## Dental Practitioners 2008

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Frequency of benefits.□<br>The South African Dental Association recommends to medical schemes, where considered necessary and appropriate, that contract limitations on the frequency of providing care for certain services be stated as "twice a calendar year" rather than once in every six months. | 2005.02 | | | | | | | | | | | |
| | Radiographs and records.□<br>Radiographs should be taken only for clinical reasons as determined by the treating dentist. Postoperative radiographs should only be required as part of dental treatment. When a dentist determined it is appropriate to comply with a third-party payer's request for radiographs, a duplicate set should be submitted and the originals retained by the dentist. Any additional costs incurred by the dentists in copying radiographs and clinical records for claims determination should be reimbursed by the third-party payer or the patient. | 2005.02 | | | | | | | | | | | |
| | New vs. established patient.□<br>A new patient is one who has not received any professional services from the dentist or another dentist of the same speciality who belongs to the same group practice, within the past three years. An established patient (patient of record) is one who has received professional services from the dentist or another dentist of the same speciality who belongs to the same group practice, within the past three years.□<br>In the instance where a dentist is on call for or covering for another dentist, the patient's encounter will be classified as it would have been by the dentist who is not available. | 2005.02 | | | | | | | | | | | |
| II. | DENTAL PROCEDURES AND SERVICES | | | | | | | | | | | | |
| A. | DIAGNOSTIC SERVICES | | | | | | | | | | | | |
| | The branch of dentistry used to identify and prevent dental disorders and disease. Includes all services/procedures available to the dentist for evaluating existing conditions and determining any further dental care that may be required. | 2006.03 | | | | | | | | | | | |
| | CLINICAL ORAL EXAMINATIONS | | | | | | | | | | | | |
| | The purpose of oral examinations is to observe and record pertinent information, past and present, necessary to arrive at a diagnosis and treatment plan (when treatment is indicated). A treatment plan is a list of procedures or services the dentist proposes to perform on a dental patient based on the results of the examination and diagnosis. Often more than one treatment plan is presented.□<br>Oral examinations may require the integration of information that is acquired through additional diagnostic procedures, which should be reported separately. The oral examination, diagnosis, and treatment planning are the responsibility of the dentist. The collection and recording of some data and components of the oral examination may however be delegated. Oral examinations and consultations include the issuing of prescriptions where medication is required. | 2006.03 | | | | | | | | | | | |
| | General Dental Practitioner | | | | | | | | | | | | |
| 8101 | Oral examination | 2006.03 | | R 114.40 | | | | | | | | | B |
| 8102 | Comprehensive oral examination | 2006.03 | | R 184.90 | | | | | | | | | B |
| 8104 | Limited oral examination | 2006.03 | | R 55.50 | | | | | | | | | B |
| 8189 | Re-examination - existing condition | 2006.03 | | R 55.50 | | | | | | | | | B |
| 8176 | Periodontal screening | 2006.03 | | R 96.40 | | | | | | | | | B |
| 8190 | Consultation - second opinion or advice | 2006.03 | | R 114.40 | | | | | | | | | B |
| | Maxillo Facial Surgeon | | | | | | | | | | | | |
| 8901 | Consultation - MFOS | 2004.00 | | | R 145.80 | | | | | | | | S |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8902 | Consultation - MFOS (detailed) | 2006.03 | | | R 381.60 | | | | | | | | S |
| 8840 | Treatment planning for orthognathic surgery - ALL | 2006.03 | | R 329.30 | R 494.00 | R 494.00 | | | | | | +L | S |
| | Orthodontist | | | | | | | | | | | | |
| 8801 | Consultation - Orthodontist | 2004.00 | | | | R 145.80 | | | | | | | A |
| 8803 | Consultation - Orthodontis (subsequent, retention and post treatment) | 2004.00 | | | | R 84.90 | | | | | | | A |
| 8837 | Diagnosis and treatment planning - Orthodontist | 2004.00 | | | | R 67.70 | | | | | | | A |
| | Periodontist/Oral Medicine | | | | | | | | | | | | |
| | Codes 8701, 8703, 8705 and 8707 cannot be charged at one and the same visit. | 2006.03 | | | | | | | | | | | |
| 8701 | Consultation - periodontist | 2006.03 | | | | | R 145.80 | | | | | | A |
| 8703 | Consultation - Periodontist (detailed) | 2006.03 | | | | | R 381.60 | | | | | | A |
| 8705 | Re-examination - Periodontist | 2004.00 | | | | | R 114.10 | | | | | | A |
| 8707 | Periodontal screening - Periodontist | 2006.03 | | | | | R 114.10 | | | | | | A |
| 8781 | Consultation - Oral medicine (simple) | 2006.03 | | | | | R 114.10 | | | | | | S |
| 8782 | Consultation - Oral medicine (complex) | 2006.03 | | | | | R 200.70 | | | | | | S |
| 8783 | Consultation - Oral medicine (subsequent) | 2006.03 | | | | | R 84.90 | | | | | | S |
| | Prosthodontist | | | | | | | | | | | | |
| 8501 | Consultation - Prosthodontis | 2004.00 | | | | | | R 145.80 | | | | | A |
| 8507 | Comprehensive consultation - Prosthodontist | 2006.03 | | | | | | R 234.10 | | | | | A |
| 8506 | Detailed consultation - Prosthodontist | 2006.03 | | | | | | R 381.60 | | | | | A |
| | Oral Pathologist | | | | | | | | | | | | |
| 9201 | Consultation - oral pathologist | 2004.00 | | | | | | | R 145.80 | | | | |
| 9205 | Consultation - oral pathologist (subsequent) | 2004.00 | | | | | | | R 84.90 | | | | |
| | RADIOGRAPHS/DIAGNOSTIC IMAGING | | | | | | | | | | | | |
| | Diagnostic radiographs/diagnostic images include interpretation.□<br>Radiographs/diagnostic images should only be taken for clinical reasons as determined by the dentist and practitioners should comply with the Regulations concerning safe radiological practice and take the necessary precaution to minimise radiation of patients. Radiographs/diagnostic images are part of the patient's clinical record, should be of diagnostic quality, properly identified and dated. The dentist should retain the original images and only copies should be used to fulfil requests made by patients or third party funders.□<br>A complete series of intra-oral radiographs/images for diagnostic purposes is required once per treatment plan only. A second series may be required in exceptional cases e.g., following periodontal surgery. The same applies to panoramic films, where additional films may be required for follow-up/re-evaluation purposes.□<br>Diagnostic radiographs/diagnostic images preceding endodontic treatment, periodontal treatment, the surgical extraction of teeth or roots and fixed prostheses are fundamental to ethical clinical | 2006.03 | | | | | | | | | | | |
| 8107 | Intraoral radiograph - periapical | 2006.03 | | R 46.40 | R 46.40 | R 46.40 | R 46.40 | R 46.40 | | | | | B |
| 8108 | Intraoral radiographs - complete series | 2006.03 | | R 358.60 | R 358.60 | R 358.60 | R 358.60 | R 358.60 | | | | | B |
| 8112 | Intraoral radiograph - bitewing | 2006.03 | | R 46.40 | R 46.40 | R 46.40 | R 46.40 | R 46.40 | | | | | B |
| 8113 | Intraoral radiograph - occlusal | 2004.00 | | R 79.80 | R 79.80 | R 79.80 | R 79.80 | R 79.80 | | | | | B |
| 8114 | Extraoral radiograph - hand-wrist | 2006.03 | | R 185.20 | R 185.20 | R 185.20 | R 185.20 | R 185.20 | | | | | B |
| 8115 | Extraoral radiograph - panoramic | 2004.00 | | R 185.20 | R 185.20 | R 185.20 | R 185.20 | R 185.20 | | | | | B |
| 8116 | Extraoral radiograph - cephalometric | 2005.02 | | R 185.20 | R 185.20 | R 185.20 | R 185.20 | R 185.20 | | | | | B |
| 8118 | Extraoral radiograph - skull/facial bone | 2005.02 | | R 185.20 | R 185.20 | R 185.20 | R 185.20 | R 185.20 | | | | | B |
| 8121 | Oral and/or facial image (digital/conventional) | 2006.03 | | R 49.80 | R 49.80 | R 49.80 | R 49.80 | R 49.80 | | | | | B |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | OTHER DIAGNOSTIC PROCEDURES | | | | | | | | | | | | |
| 8117 | Diagnostic models | 2006.03 | R 49.80 | R 49.80 | R 49.80 | R 49.80 | R 49.80 | | | +L | B |
| 8119 | Diagnostic models mounted | 2006.03 | R 125.20 | R 125.20 | R 125.20 | R 125.20 | R 125.20 | | | +L | B |
| 8122 | Microbiological studies | 2006.03 | | | | | | | | | B |
| 8123 | Caries susceptibility tests (By Arrangement) | 2006.03 | R 51.70 | | | | | | | | B |
| 8124 | Pulp tests | 2006.03 | R 13.70 | | | | | | | | |
| 8503 | Occlusion analysis mounted | 2004.00 | R 156.00 | | | | R 234.10 | | | | A |
| 8505 | Pantographic recording | 2004.00 | R 226.40 | | | | R 339.70 | | | | A |
| 8508 | Electrognathographic recording | 2004.00 | R 242.40 | | | | R 363.70 | | | | A |
| 8509 | Electrognathographic recording with computer analysis | 2004.00 | R 402.50 | | | | R 603.80 | | | | A |
| 8811 | Tracing and analysis of extra-oral film | 2004.00 | R 21.50 | R 21.50 | R 21.50 | R 21.50 | R 21.50 | | | | B |
| 8839 | Diagnostic setup (orthodontics) | 2004.00 | R 95.50 | | R 143.20 | | | | | | A |
| B. | PREVENTIVE SERVICES | | | | | | | | | | |
| | Services/procedures intended to eliminate or reduce the need for future dental treatment. | 2006.03 | | | | | | | | | |
| | DENTAL PROPHYLAXIS | | | | | | | | | | |
| 8155 | Polishing - complete dentition | 2006.03 | R 70.30 | | | R 96.90 | R 70.30 | | | | B |
| 8159 | Prophylaxis - complete dentition | 2006.03 | R 138.10 | | | R 194.70 | R 138.10 | | | | B |
| 8160 | Removal of gross calculus | 2006.03 | | | | | | | | | B |
| 8179 | Polishing - complete dentition (periodontally compromised patient) | 2006.03 | R 80.60 | | | | | | | | B |
| 8180 | Prophylaxis - complete dentition (periodontally compromised patient) | 2006.03 | R 150.10 | | | | | | | | B |
| | TOPICAL FLUORIDE TEATMENT | | | | | | | | | | |
| | Topical fluoride treatment procedures involve the professionally application of topical fluoride within the dental office. Excludes fluoride application as part of prophylaxis paste, fluoride rinses or "swish."□<br>For application of desensitising medicaments, see codes 8166 and 8167 in the supplementary section. | 2006.03 | | | | | | | | | |
| 8161 | Topical application of fluoride - child | 2006.03 | R 70.30 | | | R 70.30 | R 70.30 | | | | B |
| 8162 | Topical application of fluoride - adult | 2006.03 | R 70.30 | | | R 70.30 | R 70.30 | | | | B |
| | SPACE MAINTENANCE (PASSIVE APPLIANCES) | | | | | | | | | | |
| | Passive appliances are designed to prevent tooth movement. | 2006.03 | | | | | | | | | |
| 8173 | Space maintainer - fixed, per abutment | 2005.02 | R 130.40 | | | | | | T | +L | B |
| 8175 | Space maintainer - removable | 2004.00 | R 168.10 | | | | | | | +L | B |
| | OTHER PREVENTIVE PROCEDURES | | | | | | | | | | |
| 8149 | Nutritional counselling | 2006.03 | | | | | | | | | B |
| 8150 | Tobacco counselling | 2006.03 | | | | | | | | | B |
| 8151 | Oral hygiene instruction | 2006.03 | R 70.30 | | | R 140.70 | R 140.70 | | | | B |
| 8153 | Oral hygiene instruction - each additional visit | 2006.03 | R 51.50 | | | R 67.70 | R 67.70 | | | | B |
| 8163 | Dental sealant | 2006.03 | R 46.40 | | | | R 46.40 | | T | | B |
| 8169 | Occlusal guard | 2006.03 | R 270.10 | | | | | | | +L | B |
| 8171 | Mouth guard | 2006.03 | R 81.70 | | | | | | | +L | B |
| 8177 | Oral hygiene instruction (periodontally compromised patient) | 2006.03 | R 106.40 | | | | | | | | B |
| 8178 | Oral hygiene instruction - each additional visit (periodontally compromised patient) | 2006.03 | R 57.50 | | | | | | | | B |
| C. | RESTORATIVE SERVICES | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | The branch of dentistry that deals with the reconstruction of the hard tissues of a tooth or group of teeth, injured or destroyed by trauma or disease. Restorative services/procedures intend to restore the function of a natural tooth.□<br>Anterior teeth include incisors and canines. Posterior teeth include premolars and molars.□<br>The number of tooth surfaces restored, i.e. mesial, occlusal (or incisal), distal, lingual, or vestibular (buccal or labial), is used to determine the appropriate procedure code. A one surface restoration for example, involves only one of the surfaces, while a two-surface restoration extends to two of the five surfaces. With a four-or-more-surfaces anterior restoration involving four tooth surfaces and the incisal angle is involved.□<br>Limitations on amalgam and resin-based composite restorations:□<br>(1) The reporting of two separate restorations of the same material (e.g., a MO and DO amalgam restoration) on the same tooth is appropriate. Some medical schemes however, have a clause in its dental plan(s) that restricts coverage of the same tooth surface, such as an occlusal, twice on the | 2006.03 | | | | | | | | | | | |
| | AMALGAM RESTORATIONS | | | | | | | | | | | | |
| | All adhesives, liners, bases and polishing are included as part of the restoration. If pins are used, they should be reported separately.□<br>See codes 8345, 8347 and 8348 for post and/or pin retention. | 2006.03 | | | | | | | | | | | |
| 8341 | Amalgam - one surface | 2004.00 | | R 139.80 | | | | | | T | | B |
| 8342 | Amalgam - two surfaces | 2004.00 | | R 172.40 | | | | | | T | | B |
| 8343 | Amalgam - three surfaces | 2004.00 | | R 210.10 | | | | | | T | | B |
| 8344 | Amalgam - four or more surfaces | 2004.00 | | R 234.10 | | | | | | T | | B |
| | RESIN-BASED COMPOSITE RESTORATIONS | | | | | | | | | | | | |
| | Resin restorations refer to a broad category of materials including but not limited to composites. Report these codes when glass ionomers/compomers are used as restorations. The procedures include acid etching, adhesives (including resin bonding agents) and curing part of the restoration. □<br>Resin restorations utilise the direct technique. For the indirect technique, see "Resin inlays/onlays"□<br>If pins are used, they should be reported in addition to these codes - See codes 8345, 8347 and 8348 for post and/or pin retention. | 2006.03 | | | | | | | | | | | |
| 8350 | Resin crown - anterior primary tooth (direct) | 2006.03 | | R 305.00 | | | | | | T | | B |
| 8351 | Resin - one surface, anterior | 2004.00 | | R 153.50 | | | | | | T | | B |
| 8352 | Resin - two surfaces, anterior | 2004.00 | | R 193.00 | | | | | | T | | B |
| 8353 | Resin - three surfaces, anterior | 2004.00 | | R 230.70 | | | | | | T | | B |
| 8354 | Resin - four or more surfaces, anterior | 2006.03 | | R 257.30 | | | | | | T | | B |
| 8367 | Resin - one surface, posterior | 2006.03 | | R 166.40 | | | | | | T | | B |
| 8368 | Resin - two surfaces, posterior | 2004.00 | | R 205.80 | | | | | | T | | B |
| 8369 | Resin - three surfaces, posterior | 2004.00 | | R 248.80 | | | | | | T | | B |
| 8370 | Resin - four or more surfaces, posterior | 2004.00 | | R 267.60 | | | | | | T | | B |
| | GOLD FOIL RESTORATIONS | | | | | | | | | | | | |
| 8561 | Gold foil class I or IV | 2004.00 | | R 407.10 | | | | R 610.60 | | T | | A |
| 8563 | Gold foil class V | 2004.00 | | R 476.30 | | | | R 714.50 | | T | | A |
| 8565 | Gold foil class III | 2004.00 | | R 599.20 | | | | R 898.80 | | T | | A |
| | INLAY/ONLAY RESTORATIONS | | | | | | | | | | | | |



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Temporary and/or intermediate inlays/onlays, the removal thereof and cementing of the permanent restoration are included as part of the restoration. The cusp tip must be overlaid to be considered an onlay. | 2006.03 | | | | | | | | | | | |
| | Metal Inlays/Onlays | | | | | | | | | | | | |
| | Use these codes for single metal inlay/onlay restorations. See the Fixed Prosthodontic Service section for metal inlay/only bridge retainers.□<br>Metal components include structures manufactured by means of conventional casting and/or electroforming.□<br>The benefits provided by some medical schemes for metal inlays on anterior teeth (incisors and canines) may be subject to pre-authorisation. | 2006.03 | | | | | | | | | | | |
| 8361 | Inlay - metal - one surface | 2004.00 | | R 213.50 | | | | R 421.20 | | T | +L | A | |
| 8362 | Inlay/onlay - metal - two surfaces | 2004.00 | | R 312.20 | | | | R 610.60 | | T | +L | A | |
| 8363 | Inlay/onlay - metal - three surfaces | 2004.00 | | R 520.60 | | | | R 946.90 | | T | +L | A | |
| 8364 | Inlay/onlay - metal - four or more surfaces | 2004.00 | | R 629.60 | | | | R 946.90 | | T | +L | A | |
| | Porcelain/Ceramic Inlays/Onlays | | | | | | | | | | | | |
| | Use these codes for single porcelain/ceramic inlay/onlay restorations. See the Fixed Prosthodontic Service section for porcelain/ceramic inlay/only bridge retainers.□<br>Porcelain/ceramic inlays/onlays include all indirect ceramic, porcelain and polymer-reinforced porcelain type inlays/onlays.□<br>Fees for the application of a rubber dam (8304) may be levied in addition to these codes.□<br>TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the restoration. | 2006.03 | | | | | | | | | | | |
| 8371 | Inlay - porcelain - one surface | 2005.02 | | R 257.30 | | | | R 508.60 | | T | (+L) | A | |
| 8372 | Inlay/onlay - porcelain - two surfaces | 2005.02 | | R 379.90 | | | | R 732.50 | | T | (+L) | A | |
| 8373 | Inlay/onlay - porcelain - three surfaces | 2005.02 | | R 626.10 | | | | R 1 138.20 | | T | (+L) | A | |
| 8374 | Inlay/onlay - porcelain - four or more surfaces | 2005.02 | | R 758.30 | | | | R 1 138.20 | | T | (+L) | A | |
| 8560 | Cost of ceramic block | 2006.03 | | R - | | | | R - | | T | | A | |
| 8570 | Fabrication of computer generated ceramic restoration | 2006.03 | | | | | | | | A | | | |
| | Resin-based Inlays/Onlays | | | | | | | | | | | | |
| | Resin based inlays/onlays usually utilise the indirect technique.□<br>Fees for the application of a rubber dam (8304) may be levied in addition to these codes.□<br>When the direct technique is used, laboratory costs do not apply. An additional fee may be levied by reporting Modifier 8023 in addition to these codes. | 2006.03 | | | | | | | | | | | |
| 8381 | Inlay - resin - one surface | 2005.02 | | R 257.30 | | | | R 508.60 | | T | (+L) | A | |
| 8382 | Inlay/onlay - resin - two surfaces | 2005.02 | | R 379.90 | | | | R 732.50 | | T | (+L) | A | |
| 8383 | Inlay/onlay - resin - three surfaces | 2005.02 | | R 626.10 | | | | R 1 138.20 | | T | (+L) | A | |
| 8384 | Inlay/onlay - resin - four or more surfaces | 2005.02 | | R 758.30 | | | | R 1 138.20 | | T | (+L) | A | |
| | CROWNS – SINGLE RESTORATIONS | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Use these codes for single crown restorations. See the Fixed Prosthodontic Service section for crown bridge retainers and the Implant Services section for crowns on osseo-integrated implants.□ Porcelain/ceramic crowns include all ceramic, porcelain and porcelain fused to metal crowns. Resin crowns and resin metal crowns include all reinforced heat and/or pressure-cured resin materials. Metal components include structures manufactured by means of conventional casting and/or electroforming.□ Temporary and/or intermediate crowns, the removal thereof (provisional crowns included) and cementing of the permanent restorations are included as part of the restorations.□ TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the restoration. | 2006.03 | | | | | | | | | | | |
| 8401 | Crown - full cast metal | 2004.00 | | R 802.80 | | | | R 1 181.90 | | T | +L | A |
| 8403 | Crown - 3/4 cast metal | 2004.00 | | R 802.80 | | | | R 1 181.90 | | T | +L | A |
| 8404 | Crown - 3/4 porcelain/ceramic | 2005.02 | | R 758.10 | | | | R 1 138.20 | | T | +L | A |
| 8405 | Crown - resin laboratory | 2006.03 | | R 758.10 | | | | R 1 138.20 | | T | +L | A |
| 8407 | Crown - resin with metal | 2004.00 | | R 802.80 | | | | R 1 181.90 | | T | +L | A |
| 8409 | Crown - porcelain/ceramic | 2004.00 | | R 802.80 | | | | R 1 181.90 | | T | +L | A |
| 8411 | Crown - porcelain with metal | 2004.00 | | R 802.80 | | | | R 1 181.90 | | T | +L | A |
| 8410 | Provisional crown | 2006.03 | | R 156.00 | | | R 156.00 | R 234.10 | | T | (+L) | A |
| | VENEERS | | | | | | | | | | | |
| 8355 | Veneer - resin (chair-side) | 2006.03 | | R 243.60 | | | | R 243.60 | | T | | B |
| 8552 | Veneer - porcelain (laboratory) | 2006.03 | | R 539.10 | | | | R 808.80 | | T | +L | A |
| 8554 | Veneer - resin (laboratory) | 2006.03 | | R 539.10 | | | | R 808.80 | | T | +L | A |
| | TEMPORARY RESTORATIONS | | | | | | | | | | | |
| 8137 | Emergency crown (chair-side) | 2006.03 | | R 241.00 | | | | R 241.00 | | T | (+L) | A |
| 8357 | Prefabricated metal crown | 2006.03 | | R 143.20 | | | | R 143.20 | | T | | B |
| 8375 | Prefabricated resin crown | 2006.03 | | R 143.20 | | | | R 143.20 | | T | | B |
| | OTHER RESTORATIVE PROCEDURES | | | | | | | | | | | |
| | Pin Retention and Cores | | | | | | | | | | | |
| 8345 | Prefabricated post retention, per post (in addition to restoration) | 2006.03 | | R 138.10 | | | | | | T | | B |
| 8347 | Pin retention - first pin (in addition to restoration) | 2006.03 | | R 69.40 | | | | | | T | | B |
| 8348 | Pin retention - each additional pin (in addition to restoration) | 2006.03 | | R 64.30 | | | | | | T | | B |
| 8366 | Pin retention as part of cast restoration (any number of pins) | 2005.02 | | R 103.80 | | | | R 140.70 | | T | +L | A |
| 8376 | Core build-up with prefabricated posts | 2006.03 | | R 382.50 | | | | R 382.50 | | T | | B |
| 8379 | Cost of prefabricated posts | 2006.03 | | R - | | | | R - | | T | | A |
| 8391 | Cast core with single post | 2006.03 | | R 161.30 | | | | | | T | +L | A |
| 8392 | Cast post (each additional) | 2006.03 | | R 96.00 | | | | | | T | +L | A |
| 8397 | Cast core with pins (any number of pins) | 2006.03 | | R 257.30 | | | | R 334.50 | | T | +L | A |
| 8398 | Core build-up with or without pins | 2006.03 | | R 312.20 | | | | R 312.20 | | T | | B |
| 8581 | Cast core with single post | 2006.03 | | | | | | R 238.40 | | T | +L | A |
| 8582 | Cast core with double post | 2006.03 | | | | | | R 339.70 | | T | +L | A |
| 8583 | Cast core with triple post | 2006.03 | | | | | | R 421.20 | | T | +L | A |
| | Unclassified Restorative Procedures | | | | | | | | | | | |



