

4425	Protein electrophoresis	2004.00	80	12.600	1.0	R	135.80	80	8.400	1.0	R	90.49	-
21.11	RNA/DNA based tests and andrology						-					-	-
21.11.1	RNA/DNA based tests and andrology: RNA/DNA based tests						-					-	-
4424	HLA test for specific allele DNA-PCR	2004.00	80	36.000	1.0	R	388.05	80	24.000	1.0	R	258.70	-
4426	HLA typing low resolution Class I DNA-PCR per locus	2004.00	80	100.000	1.0	R	1 077.77	80	67.000	1.0	R	722.13	-
4427	HLA typing low resolution Class II DNA-PCR per locus	2004.00	80	74.000	1.0	R	797.51	80	49.300	1.0	R	531.33	-
4428	HLA typing high resolution Class I or II DNA-PCR per locus	2004.00	80	66.000	1.0	R	711.28	80	44.000	1.0	R	474.28	-
4429	Quantitative PCR (DNA/RNA)	2004.00	80	84.300	1.0	R	908.53	80	56.200	1.0	R	605.69	-
4430	Recombinant DNA technique	2004.00	80	25.000	1.0	R	269.41	80	16.670	1.0	R	179.65	-
4431	Ribosomal RNA targeting for bacteriological identification	2004.00	80	35.000	1.0	R	377.20	80	23.330	1.0	R	251.51	-
4432	Ribosomal RNA amplification for bacteriological identification	2004.00	80	75.000	1.0	R	808.37	80	50.000	1.0	R	538.96	-
4433	Bacteriological DNA identification (LCR)	2004.00	80	25.000	1.0	R	269.41	80	16.670	1.0	R	179.65	-
4434	Bacteriological DNA identification (PCR)	2004.00	80	75.000	1.0	R	808.37	80	50.000	1.0	R	538.96	-
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	2005.03	80	150.000	1.0	R	1 616.73	Z 80	100.000	1.0	R	1 077.77	Z -
21.11.2	RNA/DNA based tests and andrology: Andrology						-					-	-
4435	Mixed antiglobulin reaction: Semen	2004.00	80	6.600	1.0	R	71.13	80	4.400	1.0	R	47.37	-
4436	Friberg test: Semen	2004.00	80	14.500	1.0	R	156.34	80	9.670	1.0	R	104.27	-
4437	Kremer test: Semen	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-
4440	Semen analysis: Cell count	2004.00	80	7.650	1.0	R	82.42	80	5.100	1.0	R	55.00	-
4441	Semen analysis: Cytology	2004.00	80	7.200	1.0	R	77.58	80	4.800	1.0	R	51.77	-
4442	Semen analysis: Viability + motility - 6 hours	2004.00	80	6.000	1.0	R	64.68	80	4.000	1.0	R	43.12	-
4443	Semen analysis: Supravital stain	2004.00	80	5.440	1.0	R	58.66	80	3.630	1.0	R	39.16	-
4445	Seminal fluid: Alpha glucosidase	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4446	Seminal fluid fructose	2004.00	80	3.150	1.0	R	33.88	80	2.100	1.0	R	22.58	-
4447	Seminal fluid: Acid phosphatase	2004.00	80	5.180	1.0	R	55.88	80	3.450	1.0	R	37.25	-
21.12	Immunology						-					-	-
4448	HCG: Latex agglutination: Qualitative (side room)	2004.00	80	4.000	1.0	R	43.12	80	2.670	1.0	R	28.74	-
4449	HCG: Latex agglutination: Semi-quantitative (side room)	2004.00	80	9.310	1.0	R	100.31	80	6.210	1.0	R	66.88	-
4450	HCG: Monoclonal immunological: Qualitative	2004.00	80	10.000	1.0	R	107.79	80	6.670	1.0	R	71.86	-
4451	HCG: Monoclonal immunological: Quantitative	2004.00	80	12.400	1.0	R	133.60	80	8.270	1.0	R	89.17	-
4452	Bone Specific Alk Phosphatase	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4455	Anti IgE receptor antibody test (10 samples and dilution)	2004.00	80	161.560	1.0	R	1 741.24	80	107.710	1.0	R	1 160.93	-
4456	Eosinophil cationic protein	2004.00	80	27.810	1.0	R	299.76	80	18.540	1.0	R	199.89	-
4457	Mast cell tryptase	2004.00	80	96.870	1.0	R	1 044.04	80	64.580	1.0	R	696.03	-
4458	Micro-albuminuria: Radio-isotope method	2004.00	80	12.420	1.0	R	133.90	80	8.300	1.0	R	89.46	-
4459	Acetyl choline receptor antibody	2004.00	80	158.120	1.0	R	1 704.14	80	105.410	1.0	R	1 136.14	-
4460	CA-199 tumour marker	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4461	Nuclear Matrix Protein 22	2004.00	80	35.000	1.0	R	377.20	80	23.330	1.0	R	251.51	-
4462	CA-125 tumour marker	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4463	C6 complement functional essay	2004.00	80	45.000	1.0	R	484.99	80	30.000	1.0	R	323.38	-
4464	House dust mite antigen ELIZA	2004.00	80	20.310	1.0	R	218.96	80	13.540	1.0	R	145.92	-
4466	Beta-2-microglobulin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4467	Chromogranin A	2004.00	80	47.000	1.0	R	506.55	80	31.330	1.0	R	337.60	-
4468	CA-549	2004.00	80	20.000	1.0	R	215.58	80	13.300	1.0	R	143.28	-
4469	Tumour markers: Monoclonal immunological (each)	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4470	CA-195 tumour marker	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4471	Carcino-embryonic antigen	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4472	MCA antigen tumour marker	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4473	TSH Receptor Ab	2004.00	80	17.480	1.0	R	188.45	80	11.650	1.0	R	125.54	-
4474	Cast Per Allergen	2004.00	80	27.810	1.0	R	299.76	80	18.540	1.0	R	199.89	-
4475	CA-724	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4476	Neopterin	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4477	Neuron specific enolase	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4478	Osteocalcin	2004.00	80	31.400	1.0	R	338.48	80	20.930	1.0	R	225.56	-
4479	Vitamin B12-absorption: Shilling test	2004.00	80	11.700	1.0	R	126.12	80	7.800	1.0	R	84.03	-
4480	Serotonin	2004.00	80	18.750	1.0	R	202.09	80	12.500	1.0	R	134.78	-
4482	Free thyroxine (FT4)	2004.00	80	17.480	1.0	R	188.45	80	11.650	1.0	R	125.54	-
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	2004.00	80	37.080	1.0	R	399.64	80	24.720	1.0	R	266.47	-
4485	Insulin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-

4486	C-Peptide	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4487	Calcitonin	2004.00	80	18.900	1.0	R	203.70	80	12.600	1.0	R	135.80	-
4488	B-Type Natriuretic Peptide	2004.00	80	47.040	1.0	R	506.99	80	31.360	1.0	R	338.04	-
4490	Releasing hormone response	2004.00	80	50.000	1.0	R	538.96	80	33.350	1.0	R	359.45	-
4491	Vitamin B12	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4492	Vitamin D3: Calcitriol (RIA)	2004.00	80	75.000	1.0	R	808.37	80	50.000	1.0	R	538.96	-
4493	Drug concentration: Quantitative	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4494	Free hormone assay	2004.00	80	17.480	1.0	R	188.45	80	11.650	1.0	R	125.54	-
4495	Growth hormone	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4496	Hormone concentration: Quantitative	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4497	Carbohydrate deficient transferrin	2004.00	80	29.060	1.0	R	313.26	80	19.370	1.0	R	208.84	-
4499	Cortisol	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4500	DHEA sulphate	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4501	Testosterone	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4502	Free testosterone	2004.00	80	17.480	1.0	R	188.45	80	11.650	1.0	R	125.54	-
4503	Oestradiol	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4505	Oestriol	2004.00	80	10.800	1.0	R	116.44	80	7.200	1.0	R	77.58	-
4506	Multiple antigen specific IgE screening test for Atopy	2004.00	80	37.260	1.0	R	401.54	80	24.800	1.0	R	267.35	-
4507	Thyrotropin (TSH)	2004.00	80	19.600	1.0	R	211.18	80	13.070	1.0	R	140.94	-
4508	Combined antigen specific IgE	2004.00	80	24.480	1.0	R	263.83	80	16.600	1.0	R	178.92	-
4509	Free tri-iodothyronine (FT3)	2004.00	80	17.480	1.0	R	188.45	80	11.650	1.0	R	125.54	-
4511	Renin activity	2004.00	80	18.900	1.0	R	203.70	80	12.600	1.0	R	135.80	-
4512	Parathormone	2004.00	80	17.080	1.0	R	184.05	80	11.390	1.0	R	122.75	-
4513	IgE: Total	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4514	Antigen specific IgE	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4515	Aldosterone	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4516	Follicle stimulating hormone (FSH)	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4517	Luteinizing hormone (LH)	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4518	Soluble transferrin receptor	2004.00	80	11.250	1.0	R	121.28	80	7.500	1.0	R	80.81	-
4519	Prostate specific antigen	2004.00	80	14.490	1.0	R	156.19	80	9.660	1.0	R	104.13	-
4520	17 Hydroxy progesterone	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4521	Progesterone	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4522	Alpha-feto protein	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4523	ACTH	2004.00	80	21.740	1.0	R	234.36	80	14.490	1.0	R	156.19	-
4524	Free PSA	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4526	Sex hormone binding globulin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4527	Gastrin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4528	Ferritin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4529	Anti-DNA antibodies	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4530	Antiplatelet antibodies	2004.00	80	15.300	1.0	R	164.84	80	10.200	1.0	R	109.99	-
4531	Hepatitis: Per antigen or antibody	2004.00	80	14.490	1.0	R	156.19	80	9.660	1.0	R	104.13	-
4532	Transcobalamin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4533	Folic acid	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4534	Prostatic acid phosphatase	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4536	Erythrocyte folate	2004.00	80	17.480	1.0	R	188.45	80	11.650	1.0	R	125.54	-
4537	Prolactin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4538	Procalcitonin: Semi-quantitative	2004.00	80	32.000	1.0	R	344.93	80	21.330	1.0	R	229.96	-
4539	Procalcitonin: Quantitative	2004.00	80	46.000	1.0	R	495.84	80	30.670	1.0	R	330.56	-
4540	HCG: Quantitative as used for Down's screen	2004.00	80	15.000	1.0	R	161.61	80	10.000	1.0	R	107.79	-
4546	First trimester Downs screen	2004.00	80	53.500	1.0	R	576.65	80	35.670	1.0	R	384.38	-
4552	Second Trimester Down's screen	2004.00	80	33.620	1.0	R	362.39	80	22.410	1.0	R	241.54	-
4553	Thyroglobulin	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4554	SCC marker	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
21.13	Clinical pathology: Miscellaneous						-					-	-
4544	Attendance in theatre	2004.00	80	27.000	1.0	R	290.97					-	-
4547	After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays - Refer to General Rule B.	2004.00					-					-	-

