GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

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MINISTRY OF LABOUR

No. 174

1999

EMPLOYEES' COMPENSATION ACT, 1941:
TARIFF OF FEES FOR OCCUPATIONAL SERVICES

Under section 79 of the Employees' Compensation Act, 1941 (Act 30 of 1941) I hereby-

(a) prescribe the Tariff of Fees for Occupational Services and the general rules and general modifiers applicable thereto, as set out in the Schedule; and

(b) repeal Government Notice 131 of 1997.

ADV. G.S. HINDA
CHAIRPERSON OF THE SOCIAL
SECURITY COMMISSION

Windhoek, 10 August 1999

SCHEDULE

TARIFF OF FEES FOR OCCUPATIONAL THERAPY SERVICES
GENERAL RULES GOVERNING THE TARIFF

001 Unless timely steps are taken (at least two hours) to cancel an appointment for consultation the relevant consultation fee shall be payable by the employee.

002 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by the practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered a lower fee than that tariff should be charged.

003 The service of an occupational therapist shall be available only on written referral by a medical practitioner.

004 In the case of prolonged or costly treatments these would only be embarked upon after negotiations between the refering medical practitioner, occupational therapist and the Commission.

005 After a series of 110 units for the same condition, the medical practitioner must re-evaluate the employee's condition and submit a report to the Commission, in which the necessity for further treatment is indicated.

006 "After hour treatments" shall mean those performed by arrangement at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 Monday, Public holidays are regarded as Sundays. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. This rule shall apply for all treatments given in the practitioner's rooms, or at a nursing home or private residence only by arrangement when the patient's condition necessitates it. Modifier 0006 must then be quoted after the appropriate tariff number to indicate that this rule is applicable.

008 The provision of aids or assisitive devices shall be charged at cost. Module 0008 must be quoted after the appropriate code numbers to show this rule is applicable.

009 Materials used in the construction of orthosis or pressure garments will be charged Modifier 0009 must be quoted after the appropriate code numbers to show that this rule is applicable.

010 Materials used in treatment shall be charge at cost. Modifier 0010 must be quoted after the appropriate tariff numbers to show that this rule is applicable.

011 When the occupational therapist performs treatment away from his premises, travelling costs shall be charged as follows: N$ 1,00 per km for each kilometre in excess of 16 kilometres total travelled in own car e.g. 19 km total = 3 x N$ 1.00 = N$ 3,00.

012 The occupational therapist shall submit the account for treatment under the Act to the employer of the employee concerned.

MODIFIERS GOVERNING THE TARIFF

0006 Add 50 % of the total fee for the treatment.
0008 Aids or assistive devices to be charged cost.
0009 Materials used for orthosis or pressures garments to be charged at cost.
0010 Materials used in treatment to be charged at cost.
0011 Travelling cost as indicated in Rule 011.

PROCEDURES

Code	Item	N$
66101	First consultation	58.10
66201	Observation and screening	22.00
	MEASUREMENT FOR DESIGNING	
66213	A static orthosis	22.00
66215	A dynamic orthosis	22.00
66217	A pressure garment for one limb	22.00
66219	A pressure garment for one hand	22.00
66221	A pressure garment for the trunk	22.00
66223	A pressure garment for the face (chin strap only)	22.00
66225	A pressure garment for the face (full face mask)	22.00
	The whole body or parts thereof will be the sum total of the parts.	
	PROCEDURES OF THERAPY	
66301	Group treatments with five (5) or more patients in a task centered activity	36.00
66303	Placement of a patient in an appropriate treatment situation requiring structuring the environment adapting equipment and positioning the patient. This does not require individuals attention for the whole treatment session	36.00
66307	Simultaneous treatment with two to four patients, each with specific problems utilising individual activities	72.00

INDIVIDUAL AND UNDIVIDED ATTENTION DURING TREATMENT SESSION UTILISING SPECIFIC ACTIVITY OR TECHNIQUES IN AN INTEGRATED TREATMENT SESSION.

66309	On level one	28.40
66311	On level two	58.10
66313	On level three	86.40
66315	On level four	116.10
66317	On level five	159.70
66319	On level six	197.10

DESIGNING AND CONSTRUCTING A CUSTOM MADE ADAPTATION OR ASSISTIVE DEVICE FOR TREATMENT IN A TASK-CENTERED ACTIVITY (SPECIFY THE ADAPTATION OR DEVICE).

66403	On level one	27.10
66405	On level two	53.20
66407	On level three	80.30
66409	On level four	106.50
66411	On level five	133.50
66413	On level six	160.70
66415	Designing and constructing a static orthosis	106.50
66417	Designing and constructing a dynamic orthosis	212.90

DESIGNING AND MAKING PRESSURE GARMENT FOR

66419	Per limb	106.50
66421	Face (chin strap only)	80.30
66423	Face (full face mask)	106.50
66425	Trunk	160.70
66427	Per hand	160.70

MINISTRY OF LABOUR

No. 175 1999

EMPLOYEES COMPENSATION ACT, 1941:
TARIFF OF FEES FOR PHYSIOTHERAPHY SERVICES

Under section 79 of the Employees' Compensation Act, 1941 (Act 30 of 1941), I hereby-

(a) prescribe the Tariff of Fees for Physiotheraphy Services and the general rules and general modifiers applicable thereto, as set out in the Schedule; and

(b) repeal Government Notice 132 of 1997.

ADV. G.S. HINDA
CHAIRPERSON OF THE SOCIAL
SECURITY COMMISSION Windhoek, 10 August 1999

SCHEDULE

TARIFF OF FEES IN RESPECT OF PHYSIOTHERAPY SERVICES

GENERAL RULES GOVERNING THE TARIFF

001 Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fees shall be payable by the employee.

002 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.

003 The services of a physiotherapist shall be available only on referral by a medical or dental practitioner.

004 In the case of prolonged or costly treatments these should only be embarked upon after negotiations between the referring medical practitioner and the Compensation Commission.

005 After a series of 20 treatments for the same condition, the physiotherapist must refer the employee back to the medical practitioner and report to him the progress already made. If further physiotherapy treatment is required the medical practitioner must submit a progress report to the Commission indicating the necessity for further treatment and the number of further treatments required. Without such a report payment for treatments in excess of 20 shall not be considered.

006 "After hour treatments" shall mean those performed by arrangement at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturdays and 07:00 on Monday. Public holidays are regarded as Sundays.

This rule shall apply for all treatments whether given in the practioner's room, or at a nursing home or private residence only by arrangement when the patient's condition necessitates it.

The fee for all treatments under this rule shall be the total fee for the treatment plus 50 per cent. Modifier 0006 must then be quoted after the appropriate Tariff number to indicate that this rule is applicable.

In cases where the physiotherapist's scheduled working hours extend after 18:00 during the week or 13:00 on a Saturday the above rule shall not apply and the treatment fee shall be that of the **normal listed tariff.**

007 The practitioner shall submit his account for treatment under the Act to the employer of the employee concerned.

008 The fee in respect of more than one procedure (save for Tariff item 72701) performed at the same consultation or visit, shall be the Tariff fee for the major procedure plus half the Tariff fee in respect of each additional procedure, but under no circumstances may fees be charged for more than three procedures carried out in the treatment of any one condition. Modifier 0008 must then be quoted after the appropriate Tariff numbers for the additional procedures to indicate that this rule is applicable.

009 When more than one condition requires treatment and each of these conditions necessitates in individual treatment time, they shall be charged as individual treatments. Full details of the nature of the treatments must be stated. Modifier 0009 must then be quoted after the appropriate Tariff numbers to indicate that this rule is applicable.

010 When the treatment times of two completely separate and different conditions overlap, the fee shall be the full Tariff fee for the one condition and 50 percent of the fee for the other condition. Modifier 0010 must then be quoted after the appropriate Tariff numbers to indicate that this rule is applicable.

011 Items 72305, 72501 and 72503 cannot be claimed simultaneously.

MODIFIERS GOVERNING THE TARIFF

0006 Add 50 per cent of the total fee for the treatment.

0008 Only 50 per cent of the fee for these additional procedures may be charge.

0009 The full Tariff for the additional treatments may be charged.

0010 Only 50 per cent of the fee for the second condition may be charged.

0011 Add N$10.30 when nebulisation is used in respiratory pathology – only when own equipment is supplied.

0012 To read as follows:

Add N$16.80 when suctioning/lavage is performed in rooms.

PHYSIOTHERAPY TARIFF OF FEES

1. Radiation therapy/Moist head therapy/Cryotherapy

		N$
72001	Infra-red * Radiant heat * Wax Therapy * Hot Packs	20.90
72005	Ultraviolet light	32.30
72006	Laser beam	32.30
72007	Cryotherapy	20.90

2. Low frequency currents

72103	Galvinism, Diadynamic current tens	20.90
72105	Muscle and nerve stimulating currents	21.90
72107	Interferential Therapy	31.40

3. High frequency currents

72201	Shortwave diathermy	31.40
72202	Ultrasound	32.30
72205	Microwave	31.40

4. Physical modalities

011 Items 72305, 72501 and 72503 cannot be claimed simultaneously

72301 Percussion, Vibration 20.90

72303 Connective tissue massage. Massage. Triggerpoint therapy 32.30

72305 Re-education of movement/exercise 20.90

72307 Pre- and post-operative exercises/breathing exercises 20.90

72315 Posttural drainage 27.20

72317 Traction 31.40

72318 Intermitted positive pressure ventilation 28.40

72319 Nebulisation 28.40

5. Manipulation/Mobilisation of joints or immobilisation

72401 Spinal 41.80

72405 All other joints 31.40

72407 Immobilisation (excluding materials) 20.90

6. Rehabilitation

72501 Rehabilitation and/or hydrotherapy where the patient requires the undivided attention of the physiotherapist 43.90

72503 Rehabilitation of Central Nervous System disorders-condition to be clearly stated and fully documentated (for brain injuries quadriplegics and paraplegics only).
(Not to be used together with 72305 and 72501) 94.10

7. Evaluation/Diagnostic

72701 Specific evaluation and counselling at the first visit only (to be fully documented) 20.90

Please note: Item 72701 should not be used for examination of each so called "condition" at the first visit.