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8133 | Recement inlay, onlay, crown or veneer | 2006.03 | | R 70.30 | | | | R 89.20 | | T | +L | B |
| 8135 | Remove inlay, onlay or crown | 2006.03 | | R 139.80 | | | | R 139.80 | | T | +L | A |
| 8138 | Remove retention post (prefabricated or cast) | 2006.03 | | R 91.70 | | | | | | T | | B |
| 8146 | Resin bonding for restorations | 2006.03 | | | | | | | | T | | A |
| 8157 | Re-burnishing and polishing of restorations - complete dentition | 2006.03 | | R 70.30 | | | | | | | | B |
| 8349 | Carve restoration to accommodate existing removable prosthesis | 2004.00 | | R 28.30 | | | | | | T | | B |
| 8413 | Repair crown (permanent or provisional) | 2006.03 | | R 156.00 | | | | R 156.00 | | T | +L | A |
| 8414 | Additional fee for provision of crown within an existing clasp or rest | 2004.00 | | R 46.40 | | | | | | T | +L | A |
| D. | ENDODONTIC SERVICES | | | | | | | | | | | |
| | Services/procedures intended to treat diseases of the dental pulp and their sequelae. | 2006.03 | | | | | | | | | | |
| | PULP CAPPING | | | | | | | | | | | |
| | These codes should not be used as a base or liner under a restoration. Certain funders (medical aids) may restrict the placement of the final restoration during the same visit. | 2006.03 | | | | | | | | | | |
| 8301 | Pulp cap - direct | 2006.03 | | R 93.50 | | | | | | T | | B |
| 8303 | Pulp cap - indirect | 2006.03 | | R 93.50 | | | | | | T | | B |
| | PULPOTOMY | | | | | | | | | | | |
| 8307 | Pulp amputation (pulpotomy) | 2006.03 | | R 91.70 | | | | | | T | | B |
| 8132 | Pulp removal (pulpectomy) | 2006.03 | | R 114.90 | | | | | | T | | B |
| | ENDODONTIC THERAPY | | | | | | | | | | | |
| | Includes endodontic therapy on primary teeth. Does not include diagnostic evaluation and necessary radiographs/ diagnostic images.□<br>Limitation: Intra-operative radiographs/ diagnostic images are limited to three on a single canal tooth and five on a multi-canal tooth for each completed endodontic therapy.□<br>Report code 8304 (application of a rubber dam) in addition to these codes. | 2006.03 | | | | | | | | | | |
| | Preparatoty Visits | | | | | | | | | | | |
| 8332 | Root canal preparatory visit - single canal tooth | 2006.03 | | R 70.30 | | | | | | T | | B |
| 8333 | Root canal preparatory visit - multi canal tooth | 2006.03 | | R 98.60 | | | | | | T | | B |
| | Obtuation of Canals | | | | | | | | | | | |
| | Codes 8328, 8335, 8336 and 8337 (obturation of root canals at a subsequent visit) are intended to be used in conjunction with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal). | 2006.03 | | | | | | | | | | |
| 8335 | Root canal obturation - anteriors and premolars - first canal | 2004.00 | | R 319.00 | | | | | | T | | B |
| 8328 | Root canal obturation - anteriors and premolars - each additional canal | 2004.00 | | R 130.40 | | | | | | T | | B |
| 8336 | Root canal obturation - posteriors - first canal | 2004.00 | | R 439.10 | | | | | | T | | B |
| 8337 | Root canal obturation - posteriors - each additional canal | 2004.00 | | R 130.40 | | | | | | T | | B |
| | Complete Therapy | | | | | | | | | | | |
| | Codes 8329, 8338, 8339 and 8340 (endodontic treatment completed at a single visit) may not be used with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal). | 2006.03 | | | | | | | | | | |
| 8338 | Root canal therapy - anteriors and premolars - first canal | 2004.00 | | R 488.00 | | | | | | T | | B |
| 8329 | Root canal therapy - anteriors and premolars - each additional canal | 2004.00 | | R 163.00 | | | | | | T | | B |
| 8339 | Root canal therapy - posteriors - first canal | 2004.00 | | R 670.70 | | | | | | T | | B |
| 8340 | Root canal therapy - posteriors - each additional canal | 2004.00 | | R 163.00 | | | | | | T | | B |
| 8631 | Root canal therapy - first canal | 2006.03 | | | | | | R 828.50 | | T | | B |
| 8633 | Root canal therapy - each additional canal | 2006.03 | | | | | | R 208.40 | | T | | B |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ENDODONTIC RETREATMENT | | | | | | | | | | | | |
| 8334 | Re-preparation of previously obturated root canal | 2006.03 | | R 103.80 | | | | R 125.20 | | T | | B |
| | APEXIFICATION/RECALCIFICATION PROCEDURES | | | | | | | | | | | | |
| 8635 | Apexification/recalcification – per visit | 2006.03 | | R 93.50 | | | | R 138.10 | | T | | S |
| | PERIRADICULAR PROCEDURES | | | | | | | | | | | | |
| 9015 | Apicectomy - anteriors (including retrograde filling) | 2006.03 | | R 346.50 | R 459.70 | | R 459.70 | R 459.70 | | T | | S |
| 9016 | Apicectomy - posteriors (including retrograde filling) | 2006.03 | | R 611.20 | R 916.90 | | R 916.90 | R 916.90 | | T | | S |
| | OTHER ENDODONTIC PROCEDURES | | | | | | | | | | | | |
| 8330 | Removal of root canal obstruction | 2006.03 | | R 91.70 | | | | | | T | | B |
| 8136 | Access through a prosthetic crown or inlay to facilitate root canal treatment | 2004.00 | | R 62.60 | | | | | | T | | B |
| 8640 | Removal of fractured post or instrument from root canal | 2006.03 | | | | | | R 243.60 | | T | | B |
| 8765 | Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure) | 2006.03 | | R 306.50 | | | R 459.70 | R 459.70 | | T | | A |
| E. | PERIODONTIC SERVICES | | | | | | | | | | | | |
| | The branch of dentistry used to treat and prevent disease affecting the gingivae, ligaments and bone that supports the teeth. | 2006.03 | | | | | | | | | | | |
| | SURGICAL SERVICES | | | | | | | | | | | | |
| | Surgical services includes usual postoperative care. | 2006.03 | | | | | | | | | | | |
| 8741 | Gingivectomy/gingivoplasty - four or more teeth per quadrant | 2006.03 | | R 367.10 | | | R 503.50 | | | Q | | A |
| 8743 | Gingivectomy or gingivoplasty - one to three teeth per quadrant | 2006.03 | | R 293.30 | | | R 399.70 | | | Q | | A |
| 8749 | Flap procedure, root planing and one to three surgical services - per quadrant | 2006.03 | | R 762.20 | | | R 1 143.30 | | | Q | | A |
| 8751 | Flap procedure, root planing and one to three surgical services - per sextant | 2006.03 | | R 631.30 | | | R 946.90 | | | S | | A |
| 8753 | Flap procedure, root planing and four or more surgical services - per quadrant | 2006.03 | | R 944.70 | | | R 1 417.00 | | | Q | | A |
| 8755 | Flap procedure, root planing and four or more surgical services - per sextant | 2006.03 | | R 765.60 | | | R 1 148.40 | | | S | | A |
| 8756 | Clinical crown lengthening (isolated procedure) | 2006.03 | | R 464.20 | | | R 696.40 | | | T | | A |
| 8759 | Pedicle flapped graft (isolated procedure) | 2006.03 | | R 348.80 | | | R 523.20 | | | M | | A |
| 8761 | Masticatory mucosal autograft - one to four teeth (isolated procedure) | 2005.02 | | R 379.10 | R 568.70 | | R 568.70 | | | M | +L | A |
| 8762 | Masticatory mucosal autograft - four or more teeth (isolated procedure) | 2005.02 | | R 569.50 | R 854.30 | | R 854.30 | | | M | +L | A |
| 8763 | Wedge resection (isolated procedure) | 2006.03 | | R 223.00 | | | R 334.50 | | | Q | | A |
| 8766 | Bone regeneration/repair procedure - as part of a flap operation | 2006.03 | | R 182.40 | | | R 273.70 | | | | | A |
| 8767 | Bone regeneration/repair procedure - at a single site | 2006.03 | | R 472.90 | R 709.30 | | R 709.30 | | | | | A |
| 8769 | Membrane removal (used for guided tissue regeneration) | 2006.03 | | R 223.00 | R 334.50 | | R 334.50 | | | | | A |
| 8770 | Cost of bone regenerative/repair material | 2006.03 | | R - | R - | | R - | | | | | A |
| 8772 | Submucosal connective tissue autograft (isolated procedure) | 2005.02 | | R 383.10 | R 574.70 | | R 574.70 | | | | | A |
| 8995 | Gingivectomy - per jaw | 2006.03 | | R 543.80 | R 815.70 | | | | | M | +L | S |
| | NON-SURGICAL PERIODONTAL SERVICES | | | | | | | | | | | | |
| 8723 | Provisional splinting - extracoronal (wire) - per sextant | 2005.02 | | R 130.40 | | | R 195.60 | R 195.60 | | M | +L | A |
| 8725 | Provisional splinting - extracoronal (wire plus resin) - per sextant | 2005.02 | | R 189.20 | | | R 283.90 | R 283.90 | | M | +L | A |
| 8727 | Provisional splinting - intracoronal - per tooth | 2006.03 | | R 59.40 | | | R 89.20 | R 89.20 | | T | +L | A |
| 8737 | Root planing - four or more teeth per quadrant | 2006.03 | | R 281.30 | | | R 381.60 | | | Q | | A |
| 8739 | Root planing - one to three teeth per quadrant | 2006.03 | | R 223.90 | | | R 304.50 | | | Q | | A |
| 8773 | Cost of intrapocket chemotherapeutic agent | 2006.03 | | R - | | | R - | | | | | |
| | OTHER PERIODONTAL SERVICES | | | | | | | | | | | | |
| 8768 | Unlisted periodontal procedure | 2004.00 | | R 223.00 | | | R 334.50 | | | T | | A |
| 8787 | Unlisted oral medicine procedure | 2004.00 | | R 80.00 | | | R 120.10 | | | | | S |
| F. | REMOVABLE PROSTHODONTICS | | | | | | | | | | | | |



STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 551

## Dental Practitioners 2008

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | The branch of prosthodontics concerned with the replacement of teeth by artificial substitutes that is readily removable.□<br>Removable prosthodontic services include routine post-operative care. | 2006.03 | | | | | | | | | | | |
| | COMPLETE DENTURES | | | | | | | | | | | | |
| 8231 | Complete dentures - maxillary and mandibular | 2006.03 | | R 1 133.90 | | | | R 2 367.30 | | M | +L | B |
| 8232 | Complete denture - maxillary or mandibular | 2006.03 | | R 699.00 | | | | R 1 656.20 | | M | +L | B |
| 8244 | Immediate denture - maxillary | 2006.03 | | R 699.00 | | | | R 1 048.50 | | | +L | |
| 8245 | Immediate denture - mandibular | 2006.03 | | R 699.00 | | | | R 1 048.50 | | | +L | |
| 8643 | Complete dentures - maxillary and mandibular (with complications) | 2004.00 | | | | | | R 3 072.20 | | | +L | B |
| 8645 | Complete dentures - maxillary and mandibular (with major complications) | 2004.00 | | | | | | R 3 779.00 | | | +L | B |
| 8649 | Complete denture - maxillary or mandibular (with complications) | 2005.02 | | | | | | R 1 890.40 | | M | +L | B |
| 8651 | Complete denture - maxillary or mandibular (with major complications) | 2005.02 | | | | | | R 2 126.20 | | M | +L | B |
| | PARTIAL DENTURES | | | | | | | | | | | |
| 8233 | Partial denture - resin base - one tooth | 2005.02 | | R 325.00 | | | | | | M | +L | B |
| 8234 | Partial denture - resin base - two teeth | 2005.02 | | R 325.00 | | | | | | M | +L | B |
| 8235 | Partial denture - resin base - three teeth | 2005.02 | | R 486.30 | | | | | | M | +L | B |
| 8236 | Partial denture - resin base - four teeth | 2005.02 | | R 486.30 | | | | | | M | +L | B |
| 8237 | Partial denture - resin base - five teeth | 2005.02 | | R 486.30 | | | | | | M | +L | B |
| 8238 | Partial denture - resin base - six teeth | 2005.02 | | R 645.00 | | | | | | M | +L | B |
| 8239 | Partial denture - resin base - seven teeth | 2005.02 | | R 645.00 | | | | | | M | +L | B |
| 8240 | Partial denture - resin base - eight teeth | 2005.02 | | R 645.00 | | | | | | M | +L | B |
| 8241 | Partial denture - resin base - nine or more teeth | 2005.02 | | R 645.00 | | | | | | M | +L | B |
| 8281 | Partial denture - cast metal framework only | 2006.03 | | R 758.30 | | | | | | M | +L | A |
| 8671 | Partial denture - cast metal framework with resin denture base | 2006.03 | | | | | | R 1 890.40 | | M | +L | A |
| | ADJUSTMENTS TO DENTURES | | | | | | | | | | | |
| 8275 | Adjust complete or partial denture | 2006.03 | | R 51.50 | | | | R 51.50 | | | | B |
| 8662 | Adjust complete or partial dentures (remounting) | 2004.00 | | R 181.90 | | | | R 272.80 | | | +L | B |
| | REPAIRS TO DENTURES | | | | | | | | | | | |
| | Professional fees should not be levied for the repair of dentures/intra-oral appliances if the practitioner did not examine the patient. Laboratory costs, however, may be recovered. | 2006.03 | | | | | | | | | | |
| 8269 | Repair denture or other intra-oral appliance | 2006.03 | | R 89.20 | | | | R 96.00 | | M | +L | B |
| 8270 | Add clasp to existing partial denture | 2006.03 | | R 64.30 | | | | | | M | +L | B |
| 8271 | Add tooth to existing partial denture | 2006.03 | | R 64.30 | | | | | | M | +L | B |
| 8273 | Impression to repair or modify a denture or other intra-oral appliance | 2006.03 | | R 51.50 | | | | R 51.50 | | | +L | B |
| | DENTURE REBASE PROCEDURES | | | | | | | | | | | |
| | Rebase – The partial or complete removal and replacement of the denture base. | 2006.03 | | | | | | | | | | |
| 8259 | Rebase complete or partial denture (laboratory) | 2005.02 | | R 265.00 | | | | R 382.50 | | M | +L | B |
| 8261 | Remodel complete or partial denture | 2005.02 | | R 425.40 | | | | | | M | +L | B |
| | DENTURE RELINE PROCEDURES | | | | | | | | | | | |
| | Reline - The addition of material to the fitting surface of a denture base. | 2006.03 | | | | | | | | | | |
| 8263 | Reline complete or partial denture (chair-side) | 2005.02 | | R 168.10 | | | | R 210.10 | | M | | B |
| 8267 | Reline complete or partial denture (laboratory) | 2006.03 | | R 386.90 | | | | R 386.90 | | M | +L | B |
| | INTERIM DENTURES | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Also known as provisional, temporary, or transitional dentures. Provisional dentures are used for a limited period of time for reasons of aesthetics, function or occlusal support, after which it is replaced by a more definitive prosthesis. | 2006.03 | | | | | | | | | | | |
| 8658 | Interim complete denture | 2006.03 | | R 699.00 | | | | R 1 048.50 | | | M | +L | B |
| 8659 | Interim partial denture | 2006.03 | | R 559.20 | | | | R 838.80 | | | M | +L | B |
| 8661 | Diagnostic dentures (including tissue conditioning) | 2006.03 | | | | | | R 1 890.40 | | | | +L | A |
| | OTHER REMOVABLE PROSTHETIC PROCEDURES | | | | | | | | | | | | |
| 8251 | Clasp or rest - cast gold | 2006.03 | | R 64.30 | | | | | | | | +L | A |
| 8253 | Clasp or rest - wrought gold | 2006.03 | | R 64.30 | | | | | | | | +L | B |
| 8255 | Clasp or rest - stainless steel | 2006.03 | | R 67.70 | | | | | | | | +L | B |
| 8257 | Bar - lingual or palatal | 2006.03 | | R 79.80 | | | | | | | M | +L | B |
| 8265 | Tissues conditioning per arch (including soft self-cure reline) | 2005.02 | | R 109.80 | | | | R 140.70 | | | M | | B |
| 8277 | Inlay in denture | 2006.03 | | | | | | | | | | +L | A |
| 8597 | Locks and milled rests | 2004.00 | | R 64.10 | | | | R 96.00 | | | T | +L | A |
| 8599 | Precision attachment (removable denture) | 2006.03 | | R 156.00 | | | | R 234.10 | | | M | +L | A |
| 8652 | Overdenture - complete | 2006.04 | | R 1 260.20 | | | | R 1 890.40 | | | M | +L | B |
| 8653 | Overdenture - partial | 2006.04 | | R 1 008.10 | | | | R 1 512.30 | | | M | +L | B |
| 8657 | Replacement of precision attachment | 2006.03 | | R 89.20 | | | | R 96.00 | | | M | +L | A |
| 8663 | Metal base to complete denture | 2006.03 | | R 379.70 | | | | R 569.50 | | | M | +L | A |
| 8664 | Remount crown or bridge for prosthetics | 2004.00 | | R 181.90 | | | | R 285.00 | | | | | A |
| 8667 | Soft base to denture (heat cured) | 2005.02 | | R 379.70 | | | | R 569.50 | | | M | +L | B |
| 8672 | Altered cast technique (in addition to partial denture) | 2005.02 | | R 48.70 | | | | R 73.00 | | | M | +L | B |
| 8674 | Additive partial denture | 2005.02 | | R 571.80 | | | | R 857.70 | | | M | +L | B |
| G. | MAXILLO-FACIAL PROSTHETICS | | | | | | | | | | | | |
| | The branch of prosthodontics concerned with the restoration of stomatognathic and associated facial structures that have been affected by disease, injury, surgery or congenital defect.□<br>Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Schedule plus the fee/benefit indicated | 2006.03 | | | | | | | | | | | |
| | MAXILLIARY PROSTHESIS | | | | | | | | | | | | |
| 9101 | Obturator prosthesis, surgical - modified denture | 2004.00 | | R 93.80 | | | | R 140.70 | | | | +L | |
| 9102 | Obturator prosthesis, surgical - continuous base | 2004.00 | | R 254.40 | | | | R 381.60 | | | | +L | |
| 9103 | Obturator prosthesis, surgical - split base | 2004.00 | | R 379.10 | | | | R 568.70 | | | | +L | |
| 9104 | Obturator prosthesis, interim - on existing denture | 2004.00 | | R 571.80 | | | | R 857.70 | | | | +L | |
| 9105 | Obturator prosthesis, interim - on new denture | 2004.00 | | R 1 765.80 | | | | R 2 648.60 | | | | +L | |
| 9106 | Obturator prosthesis, definitive - open/hollow box | 2004.00 | | R 571.80 | | | | R 857.70 | | | | +D | |
| 9107 | Obturator prosthesis, definitive - silicone glove | 2004.00 | | R 1 104.20 | | | | R 1 656.20 | | | | +D | |
| | MANDIBULAR RESECTION PROSTHESES | | | | | | | | | | | | |
| 9108 | Mandibular resection prosthesis w/ guide flange | 2004.00 | | R 1 356.30 | | | | R 2 034.40 | | | | +L | |
| 9109 | Mandibular resection prosthesis w/o guide flange | 2004.00 | | R 1 260.20 | | | | R 1 890.40 | | | | +L | |
| 9110 | Mandibular resection prosthesis, palatal augmentation | 2004.00 | | R 254.40 | | | | R 381.60 | | | | +D | |
| | GLOSSAL RESECTION PROSTHESES | | | | | | | | | | | | |
| 9111 | Glossal resection prosthesis - simple | 2004.00 | | R 530.60 | | | | R 796.00 | | | | +D | |
| 9112 | Glossal resection prosthesis - complex | 2004.00 | | R 794.90 | | | | R 1 192.20 | | | | +D | |

