

REPUBLIC  
OF  
SOUTH AFRICA



REPUBLIEK  
VAN  
SUID-AFRIKA

# Government Gazette Staatskoerant

Vol. 379

PRETORIA, 29 JANUARY 1997  
JANUARIE 1997

No. 17741

## GOVERNMENT NOTICE

### DEPARTMENT OF LABOUR

**No. 137** 29 January 1997

COMPENSATION FOR OCCUPATIONAL INJURIES  
AND DISEASES ACT, 1993 (ACT No. 130 OF 1993)

I, Joachim Herbert Christian Kastner, Compensation Commissioner, hereby give notice that, after consultation with the Dental Association of South Africa, and acting under the powers vested in me by section 76 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), I prescribe the "Scale of Fees for Dental Aid" inclusive of the General Rules and General Modifiers applicable thereto, appearing in the Schedule to this notice, with effect from **1 February 1997**.

The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 February 1997 and **exclude VAT**.

**J. H. C. KASTNER**

**Compensation Commissioner**

## GOEWERMENSKENNISGEWING

### DEPARTEMENT VAN ARBEID

**No. 137** 29 Januarie 1997

WET OP VERGOEDING VIR BEROEPSBESERINGS  
EN -SIEKTES, 1993 (WET No. 130 VAN 1993)

Ek, Joachim Herbert Christian Kastner, Vergoedingskommissaris, maak hierby bekend dat ek, na beraadslaging met die Tandheekkundige Vereniging van Suid-Afrika en handelende kragtens die bevoegdheid my verleen by artikel 76 van die Wet op Vergoeding vir Beroepsbeserings en -siektes, 1993 (Wet No. 130 van 1993), die "Tarief vir Tandheekkundige Behandeling" met inbegrip van die Algemene Reëls en Algemene Wysigers wat daarop van toepassing is, en wat in die Bylae van hierdie kennisgewing verskyn, met ingang vanaf **1 Februarie 1997** voorskryf.

Die tariewe wat in die Bylae voorkom, is van toepassing op dienste wat op of na 1 Februarie 1997 gelewer word en **sluit BTW uit**.

**J. H. C. KASTNER**

**Vergoedingskommissaris**

**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 Commissioner whether he will accept financial responsibility in respect of such treatment.
- 004 In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a dental practitioner, such higher fee as may be agreed upon between the dental practitioner and the Commissioner, may be charged.
- Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the Scale of Fees should be charged.
- 005 Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated under the Compensation for Occupational Injuries and Diseases 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.

**BYLAE****TARIEF VIR TANDHEELKUNDIGE DIENSTE****ALGEMENE REËLS BETREFFENDE DIE TARIEF**

- 001 'n Konsultasie sluit 'n ondersoek en kratering in. Geen verdere konsultasiegeld mag gehef word alvorens die behandelingsplan wat uit hierdie aanvanklike konsultasie voorspruit, afgehandel is nie. Hierdie reël is van toepassing slegs op tariefitems 8101 en 8103.
- 002 Uitgesonderd in die gevalle waar die bedrag vasgetel word "volgens ooreenkoms", moet die bedrag vir die lewering van 'n diens wat nie in die tariefflys vermeld word nie, gebaseer word op die bedrag vir 'n vergelykbare diens wat wel daaring vermeld word.
- 003 In die geval van 'n langdurige of duur tandheelkundige diens of prosedure, moet die tandarts vooraf by die Kommissaris vasstel of hy geldelike aanspreeklikheid vir sodanige behandeling sal aanvaar.
- 004 In buitengewone gevalle waar die tariefgeld buite verhouding laag is met betrekking tot die werklike dienste deur 'n tandarts gelewer, kan sodanige hoër gelde gehef word soos deur die tandarts en die Kommissaris ooreenkom.
- Aan die ander kant, as die gelde buite verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as die wat in die tarief aangegee word, gevra word.
- 005 Behalwe in buitengewone gevalle moet die dienste van 'n spesialis beskikbaar wees slegs op die aanbeveling van die tandarts of algemene praktisyn wat oor die geval gaan. Praktisyne wat gevalle verwys, moet vir die spesialis aandui dat die pasiënt kragtens die Wet op Vergoeding vir Beroepsbeserings en - siektes behandel word.
- 007 "Gewone spreekure" is tussen 08:00 en 17:00 op weksdae en tussen 08:00 en 13:00 op Saterdag.
- 008 'n Tandarts moet sy rekening ten opsigte van behandeling kragtens die Wet aan die betrokke werknemer se werkgewerstuur.

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

010 Fees charged by dental technicians for their services(+L) shall be shown on the dentist's account against the code 8099. Such dentist's account shall be accompanied by the actual account of the dental technician (or a copy thereof) and the account of the dental technician shall bear the signature of the dentist (or the person authorised by him/her) as proof of - that it has been compiled correctly. "L" compdses 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
	<u>R (X + Y)</u>

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 a maximum of R146,70.
8006	50% of the appropriate scheduled fee.
8007	15% of the appropriate scheduled fee.

009 Tandartse in algemene praktyk is daartoe geregtig om twee derdes van die gelde van spesialiste te vra slegs vir behandeling wat nie in die tarieflys vir tandartse in algemene praktyk aangegee word nie. 'n Spesialis wat 'n behandeling uitvoer of wat nie aangegee word in die tarieflys vir sy spesialiteit nie, moet dieselfde geld vra as die vir tandartse in algemene praktyk of, indien sedanige behandeling nie in die tarieflys vir tandartse in algemene praktyk aangegee word nie, dan twee derdes van die geld in die toepaslike spesialistadefiys. Op die rekening moet sodanige behandeling aangetoon word teenoor die kode 8004.

010 Die geld wat 'n tandtegnikus vra (+L), moet op die tandarts se rekening aangedui word teenoor die kode 8099. Sodanige rekening van die tandarts moet vergesel gaan van die werklike rekening van die tandtegnikus (of 'n afskrif daarvan), en die rekening van die tandtegnikus moet die handtekening van die tandarts (of sy gevolmagtigde) dra as bewys dat dit korrek saamgestel is. "L" bestaan uit die geld wat die tandtegnikus vir sy dienste vra, asook uit die koste van tande. Byvoorbeeld, tariefitem 8231 word soos volg gespesiseer:

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

011 Ter aanpassing van spesifieke tariefitems by sekere omstandighede is dit nodig om onderstaande wysigers op die rekening aan te bring:

8002	Die toepaslike geld plus 50%.
8003	Die toepaslike geld plus 10%.
8004	Twee-derdes van die toepaslike geld.
8005	Die toepaslike geld tot 'n maksimum van R146,70.
8006	50% van die toepaslike geld.
8007	15% van die toepaslike geld.



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| <p>8008 The appropriate scheduled fee plus 25%.</p> <p>8009 75% of the appropriate scheduled fee.</p>  | <p>8008 Die toepaslike geld plus 25%.</p> <p>8009 75% van die toepaslike geld.</p>   |
| <p>012 In case where treatment is not listed in the dental tariff of fees for dentists in general practice or specialists then the appropriate fee listed in the medical tariff of fees shall be charged.</p>  | <p>012 In gevalle waar behandeling nie in die tandheel- kundige geldetarief vir tandheelkundige dienste gelewer deur algemene tandheelkundige praktisyns of spesialiste gelys is nie, word die toepaslike gelde, soos gelys in die mediese geldetarief, gehef.</p>   |
| <p>013 Cost of material: This item provides for a charge for material where specifically indicated against the relative Code Items by the words (see rule 013). Material to be charged for in these instances at cost plus 35%.</p>  | <p>013 Koste van materiaal: Hierdie item maak voorsiening vir die her van gelde vir materiaal waar uitdruklik aangedui deur die woorde (sien Reel 013). Kosprys plus 35% kan in hierdie gevalle gehef word vir materiaal.</p>  |
| <p>014 Cost of prostheses—cost price + 20% with a maximum of R751,90.</p>  | <p>014 Koste van prosteses—kosprys + 20% met 'n maksimum van R751,90.</p>  |
| <p>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.</p>   | <p>015 Betaling sal slegs gedoen word vir dienste indien dit regstreeks uit die ongeval voortspruit. Geen aanspreeklikheid sal byvoorbeeld ten opsigte van goud inlegsels in gebreekte kunsgebite aanvaar word nie waar dit bloot om kosmetiese redes gedoen word.</p>   |
| <p>016 Where a general anaesthetic is administered by a dental practitioner, the fee charged shall be set out in item 8499.</p>  | <p>016 Waar 'n algemene narkose deur 'n tandarts toege- dien word, moet die vordering daarvoorwees soos in item 8499 uiteengesit.</p>  |
| <p>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.</p>  | <p>017 8279 en 8281 Metaal Voile- en Gedeeltelike Kuns- gebit met Metaalbasis: Die gelde vir hierdie items verwys slegs na die metaalbasis. Addisionele gelde word gehef vir die volle- of gedeeltelike kunsgebit wat aan die basis geheg word.</p>  |
| <p>018 Payment of a fee in respect of treatment not listed in the Scale of Fees but for which the Commissioner has agreed to accept liability, and of any fee reflected in respect of a service listed in the Scale of Fees, shall be in full and final settlement for the treatment or procedure given to the workman as is contemplated under section 76 of the Act in respect of medical practitioners.</p> | <p>018 Betaling ten opsigte van behandeling wat nie in die tarief ingesluit is nie, maar ten opsigte waarvan die Kommissaris aanspreeklikheid aanvaar het, asook die van enige bedrag wat aangegee word vir 'n diens wat in die tarief ingesluit is, is in volle en finale vereffening vir die behandeling of prosedure wat aan die werksman gelewer is, soos in artikel 76 van die Wet in die geval van geneeshere bedoel word.</p> |



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

- 019 Tensy stappe vroegtydig gedoen word om 'n afspraak vir 'n konsultasie te kanselleer, sal die werk- nemer aanspreeklik wees vir die konsultasiegeelde.

#### Explanations:

##### 8132 Emergency Root Canal Treatment

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 for the partial or full denture which is fitted to the base.

