere :				
In some of the procedures below (e.g. Direct hybrid inlays) +L may not apply / In sommige van die ondergenoemde prosedures (bv. Direkte gemengde hars inlegsels) mag +L nie van toepassing wees nie.				
8554	Bonded veneers / Gebonde finere	791.30	+L	T
8555	One surface / Een vlak	1020.10	+L	T

II		SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE (M) See Rule 0091 (W) Sien Reël 009		
Code Kode	Procedure description Prosedurebeskrywing	Rc		MP M D
		FEE TARIEF		
8556	Two surfaces / Twee vlakke	1472.80	+L	T
8557	Three surfaces / Drie vlakke	2373.50	+L	T
8558	Four or more surfaces / Vier of meer vlakke	2373.50	+L	T
Gold restorations (applicable with prior authorization) / Goudherstellings (vooraf goedkeuring benodig)				
8571	One surface / Een vlak	489.80	+L	T
8572	Two surfaces / Twee vlakke	708.30	+L	T
8573	Three surfaces / Drie vlakke	1096.30	+L	T
8574	Four or more surfaces / Vier of meer vlakke	1096.30	+L	T
8577	Pin retention / Penretensie	163.60		T
Posts and copings / Stiwwe en vingerhoede				
8581	Single post / Enkelstif	271.70	+L	T
8582	Double post / Tweeledige stif	391.20	+L	T
8583	Triple post / Drieledige stif	489.80	+L	T
8587	Copings / Vingerhoede	225.80	+L	T
8589	Cast core with pins / Gegote kern met penne	386.30	+L	T
Preformed posts and cores / Voorafvervaardigde stif en kern				
8591	Core build-up, including any pins / Opbou van kern, alle penne ingesluit Refers to building up of anatomical crown when restorative crown will be placed, whether or not pins are used / Verwys na die opbou van anatomiese kroon wanneer 'n herstellende kroon geplaas gaan word, met of sonder die gebruik van penne	271.30		T
8593	Prefabricated post and core in addition to crown / Voorafvervaardigde stif en kern bykomend tot kroon Core is built around a prefabricated post(s). Die kern word rondom 'n voorafvervaardigde pen(ne) opgebou	503.00		T
Implants / Inplantate				
8592	Osseo-integrated abutment restoration, per abutment / Been-geïntegreerde ankertand herstelling, per ankertand	1675.70	+L	T
8600	Cost of implant components / Koste van implantaat komponente	Reël 013		
9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element / Blootlegging van een osseo-integreerde implantaat en plasing van 'n transmukosale element	398.10		
9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw / Blootlegging van 'n tweede osseo-ïntegreerde implantaat en plasing van 'n transmukosale element in dieselfde kaak	298.60		
9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant / Blootlegging van 'n derde en daaropvolgende osseo-integreerde implantaat in dieselfde kaak, per implantaat.	198.80		
Connectors / Verbinders				
8597	Locks and milled rests / Slotte en gemasjineerde ruste	111.10	+L	T

II		SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE (M) See Rule 0091 (W) Sien Reel 009		
Code Kode	Procedure description Prosedure beskrywing	Rc		MP M D
		FEE TARIEF		
8599	Precision attachments / Slothegfings	271.30	+L	T
Crowns/ Krone				
8601	Cast three-quarter crown / Gegote driekwartkroon	1096.30	+L	T
8603	Cast gold crown (authorization needed) / Gegote goue kroon (goedkeuring benodig)	1096.30	+L	T
8605	Acrylic veneered gold crown / Akriëlgefineerde goue kroon	1220.20	+L	T
8607	Porcelain jacket crown / Porseleindopkroon	1096.30	+L	T
8609	Porcelain veneered metal crown / Porseleingefineerde metaalkroon	1368.80	+L	T
Bridges/ Brugwerk (Retainers as above / Ankers soos bo)				
8611	Sanitary pontic / Sanitêre foptand	827.10	+L	T
8613	Posterior pontic / Posterior foptand	1019.30	+L	T
8615	Anterior pontic / Anterior foptand	1096.30	+L	T
Resin bonded retainers / Harsgebonde ankers				
8617	Per abutment / Per ankertand Per pontic (see 8611, 8613, 8615) / Per foptand (sien 8611, 8613, 8615)	337.70	+L	T
Conservative treatment for temporomandibular joint dysfunction / Konservatiewe behandeling vir temporomandibulêre-gewrig disfunksie				
8625	Bite plate for TMJ dysfunction / Bytplate vir TMG-disfunksie	417.90	+L	
8621	First visit for treatment of TMJ dysfunction / Eerste besoek vir behandeling van TMG-disfunksie	95.40		
8623	Follow-up visit for TMJ dysfunction / Opvolgbesoek vir TMG-disfunksie The number of visits and charge therefore depends on the relation between the practitioner and the patient, and the problems involved in the case / Die aantal besoeke en koste daaraan verbode is afhanklik van die ooreenkoms tussen die pasiënt en die tandarts sowel as die aard en omvang van die geval.	71.20		
Endodontic procedures / Endodontiese prosedures				
ROOT CANAL THERAPY / WORTELKANAALBEHANDELI ** Procedure codes 8631, 8633 and 8636 include all X-rays and repeat visits / Prosedure kodes 8631, 8633 en 8636 sluit alle X-straalfoto's en bykomende besoeke in.				