72703 One complete re-assessment of a patient's condition during a course of treatment, and/or counselling of the patient to be used with procedures 72501 or 72503 - refer to Rule 011 ..... 20.90

72801 Electrical test for diagnostic purpose (including IT curve and Isokinetic tests) for specific medical condition 43.90

8. Visiting Codes

72901 Treatment at a nursing home (once per day only): Relative fee plus 20.90

72903 Domiciliary treatments - Apply only when medically motivated: Relative fee plus 41.80

9. Composite fees

Note*

Composite fees may not be used with any other items in the treatment of the same condition except for 72701,72703, 72801, 7291)1 and 72903. Only modifiers 0006, 0009, 0010 and 0012 may be used in conjection with composite fees.

72921 Simple spinal treatment (a minimum of 3 modalities must be used) 76.10

72923 Peripheral joint-treatment (a minimum of 3 modalities must be used).....62.70

72925 Chest pathology (a minimum of 3 modalities must be used).....55.40

72927 Soft tissue injury (a minimum of 3 modalities must be used) 70.00

MINISTRY OF LABOUR

No. 176

1999

EMPLOYEES' COMPENSATION ACT, 1941:
TARIFF OF FEES FOR PRIVATE HOSPITALS AND
UNATTACHED OPERATING THEATRE UNITS

Under section 79 of the Employees' Compensation Act, 1941 (Act 30 of 1941) I, hereby-

(a) prescribe the Tariff of Fees for Private Hospitals and Unattached Operating Theatre Units and the general rules and general modifiers applicable thereto, as set out in the Schedule; and

(b) repeal Government Notice 136 of 1997.

ADV. G.S. HINDA
CHAIRPERSON OF THE SOCIAL
SECURITY COMMISSION

Windhoek, 10 August 1999

SCHEDULE

NOTE: FEES INCLUDE VAT

GENERAL RULES

SCHEDULE

A. The Scale of Benefits set out in Sections 1 - 6 hereof, shall apply in respect of private hospitals and unattached operating theatre units with practice code numbers commencing with the digits 57, 58 or 77.

B. The charges relating to each type of hospital/unattached operating theatre unit are indicated in the relevant column opposite the item codes.

C. The charges indicated in Section 5 hereof, are applicable to both categories of such hospitals and unattached operating theatre units.

D. The amounts stipulated in the Scale of Benefits shall be deemed to be inclusive of Value Added Tax.

E.1 Procedure for the classification of hospitals.

E.1.1 A committee of 3 (three) members shall be established by Social Security Commission , and shall consist of 2 (two) members nominated by the Representative Association of Medical Schemes and 1 (one) member nominated by representatives of the Private Hospital Industry to consider applications by private hospitals to be classified as private hospitals having practice code numbers commencing with the digits 57 to 58 and for the approval of specialised intensive care units, specialised theatres, catheterisation laboratories and trauma units. The criteria to be applied and the procedures for considering such applications or for conducting any inspections, shall be laid down by the said committee and the decision of the said committee shall be final.

E.1.2. The fee payable by a private hospital for the inspection for classification will be N$2 508.00 or such other fee as may be determined by the committee from time to time. In addition, any such private hospital shall also be liable for all travelling and/or accommodation costs reasonably incurred.

E.2 The fee payable by a private hospital for the inspection of specialised intensive care units, catheterisation laboratories and specialised theatres will be N$502.00 or such other fee as may be determined by the committee from time to time. In addition any such private hospital shall also be liable for all travelling and/or accommodation costs reasonably incurred.

E.3. 1 The said committee shall also have the power to receive and investigate complaints that any private hospital having practice code numbers commencing with the digits 57 to 58 no longer meets the criteria required for such classification. The said committee may conduct such reinspections as it considers desirable and shall afford any such private hospital no longer meeting such criteria a reasonable opportunity to rectify matters, failing which said committee may reclassify any such private hospital as an institution having a practice code number commencing with the digits 90.

E.3.2 The provisions referred to in E.3. 1 shall apply mutatis mutandis to all approved intensive care units, specialised theatres, catheterisation laboratories and trauma units.

F. 1 Procedures for the reclassification of unattached operating theatre units with 76 practice numbers.

F.1.1 A committee of 3 (three) members shall be established by Social Security Commission, and shall consist of 2 (two) members nominated by the Representative Association of Medical Schemes and 1 (one) member nominated by the Medical

Board of Namibia to consider applications from unattached operating theatre units having practice code numbers commencing with the digits 76 to be reclassified as approved unattached operating theatre units having practice code numbers commencing with the digits 77. The criteria to be applied and the procedure for considering such applications or for conducting any inspections, shall be laid down by the said committee and the decision of the said committee shall be final.

F. 1.2 The fee payable by an unattached operating theatre unit for an inspection for reclassification shall be N$1 254.00 or such other fee as may be determined by the committee from time to time. In addition any such unattached operating theatre unit shall also be liable for all travel and/or accommodation costs reasonably incurred.

F.2 The said committee shall also have power and investigate complaints that any unattached operating theatre unit having a practice code number commencing with the digits 77 no longer meets the criteria required for such classification. The said committee may conduct such reinspections as it considers desirable and shall afford any such unattached operating theatre unit, no longer meeting such criteria, a reasonable opportunity to rectify matters, failing which said committee may reclassify and such unattached operating theatre unit as a unit having a practice code number commencing with the digits 76.

G. All accounts submitted by private hospitals/unattached operating theatre units shall comply with all of the requirements of Regulation 7 promulgated in terms of the Medical Schemes Act. Act No.72 of 1967, as amended by Act 23 of 1993. Where possible, such accounts shall also reflect the practice code numbers of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.

H. All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as the procedure performed. Medical schemes shall have the right to inspect the original source documents at the hospital/ unattached operating theatre unit concerned.

I. All accounts containing items which are subject to a discount in terms of the Scale of Benefits shall indicate such items individually and shall show separately the gross amount of the discount.

MODIFIERS

Orthopaedic, Neurosurgical and Vascular

0002 A surcharge shall be applicable in respect of item .. 123 **only if** the specialised theatre has been **approved in terms of General Rule E.1.1.**

Cardio-Vascular and Transplants

0003 A surcharge shall be applicable in respect of item .123 **only if** the specialised theatre has been **approved in terms of General Rule E.I.l.**

1. ACCOMMODATION WARD FEES

Hospitals and unattached operating units shall indicate the exact time of admission and discharge on all accounts.

In the case of hospitals, ward fees shall be charged at full daily rate if the patient is not discharged before 23H00 and day admission fees shall be charged in respect of all patients admitted as day patients and discharged before 23H00 on the same date.

The items appearing under code .081 shall be deemed to be included in ward fees, and no charge is respect thereof may be levied.

Code 57/58/77	Description	Practice Code Number 57/58	
		N$	N$
1.1	**General Wards**		
001	Surgical Cases: per day	521.30	
002	Thoracic and neurosurgical cases: Including laminectomies and spinal fusion: per day	540.00	
004	Medical and neurological cases: per day	521.30	
007	Day admission which includes all patients discharged by 23h00 on date of admission.....	257.50	245.10
014	Overnight fee (subject to ongoing review and a maximum of one night).....		143.80
	Maternity Cases		
021	**Natural Births** Maternity cases: Rates by arrangment with the		
023	scheme concerned		
025	First day (Day of confinement)		
027	Subsequent day(s)		
	Use of epidural anaesthesia for natural births		
	Caesarean		
029			
031	First Day (Day of confinement)		
	Subsequent day(s)		

The above maternity fees EXCLUDE ward and theatre drugs and INCLUDE all other charges such as multiple births, after-hour deliveries including caesareans, labour ward or other ward fees, nursery fees, theatre and equipment fees and surgical items. The above fees also EXCLUDE the costs of special treatment of newly born infants certified as necessary by the attending practitioner, which shall be dealt with in accordance with the Scale of Benefits for private hospitals and the rules of relevant scheme pertaining to such dependents.

RAMS and the Hospital industry agreed to re-negotiate the recommended maternity fee after further research and consultation have been completed.

A neonate requiring specialised treatment in an ICU shall be considered to be a patient in its own right and, for that reason, the Scale of Benefits shall be applied to such neonate.

Ward and Theatre Drugs

The amount charged shall not exceed the trade unit price, exclusive of VAT, as listed in the Ethical Price List prevailing from time to time, plus 25.4% (which shall be inclusive of mark-up and VAT), plus a dispensing fee of N$3.85 which is of VAT.