4551	Unlisted pathology service: Fees for items not listed in the current Pathology schedule (sections 21, 22 and 23) will be based on the fee for a comparable service in the coding structure. 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 pathology service which will be based on the fee for a comparable service in the coding structure. New items for these unlisted services should be added to the coding structure within six months or that specific unlisted pathology service should no longer be performed. Please note General Rule C and item 6999 are not applicable to pathology services (sections 21, 22 and 23)	2004.00	-	-	-	-	-	-	-
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately	2004.00	-	-	-	-	-	-	-
22	Anatomical Pathology		-	-	-	-	-	-	-
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values	2004.00	-	-	-	-	-	-	-
22.1	Exfoliative cytology		-	-	-	-	-	-	-
4561	Sputum, all body fluids and tumour aspirates: First unit	2004.00	90	13.400	1.0	R	166.60	90	8.900 1.0 R 110.58
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	2004.00	90	7.800	1.0	R	96.94	90	5.200 1.0 R 64.68
4564	Performance of fine-needle aspiration for cytology	2004.00	90	15.000	1.0	R	186.40	-	-
4565	Examination of fine needle aspiration in theatre	2004.00	90	90.000	1.0	R	1 118.69	90	60.000 1.0 R 745.74
4566	Vaginal or cervical smears, each	2004.00	90	11.000	1.0	R	136.68	90	7.000 1.0 R 86.97
22.2	Histology		-	-	-	-	-	-	-
4567	Histology per sample	2004.00	95	20.000	1.0	R	235.38	95	13.300 1.0 R 156.48
4571	Histology per additional block, each	2004.00	95	11.600	1.0	R	136.54	95	7.700 1.0 R 90.63
4575	Histology and frozen section in laboratory	2004.00	95	22.700	1.0	R	267.06	95	15.100 1.0 R 177.60
4577	Histology and frozen section in theatre	2004.00	95	90.000	1.0	R	1 059.00	95	60.000 1.0 R 706.00
4578	Second and subsequent frozen sections, each	2004.00	95	20.000	1.0	R	235.38	95	13.400 1.0 R 157.66
4579	Attendance in theatre - no frozen section performed	2004.00	95	45.000	1.0	R	529.43	95	30.000 1.0 R 353.00
4582	Serial step sections (including item 4567)	2004.00	95	23.300	1.0	R	274.10	95	15.600 1.0 R 183.61
4584	Serial step sections per additional block, each	2004.00	95	13.500	1.0	R	158.83	95	9.000 1.0 R 105.89
4587	Histology consultation	2004.00	95	10.100	1.0	R	118.79	95	6.700 1.0 R 78.90
4589	Special stains	2004.00	95	6.700	1.0	R	78.90	95	4.500 1.0 R 52.94
4591	Immunofluorescence studies	2004.00	95	20.700	1.0	R	243.60	95	13.800 1.0 R 162.35
4592	Immunoperoxidase studies	2004.00	95	40.000	1.0	R	470.62	95	26.670 1.0 R 313.84
4593	Electron microscopy	2004.00	95	94.000	1.0	R	1 106.08	95	63.000 1.0 R 741.20
4595	Foetal autopsy excluding histology	2004.00	95	73.000	1.0	R	858.96	95	48.670 1.0 R 572.69
23	Human Genetics		-	-	-	-	-	-	-
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values	2004.00	-	-	-	-	-	-	-
23.1	Cytogenetic		-	-	-	-	-	-	-
4750	Cell culture: Lymphocytes, cord blood	2004.00	100	15.000	1.0	R	165.57	100	15.000 1.0 R 165.57
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	2004.00	100	45.000	1.0	R	496.72	100	45.000 1.0 R 496.72
4752	Cell culture: Chorionic villi	2004.00	100	60.000	1.0	R	662.30	100	60.000 1.0 R 662.30
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	2004.00	100	135.000	1.0	R	1 490.17	100	135.000 1.0 R 1 490.17
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukemia bloods: Idiograms, karyotyping, one staining technique	2004.00	100	270.000	1.0	R	2 980.49	100	270.000 1.0 R 2 980.49
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	2004.00	100	70.000	1.0	R	772.73	100	70.000 1.0 R 772.73
4760	FISH procedure, including cell culture	2004.00	100	115.000	1.0	R	1 269.45	100	115.000 1.0 R 1 269.45
4761	FISH analysis per probe system	2004.00	100	35.000	1.0	R	386.29	100	35.000 1.0 R 386.29
23.2	DNA-testing		-	-	-	-	-	-	-
4763	Blood: DNA extraction	2004.00	100	45.000	1.0	R	496.72	100	45.000 1.0 R 496.72
4764	Blood: Genotype per person: Southern blotting	2004.00	100	89.000	1.0	R	982.45	100	89.000 1.0 R 982.45
4765	Blood: Genotype per person: PCR	2004.00	100	60.000	1.0	R	662.30	100	60.000 1.0 R 662.30
4766	HIV Drug Resistance Testing	2004.00	100	513.000	1.0	R	5 662.97	100	342.000 1.0 R 3 775.21
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	2004.00	100	90.000	1.0	R	993.45	100	90.000 1.0 R 993.45
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	2004.00	100	188.000	1.0	R	2 075.33	100	188.000 1.0 R 2 075.33
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	2004.00	100	120.000	1.0	R	1 324.60	100	120.000 1.0 R 1 324.60
IV.	Travelling Expenses		-	-	-	-	-	-	-



**Medical Practitioners 2006****GUIDELINE TARIFFS FOR SERVICES BY MEDICAL PRACTITIONERS**

Published in terms of Section 53 (3) (d) of the HEALTH PROFESSIONS ACT (56 OF 1974)

Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%.  
The 2006 NHRPL is available in database format at <http://www.hpcsa.co.za>

Rand Conversion Factors		
Code	Description	RCF
10	Consultative Services	15.05422
11	Psychiatrists	17.95361
12	Consultative Services (Paediatrics and Paediatric Cardiologists)	15.05422
20	Clinical Procedures	9.322911
30	Anaesthesiologists	58.50835
40	Radiology	13.20636
50	Radiation Oncology	11.32916
60	Ultrasound	8.885877
70	Computed Tomography	10.48736
75	Magnetic Resonance Imaging	10.05032
80	Clinical Pathology	10.77774
90	Anatomical Pathology - Cytology	12.42908
95	Anatomical Pathology - Histology	11.7662
100	Human Genetics	11.03878
130	GP Consultative Services (items 0190 - 0192, 0173-0175)	16.87569

**Medical Practitioners 2006**

<b>Code</b>	<b>Description</b>
10000	Specialists
10008	Specialist Radiologist/Nuclear Physicians
10099	General Practitioners / non-designated Specialists
11000	Anaesthesiology
11200	Dermatology
11400	General Medical Practice
11600	Obstetrics and Gynaecology
11700	Pulmonology
11800	Medicine (Specialist Physician)
11900	Gastroenterology
12000	Neurology
12100	Cardiology
12200	Psychiatry
12300	Medical Oncology
12400	Neurosurgery
12500	Nuclear Medicine
12600	Ophthalmology
12800	Orthopaedics
13000	Otorhinolaryngology
13100	Rheumatology
13200	Paediatrics
13300	Paediatric Cardiology
13400	Physical Medicine
13600	Plastic and Reconstructive Surgery
13800	Radiology
14000	Radiation Oncology
14200	Surgery
14400	Cardiothoracic Surgery
14600	Urology
15200	Pathology (Clinical)
15300	Pathology (Anatomical)

## GUIDELINE TARIFFS FOR SERVICES BY DENTAL PRACTITIONERS

25400 26200 26400 29200 29400 29800

Published in terms of Section 53 (3) (d) of the HEALTH PROFESSIONS ACT (56 OF 1974)

Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%.

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The 2006 NHRPL is available in database format at <http://www.hpcs.co.za>

In terms of section 53(1) of the Health Professions Act, 1974 (Act No. 56 of 1974) every person registered under the Act (in this section referred to as the practitioner) shall, unless the circumstances render it impossible for him or her to do so, before rendering any professional services inform the person to whom the services are to be rendered or any person responsible for the maintenance of such person, of the fee which he or she intends to charge for such services -

(a) when so requested by the person concerned; or

(b) when such fee exceeds the Guideline Tariffs for such services,

and shall in a case to which paragraph (b) relates, also inform the person concerned of the usual fee.