8631	Root canal therapy, first canal / Wortelkanaalterapie, eerste kanaal	959.40		T
8633	Each additional canal / Elke bykomende kanaal	239.70		T
8636	Re-preparation of previously obturated canal, per canal / Hervoorbereiding van kanaal wat voorheen geobtureer was	160.20		T
OTHER ENDODONTIC PROCEDURE / ANDER ENDODONTIESE PROSEDURES				
8635	Apexification of root canal, per visit / Apeksifikasie van wortelkanaal, per besoek	160.30		T
8637	Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure) / Hemiseksie van 'n tand, wortelreseksie of tonnelvoorbereiding (as 'n geïsoleerde prosedure)	447.40		T

II	SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE (M) See Rule 009/ (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP M D
	9015	Apicectomy including retrograde root filling where necessary - anterior teeth / Apisektomie insluitend retrograde herstelling waar nodig - anterior tand	531.00	T
	9016	Apicectomy including retrograde root filling where necessary - posterior teeth / Apisektomie insluitend retrogradewortel herstelling waar nodig - posterior tand	793.20	T
	8640	Removal of fractured post or instrument from root canal / Verwydering van fraktuurde stif of instrument vanuit die wortelkanaal	280.80	T
	Prosthetics (Removable)/ Prostetika (Verplaasbaar)			
	8641	Complete upper and lower dentures without primary complications / Volle kunsgebit - bo en onder sonder primêre komplikasies	2740.30	+L
	8643	Complete upper and lower dentures without major complications / Volle kunsgebit - bo en onder sonder groot komplikasies	3556.60	+L
	8645	Complete upper and lower dentures with major complications / Volle kunsgebit - bo en onder met groot komplikasies	4374.40	+L
	8647	Complete upper or lower denture without primary complications / Volle kunsgebit - bo of onder sonder primêre komplikasies	1917.10	+L
	8649	Complete upper or lower denture without major complications / Volle kunsgebit bo of onder sonder groot komplikasies	2190.10	+L
	8651	Complete upper or lower denture with major complications / Volle kunsgebit - bo of onder met groot komplikasies	2463.10	+L
	8661	Diagnostic dentures (inclusive of tissue conditioning treatment) / Diagnostiese kunsgebitte (met inbegrip van weefselopknapping) / Weefselopknapping	2190.10	+L
	8662	Remounting and occlusal adjustment of dentures / Hermontering en okklusale verstelling van kunsgebitte	315.30	+L
	8663	Chrome cobalt base for full denture (extra charge) / Chroom-kobalt basis vir volle kunsgebit (ekstra koste)	659.30	+L
	8664	Remount of crown or bridge for extensive prosthetics / Hermontering van kroon of brug vir omvattende prostetika	321.20	
	8665	Soft base, per denture / Herbasing, per kunsgebit	442.00	+L
	8667	Soft base, per denture (heat cured) / Sagte basis, per kunsgebit (met hitte verhard)	659.30	+L
	8668	Tissue conditioner, per denture / Weefselopknapper, per kunsgebit	163.60	
	8669	Intra-oral relining of complete or partial denture / Binne-mondse opvulling van vol- of gedeeltelike kunsgebit.	243.30	
	8671	Metal (e.g. Chrome cobalt or gold) partial denture / Metaal (bv Chroom-kobalt of goud) gedeeltelike kunsgebit	2190.10	+L
	8672	Additional fee/benefit for altered cast technique for partial denture / Bykomende gelde/voordeel vir veranderde model tegniek, gedeeltelike kunsgebit	85.70	+L
	8674	Additive partial denture / Aanlasbare gedeeltelike kunsgebit	992.40	+L
	8679	Repairs / Herstelwerk	111.10	-L
	8673	Additional fee/benefit where impression is required for 8679 / Bykomende gelde/voordeel waar 'n afdruk vir 8679 nodig word	50.90	-L
	8675	Adjustment of denture / Verstelling van kunsgebit (After six months or for a patient of another practitioner / Na ses maande of vir 'n pasiënt van 'n ander tandarts)	50.90	+L

III. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE	
	<p style="text-align: center;">PREAMBLE / INLEIDING</p> <p>(See Rule 011 / Sien Reël 011)</p>