Code 57/58	Description	Practice Code Number 57/58
		N$
1.2	Private Wards	
041	Private wards on doctors request. If accommodation in a private ward has been prescribed by a medical practitioner for medical reasons, fees for such accommodation may not exceed the rate shown.....	712.50

Hospitals shall obtain a certificate motivating the necessity for accommodation in a private ward from the attendant practitioner and such certificate shall be forwarded to the Commission together with the account.

043 Private ward on member's request. If the Commission undertakes to pay for a private ward requested by a member, a 10% discount on the ruling private ward rate will apply if the hospital is paid direct by the Commission.

1.3 **Special Care Ward**

Hospitals shall obtain a certificate motivating the necessity for accommodation in any specialised or other intensive care unit or in high care ward from the attendant practitioner, and such certificate shall be forwarded to the Commission together with the account.

No charge may be levied for special nursing whilst a patient is accommodated in a specialised intensive care unit, intensive care unit or high care ward.

Code 57/58	Description	Practice Code Number 57/58
		N$
.061	Specialised ICU (As approved by the joint committee according to General Rule E.1.1)	2 433.80

(Subject to a maximum of 3 days, whereafter the fee under item .063 will apply. Use of this unit shall be limited to cardio-thoracic, cardio-vascular and neuro-surgery cases)

Code 57/58	Description	Practice Code Number 57/58
		N$
.063	Intensive Care Unit: Per day.....	1 830.00

(The charges referred to under items .061 and .063 include the use of all equipment except. Bennett MA, Servo and Beares respirators or equivalent apparatus plus the cost of oxygen)

Code 57/58	Description	Practice Code Number 57/58
		N$
.065	High Care Ward: per day	1 127.50

All admissions to units/wards referred to under .063 and .065 shall be confirmed with the Commission for each 72 hours.

.081 Non chargeable items and equipment in Wards, High Care Wards and all Intensive Care Units (Which would always include the equivalent to the items named).

Acetone
Alcohol or spirits
Betadine skincleanser scrub, Shampoo and Spray
Body lotions, powders, cream, oils and shampoo
Cetavlon
Cidex and all sterilising fluid
Collection charges (pathology)
Connections, adaptors
Dettol - Instrument Dettol
Douche cans
Disinfectants - e.g. Biocide
ET tube introducers
ET tube (non-disposable)
Face masks
Formalin in saline
Fractional items
* Strapping - e.g. Elastoplast, Micropore, Transpore, Dermicel, Zinc oxide
* Ophthalmic/ear/nose drops, creams and ointments - e.g. Soffradex, Maxitrol, Lacrilube
* Topical anaesthetics - e.g. Remicaine, Cocaine, Zylocaine
* Sprays - e.g. Opsite, Disdine
* Jellies - e.g. KY
* Creams - e.g. Terracortril, EABS
Gloves for non sterile procedures (except for barrier nursing)
Gowns and briefs including disposable (except for barrier nursing)
Hibitane - all solutions
Humidifiers (except Aquapac)
Iodine - solution for prepping
Intensive Care Units

Labstix, Multistix, Dextrostix (except when marked TTO)
Lancets and autolets
Linen. linen savers, draw sheets including disposable linen
Liquid soaps - except for burns and haemorrhoidectomies
Meals ex kitchen or catering services, milk substitutes, baby foods and meal supplements excluding hyperalimentation - e.g. tube feeds
Medicine glasses, spoons and syringes for feeding
Merthiolate, mercurochrome for prepping
Nursing
Packs (sterile) (except for items ...149 and .493)
Patient controlled analgesia single use disposable pumps NOT conforming with the requirements of item .413
Prep equipment - shaving trays, razors, scrub-up brushes. antiseptic soaps and solutions, depilatory creams
Receptacle liners
Savlon
Sheepskins
Shut-off valves
Spatulas, tongue depressors and orange sticks
Spigots and safety pins
Spray top bottles
Sputum cups
Sterile water (except for flushing of wounds)
Sterilisation of instruments meals or materials
Stitch cutters and staple removers (including disposable)
Thermometers - except temperature probe in NNU/ICU (1 per patient)
Trays (except items .491 and .493)
Ventilator circuits, Bacterial - Viral filters and tubing (applicable to items .417, .425)

NON-CHARGEABLE EQUIPMENT IN WARDS
Dinamapp and Sphygmomanometer
ECG and paper - electrodes chargeable
Oximeter
Oxisensor except in Neonatal ICU (1 per case)
Oxygen analysers, hoods and attachments, (disposable attachments excluded)
Peak flow meters, excluding disposable mouth piece
Stethoscopes

1.4 Global fee for Rehabilitation and Psychiatry

To be treated according to RAMS.

2. PROCEDURE ROOM/THEATRE FEES

The items under code ..181 shall be deemed to be included in theatre or procedure room fees, and no charge in respect thereof may be levied.

Code 57/58	Description	Practice Code Number 57/58	77
		N$	N$
2.1	**Emergency Unit Fee**		
101	For consultative or similar services involving the use of the bed or couch but with minimal input from nursing staff. These charges specifically exclude routine consultations by medical practitioners.....	15.00	15.00
103	Services other than those under ..101 that require the use of facilities and/or equipment outside of the theatre complex involving nursing staff input such as observation or counselling and limited to the use of items such as small dressings, injections, stitching and application, repair or removal of plaster of paris casts.....	131.30	131.30
2.2	**Procedure Room** A facility where simple procedures which require limited instrumentation and drapery, minimum in nursing input and no general anaesthetic, are curried out. No Sophisticated monitoring is required but resuscitation equipment must be available in the procedure room.		
	Time in procedure room		
	The exact time of admission to and discharge form the procedure room shall be stated upon which the procedure room charge shall be calculated as follows		
121	Charge per minute.....	6.30	6.30
2.3	**Operating Theatre/Time in Theatre**		
	The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows:		
123	Charge per minute.....	21.30	21.30

Specialised Theatre

In addition to the theatre charge calculated as above, a surcharge (modifier 0002) shall be allowed in cases where specialised theatres referred to in General Rule E.1.1, are utilised for the performance of any of the under-mentioned procedures, whether carried out individually or in combination with each other; which surcharge shall be deemed to cover the use of all specialised equipment required for such procedures.

Code 57/58	Description	Practice Code Number 57/58
		N$
Mod 0002	**Orthopaedic, Neurosurgical and Vascular: (Modifier 0002)** •Joint replacements (only hip, knee, shoulder, ankle or elbow) •Femoral popliteal bypasses •Carotid endarterectomies.....	 581.30 581.30

Code 57/58	Description	Practice Code Number 57/58	77
		N$	N$
131	2.4 After hours After hours: per case for cases admitted to theatre from 19h00 to 17h00 on weekdays from 13h00 on Saturdays to 07h00 on Mondays, and public holidays.....	 157.50	 157.50

..181 Non chargeable theatre items (which would always include the equivalent to the item named)

Acetone
Alcohol, sprits or any prep solution containing these
Anaesthetic circuits, masks , filters, humidifiers, rebreathing bags
Anaesthetic tray
Collection charges (pathology)
Connections and adaptors
Disinfectant – e.g. Biocide
Disposable gowns and drapes, C arm drapers, Mayo table drapers except:
Disposable paper based barrier gowns and theatre table drapers may be charged for in the following instances:
* Hip, knee, shoulder and elbow joint replacement
* Open heart and cardiac bypass surgery
* Vascular surgery
* Neuro-surgery
* Arthroscopy
* Spinal surgery where extensive internal fixation is used

ET tube introducers
ET tubes (non-disposable)
Face masks, head covers and overshoes
Formalin in saline
Fractional items

* Strapping - e.g. Elastoplast, Micropore, Transpore, Dermicel, Zinc oxide
* Ophthalmic/ear/nasal drops, creams and ointments - e.g. Soffradex, Maxitrol. Lacrilube
* Topical anaesthetics - e.g. Remicaine, Cocaine, Xylocaine
* Sprays - e.g. Opsite Disadine
* Jellies - e.g. KY and Cardiotrace
* Creams - e.g. Terracortril

Glass syringes, utensils and apparatus
Gloves not used by sterile surgical team
Linen and linen savers including incontinent pads and sheets
Patient Controlled Analgesia single use disposable pumps
Preptics/webcols
Preparation items - shaving trays, razors
Receptacle liners
Recovery room
Re-usable operating instruments and dental ENT drills, burrs, bits and cutters except for itemsreferred to in Section 5
Skin preparation solutions, antiseptic solutions and soaps

* Bioscrub
* Betadine scrub, skincleanser, spray
* Cetavlon
* Chlorhexadine gluconate
* Dettol
* Hibitane - all solutions
* Iodine - all solutions
* Liquid soaps e.g. Gill
* Merthiolate and mercurochrome
* Povidone Iodine

Scrub-up materials, solutions, creams, soaps, brushes
Spigots and safety pins
Standard packs
Sterile trays
Sterilising of instruments or materials and Steripeel
Sterilising solutions, gases or tablets used to sterilise instruments e.g.

* Biocide
* Cidex or any solution to sterilise instruments
* Chlohexadine gluconate
* Formalin tablets
* Hibitane solution

Sterile water - except for flushing of wounds
Suction catheters, handles, tips and nozzles (non-disposable)
Stitch cutters and staple removers (including disposable)
Thermometers (except core temperature probes 1 only in Cardio Thoracic cases)

X-ray detectable swabs except during thoracic, abdominal, deep orthopaedic, spinal, perineal- and neuro-
surgery.