## Dental Practitioners 2008

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | RADIOTHERAPY APPLIANCES | | | | | | | | | | | | |
| 9113 | Radiation carrier - simple | 2004.00 | | R 571.80 | | | | R 857.70 | | | +L | | |
| 9114 | Radiation carrier - complex | 2004.00 | | R 1 578.10 | | | | R 2 367.30 | | | +L | | |
| 9115 | Radiation shield - simple | 2004.00 | | R 571.80 | | | | R 857.70 | | | +L | | |
| 9116 | Radiation shield - complex | 2004.00 | | R 1 578.10 | | | | R 2 367.30 | | | +L | | |
| 9117 | Radiation cone locator | 2004.00 | | R 571.80 | | | | R 857.70 | | | +L | | |
| | CHEMOTHERAPY APPLIANCES | | | | | | | | | | | | |
| 9118 | Chemotherapeutic agent carrier | 2004.00 | | R 571.80 | | | | R 857.70 | | | +L | | |
| | CLEFT PALATE PROSTHESES | | | | | | | | | | | | |
| 8855 | Consultation - cleft palate therapy (house or hospital) | 2004.00 | | R 130.40 | | R 195.60 | | R 195.60 | | | | | S |
| 8856 | Consultation - cleft palate (subsequent) | 2004.00 | | R 64.10 | | R 96.00 | | R 96.00 | | | | | S |
| 8857 | Consultation - cleft palate (maximum) | 2004.00 | | R 445.40 | | R 668.10 | | R 668.10 | | | | | S |
| | NEONATAL PROSTHESES | | | | | | | | | | | | |
| 9119 | Feeding aid prosthesis, neonatal | 2004.00 | | R 506.10 | | R 759.10 | | R 759.10 | | | +L | | S |
| 9120 | Orthopaedic appliance, active presurgical - minor | 2004.00 | | R 506.10 | | R 759.10 | | R 759.10 | | | +L | | S |
| 9121 | Orthopaedic appliance, active presurgical - moderate | 2004.00 | | R 749.00 | | R 1 123.60 | | R 1 123.60 | | | +L | | S |
| 9122 | Orthopaedic appliance, active presurgical - severe | 2004.00 | | R 1 260.20 | | R 1 890.40 | | R 1 890.40 | | | +L | | S |
| 9123 | Orthopaedic appliance, active presurgical - modification | 2004.00 | | R 64.10 | | R 96.00 | | R 96.00 | | | | | S |
| | INTERMEDIATE/DEFINITIVE PROSTHESES | | | | | | | | | | | | |
| 9125 | Speech aid/obturator prosthesis - palatal alteration | 2004.00 | | R 253.00 | | | | R 382.50 | | | +D | | |
| 9126 | Speech aid/obturator prosthesis - velar alteration | 2004.00 | | R 571.80 | | | | R 857.70 | | | +D | | |
| 9127 | Speech aid/obturator prosthesis - pharyngeal alteration | 2004.00 | | R 1 260.20 | | | | R 1 890.40 | | | +D | | |
| 9128 | Speech aid/obturator prosthesis - modification | 2004.00 | | R 64.10 | | | | R 96.00 | | | | | |
| 9129 | Speech aid/obturator prosthesis - surgical | 2004.00 | | R 503.10 | | | | R 759.10 | | | +L | | |
| | SPEACH APPLIANCES | | | | | | | | | | | | |
| 9130 | Speech aid appliance - palatal lift | 2004.00 | | R 254.40 | | | | R 381.60 | | | +D | | |
| 9131 | Speech aid appliance - palatal stimulating | 2004.00 | | R 571.80 | | | | R 857.70 | | | +D | | |
| 9132 | Speech aid appliance - bulb | 2004.00 | | R 1 260.20 | | | | R 1 890.40 | | | +D | | |
| 9133 | Speech aid appliance - modification | 2004.00 | | R 64.10 | | | | R 96.00 | | | | | |
| 9134 | Unspecified speech aid appliance | 2004.00 | | R - | | | | R - | | | +L | | |
| | EXTRA-ORAL APPLIANCES | | | | | | | | | | | | |
| 9135 | Auricular prosthesis - simple | 2004.00 | | R 1 578.10 | | | | R 2 367.30 | | | +L | | |
| 9136 | Auricular prosthesis - complex | 2004.00 | | R 2 059.10 | | | | R 3 072.20 | | | +L | | |
| 9137 | Nasal prosthesis - simple | 2004.00 | | R 1 578.10 | | | | R 2 367.30 | | | +L | | |
| 9138 | Nasal prosthesis - complex | 2004.00 | | R 2 059.10 | | | | R 3 072.20 | | | +L | | |
| 9139 | Ocular prosthesis - interim | 2004.00 | | R 571.80 | | | | R 857.70 | | | +L | | |
| 9140 | Ocular prosthesis - modified stock appliance | 2004.00 | | R 1 418.60 | | | | R 2 127.90 | | | +L | | |
| 9141 | Ocular prosthesis - custom appliance | 2004.00 | | R 2 059.10 | | | | R 3 072.20 | | | +L | | |
| 9142 | Orbital prosthesis - simple | 2004.00 | | R 1 418.60 | | | | R 2 127.90 | | | +L | | |
| 9143 | Orbital prosthesis - complex | 2004.00 | | R 2 059.10 | | | | R 3 072.20 | | | +L | | |
| 9144 | Facial prosthesis, combination - small | 2004.00 | | | | | | | | | | | |
| 9145 | Facial prosthesis, combination - medium | 2004.00 | | | | | | | | | | | |
| 9146 | Facial prosthesis, combination - large | 2004.00 | | | | | | | | | | | |
| 9147 | Facial prosthesis, combination - complex | 2004.00 | | | | | | | | | | | |
| 9148 | Unspecified body prosthesis - simple | 2004.00 | | R 1 418.60 | | | | R 2 127.90 | | | +L | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9149 | Unspecified body prosthesis - complex | 2004.00 | | R 2 059.10 | | | | R 3 072.20 | | | | +L | | |
| 9150 | Facial prosthesis, surgical - simple | 2004.00 | | R 1 104.30 | | | | R 1 656.20 | | | | +L | | |
| 9151 | Facial prosthesis, surgical - complex | 2004.00 | | R 1 418.60 | | | | R 2 127.90 | | | | +L | | |
| 9152 | Extraoral appliance - additional prosthesis | 2004.00 | | | | | | | | | | +L | | |
| 9153 | Extraoral appliance - replacement prosthesis | 2004.00 | | | | | | | | | | +L | | |
| 9155 | Cranial prosthesis | 2004.00 | | R 571.80 | | | | R 857.70 | | | | +L | | |
| | CUSTOM IMPLANTS | | | | | | | | | | | | | |
| 9156 | Cranial implant prosthesis, custom made | 2004.00 | | R 690.20 | | | | R 1 035.20 | | | | +L | | |
| 9157 | Facial implant prosthesis, custom made - simple | 2004.00 | | R 344.80 | | | | R 517.20 | | | | +L | | |
| 9158 | Facial implant prosthesis, custom made - complex | 2004.00 | | R 690.20 | | | | R 1 035.20 | | | | +L | | |
| 9159 | Ocular implant prosthesis, custom made | 2004.00 | | R 344.80 | | | | R 517.20 | | | | +L | | |
| 9160 | Body implant prosthesis - custom made | 2004.00 | | R 1 534.70 | | | | R 2 302.10 | | | | +L | | |
| | SURGICAL APPLIANCES | | | | | | | | | | | | | |
| 9161 | Surgical splint - simple | 2004.00 | | R 156.00 | | | | R 234.10 | | | | +L | | |
| 9162 | Surgical splint - complex | 2004.00 | | R 571.80 | | | | R 857.70 | | | | +L | | |
| 9163 | Surgical template - simple | 2004.00 | | R 156.00 | | | | R 234.10 | | | | +L | | |
| 9164 | Surgical template - complex | 2004.00 | | R 571.80 | | | | R 857.70 | | | | +L | | |
| 9165 | Surgical conformer - simple | 2004.00 | | R 156.00 | | | | R 234.10 | | | | +L | | |
| 9166 | Surgical conformer - complex | 2004.00 | | R 571.80 | | | | R 857.70 | | | | +L | | |
| | TRISMUS APPLIANCES | | | | | | | | | | | | | |
| 9167 | Trismus appliance (simple) | 2004.00 | | R 64.10 | | | | R 96.00 | | | | +L | | |
| 9168 | Trismus appliance (complex) | 2004.00 | | R 571.80 | | | | R 857.70 | | | | +L | | |
| 9169 | Orthoses appliance | 2004.00 | | R 1 260.20 | | | | R 1 890.40 | | | | +L | | |
| 9170 | Facial palsy appliance | 2004.00 | | R 379.10 | | | | R 568.70 | | | | +D | | |
| 9171 | Commissure splint | 2004.00 | | R 156.00 | | | | R 234.10 | | | | +L | | |
| 9172 | Oral retractor, dynamic - per arm | 2004.00 | | R 156.00 | | | | R 234.10 | | | | +L | | |
| 9173 | Hand splint | 2005.02 | | | | | | | | | | +L | | |
| 9174 | Unspecified burn appliance | 2005.02 | | R - | | | | R - | | | | +L | | |
| | ATTENDANCE IN THEATRE | | | | | | | | | | | | | |
| 9175 | Theatre attendance (MaxFac prosthod) /hour | 2004.00 | | R 211.00 | | | | R 316.50 | | | | | | |
| H. | IMPLANT SERVICES | | | | | | | | | | | | | |
| | Services/procedures concerned with the surgical insertion of materials and devices into, onto and about the jaws and oral cavity for purposes of oral maxillofacial or oral occlusal rehabilitation or cosmetic corrections. | 2006.03 | | | | | | | | | | | | |
| | SURGICAL IMPLANT PROCEDURES | | | | | | | | | | | | | |
| | The codes in this subsection are intended to report surgical procedures for the placement of implants to be used as prosthetic abutments. The surgical phase includes all procedures concerned with placing the implant into or onto the bone and preparation for the prosthetic phase. | 2006.03 | | | | | | | | | | | | |
| 9180 | Surgical placement of sub-periosteal implant - preparatory stage | 2005.02 | | R 925.20 | R 1 387.80 | | | | | | M | | S | |
| 9181 | Surgical placement of sub-periosteal implant - placement stage | 2005.02 | | R 925.20 | R 1 387.80 | | | | | | M | +L | S | |
| 9182 | Surgical placement of endosteal implant plate | 2004.00 | | R 463.10 | R 694.70 | | R 694.70 | | | | | +L | S | |
| 9183 | Surgical placement of endosteal implant - first per jaw | 2006.03 | | R 651.90 | R 886.00 | | R 886.00 | | | | T | +M | S | |
| 9184 | Surgical placement of endosteal implant - second per jaw | 2005.02 | | R 488.00 | R 664.70 | | R 664.70 | | | | T | +M | S | |
| 9185 | Surgical placement of endosteal implant - third and subsequent per jaw | 2005.02 | | R 326.70 | R 445.20 | | R 445.20 | | | | T | +M | S | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9190 | Surgical placement of abutment - first per jaw | 2006.03 | R 241.80 | R 327.60 | | R 327.60 | R 327.60 | | T | +M | S |
| 9191 | Surgical placement of abutment - second per jaw | 2005.02 | R 181.80 | R 246.20 | | R 246.20 | R 246.20 | | T | +M | S |
| 9192 | Surgical placement of abutment - third and subsequent per jaw | 2005.02 | R 121.80 | R 165.60 | | R 165.60 | R 165.60 | | T | +M | S |
| | IMPLANT SUPPORTED PROSTHETICS | | | | | | | | | | |
| | Services/procedures concerned with the construction and placement of fixed or removable prosthesis on any implant device. Prosthetic devices which are not listed in this subsection should be reported using existing fixed or removable prosthetic codes. | 2006.03 | | | | | | | | | |
| | Abutments and Bars | | | | | | | | | | |
| | These codes are intended to report the placement of final restorations and should not be used to report the placement of temporary/provisional components e.g., healing abutments/collars, temporary abutments, caps, cylinders, etc.Abutments as part of one-piece endosteal implants (incorporating both the implant and integral fixed abutment) are considered being part of the implant body and should not be reported in addition to the surgical placement of the implant.See Codes 9187 to 9189 located in the "Other implant services" section to submit the cost of implant components. | 2006.03 | | | | | | | | | |
| 8584 | Connector bar - implant supported | 2006.03 | R 1 260.20 | | | | R 1 890.40 | | | | |
| 8578 | Prefabricated abutment | 2006.03 | R 130.40 | | | | R 195.60 | | | | |
| 8579 | Custom abutment | 2006.03 | R 594.70 | | | | R 892.00 | | | | |
| | Removable Dentures | | | | | | | | | | |
| 8533 | Implant supported removable complete overdenture | 2006.03 | R 1 260.20 | | | | R 1 890.40 | | M | +L | B |
| 8534 | Implant supported removable partial overdenture | 2006.03 | R 1 008.10 | | | | R 1 512.30 | | M | +L | B |
| | Fixed-detachable Dentures | | | | | | | | | | |
| 8654 | Implant supported fixed-detachable complete overdenture | 2006.03 | R 1 417.50 | | | | R 2 126.20 | | M | +L | A |
| 8655 | Implant supported fixed-detachable partial overdenture | 2006.03 | R 1 133.90 | | | | R 1 457.00 | | M | +L | A |
| 8660 | Additional fee to implant supported fixed-detachable denture - per implant | 2006.03 | R 195.60 | | | | R 195.60 | | T | | A |
| | Crowns - Single Restorations | | | | | | | | | | |
| 8536 | Crown - implant/abutment supported - porcelain/ceramic | 2006.03 | R 1 042.10 | | | | R 1 378.30 | | T | +L | A |
| 8537 | Crown - implant/abutment supported - porcelain with metal | 2005.02 | R 1 042.10 | | | | R 1 378.30 | | T | +L | A |
| 8538 | Crown - implant/abutment supported - cast metal | 2005.02 | R 1 042.10 | | | | R 1 378.30 | | T | +L | A |
| 8592 | Crown - implant/abutment supported | 2006.03 | | | | | R 1 378.30 | | T | +L | A |
| | Bridge Retainers - Crowns | | | | | | | | | | |
| 8546 | Crown retainer - implant/abutment supported - porcelain/ceramic | 2006.03 | R 1 042.10 | | | | R 1 378.30 | | T | +L | A |
| 8547 | Crown retainer - implant/abutment supported - porcelain with metal | 2005.02 | R 1 042.10 | | | | R 1 378.30 | | T | +L | A |
| 8548 | Crown retainer - implant/abutment supported - cast metal | 2005.02 | R 1 042.10 | | | | R 1 378.30 | | T | +L | A |
| | OTHER IMPLANT SERVICES | | | | | | | | | | |
| 8590 | Implant maintenance procedures - per implant | 2006.03 | R 57.70 | | | | R 86.60 | | T | | A |
| 8594 | Repair of implant supported prosthesis | 2006.03 | R 64.10 | | | | R 96.00 | | | | |
| 8595 | Repair of implant abutment | 2006.03 | R 64.10 | | | | R 96.00 | | | | |
| 8600 | Cost of implant components | 2006.03 | | R - | | R - | R - | | | | S |
| 9187 | Cost of endosteal implant body | 2006.03 | R - | R - | | R - | | | | | S |
| 9188 | Cost of prefabricated abutment | 2006.03 | R - | | | | | | | | S |
| 9189 | Cost of other implant compnts | 2006.03 | R - | | | | | | | | S |
| 9198 | Surgical removal of implant | 2006.03 | R 301.40 | R 452.00 | | R 452.00 | | | T | | S |
| I. | FIXED PROSTHODONTICS | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial substitutes that are not readily removable.□<br>A prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge that attaches a pontic to the abutment tooth. A pontic is that part of a bridge which replaces a missing tooth or teeth. Each retainer and each pontic constitutes a unit in a bridge.□<br>Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused to metal retainers and pontics.□<br>Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or pressure-cured resin materials.□<br>Metal components include structures manufactured by means of conventional casting and/or electroforming. | 2006.03 | | | | | | | | | | | |
| | PONTICS | | | | | | | | | | | | |
| | Comment: Codes 8415, 8416, 8417and 8418 include ovate pontic designs. The nomenclatures of the pontics have been revised to coincide with the nomenclature used for crowns, which improves accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised as bridge retainers. | 2006.03 | | | | | | | | | | | |
| 8415 | Pontic - porcelain/ceramic | 2005.03 | | R 655.30 | | | | | | T | +L | A | |
| 8416 | Pontic - cast metal | 2005.03 | | R 520.60 | | | | | | T | +L | A | |
| 8417 | Pontic - resin with metal | 2005.03 | | R 655.30 | | | | | | T | +L | A | |
| 8418 | Pontic - porcelain fused to metal | 2005.03 | | R 655.30 | | | | | | T | +L | A | |
| 8419 | Provisional pontic | 2006.03 | | R 156.00 | | | | R 234.10 | | T | (+L) | A | |
| 8611 | Pontic - sanitary | 2006.03 | | | | | | R 714.50 | | T | +L | A | |
| 8613 | Pontic - posterior | 2006.03 | | | | | | R 874.00 | | T | +L | A | |
| 8615 | Pontic - anterior/premolar | 2006.03 | | | | | | R 944.30 | | T | +L | A | |
| | BRIDGE RETAINERS – INLAYS/ONLAYS | | | | | | | | | | | | |
| | An inlay/onlay retainer for a bridge that gains retention, support and stability from a tooth. The cusp tip must be overlayed to be considered an onlay.□<br>See inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers. | 2006.03 | | | | | | | | | | | |
| 8432 | Inlay/onlay retainer - metal - two surfaces | 2005.02 | | R 312.20 | | | | R 610.60 | | T | +L | A | |
| 8433 | Inlay/onlay retainer - metal - three surfaces | 2005.02 | | R 520.60 | | | | R 946.90 | | T | +L | A | |
| 8434 | Inlay/onlay retainer - metal - four or more surfaces | 2005.02 | | R 629.60 | | | | R 946.90 | | T | +L | A | |
| 8436 | Inlay/onlay retainer - porcelain - two surfaces | 2005.02 | | R 379.90 | | | | R 732.50 | | T | +L | A | |
| 8437 | Inlay/onlay retainer - porcelain - three surfaces | 2005.02 | | R 626.10 | | | | R 1 138.20 | | T | +L | A | |
| 8438 | Inlay/onlay retainer - porcelain - four or more surfaces | 2005.02 | | R 758.30 | | | | R 1 138.20 | | T | +L | A | |
| 8617 | Retainer cast metal (Maryland type retainer) | 2006.03 | | R 312.20 | | | | R 610.60 | | T | +L | A | |
| | BRIDGE RETAINERS – CROWNS | | | | | | | | | | | | |
| | A crown retainer for a bridge that gains retention, support and stability from a tooth. | 2006.03 | | | | | | | | | | | |
| 8441 | Crown retainer - full cast metal | 2005.02 | | R 802.80 | | | | R 1 181.90 | | T | +L | A | |
| 8442 | Crown retainer - 3/4 cast metal | 2005.02 | | R 802.80 | | | | R 1 181.90 | | T | +L | A | |
| 8443 | Crown retainer - porcelain/ceramic | 2005.02 | | R 802.80 | | | | R 1 181.90 | | T | +L | A | |
| 8444 | Crown retainer - 3/4 porcelain/ceramic | 2005.02 | | R 802.80 | | | | R 1 181.90 | | T | +L | A | |
| 8445 | Crown retainer - porcelain with metal | 2005.02 | | R 802.80 | | | | R 1 181.90 | | T | +L | A | |
| 8446 | Crown retainer - resin with metal | 2005.02 | | R 802.80 | | | | R 1 181.90 | | T | +L | A | |
| 8447 | Provisional crown retainer | 2006.03 | | R 156.00 | | | | R 234.10 | | T | (+L) | A | |
| | OTHER FIXED PROSTHODONTIC PROCEDURES | | | | | | | | | | | | |