1. (M/W)	<p>If extractions (codes 8201 and 8202) are carried out by specialists in maxillo- facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (See Modifier 8002) /</p> <p>Indien ekstraksies (kodes 8201 en 8202) deur spesialiste in kaak-, gesigs- en <i>mondchirurgie</i> uitgevoer word, is die gelde <i>gelyk</i> aan die toepaslike tariefgelde plus 50 <i>persent</i> (Sien Wysiger 8002).</p>
2. (M/W)	<p>The fee for more than one operation or procedure performed through the same incision shall be calculated as the fee for the major operation plus the tariff fee for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (See Modifier 8005) /</p> <p>Die gelde vir meer as een operasie of prosedure via dieselfde <i>insnyding</i> uitgevoer, word bereken as <i>die</i> gelde vir die hoofoperasie plus die tariefgelde van die bykomende <i>operasie</i> tot die aangeduide <i>maksimum</i> vir elke sodanige operasie of prosedure (Sien Wysiger 8005).</p>
3. (M/W)	<p>The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operation plus:</p> <p style="padding-left: 40px;">75% for the second procedure/operation (Modifier 8009)</p> <p style="padding-left: 40px;">50% for the third and subsequent procedures/operations (Modifier 8006) ■</p> <p>Die gelde vir meer as een operasie of ingreep onder dieselfde narkose maar via 'n ander <i>insnyding</i> uitgevoer, word bereken as die gelde vir die <i>hoofoperasie</i> plus:</p> <p style="padding-left: 40px;">75% vir die tweede <i>prosedure/ operasie</i> (Wysiger 8009)</p> <p style="padding-left: 40px;">50% vir die derde en daaropvolgende <i>prosedures/operasies</i> (Wysiger 8006).</p> <p>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 /</p> <p>Hierdie <i>reël</i> is <i>nie</i> van toepassing <i>nie</i> waar twee of meer <i>onverwante operasies</i> deur praktisyns <i>van verskillende spesialiteite</i> uitgevoer word, in welke geval elke praktisyn geregtig is op die volle gelde vir <i>sy</i> operasie.</p> <p>If, within four months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation /</p> <p>Indien daar binne vier maande 'n <i>tweede operasie</i> vir dieselfde <i>toestand</i> of besering <i>uitgevoer</i> word, is die gelde vir die tweede operasie die helfte van die vir die, eerste.</p> <p>The fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge: provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the practitioner and the scheme may be charged /</p> <p>Die gelde vir 'n operasie sluit in, tensy daar anders venneld word, die normale na-operatiewe <i>versorging</i> vir 'n <i>tydperk</i> van hoogstens vier maande. Indien 'n praktisyn nie self die <i>na-operatiewe versorging</i> voltooi <i>nie</i>, moet hy <i>reël</i> dat dit voltooi word sonder bykomende <i>heffing</i>: met <i>dien</i> verstande dat, in die geval van <i>na-operatiewe</i> behandeling van 'n langdurige of gespesialiseerde aard, sodanige gelde gehef kan word <i>as waarop</i> die praktisyn en die skema ooreengekom het.</p>
4. (M/W)	<p>The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (See Modifier 8007). The assistant's fee payable to a maxillo- facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the invoice rendered to the patient /</p> <p>Die bedrag aan 'n algemene praktisyn assistent betaalbaar word bereken op 75% van die gelde van die <i>praktisyn</i> wat die operasie <i>uitvoer</i>, met die aangeduide minimum (Sien Wysiger 8007). Die bedrag aan 'n kaak-, gesigs- en mondchirurg assistent betaalbaar word bereken op 33,33% van die toepaslike gelde (Wysiger 8001). Die assistent se naam moet op die rekening wat aan die <i>pasiënt</i> gelewer word verskyn.</p>
5. (M/W)	<p>The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (8008) /</p> <p>Die bykomende gelde vir alle <i>lede</i> van die srykundige span vir <i>na-ure noodoperasies</i> sal bereken word deur 25% by die gelde vir die prosedure of prosedures uitgevoer by te voeg (8008).</p>