NON-CHARGEABLE EQUIPMENT

* Anaesthetic machine
* Cautery, Diathermy mid Fulguration (plates chargeable)
* Humidifier
* Monitors, ECG and Dinamapp (Electrodes chargeable)
* Patient Controlled Analgesia pumps (programmable re-usable)
* Ventilators

NON-CHARGEABLES IN CATHETERISATION LABORATORY
(As per item ...1 81)

* Medrad pump - high infuser (equipment non-chargeable, but HP syringe used is chargeable).

Code 57/58/77	Description	Practice Code Number 57/58/77	
		N$	N$
3.	**Procedural fees**		
3.1	**Procedures**		
..201	Hysterosalpingograms	213.80	213.80
..203	Angiograms	213.80	-
..205	Electroconvulsive therapy (ECT)	213.80	213.80
..207	Cardiac or cerebral angiography or vascular catheterisation when carried out in a laboratory equipped with a recognised monoplane unit and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E 1.1.	767.50	
..211	Cardiac or cerebral angiography or vascular cathterisation when carried out in a laboratory equipped with a recognised bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E 1.1.	1 445.00	

The fees quoted for items ..201 to ..211 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for any items chargeable in terms of Section 15 hereof.

NOTE: Ward fees will however be chargeable together with items ..203, 207, 209, and ..211.

Code 57/58/77	Description	Practice Code Number 57/58/77	
		N$	N$
3.3	**Radiation Oncology**		
	Simulation – Fixed custom made.....		
..251	Simple – Simulation of a single area with either a single port or parallel opposed ports. Simple or no blocking or use of custom/ home simulation	218.80	-
..253	Intermediate – Simulation of three or more converging ports, two separate treatment areas or multiple blocks	333.80	-
..255	Complex – Simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocks, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast	437.50	-
...257	Computerised Tomographic	437.50	-

Code 57/58/77	Description	Practice Code Number 57/58/77	
		N$	N$
	Treatment Planning		
..261	Manual	-	-
..263	Simple Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking.....	206.30	-
..265	Computerised (intermediate) – Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints	315.00	-
..267	Computerised (complex) - Planning requiring highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations or a combination of therapeutic modalities	412.50	-
	Technical Aids		
..271	Control films		
..273	Dosimetric procedures	12.50	-
..275	Artefacts: Simple - design and construction (simple block or bolus)	30.00	-
..275	Artefacts: Intermediate - design and construction (multiple blocks, scents, bite blocks, special bolus)	81.30	-
..279	Artefacts: Complex (specify) - design and construction (irregular blocks. special shields, compensators, wedges, molds or casts)	163.80	-
	Linear accelerator treatment		
..291	Photon treatment - First two fields	316.30	-
..292	Additional fields	106.30	-
..293	Electron treatment - First two fields.....	316.30	-
..294	Additional fields	106.30	-

4. STANDARD CHARGES FOR EQUIPMENT AND MATERIAL

Code 57/58/77	Description	Practice Code Number 57/58/77	
		N$	N$
..401	Stone basket for the removal of kidney-, bladder-, gallstones: Per case.....	707.50	707.50
..403	Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case	673.80	
..405	Continuous Passive Exerciser: Per day	53.80	53.80
..407	Operating microscope - motorised. This is applicable to a binocular operating microscope with motorised focusing, positioning and zoom magnification changer. Spinal, intra-cranial and ophthalmic surgery only (all ENT and other surgery excluded): Per case.....	148.80	148.80
..409	Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning, and multistep magnification changer. Microscopic surgery only: Per case	73.80	73.80
..411	Laparoscopic equipment for surgery applicable only to operative endoscopic laparoscopies where more than 3 instruments, inclusive of the telescope, are inserted into the thoracic or abdominal cavities for simultaneous use. The equipment must include a high-resolution camera system with 2 monitors. Per case	316.30	316.30
..413	Patient-controlled analgesia pump. Being a programmable analgesia infusion system. Providing patient control and/or continuous analgesia modes with mechanisms to limit self administration per time period and with lockout interval. Applicable only to administration of analgesics. Per day	57.50	57.50
..415	Monitors (3 channel Hellige or equivalent - in high care wards only) monitors: per day or part thereof	62.50	
..417	Ventilators, (Bennett PR2 or equivalent - in high care, general and private wards only) (excluding oxygen): Per day or part thereof.....	45.00	45.00

Code 57/58/77	Description	Practice Code Number 57/58/77	
		N$	N$
..419	Croupettes (excluding oxygen) per day or part thereof	12.50	-
..421	Incubators (excluding oxygen) per day or part thereof	23.80	-
..423	Oxygen tents (excluding oxygen) per day or part thereof	20.00	-
..425	Bennet MA, Servo and Beares respirator, or equivalent (in ICU and high care ward only) (excluding oxygen): per day or part thereof	198.80	
..427	CUSA (plus lowest available manufacturer's price, excluding VAT, or CUSA pack, plus 25.4% which shall be inclusive of mark-up and value Added Tax).....	967.50	
..429	Lasers Argon (ophthalmic).....	300.00	
..431	Lasers - C02 (surgical)	386.30	
..433	Lasers - Copper Vapour (Rates by arrangement with the Commission). **NB: This instrument may be used for cosmetic procedures.**		
..435	Occutomes	126.30	126.30
..437	Lasers – YAG (ophtalmic)	336.30	336.30
..439	Lasers – YAG (surgical)	421.30	421.30
..441	Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney or gall bladder which are eliminated in one treatment/Ballistic lithotripsy..... ..	363.80	363.80
..443	Ballistic Lithotripsy/Lithoclast: Second lithotripsy treatment on same kidney or gall bladder (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	243.80	243.80

Code 57/58/77	Description	Practice Code Number 57/58/77	
		N$	N$
..445	Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney or gall bladder which are eliminated in one treatment.	1 320.00	1 320.00
..447	Laser Lithotripsy: Second lithotripsy treatment on same kidney or gall bladder. Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary.....	885.00	885.00
..449	First *'ESWL treatment on same kidney which are eliminated in one treatment.	4 033.80	
..451	Second *ESWL treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	2 703.80	2 703.80
..453	First *ESWL treatment for one or more stones in gall bladder which are eliminated in one treatment.	4 033.80	4 033.80
...455	Second * ESWL treatment on gall bladder (hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	2 703.80	2 703.80
	Note: The fees in respect of items .441 to .455 are inclusive of all equipment and components but exclusive of theatre items and items chargeable under Section 5.		
..457	C Arm (not chargeable when Modifiers 0002 or 0003 applies).....	125.00	125.00
..459	Ultrasonic imaging equipment	210.00	210.00
	(Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or Doppler ultrasound for vascular anatomy and haemo-dynamics).		
..461	Screening table (including all radiographic equipment).....	282.50	282.50

Code 57/58/77	Description	Practice Code Number 57/58/77	
		N$	N$
..463	Gastroscope (fibre optic/flexible only).....	63.80	63.80
..465	Colonoscope (fibre optic/flexible only).....	63.80	63.80
..467	Duodenoscope (fibre optic/flexible only)....	63.80	63.80
..469	Sigmoidoscope (fibre optic/flexible only)...	63.80	63.80
..471	Bronchoscope (rigid or flexible).....	31.30	31.30
..473	Laryngoscope (fibre optic/rigid or flexible excluding routine intubation).....	31.30	31.30
..475	Sinoscope (fibre optic/flexible only).....	31.30	31.30
..477	Oesophagoscope.	31.30	31.30
..479	Laparoscope (not chargeable in conjunction with fixed fee procedures).....	31.30	31.30
..481	Hysteroscope	31.30	31.30
..483	Colposcope	31.30	31.30
..485	Cysto urethroscope	31.30	31.30
..487	Arthroscope (with closed circuit television facilities and power tools)	63.80	63.80
..489	Arthroscope (without the additional items listed under ..487).....	31.30	31.30
..491	Large sterile trays - per tray (excluding theatre)	10.00	10.00
..493	Sterile swabbing and ENT trays - per tray (excluding theatre)	7.50	7.50

Code 57/58/77	Description	Practice Code Number 57/58/77	
		N$	N$
...495	Specialised instruments/equipment for integrated osseous implants. (Hospitals/ unattached operating theatre units shall provide a certificate by the practitioner concerned that the instruments/equipment were used	52.50	52.50
...501	Soluble bags for barrier nursing only, limited to 2 per patient per day	7.50	7.50
..503	Transcranial Doppler	348.80	348.80
..505	Harmonic Scalpel	96.30	96.30
..507	Argon Beamer	38.80	38.80
	Note: The Argon Beamer will not apply where a standard electrosurgery unit is used. It can only be used with surgery on internal organs and in neurosurgy..		
..509	Endometrial Resection	231.30	231.30
..511	Colour Doppler	693.80	693.80
..513	Transoesophageal Colour Doppler	837.50	837.50
515	Cardiorhythm Ablater	456.30	456.30
..517	Phacoemulsifier	298.50	298.50

5. STANDARD DRUG AND MATERIAL CHARGES

In respect of items not otherwise dealt with in the Scale of Benefits. Hospitals/ unattached operating theatre units shall, where possible, show all items which patients take home as TTO on accounts.