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | See "other restorative services" for procedures related to fixed prosthesis not listed in this sub-section. | 2006.03 | | | | | | | | | | | |
| 8514 | Recement bridge | 2006.03 | | R 70.30 | | | | R 89.20 | | T | | B |
| 8516 | Remove bridge | 2006.03 | | R 139.80 | | | | R 139.80 | | T | | A |
| 8518 | Repair bridge | 2006.03 | | R 156.00 | | | | R 156.00 | | T | (+L) | A |
| 8585 | Connector bar | 2006.03 | | R 1 260.20 | | | | R 1 890.40 | | M | +L | A |
| 8586 | Stress breaker | 2006.03 | | R 470.10 | | | | R 705.10 | | M | +L | A |
| 8587 | Coping metal | 2006.03 | | R 104.70 | | | | R 195.60 | | T | +L | A |
| J. | ORAL AND MAXILLO-FACIAL SURGERY | | | | | | | | | | | |
| | The branch of dentistry using surgery to treat disorders/diseases of the mouth. Surgical procedures include routine postoperative care. | 2006.03 | | | | | | | | | | |
| | EXTRACTIONS | | | | | | | | | | | |
| 8201 | Extraction - tooth or exposed tooth roots (first per quadrant) | 2006.03 | | R 70.30 | R 105.40 | | | | | T | | B |
| 8202 | Extraction - each additional tooth or exposed tooth roots | 2006.03 | | R 28.30 | R 42.50 | | | | | T | | B |
| | SURGICAL EXTRACTIONS | | | | | | | | | | | |
| | Report code 8220 when sutures are provided by the practitioner. | 2006.03 | | | | | | | | | | |
| 8213 | Surgical removal of residual roots, first tooth - per tooth | 2006.03 | | R 303.70 | | | | | | T | | S |
| 8214 | Surgical removal of residual roots, second and subsequent teeth's roots | 2004.00 | | R 234.10 | | | | | | T | | S |
| 8937 | Surgical removal of tooth | 2006.03 | | R 303.70 | R 409.90 | | | | | T | | S |
| 8941 | Surgical removal of impacted tooth - first tooth | 2006.03 | | R 503.50 | R 662.10 | | | | | T | | S |
| 8943 | Surgical removal of impacted tooth - second tooth | 2004.00 | | R 270.10 | R 356.70 | | | | | T | | S |
| 8945 | Surgical removal of impacted tooth - third and subsequent teeth | 2004.00 | | R 153.50 | R 202.40 | | | | | T | | S |
| 8953 | Surgical removal of residual roots, first tooth - per tooth | 2006.03 | | | R 409.90 | | | | | T | | S |
| | OTHER SURGICAL PROCEDURES | | | | | | | | | | | |
| 8517 | Reimplantation of avulsed tooth (include stabilisation) | 2005.04 | | R 162.40 | | | | R 243.60 | | T | +L | S |
| 8909 | Oral antral fistula closure | 2004.00 | | R 711.90 | R 1 067.80 | | | | | | | S |
| 8911 | Caldwell-Luc procedure | 2004.00 | | R 278.50 | R 417.80 | | | | | | | S |
| 8917 | Biopsy of oral tissue - soft | 2006.03 | | R 177.50 | R 236.70 | | R 236.70 | | | M | | S |
| 8919 | Biopsy of bone - needle | 2005.02 | | R 273.30 | R 409.90 | | | | | M | | S |
| 8921 | Biopsy – extra-oral bone/soft tissue | 2005.02 | | R 447.20 | R 670.70 | | | | | M | | S |
| 8961 | Tooth transplantation | 2006.03 | | R 611.20 | R 916.90 | | | | | T | +L | S |
| 8965 | Peripheral neurectomy | 2004.00 | | R 611.20 | R 916.90 | | | | | | | S |
| 8966 | Repair of oronasal fistula (local flaps) | 2004.00 | | R 850.30 | R 1 275.50 | | | | | | | S |
| 8981 | Surgical exposure of impacted or unerupted teeth to aid eruption | 2006.03 | | R 561.00 | R 764.20 | | R 764.20 | | | T | | S |
| 8983 | Corticotomy - first tooth | 2004.00 | | R 405.90 | R 608.90 | | | | | T | | S |
| 8984 | Corticotomy - each additional tooth | 2004.00 | | R 205.80 | R 308.80 | | | | | T | | S |
| | ALVEOLOPLASTY | | | | | | | | | | | |
| 8957 | Alveolotomy or alveolectomy (including extractions) | 2006.03 | | R 372.90 | R 559.30 | | | | | M | | S |
| 9003 | Reposition mental foramen and nerve - per side | 2005.02 | | R 849.20 | R 1 273.70 | | | | | M | +L | S |
| 9004 | Lateralization of inferior dental nerve | 2005.02 | | R 1 368.30 | R 2 052.50 | | | | | | | S |
| | VESTIBULOPLASTY | | | | | | | | | | | |
| | Any of a series of surgical procedures designed to increase relative alveolar ridge height. | 2006.03 | | | | | | | | | | |
| 8997 | Sulcoplasty / Vestibuloplasty | 2005.02 | | R 1 401.50 | R 2 102.30 | | R 2 102.30 | | | M | +L | S |
| | SURGICAL EXCISION OF SOFT TISSUE LESIONS | | | | | | | | | | | |
| 8971 | Excision of tumour of the soft tissue | 2004.00 | | R 273.30 | R 409.90 | | R 409.90 | | | | | S |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS | | | | | | | | | | | | |
| 8967 | Surgical removal of jaw cyst - intra-oral approach | 2005.02 | | R 849.20 | R 1 273.70 | | | | | | M | | S |
| 8969 | Surgical removal of jaw cyst - extra-oral approach | 2005.02 | | R 1 360.20 | R 2 040.40 | | | | | | M | | S |
| 8973 | Surgical excision of tumours of the jaw | 2005.02 | | R 1 360.20 | R 2 040.40 | | | | | | M | | S |
| 9290 | Maxillectomy - Alveolus only, Level I | 2006.03 | | | | | | | | | | | |
| 9292 | Maxillectomy - Alveolus and sinus or nasal floor, Level II | 2006.03 | | | | | | | | | | | |
| 9294 | Maxillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III | 2006.03 | | | | | | | | | | | |
| 9296 | Maxillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV | 2006.03 | | | | | | | | | | | |
| 9298 | Maxillectomy - Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V | 2006.03 | | | | | | | | | | | |
| 9300 | Hemiresection of jaw including condyle and coronoid process | 2006.03 | | | | | | | | | | | |
| | EXCISION OF BONE TISSUE | | | | | | | | | | | | |
| 8975 | Hemiresection of jaw excluding condyl | 2006.03 | | R 1 428.90 | R 2 143.40 | | | | | | M | | S |
| 8987 | Reduction of mylohyoid ridges - per side | 2004.00 | | R 611.20 | R 916.90 | | | | | | | +L | S |
| 8989 | Removal torus mandibularis | 2004.00 | | R 611.20 | R 916.90 | | | | | | | +L | S |
| 8991 | Removal of torus palatinus | 2004.00 | | R 611.20 | R 916.90 | | | | | | | +L | S |
| 8993 | Surgical reduction of osseous tuberosity - per side | 2006.03 | | R 273.30 | R 409.90 | | | | | | M | +L | S |
| | SURGICAL INCISION | | | | | | | | | | | | |
| 8731 | Incision & drainage of abscess - intra-oral | 2006.03 | | R 112.10 | | | R 168.10 | | | | | | A |
| 8908 | Surgical removal of roots from maxillary antrum | 2006.03 | | R 928.60 | R 1 392.90 | | | | | | | | S |
| 9011 | Incision & drainage of abscess - intra-oral (pyogenic) | 2005.02 | | R 173.90 | R 260.70 | | | | | | M | | S |
| 9013 | Incision & drainage of abscess - extra-oral (pyogenic) | 2006.03 | | R 237.80 | R 356.70 | | | | | | M | | S |
| 9017 | Decortication, saucerisation and sequestrectomy | 2006.03 | | R 1 258.50 | R 1 887.80 | | | | | | | | S |
| 9019 | Sequestrectomy - intra oral per sextant and or ramus | 2005.02 | | R 273.30 | R 409.90 | | | | | | M | | S |
| | TREATMENT OF FRACTURES | | | | | | | | | | | | |
| | Alveolus Fractures | | | | | | | | | | | | |
| 9024 | Dento-alveolar fracture - per sextant | 2004.00 | | R 306.50 | R 459.70 | | | | | | | +L | S |
| | Mandibular Fractures | | | | | | | | | | | | |
| 9025 | Mandible fracture - closed reduction | 2006.03 | | R 678.70 | R 1 018.10 | | | | | | | | S |
| 9027 | Mandible fracture - compound, with eyelet wiring | 2004.00 | | R 953.20 | R 1 429.80 | | | | | | | | S |
| 9029 | Mandible fracture - splints | 2006.03 | | R 1 055.50 | R 1 583.30 | | | | | | | +L | S |
| 9031 | Mandible fracture - open reduction | 2006.03 | | R 1 564.50 | R 2 346.70 | | | | | | | +L | S |
| | Maxillary Fractures | | | | | | | | | | | | |
| 9035 | Maxilla fracture - Le Fort I or Guerin | 2006.03 | | R 954.90 | R 1 432.40 | | | | | | | +L | S |
| 9037 | Maxilla fracture - Le Fort II or middle third face | 2006.03 | | R 1 564.50 | R 2 346.70 | | | | | | | +L | S |
| 9039 | Maxilla fracture - Le Fort III or craniofacial disjunction | 2006.03 | | R 2 243.80 | R 3 365.60 | | | | | | | +L | S |
| | Zygoma/Orbital/Antral Fractures | | | | | | | | | | | | |
| 9041 | Zygomatic arch fracture - closed reduction | 2006.03 | | R 678.70 | R 1 018.10 | | | | | | | | S |
| 9043 | Zygomatic arch fracture - open reduction | 2006.03 | | R 1 360.20 | R 2 040.40 | | | | | | | | S |
| 9045 | Zygomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting) | 2004.00 | | R 2 037.90 | R 3 056.90 | | | | | | | | S |
| 9046 | Placement of Zygomaticus fixture, per fixture | 2005.02 | | R 1 346.10 | R 2 019.10 | | | | | | | | S |
| | Nasal Fractures | | | | | | | | | | | | |
| 9280 | Open reduction and fixation of nasal fractures | 2004.00 | | | | | | | | | | | |
| 9282 | Manipulation and immobilisation of nasal fracture | 2004.00 | | | | | | | | | | | |
| | TEMPOROMANDIBULAR JOINT | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Procedures which are an integral part of a primary procedure should not be reported separately. | 2006.03 | | | | | | | | | | | |
| 8172 | Cost of orthotic appliance | 2006.03 | | R - | R - | R - | R - | R - | | | | | |
| 8850 | Treatment of MPDS - first visit | 2004.00 | | R 107.50 | | R 161.30 | | R 161.30 | | | | | A |
| 8851 | Treatment of MPDS - subsequent visit | 2004.00 | | R 56.60 | | R 84.90 | | R 84.90 | | | | | A |
| 8852 | Occlusal orthotic appliance | 2006.03 | | R 270.10 | R 355.90 | R 355.90 | R 355.90 | R 355.90 | | | | +L | S |
| 9053 | Coronoidectomy (intra-oral approach) | 2004.00 | | R 848.50 | R 1 272.90 | | | | | | | | S |
| 9074 | Tmj arthroscopy diagnostic | 2004.00 | | R 675.30 | R 1 012.90 | | | | | | | | S |
| 9075 | Condylectomy, coronoidectomy or both | 2004.00 | | R 1 696.50 | R 2 544.80 | | | | | | | | S |
| 9076 | TMJ artrocentesis | 2004.00 | | R 372.90 | R 559.30 | | | | | | | | S |
| 9077 | TMJ intra-articular injection | 2004.00 | | R 101.70 | R 152.60 | | | | | | | | S |
| 9079 | Trigger point injection | 2004.00 | | R 79.40 | R 119.20 | | | | | | | | S |
| 9081 | Condylectomy (Ward/Kostecka) | 2006.03 | | R 678.70 | R 1 018.10 | | | | | | | | S |
| 9083 | TMJ srthroplasty | 2006.03 | | R 1 696.50 | R 2 544.80 | | | | | | | | S |
| 9085 | Reduction of TMJ disloc w/o anaesthetic | 2004.00 | | R 134.90 | R 202.40 | | | | | | | | S |
| 9087 | Reduction of TMJ disloc w/ anaesthetic | 2004.00 | | R 273.30 | R 409.90 | | | | | | | | S |
| 9089 | Reduction of TMJ disloc w/ anaesthetic and immobobilisation | 2004.00 | | R 678.70 | R 1 018.10 | | | | | | | | S |
| 9091 | Reduction of TMJ dislocation - open reduction | 2004.00 | | R 1 696.50 | R 2 544.80 | | | | | | | | S |
| 9092 | Joint reconstruction | 2006.03 | | R 4 529.30 | R 6 793.90 | | | | | | | +L | S |
| | REPAIR OF TRAUMATIC WOUNDS | | | | | | | | | | | | |
| 8192 | Suture - minor | 2006.03 | | R 346.50 | | | | | | | | | S |
| | COMPLICATED SUTURING | | | | | | | | | | | | |
| | Reconstruction requiring delicate handling of tissues and undermining for meticulous closure. Excludes the closure of surgical incisions. | 2006.03 | | | | | | | | | | | |
| 9021 | Suture - reconstruction, minor (excludes closure of surgical incisions) | 2004.00 | | R 346.50 | R 459.70 | | | | | | | | S |
| 9023 | Suture - reconstruction, major (excludes closure of surgical incisions) | 2004.00 | | R 645.00 | R 967.50 | | | | | | | | S |
| | OTHER REPAIR PROCEDURES | | | | | | | | | | | | |
| 8958 | Emergency tracheotomy | 2004.00 | | R 313.30 | R 470.00 | | | | | | | | |
| 8959 | Pharyngostomy | 2004.00 | | R 313.30 | R 470.00 | | | | | | | | |
| 8962 | Harvest iliac crest graft | 2004.00 | | R 225.30 | R 277.00 | | | | | | | | S |
| 8963 | Harvest rib graft | 2004.00 | | R 258.50 | R 387.70 | | | | | | | | S |
| 8964 | Harvest cranium graft | 2004.00 | | R 202.40 | R 303.70 | | | | | | | | S |
| 8977 | Surgical repair of maxilla or mandible - major | 2006.03 | | R 1 427.80 | R 2 141.70 | | | | | | | | S |
| 8979 | Harvesting of autogenous grafts (intra-oral) | 2004.00 | | R 117.70 | R 176.70 | | R 176.70 | | | | | | S |
| 8985 | Frenulectomy/frenulotomy | 2004.00 | | R 372.90 | R 559.30 | | R 559.30 | | | | | | S |
| 9005 | Alveolar ridge augmentation - total (by bone graft) | 2005.02 | | R 1 428.90 | R 2 143.40 | | R 2 143.40 | | | | M | +L | S |
| 9007 | Alveolar ridge augmentation - total (by alloplastic material) | 2005.02 | | R 899.40 | R 1 349.10 | | | | | | M | +L | S |
| 9008 | Alveolar ridge augmentation - one to two tooth sites | 2005.02 | | R 278.00 | R 508.60 | | R 508.60 | | | | M | +L | S |
| 9009 | Alveolar ridge augmentation - three across 3 or more tooth sites | 2005.02 | | R 618.10 | R 927.10 | | R 927.10 | | | | M | +L | S |
| 9010 | Sinus lift procedure | 2005.02 | | R 928.60 | R 1 392.90 | | R 1 392.90 | | | | M | +L | S |
| 9032 | Reduction of masseter muscle and bone - extra-oral approach | 2006.03 | | | | | | | | | | | |
| 9033 | Reduction of masseter muscle and bone - intra-oral approach | 2006.03 | | | | | | | | | | | |
| 9048 | Surgical removal of internal fixation devices, per site | 2005.02 | | R 261.30 | R 392.00 | | | | | | | | S |
| | Functional Correction of Malocclusion | | | | | | | | | | | | |
| | For Codes 9047 to 9072 the full fee may be charged. | 2006.03 | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9047 | Osteotomy - open with stabilisation | 2006.03 | | R 2 852.10 | R 4 278.30 | | | | | | +L | S |
| 9049 | Osteotomy - mandible body, anterior segmental | 2006.03 | | R 2 377.00 | R 3 565.50 | | | | | | +L | S |
| 9050 | Osteotomy - total subapical | 2004.00 | | R 4 348.00 | R 6 521.90 | | | | | | | S |
| 9051 | Genioplasty | 2004.00 | | R 1 360.20 | R 2 040.40 | | | | | | | S |
| 9052 | Midfacial exposure | 2006.03 | | R 2 153.40 | R 3 230.10 | | | | | | | S |
| 9055 | Osteotomy - segmented, posterior | 2006.03 | | R 2 377.00 | R 3 565.50 | | | | | M | +L | S |
| 9057 | Osteotomy - segmented, anterior | 2006.03 | | R 2 377.00 | R 3 565.50 | | | | | M | +L | S |
| 9059 | Reconstruct maxilla - Le Fort I osteotomy, one piece | 2004.00 | | R 4 472.70 | R 6 709.00 | | | | | | +L | S |
| 9060 | Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft | 2005.02 | | R 5 021.00 | R 7 531.40 | | | | | | +L | S |
| 9061 | Palatal osteotomy | 2004.00 | | R 1 564.50 | R 2 346.70 | | | | | | | S |
| 9062 | Reconstruct maxilla - Le Fort I osteotomy, multiple segments | 2004.00 | | R 5 709.50 | R 8 564.20 | | | | | | +L | S |
| 9063 | Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities) | 2004.00 | | R 5 712.30 | R 8 568.50 | | | | | | +L | S |
| 9065 | Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities) | 2006.03 | | R 8 561.00 | R 12 841.50 | | | | | | +L | S |
| 9066 | Surgical expansion - maxilliary or mandibular | 2006.03 | | R 1 360.20 | R 2 040.40 | | | | | M | | S |
| 9069 | Glossectomy - partial | 2004.00 | | R 1 018.90 | R 1 528.40 | | | | | | | S |
| 9071 | Geniohyoidotomy | 2004.00 | | R 611.20 | R 916.90 | | | | | | | S |
| 9072 | Close secondary oro-nasal fistula w/ bone grafting (complete procedure) | 2004.00 | | R 4 472.70 | R 6 709.00 | | | | | | +L | S |
| | Salivary Glands | | | | | | | | | | | |
| 9093 | Removal of salivary stone (Sialolithotomy) | 2004.00 | | R 306.50 | R 459.70 | | | | | | | S |
| 9095 | Excision of sublingual salivary gland | 2004.00 | | R 755.30 | R 1 133.10 | | | | | | | S |
| 9096 | Excision of salivary gland - extra oral approach | 2004.00 | | R 1 119.00 | R 1 678.60 | | | | | | | S |
| | Pedicle Flaps | | | | | | | | | | | |
| | Report codes 9284, 9286 and 9288 for flaps taken for repair of post –cancer/ trauma/ tumour surgery. These are not vestibuloplasty procedures. The use of the codes are not subject to modifier use. | 2006.03 | | | | | | | | | | |
| 9284 | Musculofascial flap | 2004.00 | | | | | | | | | | |
| 9286 | Musculocranial flap | 2004.00 | | | | | | | | | | |
| 9288 | Buccal fat pad (major repair) | 2004.00 | | | | | | | | | | |
| | Repair of Frontal Bones | | | | | | | | | | | |
| | The use of codes 9274, 9275 and 9278 imply the bicoronal/ hemicoronal approach. | 2006.03 | | | | | | | | | | |
| 9274 | Repair anterior table, frontal sinus and/or supraorbital rim | 2004.00 | | | | | | | | | | |
| 9276 | Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus | 2004.00 | | | | | | | | | | |
| 9278 | Repair medial canthal ligament (canthopexy), per side | 2004.00 | | | | | | | | | | |
| | Cleft lip and Palat | | | | | | | | | | | |
| 9220 | Repair cleft hard palate - unilateral | 2004.00 | | R 2 498.20 | R 3 747.30 | | | | | | | S |
| 9222 | Repair cleft hard palate - bilateral (one procedure) | 2004.00 | | R 3 171.20 | R 4 756.80 | | | | | | | S |
| 9224 | Repair cleft hard palate - bilateral (two procedures) | 2004.00 | | R 4 725.40 | R 7 087.30 | | | | | | | S |
| 9226 | Repair cleft soft palate - w/o muscle reconstruction | 2004.00 | | R 2 093.40 | R 3 140.10 | | | | | | | S |
| 9228 | Repair cleft soft palate - w/ muscle reconstruction | 2004.00 | | R 3 039.60 | R 4 559.50 | | | | | | | S |
| 9230 | Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction | 2004.00 | | R 2 263.20 | R 3 394.80 | | | | | | | S |
| 9232 | Velopharyngeal reconstruction - uncomplicated | 2004.00 | | R 2 329.00 | R 3 493.40 | | | | | | | S |
| 9234 | Velopharyngeal reconstruction - complicated | 2004.00 | | R 2 490.30 | R 3 735.30 | | | | | | | S |
| 9238 | Repair oronasal fistula (one procedure) | 2004.00 | | R 1 424.40 | R 2 136.60 | | | | | | | S |
| 9240 | Repair oronasal fistula (two procedures) | 2004.00 | | R 2 485.00 | R 3 727.50 | | | | | | | S |
| 9246 | Secondary periosteal flaps | 2004.00 | | R 1 241.90 | R 1 862.90 | | | | | | | S |



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## Dental Practitioners 2008

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9248 | Lipadhesion | 2004.00 | | R 464.20 | R 696.40 | | | | | | | | S |
| 9250 | Repair cleft lip - unilateral w/o muscle reconstruction | 2004.00 | | R 817.70 | R 1 226.50 | | | | | | | | S |
| 9252 | Repair cleft lip - unilateral w/ muscle reconstruction | 2004.00 | | R 1 108.70 | R 1 663.10 | | | | | | | | S |
| 9254 | Repair cleft lip - bilateral w/o muscle reconstruction | 2004.00 | | R 1 141.80 | R 1 712.80 | | | | | | | | S |
| 9256 | Repair cleft lip - bilateral w/ muscle reconstruction | 2004.00 | | R 1 764.10 | R 2 646.10 | | | | | | | | S |
| 9258 | Repair anterior nasal floor | 2004.00 | | R 445.40 | R 668.10 | | | | | | | | S |
| 9260 | Revision of secondary cleft lip deformity - partial | 2004.00 | | R 445.40 | R 668.10 | | | | | | | | S |
| 9262 | Revision of secondary cleft lip deformity - total w/ muscle reconstruction | 2004.00 | | R 1 006.40 | R 1 509.60 | | | | | | | | S |
| 9264 | Abbe-flap - two stages | 2004.00 | | R 1 139.70 | R 1 709.40 | | | | | | | | S |
| 9266 | Reconstruct columella | 2004.00 | | R 673.60 | R 1 010.30 | | | | | | | | S |
| 9268 | Reconstruct nose due to cleft deformity - partial | 2004.00 | | R 856.00 | R 1 284.00 | | | | | | | | S |
| 9270 | Reconstruct nose due to cleft deformity - complete | 2004.00 | | R 1 352.90 | R 2 029.30 | | | | | | | | S |
| 9272 | Paranasal augmentation for nasal base deviation | 2004.00 | | R 673.60 | R 1 010.30 | | | | | | | | S |
| K. | ORTHODONTIC SERVICES | | | | | | | | | | | | |
| | The branch of dentistry used to correct malocclusions of the mouth and restore it to proper alignment and function. Includes all services/procedures concerned with the supervision, guidnance and correction of the growing and mature dentofacial structures. | 2006.03 | | | | | | | | | | | |
| | REMOVABLE APPLIANCE THERAPY | | | | | | | | | | | | |
| | Removable indicates patient can remove; includes appliances for limited orthodontic treatment (e.g., partial treatment to open spaces or upright of a tooth) and minor orthodontic treatment to control harmful habits (e.g., thumb sucking and tongue trusting). | 2006.03 | | | | | | | | | | | |
| 8862 | Ortho Tx - removable appliance | 2004.00 | | R 788.50 | | R 1 182.70 | | | | | | +L | A |
| 8863 | Ortho Tx - each additional removable appliance | 2006.03 | | R 396.30 | | R 594.40 | | | | | | +L | A |
| | FUNCTIONAL APPLIANCE THERAPY | | | | | | | | | | | | |
| | A removable functional appliance is an appliance with no fixed dental component which is designed to harness the forces generated by the muscles of mastication and the associated soft tissues of the oro-facial region. This appliance incorporates components which act on both the maxillary and mandibular arches and should be differentiated from a simple removable appliance including appliances incorporating an anterior and posterior bite plane.□<br>Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthodontic treatment utilising fixed orthodontic appliances. When both phases of orthodontic treatment is provided by the same practitioner, the fees levied for treatment by means of the functional appliance, will be deducted from the fee quoted for comprehensive orthodontic treatment. | 2006.03 | | | | | | | | | | | |
| 8858 | Ortho Tx - functional appliance | 2006.03 | | R 1 420.40 | | R 2 130.60 | | | | | | +L | A |
| | FIXED APPLIANCE THERAPY | | | | | | | | | | | | |
| | Fixed Appliance Therapy - Partial | | | | | | | | | | | | |
| | The intention of this phase in treatment is to intercept and modify the development of skeletal, dental and functional components of developing malocclusion usually in the mixed dentition.□<br>When the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive orthodontic treatment and both phases of orthodontic treatment is provided by the same practitioner, the fees levied for preliminary/interceptive orthodontic treatment will be deducted from the fee quoted for comprehensive orthodontic treatment. | 2006.03 | | | | | | | | | | | |
| 8861 | Ortho Tx - partial fixed appliance - minor | 2004.00 | | R 944.70 | | R 1 417.00 | | | | | | | A |
| 8865 | Ortho Tx - partial fixed appliance - one arch | 2004.00 | | R 2 519.90 | | R 3 779.90 | | | | | | | A |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8866 | Ortho Tx - partial fixed appliance - both arches | 2004.00 | | R 3 465.70 | | R 5 198.50 | | | | | | A |
| | Fixed Appliance Therapy - Comprehensive: Single Arch | | | | | | | | | | | |
| | This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within an arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase. | 2006.03 | | | | | | | | | | |
| 8867 | Ortho Tx - fixed appliance - one arch | 2004.00 | | R 2 708.70 | | R 4 062.90 | | | | | | A |
| 8868 | Ortho Tx - fixed appliance - one arch, modeate | 2004.00 | | R 3 341.00 | | R 5 011.50 | | | | | | A |
| 8869 | Ortho Tx - fixed appliance - one arch, severe | 2004.00 | | R 3 907.70 | | R 5 861.50 | | | | | | A |
| | Fixed Appliance Therapy - Comprehensive: Both Arches | | | | | | | | | | | |
| | This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within both arches and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase. | 2006.03 | | | | | | | | | | |
| 8873 | Ortho Tx - fixed appliance - both arches, Class 1 mild | 2004.00 | | R 4 957.00 | | R 7 435.40 | | | | | | A |
| 8875 | Ortho Tx - fixed appliance - both arches, Class 1 moderate | 2004.00 | | R 6 085.20 | | R 9 127.60 | | | | | | A |
| 8877 | Ortho Tx - fixed appliance - both arches, Class 1 severe | 2004.00 | | R 7 093.80 | | R 10 640.60 | | | | | | A |
| 8879 | Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications | 2004.00 | | R 7 972.10 | | R 11 958.00 | | | | | | A |
| 8881 | Ortho Tx - fixed appliance - both arches, Class 2/3 mild | 2004.00 | | R 7 093.80 | | R 10 640.60 | | | | | | A |
| 8883 | Ortho Tx - fixed appliance - both arches, Class 2/3 moderate | 2004.00 | | R 7 972.10 | | R 11 958.00 | | | | | | A |
| 8885 | Ortho Tx - fixed appliance - both arches, Class 2/3 severe | 2004.00 | | R 8 949.40 | | R 13 423.90 | | | | | | A |
| 8887 | Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications | 2004.00 | | R 10 083.20 | | R 15 124.70 | | | | | | A |
| | Lingual Orthodontics - Comprehensive: Single Arch | | | | | | | | | | | |
| | This form of therapy requires the placement of bands and or brackets on the lingual aspect of the majority of teeth within at least one arch and must include the placement of active arch wires. | 2006.03 | | | | | | | | | | |
| 8841 | Ortho Tx - fixed lingual appliance - one arch | 2004.00 | | R 5 090.80 | | R 7 636.10 | | | | | | A |
| 8842 | Ortho Tx - fixed lingual appliance - one arch, modeate | 2004.00 | | R 5 982.80 | | R 8 974.10 | | | | | | A |
| 8843 | Ortho Tx - fixed lingual appliance - one arch, severe | 2004.00 | | R 6 816.50 | | R 10 224.70 | | | | | | A |
| | Lingual Orthodontics - Comprehensive: Both Arches | | | | | | | | | | | |
| 8874 | Ortho Tx - fixed lingual appliance - both arches, Class 1 mild | 2004.00 | | R 9 711.50 | | R 14 567.20 | | | | | | A |
| 8876 | Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate | 2004.00 | | R 11 370.30 | | R 17 055.40 | | | | | | A |
| 8878 | Ortho Tx - fixed lingual appliance - both arches, Class 1 severe | 2004.00 | | R 12 903.90 | | R 19 355.70 | | | | | | A |
| 8880 | Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications | 2004.00 | | R 14 318.00 | | R 21 476.80 | | | | | | A |
| 8882 | Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild | 2004.00 | | R 11 853.50 | | R 17 780.10 | | | | | | A |
| 8884 | Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate | 2004.00 | | R 13 260.20 | | R 19 890.10 | | | | | | A |
| 8886 | Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe | 2004.00 | | R 14 768.50 | | R 22 152.70 | | | | | | A |
| 8888 | Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications | 2004.00 | | R 16 433.10 | | R 24 649.40 | | | | | | A |
| | OTHER ORTHODONTIC SERVICES | | | | | | | | | | | |
| 8846 | Repair orthodontic appliance - removable | 2004.00 | | R 64.50 | | R 96.90 | | | | | +L | A |
| 8847 | Replace orthodontic appliance - removable | 2004.00 | | R 223.00 | | R 334.50 | | | | | +L | A |
| 8848 | Repair orthodontic appliance - fixed | 2006.03 | | R 95.50 | | R 143.20 | | | | | +L | A |
| 8849 | Retainer (orthodontic) | 2004.00 | | R 223.00 | | R 334.50 | | | | | +L | A |
| 8890 | Monthly instalment ortho tx | 2006.03 | | R - | | R - | | | | | | A |
| 8891 | Orthodontic transfer | 2006.03 | | R - | | R - | | | | | | A |
| 8892 | Orthodontic re-treatment | 2006.03 | | R - | | R - | | | | | | A |
| L. | SUPPLEMENTARY SERVICES | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | The branch of dentistry for unclassified treatment including palliative care and anaesthesia. | 2006.03 | | | | | | | | | | |
| | ANAESTHESIA | | | | | | | | | | | |
| 8499 | General anaesthetic | 2005.02 | R - | | | | | | | | | B |
| 8141 | Inhalation sedation - first 15 minutes or part thereof | 2006.03 | R 51.50 | | | | | | | | | B |
| 8143 | Inhalation sedation - each addnl 15 minutes | 2006.03 | R 26.60 | | | | | | | | | B |
| 8144 | Intravenous sedation | 2004.00 | R 30.90 | | | | | | | | | B |
| 8145 | Local anaesthetic - per visit | 2006.03 | R 44.70 | | | | | | | | | B |
| 8147 | Monitoring equipment for intravenous sedation | 2006.03 | R 109.60 | | | | | | | | | B |
| | PROFESSIONAL VISITS | | | | | | | | | | | |
| 8129 | Office/hospital visit – after regularly scheduled hours | 2006.03 | R 172.40 | | | | | | | | | B |
| 8140 | House/extended care facility/hospital call | 2006.03 | R 114.10 | | | | R 114.10 | | | | | B |
| 8903 | House/Hosp/Nursing home consultation - MFOS | 2004.00 | | R 127.70 | | | | | | | | S |
| 8904 | House/Hosp/Nursing home consultation (subsequent) - MFOS | 2006.03 | | R 84.90 | | | | | | | | S |
| 8905 | After regularly hours consultation - MFOS | 2004.00 | | R 187.00 | | | | | | | | S |
| 8907 | House/Hosp/Nursing home consultation (maximum per week) - MFOS | 2006.03 | | R 212.70 | | | | | | | | S |
| 9203 | House/Hosp/Nursing home consultation - Oral pathologist | 2004.00 | | | | | | | R 127.70 | | | |
| 9207 | After hours visit - Oral pathologist | 2004.00 | | | | | | | R 187.00 | | | |
| | DRUGS, MEDICAMENTS AND MATERIALS | | | | | | | | | | | |
| 8109 | Infection control/barrier techniques | 2006.03 | R 10.30 | | | | | | | | | B |
| 8110 | Sterilized instrumentation | 2006.03 | R 26.60 | | | | | | | | | S |
| 8183 | Therapeutic drug injection | 2006.03 | R 30.90 | | | | | | | | | B |
| 8220 | Cost of suture material | 2006.03 | R - | R - | | | R - | | | | | B |
| 8304 | Rubber dam per arch | 2006.03 | R 54.90 | | | | | | | | | B |
| 8306 | Cost of MTA | 2006.03 | R - | | | | | R - | | | | B |
| 8310 | Supply of bleaching materials | 2006.03 | R - | | | | | | | | | |
| | ADMINISTRATIVE AND LABORATORY SERVICES | | | | | | | | | | | |
| 8099 | Dental laboratory service | 2006.03 | R - | R - | R - | R - | R - | | | | | |
| 8106 | Special report | 2006.03 | R 117.50 | R 117.50 | R 117.50 | R 117.50 | R 117.50 | | | | | A |
| 8111 | Dental testimony | 2006.03 | | | | | | | | | | |
| 8120 | Treatment plan completed | 2006.03 | R - | R - | R - | R - | R - | | | | | |
| 8139 | Appointment not kept /30min | 2006.03 | R - | R - | R - | R - | R - | | | | | B |
| | MISCELLANEOUS SERVICES | | | | | | | | | | | |
| | Palliative Treatment | | | | | | | | | | | |
| 8131 | Emergency dental treatment | 2006.03 | R 70.30 | | | | | R 143.20 | | T | | B |
| 8166 | Application of desensitising resin, per tooth | 2006.03 | R 46.40 | | | | | | | T | | B |
| 8167 | Application of desensitising medicament, per visit | 2006.03 | R 54.10 | | | | | | | | | B |
| 8165 | Sedative filling | 2006.03 | R 70.30 | | | | | | | T | +L | B |
| | Post Surgical Complications | | | | | | | | | | | |
| 8931 | Treatment of post-extraction haemorrhage | 2006.03 | R 51.50 | R 308.80 | | | | | | | | S |
| 8933 | Treatment of haemorrhage (blood dyscracias) | 2004.00 | R 711.90 | R 1 067.80 | | | | | | | | S |
| 8935 | Treatment of septic socket | 2006.03 | R 51.50 | R 80.60 | | | | | | | | S |
| | Bleaching | | | | | | | | | | | |
| 8308 | External bleaching - per arch | 2006.03 | | | | | | | | M | | A |
| 8309 | Home bleaching - instructions and applicator | 2006.03 | | | | | | | | | +L | A |
| 8311 | Home bleaching - subsequent visit | 2006.03 | | | | | | | | | | A |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8325 | Internal bleaching - per tooth | 2006.03 | | R 166.40 | | | | R 249.60 | | T | | A |
| 8327 | Internal bleaching - each additional visit | 2006.03 | | R 79.80 | | | | R 119.70 | | T | | A |
| | Unclassified Treatment | | | | | | | | | | | |
| 8158 | Enamel microabrasion | 2006.03 | | R 64.30 | | | | | | | | |
| 8168 | Behavior management | 2006.03 | | | | | | | | | | B |
| 8551 | Occlusal adjustment - major | 2006.03 | | R 444.80 | | R 667.20 | | R 667.20 | | | | A |
| 8553 | Occlusal adjustment - minor | 2006.03 | | R 155.20 | | R 212.70 | R 212.70 | R 212.70 | | | | A |
| 9099 | Unlisted dental procedure or service (By report) | 2006.03 | | R - | | | | | | | | |
| | MODIFIERS | | | | | | | | | | | |
| 8001 | Assistant surgeon - specialist (1/3 of the appropriate benefit) | 2006.03 | | | | | | | | | | |
| 8003 | Minimum assistant surgeon | 2006.03 | | R 130.38 | R 130.38 | | R 130.38 | | | | | |
| 8005 | Maximum multiple procedures (same incision) - MFO surgeon | 2006.03 | | R 202.42 | R 202.42 | | R 202.42 | | | | | |
| 8006 | Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit) | 2006.03 | | | | | | | | | | |
| 8007 | Assistant surgeon - general dental practitioner (15% of the appropriate benefit) | 2006.03 | | | | | | | | | | |
| 8008 | Emergency surgery - after hours (PLUS 25% of the appropriate benefit) | 2006.03 | | | | | | | | | | |
| 8009 | Multiple surgical procedures - second procedure (75% of the appropriate benefit) | 2006.03 | | | | | | | | | | |
| 8010 | Open reduction (PLUS 75% of the appropriate benefit) | 2006.03 | | | | | | | | | | |
| 8011 | Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme) | 2006.03 | | | | | | | | | | |
| 8012 | Reduced services (benefit MINUS X % as determined by the practitioner) | 2006.03 | | | | | | | | | | |
| 8013 | Multiple modifiers | 2006.03 | | | | | | | | | | |
| 8023 | Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit) | 2006.03 | | | | | | | | | | |
| 8025 | Handling fee - direct materials (26% of material cost to a maximum of R26.00) | 2006.03 | | R - | R - | | R - | R - | | | | |
| | | | | | | | | | | | | |



STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 565

## Dental Practitioners 2008

| Code | Description |
|---|---|
| 25400 | General Dental Practice |
| 26200 | Maxillo-facial and Oral Surgery |
| 26400 | Orthodontics |
| 29200 | Oral Medicine and Periodontics |
| 29400 | Prosthodontics |
| 29800 | Oral Pathology |

## Dental Practitioners 2008

| Code | Description | RCF |
|---|---|---|
| 150 | Dental | 8.577 |
| 152 | Dental - Modelled | 11.443 |

# DENTAL THERAPY

# Dental Therapy 2008

**NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DENTAL THERAPISTS EFFECTIVE FROM 1 JANUARY 2008**

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as e baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

**GENERAL RULES**

| | | |
|---|---|---|
| 001 | Item 001 refers to a Full Mouth Examination, charting and treatment planning and no further fee shall be chargeable until the treatment plan resulting from this consultation is completed. | 06.03 |
| 002 | (a) Every dental therapist shall render a monthly account for every procedure which has been completed irrespective of whether the total treatment plan has been.<br>(b) Every account shall contain the following particulars :<br>(i) the surname and initials of the member;<br>(ii) the first name of the patient;<br>(iii) the name of the scheme;<br>(iv) the membership number of the member;<br>(v) the practice number;<br>(vi) date on which every service was rendered;<br>(vii) where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the dental therapist ;<br>(viii) a statement of whether the account is in accordance with the National Reference Price List ;<br>(ix) the name of the dental therapist rendering the service must be shown on the account;and<br>(x) the relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered;. | 06.03 |
| 003 | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 06.03 |

**ITEMS**

| Code | Description | Ver | Dental Therapy | M P | Lab | T C |
|---|---|---|---|---|---|---|
| 8139 | Appointment not kept /30min | 06.03 | - | | | B |
| | Comment: By arrangement with patient | | | | | |
| 8109 | Infection control/barrier techniques | 06.03 | 10.30 (9.04) | | | B |
| | Comment: This is typically reported on a "per visit" basis for new rubber gloves, masks, etc. provided by the dentist. Report per provider per visit. | | | | | |
| 8110 | Sterilized instrumentation | 06.03 | 26.60 (23.30) | | | S |
| | Limitation: The use of this code is limited to autoclaved, vapour or heat sterilised instruments (i.e. set(s) of long handled instruments and/or forceps) provided by the dentist/hygienist for use in the surgery. Report per visit. | | | | | |
| 8120 | Treatment plan completed | 06.03 | - | | | |
| | Use to report the completion of a treatment plan effected from an oral evaluation – See Rule 008. | | | | | |
| **Diagnostic services** | | | | | | |
| 8101 | Oral examination | 06.03 | 59.60 (52.30) | | | B |
| | An assessment performed on a patient to determine the patient's dental and medical health status involving an examination, diagnosis and treatment plan.<br>It is a thorough assessment and recording of the patient's current state of oral health (extraoral and intraoral hard and soft tissues), risk for future dental disease as well as assessing general health factors that relate to the treatment of the patient.<br>This procedure is also used to report a periodic examination on an established patient to determine any changes in a patient's dental and medical health status since a previous periodic or comprehensive examination.<br>No further oral examination fees shall be levied until the treatment plan resulting from this assessment is completed (See Rule 008). | | | | | |
| 8102 | Comprehensive oral examination | 06.03 | 96.20 (84.40) | | | B |

| Code | Description | Ver | Dental Therapy | M P | Lab | T C |
|---|---|---|---|---|---|---|
| | An assessment performed on a new or established patient (patient of record) to determine the patient's dental and medical health status involving a comprehensive examination, diagnosis and treatment plan. It is a thorough assessment and recording of the patient's past and current state of oral health (extraoral and intraoral hard and soft tissues), risk for future dental disease as well as assessing general health factors that relate to the treatment of the patient.<br>A comprehensive examination includes treatment planning at a separate appointment where a diagnosis is made with information acquired through study models, full-mouth x-rays and other relevant diagnostic aids. It includes, but is not limited to the evaluation and recording of dental caries, pulp vitality tests of the complete dentition, plaque index, missing and unerupted teeth, restorations, occlusal relationships, periodontal conditions (including a periodontal charting and bleeding index), hard and soft tissue anomalies (including the TMJ).<br>The patient shall be provided with a written comprehensive treatment plan, which is a part of the patient's clinical record and the original should be retained by the dentist.<br>No further oral examination fees shall be levied until the treatment plan resulting from this assessment is completed (See Rule 008) | | | | | |
| 8104 | Limited oral examination | 06.03 | 46.40<br>(40.70) | | | B |
| | An assessment performed on a new or established patient (patient of record) involving an examination, diagnosis and treatment plan, limited to a specific oral health problem or complaint.<br>This type of assessment is conducted on patients who present with a specific problem or during an emergency situation for the management of a critical dental condition (e.g., trauma and acute infections). It includes patients who have been referred for the management of a specific condition or treatment such as the removal of a tooth, a crown lengthening or isolated grafting procedure where there is no need for a comprehensive assessment.<br>Comment: This code should not be reported on established patients who present with specific problems/emergencies which is part of and/or a result of the patients' current treatment plan, e.g., recementation/replacement of temporary restorations, pain relief during root canal treatment, etc. | | | | | |
| 8189 | Re-examination - existing condition | 06.03 | 46.40<br>(40.70) | | | B |
| | An assessment performed on an established patient (patient of record) to assess the status of an untreated previously existing condition involving an examination and evaluation, limited to the previously existing condition.<br>This type of assessment is conducted on patients (1) with a traumatic injury where no treatment was rendered but the patient needs follow-up monitoring; (2) requires evaluation for undiagnosed continuing pain after a limited oral examination and diagnostic tests did not reveal any findings; and (3) with soft tissue lesions such as a leukoplakia observed on a previous visit that require follow-up monitoring of pathological changes.<br>Comment: (1) A re- examination is not a post-operative visit. | | | | | |
| 8129 | Office/hospital visit – after regularly scheduled hours | 06.03 | 142.90<br>(125.40) | | | B |
| | Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to appropriate code numbers for actual services rendered. After regularly scheduled hours is definend as weekends and night visits between 18h00 and 07h00 the following day.<br>Limitation: Code 8129 may only be reported for emergency treatment rendered outside normal working hours. Not applicable where a practice offers an extended hours service as the norm. | | | | | |
| 8140 | House/extended care facility/hospital call | 06.03 | 94.50<br>(82.90) | | | B |
| | Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report per visit in addition to reporting appropriate code numbers for actual services performed.<br>Limitation: The fee/benefit for house/extended care facility/hospital calls are limited to five calls per treatment plan. | | | | | |
| 8190 | Consultation - second opinion or advice | 06.03 | - | | | B |
| | A consultation is a diagnostic service rendered by a dentist, other than the practitioner providing treatment, whose opinion or advice for the purpose of determining the patient's dental needs and proposing treatment regarding a specific problem is requested. A consultation requires and includes a written report to the practitioner or patient who requested the consultation.<br>It involves an examination, diagnosis and treatment proposal. The dentist may initiate further diagnostic or therapeutic services (oral examinations excluded).<br>Comment: A referral is the transfer of the total or specific care of a patient from one dentist to another and does not constitute a consultation. When the consulting dentist assumes responsibility for the continuing care of the patient, any service rendered by him/her will cease to be a consultation, and an appropriate oral examination code should be reported. Code 8106 (special report) may not be reported in addition to this code | | | | | |
| **Radiographs/diagnostic imaging** | | | | | | |
| 8107 | Intraoral radiograph - periapical | 06.03 | 44.70<br>(39.20) | | | B |
| | Eight and more radiographs of any combination of Codes 8107 and 8112 taken on the same date of service for diagnostic purposes are considered to be a complete intraoral series (8108) and should be submitted as such. | | | | | |
| 8108 | Intraoral radiographs - complete series | 06.03 | 358.40<br>(314.40) | | | B |
| | A complete series consists of a minimum of eight intraoral radiographs, periapical and or bitewing, occlusal radiographs excluded. | | | | | |
| 8112 | Intraoral radiograph - bitewing | 06.03 | 44.70<br>(39.20) | | | B |

| Code | Description | Ver | Dental Therapy | M P | Lab | T C |
|---|---|---|---|---|---|---|
| | Eight and more radiographs of any combination of Codes 8107 and 8112 taken on the same date of service for diagnostic purposes are considered to be a complete intraoral series (8108) and should be submitted as such. | | | | | |
| 8113 | Intraoral radiograph - occlusal | 04.00 | 76.80 (67.40) | | | B |
| 8114 | Extraoral radiograph - hand-wrist | 06.03 | - | | | B |
| | Use to report extraoral radiographs such as hand-wrist radiographs. | | | | | |
| 8115 | Extraoral radiograph - panoramic | 04.00 | 178.70 (156.80) | | | B |
| 8116 | Extraoral radiograph - cephalometric | 05.02 | 178.70 (156.80) | | | B |
| 8118 | Extraoral radiograph - skull/facial bone | 05.02 | - | | | B |
| 8121 | Oral and/or facial image (digital/conventional) | 06.03 | 47.90 (42.00) | | | B |
| | This includes traditional photographs and digital intra- or extraoral images obtained by intraoral cameras. These images should only be reported when taken for clinical/diagnostic reasons and shall be retained as part of the patient's clinical record. Excludes conventional radiographs. | | | | | |
| **Preventive services** | | | | | | |
| | Note : Items 8159, 8155, 8161 and 8162 may not be charged more than once in six months per patient. Where item 8159 is applied, item 8155 may not be charged. Item 8151 and 8153 may not be charged to patients under 9 years of age. | | | | | 06.03 |
| 8151 | Oral hygiene instruction | 06.03 | 46.70 (41.00) | | | B |
| | The dental knowledge of the patient/parent to prevent oral diseases should be evaluated before oral hygiene instructions is provided e.g., do they know what is dental plague, how can it be removed, what is fluoride, how does fluoride work to prevent dental caries, how can fluoride be used and what is a dental sealant.<br>An oral hygiene instruction may include, but is not limited to: Plaque control information, e.g. instruction pamphlets or leaflets; Dietary instructions; Explanation and demonstration of plaque control (brushing and flossing); Self-practice session in the mouth under professional supervision; Use of special aids such as disclosing agents; and Scoring of plaque levels (plaque index).<br>The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction. Oral hygiene instructions to a child should take place in the presence of a parent and/or guardian. | | | | | |
| 8153 | Oral hygiene instruction - each additional visit | 06.03 | 34.20 (30.00) | | | B |
| | Report code 6153 when additional oral hygiene instructions is required as part of the treatment plan. No other preventive services may be reported at the same visit. See code 8151 | | | | | |
| 8155 | Polishing - complete dentition | 06.03 | 57.20 (50.20) | | | B |
| | A polishing involves the removal of stains and plaque from the clinical crowns of natural teeth, and making the surface smooth and glossy, to help minimise the loss of enamel and decrease the possibility of damage to restorations. Includes the complete primary, transitional or permanent dentition.<br>This code should not be used concurrent with codes 8159 or 8160. See code 8157 in the restorative section for the re-burnishing and polishing of restorations. | | | | | |
| 8159 | Prophylaxis - complete dentition | 06.03 | 104.20 (91.40) | | | B |
| | A prophylaxis involves a series of procedures whereby calculus, stain, and other accretions are removed from the clinical crowns of teeth. A prophylaxis includes, but is not limited to a scaling and polishing of the complete primary, transitional or permanent dentition.<br>Code 8159 should not be used concurrent with code 8155 or 8160. | | | | | |
| 8161 | Topical application of fluoride - child | 06.03 | 57.20 (50.20) | | | B |
| | To be used for treatment of complete dentition to prevent dental decay. Report code 8167 in the miscellaneous section when fluoride is used as desensitising medicament. Should not be used concurrent with code 8167. A patient is defined as an adult beginning at age 12. | | | | | |
| 8182 | Topical application of fluoride - adult | 06.03 | 57.20 (50.20) | | | B |
| | See code 8161. | | | | | |
| 8163 | Dental sealant | 06.03 | 42.30 (37.10) | T | | B |
| | Also known as pit-and fissure sealant.<br>This procedure involves the mechanical and/or chemical preparation of an occlusal enamel surface and placement of a material to seal decay-prone pits, fissures, and grooves of a tooth.<br>A preventive resin restoration is distinguished from a sealant in that in a restorative the decay penetrates into dentin. If the caries is limited to the enamel, it is still considered a sealant.<br>Limitation: Certain funders limit benefits for sealants to two teeth per quadrant. | | | | | |
| | Note : 8163 chargeable once only in respect of a tooth per annum.<br><br>8163 apply to individuals below 21 years of age. Fee for patients over 21 years of age by arrangement with scheme. | 06.03 | | | | |

| Code | Description | Ver | Dental Therapy | MP | Lab | TC |
|---|---|---|---|---|---|---|
| **Extractions during a single visit.** | | | | | | |
| 8201 | Extraction - tooth or exposed tooth roots (first per quadrant) | 06.03 | 66.70 (58.50) | T | | B |
| | The removal of an erupted tooth or exposed tooth roots by means of elevators and/or forceps. This includes the routine removal of tooth structure and suturing when necessary. Report per tooth. The removal of more than one exposed root of the same tooth should be reported as one extraction. When a normal extraction fails and residual tooth roots are surgically removed during the same visit, code 8937 should be reported. | | | | | |
| 8202 | Extraction - each additional tooth or exposed tooth roots | 06.03 | 25.70 (22.50) | T | | B |
| | To be reported for an additional extraction in the same quadrant at the same visit. | | | | | |
| 8145 | Local anaesthetic - per visit | 06.03 | 10.10 (8.86) | | | B |
| | Use for infiltrative anaesthesia (anaesthetic agent is infiltrated directly into the surgical site by means of an injection). Excludes topical anaesthesia (anaesthetic agent is applied topically to the mucosa/skin). Report per visit. Comment: The fee for topical anaesthesia are considered to be part of, and included in the fee for the local anaesthesia (injection). Code 8145 includes the use of the Wand. | | | | | |
| 8220 | Cost of suture material | 06.03 | - | | | B |
| | Comment: Use in conjunction with procedure(s) when suture material is provided by the practitioner. Report per pack. See Rule 002 and Modifier 8025 for direct material costs. | | | | | |
| 8931 | Treatment of post-extraction haemorrhage | 06.03 | 43.50 (38.20) | | | S |
| | Involves the treatment of local haemorrhage following extraction. Report per visit. Excludes treatment of bleeding in the case of blood dyscrasias (8933), e.g. haemophilia. Routine post operative visits for irrigation, dressing change and suture removal are considered to be part of, and included in the fee for the surgical service. | | | | | |
| 8935 | Treatment of septic socket | 06.03 | 43.50 (38.20) | | | S |
| | Involves the treatment of localised inflammation of the tooth socket following extraction due to infection or loss of blood clot; osteitis. Report per visit. Routine postoperative visits for irrigation, dressing change and suture removal are considered to be part of, and included in the fee for, the surgical service. | | | | | |
| 9011 | Incision & drainage of abscess - intra-oral (pyogenic) | 05.02 | 82.10 (72.00) | M | | S |
| 8303 | Pulp cap - indirect | 06.03 | 84.60 (74.20) | T | | B |
| | This procedure involves the covering of the nearly exposed pulp with a protective material to protect it from external irritants and to promote healing. Excludes the final restoration. | | | | | |
| **Amalgam restorations (including polishing).** | | | | | | |
| 8341 | Amalgam - one surface | 04.00 | 122.00 (107.00) | T | | B |
| 8342 | Amalgam - two surfaces | 04.00 | 150.40 (131.90) | T | | B |
| 8343 | Amalgam - three surfaces | 04.00 | 183.40 (160.90) | T | | B |
| 8344 | Amalgam - four or more surfaces | 04.00 | 204.30 (179.20) | T | | B |
| | Only one of the above items may be charged per tooth within a year. | 06.03 | | | | |
| **Resin restorations (using resin bonding technique)** | | | | | | |
| 8351 | Resin - one surface, anterior | 04.00 | 147.70 (129.60) | T | | B |
| 8352 | Resin - two surfaces, anterior | 04.00 | 185.60 (162.80) | T | | B |
| 8367 | Resin - one surface, posterior | 06.03 | 160.10 (140.40) | T | | B |
| | This is not a preventative procedure and should only be used to restore a carious lesion or a deeply eroded area into a natural tooth. See also code 8163 - sealant. | | | | | |
| 8369 | Resin - three surfaces, posterior | 04.00 | 239.20 (209.80) | T | | B |
| 8370 | Resin - four or more surfaces, posterior | 04.00 | 257.30 (225.70) | T | | B |
| 8368 | Resin - two surfaces, posterior | 04.00 | 198.00 (173.70) | T | | B |
| 8353 | Resin - three surfaces, anterior | 04.00 | 221.80 (194.60) | T | | B |
| 8354 | Resin - four or more surfaces, anterior | 06.03 | 247.50 (217.10) | T | | B |
| | Use to report the involvement of four or more surfaces or the incisal line angle. The incisal line angle is the junction of the incisal and the mesial or distal surface of an anterior tooth. | | | | | |
| 8350 | Resin crown - anterior primary tooth (direct) | 06.03 | 266.10 (233.40) | T | | B |

| Code | Description | Ver | Dental Therapy | M P | Lab | T C |
|---|---|---|---|---|---|---|
| | This procedure involves the full coverage of an anterior primary tooth with a resin based material. | | | | | |
| | Note: Only one of the above codes may be charged per tooth within a year. | 06.03 | | | | |
| **Palliative Treatment** | | | | | | |
| 8131 | Emergency dental treatment | 06.03 | 59.60 (52.30) | T | | B |
| | This code is intended to be used for emergency treatment to alleviate dental pain but is not curative - report per visit. This code should not be used when more adequately described procedures exists and may not be reported with other procedure codes (diagnostic procedures and professional visits excluded). | | | | | |
| 8165 | Sedative filling | 06.03 | 59.60 (52.30) | T | +L | B |
| | The intention of this code is to report a temporary restoration to relieve pain. It should not be used as a temporary restoration in conjunction with root canal therapy, a base or liner under a restoration. Use this code to report a ZOE restoration or ART technique. May not be reported with other procedure codes on the same visit for a tooth. | | | | | |
| 8166 | Application of desensitising resin, per tooth | 06.03 | 39.30 (34.50) | T | | B |
| | This procedure involves the application of adhesive resins on a cervical and/or root surface and should not to be used for bases, liners, or adhesives under restorations - report per tooth. | | | | | |
| 8167 | Application of desensitising medicament, per visit | 06.03 | 45.80 (40.20) | | | B |
| | This procedure involves the application of topical fluoride on teeth and/or root surfaces and should not to be used for bases, liners, or adhesives under restorations - report per visit (irrespective of number of teeth treated). The intention of this code is to treat persistent pain and not to prevent decay. Fluoride application is considered treatment for caries control – See codes 8161 and 8162. Comment: This code should not be reported together with codes 8161 and 8162. | | | | | |