#### Verduidelikings:

##### 8132 Noodbehandeling van die Wortelkanaal

'n Nood-wortelkanaalbehandeling (8132) mag nie gelyktydig met 'n voltooide wortelkanaalbehandeling uitgevoer word nie, ook mag geen ander endontiese gelde gehef word tydens dieselfde besoek nie.

##### 8279 and 8281 Voile- en Gedeeltelike Kunsgebitte met Metaalbasis

Die gelde vir hierdie items verwys slegs na die metaalbasis. Addisionele gelde word gehef vir die voile- of gedeeltelike kunsgebit wat aan die basis geheg word.

#### GENERAL DENTAL PRACTITIONERS

CODE No.	PROCEDURE	R
	<b>Consultations</b>	
8101	Consultation at surgery	42,20
8103	Consultation at home or hospital	57,90
8104	Consultation for a specific problem not requiring full month examination, charting and treatment planning.	28,10
	<b>Diagnostic procedures</b>	
8107	Intra-oral radiographs, per film	27,10
	Maximum	216,00
8113	Occlusal radiographs	42,20
8115	Extra-oral radiograph, per film (i.e. panoremic, cephalometric P-A hand-wdst etc.)	111,50
	Maximum for the treatment plan	279,20
8811	Tracing and analysis of extra-oral film	13,50
8117	Study models - unmounted	30,50+L
8119	Study models - mounted on adjustable articulator	78,20+L

#### ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

KODE No.	PROSEDURE	R
	<b>Konsultasies</b>	
8101	Konsultasie in spreekkamer	42,20
8103	Konsultasie in hospitaal or tuis	57,90
8104	Konsultasie vir 'n spesifieke probleem wat nie vollemondse ondersoek, katering en behandelingsbeplanning benodig nie.	28,10
	<b>Diagnostiese prosedures</b>	
8107	Binnemondse rontgenfoto's, perfilm	27,10
	Maksimum	216,00
8113	Okklusale rontgenfoto's	42,20
8115	Buitemondse rontgenfoto, per film (i.e. panoramies, kefalometries, P-A, hand-gewrig, ens.)	111,50
	Maksimum vir die behandelingsplan	279,20
8811	Natrek en ontleding van buitemondse röntgenfoto	13,50
8117	Studiemodelle - ongemonteer	30,50+L
8119	Studiemodelle - op verstelbare artikulator gemonteer	78,20+L

CODE No.	PROCEDURE	R
8121	Diagnostic photographs - per photograph	30,50
	<b>Treatment procedures</b>	
8129	Additional fee for emergency treatment rendered <b>outside normal working hours</b> including emergency treatment carried out at hospital	102,10
8131	Emergency treatment for relief of pain where no other tariff item is applicable	42,20
8132	Emergency root canal treatment	68,10
8133	Re-cementing of inlays, crowns or bridges - per abutment	42,20+L
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure	82,90
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	32,80
8137	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	141,70+ L
8138	Pre-formed metal crown emergency procedure	86,40
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case	68,10
	<b>Note:</b>  <b>This item refers to additional treatment carried out as a result of the consultation referred to under items 8101 and 8103.</b>	
	<b>Miscellaneous services</b>	
8141	Inhalation sedation--first quarter-hour or part thereof	29,50
8143	Per additional quarter-hour or part thereof	16,10

KODE No.	PROSEDURE	R
8121	Diagnostiese foto's - per foto	30,50
	<b>Behandelingsprosedures</b>	
8129	Bykomende gelde vir noodgevalle, waar die behandeling <b>buite die normale spreekure uitgevoer is</b> (insluitende behandeling wat by 'n hospitaal uitgevoer is)	102,10
8131	Noodbehandeling vir pynverligting waarop geen ander tariefitem van toepassing is nie	42,20
8132	Noodbehandeling van wortelkanaal	68,10
8133	Hersementering van inlegsels, krone of brûe - per ankertand	42,20+L
8135	Verwydering van inlegsels en krone (per eenheid) en brûe (per ankertand) as 'n noodprosedure	82,90
8136	Toegang deur protetiese kroon of inlegsel om wortelkanaalbehandeling te vergemaklik	32,80
8137	Noodkroon (nie van toepassing op plasing van tydelike kroon gedurende roetine kroon- en brugvoorbereidings nie).	141,70+ L
8138	Voorafvervaardigde metaalkroon as noodprosedure	86,40
8139	Bykomende gelde vir behandeling onder algemene narkose of hospitaal- of tuis-besoeke, per geval	68,10
	<b>Let wel:</b>  <b>Hierdie item verwys na aanvullende behandeling wat uitgevoer is as gevolg van die konsultasie waarna onder item 8101 en 8103 verwys word.</b>	
	<b>Diverse dienate</b>	
8141	Inhaleringskalmering--eerste kwartier of gedeelte daarvan	29,50
8143	Elke bykomende kwartier of gedeelte daarvan	16,10

CODE No.	PROCEDURE	R
	<b>Note:</b> <b>No additional fee to be charged for gases used in the case of items 8141 and 8143.</b>	
8144	Intravenous sedation	19,60
8145	Local anaesthetic, per visit	6,90
8110	Provision of sterile tray for surgical procedures	17,10

KODE No.	PROSEDURE	R
	<b>Opmerking:</b> <b>Geen addisionele gelde mag gehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143.</b>	
8144	Intraveneuskalmering	19,60
8145	Plaaslike verdowing, per besoek	6,90
8110	Voorsiening van 'n instrumentlaai vir chirurgiese prosedure	17,10

**E. ORAL SURGERY (See Rule 011)**

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 R100,20 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—

(M) 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 pro- longed or special nature, such fee as may be agreed upon the practitioner and the Commissioner may be charged.

3. The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with a minimum of R60,30 (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 Commissioner

**E. MONDCHIRURGIE (Kyk reël 011)**

1. Die gelde vir meer as een operasie of prosedure vir dieselfde insnyding uitgevoer, word bereken as die geld vir die hoofoperasie tot 'n maksimum van R100,20 vir elke sodanige operasie of prosedure (8005).

2. Die gelde vir meer as een operasie of ingreep onder dieselfde narkose maar via 'n ander insnyding uitgevoer, word bereken as die geld vir die hoofoperasie plus—

75% vir die tweede prosedure/operasie (8009)  
(W) 50% vir die derde prosedure/operasie (8006)

Indien daar binne vier maande 'n tweede operasie vir dieselfde toestand of besering uitgevoer word, is die geld vir die tweede operasie die helfte van die eerste. Die tariefgeld vir 'n operasie sluit in, tensy daar anders vermeld word, die normale na-operatiewe versorging vir 'n tydperk van hoogstens vier maande. Indien 'n praktisyn nie self die na-operatiewe versorging voltooi nie, moet hy reël dat dit voltooi word sonder bykomende heffing met dien verstande dat, in die geval van na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard, sodanige gelde gehef kan word as waarop die praktisyn en die Kommissaris ooreengekom het.

3. Die bedrag aan 'n algemene praktisyn assistent betaalbaar word bereken op 15% van die gelde van die praktisyn wat die operasie uitvoer, met 'n minimum van R60,30 (8007). Die pasiënt moet vooraf in kennis gestel word dat 'n tweede tandarts by die operasie teenwoordig sal wees en dat 'n fooi aan die tandarts betaalbaar sal wees. Die naam van die assistent moet op die rekening wat aan die Kommissaris gelewer word, verskyn.



## GENERAL DENTAL PRACTITIONERS

CODE No.	PROCEDURE	R
8192	Treatment of soft tissue injury  <b>Implants: (Prior permission must be obtained from the Commissioner)</b>	209,90
8193	Osseointegrated abutment, per abutment	651,20
8194	Placement of a single osseointegrated implant per jaw	418,80
8195	Placement of a second osseointegrated implant in the same jaw	313,40
8196	Placement of a third and subsequent osseointegrated implant in the same jaw per implant	209,20
8197	Cost of implants (see rule 014)	
8198	Exposure of a single osseointegrated implant and placement of a transmucosal element	155,20
8199	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw	116,40
8200	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant  <b>Note:</b> <b>For items 8194 to 8200 the full fee may be charged, i.e. Notel above will not apply.</b>  Extractions during a single visit	77,70
8201	One tooth in a quadrant	42,20
8202	Two teeth in same quadrant	59,20
8203	Three teeth in same quadrant	75,10
8294	Four teeth in same quadrant	93,40
8205	Five teeth in same quadrant	110,10
8206	Six teeth in same quadrant	125,80

## ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

KODE No.	PROSEDURE	R
8192	Behandeling van sagteweefselbeserings  <b>Inplantate: (Vooraf goedkeuring moet van die Kommissaris verkry word)</b>	209,90
8193	Been-geïntegreerde ankertand, per ankertand	651,20
8194	Plasing van een osseo-integreerde implantaat per kaak	418,80
8195	Plasing van tweede osseo-integreerende implantaat in dieselfde kaak	313,40
8196	Plasing van 'n derde en daaropvolgende osseo-integreerende implantaat in die selfde kaak, per implantaat	209,20
8197	Kostevan implantaat (sien Reel 014)	
8198	Blootlegging van een osseo-integreerende implantaat en plasing van 'n transmukosale element	155,20
8199	Blootlegging van 'n tweede osseo-integreerende implantaat en plasing van 'n transmukosale element in dieselfde kaak	116,40
8200	Blootlegging van 'n derde en daaropvolgende osseo-integreerende implantaat in dieselfde kaak, per implantaat  <b>Let wel:</b> <b>Vir Items 8194 tot 8200 mag die volle geld gehef word, d.w.s. Nota hierbo is nie van toepassing nie.</b>  Ekstraksies ten tyde van enkele besoek	77,70
8201	Een tand in 'n kwadrant	42,20
8202	Twee tande in dieselfde kwadrant	59,20
8203	Drie tande in dieselfde kwadrant	75,10
8294	Vier tande in dieselfde kwadrant	93,40
8205	Vyf tande in dieselfde kwadrant	110,10
8206	Ses tande in dieselfde kwadrant	125,80