Every person registered under the Act shall, unless the circumstances render it impossible for him or her to do so, before rendering any professional services also inform the person to whom the services are to be rendered or any person responsible for the maintenance of such person, of the fee which he or she intends to charge for such services if such fee exceeds the medical aid rates.

The following guideline tariff 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 norm for the determination of the ethical fees charged by medical practitioners. These tariffs reflect the opinion of the Medical and Dental Board on the amounts that should be charged for the respective services in instances where a practitioner and a patient have not agreed to an alternative fee.

2005.02

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The existence of a code in this publication does not mean that the procedure will be reimbursed by medical schemes. Medical schemes have the right to limit the scope, the frequency and/or combinations of dental procedures that is covered or reimbursed. It is the responsibility of the patient to know what procedures are covered and what are excluded from his/her dental benefit plan, and not that of the dental office. Certain medical schemes may require predetermination for particular procedures and/or when charges are expected to exceed a certain amount.

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The schedule includes procedures and services for use by Oral Health Care Providers for purposes of keeping accurate patient records, reporting procedures on patients, and processing oral health care related insurance claims. The procedures are those performed by general dental practitioners, oral pathologists, prosthodontists, periodontists, orthodontists, maxillo-facial and oral surgeons and dental therapists.

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The procedure codes listed in the schedule have, for the convenience in using the schedule, been divided into categories of services, based on the branches of clinical dental practice. The procedures are grouped under the category of service with which the procedures are most frequently identified and should not be interpreted as excluding certain categories of Oral Health Care Providers from performing such procedures. Individual procedure codes consist of a procedure code, procedure description (nomenclature), and when necessary, a descriptor, that provides further definition and/or guidelines to clarify the intended use of the procedure code.

## I. INTRODUCTION

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## A. Administrative and invoicing rules

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## 001 Invoices:

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a. A practitioner shall render a monthly invoice for every procedure which has been completed irrespective of whether the total treatment plan has been concluded.

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b. An invoice shall contain the following particulars:

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GUIDELINE TARIFFS FOR SERVICES BY DENTAL PRACTITIONERS		25400	26200	26400	29200	29400	29800			
Published in terms of Section 53 (3) (d) of the HEALTH PROFESSIONS ACT (56 OF 1974)										
Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%. The 2006 NHRPL is available in database format at <a href="http://www.hpcs.co.za">http://www.hpcs.co.za</a>		Version Add	Value	Value	Value	Value	Value	Value	MP	Lab TC
i. The surname and initials of the member;		2006.03	-	-	-	-	-	-		
ii. The first name of the patient;										
iii. The name of the scheme;										
iv. The membership number of the member;										
v. The practice number;										
vi. The date on which every service was rendered;										
vii. The code number, description and fee/benefit of the procedure or service;										
viii. The name of the dentist rendering the service;										
ix. The name of the general dental practitioner/specialist assistant (when applicable);										
x. The appropriate ICD-10 code(s) for the procedures performed.										
Note: Photocopies of original invoices shall be certified by way of a rubber stamp or the signature of the dentist.		2005.02	-	-	-	-	-	-		
002	Cost of direct materials: The expenses incurred for direct materials identified in the Schedule may be billed in addition to the procedure code. These expenses are limited to the net acquisition cost of the materials and a handling fee. The price of the materials should be VAT inclusive. Use Modifier 8025 for handling fee.	2005.02	-	-	-	-	-	-		
003	Dental laboratory services: Manual submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by reporting code 8099 - Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code. The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician (or a copy thereof) shall accompany the invoice of the dentist and a copy (or the original) shall be filed by the dentist for record purposes.	2005.02 2005.02	- -	- -	- -	- -	- -	- -		
	Electronic submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by submitting code 8099 - Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code on the date on which the dental procedure was rendered. The laboratory fee shall be submitted for payment on the date on which the procedure code is submitted for payment, and the appropriate dental laboratory service codes shall be reported on the lines following code 8099. The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician shall be filed by the dentist for record purposes.	2005.02	-	-	-	-	-	-		
005	Procedure accompanied by unusual circumstances: In exceptional cases where the proposed fee/benefit is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the patient/medical scheme may be billed. Use Modifier 8011 with a narrative description. Under certain circumstances a service or procedure is partially reduced or eliminated at the practitioner's election. Under these circumstances a lower fee may be billed. The service provided can be identified by its usual procedure code and the addition of Modifier 8012, signifying the service is reduced.	2005.02	-	-	-	-	-	-		
B.	General coding rules		-	-	-	-	-	-		



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006	The schedule does not prescribe the scope of practice of a particular category of Oral Health Care Provider; neither does it confine the performing of procedures or services to a registered speciality. Fees listed within a column of a particular category of Oral Health Care Provider are customary fees, should the procedure or service be rendered by that provider category. Specialists are however encouraged to confine their practice to the speciality or related specialities in which they are registered. Specialist may charge fees for procedures or services which usually pertain to some other speciality, if such procedures or services are also recognised in their speciality, and if it is carried out only for their bona fide patients. Such fees shall not be higher than those charged by general practitioners for the same procedures or services (HPCSA, Rule 25). Fees for procedures or services not listed within the column of dental therapists that do fall within the field of dental therapy in terms of their scope of practice are regarded as being "by arrangement" until such fees are listed.	2006.03	-	-	-	-	-	-		
007	Procedures not listed in the Dental Schedule	2005.02	-	-	-	-	-	-		
	When a procedure is performed that is not listed in the schedule, an appropriate procedure code, listed in the NHRPL for medical practitioners may be reported.	2006.03	-	-	-	-	-	-		
	Unlisted procedures. Any procedure that is neither described in the schedule, nor in the medical schedule, should be reported using code 9099 - Unlisted dental procedure or service. The fee for an unlisted dental procedure or service should be based on the fee of a comparable procedure. Code 9099 codes should not be used to report procedures where the fee is determined "by arrangement" with the patient and/or medical scheme.	2006.03	-	-	-	-	-	-		
C.	Services rules		-	-	-	-	-	-		
008	Oral evaluations and completion of treatment plans: Oral examinations include an examination, diagnosis and treatment planning (when treatment is required). No further fees/benefits shall be levied for an oral examination (code 8101) or comprehensive examination (code 8102) until the treatment plan resulting from these type of examinations is completed. The completion of a treatment plan effected from an oral examination and/or comprehensive examination should be indicated by reporting code 8120 – Treatment plan completed.  Oral diagnosis defined. The determination by the dentist of the oral health condition of an individual patient achieved through the evaluation of data gathered by means of history taking, direct examination, patient conference, and such clinical aids and tests as may be necessary in the judgement of the dentist.  Treatment plan defined. The treatment plan is the sequential guide for the patient's care as determined by the dentist's diagnosis and is used by the dentists for the restoration and/or maintenance of optimal oral health	2006.03	-	-	-	-	-	-		
009	Surgery guidelines: 1. Follow-up care for therapeutic surgical procedures: The fee/benefit for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not him/herself complete the post-operative care, he/she shall arrange for post-operative care without additional charges. A fee/benefit for post-operative treatment of a prolonged or specialised nature may be charged as agreed upon between the practitioner and the scheme.	2005.02	-	-	-	-	-	-		
		2005.02	-	-	-	-	-	-		

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010	Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%. The 2006 NHRPL is available in database format at <a href="http://www.hpcs.co.za">http://www.hpcs.co.za</a>	Version Add	Value	Value	Value	Value	Value	Value	MP	Lab	TC
	2. Multiple Procedures (Maxillo-facial and oral surgery): The fee/benefit for more than one operation or procedure performed through the same incision shall be determined as the fee for the major operation plus fee/benefit for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (Modifier 8005). The fee/benefit for more than one operation or procedure performed under the same anaesthetic but through another incision shall be determined on the fee/benefit for the major operation plus: 75% for the second procedure/operation (Modifier 8009), 50% for the third and subsequent procedures/operations (Modifier 8006). This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee/benefit of the operation. If, within four months, a second operation for the same condition or injury is performed, the fee/benefit for the second operation shall be 50% of that of the first operation (Modifier 8006).	2005.02	-	-	-	-	-	-			
	3. Assistant Surgeon (Maxillo-facial and periodontal surgery): The fee payable to a specialist assistant is determined as 1/3 (of the fee of the practitioner performing the procedure (Modifier 8001). The fee payable to a general dental practitioner assistant is determined as 15% (of the fee of the practitioner performing the procedure (Modifier 8007). The patient must be informed beforehand that another dentist/specialist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient.	2005.02	-	-	-	-	-	-			
	4. Surgical team (Maxillo-facial and oral surgery): The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (Modifier 8008).	2005.02	-	-	-	-	-	-			
	Orthodontic guidelines:	2005.02	-	-	-	-	-	-			
	The documentation and first invoice to the patient/medical scheme regarding orthodontic services will include the following information:	2006.03	-	-	-	-	-	-			
	a. The treatment plan and type of treatment (treatment code number);										
	b. A diagnostic code (ICD-10) and										
	c. An orthodontic payment plan indicating the following:										
	i. The total fee that will be levied for the treatment;										
ii. The total months of orthodontic treatment (retention period excluded);											
iii. The initial fee payable by the patient (approximately 20% of the total fee); and											
iv. The monthly payments of the balance of the fee.											
2. The fee for orthodontic treatment does not include a clinical oral evaluation and necessary diagnostic services. The fee for corrective therapy (i.e. codes 8861 to 8888) is an inclusive fee and no additional fees may be levied for intra-operative oral evaluations and preventive services. A pre-orthodontic treatment visit, an orthodontic retention, and an oral evaluation on completion of the treatment plan (retention phase included) are excluded and should be reported in addition to corrective orthodontic treatment as separate procedures (Code 8803 x3). Intra/post orthodontic treatment records consisting of radiographs/diagnostic images (limited to a cephalometric film and 5 oral/facial images) and diagnostic casts may be levied when a corrective orthodontic treatment plan is completed (retention phase included).	2005.02	-	-	-	-	-	-	-			
3. The fee for 'Fixed appliance therapy' (codes 8861 and 8865 to 8888), as determined by the individual practitioner, will be levied on a monthly manner over the treatment period (retention phase excluded).	2005.02	-	-	-	-	-	-	-			
4. When partial fixed appliance or preliminary orthodontic treatment (codes 8858, 8861, 8865 or 8866) is followed by full fixed appliance orthodontic treatment (codes 8873 to 8888) provided by the same orthodontist, the fees levied for the partial fixed appliance therapy or preliminary treatment will be deducted from the fee quoted for the full fixed appliance orthodontic treatment.	2005.02	-	-	-	-	-	-	-			