# Dental Therapy 2008

| | | | | 39500 | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DENTAL THERAPISTS EFFECTIVE FROM 1 JANUARY 2008** | **Version** | **Add** | **CF** | **Units** | **BF** | **Value** | | **Flag** |
| | The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□<br>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded | 2006.03 | | | | | | | |
| | GENERAL RULES | | | | | | | | |
| 001 | Item 001 refers to a Full Mouth Examination, charting and treatment planning and no further fee shall be chargeable until the treatment plan resulting from this consultation is completed. | 2006.03 | | | | | | | |
| 002 | (a) Every dental therapist shall render a monthly account for every procedure which has been completed irrespective of whether the total treatment plan has been.<br>(b) Every account shall contain the following particulars :<br>(i) the surname and initials of the member;<br>(ii) the first name of the patient;<br>(iii) the name of the scheme;<br>(iv) the membership number of the member;<br>(v) the practice number;<br>(vi) date on which every service was rendered;<br>(vii) where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the dental therapist ;<br>(viii) a statement of whether the account is in accordance with the National Reference Price List ;<br>(ix) the name of the dental therapist rendering the service must be shown on the account;and<br>(x) the relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered;. | 2006.03 | | | | | | | |
| 003 | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 2006.03 | | | | | | | |
| | ITEMS | | | | | | | | |
| 8139 | Appointment not kept /30min | 2006.03 | | 210 | - | 1.0 | R | - | |
| 8109 | Infection control/barrier techniques | 2006.03 | | 210 | 1.730 | 1.0 | R | 10.30 | |
| 8110 | Sterilized instrumentation | 2006.03 | | 210 | 4.460 | 1.0 | R | 26.60 | |
| 8120 | Treatment plan completed | 2006.03 | | 210 | - | 1.0 | R | - | |
| | Diagnostic services | | | | | | | | |
| 8101 | Oral examination | 2006.03 | | 210 | 10.000 | 1.0 | R | 59.60 | |



STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 575

## Dental Therapy 2008

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8102 | Comprehensive oral examination | 2006.03 | | 210 | 16.147 | 1.0 | R | 96.20 | |
| 8104 | Limited oral examination | 2006.03 | | 210 | 7.791 | 1.0 | R | 46.40 | |
| 8189 | Re-examination - existing condition | 2006.03 | | 210 | 7.791 | 1.0 | R | 46.40 | |
| 8129 | Office/hospital visit – after regularly scheduled hours | 2006.03 | | 210 | 24.000 | 1.0 | R | 142.90 | |
| 8140 | House/extended care facility/hospital call | 2006.03 | | 210 | 15.875 | 1.0 | R | 94.50 | |
| 8190 | Consultation - second opinion or advice | 2006.03 | | 210 | - | 1.0 | R | - | |
| | Radiographs/diagnostic imaging | | | | | | | | |
| 8107 | Intraoral radiograph - periapical | 2006.03 | | 210 | 7.500 | 1.0 | R | 44.70 | |
| 8108 | Intraoral radiographs - complete series | 2006.03 | | 210 | 60.187 | 1.0 | R | 358.40 | |
| 8112 | Intraoral radiograph - bitewing | 2006.03 | | 210 | 7.500 | 1.0 | R | 44.70 | |
| 8113 | Intraoral radiograph - occlusal | 2004.00 | | 210 | 12.894 | 1.0 | R | 76.80 | |
| 8114 | Extraoral radiograph - hand-wrist | 2006.03 | | 210 | - | 1.0 | R | - | |
| 8115 | Extraoral radiograph - panoramic | 2004.00 | | 210 | 30.000 | 1.0 | R | 178.70 | |
| 8116 | Extraoral radiograph - cephalometric | 2005.02 | | 210 | 30.000 | 1.0 | R | 178.70 | |
| 8118 | Extraoral radiograph - skull/facial bone | 2005.02 | | 210 | - | 1.0 | R | - | |
| 8121 | Oral and/or facial image (digital/conventional) | 2006.03 | | 210 | 8.044 | 1.0 | R | 47.90 | |
| | Preventive services | | | | | | | | |
| | Note : Items 8159, 8155, 8161 and 8162 may not be charged more than once in six months per patient. Where item 8159 is applied, item 8155 may not be charged. Item 8151 and 8153 may not be charged to patients under 9 years of age. | 2006.03 | | | | | | | |
| 8151 | Oral hygiene instruction | 2006.03 | | 210 | 7.850 | 1.0 | R | 46.70 | |
| 8153 | Oral hygiene instruction - each additional visit | 2006.03 | | 210 | 5.746 | 1.0 | R | 34.20 | |
| 8155 | Polishing - complete dentition | 2006.03 | | 210 | 9.603 | 1.0 | R | 57.20 | |
| 8159 | Prophylaxis - complete dentition | 2006.03 | | 210 | 17.491 | 1.0 | R | 104.20 | |
| 8161 | Topical application of fluoride - child | 2006.03 | | 210 | 9.603 | 1.0 | R | 57.20 | |
| 8162 | Topical application of fluoride - adult | 2006.03 | | 210 | 9.603 | 1.0 | R | 57.20 | |
| 8163 | Dental sealant | 2006.03 | | 210 | 7.109 | 1.0 | R | 42.30 | |
| | Note : 8163 chargeable once only in respect of a tooth per annum.□<br>□<br>8163 apply to individuals below 21 years of age. Fee for patients over 21 years of age by arrangement with scheme. | 2006.03 | | | | | | | |
| | Extractions during a single visit. | | | | | | | | |
| 8201 | Extraction - tooth or exposed tooth roots (first per quadrant) | 2006.03 | | 210 | 11.200 | 1.0 | R | 66.70 | |
| 8202 | Extraction - each additional tooth or exposed tooth roots | 2006.03 | | 210 | 4.324 | 1.0 | R | 25.70 | |
| 8145 | Local anaesthetic - per visit | 2006.03 | | 210 | 1.700 | 1.0 | R | 10.10 | |
| 8220 | Cost of suture material | 2006.03 | | 210 | - | 1.0 | R | - | |
| 8931 | Treatment of post-extraction haemorrhage | 2006.03 | | 210 | 7.304 | 1.0 | R | 43.50 | |
| 8935 | Treatment of septic socket | 2006.03 | | 210 | 7.304 | 1.0 | R | 43.50 | |
| 9011 | Incision & drainage of abscess - intra-oral (pyogenic) | 2005.02 | | 210 | 13.790 | 1.0 | R | 82.10 | |
| 8303 | Pulp cap - indirect | 2006.03 | | 210 | 14.200 | 1.0 | R | 84.60 | |
| | Amalgam restorations (including polishing). | | | | | | | | |
| 8341 | Amalgam - one surface | 2004.00 | | 210 | 20.491 | 1.0 | R | 122.00 | |
| 8342 | Amalgam - two surfaces | 2004.00 | | 210 | 25.263 | 1.0 | R | 150.40 | |
| 8343 | Amalgam - three surfaces | 2004.00 | | 210 | 30.795 | 1.0 | R | 183.40 | |
| 8344 | Amalgam - four or more surfaces | 2004.00 | | 210 | 34.301 | 1.0 | R | 204.30 | |

## Dental Therapy 2008

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Only one of the above items may be charged per tooth within a year. | 2006.03 | | | | | | | |
| | Resin restorations (using resin bonding technique) | | | | | | | | |
| 8351 | Resin - one surface, anterior | 2004.00 | | 210 | 24.795 | 1.0 | R | 147.70 | |
| 8352 | Resin - two surfaces, anterior | 2004.00 | | 210 | 31.165 | 1.0 | R | 185.60 | |
| 8367 | Resin - one surface, posterior | 2006.03 | | 210 | 26.880 | 1.0 | R | 160.10 | |
| 8369 | Resin - three surfaces, posterior | 2004.00 | | 210 | 40.164 | 1.0 | R | 239.20 | |
| 8370 | Resin - four or more surfaces, posterior | 2004.00 | | 210 | 43.202 | 1.0 | R | 257.30 | |
| 8368 | Resin - two surfaces, posterior | 2004.00 | | 210 | 33.249 | 1.0 | R | 198.00 | |
| 8353 | Resin - three surfaces, anterior | 2004.00 | | 210 | 37.242 | 1.0 | R | 221.80 | |
| 8354 | Resin - four or more surfaces, anterior | 2006.03 | | 210 | 41.566 | 1.0 | R | 247.50 | |
| 8350 | Resin crown - anterior primary tooth (direct) | 2006.03 | | 210 | 44.683 | 1.0 | R | 266.10 | |
| | Note: Only one of the above codes may be charged per tooth within a year. | 2006.03 | | | | | | | |
| | Palliative Treatment | | | | | | | | |
| 8131 | Emergency dental treatment | 2006.03 | | 210 | 10.000 | 1.0 | R | 59.60 | |
| 8165 | Sedative filling | 2006.03 | | 210 | 10.000 | 1.0 | R | 59.60 | |
| 8166 | Application of desensitising resin, per tooth | 2006.03 | | 210 | 6.603 | 1.0 | R | 39.30 | |
| 8167 | Application of desensitising medicament, per visit | 2006.03 | | 210 | 7.694 | 1.0 | R | 45.80 | |

## Dental Therapy 2008

| Code | Description |
|---|---|
| 39500 | Dental Therapy |

## Dental Therapy 2008

| Code | Description | RCF |
|---|---|---|
| 210 | Dental Therapists | 5.955 |

# Dental Therapy 2008

| | | | | 39500 | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DENTAL THERAPISTS EFFECTIVE FROM 1 JANUARY 2008 | Version | Add | CF | Units | BF | Value | | Flag |
| | The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□<br>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded | 2006.03 | | | | | | | |
| | GENERAL RULES | | | | | | | | |
| 001 | Item 001 refers to a Full Mouth Examination, charting and treatment planning and no further fee shall be chargeable until the treatment plan resulting from this consultation is completed. | 2006.03 | | | | | | | |
| 002 | (a) Every dental therapist shall render a monthly account for every procedure which has been completed irrespective of whether the total treatment plan has been.<br>(b) Every account shall contain the following particulars :<br>(i) the surname and initials of the member;<br>(ii) the first name of the patient;<br>(iii) the name of the scheme;<br>(iv) the membership number of the member;<br>(v) the practice number;<br>(vi) date on which every service was rendered;<br>(vii) where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the dental therapist ;<br>(viii) a statement of whether the account is in accordance with the National Reference Price List ;<br>(ix) the name of the dental therapist rendering the service must be shown on the account;and<br>(x) the relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered;. | 2006.03 | | | | | | | |
| 003 | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 2006.03 | | | | | | | |
| | ITEMS | | | | | | | | |
| 8139 | Appointment not kept /30min | 2006.03 | | 210 | - | 1.0 | R | - | |
| 8109 | Infection control/barrier techniques | 2006.03 | | 210 | 1.730 | 1.0 | R | 10.30 | |
| 8110 | Sterilized instrumentation | 2006.03 | | 210 | 4.460 | 1.0 | R | 26.60 | |
| 8120 | Treatment plan completed | 2006.03 | | 210 | - | 1.0 | R | - | |
| | Diagnostic services | | | | | | | | |
| 8101 | Oral examination | 2006.03 | | 210 | 10.000 | 1.0 | R | 59.60 | |

## Dental Therapy 2008

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8102 | Comprehensive oral examination | 2006.03 | | 210 | 16.147 | 1.0 | R | 96.20 | |
| 8104 | Limited oral examination | 2006.03 | | 210 | 7.791 | 1.0 | R | 46.40 | |
| 8189 | Re-examination - existing condition | 2006.03 | | 210 | 7.791 | 1.0 | R | 46.40 | |
| 8129 | Office/hospital visit – after regularly scheduled hours | 2006.03 | | 210 | 24.000 | 1.0 | R | 142.90 | |
| 8140 | House/extended care facility/hospital call | 2006.03 | | 210 | 15.875 | 1.0 | R | 94.50 | |
| 8190 | Consultation - second opinion or advice | 2006.03 | | 210 | - | 1.0 | R | - | |
| | Radiographs/diagnostic imaging | | | | | | | | |
| 8107 | Intraoral radiograph - periapical | 2006.03 | | 210 | 7.500 | 1.0 | R | 44.70 | |
| 8108 | Intraoral radiographs - complete series | 2006.03 | | 210 | 60.187 | 1.0 | R | 358.40 | |
| 8112 | Intraoral radiograph - bitewing | 2006.03 | | 210 | 7.500 | 1.0 | R | 44.70 | |
| 8113 | Intraoral radiograph - occlusal | 2004.00 | | 210 | 12.894 | 1.0 | R | 76.80 | |
| 8114 | Extraoral radiograph - hand-wrist | 2006.03 | | 210 | - | 1.0 | R | - | |
| 8115 | Extraoral radiograph - panoramic | 2004.00 | | 210 | 30.000 | 1.0 | R | 178.70 | |
| 8116 | Extraoral radiograph - cephalometric | 2005.02 | | 210 | 30.000 | 1.0 | R | 178.70 | |
| 8118 | Extraoral radiograph - skull/facial bone | 2005.02 | | 210 | - | 1.0 | R | - | |
| 8121 | Oral and/or facial image (digital/conventional) | 2006.03 | | 210 | 8.044 | 1.0 | R | 47.90 | |
| | Preventive services | | | | | | | | |
| | Note : Items 8159, 8155, 8161 and 8162 may not be charged more than once in six months per patient. Where item 8159 is applied, item 8155 may not be charged. Item 8151 and 8153 may not be charged to patients under 9 years of age. | 2006.03 | | | | | | | |
| 8151 | Oral hygiene instruction | 2006.03 | | 210 | 7.850 | 1.0 | R | 46.70 | |
| 8153 | Oral hygiene instruction - each additional visit | 2006.03 | | 210 | 5.746 | 1.0 | R | 34.20 | |
| 8155 | Polishing - complete dentition | 2006.03 | | 210 | 9.603 | 1.0 | R | 57.20 | |
| 8159 | Prophylaxis - complete dentition | 2006.03 | | 210 | 17.491 | 1.0 | R | 104.20 | |
| 8161 | Topical application of fluoride - child | 2006.03 | | 210 | 9.603 | 1.0 | R | 57.20 | |
| 8162 | Topical application of fluoride - adult | 2006.03 | | 210 | 9.603 | 1.0 | R | 57.20 | |
| 8163 | Dental sealant | 2006.03 | | 210 | 7.109 | 1.0 | R | 42.30 | |
| | Note : 8163 chargeable once only in respect of a tooth per annum.□<br>□<br>8163 apply to individuals below 21 years of age. Fee for patients over 21 years of age by arrangement with scheme. | 2006.03 | | | | | | | |
| | Extractions during a single visit. | | | | | | | | |
| 8201 | Extraction - tooth or exposed tooth roots (first per quadrant) | 2006.03 | | 210 | 11.200 | 1.0 | R | 66.70 | |
| 8202 | Extraction - each additional tooth or exposed tooth roots | 2006.03 | | 210 | 4.324 | 1.0 | R | 25.70 | |
| 8145 | Local anaesthetic - per visit | 2006.03 | | 210 | 1.700 | 1.0 | R | 10.10 | |
| 8220 | Cost of suture material | 2006.03 | | 210 | - | 1.0 | R | - | |
| 8931 | Treatment of post-extraction haemorrhage | 2006.03 | | 210 | 7.304 | 1.0 | R | 43.50 | |
| 8935 | Treatment of septic socket | 2006.03 | | 210 | 7.304 | 1.0 | R | 43.50 | |
| 9011 | Incision & drainage of abscess - intra-oral (pyogenic) | 2005.02 | | 210 | 13.790 | 1.0 | R | 82.10 | |
| 8303 | Pulp cap - indirect | 2006.03 | | 210 | 14.200 | 1.0 | R | 84.60 | |
| | Amalgam restorations (including polishing). | | | | | | | | |
| 8341 | Amalgam - one surface | 2004.00 | | 210 | 20.491 | 1.0 | R | 122.00 | |
| 8342 | Amalgam - two surfaces | 2004.00 | | 210 | 25.263 | 1.0 | R | 150.40 | |
| 8343 | Amalgam - three surfaces | 2004.00 | | 210 | 30.795 | 1.0 | R | 183.40 | |
| 8344 | Amalgam - four or more surfaces | 2004.00 | | 210 | 34.301 | 1.0 | R | 204.30 | |

## Dental Therapy 2008

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Only one of the above items may be charged per tooth within a year. | 2006.03 | | | | | | | |
| | Resin restorations (using resin bonding technique) | | | | | | | | |
| 8351 | Resin - one surface, anterior | 2004.00 | | 210 | 24.795 | 1.0 | R | 147.70 | |
| 8352 | Resin - two surfaces, anterior | 2004.00 | | 210 | 31.165 | 1.0 | R | 185.60 | |
| 8367 | Resin - one surface, posterior | 2006.03 | | 210 | 26.880 | 1.0 | R | 160.10 | |
| 8369 | Resin - three surfaces, posterior | 2004.00 | | 210 | 40.164 | 1.0 | R | 239.20 | |
| 8370 | Resin - four or more surfaces, posterior | 2004.00 | | 210 | 43.202 | 1.0 | R | 257.30 | |
| 8368 | Resin - two surfaces, posterior | 2004.00 | | 210 | 33.249 | 1.0 | R | 198.00 | |
| 8353 | Resin - three surfaces, anterior | 2004.00 | | 210 | 37.242 | 1.0 | R | 221.80 | |
| 8354 | Resin - four or more surfaces, anterior | 2006.03 | | 210 | 41.566 | 1.0 | R | 247.50 | |
| 8350 | Resin crown - anterior primary tooth (direct) | 2006.03 | | 210 | 44.683 | 1.0 | R | 266.10 | |
| | Note: Only one of the above codes may be charged per tooth within a year. | 2006.03 | | | | | | | |
| | Palliative Treatment | | | | | | | | |
| 8131 | Emergency dental treatment | 2006.03 | | 210 | 10.000 | 1.0 | R | 59.60 | |
| 8165 | Sedative filling | 2006.03 | | 210 | 10.000 | 1.0 | R | 59.60 | |
| 8166 | Application of desensitising resin, per tooth | 2006.03 | | 210 | 6.603 | 1.0 | R | 39.30 | |
| 8167 | Application of desensitising medicament, per visit | 2006.03 | | 210 | 7.694 | 1.0 | R | 45.80 | |
| | | | | | | | | | |

## Dental Therapy 2008

| Code | Description |
|---|---|
| 39500 | Dental Therapy |

## Dental Therapy 2008

| Code | Description | RCF |
|---|---|---|
| 210 | Dental Therapists | 5.955 |

# DIETICIANS

## Dieticians 2008

**NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DIETICIANS EFFECTIVE FROM 1 JANUARY 2008**

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

| | | |
|---|---|---|
| **GENERAL RULES** | | |
| 003 | Dietary services are per individual patient. | 04.00 |
| 004 | Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, as amended, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars<br><br>· The name and practice code number of the referring practitioner.<br>· The name of the member.<br>· The name of the patient.<br>· The name of the medical scheme.<br>· The membership number of the member.<br>· The nature of the treatment.<br>· The date on which the service was rendered.<br>· The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. | 04.00 |
| 005 | When multiple diagnoses apply every applicable diagnosis shall be specified on the statement. | 04.00 |
| 010 | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 04.00 |
| 011 | Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes. | 05.03 |
| **MODIFIERS** | | |
| 0021 | Services to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients. | 04.00 |