6.	<p>In cases where treatment is not listed in this schedule for general practitioners or specialists, the appropriate fee listed in the medical schedule(s) shall be charged, and the relevant medical tariff item must be indicated (See Rule 012) /</p> <p>In gevalle waar behandeling nie in hierdie skedule vir algemene praktisyns of spesialiste gelys is nie, sal die <i>toepaslike</i> gelde, gelys in die mediese <i>skedule(s)</i> gevra word, en die betrokke mediese gelde tarief-item moet aangedui word (Sien Reel 012).</p>

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009				
CONSULTATIONS AND VISITS / KONSULTASIES EN BESOEKE				
8901	Consultation at consulting rooms / Konsultasie by <i>sprekkamers</i>	132.90		
8902	Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation / Gedetailleerde <i>kliniese</i> ondersoek, radiografiese <i>interpretasie</i> , diagnose, <i>behandelings-beplanning</i> en <i>uiteensetting</i> van geval Code 8902 is a separate procedure from code 8901 and is applicable to craniomandibular disorders, implant placement and orthognathic and maxillofacial reconstruction / Kode 8902 is 'n afsonderlike prosedum van kode 8901 en is van toepassing op <i>kranio-mandibulêre steurnisse</i> , plasing van implantate en ortognatiese- en <i>kaak-en-gesig herkonstruksie</i>	372.60		
8903	Consultation at hospital, nursing home or house / Konsultasie by hospitaal, <i>verpleeginrigting of tuis</i>	148.40		
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house / Daaropvolgende konsultasie by <i>sprekkamer</i> , hospitaal <i>verpleeginrigting of tuis</i>	72.40		
8905	Weekend visits and night visits between 18h00 - 07h00 the following day / <i>Naweek-</i> en nagbesoeke tussen 18h00 en 07h00 die volgende dag	213.70		
8907	Subsequent consultations, per week, to a maximum of / <i>Daaropvolgende konsultasies</i> per week, tot 'n maksimum van 'Subsequent consultation' shall mean, in connection with items 8904 and 8907, a consultation for the same pathological condition provided that such consultation occurs within six months of the first consultation Daaropvolgende konsultasie "beteken, in verband met items 8904 en 8907 , 'n konsultasie vir dieselfde <i>siektetoestand</i> mits sodanige konsultasie <i>plaasvind</i> binne ses maande <i>vanaf die eerste konsultasie</i> ."	245.30		
INVESTIGATIONS AND RECORDS / ONDERSOEKE EN REKORDS				
8107	Intra-oral radiographs, per film / <i>Binnemondse röntgen-foto's</i> , per film	46.50		
8108	Maximum for 8107 / Maksimum vir 8107	370.80		
8113	Occlusal radiographs / <i>Okklusale röntgenfoto's</i>	72.40		
8115	Extra-oral radiograph, per film / <i>Buitemondse röntgenfoto</i> , per film (i.e. panoramic, cephalometric, PA / i.e. <i>panoramies, kefalometries, PA</i>) The fee is chargeable to a maximum of two films per treatment plan / Die tarief mag tot 'n maksimum van <i>twee films</i> per behandelingsplangehefword.	191.30		
8117	Study models - unmounted / <i>Studiemodelle</i> - ongemonteer	52.20		+L
8119	Study models - mounted on adjustable articulator / <i>Studiemodelle</i> - op verstelbare artikulator gemonteer	134.20		+L
8121	Diagnostic photographs - per photograph / <i>Diagnostiese fotos</i> - per foto	52.20		
8917	Biopsies - intra-oral / <i>Biopsies</i> - binnemonds	272.80		
8919	Biopsy of bone - needle / <i>Beenbiopsie</i> - naald	471.40		
8921	Biopsy of bone - open / <i>Beenbiopsie</i> - oop	776.40		
ORTHOGNATHIC SURGERY AND TREATMENT PLANNING / ORTOGNATIESE CHIRURGIE EN BEHANDELINGSBEPLANNING				

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009			
(MW)	In the case of treatment planning requiring the combined services of an Orthodontist and a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist. In die geval van behandelingsbeplanning waar die gesamentlike dienste van 'n Ortodontis en 'n Kaak-, Gesigs- en Mondchirurg benodig word, mag Wysiger 8009 (75%) toegepas word by die gelde gevra deur elke spesialis.			