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Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%. The 2006 NHRPL is available in database format at <a href="http://www.hpcs.co.za">http://www.hpcs.co.za</a>			Version Add	Value	Value	Value	Value	Value	Value	MP	Lab	TC
5.The total fee for multiple phases of full fixed appliance orthodontic treatment provided by the same orthodontist may not exceed the most recent fee (determined on commencement date of the final stage of full fixed appliance treatment) for the appropriate full fixed orthodontic procedure.			2005.02	-	-	-	-	-	-			
6.When the patient transfers to another practitioner during treatment, or treatment is terminated for any reason, the original treating practitioner must report the number of treatment months remaining and determine the balance of the fee by applying the following formula: Total payment (for treatment only) minus 20% of the total fee (for banding - when applicable) multiplied by the percentage of treatment remaining. For example, if the practitioner was paid R 10,000.00 for a 24-month treatment plan and 18 months of treatment were completed. The balance would be R 2,000.00 (or R 10,000.00 - R 2,000.00 x 6/24). The length of the treatment plan from the original request for authorisation will be used to determine the number of treatment months remaining. The practitioner continuing treatment will provide the information stipulated in paragraph 1 above. Report code 8891 (Orthodontic transfer) with the fee that will be levied for continuation of the treatment in addition to the appropriate orthodontic treatment code. The fee for continuous treatment is subject to prior authorisation by the patient's medical scheme.			2005.02	-	-	-	-	-	-			
7.When an established orthodontic patient requires re-treatment, the information stipulated in paragraph 1 above and the cause(s) for re-treatment will be provided. Report code 8892 (Orthodontic re-treatment) with the fee that will be levied for re-treatment in addition to the appropriate orthodontic treatment code. Orthodontic re-treatment is subject to prior authorisation by the patient's medical scheme.			2005.02	-	-	-	-	-	-			
011	Dento-legal fees: Practitioners are entitled to remuneration if they are present at Court at the request of an advocate or attorney. Use code 8111 (Dental testimony) to report dento-legal work. The code is listed in the adjunctive general services sections in the code lists.		2005.02	-	-	-	-	-	-			
D.	Modifiers			-	-	-	-	-	-			
012	Modifiers: Modifiers should be used with procedures identified throughout the NHRPL. Modifiers provide the means by which the reporting practitioner can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed its definition or code. The sensible application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the recipient of the report that: a.A service or procedure was performed by more than one practitioner. b.A service or procedure has been increased or reduced. c.Only part of a service was performed. d.An adjunctive service was performed. e.A service or procedure was provided more than once. f.The fee/benefit was altered due to a financial agreement.		2006.03	-	-	-	-	-	-			
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)		2006.03	-	-	-	-	-	-			
8003	Minimum assistant surgeon		2006.03	R 172.95	R 172.95	- R 172.95	-	-	-			
8005	Maximum multiple procedures (same incision) - MFO surgeon		2006.03	R 268.51	R 268.51	- R 268.51	-	-	-			
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	-	-	-	-	-	-			

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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	-	-	-	-	-	-			
E.	Explanations		-	-	-	-	-	-			
	Tooth identification and designation of areas of the oral cavity:		-	-	-	-	-	-			
	Tooth identification and designation of areas of the oral cavity is compulsory for all invoices rendered. Tooth identification is applicable to procedures identified with the letter ( T ), and other designation of areas of the oral cavity with the letter ( Q ) for a quadrant and the letter ( M ) for the maxillary or mandibular area in the mouth part ( MP ) column of the Dental Coding. The International Standards Organisation (ISO) in collaboration with the FDI designated system for teeth and areas of the oral cavity should be used. For supernumeraries, the abbreviation SUP should be used.	2004.00	-	-	-	-	-	-			
	Treatment categories:		-	-	-	-	-	-			
	Treatment categories (TC) of dental procedures are identified in the TC column of the Dental Coding as follows:	2004.00	-	-	-	-	-	-			
	Basic dentistry- designated as ( B ) in the treatment category column										
	Advanced dentistry- designated as ( A ) in the treatment category column										
	Surgery- designated as ( S ) in the treatment category column										
	Abbreviations used in Dental Coding		-	-	-	-	-	-			
	DMDirect Material Column	2005.02	-	-	-	-	-	-			
	+DAdd fee/benefit for denture										
	+LAdd laboratory fee										
	+MAdd material fee										
	MPMouth Part Column	2005.02	-	-	-	-	-	-			
	MMaxilla/Mandible										
	QQuadrant										
	SSextant										
	TTooth										
	TCTreatment Category Column	2005.02	-	-	-	-	-	-			
	AAdvanced dentistry										
	BBasic dentistry										
	SSurgery										
	Practice type codes:	2006.03	-	-	-	-	-	-			
	25400 General Dental Practitioner										
	26200 Specialist Maxillo Facial and Oral Surgeon										
	26400 Specialist Orthodontist										
	29200 Specialist in Oral Medicine and Periodontics										
	29400 Specialist Prosthodontist										
	29800 Specialist Oral Pathologist										
	39500 Dental Therapist										
F.	Guidelines to medical schemes		-	-	-	-	-	-			
	Age of a Child.	2005.02	-	-	-	-	-	-			
	The determination of a child or adult status of the patient should be based on the clinical development of the patient's dentition. Where administrative constraints preclude the use of clinical development so that the chronological age must be used to determine the child or adult status, the patient is defined as an adult beginning at age 12 with the exclusion of treatment for orthodontics or sealants.										

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Frequency of benefits.				2005.02	-	-	-	-	-	-			
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.													
Radiographs and records.				2005.02	-	-	-	-	-	-			
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.													
New vs. established patient.				2005.02	-	-	-	-	-	-			
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.													
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.													
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.				2006.03	-	-	-	-	-			
	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.												
	General Dental Practitioner					-	-	-	-	-			
8101	Oral examination				2006.03	R 151.79	-	-	-	-			B
8102	Comprehensive oral examination				2006.03	R 245.21	-	-	-	-			B
8104	Limited oral examination				2006.03	R 73.62	-	-	-	-			B
8189	Re-examination - existing condition				2006.03	R 73.62	-	-	-	-			B
8176	Periodontal screening				2006.03	R 127.88	-	-	-	-			B
8190	Consultation - second opinion or advice				2006.03	R 151.79	-	-	-	-			B
	Maxillo Facial Surgeon					-	-	-	-	-			
8901	Consultation - MFOS				2004.00	- R 193.44	-	-	-	-			S
8902	Consultation - MFOS (detailed)				2006.03	- R 506.26	-	-	-	-			S
8840	Treatment planning for orthognathic surgery - ALL				2006.03	R 436.89 R 655.26	R 655.26	-	-	-		+L	S
	Orthodontist					-	-	-	-	-			
8801	Consultation - Orthodontist				2004.00	-	- R 193.44	-	-	-			A
8803	Consultation - Orthodontis (subsequent, retention and post treatment)				2004.00	-	- R 112.63	-	-	-			