5.1 Over the counter and proprietary items

(Only substances controlled by the Medicine Control Council)

The amount charge shall not exceed the trade unit price, exclusive of VAT, as listed in the Ethical Price List prevailing from time to time, plus 25.4% (which shall be inclusive of markup and VAT), plus a dispensing fee of N$3.85 which is inclusive of VAT.

57/58/77	601	Pharmacy
57/58/77	605	Ward stock
57/58/77	607	Theatre
57/58/77	603	To take out

5.2 Dispensed items

(Only substances controlled by the Medicine Control Council)

The amount charged shall not exceed the trade unit price, exclusive of VAT, as listed in the Ethical Price List prevailing from time to time, plus 25.4% (which shall be inclusive of markup and VAT), plus dispensing fee of N$ 3.85 which is inclusive of VAT.

57/58/77 601	Pharmacy
57/58/77 605	Ward Stock
57/58/77 603	To take out

5.3 **Disposable drills, burrs, cutters, blades (e.g. Stryker or equivalent) and laryngeal masks**

57/58/77 621	Neuro/Craniotomy	33 1/3 %
57/58/77 623	Arthroscopy	20%
57/58/77 625	Orthopaedic	33 1/3%
57/58/77 627	Laryngeal masks	4 %
57/58/77 629	Maxillo-Facial drills and burrs	33 1/3%
57/58/77 631	Flouroshield gloves (1 pair per procedure)	33 1/3%

5.4 **Surgical laser fibre optic leads, hand pieces and probes or scalpes**

57/58/77 621	Vascular surgery	100%
57/58/77 623	General surgery	12,5%

Hospitals/unattached operating theatre units shall show the name and reference number of each item together with the manufacturer's name, and the Commission shall have the right to call for such invoices from the institution concerned.

Consumable, disposable, and surgical items, including sutures, drapes and skin graft blades,trephines and Beaver blades not otherwise dealt with in section 5.

(When used in ward or theatre)

Lowest available manufacturer's price exclusive of VAT, plus 25,4% (which shall be inclusive of markup and VAT). Items to be fully specified

57/58/77601	Pharmacy
57/58/77605	Ward Stock
57/58/77607	Theatre

5.5 GASES

Oxygen and Nitrous Oxide

For both gases together per minute	N$
..701 PWV area	1.65
..703 Cape Town	2.28
..705 Port Elizabeth	2.03
..707 East Londen	2.28
..709 Durban	2.08
..711 Other areas	1.86
..712 Namibia	3.99

5.6 **Oxygen ward use**

Fee for oxygen , per quarter hour or part thereof, outside the operating theatre

..713 PWV area	2.44
..715 Cape Town	4.04
..717 Port Elizabeth	3.88
..719 East London	3.73
..721 Durban	3.16
..723 Other areas	3.00
..725 Namibia	4.04

5.7 Oxygen recovery room

Flat rate for oxygen per case

..725	PWV area	4.85
..727	Cape Town	8.10
..729	Port Elizabeth	7.75
..731	East Londen	7.44
..733	Durban	6.33
..735	Other areas	6.01
..736	Namibia	6.01

5.8 Carbon Dioxide

..741	Per minute	0.30c

5.9 Laser Mix

..743	Per minute	5.83

5.10 Entonox

..745	Per 30 minutes	55.39

5.11 Inhalation anaesthetics

.747	Halothane/Fluothane: per minute	0.80
..749	Ethane: per minute	4.00
..751	Forane: per minute	3.99

5.12 Prostheses (surgically implanted)

57/58/
77 651

A prosthesis shall mean a fabricated or artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral and necessary part of the device so implanted, and shall be charged as a single unit. Pins, rods, screws, plates or similar items, when used independently of a prosthesis and for the purpose of furthering any healing process, shall be chargeable under item ..607.

Hospitals/unattached operating theatre units shall show the name and reference number of each item together with the manufacturer's name, and schemes shall have the right to call for such invoices form the institution concerned.

Lowest available manufacturer's price exclusive of VAT, plus 25,4% (which shall be inclusive of mark-up and VAT) up to maximum of N$ 2 062.50

5.13 Medical artificial items (non-prostheses)

57/58/
77 661

According to agreement with the Commission (Examples of items included hereunder shall be artificial limbs, wheelchairs, crutches and exertion bags) Copies of invoices shall be supplied to the Commission.

5.14 Electronic requisites

57/58/
77 671

By arrangement with the Commission

5.15 Transportation Charges

An additional charge may be made to cover the cost of railage paid on items sent to areas outside the supplier's free delivery area.

5.16 Price increases

Should a change occur in the manufacture's price of any item listed under ..701 to ..705 the new price shall be as notified by the Representative Association of Medical Schemes from time to time.

5.17 Blood collection charges

57/58/
77 681 Blood collection charges, when incurred in respect of blood or related products procured form a recognised blood bank for transfusion purposes, may be charged at N$ 10,56 per collection, plus N$2,16 per kilometre travelled.

5.18 Incise drapes

..691 Incise drapes: a maximum benefit of N$57.50 per procedure, except for the following types of procedures:

- Surgery in respect of hip, knee, shoulder and elbow joint replacements
- All open heart and cardiac bypass surgery with or without the insertion of prostheses
- All vascular surgery, with or without the insertion of prostheses
- Neuro-surgery
- Spinal surgery

..695 Ophthalmic drapes: a maximum benefit of N$43.10 per procedure.

MINISTRY OF LABOUR

No. 177 1999

EMPLOYEES COMPENSATION ACT, 1941:
TARIFF OF FEES FOR DENTAL SERVICES

Under section 79 of the Employees' Compensation Act, 1941 (Act 30 of 1941) I hereby-

(a) prescribe the Tariff of Fees for Dental Services and the general rules and general modifier applicable thereto, as set out in the Schedule; and

(b) repeal Government Notice 135 of 1997.

ADV. G.S. HINDA
CHAIRPERSON OF THE SOCIAL SECURITY COMMISSION

Windhoek, 10 August 1999

SCHEDULE
SCALE OF FEES FOR DENTAL SERVICE
GENERAL RULES GOVERNING THE SCALE OF FEES

001 A consultation shall include an examination and charting. No further consultation fee shall be chargeable until the treatment plan resulting from this initial consultation has been discharged. This rule applies only to tariff Items 8101 and 8103.

002 Except in those cases where the fee is determined "by arrangement" the fee for the rendering of a service which is not listed in this scale of fees shall be based on the fee in respect of a comparable service that is listed herein.

003 In the case of a prolonged or costly dental service or procedure, the dental practitioner shall ascertain beforehand from the Commission whether it will accept financial responsibility in respect of such treatment.

004 In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a dental practitioner, such higher fee as may be agreed upon between the dental practitioner and the Commission, may be charged.

Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the Scale of Fees should be charged.

005 Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated under the Employees Compensation Act.

007 "Normal consulting hours" are between 08:00 and 17:00 on weekdays, and between 08:00 and 13:00 on Saturdays.

008 A dental practitioner shall submit his account for treatment under the Act to the employer of the employee concerned.

009 Dentists in general practice shall be entitled to charge two thirds of the fees of specialists only for treatment that is not listed in the tariff of fees for dentists in general practice. Any specialist performing any treatment not listed in the tariff of fees for his specialty shall charge the same fee as that for dentists in general practice or, if such treatment does not appear in the tariff of fees for dentists in general practice either, then two-thirds of the fee listed in the appropriate specialist tariff of fees. Such treatment shall be indicated on the account against the code 8004.

010 Fees charged by dental technicians for their services (+L) shall be shown on the dentists account against the code 8099. Such dentist's account shall be accompanied by the actual account of the dental technician (or a copy thereof) and the account of the dental technician shall bear the signature of the dentist (or the person authorized by him/her) as proof of that it has been compiled correctly. "L" comprises the fee charged by the dental technician for his services as well as the cost of teeth. For example, tariff item 8231 is specified as follows:

	R
8231.....	X
8099(8231)	Y
	R(X+Y)

011 For the adjustment of specific tariff items to certain circumstances, it is necessary to show the following modifiers on the account:

8002 The appropriate scheduled fee plus 50%
8003 The appropriate scheduled fee plus 10%
8004 Two-thirds of appropriate scheduled fee.
8005 The appropriate scheduled fee to maximum of N$ 175.00
8006 50% of the appropriate scheduled fee
8007 15% of the appropriate scheduled fee
8008 The appropriate scheduled fee plus 25%
8009 75% of the appropriate scheduled fee

012 In the case where treatment not listed in the dental tariff of fees for dentists in general practice or specialists then the appropriate fee listed in the medical tariff of fees shall be charged.

013 Cost of material: This item provides for a charge for material where specially indicated against the relative Code items by the words (see *rule 013*). Material to be charged for in these instances at cost plus 35%.

014 Cost of prostheses - cost price + 20% with a maximum of N$912.00

015 Payment shall only be made for services required as a direct result of the accident. No liability would e.g. be accepted for gold fillings in broken dentures for cosmetic purposes only.

016 Where a general anaesthetic is administered by a dental practitioner, the fee charged shall be set out in item 8499.

017 8279 and 8281 Metal base to Full and partial Dentures: The fees for these items refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.