8840	Treatment planning for orthognathic surgery / <i>Behandelingsbeplanning vir ortognatiese chirurgie</i>	583.60	+L	
	REMOVAL OF TEETH / VERWYDERING VAN TANDE Modifier 8002 is applicable to codes 8201 and 8202 / Wysiger 8002 is van toepassing op tariefitem 8201 en 8202			
	Extractions during a single visit / Ekstraksies ten tyde van enkele besoek			
8201	Single tooth / Enkelfand Code 8201 is charged for the first extraction in a quadrant / Kode 8201 word vir die eerste ekstraksie in 'n kwadrantgehef.	72.40		T
8202	Each additional tooth in the same quadrant / Elke bykomende tand in dieselfde kwadrant Code 8202 is charged for each additional extraction in the same quadrant / Kode 8202 word vir elke bykomende ekstraksie in dieselfde kwadrantgehef.	33.30		T
8957	Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw) / <i>Alveolotomie of alveolektomie - tesame met of onafhanklik van ekstraksie (per kaak)</i>	647.20		
8961 (MW)	Auto-transplantation of tooth / Auto-transplantering van tand (See Rule 011 and Notes 2 and 31 Sien Reël 011 en Notas 2 en 3)	1061.00	+L	
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia) / Lokale behandeling van post-ekstraksiebloeding (met uitsluiting van bloeding in die geval van bloedsiektes, bv. hemofilie)	355.20		
8933	Treatment of haemorrhage in the case of blood dyscrasias, e.g. hemophilia, per week / Behandeling van bloeding in die geval van bloedsiektes, bv. hemofilie, per week	1260.50		
8935	Treatment of post-extraction septic socket where patient is referred by another registered person / Behandeling van post-ekstraksie septiese tandkas waar die pasient verwys word deur 'n ander geregistreerde persoon	94.00		
8937	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap, removal of bone and/or other section of tooth / Chirurgiese verwydering van geërupteerde wat die maak van 'n mukoperiosteale flap, verwydering van been en/of gedeelte van tand benodig. Includes cutting of gingival and bone, removal of tooth structure and closure / Sluit die sny van gingival, been, verwydering van tandstruktuur en toemaak van wond in. Code 8220 is applicable when sutures are provided by practitioner (Rule 013) / Kode 8220 is van toepassing wanneer hegtingsmateriaal deur die praktisyn verskaf word (Reël 013)	328.00		
	Removal of roots / Verwydering van wortels Code 8220 is applicable when sutures are provided by practitioner (Rule 013) / Kode 8220 is van toepassing wanneer hegtingsmateriaal deur die praktisyn verskaf word (Reël 013)			

Code Kode	Procedure description <i>Prosedure beskrywing</i>	Rc		MF ^P MD
		FEE TARIEF		
SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-. GESIGS- EN MONDCHIRURGE (M) See Rule 0091 (W) Sien Reel 009				
8953	Surgical removal of residual roots roots (cutting procedure) / <i>Chirurgiese</i> verwydering van <i>wortelreste</i> (snyprosedure) Includes cutting of gingival and bone, removal of tooth structure and closure / <i>Sluit die sny</i> van gingival, been, verwydering van <i>tandstruktuur</i> en toemaak van wond in.	471.60		T
8955 (M/W)	Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth / <i>Chirurgiese</i> verwydering van <i>wortelreste(snyprosedure)</i> , elke daaropvolgende <i>tand</i> Includes cutting of gingival and bone, removal of tooth structure and closure / <i>Sluit die sny</i> van gingival, been, verwydering van <i>tandstruktuur</i> en toemaak van wond in. (See Rule 011 and Notes 2 and 3 / Sien <i>Reël 011</i> en <i>Notas 2</i> en <i>3</i>)	na/nvt		T
Unerrupted or impacted teeth / Ongeërupteerde of bekleemde tande				
8941	First tooth / Eerste tand	781.30		T
8943	Second tooth / Tweede tand	419.70		T
8945	Third tooth / <i>Derde</i> tand	239.70		T
8947	Fourth and subsequent tooth / <i>Vierde</i> en daaropvolgendetand	239.70		T
DIVERSE PROCEDURES / DIVERSE PROSEDURES				
8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication / Verwydering van <i>tandwortels</i> van <i>die maksilêre</i> antrum insluitend Caldwell-Luc operasie en herstel van <i>antro-orale</i> fistel	1610.70		
8909	Closure of oral antral fistula - acute or chronic / <i>Sluiting</i> van <i>antro-orale</i> fistel - <i>akuut</i> of <i>kronies</i>	1237.10		
8911	Caldwell-Luc procedure / <i>Caldwell-Luc</i> prosedure	485.60		
8965	Peripheral neurectomy / <i>Perifere neurektomie</i>	1061.00		
8966	Functional repair of oronasal fistula (local flaps) / <i>Funksionele</i> herstel van oronasale fistula (<i>lokale flappe</i>)	1502.40		