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8837	Diagnosis and treatment planning - Orthodontist	2004.00	-	-	R	89.75	-	-	-	-	-	-		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	193.44	-	-	-	-	-		A
8703	Consultation - Periodontist (detailed)	2006.03	-	-	-	R	506.26	-	-	-	-	-		A
8705	Re-examination - Periodontist	2004.00	-	-	-	R	151.35	-	-	-	-	-		A
8707	Periodontal screening - Periodontist	2006.03	-	-	-	R	151.35	-	-	-	-	-		A
8781	Consultation - Oral medicine (simple)	2006.03	-	-	-	R	151.35	-	-	-	-	-		S
8782	Consultation - Oral medicine (complex)	2006.03	-	-	-	R	266.18	-	-	-	-	-		S
8783	Consultation - Oral medicine (subsequent)	2006.03	-	-	-	R	112.63	-	-	-	-	-		S
	Prosthodontist		-	-	-	-	-	-	-	-	-	-		
8501	Consultation - Prosthodontis	2004.00	-	-	-	-	R	193.44	-	-	-	-		A
8507	Comprehensive consultation - Prosthodontist	2006.03	-	-	-	-	R	310.62	-	-	-	-		A
8506	Detailed consultation - Prosthodontist	2006.03	-	-	-	-	R	506.26	-	-	-	-		A
	Oral Pathologist		-	-	-	-	-	-	-	-	-	-		
9201	Consultation - oral pathologist	2004.00	-	-	-	-	-	-	R	193.44	-	-		
9205	Consultation - oral pathologist (subsequent)	2004.00	-	-	-	-	-	-	R	112.63	-	-		
	RADIOGRAPHS/DIAGNOSTIC IMAGING		-	-	-	-	-	-	-	-	-	-		
	Diagnostic radiographs/diagnostic images include interpretation.	2006.03	-	-	-	-	-	-	-	-	-	-		
	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 fulfill requests made by patients or third party funders.													
	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.													
	Diagnostic radiographs/diagnostic images preceding endodontic treatment, periodontal treatment, the surgical extraction of teeth or roots and fixed prostheses are fundamental to ethical clinical practice.													
8107	Intraoral radiograph - periapical	2006.03	R	61.45	R	61.45	R	61.45	R	61.45	-	-		B
8108	Intraoral radiographs - complete series	2006.03	R	475.60	R	475.60	R	475.60	R	475.60	-	-		B
8112	Intraoral radiograph - bitewing	2006.03	R	61.45	R	61.45	R	61.45	R	61.45	-	-		B
8113	Intraoral radiograph - occlusal	2004.00	R	105.89	R	105.89	R	105.89	R	105.89	-	-		B
8114	Extraoral radiograph - hand-wrist	2006.03	R	245.65	R	245.65	R	245.65	R	245.65	-	-		B
8115	Extraoral radiograph - panoramic	2004.00	R	245.65	R	245.65	R	245.65	R	245.65	-	-		B
8116	Extraoral radiograph - cephalometric	2005.02	R	245.65	R	245.65	R	245.65	R	245.65	-	-		B
8118	Extraoral radiograph - skull/facial bone	2005.02	R	245.65	R	245.65	R	245.65	R	245.65	-	-		B
8121	Oral and/or facial image (digital/conventional)	2006.03	R	66.00	R	66.00	R	66.00	R	66.00	-	-		B
	OTHER DIAGNOSTIC PROCEDURES		-	-	-	-	-	-	-	-	-	-		
8117	Diagnostic models	2006.03	R	66.00	R	66.00	R	66.00	R	66.00	-	-	+L	B
8119	Diagnostic models mounted	2006.03	R	166.01	R	166.01	R	166.01	R	166.01	-	-	+L	B
8122	Microbiological studies	2006.03	-	-	-	-	-	-	-	-	-	-		B
8123	Caries susceptibility tests (By Arrangement)	2006.03	R	68.63	-	-	-	-	-	-	-	-		B
8124	Pulp tests	2006.03	R	18.19	-	-	-	-	-	-	-	-		
8503	Occlusion analysis mounted	2004.00	R	206.93	-	-	-	-	R	310.62	-	-		A
8505	Pantographic recording	2004.00	R	300.35	-	-	-	-	-	R	450.53	-		A
8508	Electrognathographic recording	2004.00	R	321.62	-	-	-	-	-	R	482.50	-		

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8509	Electrognathographic recording with computer analysis	2004.00	R	533.97	-	-	-	R	800.89	-			A	
8811	Tracing and analysis of extra-oral film	2004.00	R	28.45	R	28.45	R	28.45	R	28.45	-		B	
8839	Diagnostic setup (orthodontics)	2004.00	R	126.71	-	R	190.07	-	-	-	-		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	93.27	-	-	R	128.47	R	93.27	-		B	
8159	Prophylaxis - complete dentition	2006.03	R	183.17	-	-	R	258.26	R	183.17	-		B	
8160	Removal of gross calculus	2006.03		-	-	-	-	-	-	-			B	
8179	Polishing - complete dentition (periodontally compromised patient)	2006.03	R	106.91	-	-	-	-	-	-	-		B	
8180	Prophylaxis - complete dentition (periodontally compromised patient)	2006.03	R	199.01	-	-	-	-	-	-	-		B	
	TOPICAL FLUORIDE TREATMENT			-	-	-	-	-	-	-				
	Topical fluoride treatment procedures involve the professional application of topical fluoride within the dental office. Excludes fluoride application as part of prophylaxis paste, fluoride rinses or "swish."	2006.03		-	-	-	-	-	-	-				
	For application of desensitising medicaments, see codes 8166 and 8167 in the supplementary section.													
8161	Topical application of fluoride - child	2006.03	R	93.27	-	-	R	93.27	R	93.27	-		B	
8162	Topical application of fluoride - adult	2006.03	R	93.27	-	-	R	93.27	R	93.27	-		B	
	SPACE MAINTENANCE (PASSIVE APPLIANCES)			-	-	-	-	-	-	-				
	Passive appliances are designed to prevent tooth movement.	2006.03		-	-	-	-	-	-	-				
8173	Space maintainer - fixed, per abutment	2005.02	R	173.05	-	-	-	-	-	-	T	+L	B	
8175	Space maintainer - removable	2004.00	R	223.06	-	-	-	-	-	-		+L	B	
	OTHER PREVENTIVE PROCEDURES			-	-	-	-	-	-	-				
8149	Nutritional counselling	2006.03		-	-	-	-	-	-	-			B	
8150	Tobacco counselling	2006.03		-	-	-	-	-	-	-			B	
8151	Oral hygiene instruction	2006.03	R	93.27	-	-	R	186.55	R	186.55	-		B	
8153	Oral hygiene instruction - each additional visit	2006.03	R	68.34	-	-	R	89.75	R	89.75	-		B	
8163	Dental sealant	2006.03	R	61.45	-	-	-	R	61.45	-	T		B	
8169	Occlusal guard	2006.03	R	358.28	-	-	-	-	-	-		+L	B	
8171	Mouth guard	2006.03	R	108.38	-	-	-	-	-	-		+L	B	
8177	Oral hygiene instruction (periodontally compromised patient)	2006.03	R	141.08	-	-	-	-	-	-			B	
8178	Oral hygiene instruction - each additional visit (periodontally compromised patient)	2006.03	R	76.26	-	-	-	-	-	-			B	
C.	RESTORATIVE SERVICES			-	-	-	-	-	-	-				
	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.	2006.03		-	-	-	-	-	-	-				
	Anterior teeth include incisors and canines. Posterior teeth include premolars and molars.													
	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.													
	Limitations on amalgam and resin-based composite restorations:													
	(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 same day and may require the reporting of a MOD restoration instead of a separate MO and DO restoration.													
	AMALGAM RESTORATIONS			-	-	-	-	-	-	-				

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		2006.03	-	-	-	-	-	-			
8341	Amalgam - one surface	2004.00	R 185.52	-	-	-	-	-	-	T	B
8342	Amalgam - two surfaces	2004.00	R 228.64	-	-	-	-	-	-	T	B
8343	Amalgam - three surfaces	2004.00	R 278.65	-	-	-	-	-	-	T	B
8344	Amalgam - four or more surfaces	2004.00	R 310.62	-	-	-	-	-	-	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.		2006.03	-	-	-	-	-	-			
Resin restorations utilise the direct technique. For the indirect technique, see "Resin inlays/onlays" 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.											
8350	Resin crown - anterior primary tooth (direct)	2006.03	R 404.62	-	-	-	-	-	-	T	B
8351	Resin - one surface, anterior	2004.00	R 203.56	-	-	-	-	-	-	T	B
8352	Resin - two surfaces, anterior	2004.00	R 256.06	-	-	-	-	-	-	T	B
8353	Resin - three surfaces, anterior	2004.00	R 306.07	-	-	-	-	-	-	T	B
8354	Resin - four or more surfaces, anterior	2006.03	R 341.27	-	-	-	-	-	-	T	B
8367	Resin - one surface, posterior	2006.03	R 220.72	-	-	-	-	-	-	T	B
8368	Resin - two surfaces, posterior	2004.00	R 273.07	-	-	-	-	-	-	T	B
8369	Resin - three surfaces, posterior	2004.00	R 329.98	-	-	-	-	-	-	T	B
8370	Resin - four or more surfaces, posterior	2004.00	R 354.91	-	-	-	-	-	-	T	B
GOLD FOIL RESTORATIONS			-	-	-	-	-	-			
8561	Gold foil class I or IV	2004.00	R 540.13	-	-	-	R 809.98	-	-	T	A
8563	Gold foil class V	2004.00	R 631.79	-	-	-	R 947.69	-	-	T	A
8565	Gold foil class III	2004.00	R 794.87	-	-	-	R 1 192.31	-	-	T	A
INLAY/ONLAY RESTORATIONS			-	-	-	-	-	-			
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.		2006.03	-	-	-	-	-	-			
Metal components include structures manufactured by means of conventional casting and/or electroforming.											
The benefits provided by some medical schemes for metal inlays on anterior teeth (incisors and canines) may be subject to pre-authorisation.											
8361	Inlay - metal - one surface	2004.00	R 283.19	-	-	-	R 558.61	-	-	T	+L A
8362	Inlay/onlay - metal - two surfaces	2004.00	R 414.16	-	-	-	R 809.98	-	-	T	+L A
8363	Inlay/onlay - metal - three surfaces	2004.00	R 690.60	-	-	-	R 1 256.11	-	-	T	+L A
8364	Inlay/onlay - metal - four or more surfaces	2004.00	R 835.06	-	-	-	R 1 256.11	-	-	T	+L A
Porcelain/Ceramic Inlays/Onlays			-	-	-	-	-	-			