**ITEMS**

**1. INDIVIDUAL ASSESSMENT, COUNSELLING AND/OR TREATMENT**

| Code | Description | Ver | Add | Dietetics RVU | Dietetics Fee |
|---|---|---|---|---|---|
| 107 | Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category). | 04.00 | | | |
| 200 | Nutritional assessment, counselling and/or treatment. Duration: 1-10min. | 05.03 | | 0.500 | 24.20 (21.20) |
| 201 | Nutritional assessment, counselling and/or treatment. Duration: 11-20min. | 05.03 | | 1.500 | 72.50 (63.60) |
| 202 | Nutritional assessment, counselling and/or treatment. Duration: 21-30min. | 05.03 | | 2.500 | 120.80 (106.00) |
| 203 | Nutritional assessment, counselling and/or treatment. Duration: 31-40min. | 05.03 | | 3.500 | 169.20 (148.40) |
| 204 | Nutritional assessment, counselling and/or treatment. Duration: 41-50min. | 05.03 | | 4.500 | 217.50 (190.80) |
| 205 | Nutritional assessment, counselling and/or treatment. Duration: 51-60min. | 05.03 | | 5.500 | 265.80 (233.20) |
| 206 | Nutritional assessment, counselling and/or treatment. Duration: 61-70min. | 05.03 | | 6.500 | 314.10 (275.50) |
| 207 | Nutritional assessment, counselling and/or treatment. Duration: 71-80min. | 05.03 | | 7.500 | 362.50 (318.00) |
| 208 | Nutritional assessment, counselling and/or treatment. Duration: 81-90min. | 05.03 | | 8.500 | 410.80 (360.40) |
| 209 | Nutritional assessment, counselling and/or treatment. Duration: 91-100min. | 05.03 | | 9.500 | 459.10 (402.70) |
| 210 | Nutritional assessment, counselling and/or treatment. Duration: 101-110min. | 05.03 | | 10.500 | 507.50 (445.20) |
| 211 | Nutritional assessment, counselling and/or treatment. Duration: 111-120min. | 05.03 | | 11.500 | 555.80 (487.50) |
| **2.** | **GROUP ASSESSMENT, COUNSELLING AND/OR TREATMENT** | | | | |
| | Group nutritional assessment, counselling and/or treatment items are chargeable to a maximum of 12 patients. | | | | 05.03 |
| 300 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 1-10min. | 05.03 | | 0.100 | 4.83 (4.24) |
| 301 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 11-20min. | 05.03 | | 0.300 | 14.50 (12.70) |
| 302 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 21-30min. | 05.03 | | 0.500 | 24.20 (21.20) |

| Code | Description | Ver | Add | Dietetics | |
|---|---|---|---|---|---|
| | | | | RVU | Fee |
| 303 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 31-40min. | 05.03 | | 0.700 | 33.80 (29.60) |
| 304 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 41-50min. | 05.03 | | 0.900 | 43.50 (38.20) |
| 305 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 51-60min. | 05.03 | | 1.100 | 53.20 (46.70) |
| 306 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 61-70min. | 05.03 | | 1.300 | 62.80 (55.10) |
| 307 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 71-80min. | 05.03 | | 1.500 | 72.50 (63.60) |
| 308 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 81-90min. | 05.03 | | 1.700 | 82.20 (72.10) |
| 309 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 91-100min. | 05.03 | | 1.900 | 91.80 (80.50) |
| 310 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 101-110min. | 05.03 | | 2.100 | 101.50 (89.00) |
| 311 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 111-120min. | 05.03 | | 2.300 | 111.20 (97.50) |

# Dieticians 2008

| | | | | 38400 | | | | |
|---|---|---|---|---|---|---|---|---|
| | NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DIETICIANS EFFECTIVE FROM 1 JANUARY 2008 | Version | Add | CF | Units | BF | Value | Flag |
| | The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□<br>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded | 2004.00 | | | | | | |
| | GENERAL RULES | | | | | | | |
| 003 | Dietary services are per individual patient. | 2004.00 | | | | | | |
| 004 | Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, as amended, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars<br><br>· The name and practice code number of the referring practitioner.<br>· The name of the member.<br>· The name of the patient.<br>· The name of the medical scheme.<br>· The membership number of the member.<br>· The nature of the treatment.<br>· The date on which the service was rendered.<br>· The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. | 2004.00 | | | | | | |
| 005 | When multiple diagnoses apply every applicable diagnosis shall be specified on the statement. | 2004.00 | | | | | | |
| 010 | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 2004.00 | | | | | | |
| 011 | Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes. | 2005.03 | | | | | | |
| | MODIFIERS | | | | | | | |
| 0021 | Services to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients. | 2004.00 | | | | | | |
| | ITEMS | | | | | | | |
| 1. | INDIVIDUAL ASSESSMENT, COUNSELLING AND/OR TREATMENT | | | | | | | |

## Dieticians 2008

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 107 | Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category). | 2004.00 | | | | | | | |
| 200 | Nutritional assessment, counselling and/or treatment. Duration: 1-10min. | 2005.03 | | 200 | 0.500 | 1.0 | R | 24.20 | |
| 201 | Nutritional assessment, counselling and/or treatment. Duration: 11-20min. | 2005.03 | | 200 | 1.500 | 1.0 | R | 72.50 | |
| 202 | Nutritional assessment, counselling and/or treatment. Duration: 21-30min. | 2005.03 | | 200 | 2.500 | 1.0 | R | 120.80 | |
| 203 | Nutritional assessment, counselling and/or treatment. Duration: 31-40min. | 2005.03 | | 200 | 3.500 | 1.0 | R | 169.20 | |
| 204 | Nutritional assessment, counselling and/or treatment. Duration: 41-50min. | 2005.03 | | 200 | 4.500 | 1.0 | R | 217.50 | |
| 205 | Nutritional assessment, counselling and/or treatment. Duration: 51-60min. | 2005.03 | | 200 | 5.500 | 1.0 | R | 265.80 | |
| 206 | Nutritional assessment, counselling and/or treatment. Duration: 61-70min. | 2005.03 | | 200 | 6.500 | 1.0 | R | 314.10 | |
| 207 | Nutritional assessment, counselling and/or treatment. Duration: 71-80min. | 2005.03 | | 200 | 7.500 | 1.0 | R | 362.50 | |
| 208 | Nutritional assessment, counselling and/or treatment. Duration: 81-90min. | 2005.03 | | 200 | 8.500 | 1.0 | R | 410.80 | |
| 209 | Nutritional assessment, counselling and/or treatment. Duration: 91-100min. | 2005.03 | | 200 | 9.500 | 1.0 | R | 459.10 | |
| 210 | Nutritional assessment, counselling and/or treatment. Duration: 101-110min. | 2005.03 | | 200 | 10.500 | 1.0 | R | 507.50 | |
| 211 | Nutritional assessment, counselling and/or treatment. Duration: 111-120min. | 2005.03 | | 200 | 11.500 | 1.0 | R | 555.80 | |
| 2. | GROUP ASSESSMENT, COUNSELLING AND/OR TREATMENT | | | | | | | | |
| | Group nutritional assessment, counselling and/or treatment items are chargeable to a maximum of 12 patients. | 2005.03 | | | | | | | |
| 300 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 1-10min. | 2005.03 | | 200 | 0.100 | 1.0 | R | 4.83 | |
| 301 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 11-20min. | 2005.03 | | 200 | 0.300 | 1.0 | R | 14.50 | |
| 302 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 21-30min. | 2005.03 | | 200 | 0.500 | 1.0 | R | 24.20 | |
| 303 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 31-40min. | 2005.03 | | 200 | 0.700 | 1.0 | R | 33.80 | |
| 304 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 41-50min. | 2005.03 | | 200 | 0.900 | 1.0 | R | 43.50 | |
| 305 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 51-60min. | 2005.03 | | 200 | 1.100 | 1.0 | R | 53.20 | |
| 306 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 61-70min. | 2005.03 | | 200 | 1.300 | 1.0 | R | 62.80 | |
| 307 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 71-80min. | 2005.03 | | 200 | 1.500 | 1.0 | R | 72.50 | |
| 308 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 81-90min. | 2005.03 | | 200 | 1.700 | 1.0 | R | 82.20 | |
| 309 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 91-100min. | 2005.03 | | 200 | 1.900 | 1.0 | R | 91.80 | |
| 310 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 101-110min. | 2005.03 | | 200 | 2.100 | 1.0 | R | 101.50 | |
| 311 | Group nutritional assessment, counselling and/or treatment, per patient. Duration: 111-120min. | 2005.03 | | 200 | 2.300 | 1.0 | R | 111.20 | |

## Dieticians 2008

| Code | Description |
|---|---|
| 38400 | Dietetics |

## Dieticians 2008

| Code | Description | RCF |
|---|---|---|
| 200 | Dieticians | 48.330 |

# HEARING AID ACOUSTICIANS

## Hearing Aid Acousticians 2008

**NATIONAL REFERENCE PRICE LIST FOR SERVICES BY HEARING AID ACOUSTICIANS EFFECTIVE FROM 1 JANUARY 2008**

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

**GENERAL RULES**

| | | |
|---|---|---|
| 003 | The fee in respect of more than one evaluation shall be the full fee for the first evaluation plus half the fee in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out. | 04.00 |
| 004 | Each practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars :<br><br>· The practice code number of the supplier of service<br>· The name of the collaborating medical practitioner or audiologist.<br>· The name of the member.<br>· The name of the patient.<br>· The name of the medical scheme.<br>· The membership number of the member.<br>· The nature of the treatment.<br>· The date on which the service was rendered.<br>· The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. | 04.00 |
| 005 | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 04.00 |

**ITEMS**

| Code | Description | Ver | Add | Hearing Aid Acousticians | |
|---|---|---|---|---|---|
| | | | | RVU | Fee |
| 001 | First consultation (comprehensive) | 04.00 | | 15.700 | 74.90 (65.70) |
| 003 | Consultation (screening interview) | 04.00 | | 10.000 | 47.70 (41.80) |
| 021 | Test - air conduction | 04.00 | | 10.000 | 47.70 (41.80) |
| 023 | Test - bone conduction | 04.00 | | 10.000 | 47.70 (41.80) |
| 025 | Test - speech hearing tests | 04.00 | | 14.000 | 66.80 (58.60) |
| 027 | Test - free field | 04.00 | | 12.800 | 61.10 (53.60) |
| 029 | Test - insertion gain (per ear) | 04.00 | | 10.900 | 52.00 (45.60) |
| 031 | Test - binaural loudness balance test, per ear | 04.00 | | 12.800 | 61.10 (53.60) |
| 051 | Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme) | 04.00 | | - | - |
| 053 | Hearing Aid Evaluation, per ear (refer to General Rule 003) | 04.00 | | 12.800 | 61.10 (53.60) |
| 055 | Technical adjustment or replacement of earmolds | 04.00 | | 21.100 | 100.60 (88.20) |
| 057 | Repairs/service per instrument (3 X services/4 year cycle) | 04.00 | | - | - |
| 059 | Tympanogram | 04.00 | | 10.000 | 47.70 (41.80) |
| 061 | Reflex test (stapedial reflex) | 04.00 | | 10.000 | 47.70 (41.80) |
| 107 | Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category). | 04.00 | | - | - |

# Hearing Aid Acousticians 2008

| | | | | 38300 | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **NATIONAL REFERENCE PRICE LIST FOR SERVICES BY HEARING AID ACOUSTICIANS EFFECTIVE FROM 1 JANUARY 2008** | **Version** | **Add** | **CF** | **Units** | **BF** | | **Value** | **Flag** |
| | The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□<br>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded | 2004.00 | | | | | | | |
| | GENERAL RULES | | | | | | | | |
| 003 | The fee in respect of more than one evaluation shall be the full fee for the first evaluation plus half the fee in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out. | 2004.00 | | | | | | | |
| 004 | Each practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars :<br><br>· The practice code number of the supplier of service<br>· The name of the collaborating medical practitioner or audiologist.<br>· The name of the member.<br>· The name of the patient.<br>· The name of the medical scheme.<br>· The membership number of the member.<br>· The nature of the treatment.<br>· The date on which the service was rendered.<br>· The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. | 2004.00 | | | | | | | |
| 005 | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 2004.00 | | | | | | | |
| | ITEMS | | | | | | | | |
| 001 | First consultation (comprehensive) | 2004.00 | | 220 | 15.700 | 1.0 | R | 74.90 | |
| 003 | Consultation (screening interview) | 2004.00 | | 220 | 10.000 | 1.0 | R | 47.70 | |
| 021 | Test - air conduction | 2004.00 | | 220 | 10.000 | 1.0 | R | 47.70 | |
| 023 | Test - bone conduction | 2004.00 | | 220 | 10.000 | 1.0 | R | 47.70 | |
| 025 | Test - speech hearing tests | 2004.00 | | 220 | 14.000 | 1.0 | R | 66.80 | |
| 027 | Test - free field | 2004.00 | | 220 | 12.800 | 1.0 | R | 61.10 | |
| 029 | Test - insertion gain (per ear) | 2004.00 | | 220 | 10.900 | 1.0 | R | 52.00 | |
| 031 | Test - binaural loudness balance test, per ear | 2004.00 | | 220 | 12.800 | 1.0 | R | 61.10 | |

## Hearing Aid Acousticians 2008

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 051 | Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme) | 2004.00 | | 220 | - | 0.0 | R | - | |
| 053 | Hearing Aid Evaluation, per ear (refer to General Rule 003) | 2004.00 | | 220 | 12.800 | 1.0 | R | 61.10 | |
| 055 | Technical adjustment or replacement of earmolds | 2004.00 | | 220 | 21.100 | 1.0 | R | 100.60 | |
| 057 | Repairs/service per instrument (3 X services/4 year cycle) | 2004.00 | | 220 | - | 0.0 | R | - | |
| 059 | Tympanogram | 2004.00 | | 220 | 10.000 | 1.0 | R | 47.70 | |
| 061 | Reflex test (stapedial reflex) | 2004.00 | | 220 | 10.000 | 1.0 | R | 47.70 | |
| 107 | Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category). | 2004.00 | | 220 | - | 0.0 | R | - | |

## Hearing Aid Acousticians 2008

| Code | Description |
|---|---|
| 38300 | Hearing Aid Acousticians |

## Hearing Aid Acousticians 2008

| Code | Description | RCF |
|---|---|---|
| 220 | Hearing Aid Acousticians | 4.770 |

# HOMOEOPATHS

## Homoeopaths 2008

**NATIONAL REFERENCE PRICE LIST FOR SERVICES BY HOMOEOPATHS EFFECTIVE FROM 1 JANUARY 2008**

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

| | | |
|---|---|---|
| **GENERAL RULES** | | |
| 1 | All accounts must be presented with the following information clearly stated:<br><br>· name of homoeopath;<br>· qualifications of the homoeopath;<br>· BHF practice number;<br>· postal address and telephone number;<br>· date on which service(s) were provided;<br>· The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered;<br>· the nature of treatment;<br>· the surname and initials of the member;<br>· the first name of the patient;<br>· the name of the scheme;<br>· the membership number of the member;<br>· where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the homoeopath; and<br>· a statement of whether the account is in accordance with the National Reference Price List. | 04.00 |
| 2 | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 04.00 |
| **Definition: Consultations** | | |
| | Consultation: A situation where a Homoeopathic Practitioner takes down a patient's full history and (where applicable) performs an appropriate examination, and repertorisation of the case and study of Materia Medica and/or prescribes or administers treatment and/or medicine or assists the patient with advice. (The method of repertorisation and selection of medicine is determined by the practitioner).<br>or<br>A voluntary scheduled consultation for the same condition within four (4) months (although the symptoms may differ from those presented during the first consultation). It may imply taking down a history and/or repertorisation of the case and study of Materia Medica and/or examination and/or prescribing or administering of treatment and/or medicine and/or counselling.<br><br>Multiple complaints attended to during same visit: Only one consultation fee is chargeable although the patient may present with a number of complaints. If the patient has an unrelated complaint at the time of administering e.g. a homoeopathic injection as part of a course only a fee for a visit is appropriate.<br><br>Hospital visits: at hospital or nursing home (all hours). By arrangement with scheme/patient. | 06.04 |
| **Definition: Medicines** | | |
| | Prescribed medicine: Homoeopathic medicines are prescribed in accordance with the homoeopathic principles and philosophy. The philosophy may consist a classical, a clinical or a combined classical/clinical approach. The prescription may include proprietary homoeopathic medicine, or patient specific compounded medicine or a combination of both. The prescription may also include specially imported medicine. The medicine may be prescribed in the form of a tablet, capsules, ampoules, liquid drops, liquid syrup, ear drops, nose drops, eye drops, pillules, granules, powders, ointments, creams, suppositories, stickers, etc. The medicine may be prescribed in a simplex potency, mother tincture (Æ), low potency, multi-potency, etc and/or complex form.<br><br>Proprietary homoeopathic medicine: These are registered homoeopathic medicines that are available in the open market or trade, or which are bought in bulk from manufacturers or wholesalers and dispensed to patients in smaller volumes without any compounding or manipulation. The dispensing of such medicine requires the appropriate NAPPI Code provided by the Manufacturer/Distributor.<br><br>Non-proprietary homoeopathic medicine: These are homoeopathic medicines which are formulated and/or prepared and/or manipulated, and/or compounded in-house by the registered homoeopathic practitioner, and/or by a registered homoeopathic medicine manufacturer in accordance with the prescription and/or formula of the registered homoeopathic practitioner and which is not available in the market/trade. | 06.05 |

| Code | Description | Ver | Add | Homoeopathy | |
|---|---|---|---|---|---|
| | | | | RVU | Fee |
| **General Rules on Medicines, supplies, material and use of own equipment in treatment and procedures** | | | | | |
| | Items 201 and 209 provide for the charge of material and medicine used in treatment.<br><br>· All materials used should be specified on all accounts.<br>· Medicine, bandages and other essential materials for home-use by the patient must be obtained from a chemist on prescription or, if a chemist is not readily available, the practitioner may supply it from own stock provided a relevant prescription is attached to the account.<br>· Not appropriate for items such as spatulas that are normally used in examinations in the rooms.<br>· Not appropriate for items such as syringes, needles and gloves, etc.<br>· Practitioners are not allowed to sell sphygmomanometers (blood pressure meters) or electro-medical devices to patients.<br>· For side room testing by practitioners no extra charge in terms of item 201 is applicable for material or kits used.<br><br>The amount charged in respect of proprietary medicines shall be at net acquisition price.<br><br>In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus -<br><br>* 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and<br><br>* a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. | | | | 06.05 |
| **ITEMS** | | | | | |
| **1.** | **Consultations** | | | | |
| **Code** | **Description** | **Ver** | **Add** | **Homoeopathy** | |
| | | | | **RVU** | **Fee** |
| 301 | Consultation (initial or follow up). Duration 1 - 15 mins | 06.04 | | 7.500 | 37.00 (32.50) |
| 302 | Consultation (initial or follow up). Duration 16 - 30 mins | 06.04 | | 22.500 | 111.10 (97.50) |
| 303 | Consultation (initial or follow up). Duration 31 - 45 mins | 06.04 | | 37.500 | 185.20 (162.50) |
| 304 | Consultation (initial or follow up). Duration 46 - 60 mins | 06.04 | | 52.500 | 259.30 (227.50) |
| 004 | Consultation, each additional full 15 mins, to a maximum of 60 mins | 06.04 | | 15.000 | 74.10 (65.00) |
| 003 | Hospital visit (BY ARRANGEMENT) | 04.00 | | - | - |
| 107 | Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category). | 04.00 | | - | - |
| **2.** | **Medicines and Materials** | | | | |
| 201 | Proprietary homeopathic medicine, all forms. The amount charged in respect of proprietary homeopathic medicines shall be at cost. | 06.02 | | - | - |
| 202 | Non-proprietary Homoeopathic Medicine - Tablets & Capsules (each) | 06.04 | | 0.100 | 1.01 (0.89) |
| 203 | Non-proprietary Homoeopathic Medicine - Liquid drops (per ml) | 06.04 | | 0.230 | 2.32 (2.04) |
| 204 | Non-proprietary Homoeopathic Medicine - Pillules & granules (per ml) | 06.04 | | 0.230 | 2.32 (2.04) |
| 209 | Proprietary materials | 06.05 | | | |

# Homoeopaths 2008

| | | | | 40800 | | | | |
|---|---|---|---|---|---|---|---|---|
| | NATIONAL REFERENCE PRICE LIST FOR SERVICES BY HOMOEOPATHS EFFECTIVE FROM 1 JANUARY 2008 | Version | Add | CF | Units | BF | Value | Flag |
| | The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□<br>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded | 2004.00 | | | | | | |
| | GENERAL RULES | | | | | | | |
| 1 | All accounts must be presented with the following information clearly stated:<br><br>· name of homoeopath;<br>· qualifications of the homoeopath;<br>· BHF practice number;<br>· postal address and telephone number;<br>· date on which service(s) were provided;<br>· The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered;<br>· the nature of treatment;<br>· the surname and initials of the member;<br>· the first name of the patient;<br>· the name of the scheme;<br>· the membership number of the member;<br>· where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the homoeopath; and<br>· a statement of whether the account is in accordance with the National Reference Price List. | 2004.00 | | | | | | |
| 2 | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 2004.00 | | | | | | |
| | Definition: Consultations | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Consultation: A situation where a Homoeopathic Practitioner takes down a patient's full history and (where applicable) performs an appropriate examination, and repertorisation of the case and study of Materia Medica and/or prescribes or administers treatment and/or medicine or assists the patient with advice. (The method of repertorisation and selection of medicine is determined by the practitioner).□<br>or□<br>A voluntary scheduled consultation for the same condition within four (4) months (although the symptoms may differ from those presented during the first consultation). It may imply taking down a history and/or repertorisation of the case and study of Materia Medica and/or examination and/or prescribing or administering of treatment and/or medicine and/or counselling.□<br>□<br>Multiple complaints attended to during same visit: Only one consultation fee is chargeable although the patient may present with a number of complaints. If the patient has an unrelated complaint at the time of administering e.g. a homoeopathic injection as part of a course only a fee for a visit is appropriate.□ | 2006.04 | | | | | | |
| | Definition: Medicines | | | | | | | |
| | Prescribed medicine: Homoeopathic medicines are prescribed in accordance with the homoeopathic principles and philosophy. The philosophy may consist a classical, a clinical or a combined classical/clinical approach. The prescription may include proprietary homoeopathic medicine, or patient specific compounded medicine or a combination of both. The prescription may also include specially imported medicine. The medicine may be prescribed in the form of a tablet, capsules, ampoules, liquid drops, liquid syrup, ear drops, nose drops, eye drops, pillules, granules, powders, ointments, creams, suppositories, stickers, etc. The medicine may be prescribed in a simplex potency, mother tincture (Æ), low potency, multi-potency, etc and/or complex form.□<br>□<br>Proprietary homoeopathic medicine: These are registered homoeopathic medicines that are available in the open market or trade, or which are bought in bulk from manufacturers or wholesalers and dispensed to patients in smaller volumes without any compounding or manipulation. The dispensing of such medicine requires the appropriate NAPPI Code provided by the Manufacturer/Distributor.□<br>□ | 2006.05 | | | | | | |
| | General Rules on Medicines, supplies, material and use of own equipment in treatment and procedures | | | | | | | |



STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 603

## Homoeopaths 2008

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Items 201 and 209 provide for the charge of material and medicine used in treatment.<br>□<br>· All materials used should be specified on all accounts.□<br>· Medicine, bandages and other essential materials for home-use by the patient must be obtained from a chemist on prescription or, if a chemist is not readily available, the practitioner may supply it from own stock provided a relevant prescription is attached to the account. □<br>· Not appropriate for items such as spatulas that are normally used in examinations in the rooms.□<br>· Not appropriate for items such as syringes, needles and gloves, etc.□<br>· Practitioners are not allowed to sell sphygmomanometers (blood pressure meters) or electro-medical devices to patients.□<br>· For side room testing by practitioners no extra charge in terms of item 201 is applicable for material or kits used.□<br>□<br>The amount charged in respect of proprietary medicines shall be at net acquisition price.□<br>□<br>In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus -□ | 2006.05 | | | | | | | |
| | ITEMS | | | | | | | | |
| 1. | Consultations | | | | | | | | |
| 301 | Consultation (initial or follow up). Duration 1 - 15 mins | 2006.04 | | 231 | 7.500 | 1.0 | R | 37.00 | |
| 302 | Consultation (initial or follow up). Duration 16 - 30 mins | 2006.04 | | 231 | 22.500 | 1.0 | R | 111.10 | |
| 303 | Consultation (initial or follow up). Duration 31 - 45 mins | 2006.04 | | 231 | 37.500 | 1.0 | R | 185.20 | |
| 304 | Consultation (initial or follow up). Duration 46 - 60 mins | 2006.04 | | 231 | 52.500 | 1.0 | R | 259.30 | |
| 004 | Consultation, each additional full 15 mins, to a maximum of 60 mins | 2006.04 | | 231 | 15.000 | 1.0 | R | 74.10 | |
| 003 | Hospital visit (BY ARRANGEMENT) | 2004.00 | | 230 | - | 1.0 | R | - | |
| 107 | Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category). | 2004.00 | | 230 | - | 0.0 | R | - | |
| 2. | Medicines and Materials | | | | | | | | |
| 201 | Proprietary homeopathic medicine, all forms. The amount charged in respect of proprietary homeopathic medicines shall be at cost. | 2006.02 | | 230 | - | 1.0 | R | - | |
| 202 | Non-proprietary Homoeopathic Medicine - Tablets & Capsules (each) | 2006.04 | | 230 | 0.100 | 1.0 | R | 1.01 | |
| 203 | Non-proprietary Homoeopathic Medicine - Liquid drops (per ml) | 2006.04 | | 230 | 0.230 | 1.0 | R | 2.32 | |
| 204 | Non-proprietary Homoeopathic Medicine - Pillules & granules (per ml) | 2006.04 | | 230 | 0.230 | 1.0 | R | 2.32 | |
| 209 | Proprietary materials | 2006.05 | | | | | | | |