CODE No.	PROCEDURE	R
8207	Seven teeth in same quadrant	142,90
8208	Eight teeth in same quadrant	161,00
	<b>Note:</b>	
	<b>Item 8201 to 8208 can be charged for a further three quadrants.</b>	
8209	Surgical removal of a tooth, i.e. raising of mucoperiosteal flap, removal of bone and suturing	129,60
	<i>Unerrupted or impacted teeth</i>	
8210	First tooth	303,50
8211	Second tooth	162,90
8212	Third and subsequent teeth, per tooth	92,70
	<i>Removal of roots</i>	
8213	Surgical removal of residual roots of first tooth	187,10
8214	Surgical removal of residual roots of each subsequent tooth (see Notes 1 and 2 above).	
	<b>Para-Orthodontic Surgical Procedures</b>	
8215	Surgical exposure of impacted or unerupted teeth for orthodontic reasons	350,50
8216	Frenectomy	256,60
8220	Use of suture provided by practitioner see Rule 013)	22,60
8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophita)	29,50
	Each additional visit	20,70
	Treatment of septic socket	29,50
	Each additional visit	20,70

KODE No.	PROSEDURE	R
8207	Sewe tande in dieselfde kwadrant	142,90
8208	Agt tande in dieselfde kwadrant	161,00
	<b>Let wel:</b>	
	<b>Item 8201 tot 8208 kan gehef word vir 'n verdere drie kwadrante.</b>	
8209	Chirurgiese verwydering van 'n tand d.w.s. maak van mukoperiosteale flap verwydering van been en hegting	129,60
	<i>Ongeerupteerde of bekleemde tande</i>	
8210	Eerste tand	303,50
8211	Tweede tand	162,90
8212	Derde en daaropvolgende tande, per tand	92,70
	<i>Verwydering van wortels</i>	
8213	Chirurgiese verwydering van wortelreste van eerstetand	187,10
8214	Chirurgiese verwydering van wodelreste van elke daaropvolgende tand (verwys Notas 1 en 2 hierbo).	
	<b>Paraortodontiese Chirurgiese Prosedure</b>	
8215	Chirurgiese blootlegging van bekleemde of ongeerupteerde tande om ortodontiese redes	350,50
8216	Frenektomie	256,60
8220	Gebruik van hegting wat deur praktisyn verskaf is (Sien Reel 013)	22,60
8221	Lokale behandeling van postekstraksie bloeding (uitgesonderd behandeling van bloeding in die geval van bloedsiektes bv. hemofi-e)	29,50
8223	Elke bykomende besoek	20,70
8225	Behandeling van septiese tandkas	29,50
8227	Elke bykomende besoek	20,70

CODE No.	PROCEDURE	R
8228	Incision and drainage of pyogenic abscess (intra-oral approach)	120,00
8229	Apicectomy including retrograde filling where necessary--incisors and canines	209,90
<b>Prosthetics</b>		
8231	Full upper and lower dentures. (See footnote below 8267)	671,40+L
8232	Full upper or lower dentures. (See footnote below 8267)	413,80
8233	Partial denture, one tooth	192,20+L
8234	Partial denture, two teeth	192,20+L
8235	Partial denture, three teeth	287,30+L
8236	Partial denture, four teeth	309,30+L
8237	Partial denture, five teeth	287,30+L
8238	Partial denture, six teeth	382,90+L
8239	Partial denture, seven teeth	382,90+L
8240	Partial denture, eight teeth	382,90+L
	Partial denture--nine or more teeth	382,90+L
8243	Additional fee where a soft base is incorporated with items 8231-8241	59,20+L
8255	Stainless steel clasp or rest per clasp or rest	39,80+L
8257	Lingual bar or palatal bar	48,00+L
<b>Note:</b>		
<b>Where items 8281 or 8269 are applied, items 8255 or 8257 may not be charged.</b>		
8259	Re-base, per denture	158,00+L
8261	Re-model, per denture	257,50+L
8263	Re-line--self-curing hard conditioner acrylic, per denture	98,80+L

KODE No.	PROSEDURE	R
8228	Lansering en dreining van piogene absesse (binnemondse toegang)	120,00
8229	Apisektomie insluitend retrograde herstelling waar nodig--snytande en oogtande	209,90
<b>Prostetika</b>		
8231	Voile bo- en onderkunsgebit. (Sien voetnota onder 8267)	671,40+L
8232	Voile bo- en onderkunsgebit. (Sien voetnota onder 8267)	413,80
8233	Gedeeltelike kunsgebit met een tand	192,20+L
8234	Gedeeltelike kunsgebit met twee tande	192,20+L
8235	Gedeeltelike kunsgebit met drie tande	287,30+L
8236	Gedeeltelike kunsgebit met vier tande	309,30+L
8237	Gedeeltelike kunsgebit met vyf tande	287,30+L
8238	Gedeeltelike kunsgebit met ses tande	382,90+L
8239	Gedeeltelike kunsgebit met sewe tande	382,90+L
8240	Gedeeltelike kunsgebit met agt tande	382,90+L
8241	Gedeeltelike kunsgebit met nege of meer tande	383,90+L
8243	Bykomende gelde waar 'n sagte basis met items 8231-8241 ingelyf is	59,20+L
8255	Klammer of rus van vlekvrystaal, per klammer of rus	39,80+L
8257	Linguale stang of palatale stang	48,00+L
<b>Let wel:</b>		
<b>Waar items 8281 of 8269 toegepas word, mag items 8255 of 8257 nie gevra word nie.</b>		
8259	Herbasering, per kunsgebit	158,00+L
	Hermodellering, per kunsgebit	257,50+L
8263	Opvulling--Selfverhardende harde akriel, per kunsgebit	98,80+L



CODE No.	PROCEDURE	R
8265	Tissue conditioner and soft self-cure interim relines, per denture	65,60+ L
8267	Soft base relines per denture (heat cured).	227,90+L
	<b>Note:</b> <b>Not applicable when items 8231 to 8241 are carried out concurrently.</b>	
8269	Repair of denture or other intra-oral appliance	55,10+L
	Additional fee where impression is required for 8269	29,50+L
8279	Metal base to full denture, per denture	205,80+L
8281	Metal base to partial denture, per denture	511,30+ L
	<b>Note:</b> <b>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.</b> <b>2. Where item 8281 is applied, items 8255 and 8257 cannot be charged.</b>	
	<b>Conservative dentistry</b>	
	<b>Note:</b> <b>1. The SAMDC has ruled that, with the exception of Diagnostic Intra-oral Radiographs, fees for only three further intra-oral Radiographs may be charged for each completed Root Canal Therapy on a single-canal tooth; or a further five Intra-oral Radiographs for each completed Root Canal Therapy on a multi-canal tooth.</b>	

KODE No.	PROSEDURE	R
8265	Weefselopknapper en sagte selfverhardende interimopvulling, perkunsgebit.	65,60+ L
8267	Sagte basis opvulling, perkunsgebit (met hitte verhard)	227,90+L
	<b>Let wel:</b> <b>Waar items 8231 tot 8241 gelyktydig uitgevoer is, mag hierdie item nie gevra word nie.</b>	
8269	Herstelling van kunsgebit of ander binnemonds-toestel	55,10+L
8273	Bykomende gelde waar 'n afdruk nodig is vir 8269	29,50+L
8279	Metaalbasis vir volle kunsgebit, per gebit	205,80+L
8281	Metaalbasis vir gedeeltelike kunsgebit, per gebit	511,30+ L
	<b>Let wel:</b> <b>1. Die gelde vir items 8279 en 8281 verwys slegs na die betaalbasis. Addisionele gelde word gehef vir die volle of gedeeltelike kunsgebit wat aan die basis geheg word.</b> <b>2. Waar item 8281 toegepas word, kan items 8255 en 8257 nie gevra word nie.</b>	
	<b>Konserwatiewe tandheelkunde</b>	
	<b>Let wel</b> <b>1. Die SAGTR het beslis dat, met uitsondering van diagnostiese binnemondse Rontgenfoto's, gelde vir slegs drie verdere binnemondse Rontgenfoto's gevra mag word vir elke voltooide Wortelkanaal-terapie op 'n enkel kanaal tand en 'n verdere vyf Rontgenfoto's vir elke voltooide Wortelkanaal-terapie op 'n veelkanaal tand.</b>	

CODE No.	PROCEDURE	R
	<b>2. Where Rubber Dam is used for the Endodontic and Bleaching procedures, Code 8304 may be applied.</b>	
	<i>Endodontics</i>	
8132	Emergency root canal treatment	68,10
	<b>Note:</b> <b>If an emergency root canal treatment is followed by the completed root treatment at the same visit item 8132 cannot be charged.</b>	
8301	Direct pulp capping	19,60
8303	Indirect pulp capping where permanent filling is not completed at same visit	54,70
	<b>Note:</b> <b>Where Rubber Dam is applied for the endodontic procedures listed below, item 8304 may be applied.</b>	
8304	Application of Rubber Dam, per arch (irrespective of number teeth treated), when items 8133, 8307, 8330, 8334-8336, 8351-8354 are carried out	
8307	Amputation of pulp (pulpotomy)	33,00
8330	Removal of fractured post or instrument/bypassing fractured endodontic instrument	55,40
	<i>Preparatory Visits (obturation not done at same visit)</i>	
8332	Single canal tooth, per visit	42,20
	Maximum for 8332	169,00

KODE No.	PROSEDURE	R
	<b>2. Waar Kofferdam gebruik word vir Endodontsie en Bleiking prosedures, mag Kode 8304 aangewend word.:</b>	
	<i>Endodontsie</i>	
8132	Noodbehandeling van wortelkanaal	68,10
	<b>Let wel:</b> <b>Indien 'n nood-wortelkanaal tydens dieselfde besoek permanent gevul word (voltooide wortelkanaal-behandeling) mag item 8132 nie gevra word nie.</b>	
8301	Direkte pulpa-oorkapping	19,60
8303	Indirekte pulpa-oorkapping waarvoor die permanente herstelling nie gedurende dieselfde besoek voltooi word nie	54,70
	<b>Let wel:</b> <b>Waar 'n Kofferdam aangewend word vir die endodontiese prosedures hieronder genoem, mag item 8304 toegepas word.</b>	
8304	Aanwending van Kofferdam, per boog (ongeach die aantal tande herstel) wan neer items 8133, 8307, 8330, 8334-8336, 8351-8354 uitgevoer word	
8307	Amputasie van pulpa (pulpotomie)	33,00
8330	Verwydering van gefrakteurde stif of instrument/omleiding om 'n gefrakteurde endodontiese instrument	55,40
	<i>Voorbereidingsbesoeke (obturasie nie tydens dieselfde besoek gedoen nie)</i>	
8332	Enkelkanaaltand, per besoek	42,20
	Maksimum vir 8332	169,00