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		2006.03	-	-	-	-	-	-			
8371 Inlay - porcelain - one surface	2005.02	R 341.27	-	-	-	R 674.76	-	T	(+L)	A	
8372 Inlay/onlay - porcelain - two surfaces	2005.02	R 503.91	-	-	-	R 971.74	-	T	(+L)	A	
8373 Inlay/onlay - porcelain - three surfaces	2005.02	R 830.51	-	-	-	R 1 509.82	-	T	(+L)	A	
8374 Inlay/onlay - porcelain - four or more surfaces	2005.02	R 1 005.91	-	-	-	R 1 509.82	-	T	(+L)	A	
8560 Cost of ceramic block	2006.03	-	-	-	-	-	-	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. Fees for the application of a rubber dam (8304) may be levied in addition to these codes. 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 341.27	-	-	-	R 674.76	-	T	(+L)	A	
8382 Inlay/onlay - resin - two surfaces	2005.02	R 503.91	-	-	-	R 971.74	-	T	(+L)	A	
8383 Inlay/onlay - resin - three surfaces	2005.02	R 830.51	-	-	-	R 1 509.82	-	T	(+L)	A	
8384 Inlay/onlay - resin - four or more surfaces	2005.02	R 1 005.91	-	-	-	R 1 509.82	-	T	(+L)	A	
CROWNS – SINGLE RESTORATIONS 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 1 064.87	-	-	-	R 1 567.75	-	T	+L	A	
8403 Crown - 3/4 cast metal	2004.00	R 1 064.87	-	-	-	R 1 567.75	-	T	+L	A	
8404 Crown - 3/4 porcelain/ceramic	2005.02	R 1 005.77	-	-	-	R 1 509.82	-	T	+L	A	
8405 Crown - resin laboratory	2006.03	R 1 005.77	-	-	-	R 1 509.82	-	T	+L	A	
8407 Crown - resin with metal	2004.00	R 1 064.87	-	-	-	R 1 567.75	-	T	+L	A	
8409 Crown - porcelain/ceramic	2004.00	R 1 064.87	-	-	-	R 1 567.75	-	T	+L	A	
8411 Crown - porcelain with metal	2004.00	R 1 064.87	-	-	-	R 1 567.75	-	T	+L	A	
8410 Provisional crown	2006.03	R 206.93	-	-	R 206.93	R 310.62	-	T	(+L)	A	
VENEERS			-	-	-	-	-				
8355 Veneer - resin (chair-side)	2006.03	R 323.23	-	-	-	R 323.23	-	T		B	
8552 Veneer - porcelain (laboratory)	2006.03	R 715.24	-	-	-	R 1 072.79	-	T	+L	A	
8554 Veneer - resin (laboratory)	2006.03	R 715.24	-	-	-	R 1 072.79	-	T	+L		

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TEMPORARY RESTORATIONS													
8137	Emergency crown (chair-side)	2006.03	R	319.71	-	-	-	R	319.71	-	T	(+L)	A
8357	Prefabricated metal crown	2006.03	R	190.07	-	-	-	R	190.07	-	T		B
8375	Prefabricated resin crown	2006.03	R	190.07	-	-	-	R	190.07	-	T		B
OTHER RESTORATIVE PROCEDURES													
Pin Retention and Cores													
8345	Prefabricated post retention, per post (in addition to restoration)	2006.03	R	183.17	-	-	-	-	-	-	T		B
8347	Pin retention - first pin (in addition to restoration)	2006.03	R	92.10	-	-	-	-	-	-	T		B
8348	Pin retention - each additional pin (in addition to restoration)	2006.03	R	85.35	-	-	-	-	-	-	T		B
8366	Pin retention as part of cast restoration (any number of pins)	2005.02	R	137.71	-	-	-	R	186.55	-	T	+L	A
8376	Core build-up with prefabricated posts	2006.03	R	507.43	-	-	-	R	507.43	-	T		B
8379	Cost of prefabricated posts	2006.03		-	-	-	-	-	-	-	T		A
8391	Cast core with single post	2006.03	R	213.97	-	-	-	-	-	-	T	+L	A
8392	Cast post (each additional)	2006.03	R	127.44	-	-	-	-	-	-	T	+L	A
8397	Cast core with pins (any number of pins)	2006.03	R	341.27	-	-	-	R	443.78	-	T	+L	A
8398	Core build-up with or without pins	2006.03	R	414.16	-	-	-	R	414.16	-	T		B
8581	Cast core with single post	2006.03		-	-	-	-	R	316.19	-	T	+L	A
8582	Cast core with double post	2006.03		-	-	-	-	R	450.53	-	T	+L	A
8583	Cast core with triple post	2006.03		-	-	-	-	R	558.61	-	T	+L	A
Unclassified Restorative Procedures													
8133	Recement inlay, onlay, crown or veneer	2006.03	R	93.27	-	-	-	R	118.35	-	T	+L	B
8135	Remove inlay, onlay or crown	2006.03	R	185.52	-	-	-	R	185.52	-	T	+L	A
8138	Remove retention post (prefabricated or cast)	2006.03	R	121.72	-	-	-	-	-	-	T		B
8146	Resin bonding for restorations	2006.03		-	-	-	-	-	-	-	T		A
8157	Re-bumishing and polishing of restorations - complete dentition	2006.03	R	93.27	-	-	-	-	-	-			B
8349	Carve restoration to accommodate existing removable prosthesis	2004.00	R	37.54	-	-	-	-	-	-	T		B
8413	Repair crown (permanent or provisional)	2006.03	R	206.93	-	-	-	R	206.93	-	T	+L	A
8414	Additional fee for provision of crown within an existing clasp or rest	2004.00	R	61.45	-	-	-	-	-	-	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	123.92	-	-	-	-	-	-	T		B
8303	Pulp cap - indirect	2006.03	R	123.92	-	-	-	-	-	-	T		B
PULPOTOMY													
8307	Pulp amputation (pulpotomy)	2006.03	R	121.72	-	-	-	-	-	-	T		B
8132	Pulp removal (pulpectomy)	2006.03	R	152.52	-	-	-	-	-	-	T		B
ENDODONTIC THERAPY													
Includes endodontic therapy on primary teeth. Does not include diagnostic evaluation and necessary radiographs/ diagnostic images.			2006.03	-	-	-	-	-	-	-			
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.													
Report code 8304 (application of a rubber dam) in addition to these codes.													
Preparatory Visits													
8332	Root canal preparatory visit - single canal tooth	2006.03	R	93.27	-	-	-	-	-	-	T		B
8333	Root canal preparatory visit - multi canal tooth	2006.03	R	130.82	-	-	-	-	-	-	T		B
Obtuation of Canals													

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The 2006 NHRPL is available in database format at <a href="http://www.hpcs.co.za">http://www.hpcs.co.za</a>												
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	423.25	-	-	-	-	-	T		B
8328	Root canal obturation - anteriors and premolars - each additional canal	2004.00	R	173.05	-	-	-	-	-	T		B
8336	Root canal obturation - posteriors - first canal	2004.00	R	582.52	-	-	-	-	-	T		B
8337	Root canal obturation - posteriors - each additional canal	2004.00	R	173.05	-	-	-	-	-	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	647.34	-	-	-	-	-	T		B
8329	Root canal therapy - anteriors and premolars - each additional canal	2004.00	R	216.17	-	-	-	-	-	T		B
8339	Root canal therapy - posteriors - first canal	2004.00	R	889.61	-	-	-	-	-	T		B
8340	Root canal therapy - posteriors - each additional canal	2004.00	R	216.17	-	-	-	-	-	T		B
8631	Root canal therapy - first canal	2006.03		-	-	-	R 1 099.04		-	T		B
8633	Root canal therapy - each additional canal	2006.03		-	-	-	R 276.45		-	T		B
ENDODONTIC RETREATMENT				-	-	-	-	-	-			
8334	Re-preparation of previously obturated root canal	2006.03	R	137.71	-	-	- R 166.01		-	T		B
APEXIFICATION/RECALCIFICATION PROCEDURES				-	-	-	-	-	-			
8635	Apexification/recalcification – per visit	2006.03	R	123.92	-	-	- R 183.17		-	T		S
PERIRADICULAR PROCEDURES				-	-	-	-	-	-			
9015	Apicectomy - anteriors (including retrograde filling)	2006.03	R	459.62	R 609.79	- R 609.79	R 609.79	R 609.79	-	T		S
9016	Apicectomy - posteriors (including retrograde filling)	2006.03	R	810.86	R 1 216.22	- R 1 216.22	R 1 216.22	R 1 216.22	-	T		S
OTHER ENDODONTIC PROCEDURES				-	-	-	-	-	-			
8330	Removal of root canal obstruction	2006.03	R	121.72	-	-	-	-	-	T		B
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	2004.00	R	83.01	-	-	-	-	-	T		B
8640	Removal of fractured post or instrument from root canal	2006.03		-	-	-	R 323.23		-	T		B
8765	Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	2006.03	R	406.53	-	- R 609.79	R 609.79		-	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	487.04	-	- R 667.87	-	-	-	Q		A
8743	Gingivectomy or gingivoplasty - one to three teeth per quadrant	2006.03	R	389.08	-	- R 530.16	-	-	-	Q		A
8749	Flap procedure, root planing and one to three surgical services - per quadrant	2006.03	R	1 011.05	-	- R 1 516.57	-	-	-	Q		A
8751	Flap procedure, root planing and one to three surgical services - per sextant	2006.03	R	837.40	-	- R 1 256.11	-	-	-	S		A
8753	Flap procedure, root planing and four or more surgical services - per quadrant	2006.03	R	1 253.17	-	- R 1 879.69	-	-	-	Q		A
8755	Flap procedure, root planing and four or more surgical services - per sextant	2006.03	R	1 015.59	-	- R 1 523.46	-	-	-	S		A
8756	Clinical crown lengthening (isolated procedure)	2006.03	R	615.81	-	- R 923.79	-	-	-	T		A
8759	Pedicle flapped graft (isolated procedure)	2006.03	R	462.70	-	- R 693.98	-	-	-	M		A
8761	Masticatory mucosal autograft - one to four teeth (isolated procedure)	2005.02	R	502.88	R 754.40	- R 754.40	-	-	-	M	+L	A
8762	Masticatory mucosal autograft - four or more teeth (isolated procedure)	2005.02	R	755.42	R 1 133.21	- R 1 133.21	-	-	-	M	+L	A
8763	Wedge resection (isolated procedure)	2006.03	R	295.80	-	- R 443.78	-	-	-	Q		A
8766	Bone regeneration/repair procedure - as part of a flap operation	2006.03	R	241.98	-	- R 362.97	-	-	-			A
8767	Bone regeneration/repair procedure - at a single site	2006.03	R	627.25	R 940.94	- R 940.94	-	-	-			A
8769	Membrane removal (used for guided tissue regeneration)	2006.03	R	295.80	R 443.78	- R 443.78	-	-	-			A
8770	Cost of bone regenerative/repair material	2006.03		-	-	-	-	-	-			A
8772	Submucosal connective tissue autograft (isolated procedure)	2005.02	R	508.16	R 762.32	- R 762.32	-	-	-			A