8977	Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage) / <i>Groot</i> herstelwerk aan <i>bo- of onderkaak</i> (bv. deur middel van beenoorplanting of <i>prostese</i> , met <i>kaakspalking</i>) (Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure / <i>Wysigers</i> 8005 en 8006 is <i>nie</i> van toepassing in <i>hierdie</i> geval <i>nie</i> . Die volle gelde <i>kan</i> gehief word ongeag of <i>hierdie</i> prosedure <i>gelyktydig</i> met <i>prosedure</i> 8975 of as 'n <i>afsonderlike</i> prosedure uitgevoer word)	2522.40		
8962	Harvest iliac crest graft / <i>Insameling</i> van heupbeen	1069.90		
8963	Harvest rib graft / <i>Insameling</i> van ribbebeen	1230.70		
8964	Harvest cranium graft / <i>Insameling</i> van skedelbeen	962.10		
8979	Harvesting of autogenous grafts (intra-oral) / <i>Insameling</i> van outogene been (binnemonds)	173.60		
9048	Removal of internal fixation devices, per site / Verwydering van interne <i>fikseringsstoestelle</i> , per area	557.40		
SURGICAL PREPARATION OF JAWS FOR PROSTHETICS / CHIRURGIESE GEREEDMAKING VAN KAKEBEN VIR PROSTETIEK				
8987	Reduction of mylohyoid ridges, per side / Reduksie van mylohyoid <i>riwwe</i> , oerkant	1083.70	+L	

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reel 009				
8989	Torus mandibularis reduction, per side / Reduksie van <i>torus mandibularis</i> , per side	1083.70	+L	
8991	Torus palatinus reduction / Reduksie van <i>torus palatinus</i>	1083.70	+L	
8993	Reduction of hypertrophic tuberosity, per side / Reduksie van <i>hipertrofiese tuberositeite</i> , per kant	482.90	+L	
	See procedure code 8971 for excision of denture granuloma / Sien prosedure kode 8971 vir die verwydering van <i>kunsgebitgranuloom</i>			
8995	Gingivectomy, per jaw / <i>Gingivektomie</i> , per kaak	963.40	+L	
8997	Sulcoplasty/Vestibuloplasty / <i>Sulkoplastiek/Vestibulo-plastiek</i>	2432.00	+L	
9003	Repositioning mental foramen and nerve, per side / <i>Herplasing</i> van <i>foramen mentale</i> en <i>senuwee</i> , per kant	1474.10	+L	
9004	Lateralization of inferior dental nerve (including bone grafting), <i>Lateralisasie</i> van <i>inferior alveolêre senuwee</i> (insluitend <i>beenoorplanting</i>)	2923.30		
9005	Total Alveolar ridge augmentation by bone graft / Verbetering van <i>totale alveolêre rif</i> deur <i>beenoorplanting</i>	2474.90	+L	
9007	Total Alveolar ridge augmentation by alloplastic material / Verbetering van <i>totale alveolêre rif</i> met <i>alloplastiese materiaal</i>	1595.90	+L	
9008	Alveolar ridge augmentation across 1 to 2 adjacent tooth sites / Verbetering van <i>alveolêre rif</i> wat strek oor 1 tot 2 <i>naasliggende tand areas</i>	1020.10	+L	
9009	Alveolar ridge augmentation across 3 or more tooth sites / Verbetering van <i>alveolêre rif</i> wat strek oor 3 of meer <i>naasliggende tand areas</i>	1137.60	+L	
9010	Sinus lift procedure / <i>Sinus lig prosedure</i>	1610.70	+L	
SEPSIS / SEPSIS				
9011	Incision and drainage of pyogenic abscesses (intra-oral approach) / <i>Lansering en dreinerig</i> van <i>piogene absesse</i> (<i>binnemondse toegang</i>)	302.80		
9012	Extra-oral approach, e.g. Ludwig's angina / <i>Buitemondse toegang</i> , bv. <i>Ludwigangina</i>	412.00		
9015	Apicectomy including retrograde filling where necessary - anterior teeth / <i>Apisektomie</i> insluitend <i>retrograde hersfelling</i> waar nodig - <i>anterior fande</i>	531.00		T
9016	Apicectomy including retrograde filling where necessary, posterior teeth / <i>Apisektomie</i> insluitend <i>retrograde herstelling</i> waar nodig, <i>posterior fande</i>	1063.10		T
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible / <i>Dekortisering, uitholling</i> en <i>sekwestrektomie</i> vir <i>osteomyelitis</i> van <i>mandibula</i>	2186.10		
9019	Sequestrectomy - intra-oral, per sextant and/or per ramus / <i>Sekwestrektomie</i> - <i>binne-mondse toegang</i> , per <i>seksant</i> en/of per <i>ramus</i>	471.10		
TRAUMA / TROUMA				
Treatment of associated soft tissue injuries / Behandeling van gepaardgaande sagteweefsel-beserings				
9021	Minor / Gering	531.00		
9023	Major / Uitgebreid	1121.00		
9024	Dento-alveolar fracture, per sextant / <i>Dento-alveolêre fraktuur</i> , per <i>seksant</i>	531.00	+L	

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reel 009				
	Mandibular fractures / Frakture van die mandibula			
9025	Treatment by closed reduction, with intermaxillary fixation / <i>Behandeling deur middel van geslote reduksie, met intermaksilêre fiksering</i>	1178.10		
9027	Treatment of compound fracture, involving eyelet wiring / <i>Behandeling van saamgestelde fraktuur deur middel van oogies en kruisbedrading</i>	1653.70		
9029	Treatment by metal cap splintage or Gunning's splints / <i>Behandeling deur middel van metaaldopspalke of Gunningspalke</i>	1833.30	+L	