CODE No.	PROCEDURE	R
8333	Multi-canal tooth, per visit	58,60
	Maximum for 8333	234,50
8334	Re-preparation of previously obturated canal, per canal	62,40
	<i>Obturation of root canal completed at a second or subsequent visit</i>	
8335	First canal--excluding molars	192,30
8336	First canal--molars	264,10
8337	Additional canals, per canal (applicable to all teeth)	78,20
	<i>Preparation and obturation of root canals completed at a single visit</i>	
8338	First canal--excluding molars	293,20
8339	First canal--molars	402,80
8340	Additional canals--per canal	98,30
	<b>Conservative dentistry (continued)</b>	
	<i>Plastic restorations</i>	
8341	One surface	45,30
8342	Two surfaces	62,50
8343	Three surfaces	82,90
8344	Four or more surfaces	102,10
8345	Preformed post reinforcement per post	61,30
8347	Pin retention for restoration, per pin	42,20
	Maximum for 8347	83,90
	<i>Plastic restoration (using acid etch technique)</i>	
8304	Application of Rubber Dam per arch (irrespective of number of teeth treated)	34,00
8351	One surface on anterior tooth	52,00
8352	Two surfaces on anterior tooth	70,00
8353	Three surfaces on anterior tooth	90,10

KODE No.	PROSEDURE	R
8333	Veelkanaaltand, per besoek	58,60
	Maksimum vir 8333	234,50
8334	Hervoorbereiding van kanaal wat voorheen geobtureer was, per kanaal	62,40
	<i>Obturasie van wortelkanaal gedurende 'n tweede of daaropvolgende besoek voltooi</i>	
8335	Eerste kanaal--uitsluitend molare	192,30
8336	Eerste kanaal- molare	264,10
	Bykomende kanale, per kanaal (van toepassing op alletande)	78,20
	<i>Voorbereiding en obturasie van wortelkanale gedurende een besoek voltooi</i>	
8338	Eerste kanaal--uitsluitend molare	293,20
8339	Eerste kanaal--molare	402,80
8340	Bykomende kanale--per kanaal	98,30
	<b>Konserwatiewe tandheelkunde (vervolg)</b>	
	<i>Plastiese herstellings</i>	
8341	Een vlak	45,30
8342	Twee vlakke .....	62,50
8343	Drie vlakke	82,90
8344	Vier of meer vlakke	102,10
	Voorafvervaardigde stifversterking, per stif	61,30
8347	Penversterking vir herstelling per pen	42,20
	Maksimum vir 8347	83,90
	<i>Plastiese herstellings (met gebruik van suur-etstegniek)</i>	
8304	Aanwending van Kofferdam, per boog (ongeach die aantal tande herstel)	34,00
8351	Een vlak op voortand	52,00
8352	Twee vlakke op voortand	70,00
8353	Drie vlakke op voortand	90,10



CODE No.	PROCEDURE	R
8354	Four or more surfaces on anterior tooth	108,80
8367	One surface on premolar or molar	65,10
8368	Two surfaces on premolar or molar	88,10
8369	Three surfaces on premolar or molar	112,60
8370	Four or more surfaces on premolar or molar	136,50
8355	Composite Veneers (Direct)	134,40
8356	Bridge per abutment	195,40+L
	Per pontic (see 8420, 8422, 8424)	
8357	Preformed metal crown	89,30
	<b>Inlays</b>	
	<i>Metal inlays</i>	
8361	One surface	131,60+L
8362	Two surfaces	192,20+L
8363	Three surfaces	387,60+L
8364	Four surfaces	387,60+L
8365	Five surfaces	387,60+L
8366	Pin retention as part of cast restoration, irrespective of number of pins	65,10
	<i>Ceramic/Resin Bonded Inlays</i>	
8371	One surface	131,60+L
8372	Two surfaces	192,20+L
8373	Three surfaces	320,70+L
8374	Four surfaces	387,60+L
8375	Five surfaces	387,60+L
	<b>Note:</b>	
	<b>1. In some of the above cases (e.g. Direct Hybrid Inlays) +L may not necessarily apply.</b>	

KODE No.	PROSEDURE	R
8354	Vier of meer vlakke op voortand	108,80
8367	Een vlak op voorkiestand of kiestand	65,10
8368	Twee vlakke op voorkiestand of kiestand	88,10
8369	Drie vlakke op voorkiestand of kiestand	112,60
8370	Vier of meer vlakke op voorkiestand of kiestand	136,50
8355	Harsfinere (Direkte)	134,40
8356	Brug per ankertand	195,40+L
	Per foptand (kyk 8420, 8422, 8424)	
8357	Voorafgevormde metaalkroon	89,30
	<b>Inlegsels</b>	
	<i>Metaalinlegsels</i>	
8361	Een vlak	131,60+L
8362	Twee vlakke	192,20+L
8363	Drie vlakke	387,60+L
8364	Viervlakke	387,60+L
8365	Vyf vlakke	387,60+L
8366	Penretensie as deel van gegote herstelling, ongeag aantal penne	65,1
	<i>Keramiek/Harsgebonde Inlegsels</i>	
8371	Een vlak	131,60+L
8372	Tweevlakke	192,20+L
8373	Drie vlakke	320,70+L
8374	Viervlakke	387,60+L
8375	Vyf vlakke	387,60+L
	<b>Let wel:</b>	
	<b>1 In sommige van bogenoemde gevalle (bv. direkte gemengde hars inlegsels) mag +L nie noodwendig van toepassing wees nie.</b>	

CODE No.	PROCEDURE	R
	<b>2. In cases where the direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used.</b>	
	<i>Preformed Post and Core</i>	
8376	Single post and core	107,00
	Double post and core	169,10
8378	Triple post and core	230,30
	<b>Note:</b>	
	<b>Above items are inclusive of pins.</b>	
	<i>Post with thimble or coping</i>	
8391	Single post	98,80+L
8393	Binary post	158,00+L
8395	Triple post	227,90+L
8396	Coping	64,80+L
8397	Cast core with pins	158,00+L
8398	Plastic core for crown (built up in amalgam, glass-ionomer or composite) on pin reinforcing irrespective of number, of pins	158,00
	<b>Note:</b>	
	<b>Where no pins or posts are used in the construction of a core, the appropriate restoration code applies.</b>	
	<i>Crowns</i>	
8401	Coast full crown	460,40+L
8403	Cast three-quarter crown	460,40+L
8405	Acylic jacket crown	393,00+L
8407	Acylic veneered crown	491,50+L
8409	Porcelain jacket crown	491,50+L
8411	Porcelain veneered crown	491,50+L
8413	Facing replacement	96,50+L
8414	Additional fee for provision of crown within an existing clasp or rest	30,30+L

KODE No.	PROSEDURE	R
	<b>2. In gevalle waar die direkte gemengde hars inlegsels gebruik word en + L nie van toepassing is nie, mag Wysiger 8008 gebruik word.</b>	
	<i>Voorafvervaardigde Stif en Kern</i>	
8376	Enkel stif en kern.	107,00
8377	Tweeledige stif en kern	169,10
8378	Driededige stif en kern	230,30
	<b>Let wel:</b>	
	<b>Bogenoemde items sluit penne in.</b>	
	<i>Stif met kappie of vingerhoed</i>	
8391	Enkele stif	98,80+L
8393	Tweeledige stif	158,00+L
8395	Driededigestif	227,90+L
8396	Vingerhoede	64,80+L
8397	Gegote kern met penne	158,00+L
8398	Plastiese kern vir kroon (opgebou met amalgaam, glas-ionomeer of komposiet) op penversterking ongeag aantal penne	158,00
	<b>Let wel:</b>	
	<b>Waar geen penne of stifte gebruik word in die konstruksie van 'n kern nie, is die toepaslike herstellingskode van toepassing.</b>	
	<i>Krone</i>	
8401	Gegote volle kroon	460,40+L
8403	Gegote driekwartkroon	460,40+L
8405	Akrieldopkroon	393,00+L
8407	Akrielfineerde kroon	491,50+L
8409	Porseleindopkroon	491,50+L
8411	Porseleingefineerde kroon	491,50+L
8413	Vervanging van gesigstuk	96,50+L
8414	Bykomende fool vir voorsiening van 'n kroon binne 'n bestaande klammer of rus	30,30+L

CODE No.	PROCEDURE	R
	<b>Resin bonded retainers</b>	
	Maryland Bridges (see 8356)	
	Per pontic (see 8420, 8422, 8424)	
	Bridges (retainers as above)	
8420	Sanitary pontic	240,00+L
8422	Poster or pont c	320,70+L
8424	Anterior pontic including premolars	401,60+L
	<b>General anaesthetics</b>	
8499	The relevant items in the tariff of fees for medical services as published in <i>Government Gazette</i> No. 16120 of 23 December 1994 shall apply to all general anaesthetics in dental procedures	

KODE No.	PROSEDURE	R
	<b>Harsgebonde ankers</b>	
	Maryland Brûe (kyk 8356)	
	Per foptand (kyk 8420, 8422, 8424)	
	Brûe (ankers soos hierbo)	
8420	Sanitere foptand	240,00+ L
8422	Posteriorfoptand	320,70+L
8424	Anterior foptand (sluit premolere) in	401,60+L
	<b>Algemene narkose</b>	
	Die relevante items in die geldetarief vir mediese dienste, gepubliseer in <i>Staatskoerant</i> No. 16120 van 23 Desember 1994 is van toepassing op alle algemene narkose in tandheelkundige prosedures	