018 Payment of a fee in respect of treatment not listed in the Scale of Fees but for which the Commission has agreed to accept liability, and of any fee reflected in respect of a service listed in the Scale of Fees, shall be in full and final settlement for the treatment or procedure given to the employee as is contemplated under section 76 of the Act in respect of medical practitioners.

019 Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee.

Explanations:

8132 An emergency root treatment (8132) can not be followed by a completed root treatment nor may any other endontic fee items be charged at the same visit.

8279 and 8281 Metal Base to Full and Partial Dentures

The fees for these items refer to the **metal base only**. An additional fee is then charged to the partial or full denture which is fitted to the base.

GENERAL DENTAL PIRACTITIONERS

Code No	Procedure	N$
	Consultations	
8101	Consultation at surgery	50.30
8103	Consultation at home or hospital	71.00
8104	Consultation for a specific problem not requiring full mouth examination, charting and treatment planning	33.50
	Diagnostic procedures	
8107	Intra-oral radiographs, per film	32.30
8108	Maximum	260.60
8113	Occlusal radiographs	50.30
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric P-A handwrist etc.)	134.20
	Maximum for the treatment plan	315.00
8811	Tracing and analysis for extra-oral film	16.80

Code No	Procedure	N$
8117	Study models – unmounted	36.10
8118	Study models – mounted on adjustable articulator	74.20
8121	Daignostic – per photograph	36.10
	Treatment procedures	
8129	Additional fee for emergency treatment rendered **outside normal working hours** including emergency treatment carried out at hospital	122.60
8131	Emergency treatment for relief of pain where no other tariff item is applicable	50.30
8132	Emergency root canal treatment	81.30
8133	Re-cementing of inlays, crowns or bridges – per abutment	50.30
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure	99.33
8136	Access through prosthetic crown or inlay to facilitate root canal treatment	40.00
8137	Emergency crown (not applicable to temporary crowns replaced during routine crown and bridge preparations)	169.00
8138	Pre-formed metal crown emergency procedure	103.20
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case	81.30
	Note: This item refers to additional treatment carried out as a result of the consultation referred to under items 8101 and 8103	
	Miscellaneous services	
8141	Inhalation sedation – first quarter – hour or part thereof	34.80
8143	Per additional quarter – hour or part thereof	19.40
	Note: No additional fee to be charged for gases used in the case of items 8141 and 8143	
8144	Intravenous sedation	23.20
8145	Local anaesthetic, per visit	7.70
8110	Provision of sterile tray for surgical procedures	20.60

E ORAL SURGERY (See Rule O11)

1. The fee for more than one operation or procedure performed through the same incision shall be calculated, as the fee for the major operation plus the tariff fee for the subsidiary operation to a maximum of N$ 122.60 for each subsidiary operation or procedure (8005).

2. The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operation plus-

75% for the second procedure /operation (8009)
50% for the third procedure /operation (8006)

If, within four months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation. The tariff fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge provided that in the case of post-operative treatment of a prolonged or special nature, such fee as may be agreed upon, the practitioner and the Commission may be charged.

3. The fee payable to a general practitioner assistant shall be calculated at 15 % of the fee of the practitioner performing the operation, with a minimum of N$73.50 (8007). The patient must be informed beforehand that another dentist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the account rendered to the Commission.

Code No	Procedure	N$
8192	Treatment of soft tissue injury	256.70
	Implants : (prior permission must be obtained from the Commission)	
8193	Osseointegrated abutment, per abutment	794.60
8194	Placement of a single osseointegrated implant per jaw . .	510.80
8195	Placement of a second osseointegrated implant in the same jaw	383.10
8196	Placement of a third and subsequent osseointegrated implant in the same jaw per implant	255.40
8197	Cost of implant (see rule 014)	
8198	Exposure of a single osseointegrated implant and placement of a transmucosal element	189.60
8199	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw . .	141.90
8200	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant	94.20
	Note: For item 8194 to 8200 the full fee may be charged, i.e. Note above will not apply.	
	Extractions during single visit	
8201	One tooth in a quadrant	50.30
8202	Two teeth in same quadrant	55.00
8203	Three teeth in same quadrant	70.00

Code No	Procedure	N$
8204	Four teeth in same quadrant	87.00
8205	Five teeth in same quadrant	102.00
8206	Six teeth in same quadrant	117.00
8207	Seven teeth in same quadrant	133.00
8208	Eight teeth in same quadrant	149.00
	Note: Item 8201 to 8208 can be charged for a further three quadrants.	
8209	Surgical removal of tooth, i.e. raising of mucoperiosteal flap, removal of bone and suturing	157.40
	Unerupted or impacted teeth	
8210	First tooth	366.40
8211	Second tooth	197.40
8212	Third and subsequent teeth, per tooth	112.20
	Removal of roots	
8213	Surgical removal of residual roots of first tooth	225.80
8214	Surgical removal of residual roots of each subsequent tooth (see Note 1 and 2 above)	
	Para-orthodontic Surgical Procedures	
8215	Surgical exposure of impacted or unerupted teeth for orthodontic reasons	424.40
8216	Frenectomy	310.90
8220	Use of suture provided by practioner (See rule 013) . .	27.10
8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasia, e.g. Haemophilia)	36.10
8223	Each additional visit	24.50
8225	Treatment of septic socket	36.10
8227	Each additional visit	24.50
8228	Incision and drainage of pyogenic abscess (intra-oral approach)	144.50
8229	Apicetomy including retrograde filling where necessary- incisors and canines	254.10
	Prosthetics	
8231	Full upper and lower dentures. (See footnote below 8267). .	803.70

Code No	Procedure	N$
8232	Full upper or lower dentures. (See footnote below 8267)	495.40
8233	Partial denture, one tooth	229.60
8234	Partial denture, two teeth	229.60
8235	Partial denture, three teeth	344.40
8236	Partial denture, four teeth	344.40
8237	Partial denture, five teeth	344.40
8238	Partial denture, six teeth	458.00
8239	Partial denture, seven teeth	458.00
8240	Partial denture, eight teeth	458.00
8241	Partial denture, nine or more teeth	458.00
8243	Additional fee where a soft base is incorporated with items 8231-8241	71.00
8255	Stainless steel clasp or rest per clasp or rest	47.70
8257	Lingual bar or palatal bar	56.80
	Note: Where items 8281 or 8269 are applied, items 8255 or 8257 may not be charged.	
8259	Re-base, per denture	189.60
8261	Re-model, per denture	308.30
8263	Re-line-self-curing hard conditioner acrylic, per denture	118.70
8265	Tissue conditioner and soft self-cure interim reline, per denture	78.70
8267	Soft base reline, per denture (heat cured)	273.50
	Note: Not applicable when items 8231 to 8241 are carried out concurrently	
8269	Repair in denture or other intra-oral appliance	65.80
8273	Additional fee where impression is required for 8269	34.80
8279	Metal base to full denture, per denture	246.40
8281	Metal base to partial denture, per denture	611.50
	Note : **1. The fees for items 8279 and 8281 refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.**	

Code No	Procedure	N$
	2. Where item 8279 is applied, items 8255 and 8257 cannot be charged.	
	Conservative dentistry	
	Note: 1. The SAMDC has ruled that, with the exception of Diagnostic Intraoral Radiographs fees for only three further intra-oral Radiographs may be charged for each completed root Canal Therapy on a single-canal tooth, or further five Intra-oral Radiographs for each completed Root Canal Therapy on a multi – canal tooth.	
	2. Where Rubber Dam is used for the Endodontics and Bleaching procedures, Code 8304 may be applied	
	Endodontics	
8132	Emergency root canal treatment	81.30
	Note: **If any emergency root canal treatment is followed by the completed root treatment at the same visit item 8132 cannot be charged.**	
8301	Direct pulp capping	23.20
8303	Indirect pulp capping where permanent filling is not completed at same visit	65.80
	Note: **Where Rubber Dam is applied for the endodontics procedures listed below, item 8304 may be applied.**	
8304	Application of Rubber Dam, per arch (irrespective of number of teeth treated), when items 8133, 8307, 8330, 8334, 8336, 8351, 8354 are carried out.	
8307	Amputation of pulp (pulpotomy)	41.30
8330	Removal of fractural post or instrument/bypassing fractured endodontics instruments	68.40
	Preparatory visits (obturation not done at same visit)	
8332	Single canal tooth, per visit	50.30
	Maximum for 8332	202.50
8333	Multi-canal tooth, per visit	69.70
	Maximum for 8333	277.40

Code No	Procedure	N$
8334	Re-preparation of previously obturated canal, per canal	76.10
	Obturation of root canal completed at a second or subsequent visit	
8335	First canal-excluding molars	225.80
8336	First canal-molars	308.30
8337	Additional canals, per canal (applicable to all teeth)	92.90
	Preparation and obturation of root canals completed at a single visit	
8338	First canal - excluding molars	359.90
8339	First Canal – molars	494.10
8340	Additional canals – per canal	120.00
	CONSERVATING DENTISTRY (continued)	
	Plastic restoration	
8341	One surface	54.20
8342	Two surfaces	74.80
8343	Three surfaces	99.30
8344	Four or more surfaces	122.60
8345	Preformed post reinforcement per post	73.50
8347	Pin retention for restoration, per pin	50.30
	Maximum for 8347	100.60
	Plastic restoration (using acid etch technique)	
8304	Application for Rubber Dam per arch (irrespective of number of teeth treated)	40.00
8351	One surface on anterior tooth	61.90
8352	Two surfaces on anterior tooth	82.60
8353	Three surfaces on anterior tooth	105.80
8354	Four or more surfaces on anterior tooth	127.70
8367	One surface on premolar or molar	80.00
8368	Two surfaces on premolar or molar	108.40
8369	Three surfaces on premolar or molar	139.30
8370	Four or more surfaces on premolar or molar	167.70
8355	Composite Veneers (Direct)	165.10