9031	Treatment by open reduction with restoration of occlusion by splintage / <i>Behandeling deur middel van oop reduksie en herstel van okklusie met spalke</i>	2714.80	+L	
	Maxillary fractures with special attention to occlusion / Frakture van die maksilla met spesiale aandag aan okklusie			
	• When open reduction is required for Items 9035 and 9037, Modifier 8010 may be applied / <i>Wanneer oopreduksie vir Items 9035 en 9037 benodig is, mag Wysiger 8010 toegepas word</i>			
9035	Le Fort I or Guerin fracture / <i>Le Fort I-fraktuur of Guerin-fraktuur</i>	1657.70	+L	
9037	Le Fort II or middle third of face / <i>Le Fort II-fraktuur of middelste derde van gesig</i>	2714.80	+L	
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage / <i>Le Fort III-fraktuur of kraniofasiale ontwrigting of brokkelfraktuur van middel gesig wat oop reduksie en spalke vereis</i>	3892.00	+L	
	Zygoma/Orbit/Antral - complex fractures / Wangbeen/Oogkas/Antrum saamgestelde frakture			
9041	Gillies or temporal elevation / <i>Gillies of temporale elewasie</i>	1178.10		
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation / <i>Onstabiele en/of verbrokkelde wangbeen, behandeling deur middel van oop reduksie of Caldwell-Luc operasie</i>	2359.60		
9045	Requiring multiple osteosynthesis and/or grafting / <i>Wat veelvuldige osteosintese en/of oorplanting vereis</i>	3537.50		
	FUNCTIONAL CORRECTION OF MALOCCLUSIONS / FUNKSIONELE REGSTELLING VAN WANSLUITINGS			
	For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re Rule 011) will not apply / <i>Die volle gelde kan gehef word vir prosedures 9047 tot 9072 d.w.s. aanmerking 2 en 3 (i.s. Reël 011) is nie van toepassing nie.</i>			
9047	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation) / <i>Operasie ter verbetering of restourasie van okklusale- en koutfunksie, bv. Bilaterale osteotomie, oop operasie (met immobilisering)</i>	4952.90	+L	
9049	Anterior segmental osteotomy of mandible (Köle) / <i>Osteotomie van anterior segment van die mandibula (Köle)</i>	4126.50	+L	
9050	Total subapical osteotomy / <i>Totale subapikale osteotomie</i>	8333.20		
9051	Genioplasty / <i>Kenplasiek</i>	2359.60		

Code Kode	Procedure description Prosedurebeskrywing	Rc		MP MD
		FEE TARIEF		
SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK- , GESIGS- EN MONDCHIRURGE (M) See Rule 0091 (W)Sien Reel 009				
9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy) / Midfasiale ontbloting (vir maksilêre en nasale augmenfasie of piramidale Le Fort II-osteotomie)	3817.60		
9055	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure / Osteotomie van posterior segment van die maksilla (Schukardt)- 1-stadium of 2-stadium-prosedure	4126.50	+L	
9057	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure / Osteotomie van anterior segment van die maksilla (Wassmund)- 1-stadium of 2-stadium-prosedure	4126.50	+L	
9059	Le Fort I osteotomy - one piece / Le Fort I-osteotomie - een stuk	7764.90	+L	
9062	Le Fort I osteotomy - multiple segments / Le Fort I-osteotomie - veelvuldige segmente	10110.90	+L	
9060	Le Fort I osteotomy with inferior repositioning and inter positional grafting / Le Fort I-osteotomie met inferior-herposisionering en inter-posisionele fransplantering	8899.20		
9061	Palatal osteotomy / Palatale osteotomie	2714.80		
9063	Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic deformities / Le Fort II-osteotomie ter korreksie van gesigsdeformiteite of fasiostenose en nabesering-deformiteite	9843.30	+L	
9069	Functional tongue reduction (partial glossectomy) / Funksionele tongreduksie (gedeeltelike glossektomie)	1771.20		
9071	Geniohyoidotomy / Geniohiofedotomie	1061.00		
9072	Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure) / Funksionele herstel van sekondêre oro-nasale fistel en verwante strukture met been transplantaat (volledige prosedure)	7764.90	+L	
TEMPOROMANDIBULAR JOINT PROCEDURES / PROSEDURES VIR TEMPOROMANDIBULÊRE GEWRIG				
For Items 9081, 9083 and 9092 the full fee may be charged per side / Vir Items 9081, 9083 en 9092 mag volledige gelde per kant gehef word				
9073	Bite plate for TMJ dysfunction / Bytplaat vir TMG-disfunksie	417.10	+L	
9074	Diagnostic arthroscopy / Diagnostiese artroskopie	1193.80		
9075	Condylectomy or coronoidectomy or both (extra-oral approach) / Kondilektomie of koronoidektomie of albei (buitemondse toegang)	2476.90		
9076	Arthrocentesis TMJ / Arthrosintese TMG	714.00		
9053	Coronoidectomy (intra-oral approach) / Koronofdek-tomie (binnemondse toegang)	1474.10		
9077	Intra-articular injection, per injection / Intra-artikulêre inspuiting, per inspuiting	177.40		
9079	Trigger point injection, per injection / Sneller-punt inspuiting, per inspuiting	139.60		