## III SPECIALIST PROSTHODONTISTS

(M) See Rule 009

CODE No.	PROCEDURE	R
	<b>A. DIAGNOSTIC PROCEDURES</b>	
8501	Consultation	78,20
8107	Intra-oral radiographs, per film	27,10
8108	Maximum	218,00
8113	Occlusalradiographs	42,20
8115	Extra-oral radiograph per film (i.e. panoramc, cephalometric, P-A, hand wrist, etc.)	111,70
	Maximum for the treatment plan	279,20
8811	Tracing and analysis of extra-oral film	13,50
8117	Study models unmounted	30,50+L
8119	Study models mounted on adjustable articulator	78,20+L
8121	Diagnostic photographs, per photograph	30,50

## III. SPESIALIS PROSTODONTISTE

(W) Sien Reel 009

KODE No.	PROSEDURE	R
	<b>A. DIAGNOSTIESE PROSEDURES</b>	
8501	Konsultasie	78,20
8107	Binnemondse Röntgenfoto's, per film	27,10
8108	Maksimum	218,00
8113	Okklusale Röntgenfoto's	42,20
	Buitemondse Röntgenfoto, per film (i.e. panoramies, kefalometries P-A, handgewrig, ens.)	111,70
	Maksimum vir die behandelingsplan	279,20
8811	Natrek en ontleding van buitemondse Röntgenfoto	13,50
8117	Studiemodelle--Ongemonteer	30,50+L
8119	Studiemodelle--op verstelbare artikulatormonteer	78,20+L
8121	Diagnostiese foto's, per foto	30,50



CODE No.	PROCEDURE	R	KODE No.	PROSEDURE	R
8503	Occlusal analysis on adjustable articulator	160,10+L	8503	Okklusale analise op verstelbare artikulator	160,10+L
8505	Pantographic recording	233,42	8505	Pantograafregistrasies	233,42
8507	Examination, diagnosis and treatment planning	160,10		Ondersoek, diagnose en behandelingsbeplanning	160,10
8508	Electrognathographic recording	250,10	8508	Elektrognathografiese opname	250,1
8509	Electrognathographic recording with computer analysis	416,20	8509	Elektrognathografiese opname met komperanalise	416,20
	<b>Treatment procedures</b>			<b>Behandelingsprosedures</b>	
	<i>Emergency treatment</i>			<i>Noodbehandeling</i>	
8511	Emergency treatment for relief of pain (where no other tariff item is applicable)	96,50		Pynverligting (waarop geen ander tariefitem van toepassing is nie)	96,50
8513	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	158,00	8513	Noodkroon (nie van toepassing op plasing van tydelike kroon gedurende roetine kroon en brug voorbereidings nie)	158,00
8515	Recementation of inlay, crown or bridge per abutment	61,30	8515	Hersementering van inlegsel, kroon of brug, per anker tand	61,30
8517	Reimplantation of an avulsed tooth, including fixation as required	163,60+L	8517	Herinplantering van 'n uitgestampte tand, insluitende verankering soos benodig	163,60+L
	<i>Provisional treatment</i>			<i>Tydlike behandeling</i>	
8521	Provisional splinting-extracoronary wire, per sextant	131,60	8521	Tydlike spalking-ekstrakoronale draad, per sekstant	131,60
8523	Provisional splinting-extracoronary wire plus resin, per sextant	192,20	8523	Tydlike spalking-ekstrakoronale draad plus hars, per sekstant	192,20
8527	Provisional splinting-intracoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	61,30+L	8527	Tydlike spalking-intrakoronale draad of penne of gegote stang plus amalgaan of hars, per tandeenhed in die spalk ingesluit	61,30+L
8529	Provisional crown, which is not placed during routine crown preparation	158,00+L	8529	Voorlopige kroon wat nie gedurende roetine kroonvoorbereiding geplaas word	158,00+L
8530	Preformed metal crown	134,10	8530	Voorafvervaardigde metaalkroon	134,10
	<i>Occlusal adjustment</i>			<i>Okklusale verstelling</i>	
8551	Major occlusal adjustment	449,60	8551	Volledige okklusale verstelling	449,60
	<b>Note:</b>			<b>Let Wel:</b>	
	<b>This procedure cannot be carried out without study models mounted on an adjustable articulator.</b>			<b>Hierdie posedure mag nie uitgevoer word sonder studiemodelle op verstelbare artikulator gemonteer nie.</b>	

CODE No.	PROCEDURE	R
8553	Minor occlusal adjustment <i>Ceramic/Resin Bonded Inlays</i>	141,70
8555	One surface	594,30+L
8556	Two surfaces	857,90+L
8557	Three surfaces	1 382,60+L
8558	Four surfaces	1 382,60+L
8559	Five surfaces	1 382,60+L
	<b>Note:</b> <b>In some of the above cases (e.g. Direct Hybrid Inlays) +L may not apply.</b>  <i>Gold restorations</i>	
8571	One surface	285,30+L
8572	Two surfaces	412,60+L
8573	Three surfaces	638,60+L
8574	Four surfaces	638,60+L
8575	Five surfaces	638,60+L
8577	Pin retention	95,30+L
	<i>Post and copings</i>	
8581	Single post	158,30+L
8582	Double post	227,90+L
8583	Triple post	285,30+L
8587	Copings	131,60+L
8589	Cast core with pins	225,00+L
8591	Plastic core on pin reinforcing irrespective of number of pins	158,00
	<b>Implants</b> (Prior permission must be obtained from the Commissioner)	
8592	Osseo-integrated abutment, per abutment	976,10+L
8600	Cost of implant components (see Rule 014)	
	<i>Connectors</i>	
8597	Locks and milled rests	64,80+L
8599	Precision attachments	158,00+L

KODE No.	PROSEDURE	R
8553	Geringe okklusale verstelling <i>Keramiek/Harsgebonde Inlegsels</i>	141,70
8555	Een vlak	594,30+L
8556	Twee vlakke	857,90+L
8557	Drie vlakke	1 382,60+L
8558	Vier vlakke	1 382,60+L
8559	Vyfvlakke	1 382,60+L
	<b>Let wel:</b> <b>In sommige bogenoemde gevalle (bv. Direkte Gemengde Hars Inlegsels) Mag + L nie van toepassing wees nie.</b>  <i>Goudherstellings</i>	
8571	Een vlak	285,30+L
8572	Twee vlakke	412,60+L
8573	Drie vlakke	638,60+L
8574	Viervlakke	638,60+L
8575	Vyf vlakke	638,60+L
8577	Pen retensie	95,30+L
	<i>Stiwwe en vingerhoede</i>	
8581	Enkelstif	158,30+L
8582	Tweeledige stif	227,90+L
8583	Drieledige stif	285,30+L
8587	Vingerhoede	131,60+L
8589	Gegote kern met penne	225,00+L
8591	Plastiese kern op penversterking ongeag aantal penne	158,00
	<b>Inplantate</b> (Vooraf goedkeuring moet van die Kommissaris verkry word)	
8592	Been-geïntegreerde ankertand, per ankertand	976,10+L
8600	Koste van Inplant komponente (sien reel 014)	
	<i>Verbinders</i>	
8597	Slot en gemasjineerde ruste	64,80+L
8599	Slothegings	158,00+L

CODE No.	PROCEDURE	R
	<b>Crowns</b>	
8601	Cast three-quarter crown	638,60+L
8607	Porcelain jacket crown	638,60+L
8609	Porcelain veneered metal crown	797,40+L
	<i>Bridges</i>	
	<b>Note:</b>	
	<b>Retainers as above.</b>	
8611	Sanitary pontic	481,70+L
8613	Posterior pontic	593,80+L
8615	Anterior pontic	638,60+L
	<i>Resin bonded retainers</i>	
8617	Per abutment	196,70+L
	Per pontic (see 8611,8613, 8615)	
	<b>Conservative treatment for temporo-mandibular joint dysfunction</b>	
8625	Bite plate therapy for TMJ dysfunction	243,40+L
8621	First visit for treatment of TMJ dysfunction	55,60
8623	Follow-up visit for adjustment of bite plates/treatment of TMJ dysfunction	49,60
	<b>Note:</b>	
	<b>The number of visits and charge therefore depends on the relation between the practitioner and the patient, and the problems involved in the case.</b>	
<b>(M)</b>	<i>Endodontic procedures, etc.</i>	
8631	Root canal therapy, first canal	558,90
8633	Each additional canal	139,60
8636	Re-preparation of previously obturated canal, per canal	93,30

KODE No.	PROSEDURE	R
	<b>Krone</b>	
8601	Gegote driekwartkroon	638,60+L
8607	Porseleindopkroon	638,60+L
8609	Porseleingefineerde metaalkroon	797,40+L
	<i>Brugwerk</i>	
	<b>Let wel:</b>	
	<b>Ankers soos bo.</b>	
8611	Sanitere foptand	481,70+L
8613	Posterior foptand	593,80+L
8615	Anterior foptand	638,60+L
	<i>Harsgebonde ankers</i>	
8617	Per ankertand	196,70+L
	Per foptand (sien 8611,8613, 8615)	
	<b>Konserwatiewe behandeling vir temporo-mandibulere gewrig disfunksie</b>	
8625	Bytplaat terapie vir TMG-disfunksie	243,40+L
8621	Eerste besoek vir behandeling van TMG- disfunksie	55,60
8623	Opvolgbesoek vir verstelling van bytplaat/behandeling funksie	49,60
	<b>Let wel:</b>	
	<b>Die aantal besoeke en koste daaraan verbonde is afhanklik van die ooreenkoms tussen die pasient en die tandarts sowel as die aard en omvang van die geval.</b>	
<b>(W)</b>	<i>Endodontiese prosedures, ens.</i>	
8631	Wortelkanaalterapie, eerste kanaal	558,90
8633	Elke bykomende kanaal	139,60
8636	Hervoorbereiding van kanaal wat voorheen geobtureer was, per kanaal	93,30