Code No	Procedure	N$
8356	Bridge per abutment	238.70
	Per pontic (see 8420, 8422, 8428)	
8357	Preformed metal crown	108.40
	Metal Inlays	
8361	One surface	157.40
8362	Two surfaces	229.60
8363	Three surfaces	384.40
8364	Four surfaces	464.40
8365	Five surfaces	464.40
8366	Pin retention as part cast restoration, irrespective of number of pins	80.00
	Ceramic/Resin Bonded Inlays	
8371	One surface	157.40
8372	Two surfaces	229.60
8373	Three surfaces	384.40
8374	Four surfaces	464.40
8375	Five surfaces	464.40
	Note: 1. In some of the above cases (e.g. **Direct Hybrid Inlays**) +L may not necessarily apply. 2. In cases where the direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used.	
	Preformed Post and Core	
8376	Single post and core	127.70
8377	Double post and core	202.50
8378	Tripple post and core	276.10
	Note: **Above items are inclusive of pins**	
	Post with thimble or coping	
8391	Single post	118.70
8393	Binary post	189.60

Code No	Procedure	N$
8395	Triple post	272.20
8396	Coping	77.40
8397	Cast core with pins	189.60
8398	Plastic core for crown (built up in amalgam, glass-ionomer or composite) on pin reinforcing irrespective of number of pins	189.60
	Note: Where no pins or posts are used in construction of a core, the appropriate Restoration code applies.	
	Crowns	
8401	Cast full crown	550.80
8403	Cast three-quarter crown	550.80
8405	Acrylic jacket crown	470.90
8407	Acrylic veneered crown	588.20
8409	Porcelain jacket crown	588.20
8411	Porcelain veneered crown	588.20
8413	Facing replacement	114.80
8414	Additional fee for provision of crown within an existing clasp or rest	36.10
	Resin bond retainers	
	Maryland Bridges (see 8356)	
	Per pontic (see 8240, 8422, 8424)	
	Bridges (retainers as above)	
8420	Sanitary pontic	287.70
8422	Posterior pontic	384.40
8424	Anterior pontic including premolars	479.90
	General anasthetics	
8499	The relevant items in the tariff of fees for medical services as published in Government Gazette No. 16120 of 23 December 1994 shall apply to all general anaesthetic in dental procedure.	
	III. SPECIALIST PROSTHODONTIST See Rule 009	
	A. DIAGNOSTIC PROCEDURES	
8501	Consultation	95.50

Code No	Procedure	N$
8I07	Intra-oral radiographs, per film	33.50
8108	Maximum	265.70
8113	Occlusal radiographs	51.60
8115	Extra- oral radiograph per film (i.e. panoramic , cephalometric, P-A. hand wrist, ect)	136.70
	Maximum for treatment plan	340.60
8811	Tracing and analysis of extra-oral film	16.80
8117	Study models unmounted	37.40
8119	Study models mounted on adjustable articulator . . .	95.50
8121	Diagnostic photographs, per photograph	37.40
8503	Occlusal analysis on adjustable articulator	194.80
8505	Pantographic recording	285.10
8507	Examination, diagnosis and treatment planning . . .	194.80
8508	Electrognathographic recording	305.70
8509	Electrognathographic recording with computer analysis	508.30
	Treatment procedures	
	Emergency treatment	
8511	Emergency treatment for relief of pain (where no other tariff item is applicable)	114.80
8513	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	189.60
8515	Recementation of inlay, crown or bridge per abutment	73.50
8517	Reimplantation of an avulsed tooth, including fixation as required	196.10
	Provisional treatment	
8521	Provisional splinting-extracoronal wire plus resin, per sextant	157.40
8523	Provisional splinting – extracoronol wire per sextant	229.60
8527	Provisional splinting – intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit in the splint	73.50

Code No	Procedure	N$
8529	Provisional crown, which is not placed during routine crown preparation	189.60
8530	Preformed metal crown	160.00
	Occlusal adjustment	
8551	Major occlusal adjustment	537.90
	Note: This procedure cannot be carried out without study models mounted on an adjustable articulator.	
8553	Minor occlusal adjustment	170.30
	Ceramic/Resin Bonded Inlays	
8555	One surface	710.80
8556	Two surfaces	1026.80
8557	Three surfaces	1590.60
8558	Four surfaces	1590.60
8559	Five surfaces	1590.60
	Note: In some of the above cases (e.g. Direct hybrid Inlays) +L may not apply.	
	Gold Restoration	
8571	One surface	341.90
8572	Two surfaces	494.10
8573	Three surfaces	763.70
8574	Four surfaces	763.70
8575	Five surfaces	763.70
8577	Pin retention	113.50
	Post and copings	
8581	Single post	189.60
8582	Double post	273.50
8583	Triple post	341.90
8587	Copings	157.40
8589	Cast core with pin	269.60

Code No	Procedure	N$
8591	Plastic core on pin reinforcing irrespective of number of pin	189.60
	Implants (Prior permission must be obtained from the Commission)	
8592	Osseointergrated abutment, per abutment	1192.00
8600	Cost of implant components (see rule 014)	
	Connectors	
8597	Locks and milled rests	77.40
8599	Precision attachment	189.60
	Crowns	
8601	Cast three-quarter crown	763.70
8607	Porcelain jacket crown	763.70
8609	Porcelain veneered crown	954.60
	Bridges	
	Note: Retainers as above	
8611	Sanitary pontic	576.60
8613	Posterior pontic	710.80
8615	Anterior pontic	763.70
	Resin bonded retainer	
8617	Per abutment	234.80
	Per pontic (see 8611, 8613, 8615)	
	Conservative treatment for temporo-mandibular joint dysfunctions	
8625	Bite plate therapy for TMJ dysfunction	296.70
8621	First visit for treatment of TMJ dysfunction	81.30
8623	Follow-up visit for adjustment of bite plates/ treatment of TMJ dysfunction	60.60
	Note: **The number of visits and charge therefor depends on the relation between the practitioner and the patient. and the problems involved in the case.**	
	Endodontics procedures, etc.	
8631	Root canal therapy	668.20
8633	Each additional canal	167.70

Code No	Procedure	N$
8636	Re-preparation of previously obturated canal, per canal	113.50
	Note: **The above endodontics fees include all X-rays and repeat visits.**	
8635	Apexification of root canal, per visit	112.20
	Note: **The above endodontics fees include all X-rays and repeat visits**	
8637	Hemisection of tooth or resection of root	269.60
8638	Incision and drainage of pyogenic abscess. intraoral approach	158.70
79015	Apicectomy, including retrograde root filling where necessary - anterior tooth	370.20
9016	Apicectomy including retrograde filling where necessary - posterior tooth	553.40
8640	Removal of fractured pot or instrument from tooth canal	196.10
	Prosthetics (Removable)	
8641	Complete upper and lower dentures with primary complications	1949.20
8643	Complete upper and lower dentures without major complications	2479.40
8645	Complete upper and lower dentures with major complications	3049.60
8647	Complete upper and lower dentures without primary complications	1363.50
8649	Complete upper and lower dentures without major complications	1557.00
8651	Complete upper and lower dentures with major complications	1751.80
8661	Diagnostic dentures (inclusive of tissue-conditioning treatment	1526.10
8662	Remounting and occlusal adjustment of dentures. . . .	220.59
8663	Chrome cobalt base for full denture (extra charge). . .	459.20
8664	Remounting of crown or bridge for extensive prosthetics	227.00
8665	Re-base, per denture	308.30
8667	Soft base, per denture (heat cured)	459.20
8668	Tissue conditioner, per denture	113.50
8669	Intraoral reline of complete or partial denture	169.00
8671	Metal (e.g. Chrome cobalt) partial denture	1526.10
8672	Additional fee for altered cast technique for partial denture	59.30
8674	Additive partial denture	691.40

Code No	Procedure	N$
8679	Repair	77.40
8273	Additional fee where impression is required for 8269 + 8679	36.10

SPECIALIST MAXILLO-FACIAL AND ORAL SURGEON

1. If procedures under tariff items 8201 to 8218 inclusive are carried out by specialists in maxillo-facial and oral surgery, the fees shall be equal to the tariff fee plus 50 per cent (8002)

2. The fee for more than one operation or procedure **performed through the same incision** shall be calculated as the fee for the major operation plus the tariff for the subsidiary operations to a maximum of N$140.60 each such subsidary operation or procedure (8005)

3. The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operations plus-

   75% for the second procedure/operation (8009)
   50% the third procedure/operation (8006)

   This rule shall not apply where two or more unrelated operations are preformed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee for his operations.

   If, within six months , a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation. The tariff fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge: Provided that in the case of post-operative treatment of prolonged or specialised nature, such fee as may be agreed upon between the practitioner and the Commissioner may be charged.

