

NON-CONTRACTED DENTAL PRACTITIONERS



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2020

Practice Type:
General Dental Practitioner
Code: **054**

Practice Type:
Maxillo facial and Oral surgery
Code: **062**

Practice Type:
Orthodontics
Code: **064**

Practice Type:
Oral medicine and Periodontics
Code: **092**

Practice Type:
Prosthodontist
Code: **094**

Practice Type:
Oral Pathology
Code: **098**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
	<p>In calculating the GEMS Tariff , the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>ALL GEMS TARIFFS ARE VAT INCLUSIVE.</p>						
	<p>The schedule includes procedures and services for use by Oral Health Care Providers for purposes of keeping accurate patient records, reporting procedures on patients, and processing oral health care related insurance claims. The procedures are those performed by general dental practitioners, oral pathologists, prosthodontists, periodontists, orthodontists, maxillo-facial and oral surgeons and dental therapists.</p> <p>The procedures codes listed in the schedule have, for the convenience in using the schedule, been divided into categories of services, based on the branches of clinical dental practice. The procedures are grouped under the category of service with which the procedures are most frequently identified and should not be interpreted as excluding certain categories of Oral Health Care Providers from performing such procedures. Individual procedure codes consist of a procedure code, procedure description (nomenclature), and when necessary, a descriptor, that provides further definition and/or guidelines to clarify the intended use of the procedure code.</p>						
I.	INTRODUCTION						
A.	ADMINISTRATIVE AND INVOICING RULES						

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001	<p>Invoices:</p> <p>a. A practitioner shall render a monthly invoice for every procedure which has been completed irrespective of whether the total treatment plan has been concluded.</p> <p>b. An invoice shall contain the following particulars:</p> <p>i. The surname and initials of the member;</p> <p>ii. The first name of the patient;</p> <p>iii. The name of the scheme;</p> <p>iv. The membership number of the member;</p> <p>v. The practice number;</p> <p>vi. The date on which every service was rendered;</p> <p>vii. The code number, description and fee/benefit of the procedure or service;</p> <p>viii. The name of the dentist rendering the service;</p> <p>ix. The name of the general dental practitioner/specialist assistant (when applicable);</p> <p>x. The appropriate ICD-10 code(s) for the procedures performed.</p>						
	Note: Photocopies of original invoices shall be certified by way of a rubber stamp or the signature of the dentist.						
002	<p>Cost of direct materials:</p> <p>The expenses incurred for direct materials identified in the Schedule may be billed in addition to the procedure code. These expenses are limited to the net acquisition cost of the materials and a handling fee. The price of the materials should be VAT inclusive. Use Modifier 8025 for handling fee.</p>						

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003	<p>Dental laboratory services:</p> <p>Manual submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by reporting code 8099 - Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code.</p> <p>The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician (or a copy thereof) shall accompany the invoice of the dentist and a copy (or the original) shall be filed by the dentist for record purposes.</p> <p>Electronic submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by submitting code 8099 - Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code on the date on which the dental procedure was rendered. The laboratory fee shall be submitted for payment on the date on which the procedure code is submitted for payment, and the appropriate dental laboratory service codes shall be reported on the lines following code 8099.</p> <p>Electronic submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by submitting code 8099 - Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code on the date on which the dental procedure was rendered. The laboratory fee shall be submitted for payment on the date on which the procedure code is submitted for payment, and the appropriate dental laboratory service codes shall be reported on the lines following code 8099.</p> <p>The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician shall be filed by the dentist for record purposes.</p>						

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005	<p>Procedure accompanied by unusual circumstances:</p> <p>In exceptional cases where the proposed fee/benefit is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the patient/medical scheme may be billed. Use Modifier 8011 with a narrative description.</p> <p>Under certain circumstances a service or procedure is partially reduced or eliminated at the practitioner's election. Under these circumstances a lower fee may be billed. The service provided can be identified by its usual procedure code and the addition of Modifier 8012, signifying the service is reduced.</p>						