CODE No.	PROCEDURE	R
	<b>Note:</b> <b>The above endodontic fees include all X-rays and repeat visits.</b>	
8635	Apexification of root canal, per visit	93,40
	<b>Note:</b> <b>Modifier 8002 is applicable to items 8325 to 8329 inclusive.</b>	
8637	Hemisection of a tooth or resection of root	225,00
8638	Incision and drainage of pyogenic abscess, intraoral approach	132,90
9015	Apicectomy, including retrograde root filling where necessary--anterior tooth	309,30
9016	Apicectomy including retrograde filling where necessary--posterior tooth	462,00
8640	Removal of fractured post or instrument from tooth canal	163,60
	<b>Prosthetics (Removable)</b>	
8641	Complete upper and lower dentures without primary complications	1 596,20+L
8643	Complete upper and lower dentures without major complications	2 071,70+L
8645	Complete upper and lower dentures with major complications	2 548,20+L
8647	Complete upper and lower dentures without primary complications	1 116,70+L
8649	Complete upper and lower denture without major complications	1 275,90+L
8651	Complete upper or lower dentures with major complications	1 434,80+L
8661	Diagnostic dentures (inclusive of tissue conditioning treatment)	1 275,90+L

KODE No.	PROSEDURE	R
	<b>Let wel:</b> <b>Bogenoemde endodontiese gelde sluit in alle X-straalfoto's en bykomende besoeke.</b>	
8635	Apeksifikasie van wortelkanaal per besoek	93,40
	<b>Nota:</b> <b>Wysiger 8002 is van toepassing op tariefitems 8325 tot en met 8329.</b>	
8637	Hemiseksie van 'n tand of reseksie van 'n wortel	225,00
8638	Lansering en dreinerings van piogene absesse (binnemondse toegang)	132,90
9015	Apisektomie insluitende retrograde herstelling waar nodig --anterior tand	309,30
9016	Apisektomie insluitende retrograde herstelling waar nodig--posterior tand	462,00
8640	Verwydering van fraktureerde stif of instrumente vanuit die wortelkanaal	163,60
	<b>Prostetika</b>	
8641	Voile kunsgebit--bo en onder, sonder primere komplikasies	1 596,20+L
8643	Voile kunsgebit--bo en onder, sonder groot komplikasies	2 071,70+L
8645	Volle kunsgebit--bo en onder met groot komplikasies	2 548,20+L
8647	Volle kunsgebit--bo of onder, sonder primere komplikasies	1 116,70+L
8649	Volle kunsgebit--bo of onder, sonder groot komplikasies	1 275,90+L
8651	Voile kunsgebit--bo of onder, met groot komplikasies	1 434,80+L
8661	Diagnostiese kunsgebite (met inbegrip van weefselopknapp-behandeling)	1 275,90+L



CODE No.	PROCEDURE	R
8662	Remounting and occlusal adjustment of dentures	183,80+L
8663	Chrome cobalt base for full denture (extra charge)	384,10+L
8664	Remount of crown or bridge for extensive prosthetics	187,10
8665	Re-base, per denture	257,50+L
8667	Soft base, per denture (heat cured)	384,10+L
8668	Tissue conditioner, per denture	95,30+L
8669	Intraoral reline of complete or partial denture	141,70
8671	Metal (e.g. Chrome cobalt) partial denture	1 275,90+L
8672	Additional fee for altered cast technique for partial denture	49,90+L
8674	Additive partial denture	578,20+L
8679	Repairs	64,80+L
8273	Additional fee where impression is required for 8269 + 8679	29,50+L

KODE No.	PROSEDURE	R
8662	Hermontering en okklusale verstelling van kunsgebitte	183,80+L
8663	Chroomkobalt basis vir volle kunsgebit (ekstrakoste)	384,10+L
8664	Hermontering van kroon of brug vir omvattende prostetika	187,10
8665	Herbasering, per kunsgebit	257,50+L
8667	Sagte basis, per kunsgebit (met hitte verhard)	384,10+L
8668	Weefselopknapper, per kunsgebit	95,30+L
8669	Binnemondse opvulling van vol- of gedeeltelike kunsgebit	141,70
8671	Metaal (bv. Chroomkobalt) gedeeltelike kunsgebit	1 275,90+L
8672	Bykomende gelde vir veranderde model tegniek, gedeeltelike kunsgebit	49,90+L
8674	Aanlasbare gedeeltelike kunsgebit	578,20+L
8679	Herstelwerk	64,80+L
8273	Bykomende gelde waar 'n afdruk nodig is vir 8269 + 8679	29,50+L

### SPECIALIST MAXILLA-FACIAL AND ORAL SURGEONS

(M) (See rule 009)

#### See Rule 011

1. If procedures under tariff items 8201 to 8218 inclusive are carried out by specialists in maxillo-facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (8002).
2. The fee for more than one operation or procedure performed through the same incision shall be calculated as the fee for the major operation plus the tariff for the subsidiary operation to a maximum of R115,30 each such subsidiary operation or procedure (8005).

### SPESIALIS KAAKGESIGS- EN MONDCHIRURGIE

(W) (Sien reël 009)

#### Kyk Reel 011

1. Indien die prosedures van tariefitems 8201 tot en met 8218 uitgevoer word deur spesialiste in kaak-, gesig-, en mondchirurgie, is die gelde gelyk aan die toepaslike tariefgelde plus 50 persent (8002).
2. Die gelde vir meer as een operasie of prosedure via dieselfde insnyding uitgevoer, word bereken as die geld vir die hoofoperasie plus die tariefgeld van die bykomende operasie tot 'n maksimum van R115,30 vir elke sodanige operasie of prosedure (8005).

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

75% for the second procedure/operation (8009).

50% for the third procedure/operation (8006).

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

If, within six months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation.

The tariff fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge:

Provided that in the case of post-operative treatment of 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 R69,40 (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).

#### See Rule 012

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

3. Die gelde vir meer as een operasie of ingreep onder dieselfde narkose maar via 'n ander insnyding uitgevoer, word bereken as die geld vir die hoofoperasie plus—

75% vir die tweede prosedure/operasie (8009).

50% vir die derde prosedure/operasie (8006).

Hierdie reel is nie van toepassing nie waar twee of meer onverwante operasies deur praktisyns van verskillende spesialiteite uitgevoer word, in welke geval elke praktisyn geregtig is op die volle geld vir sy operasie.

Indien daar binne vier maande 'n tweede operasie vir dieselfde toestand of besering uitgevoer word, is die gelde vir die tweede operasie die helfte van die vir die eerste.

Die tariefgeld vir 'n operasie sluit in, tensy daar anders vermeld word, die normale na-operatiewe versorging vir 'n tydperk van hoogstens vier maande. Indien 'n praktisyn nie self die na-operatiewe versorging voltooi nie, moet hy reel dat dit voltooi word sonder bykomende heffing

Met dien verstande dat, in die geval van na-operatiewe behandeling van 'n langdu- rige of gespesialiseerde aard, sodanige gelde gehef kan word as waarop die praktisyn en die Kommissaris ooreengekom het.

4. Die bedrag aan 'n algemene praktisyn-assistent betaalbaar word bereken op 15 persent van die geld van die praktisyn wat die operasie uitvoer, met 'n minimum van R69,40 (8007).

Die bedrag aan 'n kaak-gesigs- en mondchirurg-assistent betaalbaar word bereken op 33,33% van die toepaslike geld. (Wysiger 8001 ). Die assistent se naam moet op die rekening wat gelewer word verskyn.

5. Die bykomende gelde vir alle lede van die snykundige span vir na-ure noodoperasies sal bereken word deur 25% by die tariefgeld vir die prosedure of prosedures uitgevoer by te voeg (8008).

#### Kyk Reel 012

In gevalle waar behandeling nie in die tandheelkundige geldetarief vir algemene praktisyns of spesialiste gelys is nie, sal die toepaslike gelde, gelys in die mediese geldetarief gevra word, en die mediese gelde tariefitem moet aangedui word.

CODE No.	PROCEDURE	R
	<i>Consultations and visits</i>	
8901	Consultation at consulting rooms	77,40
8903	Consultation at hospital, nursing home or house	86,40
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house	42,20
8905	Weekend visits and night visits between 17:00 and 08:00 of the following day	124,50
8907	Subsequent consultations, per week, to a maximum of	142,90
	<b>Note:</b>	
	<b>"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.</b>	
	<i>Investigations and records</i>	
8107	Intra-oral radiographs, per film	27,10
	Maximum for 8107	216,00
8113	Occlusal radiographs	42,20
8115	Extra-oral radiograph, per film (i.e. panoremic, cephalometric, P-A, hand-wrist, etc.)	111,50
	Maximum for the treatment plan	279,20
8811	Tracing and analysis of extra-oral film	13,50
8117	Study models--unmounted	30,50+L
8119	Study models--mounted on adjustable articulator	78,20+L
8121	Diagnostic photographs--per photo-graph	30,50

KODE No.	PROSEDURE	R
	<i>Konsultasie an besoeke</i>	
8901	Konsultasie by spreekkamers	77,40
8903	Konsultasie by hospitaal, verpleeginrigting of tuis	86,40
8904	Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis	42,20
8905	Naweek- en nagbesoeke tussen 17:00 en 08:00 die volgende dag	124,50
8907	Daaropvolgende konsultasie per week, tot 'n maksimum van	142,90
	<b>Let wel:</b>	
	<b>"Daaropvolgende konsultasie beteken in verband mat items 8904 en 8907, 'n konsultasie vir dieselfde traumatiese toestand mits sodanige konsultasie plaasvind binne sesmaande vanaf die eerste konsultasie.</b>	
	<i>Ondersoeke en rekords</i>	
8107	Binnemondse Röntgenfoto's, per film	27,10
	Maksimum vir 8107	216,00
8113	Okklusale Röntgenfoto's	42,20
8115	Buitemondse Röntgenfoto, per film (i.e. panoramies, kefalometries P-A, handgewd g ens.)	111,50
	Maksimum vir die behandelingsplan	279,20
8811	Natrek en ontleding van buitemondse Röntgenfoto	13,50
8117	Studiemodelle--ongemonteer	30,50+L
8119	Studiemodelle--op verstelbare artikulator gemonteer	78,20+L
8121	Diagnostiese foto's--per foto	30,50