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8995	Gingivectomy - per jaw	2006.03	R	721.40	R	1 082.03	-	-	-	-	M	+L	S	
NON-SURGICAL PERIODONTAL SERVICES					-	-	-	-	-	-				
8723	Provisional splinting - extracoronaral (wire) - per sextant	2005.02	R	173.05	-	-	R	259.43	R	259.43	-	M	+L	A
8725	Provisional splinting - extracoronaral (wire plus resin) - per sextant	2005.02	R	251.07	-	-	R	376.61	R	376.61	-	M	+L	A
8727	Provisional splinting - intracoronaral - per tooth	2006.03	R	78.75	-	-	R	118.35	R	118.35	-	T	+L	A
8737	Root planing - four or more teeth per quadrant	2006.03	R	373.24	-	-	R	506.26	-	-	-	Q		A
8739	Root planing - one to three teeth per quadrant	2006.03	R	296.98	-	-	R	403.89	-	-	-	Q		A
8773	Cost of intrapocket chemotherapeutic agent	2006.03		-	-	-	-	-	-	-	-			
OTHER PERIODONTAL SERVICES					-	-	-	-	-	-	-			
8768	Unlisted periodontal procedure	2004.00	R	295.80	-	-	R	443.78	-	-	-	T		A
8787	Unlisted oral medicine procedure	2004.00	R	106.18	-	-	R	159.27	-	-	-			S
F. REMOVABLE PROSTHODONTICS					-	-	-	-	-	-	-			
The branch of prosthodontics concerned with the replacement of teeth by artificial substitutes that is readily removable.				2006.03	-	-	-	-	-	-	-			
Removable prosthodontic services include routine post-operative care.														
COMPLETE DENTURES					-	-	-	-	-	-	-			
8231	Complete dentures - maxillary and mandibular	2006.03	R	1 504.10	-	-	-	R	3 140.19	-	M	+L	B	
8232	Complete denture - maxillary or mandibular	2006.03	R	927.30	-	-	-	R	2 197.05	-	M	+L	B	
8244	Immediate denture - maxillary	2006.03	R	927.30	-	-	-	R	1 390.88	-	-	+L		
8245	Immediate denture - mandibular	2006.03	R	927.30	-	-	-	R	1 390.88	-	-	+L		
8643	Complete dentures - maxillary and mandibular (with complications)	2004.00		-	-	-	-	R	4 075.42	-	-	+L	B	
8645	Complete dentures - maxillary and mandibular (with major complications)	2004.00		-	-	-	-	R	5 012.99	-	-	+L	B	
8649	Complete denture - maxillary or mandibular (with complications)	2005.02		-	-	-	-	R	2 507.52	-	M	+L	B	
8651	Complete denture - maxillary or mandibular (with major complications)	2005.02		-	-	-	-	R	2 820.49	-	M	+L	B	
PARTIAL DENTURES					-	-	-	-	-	-	-			
8233	Partial denture - resin base - one tooth	2005.02	R	431.17	-	-	-	-	-	-	M	+L	B	
8234	Partial denture - resin base - two teeth	2005.02	R	431.17	-	-	-	-	-	-	M	+L	B	
8235	Partial denture - resin base - three teeth	2005.02	R	645.14	-	-	-	-	-	-	M	+L	B	
8236	Partial denture - resin base - four teeth	2005.02	R	645.14	-	-	-	-	-	-	M	+L	B	
8237	Partial denture - resin base - five teeth	2005.02	R	645.14	-	-	-	-	-	-	M	+L	B	
8238	Partial denture - resin base - six teeth	2005.02	R	855.59	-	-	-	-	-	-	M	+L	B	
8239	Partial denture - resin base - seven teeth	2005.02	R	855.59	-	-	-	-	-	-	M	+L	B	
8240	Partial denture - resin base - eight teeth	2005.02	R	855.59	-	-	-	-	-	-	M	+L	B	
8241	Partial denture - resin base - nine or more teeth	2005.02	R	855.59	-	-	-	-	-	-	M	+L	B	
8281	Partial denture - cast metal framework only	2006.03	R	1 005.91	-	-	-	-	-	-	M	+L	A	
8671	Partial denture - cast metal framework with resin denture base	2006.03		-	-	-	-	R	2 507.52	-	M	+L	A	
ADJUSTMENTS TO DENTURES					-	-	-	-	-	-	-			
8275	Adjust complete or partial denture	2006.03	R	68.34	-	-	-	R	68.34	-	-		B	
8662	Adjust complete or partial dentures (remounting)	2004.00	R	241.25	-	-	-	R	361.95	-	-	+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	118.35	-	-	-	R	127.44	-	M	+L	B	
8270	Add clasp to existing partial denture	2006.03	R	85.35	-	-	-	-	-	-	M	+L	B	
8271	Add tooth to existing partial denture	2006.03	R	85.35	-	-	-	-	-	-	M	+L	B	
8273	Impression to repair or modify a denture or other intra-oral appliance	2006.03	R	68.34	-	-	-	R	68.34	-	-	+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	351.53	-	-	-	R	507.43	-	M	+L	B	
8261	Remodel complete or partial denture	2005.02	R	564.33	-	-	-	-	-	-	M	+L	B	

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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	223.06	-	-	- R	278.65	-	M		B
8267	Reline complete or partial denture (laboratory)	2006.03	R	513.15	-	-	- R	513.15	-	M	+L	B
INTERIM DENTURES				-	-	-	-	-	-			
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	927.16	-	-	- R	1 390.88	-	M	+L	B
8659	Interim partial denture	2006.03	R	741.79	-	-	- R	1 112.68	-	M	+L	B
8661	Diagnostic dentures (including tissue conditioning)	2006.03		-	-	-	- R	2 507.52	-		+L	A
OTHER REMOVABLE PROSTHETIC PROCEDURES				-	-	-	-	-	-			
8251	Clasp or rest - cast gold	2006.03	R	85.35	-	-	-	-	-		+L	A
8253	Clasp or rest - wrought gold	2006.03	R	85.35	-	-	-	-	-		+L	B
8255	Clasp or rest - stainless steel	2006.03	R	89.75	-	-	-	-	-		+L	B
8257	Bar - lingual or palatal	2006.03	R	105.89	-	-	-	-	-	M	+L	B
8265	Tissues conditioning per arch (including soft self-cure reline)	2005.02	R	145.63	-	-	- R	186.55	-	M		B
8277	Inlay in denture	2006.03		-	-	-	-	-	-		+L	A
8597	Locks and milled rests	2004.00	R	84.91	-	-	- R	127.44	-	T	+L	A
8599	Precision attachment (removable denture)	2006.03	R	206.93	-	-	- R	310.62	-	M	+L	A
8652	Overdenture - complete	2006.04	R	1 671.73	-	-	- R	2 507.52	-	M	+L	B
8653	Overdenture - partial	2006.04	R	1 337.35	-	-	- R	2 006.11	-	M	+L	B
8657	Replacement of precision attachment	2006.03	R	118.35	-	-	- R	127.44	-	M	+L	A
8663	Metal base to complete denture	2006.03	R	503.62	-	-	- R	755.42	-	M	+L	A
8664	Remount crown or bridge for prosthetics	2004.00	R	241.25	-	-	- R	378.08	-			A
8667	Soft base to denture (heat cured)	2005.02	R	503.62	-	-	- R	755.42	-	M	+L	B
8672	Altered cast technique (in addition to partial denture)	2005.02	R	64.53	-	-	- R	96.79	-	M	+L	B
8674	Additive partial denture	2005.02	R	758.50	-	-	- R	1 137.76	-	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.			2006.03	-	-	-	-	-	-			
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												
MAXILLIARY PROSTHESIS				-	-	-	-	-	-			
9101	Obturator prosthesis, surgical - modified denture	2004.00	R	124.51	-	-	- R	186.55	-		+L	
9102	Obturator prosthesis, surgical - continuous base	2004.00	R	337.46	-	-	- R	506.26	-		+L	
9103	Obturator prosthesis, surgical - split base	2004.00	R	502.88	-	-	- R	754.40	-		+L	
9104	Obturator prosthesis, interim - on existing denture	2004.00	R	758.50	-	-	- R	1 137.76	-		+L	
9105	Obturator prosthesis, interim - on new denture	2004.00	R	2 342.39	-	-	- R	3 513.43	-		+L	
9106	Obturator prosthesis, definitive - open/hollow box	2004.00	R	758.50	-	-	- R	1 137.76	-		+D	
9107	Obturator prosthesis, definitive - silicone glove	2004.00	R	1 464.65	-	-	- R	2 197.05	-		+D	
MANDIBULAR RESECTION PROSTHESES				-	-	-	-	-	-			
9108	Mandibular resection prosthesis w/ guide flange	2004.00	R	1 799.17	-	-	- R	2 698.76	-		+L	
9109	Mandibular resection prosthesis w/o guide flange	2004.00	R	1 671.73	-	-	- R	2 507.52	-		+L	
9110	Mandibular resection prosthesis, palatal augmentation	2004.00	R	337.46	-	-	- R	506.26	-		+D	
GLOSSAL RESECTION PROSTHESES				-	-	-	-	-	-			
9111	Glossal resection prosthesis - simple	2004.00	R	703.80	-	-	- R	1 055.92	-		+D	
9112	Glossal resection prosthesis - complex	2004.00	R	1 054.46	-	-	- R	1 581.54	-		+D	