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B.	GENERAL CODING RULES						
006	<p>The schedule does not prescribe the scope of practice of a particular category of Oral Health Care Provider; neither does it confine the performing of procedures or services to a registered speciality. Fees listed within a column of a particular category of Oral Health Care Provider are customary fees, should the procedure or service be rendered by that provider category.</p> <p>Specialists are however encouraged to confine their practice to the speciality or related specialities in which they are registered. Specialist may charge fees for procedures or services which usually pertain to some other speciality, if such procedures or services are also recognised in their speciality, and if it is carried out only for their bona fide patients. Such fees shall not be higher than those charged by general practitioners for the same procedures or services (HPCSA, Rule 25).</p> <p>Fees for procedures or services not listed within the column of dental therapists that do fall within the field of dental therapy in terms of their scope of practice are regarded as being "by arrangement" until such fees are listed.</p>						
007	Procedures not listed in the Dental Schedule						
	When a procedure is performed that is not listed in the schedule, an appropriate procedure code, listed in the NHRPL for medical practitioners may be reported.						

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	Unlisted procedures. Any procedure that is neither described in the schedule, nor in the medical schedule, should be reported using code 9099 - Unlisted dental procedure or service. The fee for an unlisted dental procedure or service should be based on the fee of a comparable procedure. Code 9099 codes should not be used to report procedures where the fee is determined "by arrangement" with the patient and/or medical scheme.						
C.	SERVICES RULES						
008	<p>Oral evaluations and completion of treatment plans:</p> <p>Oral examinations include an examination, diagnosis and treatment planning (when treatment is required). No further fees/benefits shall be levied for an oral examination (code 8101) or comprehensive examination (code 8102) until the treatment plan resulting from these type of examinations is completed.</p> <p>The completion of a treatment plan effected from an oral examination and/or comprehensive examination should be indicated by reporting code 8120 – Treatment plan completed.</p> <p>Oral diagnosis defined. The determination by the dentist of the oral health condition of an individual patient achieved through the evaluation of data gathered by means of history taking, direct examination, patient conference, and such clinical aids and tests as may be necessary in the judgement of the dentist.</p> <p>Treatment plan defined. The treatment plan is the sequential guide for the patient's care as determined by the dentist's diagnosis and is used by the dentists for the restoration and/or maintenance of optimal oral health</p>						

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009	<p>Surgery guidelines:</p> <ol style="list-style-type: none"> 1. Follow-up care for therapeutic surgical procedures: The fee/benefit for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not him/herself complete the post-operative care, he/she shall arrange for post-operative care without additional charges. A fee/benefit for post-operative treatment of a prolonged or specialised nature may be charged as agreed upon between the practitioner and the scheme. 2. Multiple Procedures (Maxillo-facial and oral surgery): The fee/benefit for more than one operation or procedure performed through the same incision shall be determined as the fee for the major operation plus fee/benefit for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (Modifier 8005). The fee/benefit for more than one operation or procedure performed under the same anaesthetic but through another incision shall be determined on the fee/benefit for the major operation plus: 75% for the second procedure/operation (Modifier 8009). 50% for the third and subsequent procedures/operations (Modifier 8006). This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee/benefit of the operation. If, within four months, a second operation for the same condition or injury is performed, the fee/benefit for the second operation shall be 50% of that of the first operation (Modifier 8006). 						

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	<p>3. Assistant Surgeon (Maxillo-facial and periodontal surgery): The fee payable to a specialist assistant is determined as 1/3 (of the fee of the practitioner performing the procedure (Modifier 8001). The fee payable to a general dental practitioner assistant is determined as 15% (of the fee of the practitioner performing the procedure (Modifier 8007). The patient must be informed beforehand that another dentist/specialist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient.</p> <p>4. Surgical team (Maxillo-facial and oral surgery): The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (Modifier 8008).</p>						
010	Orthodontic guidelines:						
	<p>The documentation and first invoice to the patient/medical scheme regarding orthodontic services will include the following information:</p> <ol style="list-style-type: none"> The treatment plan and type of treatment (treatment code number); A diagnostic code (ICD-10) and An orthodontic payment plan indicating the following: <ol style="list-style-type: none"> The total fee that will be levied for the treatment; The total months of orthodontic treatment (retention period excluded); The initial fee payable by the patient (approximately 20% of the total fee); and The monthly payments of the balance of the fee. 						