CODE No.	PROCEDURE	R
	<b>Orthognathic Surgery and Treatment Planning</b>	
	<b>Note:</b>	
	In the case of Treatment Planning re- quiring 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 orthognathic surgery	340,10+L
8917	Biopsy: Intra-oral	159,00
8919	Biopsy of bone: Needle biopsy	274,60
8921	Biopsy of bone: Open	452,30
	<b>Removal of teeth</b>	
	<b>Note:</b>	
	Modifier 8002 is applicable to items 8201 to 8209 inclusive.	
	<i>Extractions during a single visit</i>	
8201	One tooth in a quadrant	42,20
8202	Two teeth in same quadrant	59,60
8203	Three teeth in same quadrant	76,60
8204	Four teeth in same quadrant	94,70
8205	Five teeth in same quadrant	111,50
8206	Six teeth in same quadrant	128,90
8207	Seven teeth in same quadrant	144,80
8208	Eight teeth in same quadrant	162,90
	<b>Note:</b>	
	Item 8201 to 8208 can be charged a further three quadrants.	
8957	Alveolotomy or alveolectomy-- concurrent with or independent of extractions(per jaw)	377,00
8961	Auto-transplantation of teeth	618,00+L

KODE No.	PROSEDURE	R
	<b>Ortognatiese Chirurgie en Behandelingsbeplanning</b>	
	<b>Let wel:</b>	
	In die geval van Behandelingsbeplanning waar die gesamentlike dienste van 'n Ortodontis en 'n Kaak-, Gesigs- en Mondchirurg benodig word, mag Wysiger 8009 (75%) toegepas word by die gelde gevra deur elke spesials.	
8840	Behandelingsbeplanning vir ortognatiese chirurgie	340,10+L
8917	Biopsies: Binnemonds	159,00
8919	Beenbiopsie: Naald	274,60
8921	Beenbiopsie: Oop	452,30
	<b>Verwydering van tande</b>	
	<b>Nota:</b>	
	Wysiger 8002 is van toepassing op tariefitems 8201 tot en met 8209.	
	<i>Ekstraksies ten tyde van enkele besoek</i>	
8201	Een tand in 'n kwadrant	42,20
8202	Twee tande in dieselfde kwadrant	59,60
8203	Drie tande in dieselfde kwadrant	76,60
8204	Vier tande in dieselfde kwadrant	94,70
8205	Vyf tande in dieselfde kwadrant	111,50
8206	Ses tande in dieselfde kwadrant	128,90
8207	Sewe tande in dieselfde kwadrant	144,80
8208	Agt tande in dieselfde kwadrant	162,90
	<b>Let wel:</b>	
	Item 8201 tot 8208 kan gehef word vir 'n verdere drie kwadrante	
8957	Alveolotomie of alveolektomie-- tesame met of onafhanklik van ekstraksies (per kaak)	377,00
8961	Outo-transplantering van tande	618,00+L



CODE No.	PROCEDURE	R
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	206,90
8933	Treatment of haemorrhage in the case of blood dyscrasias, e.g. haemophilia, per week	734,30
8935	Treatment of post-extraction septic socket where patient is referred by another registered person	54,70
8937	Surgical removal of a tooth i.e. - raising of mucoperiosteal flap, removal of bone and suturing	191,00
	<i>Removal of roots</i>	
8953	Surgical removal of residual roots of first tooth	274,80
8955	Surgical removal of residual roots of each subsequent tooth.	
	<b>See Rule 011 and Notes 2 and 3.</b>	
	<i>Unerrupted or impacted teeth</i>	
8941	First tooth	455,10
8943	Second tooth	244,50
8945	Third tooth	139,60
8947	Fourth tooth	139,60
8951	Unusual position	525,90
	<i>Diverse procedures</i>	
8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication	938,30
8909	Closure of oral antral fistula - acute or chronic	720,60
8910	Removal of roots from maxillary antrum	282,80
8911	Caldwell-Luc procedure	282,80

KODE No.	PROSEDURE	R
8931	Lokale behandeling van postekstraksiebloeding (met uitsluiting van bloeding in die geval van bloedsiektes, bv. hemofilie)	206,90
8933	Behandeling van bloeding in die geval van bloedsiektes, bv. hemofilie, per week	734,30
8935	Behandeling van postekstraksieseptiese tandkas waar die pasient verwys word deur 'n ander geregistreerde persoon	54,70
8937	Chirurgiese verwydering van 'n tand d.w.s. maak van mukoperiosteale flap, verwydering van been en heging	191,00
	<i>Verwydering van wortels</i>	
8953	Chirurgiese verwydering van wortelreste van die eerste tand	274,80
8955	Chirurgiese verwydering van wortelreste van elke daaropvolgende tand	
	<b>Verwys Reel 011 en Notas 2 en 3.</b>	
	<i>Ongeerupteerde of bekleemde tande</i>	
8941	Eerste tand	455,10
8943	Tweede tand	244,50
8945	Derde tand	139,60
8947	Vierde tand	139,60
8951	Buitengewone posisie	525,90
	<i>Diverse prosedure</i>	
8908	Verwydering van tandwortels van die maksilere antrum insluitend Caldwell-Luc-operasie en herstel van antro-orale fistel	938,30
8909	Sluiting van antro-orale fistel - akut of kronies	720,60
8910	Verwydering van wortel vanuit die maksilere antrum	282,80
8911	Caldwell-Luc prosedure	282,80

CODE No.	PROCEDURE	R
8965	Peripheral neurectomy	618,00
8966	Functional repair of oronasal fistula (local flaps)	875,10
8977	Major repairs of upper or lower jaw i.e. by means of bona 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).	1 469,40
8978	Harvesting of bona graft	278,10
<b>Surgical preparation of jaws for prosthetics</b>		
8987	Reduction of mylohyoid ridges	631,20
8989	Torus palatinus or mandibularis reduction	631,20+L
8991	Maxillarytuberoplasty	631,20+L
8993	Reduction of hypertrophic tuberosity, per side	281,30+L
	Excision of denture granuloma--refer to item 8971	
8995	Gingivectomy, per jaw	561,20+L
8997	SulcoplastyNestibuloplasty	1 416,60+L
8999	Deepening the vestibular sulcus: Plastic repair	377,00+L
9001	Deepening the buccal/labial sulcus: Buccal inlay	858,70+L
9003	Repositioning mental foramen and nerve, per side	858,70+L
9005	Alveolar ridge augmentation by bone graft	1 441,70+L
9007	Alveolar ridge augmentation by alloplastic material	929,70+L
<b>Sepsis</b>		
9011	Incision and drainage of pyogenic abscesses (Intra-oral approach)	176,30

KODE No.	PROSEDURE	R
8965	Perifere neurektomie	618,00
8966	Funksionele herstel van oronasale fistula (lokale flappe)	875,10
8977	Groot herstelwerk aan bo- of onderkaak, bv. deur middel van beenoorplanting of prostese met kaakspalking. (Wysigers 8005 en 8006 is nie van toepassing in hierdie geval nie. Die volle geld kan gehef word ongeag of hierdie prosedure gelyktydig met prosedure 8975 of as 'n afsonderlike prosedure uitgevoer word)	1 469,40
8978	Insameling van been vir oorplanting	278,10
<b>Chirurgiese gereedmaking van kakebeen vir prostetiek</b>		
8987	Reduksie van mylohyoid riwwe	631,20
8989	Roduksie van torus palatinus of mandibularis	631,20+L
8991	Maksileretuberoplastiek	631,20+L
8993	Roduksie van hipertrofiese tuberositeite, per kant	281,30+L
	Verwydering van gebitsgranuloom--kyk item 8971	
8995	Gingivektomie, per kaak	561,20+L
8997	Sulkoplastiek/Vestibuloplastiek	1 416,60+L
8999	Verdieping van vestibulere sulkus: Plastiese herstelling	377,00+L
9001	Verdieping van bukkale/labiale sulkus: Bukkale inlegsels	858,70+L
9003	Herplasing van foramen mentale en senuwee, per kant	858,70+L
9005	Verbetering van alveolere rif deur beenoorplanting	1 441,70+L
	Verbetering van alveolere rif met allo-plastiese materiaal	929,70+L
<b>Sepsis</b>		
9011	Lansering en dreinerings van piogene absesse (binnemondse toegang)	176,30

CODE No.	PROCEDURE	R
9013	Extra-oral approach, e.g. Ludwig's angina	240,00
9015	Apicectomy including retrograde filling where necessary--anterior teeth	309,30
9016	Apicectomy including retrograde filling where necessary -- posterior teeth	619,30
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	1 273,40
9019	Sequestrectomy --intra-oral	274,50
<b>Trauma</b> <i>Treatment of associated soft tissue injuries</i>		
9021	Minor	309,30
9023	Major	653,10
<b>Mandibular fractures</b>		
9025	Treatment by closed reduction, with inter-maxillary fixation	686,20
9027	Treatment of compound fracture, involving eyelet wiring	963,30
9029	Treatment by metal cap splintage or Gunning's splints	1 067,90+L
9031	Treatment of open reduction with restoration of occlusion by splintage	1 581,40+ L
<b>Maxillary fractures with special attention to occlusion</b>		
9035	Le Fort I or Guerin fracture	965,70+L
9037	Le Fort II or middle third of face	1 581,40+L
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage	2 267,20+L

KODE No.	PROSEDURE	R
9013	Buitemondse toegang, bv. Ludwigkeelpyn	240,00
9015	Apisektomie insluitend retrograde herstelling waar nodig--anterior tand	309,30
9016	Apisektomie insluitend retrograde herstelling waar nodig. Posterior tand	619,30
9017	Dekortisering, uitholling en sekwestrektomie vir osteomielitis, van mandibula	1 273,40
9019	Sekwestrektomie--binnemondse toegang	274,50
<b>Trauma</b> <i>Behandeling van gepaardgaande sagteweefselbeserings</i>		
9021	Gering	309,30
9023	Uitgebreid	653,10
<b>Frakture van die mandibula</b>		
9025	Behandeling deur middel van geslote reduksie, met intermaksiliere fiksering	686,20
9027	Behandeling van saamgestelde fraktuur deur middel van ogles en kruisbedrading	963,30
9029	Behandeling deur middel van metaal— op spalke of Gunningspalke	1 067,90+L
9031	Behandeling deur middel van oop reduksie en herstel van okklusie met spalke..	1 581,40+ L
<b>Frakture van die maksilla met spesiale aandag aan okklusie</b>		
9035	Le Fort I-Fraktuur of Guerin-fraktuur	965,70+L
	Le Fort II-fraktuur of middelste derde van gesig	1 581,40+L
9039	Le Fort III-fraktuur of kraniofasiale ontwrigting of brokkelfraktuur van middel gesig wat oop reduksie en spalke vereis -	2 267,20+L