4. The fee payable to a general practitioner assistant shall be calculated at 15 per cent of the fee of the practitioner performing the operation, with a minimum of N$ 85.10 (8007)

   The assistant's fee payable to a maxillo-facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the account rendered.

5. The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the tariff fee of the procedure or procedures performed (8008).

   In cases where treatment is not listed in the dental tariff of fees for general practitioners or specialists then the appropriate fee listed in the medical tariff of fees shall be charged, and the medical tariff item must be indicated.

Code No	Procedure	N$
	Consultations and visits	
8901	Consultation at consulting rooms	92.90
8903	Consultation at hospital. nursing home or house . . .	103.20
8904	Subsequent consultation at consulting rooms, hospital,nursing home or house	50.30
8905	Weekend visits and night visits between 17:00 and 08:00 of the following day	149.60
8907	Subsequent consultations per week, to a maximum of	171.60
	Note: "Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same traumatic condition provided that such consultations occur within six months of the first consultation.	
	Investigations and records	
8107	Intra-oral radiographs, per film	32.30
	Maximum for 8107	259.30
8113	Occlusal radiographs	50.30
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric. P-A, hand-wrist, etc.)	136.70
	Maximum for treatment plan	340.60
8811	Tracing and analysis of extra-oral film	16.80
8117	Study models – unmounted	37.40
8119	Study models – mounted on adjustable articulator . . .	95.50
8121	Diagnostic photographs – per photograph	37.40
	Orthognathic Surgery and treatment Planning	
	Note: In the case of Treatment Planning requiring the combined services of an Orthodontist and a Maxillo-Facial and Oral surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist.	
8840	Treatment planning for orthoganthic surgery	411.50
8917	Biopsy: Intra-oral	192.20
8919	Biopsy of bone : Needle biopsy	327.70
8921	Biopsy of bone : Open	547.00

Code No	Procedure	N$
	Removal of teeth Note : Modifier 8002 is applicable to items 8201 to 8209 inclusive Extractions during a single visit	
8201	One tooth in quadrant	51.60
8202	Two teeth in same quadrant	72.20
8203	Three teeth in same quadrant	92.90
8204	Four teeth in same quadrant	114.80
8205	Five teeth in same quadrant	134.20
8206	Six teeth in same quadrant	156.10
8207	Seven teeth in same quadrant	175.40
8208	Eight teeth in same quadrant	197.40
	Note: Items 8201 to 8208 can be charged a further three quadrants.	
8975	Alveolotomy or alveolectomy - concurrent with or independent of extraction (per jaw)	451.50
8961	Auto-transplantation of teeth	739.20
8931	Local treatment of post-extraction (excluding treatment of bleeding in the case of blood dyscrasia e.g. haemophilia)	247.70
8933	Treatment of haemorrhage in the case of blood dyscrasia e.g. haemophilia. per week	887.50
8935	Treatment of post-extraction septic socket where patient is referred by another registered person	65.80
8937	Surgical removal of a tooth, i.e. - raising of mucoperiosteal flap, removal of bone and suturing	230.90
	Removal of root	
8953	Surgical removal of residual roots of first tooth	329.00
8955	Surgical removal of residual roots of each subsequent tooth. **See rule 011 and Notes 2 and 3**	
	Unerupted or impacted teeth	
8941	First tooth	553.40
8943	Second tooth	295.40
8945	Third tooth	169.00
8947	Fourth tooth	169.00

Code No	Procedure	N$
8951	Unusual position	636.00
	Diverse procedures	
8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication	1122.30
8909	Closure of oral antral fistula-acute or chronic	861.70
8910	Removal of roots from maxillary antrum	338.00
8911	Caldwell-Luc procedure	338.00
8965	Peripheral neurectomy	739.20
8966	Functional repair of orinasal fistula (local flaps) . . .	1157.80
8977	Major repairs of upper or lower jaw, i.e. by means of bone grafts or prosthesis, with jaw splintage. (Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure)	1777.60
8978	Harvesting of bone graft	336.70
	Surgical preparation of jaw for prosthetics	
8987	Reduction of mylohyoid ridges	763.70
8989	Torus palatines or mandibularis reduction	592.00
8991	Maxillary tuberoplasty	763.70
8993	Reduction of hypertrophic tuberosity, per side	340.60
	Excision of denture granuloma -refer to item 8971	
8995	Gingivectomy. per jaw	678.50
8997	Sulcoplasty/Vestibuloplasty	1695.10
8999	Deepening the vestibular suclus: Plastic repair	451.50
9001	Deepening the buccal/labial sulcus: Buccal inlay	1026.80
9003	Repositioning mental foramen and nerve, per side . . .	1026.80
9005	Alveolar ridge augmentation by bone graft	1726.00
9007	Alveolar ridge augmentation by alloplasmic material	1124.90
	Sepsis	
9011	Incision and drainage of pyogenic abscesses (intra-oral approach)	211.60
9013	Extra-oral approach, e.g. Ludwig's angina	287.70

Code No	Procedure	N$
9015	Apicectomy including retrograde filling where necessary – anterior teeth	370.20
9016	Apicectomy including retrograde filling where necessary - posterior teeth	740.50
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	1523.50
9019	Sequestrectomy – intra-oral	329.00
	Trauma	
	Treatment of associated soft tissue injuries	
9021	Minor	370.20
9023	Major	781.70
	Mandibular fractures	
9025	Treatment by closed reduction, with intermaxillary fixation	821.70
9027	Treatment of compound fracture, involving eyelet wiring	1153.30
9029	Treatment by metal cap splintage of Gunning's splints	1278.40
9031	Treatment of open reduction with restoration of occlusion by splintage	1892.40
	Maxillary fractures with special attention to occlusion	
9035	Le Fort I or Guerin fracture	1155.80
9037	LeFort II or middle third of face	1892.40
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage	2712.90
	ZygomaOrbit/Antral-Complex fractures	
9041	Gillies or temporal elevation	821.70
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation	1644.80
9045	Requiring multiple interosseous wiring of bone graft	2466.50
	Functional correction of malocclusions	
	Note: For items 9047 to 9072 the full fee may be charged i.e. Notes 2 and 3	
	(re Rule 011) will not apply.	
9047	Operation for the improvement of restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)	3452.00

Code No	Procedure	N$
9049	Anterior segmental osteotomy of mandible (Köle)	2876.70
9050	Total subapical osteotomy	5886.30
9051	Genioplasty	1644.80
9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy)	2689.70
9055	Maxillary posterior segment osteotomy (Schukardt) 1-2 stage procedure	2876.70
9057	Maxillary anterior segment osteotomy (Wassmund) 1-2 stage procedure	2876.70
9059	Le Fort I osteotomy - one segment	5412.80
9062	Le Fort I osteotomy - multiple segments	7123.40
9060	Le Fort I osteotomy with inferior repositioning and inter positional grafting	6269.40
9061	Palatal osteotomy	1902.80
9063	Le Fort II osteotomy for correction of facial enormities or faciostenosis and post-traumatic deformities	6910.50
9069	Functional tongue reduction (partial glossectomy)	1234.50
9071	Geniohyodotomy	739.20
9072	Functional closure of secondary orinasal fistula and associated structures with bone grafting (complete procedure)	5412.80
	Temporomandibular joint procedures	
	(Investigation as in preceding section)	
9073	Bite plate therapy for TMJ dysfunction	294.10
9074	Diagnostic arthroscopy	841.10
9075	Condylectomy or coronoidectomy or both (extra-oral approach or menisectomy)	1726.00
9076	Arthrocentesis TMJ	504.40
9053	Coronoidectomy (intra-oral approach)	1028.10
9077	Intra-articular injection, per injection	123.80
9079	Trigger point injection, per injection	98.00
9081	Condyle neck osteotomy (ward/Kostecka)	821.70
9083	Temporomandibular arthroplasty, e.g. eminenectomy (Le Clerk and Toller procedure)	2055.00

Code No	Procedure	N$
9085	Reduction of temporomandibular joint dislocation without anaesthetic	163.80
9087	Reduction of temporomandibular joint dislocation with anaesthetic	329.00
9089	Reduction of temporomandibular joint dislocation with anaesthetic and immobilisation	821.70
9091	Reduction of temporamandibular joint dislocation requiring open reduction	1726.00
9092	Total joint reconstruction with alloplasmic material or bone includes condylectomy and coronoidectomy	5641.20
	Salivary Glands	
9095	Removal of salivary gland	986.90
9066	Removal of salivary gland (extra-oral)	1513.20
	Implants (Prior permission must be obtained from the Commission)	
*9180	Placement of sub periosteal implant - Preparatory procedure/operation	1135.20
*9181	Placement of sub periosteal implant, prosthesis/operation	1135.20
*9182	Placement of endosteal implant, per implant	567.60
*9183	Placement of single osseointegrated implant per jaw	758.50
*9184	Placement of second osseointegrated implant in the same jaw	568.90
*9185	Placement of a third and subsequent osseointegrated implant in the same jaw, per implant	379.30
*9189	Cost of implants (See Rule 014)	
9190	Exposure of a single osseointegrated implant and placement of a transmucosal element	279.90
9191	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw	210.30
9192	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant	140.60
	***Note: For items 9180 to 9192 the full fee may be charged, i.e. note 2 of Rule 011 will not apply.**	