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	2. The fee for orthodontic treatment does not include a clinical oral evaluation and necessary diagnostic services. The fee for corrective therapy (i.e. codes 8861 to 8888) is an inclusive fee and no additional fees may be levied for intra-operative oral evaluations and preventive services. A pre-orthodontic treatment visit, an orthodontic retention, and an oral evaluation on completion of the treatment plan (retention phase included) are excluded and should be reported in addition to corrective orthodontic treatment as separate procedures (Code 8803 x3). Intra/post orthodontic treatment records consisting of radiographs/diagnostic images (limited to a cephalometric film and 5 oral/facial images) and diagnostic casts may be levied when a corrective orthodontic treatment plan is completed (retention phase included).						
	3. The fee for 'Fixed appliance therapy' (codes 8861 and 8865 to 8888), as determined by the individual practitioner, will be levied on a monthly manner over the treatment period (retention phase excluded).						
	4. When partial fixed appliance or preliminary orthodontic treatment (codes 8858, 8861, 8865 or 8866) is followed by full fixed appliance orthodontic treatment (codes 8873 to 8888) provided by the same orthodontist, the fees levied for the partial fixed appliance therapy or preliminary treatment will be deducted from the fee quoted for the full fixed appliance orthodontic treatment.						

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	5. The total fee for multiple phases of full fixed appliance orthodontic treatment provided by the same orthodontist may not exceed the most recent fee (determined on commencement date of the final stage of full fixed appliance treatment) for the appropriate full fixed orthodontic procedure.						
	6. When the patient transfers to another practitioner during treatment, or treatment is terminated for any reason, the original treating practitioner must report the number of treatment months remaining and determine the balance of the fee by applying the following formula: Total payment (for treatment only) minus 20% of the total fee (for banding - when applicable) multiplied by the percentage of treatment remaining. For example, if the practitioner was paid R 10,000.00 for a 24-month treatment plan and 18 months of treatment were completed. The balance would be R 2,000.00 (or R 10,000.00 - R 2,000.00 x 6/24). The length of the treatment plan from the original request for authorisation will be used to determine the number of treatment months remaining. The practitioner continuing treatment will provide the information stipulated in paragraph 1 above. Report code 8891 (Orthodontic transfer) with the fee that will be levied for continuation of the treatment in addition to the appropriate orthodontic treatment code. The fee for continuous treatment is subject to prior authorisation by the patient's medical scheme.						
	7. When an established orthodontic patient requires re-treatment, the information stipulated in paragraph 1 above and the cause(s) for re-treatment will be provided. Report code 8892 (Orthodontic re-treatment) with the fee that will be levied for re-treatment in addition to the appropriate orthodontic treatment code. Orthodontic re-treatment is subject to prior authorisation by the patient's medical scheme.						

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011	Dento-legal fees: Practitioners are entitled to remuneration if they are present at Court at the request of an advocate or attorney. Use code 8111 (Dental testimony) to report dento-legal work. The code is listed in the adjunctive general services sections in the code lists.						
D.	MODIFIERS						
012	Modifiers: Modifiers should be used with procedures identified throughout the NHRPL. Modifiers provide the means by which the reporting practitioner can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed its definition or code. The sensible application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the recipient of the report that: a. A service or procedure was performed by more than one practitioner. b. A service or procedure has been increased or reduced. c. Only part of a service was performed. d. An adjunctive service was performed. e. A service or procedure was provided more than once. f. The fee/benefit was altered due to a financial agreement.						
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)					R 0,00	
8005	Maximum multiple procedures (same incision) - MFO surgeon					R 0,00	