CODE No.	PROCEDURE	R
	<b>Zygoma/Orbit/Antral — Complex fractures</b>	
9041	Gillies or temporal elevation	686,20
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation	1 374,50
9045	Requiring multiple interosseous wiring or bone graft	2 060,70
	<b>Functional correction of malocclusions</b>	
	<b>Note:</b> <b>For items 9047 to 9072 the full fee may be charged i.e. Notes 2 and 3 (re Rule 011) will not apply.</b>	
9047	Operation for the improvement of restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)	2 885,10+L
9049	Anterior segmental osteotomy of mandible (Kole)	2 403,80+L
9050	Total subapical osteotomy	4 854,20
9051	Genioplasty	1 374,50
9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy)	2 223,80
9055	Maxillary posterior segment osteotomy (Schukardt) — 1 or 2 stage procedure	2 403,80+L
9057	Maxillary anterior segment osteotomy (Wassmund) — 1 or 2 stage procedure	2 403,80+L

KODE No.	PROSEDURE	R
	<b>Wangbeen/Oogkas/Antrum — Saamgestelde frakture</b>	
9041	Gillies of temporale elevasie	686,20
9043	Onstabiele en/of verbrokkelde wang been, behandeling deur middel van oop reduksie of Caldwell-Luc operasie.	1 374,50
9045	Wat veelvuldige tussenbeenbedrading of beenoorplanting vereis	2 060,70
	<b>Funksionele regstelling van wansluitings</b>	
	<b>Let wel:</b> <b>Die volle geld kan gehef word vir prosedures 9047 tot 9072 d.w.s. aanmerkings 2 en 3 (i.s. Reel 011) is nie toepasbaar nie.</b>	
9047	Operasie ter verbetering of restourasie van sluit-en-koufunksie, bv. bilaterale osteotomie, oop operasie (met immobilisering)	2 885,10+L
9049	Osteotomie van anterior segment van die mandibula (Kole)	2 403,80+L
9050	Totale sub-apikale osteotomie	4 854,20
9051	Kenplastiek	1 374,50
9052	Midfasiale ontbloting (vir maksillere en nasale augmentasie of piramidale Le Fort II-osteotomie)	2 223,80
9055	Osteotomie van posterior segment van die maksilla (Schukardt) 1 -stadium of 2-stadiumprosedure	2 403,80+L
9057	Osteotomie van anterior segment van die maksilla (Wassmund)-1-stadium of 2-stadiumprosedures	2 403,80+L



CODE No.	PROCEDURE	R
9059	Le Fort I osteotomy--one segment	4 523,20+L
9062	Le Fort I osteotomy--multiple segments	5 889,80+L
9060	Le Fort I osteotomy with inferior repositioning and inter positional grafting	5 183,90
9061	Palatal osteotomy	1 581,40+L
9063	Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic deformities	5 775,10+L
9069	Functional tongue reduction (partial glossectomy)	1 031,70
9071	Geniohyodotomy	618,00
9072	Functional closure of secondary oro-nasal fistula and associated structures with bone grafting (complete procedure)	4 523,20+L
<b>Temporomandibular joint procedures</b> (Investigation as in preceding section)		
9073	Bite plate therapy for TMJ dysfunction	243,00+L
9074	Diagnostic arthroscopy	695,40
9075	Condylectomy or coronoideotomy or both (extra-oral approach or menisectomy)	1 442,80
9076	Arthrocentesis TMJ	416,00
9053	Coronoideotomy (intra-oral approach)	858,70
9077	Intra-articular injection, per injection	103,40
9079	Trigger point injection, per injection	81,30
9081	Condyle neck osteotomy (Ward/Kostecka)	686,20
9083	Temporomandibular arthroplasty, e.g. eminectomy (Le Clerk and Toiler procedure)	1 717,80

KODE No.	PROSEDURE	R
9059	Le Fort I-osteotomie--een segment	4 523,20+L
9062	Le Fort I-osteotomie--Veelvuldige segmente	5 889,80+L
9060	Le Fort I-osteotomie met inferiorherposisionering en interposisionele transplantering	5 183,90
9061	Palataleosteotomie	1 581,40+L
9063	Le Fort II-osteotomie ter korreksie van gesigsdeformiteite of fasiostenose en nabesering-deformiteite	5 775,10+L
9069	Funksionele tongreduksie (gedeeltelike glossektomie)	1 031,70
9071	Geniohidiedotomie	618,00
9072	Funksionele herstel van sekondere oro-nasale fistel en verwante strukture met been transplantaat (volledige prosedure)	4 523,20+L
<b>Prosedures vir temporomandibulere gewrig</b> (Ondersoek soos in voorafgaande afdeling)		
9073	Bytplaat terapie vir TMG-disfunksie	243,00+L
9074	Diagnostiese artroskopies	695,40
9075	Kondilektomie of koronoi'dektomie of albei (buitemonde toegang) of menisektomie	1 442,80
9076	Arthrosintese TMG	416,00
	Koronoi'dektomie (binnemonde toegang)	858,70
9077	Intra-artikulere inspuiting, per inspuiting	103,40
9079	Sneller-punt inspuiting, per inspuiting	81,30
9081	Kondielnek-osteotomie (Ward/kostecka)	686,20
9083	Temporomandibulere antroplastiek, bv. eminektomie (Le Clerk-en-Toller-in-greep)	1 717,80

CODE No.	PROCEDURE	R
9085	Reduction of temporomandibular joint dislocation without anaesthetic	136,50
9087	Reduction of temporomandibular joint dislocation with anaesthetic	274,60
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation	686,20
9091	Reduction of temporomandibular joint dislocation requiring open reduction	1 442,80
9092	Total joint reconstruction with alloplastic material or bone includes condylectomy and coronoidectomy	4 665,00+L
<b>Salivary glands</b>		
9095	Removal of salivary gland	825,20
9096	Removal of salivary gland (extra-oral)	1 248,20
<b>Implants (Prior permission must be obtained from the Commissioner)</b>		
*9180	Placement of sub-periosteal implant— Preparatory procedure/operation	948,60
*9181	Placement of sub-periosteal implant, prosthesis/operation	948,60
*9182	Placement of endosteal implant, per implant	474,40+L
*9183	Placement of a single osseointegrated implant per jaw	627,60
*9184	Placement of a second osseointegrated implant in the same jaw	470,40
*9185	Placement of a third and subsequent osseointegrated implant in the same jaw, per implant	313,80
*9189	Cost of implants (See Rule 014)	
9190	Exposure of a single osseointegrated implant and placement of a transmucosal element	231,90

KODE No.	PROSEDURE	R
9085	Reduksie van temporomandibulere ontwrigting sonder narkose	136,50
	Reduksie van temperoman-dibulere ontwrigting, onder narkose	274,60
9089	Reduksie van temporomandibulere ontwrigting, onder narkose en immobilisasie	686,20
9091	Reduksie van temporomandibulere ontwrigting wat oop reduksie vereis	1 442,80
9092	Totale gewrigsherkonstruksie met allo-plastiese materiaal of been insluitend kondilektomie en koronoidektomie	4 665,00+L
<b>Speekselkliere</b>		
9095	Verwydering van speekselklier	825,20
9096	Verwydering van speekselklier (buite-monds)	1 248,20
<b>Inplantate (Vooraf goedkeuring moet van die Kommissaris verkry word)</b>		
*9180	Plasing van sub-perosteale implantaat— Vorbereiding prosedure/operasie	948,60
*9181	Plasing van sub-perosteale implantaat, prostese/operasie	948,60
*9182	Plasing van endosteale implantaat, per implantaat	474,40+L
	Plasing van een osseo-integrerende implantaat per kaak	627,60
*9184	Plasing van 'n tweede osseo-integrerende implantaat in dieselfde kaak	470,40
*9185	Plasing van 'n derde en daaropvoigende implantaat in dieselfde kaak, impiantaat	313,80
*9189	Koste van implantaat (Sien Reel 014)	
9190	Blootlegging van een osseo-integrerende implantaat en plasing van 'n transmukosalelement	231,90

CODE No.	PROCEDURE	R	KODE No.	PROSEDURE	R
9191	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw	173,90	9191	Blootlegging van 'n tweede osseo-integrerende implantaat en plasing van 'n transmukosale element in dieselfde kaak	173,90
9192	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant	115,90	9192	Blootlegging van 'n derde en daaropvolgende implantaat in dieselfde kaak per implantaat	115,90
	<b>*Note:</b> <b>For items 9180 to 9192 the full fee may be charged, i.e. note 2 of Rule 011 will not apply.</b>			<b>* Let wel:</b> <b>Vir items 9180 tot 9192 mag die volle fooie gehef word, dit wil se aanmerking 2 van Reel 011 is nie van toepassing nie.</b>	

Code No.	Procedure	Code No.	Procedure
9131	Exposure of a second associated implant and placement of a transmandibular element in the same jaw	9131	Blootstelling van 'n tweede geassosieerde implantaat en plaas van 'n transmaksale element in dieselfde kass
9132	Exposure of a third and subsequent associated implant in the same jaw, per implant	9132	Blootstelling van 'n derde en opeenvolgende implantaat in dieselfde kass per implantaat
*Note: For items 9130 to 9132 the full fee may be charged, i.e. note 2 of Rule 0.1 will not apply.		*Let wel: Vir items 9130 tot 9132 mag die volle fees geverg word, dit wil se paragraaf 2 van Reg 0.1 is nie van toepassing nie.	

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