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RADIOTHERAPY APPLIANCES					-	-	-	-	-	-			
9113	Radiation carrier - simple	2004.00	R	758.50	-	-	-	R	1 137.76	-		+L	
9114	Radiation carrier - complex	2004.00	R	2 093.37	-	-	-	R	3 140.19	-		+L	
9115	Radiation shield - simple	2004.00	R	758.50	-	-	-	R	1 137.76	-		+L	
9116	Radiation shield - complex	2004.00	R	2 093.37	-	-	-	R	3 140.19	-		+L	
9117	Radiation cone locator	2004.00	R	758.50	-	-	-	R	1 137.76	-		+L	
CHEMOTHERAPY APPLIANCES					-	-	-	-	-	-			
9118	Chemotherapeutic agent carrier	2004.00	R	758.50	-	-	-	R	1 137.76	-		+L	
CLEFT PALATE PROSTHESES					-	-	-	-	-	-			
8855	Consultation - cleft palate therapy (house or hospital)	2004.00	R	173.05	-	R	259.43	R	259.43	-			S
8856	Consultation - cleft palate (subsequent)	2004.00	R	84.91	-	R	127.44	R	127.44	-			S
8857	Consultation - cleft palate (maximum)	2004.00	R	590.88	-	R	886.24	R	886.24	-			S
NEONATAL PROSTHESES					-	-	-	-	-	-			
9119	Feeding aid prosthesis, neonatal	2004.00	R	671.39	-	R	1 006.94	R	1 006.94	-		+L	S
9120	Orthopaedic appliance, active presurgical - minor	2004.00	R	671.39	-	R	1 006.94	R	1 006.94	-		+L	S
9121	Orthopaedic appliance, active presurgical - moderate	2004.00	R	993.59	-	R	1 490.46	R	1 490.46	-		+L	S
9122	Orthopaedic appliance, active presurgical - severe	2004.00	R	1 671.73	-	R	2 507.52	R	2 507.52	-		+L	S
9123	Orthopaedic appliance, active presurgical - modification	2004.00	R	84.91	-	R	127.44	R	127.44	-			S
INTERMEDIATE/DEFINITIVE PROSTHESES					-	-	-	-	-	-			
9125	Speech aid/obturator prosthesis - palatal alteration	2004.00	R	338.19	-	-	-	R	507.43	-		+D	
9126	Speech aid/obturator prosthesis - velar alteration	2004.00	R	758.50	-	-	-	R	1 137.76	-		+D	
9127	Speech aid/obturator prosthesis - pharyngeal alteration	2004.00	R	1 671.73	-	-	-	R	2 507.52	-		+D	
9128	Speech aid/obturator prosthesis - modification	2004.00	R	84.91	-	-	-	R	127.44	-			
9129	Speech aid/obturator prosthesis - surgical	2004.00	R	671.39	-	-	-	R	1 006.94	-		+L	
SPEECH APPLIANCES					-	-	-	-	-	-			
9130	Speech aid appliance - palatal lift	2004.00	R	337.46	-	-	-	R	506.26	-		+D	
9131	Speech aid appliance - palatal stimulating	2004.00	R	758.50	-	-	-	R	1 137.76	-		+D	
9132	Speech aid appliance - bulb	2004.00	R	1 671.73	-	-	-	R	2 507.52	-		+D	
9133	Speech aid appliance - modification	2004.00	R	84.91	-	-	-	R	127.44	-			
9134	Unspecified speech aid appliance	2004.00		-	-	-	-	-	-	-		+L	
EXTRA-ORAL APPLIANCES					-	-	-	-	-	-			
9135	Auricular prosthesis - simple	2004.00	R	2 093.37	-	-	-	R	3 140.19	-		+L	
9136	Auricular prosthesis - complex	2004.00	R	2 731.46	-	-	-	R	4 075.42	-		+L	
9137	Nasal prosthesis - simple	2004.00	R	2 093.37	-	-	-	R	3 140.19	-		+L	
9138	Nasal prosthesis - complex	2004.00	R	2 731.46	-	-	-	R	4 075.42	-		+L	
9139	Ocular prosthesis - interim	2004.00	R	758.50	-	-	-	R	1 137.76	-		+L	
9140	Ocular prosthesis - modified stock appliance	2004.00	R	1 881.74	-	-	-	R	2 822.68	-		+L	
9141	Ocular prosthesis - custom appliance	2004.00	R	2 731.46	-	-	-	R	4 075.42	-		+L	
9142	Orbital prosthesis - simple	2004.00	R	1 881.74	-	-	-	R	2 822.68	-		+L	
9143	Orbital prosthesis - complex	2004.00	R	2 731.46	-	-	-	R	4 075.42	-		+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	1 881.74	-	-	-	R	2 822.68	-		+L	
9149	Unspecified body prosthesis - complex	2004.00	R	2 731.46	-	-	-	R	4 075.42	-		+L	
9150	Facial prosthesis, surgical - simple	2004.00	R	1 464.65	-	-	-	R	2 197.05	-		+L	
9151	Facial prosthesis, surgical - complex	2004.00	R	1 881.74	-	-	-	R	2 822.68	-		+L	
9152	Extraoral appliance - additional prosthesis	2004.00		-	-	-	-	-	-	-		+L	
9153	Extraoral appliance - replacement prosthesis	2004.00		-	-	-	-	-	-	-		+L	

GUIDELINE TARIFFS FOR SERVICES BY DENTAL PRACTITIONERS			25400	26200	26400	29200	29400	29800				
Published in terms of Section 53 (3) (d) of the HEALTH PROFESSIONS ACT (56 OF 1974)												
Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%. The 2006 NHRPL is available in database format at <a href="http://www.hpcs.co.za">http://www.hpcs.co.za</a>			Version Add	Value	Value	Value	Value	Value	Value	MP	Lab	TC
9155	Cranial prosthesis	2004.00	R	758.50	-	-	-	R	1 137.76	-		+L
	CUSTOM IMPLANTS			-	-	-	-	-	-	-		
9156	Cranial implant prosthesis, custom made	2004.00	R	915.57	-	-	-	R	1 373.29	-		+L
9157	Facial implant prosthesis, custom made - simple	2004.00	R	457.42	-	-	-	R	686.06	-		+L
9158	Facial implant prosthesis, custom made - complex	2004.00	R	915.57	-	-	-	R	1 373.29	-		+L
9159	Ocular implant prosthesis, custom made	2004.00	R	457.42	-	-	-	R	686.06	-		+L
9160	Body implant prosthesis - custom made	2004.00	R	2 035.88	-	-	-	R	3 053.81	-		+L
	SURGICAL APPLIANCES			-	-	-	-	-	-	-		
9161	Surgical splint - simple	2004.00	R	206.93	-	-	-	R	310.62	-		+L
9162	Surgical splint - complex	2004.00	R	758.50	-	-	-	R	1 137.76	-		+L
9163	Surgical template - simple	2004.00	R	206.93	-	-	-	R	310.62	-		+L
9164	Surgical template - complex	2004.00	R	758.50	-	-	-	R	1 137.76	-		+L
9165	Surgical conformer - simple	2004.00	R	206.93	-	-	-	R	310.62	-		+L
9166	Surgical conformer - complex	2004.00	R	758.50	-	-	-	R	1 137.76	-		+L
	TRISMUS APPLIANCES			-	-	-	-	-	-	-		
9167	Trismus appliance (simple)	2004.00	R	84.91	-	-	-	R	127.44	-		+L
9168	Trismus appliance (complex)	2004.00	R	758.50	-	-	-	R	1 137.76	-		+L
9169	Orthoses appliance	2004.00	R	1 671.73	-	-	-	R	2 507.52	-		+L
9170	Facial palsy appliance	2004.00	R	502.88	-	-	-	R	754.40	-		+D
9171	Commisssure splint	2004.00	R	206.93	-	-	-	R	310.62	-		+L
9172	Oral retractor, dynamic - per arm	2004.00	R	206.93	-	-	-	R	310.62	-		+L
9173	Hand splint	2005.02		-	-	-	-	-	-	-		+L
9174	Unspecified burn appliance	2005.02		-	-	-	-	-	-	-		+L
	ATTENDANCE IN THEATRE			-	-	-	-	-	-	-		
9175	Theatre attendance (MaxFac prosthodont) /hour	2004.00	R	279.82	-	-	-	R	419.88	-		
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	1 227.22	R	1 840.97	-	-	-	-	M	S
9181	Surgical placement of sub-periosteal implant - placement stage	2005.02	R	1 227.22	R	1 840.97	-	-	-	-	M	+L S
9182	Surgical placement of endosteal implant plate	2004.00	R	614.34	R	921.59	-	R	921.59	-	-	+L S
9183	Surgical placement of endosteal implant - first per jaw	2006.03	R	864.68	R	1 175.30	-	R	1 175.30	-	-	T +M S
9184	Surgical placement of endosteal implant - second per jaw	2005.02	R	647.34	R	881.69	-	R	881.69	-	-	T +M S
9185	Surgical placement of endosteal implant - third and subsequent per jaw	2005.02	R	433.37	R	590.58	-	R	590.58	-	-	T +M S
9190	Surgical placement of abutment - first per jaw	2006.03	R	320.74	R	434.54	-	R	434.54	R	434.54	- T +M S
9191	Surgical placement of abutment - second per jaw	2005.02	R	241.10	R	326.60	-	R	326.60	R	326.60	- T +M S
9192	Surgical placement of abutment - third and subsequent per jaw	2005.02	R	161.47	R	219.69	-	R	219.69	R	219.69	- 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			-	-	-	-	-	-	-		