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8006	Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)					R 0,00	
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)					R 0,00	
8008	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)					R 0,00	
8009	Multiple surgical procedures - second procedure (75% of the appropriate benefit)					R 0,00	
8010	Open reduction (PLUS 75% of the appropriate benefit)					R 0,00	
8011	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme)					R 0,00	
8012	Reduced services (benefit MINUS X % as determined by the practitioner)					R 0,00	
8013	Multiple modifiers					R 0,00	
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)					R 0,00	
8025	Handling fee - direct materials (26% of material cost to a maximum of R26.00)					R 0,00	
E.	EXPLANATIONS						
	Tooth identification and designation of areas of the oral cavity:						

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	<p>Tooth identification and designation of areas of the oral cavity is compulsory for all invoices rendered. Tooth identification is applicable to procedures identified with the letter (T), and other designation of areas of the oral cavity with the letter (Q) for a quadrant and the letter (M) for the maxillary or mandibular area in the mouth part (MP) column of the Dental Coding. The International Standards Organisation (ISO) in collaboration with the FDI designated system for teeth and areas of the oral cavity should be used. For supernumeraries, the abbreviation SUP should be used.</p>						
	Treatment categories:						
	<p>Treatment categories (TC) of dental procedures are identified in the TC column of the Dental Coding as follows:</p> <ul style="list-style-type: none"> • Basic dentistry - designated as (B) in the treatment category column • Advanced dentistry - designated as (A) in the treatment category column • Surgery - designated as (S) in the treatment category column 						
	Abbreviations used in Dental Coding						
	<p>DM Direct Material Column</p> <ul style="list-style-type: none"> • +D Add fee/benefit for denture • +L Add laboratory fee • +M Add material fee 						
	<p>MP Mouth Part Column</p> <ul style="list-style-type: none"> • M Maxilla/Mandible • Q Quadrant • S Sextant • T Tooth 						

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	TC Treatment Category Column <ul style="list-style-type: none"> A Advanced dentistry B Basic dentistry S Surgery 						
	Practice type codes: <ul style="list-style-type: none"> 25400 General Dental Practitioner 26200 Specialist Maxillo Facial and Oral Surgeon 26400 Specialist Orthodontist 29200 Specialist in Oral Medicine and Periodontics 29400 Specialist Prosthodontist 29800 Specialist Oral Pathologist 39500 Dental Therapist 						
F.	GUIDELINES TO MEDICAL SCHEMES						
	Age of a Child. The determination of a child or adult status of the patient should be based on the clinical development of the patient's dentition. Where administrative constraints preclude the use of clinical development so that the chronological age must be used to determine the child or adult status, the patient is defined as an adult beginning at age 12 with the exclusion of treatment for orthodontics or sealants.						
	Frequency of benefits. The South African Dental Association recommends to medical schemes, where considered necessary and appropriate, that contract limitations on the frequency of providing care for certain services be stated as "twice a calendar year" rather than once in every six months.						

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	<p>Radiographs and records.</p> <p>Radiographs should be taken only for clinical reasons as determined by the treating dentist. Postoperative radiographs should only be required as part of dental treatment. When a dentist determined it is appropriate to comply with a third-party payer's request for radiographs, a duplicate set should be submitted and the originals retained by the dentist. Any additional costs incurred by the dentists in copying radiographs and clinical records for claims determination should be reimbursed by the third-party payer or the patient.</p>						
	<p>New vs. established patient.</p> <p>A new patient is one who has not received any professional services from the dentist or another dentist of the same speciality who belongs to the same group practice, within the past three years. An established patient (patient of record) is one who has received professional services from the dentist or another dentist of the same speciality who belongs to the same group practice, within the past three years.</p> <p>In the instance where a dentist is on call for or covering for another dentist, the patient's encounter will be classified as it would have been by the dentist who is not available.</p>						
II.	DENTAL PROCEDURES AND SERVICES						
A.	DIAGNOSTIC SERVICES						
	<p>The branch of dentistry used to identify and prevent dental disorders and disease. Includes all services/procedures available to the dentist for evaluating existing conditions and determining any further dental care that may be required.</p>						