## Homoeopaths 2008

| Code | Description |
|---|---|
| 40800 | Homoeopathy |

# HOSPICES

## Hospices 2008

**NATIONAL REFERENCE PRICE LIST IN RESPECT OF HOSPICE OR SIMILAR APPROVED FACILITIES WITH A PRACTICE NUMBER COMMENCING WITH "79" WITH EFFECT FROM 1 JANUARY 2008**

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

**GENERAL RULES**

| | | |
|---|---|---|
| A | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 04.00 |

**SCHEDULE**

**10 HOSPICE OR SIMILAR APPROVED FACILITIES WITH A PRACTICE NUMBER COMMENCING WITH "79"**

| Code | Description | Ver | Add | Hospices | |
|---|---|---|---|---|---|
| | | | | RVU | Fee |
| 950 | Ward fee, per day (Inclusive of professional fees and disposables, except for pharmacy dispensed medication). | 05.02 | | 30.552 | 671.10 (588.70) |
| 955 | Home health care, per visit | 04.00 | | 10.000 | 219.70 (192.70) |
| 960 | Global fee for a terminally ill patient - By arrangement with medical scheme/patient | 05.02 | | - | - |

# Hospices 2008

| | | | | 57900 | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **NATIONAL REFERENCE PRICE LIST IN RESPECT OF HOSPICE OR SIMILAR APPROVED FACILITIES WITH A PRACTICE NUMBER COMMENCING WITH "79" WITH EFFECT FROM 1 JANUARY 2008** | **Version** | **Add** | **CF** | **Units** | **BF** | **Value** | **Flag** |
| | The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□<br>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded | 2004.00 | | | | | | |
| | GENERAL RULES | | | | | | | |
| A | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | 2004.00 | | | | | | |
| | SCHEDULE | | | | | | | |
| 10 | HOSPICE OR SIMILAR APPROVED FACILITIES WITH A PRACTICE NUMBER COMMENCING WITH "79" | | | | | | | |
| 950 | Ward fee, per day (inclusive of professional fees and disposables, except for pharmacy dispensed medication). | 2005.02 | | 550 | 30.552 | 1.0 | R 671.10 | |
| 955 | Home health care, per visit | 2004.00 | | 550 | 10.000 | 1.0 | R 219.70 | |
| 960 | Global fee for a terminally ill patient - By arrangement with medical scheme/patient | 2005.02 | | 550 | - | 0.0 | R - | |
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## Hospices 2008

| Code | Description |
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| 57900 | Hospices |
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## Hospices 2008

| Code | Description | RCF |
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| 550 | Hospices | 21.965 |

# MEDICAL PRACTITIONERS

# Medical Practitioners 2008

**NATIONAL REFERENCE PRICE LIST FOR SERVICES BY MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2008**

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

**RULES GOVERNING THE STRUCTURE**

| | | |
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| A. | Consultations: Definitions: (a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration. (b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling. (c) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code. | 04.00 |
| B. | Normal hours and after hours: After-hours services are paid at the same rate as benefits for normal hours services. Bona fide emergency medical services rendered to a patient, at any time, may attract a fee as specified in modifier 0011 and items 0146 or 0147 (which should be added to the appropriate consultative services code selected from items 0190-0192, 0173-0175, 0161-0164, 0166-0169) | 06.04 |
| C. | Comparable services: A service may be rendered that is not listed in this edition of the coding structure. The fee that may be charged in respect of the rendering of a service not listed in this coding structure shall be based on the fee in respect of a comparable service. For these procedure(s)/service(s), item 6999: Unlisted procedure or service code, should be used. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted procedure/service which will be based on the fee for a comparable service in the coding structure. When item 6999 is used to indicate that an unlisted service was rendered, the use of the item must be supported by a special report. This report must include: (1) An adequate definition or description of the nature, extent and need for the procedure/service or "medical necessity"; (2) In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicated equipment needed to provide this service, must be included in the report; (3) Is this procedure/service medically appropriate under the circumstances? Explain why another procedure/service listed in the coding structure will not be appropriate in this case; (4) A description of the complexity of the symptoms and concurrent problems must be supplied; (5) Final diagnosis supported by the appropriate ICD-10 code(s); (6) Pertinent physical findings (size, location and number of lesions if applicable); (7) Mention any other diagnostic or therapeutic procedure(s)/service(s) provided at the same session; (8) Any further diagnostic or therapeutic procedure(s)/service(s) to be provided in the follow-up period; and (9) Description of the follow-up care needed. Please note: This comparable service code may not be used for a period longer than six months for a particular procedure/service after which time an application has to be made for the addition of a specific code for this procedure | 05.02 |
| D. | Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation, the relevant consultation fee may be charged. In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be | 04.00 |
| E. | Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital | 04.00 |
| F. | Administering of injections and/or infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself | 04.00 |
| G. | Post-operative care: (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding ONE month (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). (b) If the normal after-care is delegated to any other registered health professional and not completed by the surgeon, it shall be his/her own responsibility to arrange for this to be done without extra charge. (c) When post-operative care/treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged. (d) Normal after-care refers to an uncomplicated post-operative period not requiring any further incisions | 04.00 |
| H. | Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days | 04.00 |
| J. | Disproportionately low fees: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. The use of this rule is not intended merely to increase the Medical Schemes Benefits. | 04.00 |
| K. | Practice of specialists: In terms of the conditions in respect of the practice of specialists as published in Government Gazette No. 12958 of 11 January 1991, a specialist may treat any person who comes to him direct for consultation. A specialist who is consulted by a patient or who treats a patient, shall take all reasonable steps to ensure the collaboration of the patient's general practitioner. Medical practitioners referring cases to other medical practitioners shall indicate in the reference whether the patient is a member of a medical scheme or a dependant of such member. This also applies in respect of specimens sent to pathologists | 04.00 |
| L. | Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged | 04.00 |

| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | |
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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| M. | Procedure planned to be performed later: In cases where, during a consultation/visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion | | | | | | | | 04.00 |
| N. | "Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention | | | | | | | | 04.00 |
| O. | Costly or prolonged medical services or procedures: In the case of costly or prolonged medical services or procedures, the medical practitioner shall first ascertain from the medical scheme for what amount the medical scheme will accept responsibility in respect of such treatment, should the practitioner wish any direct payment from the scheme | | | | | | | | 04.00 |
| P. | Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances. | | | | | | | | 04.00 |
| Q. | Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management) | | | | | | | | 06.05 |
| R. | Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation) | | | | | | | | 04.00 |
| S. | Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours. | | | | | | | | 04.00 |
| T. | Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring | | | | | | | | 04.00 |
| U. | Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care. | | | | | | | | 04.00 |
| V. | (a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods | | | | | | | | 04.00 |
| Y. | Except where otherwise indicated, radiologists are entitled to charge for contrast material used | | | | | | | | 04.00 |
| Z. | No fee is subject to more than one reduction | | | | | | | | 04.00 |
| AA. | Procedures to exclude cost of isotope | | | | | | | | 04.00 |
| BB. | The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes | | | | | | | | 04.00 |
| CC. | Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp | | | | | | | | 04.00 |



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| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | |
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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| EE. | Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist | | | | | | | | 04.00 |
| FF. | (a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973. | | | | | | | | 04.00 |
| GG. | Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years | | | | | | | | 04.00 |
| RR. | The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners.<br>A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025"). | | | | | | | | 04.00 |
| XX. | Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic | | | | | | | | 04.00 |
| YY. | Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital) | | | | | | | | 04.00 |
| **MODIFIERS GOVERNING THE STRUCTURE** | | | | | | | | | |
| 0002 | Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere | | | | | | | | 04.00 |
| 0004 | Procedures performed in own procedure rooms: Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: as per fee for procedure + 100% (the value of modifier 0004 equals 100% of the value of the procedure performed). See Section V (Section G in SAMA's DBT) for a list of procedures, which are often done in rooms to which Modifier 0004 should not be applied. Please note: Only the medical practitioner who owns the facility and the equipment may charge modifier 0004. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms | | | | | | | | 06.05 |
| 0005 | Multiple therapeutic procedures/operations under the same anaesthetic:<br><br>a) Unless otherwise identified in the tariff when multiple therapeutic procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identified and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures.<br><br>b) In the case of multiple fractures and/or dislocations the above values shall prevail.<br><br>c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedures performed, are performed under the same general anaesthetic, Modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for after-care. Specify unrelated endoscopic procedure and provide diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other (therapeutic) procedures performed under the same anaesthetic.<br><br>d) Please note: When more than one small procedure is performed and the tariff makes provision for items for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) Modifier 0005 is not applicable as the fee is already a reduced fee.<br><br>e) "+" Means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to Modifier 0005 (see also Modifier 0082) | | | | | | | | 04.00 |
| 0006 | Visiting specialists performing procedures: Where specialists visit smaller centres to perform procedures, fees for these particular procedures are exclusive of after-care. The referring practitioner will then be entitled to subsequent hospital visits for after-care. If the referring practitioner is not available, the specialist shall, on consultation with the patient, choose an appropriate locum tenens. Both the surgeon and the practitioner who handled the after-care, must in such instances quote Modifier 0006 with the particular items which they use | | | | | | | | 04.00 |

| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | |
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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 0007 | a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation - 15,00 clinical procedure units irrespective of the number of items of equipment provided.<br><br>b) Use of own equipment in hospital theatre or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15,00 clinical procedure units irrespective of the number of items of equipment provided. | 04.00 | | 15.000 | 105.42 (92.47) | 15.000 | 105.42 (92.47) | | |
| 0008 | Specialist surgeon assistant: Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon | | | | | | | | 04.00 |
| 0009 | Assistant: The fee for an assistant is 20% of the fee for the specialist surgeon, with a minimum of 36,00 clinical procedure units. The minimum fee payable may not be less than 36,00 clinical procedures units | | | | | | | | 04.00 |
| 0010 | Local anaesthesic: (a) A fee for a local anaesthetic administered by the operator may only be charged for (1) an operation or procedure having a value greater than 30,00 clinical procedure units (i.e. 31,00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value greater than 50,00 clinical procedure units. (b) The fee shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per Modifier 0036: Anaesthetic administered by a general practitioner, shall be applicable in such a case. (c) Not applicable to radiological procedures (such as angiography and myelography. (d) No fee may be levied for topical application of local anaesthetic. (e) Please note: Modifier 0010: Local anaesthetic administered by the operator, may not be added on the surgeon's account for procedures that were performed under general anaesthetic. | | | | | | | | 04.00 |
| 0011 | Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment) | | | | | | | | 06.04 |
| 0013 | Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged | | | | | | | | 04.00 |
| 0014 | Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff | | | | | | | | 04.00 |
| 0015 | Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions | | | | | | | | 04.00 |
| 0017 | Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item) | 05.06 | | 7.500 | 85.12 (74.67) | 7.500 | 85.12 (74.67) | | |
| 0018 | Surgical modifier for persons with a BMI of 35> (calculated according to kg/m2): Fee for procedure +50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists | | | | | | | | 04.00 |
| 0019 | Surgery on neonates (up to and including 28 days after birth) and low birth weight infants (less than 2500g) under general anaesthesia (excluding circumcision): per fee for procedure + 50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists | | | | | | | | 04.00 |
| 0046 | Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, a full fee as for the initial treatment, is applicable | | | | | | | | 04.00 |
| 0047 | A fracture NOT requiring reduction shall be charged on a fee per service basis | | | | | | | | 04.00 |
| 0048 | Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care) | 04.00 | | 27.000 | 189.76 (166.46) | 27.000 | 189.76 (166.46) | | |
| 0049 | Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement | 04.11 | | 77.000 | 541.16 (474.70) | 77.000 | 541.16 (474.70) | | |



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| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | |
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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 0050 | In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable) | 04.00 | | 115.500 | 811.73 (712.04) | 115.500 | 811.73 (712.04) | | |
| 0051 | Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units | 04.11 | | 77.000 | 541.16 (474.70) | 77.000 | 541.16 (474.70) | | |
| 0053 | Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units | 04.00 | | 32.000 | 224.90 (197.28) | 32.000 | 224.90 (197.28) | | |
| 0055 | Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units | 04.11 | | 77.000 | 541.16 (474.70) | 77.000 | 541.16 (474.70) | | |
| 0057 | Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot | | | | | | | | 04.00 |
| 0058 | Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100% | | | | | | | | 04.00 |
| 0061 | Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed | | | | | | | | 04.00 |
| 0063 | Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure | | | | | | | | 04.00 |
| 0064 | Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts | | | | | | | | 04.00 |
| 0065 | Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere | | | | | | | | 04.00 |
| 0066 | Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee | | | | | | | | 04.00 |
| 0067 | Microsurgery of the larynx: Add 25% to the fee of the operation performed (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhare in the Tariff) | | | | | | | | 04.00 |
| 0069 | When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083 | | | | | | | | 04.00 |
| 0070 | Add 45,00 clinical procedure units to procedure(s) performed through a thorascope | 04.00 | | 45.000 | 316.26 (277.42) | 45.000 | 316.26 (277.42) | | |
| 0072 | Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins | | | | | | | | 04.00 |
| 0073 | When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100% | | | | | | | | 04.00 |
| 0074 | Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment. | | | | | | | | 04.00 |
| 0075 | Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff. | 04.00 | | 21.000 | 147.59 (129.46) | 21.000 | 147.59 (129.46) | | |
| 0077 | Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine) | | | | | | | | 04.00 |
| 0078 | When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure | | | | | | | | 04.00 |
| 0079 | When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975) | | | | | | | | 04.00 |
| 0080 | Multiple examinations: Full Fee | | | | | | | | 04.00 |
| 0081 | Repeat examinations: No reduction | | | | | | | | 04.00 |
| 0082 | "+" Means that this item is complementary to a preceding item and is therefore not subject to reduction | | | | | | | | 04.00 |

| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee | |
| 0083 | A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used | | | | | | | | | 04.00 |
| 0084 | Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA) | | | | | | | | | 04.00 |
| 0085 | Left Side' modifier to be added to when items 6500 to 6519 are used when the left side is examined. Please note that the absence of this modifier indicates that the right side was examined | | | | | | | | | 04.00 |
| 0086 | Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations | | | | | | | | | 04.00 |
| 0090 | Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only) | | | | | | | | | 04.00 |
| 0091 | Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic (refer to Rule XX) | | | | | | | | | 04.00 |
| 0092 | Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital) (refer to Rule YY) | | | | | | | | | 04.00 |
| 0095 | Radiation materials: Exclusively for use where radiation materials supplied by the practice are used by clinical and radiation oncologists, modifier 0095 should be used to identify these materials. A material code list with descriptions and guideline costs for these materials, maintained and updated on a regular basis, will be supplied by the Society of Clinical and Radiation Oncology. This modifier is only chargeable by the practice responsible for the cost of this material and where the hospital did not charge therefore. Please note that item 0201 should not be used for these materials | | | | | | | | | 04.00 |
| 0096 | Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope | | | | | | | | | 04.00 |
| 0097 | Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee | | | | | | | | | 04.00 |
| 0160 | Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units | | | | | | | | | 04.00 |
| 0165 | Use of contrast during ultrasound study: add 6.00 ultrasound units | 04.00 | | 6.000 | 40.19 (35.25) | 6.000 | 40.19 (35.25) | | | |
| 5104 | Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30% | | | | | | | | | 04.00 |
| 6100 | In order to charge the full fee (600,00 magnetic resonance units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes | | | | | | | | | 04.00 |
| 6101 | Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region | | | | | | | | | 04.00 |
| 6102 | All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee | | | | | | | | | 04.00 |
| 6103 | Post-contrast study: Bone tumour: 100% of the fee | | | | | | | | | 04.00 |
| 6104 | Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable | | | | | | | | | 04.00 |
| 6105 | Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items | | | | | | | | | 04.00 |
| 6106 | Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability | | | | | | | | | 04.00 |
| 6107 | Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability | | | | | | | | | 04.00 |
| 6108 | Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series" | | | | | | | | | 04.00 |
| 6109 | Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain | | | | | | | | | 04.00 |
| 6110 | MRI spectroscopy: 50% of fee | | | | | | | | | 04.00 |
| 6300 | If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account) | | | | | | | | | 04.00 |
| 6301 | If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged) | | | | | | | | | 04.00 |
| 6302 | When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged) | | | | | | | | | 04.00 |
| 6303 | When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure | | | | | | | | | 04.00 |



STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 625

| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 6305 | When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value | | | | | | | | 04.00 |
| **I.** | **Consultative Services** | | | | | | | | |
| **I.a** | **General Practitioner visits** | | | | | | | | |
| **I.b** | **Specialists tiered consultation structure** | | | | | | | | |
| **I.b.1** | **New and established patients: Consultations/visits by psychiatrists (22) only** | | | | | | | | |
| **Code** | **Description** | **Ver** | **Add** | **Specialists** | | **General Practitioners / non-designated Specialists** | | **Anaesthesiology** | |
| | | | | **RVU** | **Fee** | **RVU** | **Fee** | **RVU** | **Fee** |
| 0161 | Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the doctor personally with the patient between 10 and 20 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169) | 06.02 | | 15.000 | 203.00 (178.10) | | | | |
| 0162 | Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the doctor personally with the patient between 21 and 35 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169) | 06.02 | | 27.500 | 372.20 (326.50) | | | | |
| 0163 | Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient between 36 and 45 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169) | 06.02 | | 40.000 | 541.40 (474.90) | | | | |
| 0164 | Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision making and counselling. Typically occupies a doctor personally with the patient between 46 and 60 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169) | 06.02 | | 52.500 | 710.60 (623.30) | | | | |
| 0166 | Psychiatry (22): First hospital consultation/visit with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the doctor personally with the patient for between 10 and 20 minutes | 06.06 | | 15.000 | 203.00 (178.10) | | | | |
| 0167 | Psychiatry (22): First hospital consultation/visit with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the doctor personally with the patient for between 21 and 35 minutes | 06.06 | | 27.500 | 372.20 (326.50) | | | | |
| 0168 | Psychiatry (22): First hospital consultation/visit with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient for between 36 and 45 minutes | 06.06 | | 40.000 | 541.40 (474.90) | | | | |
| 0169 | Psychiatry (22): First hospital consultation/visit with comprehensive history and clinical examination for complex problem requiring complex decision making and counselling. Typically occupies a doctor personally with the patient for between 46 and 60 minutes | 06.06 | | 52.500 | 710.60 (623.30) | | | | |
| **I.c** | **General practitioner and specialist services** | | | | | | | | |
| 0190 | New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure | | | | | | | 06.02 | |
| 0191 | New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure | | | | | | | 06.02 | |

| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee | |
| 0192 | New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure | | | | | | | 06.02 | | |
| 0173 | First hospital consultation/visit of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure) | | | | | | | 06.02 | | |
| 0174 | First hospital consultation/visit of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure) | | | | | | | 06.02 | | |
| 0175 | First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure) | | | | | | | 06.02 | | |
| 0109 | Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0111, 0145, 0146, 0147 or ICU items 1204-1214) | | | | | | | 06.04 | | |
| 0111 | Paediatric hospital follow-up visits (excluding neonates) by paediatricians or paediatric cardiologists (may only be charged once per day) (not to be used with items 0109 or ICU items 1204-1214). For a healthy neonate please use item 0109 for a hospital follow-up visit | | | | | | | 06.04 | | |
| 0129 | Prolonged face-to-face attendance to a patient: ADD to either item 0192, item 0175, item 0164 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes | | | | | | | 06.06 | + | |
| 0145 | For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof | | | | | | | 06.04 | + | |
| 0146 | For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof | | | | | | | 06.05 | + | |
| 0147 | For an unscheduled emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof | | | | | | | 06.05 | + | |
| 0148 | For elective after-hours services on request of the patient or family (non emergency) (refer to general rule B): ADD 50% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153) and reflect this as a separate item 0148. Usage: This item is used when, for example, a patient or the family request the doctor for a non-emergency consultation/visit outside of the normal hours period as reflected in general rule B. | | | | | | | 06.05 | + | |
| 0149 | After-hours bona fide emergency consultation/visit (21:00-6:00 daily): ADD 25% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153) and reflect this as a separate item 0149. Note: The after-hour period applicable to this item is from Monday to Sunday 21:00-6:00 | | | | | | | 06.05 | | |

| Practice Type | 0190 | 0191 | 0192 | 0173 | 0174 | 0175 | 0109 | 0111 | 0129 | 0145 | 0146 | 0147 | 0148 | 0149 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Anaesthesiology | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | |
| Cardiology | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | |
| Cardiothoracic Surgery | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | |
| Dermatology | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | |
| Gastroenterology | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | |
| General Medical Practice | 190.80 (167.40) | 190.80 (167.40) | 190.80 (167.40) | 190.80 (167.40) | 190.80 (167.40) | 190.80 (167.40) | 170.20 (149.30) | | 170.20 (149.30) | 68.10 (59.70) | 90.80 (79.60) | 158.90 (139.40) | - | - |
| Medical Oncology | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | |
| Medicine (Specialist Physician) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | |
| Neurology | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | |



STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 627

| Code | Description | | | | | | | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| Neurosurgery | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | | |
| Nuclear Medicine | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | | |
| Obstetrics and Gynaecology | 204.30 (179.20) | 204.30 (179.20) | 204.30 (179.20) | 204.30 (179.20) | 204.30 (179.20) | 204.30 (179.20) | | | | | | | | | |
| Opthalmology | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | | |
| Orthopaedics | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | | |
| Otorhinolaryngology | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | | |
| Paediatric Cardiology | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | 255.40 (224.00) | | | | | | | |
| Paediatrics | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | 255.40 (224.00) | | | | | | | |
| Pathology (Anatomical) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | | |
| Pathology (Clinical) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | | |
| Physical Medicine | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | | |
| Plastic and Reconstructive Surgery | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | | |
| Psychiatry | | | | | | | 203.00 (178.10) | | | 203.00 (178.10) | 81.20 (71.20) | 108.30 (95.00) | 189.50 (166.20) | - | - |
| Pulmonology | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | | |
| Radiation Oncology | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | | |
| Radiology | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | | |
| Rheumatology | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | 295.10 (258.90) | | | | | | | | | |
| Specialists | | | | | | | 170.20 (149.30) | | | 170.20 (149.30) | 68.10 (59.70) | 90.80 (79.60) | 158.90 (139.40) | - | - |
| Surgery | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | | |
| Urology | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | 192.90 (169.20) | | | | | | | | | |
| **I.e** | **Pre-anaesthetic assessment** | | | | | | | | | | | | | | |
| 0151 | Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem focused history and clinical examination and straightforward decision making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes | | | | | | | 06.04 | | | | 16.000 | 181.60 (159.30) | 16.000 | 181.60 (159.30) |