9081	Condyle neck osteotomy (Ward/ Kostecka) / Kondielnek-osteotomie (Ward/ Kostecka)	1178.10		
9083	Temporomandibular joint arthroplasty / Temporo-mandibulêre gewrigsartroplastie	2948.90		
9085	Reduction of temporomandibular joint dislocation without anaesthetic / Reduksie van temporo-mandibulêre ontwingting sonder narkose	234.30		

Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reel 009				
9087	Reduction of temporomandibular joint dislocation, with anaesthetic/ Reduksie van <i>temporomandibulêre ontwrigting</i> , onder narkose	471.40		
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation / Reduksie van <i>temporo-mandibulêre ontwrigting</i> , onder narkose en <i>immobilisasie</i> .	1178.10		
9091	Reduction of temporomandibular joint dislocation requiring open reduction/ Reduksie van <i>temporo-mandibulêre ontwrigting</i> wat oopreduksie vereis	2476.90		
9092	Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy) / <i>Totale gewrigsherkonstruksie met alloplastiese materiaal of been</i> (insluitend <i>kondilektomie en koronoidektomie</i>)	8008.40	+L	
SALIVARY GLANDS / SPEEKSELKLIERE				
9095	Removal of sublingual salivary gland / <i>Verwydering van sublinguale speekselklier</i>	1416.70		
9096	Removal of salivary gland (extra-oral) / <i>Verwydering van speekselklier (buitemonde)</i>	2142.70		
IMPLANTS / INPLANTATE				
<i>For items 9180 to 9192 the full fee may be charged, i.e. Note 2 of Rule 011 will not apply / Vir items 9180 tot 9192 mag die volle gelde gehef word, d.w.s. nota 2 van Reel 011 is nie van toepassing nie</i>				
9180	Placement of sub-periosteal implant - Preparatory procedure/operation / Plasing van <i>sub-periosteale</i> implantaat - <i>voorbereidingsprosedure/operasie</i>	1628.50		
9181	Placement of sub-periosteal implant prosthesis/ operation / Plasing van <i>sub-periosteale implantaat protese/ operasie</i>	1628.50		
9182	Placement of endosteal implant, per implant / Plasing van <i>endosteale</i> inplantaat, per inplantaat	814.50	+L	
9183	Placement of a single osseo-integrated implant per jaw / Plasing van een osseo-integreerde inplantaat per kaak	1077.50		
9184	Placement of a second osseo-integrated implant in the same jaw / Plasing van 'n tweede osseo-integreerde inplantaat in dieselfde kaak	807.40		
9185	Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant / Plasing van 'n derde en daaropvolgende osseo-integreerde inplantaat in dieselfde kaak, per inplantaat	538.70		
9189	Cost of implants / Koste van inplantate	Reel 013		
9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element / <i>Blootlegging</i> van een osseo-integreerde inplantaat en plasing van 'n transmukosale element	398.10		
9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw / <i>Blootlegging</i> van 'n tweede osseo-integreerde inplantaat en plasing van 'n transmukosale element in dieselfde kaak	298.60		
9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant / <i>Blootlegging</i> van 'n derde en daaropvolgende osseo-integreerde inplantaat in dieselfde kaak, per inplantaat	198.80		
9046	Placement of Zygomaticus fixture, per fixture/ Plasing van Wangbeen hegstuk, per hegstuk	2958.70		

SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) sien Reel 009				
Code <i>Kode</i>	Procedure description <i>Prosedure beskrywing</i>	Rc		MP MD
		FEE TARIEF		
9198	Implant removal/ Inplantaatverwydering <i>This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure./ Hierdie prosedure behels die sjiurgiese verwydering van 'n inplantaat, naamlik die sny van sagteweefsel en been, verwydering van inplantaat en toemaak van snit</i>	661.80		
8761	Masticatory mucosal autograft extending across not more than four teeth (isolated procedure)/ <i>Selfoorplanting van kou-mukosa en subepiteliële bindweefsel gestrek oor nie meer as vier tande nie (geïsoleerde prosedure)</i>	714.70		
8772	Submucosal connective tissue autograft (isolated procedure)/ <i>Submukosale bindweefsel selfoorplanting (geïsoleerde prosedure)</i>	819.50		
8767	Bone regenerative/ repair procedure at a single site / <i>Beenregeneratiewe-herstel prosedure by 'n enkele area</i> Excluding cost of regenerative material – see code 8770 / <i>Koste van regeneratiewe material uitgesluit – sien kode 8770</i>	877.70		
8769	Subsequent removal of membrane used for guided tissue regeneration procedure / <i>Daaropvolgende verwydering van 'n membraan wat gebruik is vir 'n gerigte weefselregenerasie prosedure</i> Codes 8761, 8767 and 8769 to be used only as part of implant surgery / <i>Kodes 8761, 8767 en 8769 mag net tesame met inplantaat-chirurgie gebruik word.</i>	349.60		