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**Oral
Pathology**
Code: **098**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
	CLINICAL ORAL EXAMINATIONS						
	<p>The purpose of oral examinations is to observe and record pertinent information, past and present, necessary to arrive at a diagnosis and treatment plan (when treatment is indicated). A treatment plan is a list of procedures or services the dentist proposes to perform on a dental patient based on the results of the examination and diagnosis. Often more than one treatment plan is presented.</p> <p>Oral examinations may require the integration of information that is acquired through additional diagnostic procedures, which should be reported separately. The oral examination, diagnosis, and treatment planning are the responsibility of the dentist. The collection and recording of some data and components of the oral examination may however be delegated. Oral examinations and consultations include the issuing of prescriptions where medication is required.</p>						
8103	Extensive oral examination – condition focused combined consultation for complex treatment planning	R 285,90	R 285,90	R 285,90	R 285,90	R 285,90	
8105	Case presentation – extensive treatment planning Use this code for the presentation of a treatment plan to a patient as a result of an extensive oral examination (Code 8103) and treatment planning (e.g. orthognathic case presentation to the patient and family). This code may not be reported on the same day as the examination or any other procedure	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8893	Telephonic/electronic consultation	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8894	Consultation without the patient (with family for consent or writing of special reports, or preparation of quotations)	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00

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8895	Examination under general anaesthesia	R 250,50					
	GENERAL DENTAL PRACTITIONER						
8101	Oral examination	R 224,30					
8102	Comprehensive oral examination	R 362,00					
8104	Limited oral examination	R 108,70					
8189	Re-examination - existing condition	R 108,70					
8176	Periodontal screening	R 189,00					
8190	Consultation - second opinion or advice	R 224,30					
	Maxillo Facial Surgeon						
8901	Consultation - MFOS		R 285,90				
8902	Consultation - MFOS (detailed)		R 748,30				
*8840	Treatment planning for orthognathic surgery - ALL	R 645,60	R 968,40	R 968,40			
	ORTHODONTIST						
8801	Consultation - Orthodontist			R 285,90			
8803	Consultation - Orthodontis (subsequent, retention and post treatment)			R 166,50			
8837	Diagnosis and treatment planning - Orthodontist			R 132,90			
	PERIODONTIST/ORAL MEDICINE						
	Codes 8701, 8703, 8705 and 8707 cannot be charged at one and the same visit.						
8701	Consultation - periodontist				R 285,90		
8703	Consultation - Periodontist (detailed)				R 748,30		
8705	Re-examination - Periodontist				R 223,60		

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8707	Periodontal screening - Periodontist				R 223,60		
8781	Consultation - Oral medicine (simple)				R 223,60		
8782	Consultation - Oral medicine (complex)				R 393,10		
8783	Consultation - Oral medicine (subsequent)				R 166,50		
	PROSTHODONTIST						
8501	Consultation - Prosthodontis					R 285,90	
8507	Comprehensive consultation - Prosthodontist					R 459,00	
8506	Detailed consultation - Prosthodontist					R 748,30	
	ORAL PATHOLOGIST						
9201	Consultation - oral pathologist						R 287,00
9205	Consultation - oral pathologist (subsequent)						R 167,00

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	RADIOGRAPHS/DIAGNOSTIC IMAGING						
	<p>Diagnostic radiographs/diagnostic images include interpretation.</p> <p>Radiographs/diagnostic images should only be taken for clinical reasons as determined by the dentist and practitioners should comply with the Regulations concerning safe radiological practice and take the necessary precaution to minimise radiation of patients. Radiographs/diagnostic images are part of the patient's clinical record, should be of diagnostic quality, properly identified and dated. The dentist should retain the original images and only copies should be used to fulfil requests made by patients or third party funders.</p> <p>A complete series of intra-oral radiographs/images for diagnostic purposes is required once per treatment plan only. A second series may be required in exceptional cases e.g., following periodontal surgery. The same applies to panoramic films, where additional films may be required for follow-up/re-evaluation purposes.</p> <p>Diagnostic radiographs/diagnostic images preceding endodontic treatment, periodontal treatment, the surgical extraction of teeth or roots and fixed prostheses are fundamental to ethical clinical practice.</p>						
8107	Intraoral radiograph - periapical	R 90,70	R 90,70	R 90,70	R 90,70	R 90,70	
8108	Intraoral radiographs - complete series	R 703,00	R 703,00	R 703,00	R 703,00	R 703,00	
8112	Intraoral radiograph - bitewing	R 90,70	R 90,70	R 90,70	R 90,70	R 90,70	
8113	Intraoral radiograph - occlusal	R 156,40	R 156,40	R 156,40	R 156,40	R 156,40	
8114	Extraoral radiograph - hand-wrist	R 363,20	R 363,20	R 363,20	R 363,20	R 363,20	
8115	Extraoral radiograph - panoramic	R 363,20	R 363,20	R 363,20	R 363,20	R 363,20	

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8116	Extraoral radiograph - cephalometric	R 363,20	R 363,20	R 363,20	R 363,20	R 363,20	
8118	Extraoral radiograph - skull/facial bone	R 363,20	R 363,20	R 363,20	R 363,20	R 363,20	
8121	Oral and/or facial image (digital/conventional)	R 97,60	R 97,60	R 97,60	R 97,60	R 97,60	
8601	Computerised implant planning	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8602	Computer Generated Surgical Guide	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8483	Cost of CT Scan DICOM conversion	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8485	Cost of the production of a computer generated surgical guide using rapid prototyping. Systems using computer generated laboratory techniques (e.g. Med 3-D) can use laboratory technician codes.(8099)	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8193	Three-dimensional reconstruction of cone beam volumetric image using existing data (includes multiple images)	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8194	CBCT capture and interpretation with limited field of view -less than one whole jaw	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8195	CBCT capture and interpretation with limited field of view of one full dental arch -mandible	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8196	CBCT capture and interpretation with limited field of view of one full dental arch – maxilla without orbits and/or cranium	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8199	CBCT capture and interpretation with limited field of view of one full dental arch – maxilla with orbits and/or cranium	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8197	CBCT capture and interpretation with limited field of view of both dental arches –without orbits and or cranium	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00

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8200	CBCT capture and interpretation with field of view of both dental arches –with orbits and/or cranium	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8217	CBCT capture and interpretation for the visualisation of sinuses	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8198	CBCT capture and interpretation for TMJ series including two or more exposures.	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8205	CBCT image capture with limited field of view –less than one whole jaw	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8206	CBCT image capture with limited field of view of one full dental arch -mandible	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8207	CBCT image capture with limited field of view of one full dental arch – maxilla without orbits and or cranium	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8210	CBCT image capture with limited field of view of one full dental arch – maxilla with orbits and/or cranium	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8208	CBCT capture with limited field of view of both dental arches –without orbits and or cranium	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8211	CBCT capture with field of view of both dental arches –with orbits and/or cranium	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8218	CBCT capture for the visualisation of sinuses	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8209	CBCT capture for TMJ series including two or more exposures.	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8203	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including the report	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8212	Interpretation of diagnostic image by a practitioner associated with capture of the image, including the report	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8219	Report by a third party on pathology, implant measurements, endodontics, orthodontic measurements, nerve proximities etc	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
	OTHER DIAGNOSTIC PROCEDURES						
8117	Diagnostic models	R 97,60	R 97,60	R 97,60	R 97,60	R 97,60	R 97,60

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
8119	Diagnostic models mounted	R 245,50	R 245,50	R 245,50	R 245,50	R 245,50	
8126	Digital Diagnostic Models	R 245,50	R 245,50	R 245,50	R 245,50	R 245,50	
*8122	Microbiological studies						
*8123	Caries susceptibility tests (By Arrangement)	R 101,70					
8124	Pulp tests	R 26,60					
8125	Pulp tests – more than 3 teeth. See Code 8124 for descriptor	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8503	Occlusion analysis mounted	R 305,60				R 459,00	
8505	Pantographic recording	R 443,80				R 665,80	
*8508	Electrognathographic recording	R 475,30				R 712,70	
*8509	Electrognathographic recording with computer analysis	R 789,10				R 1 183,60	
8811	Tracing and analysis of extra-oral film	R 42,10	R 42,10	R 42,10	R 42,10	R 42,10	
8839	Diagnostic setup (orthodontics)	R 187,50		R 281,00			
B.	PREVENTIVE SERVICES						
	Services/procedures intended to eliminate or reduce the need for future dental treatment.						
	DENTAL PROPHYLAXIS						
8155	Polishing - complete dentition	R 137,70			R 189,80	R 137,70	
8159	Prophylaxis - complete dentition	R 270,90			R 381,60	R 270,90	
*8160	Removal of gross calculus						
8179	Polishing - complete dentition (periodontally compromised patient)	R 158,10					
8180	Prophylaxis - complete dentition (periodontally compromised patient)	R 294,30					

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	TOPICAL FLUORIDE TREATMENT						
	"Topical fluoride treatment procedures involve the professionally application of topical fluoride within the dental office. Excludes fluoride application as part of prophylaxis paste, fluoride rinses or "swish." For application of desensitising medicaments, see codes 8166 and 8167 in the supplementary section."						
8161	Topical application of fluoride - child	R 137,70			R 137,70	R 137,70	
8162	Topical application of fluoride - adult	R 137,70			R 137,70	R 137,70	
	SPACE MAINTENANCE (PASSIVE APPLIANCES)						
	Passive appliances are designed to prevent tooth movement.						
8173	Space maintainer - fixed, per abutment	R 255,70					
8174	Recementation of space maintainer	R 63,90					
8175	Space maintainer - removable	R 329,60					
	OTHER PREVENTIVE PROCEDURES						
*8149	Nutritional counselling						
*8150	Tobacco counselling						
*8151	Oral hygiene instruction	R 137,70			R 275,90	R 275,90	
*8153	Oral hygiene instruction - each additional visit	R 100,80			R 132,90	R 132,90	
8163	Dental sealant	R 90,70				R 90,70	
8169	Occlusal guard	R 529,50					
8171	Mouth guard	R 160,50					
8177	Oral hygiene instruction (periodontally compromised patient)	R 208,80					

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8178	Oral hygiene instruction - each additional visit (periodontally compromised patient)	R 112,50					
C.	RESTORATIVE SERVICES						
	<p>The branch of dentistry that deals with the reconstruction of the hard tissues of a tooth or group of teeth, injured or destroyed by trauma or disease. Restorative services/procedures intend to restore the function of a natural tooth.</p> <p>Anterior teeth include incisors and canines. Posterior teeth include premolars and molars.</p> <p>The number of tooth surfaces restored, i.e. mesial, occlusal (or incisal), distal, lingual, or vestibular (buccal or labial), is used to determine the appropriate procedure code. A one surface restoration for example, involves only one of the surfaces, while a two-surface restoration extends to two of the five surfaces. With a four-or-more-surfaces anterior restoration involving four tooth surfaces and the incisal angle is involved.</p> <p>Limitations on amalgam and resin-based composite restorations:</p> <ol style="list-style-type: none"> (1) The reporting of two separate restorations of the same material (e.g., a MO and DO amalgam restoration) on the same tooth is appropriate. Some medical schemes however, have a clause in its dental plan(s) that restricts coverage of the same tooth surface, such as an occlusal, twice on the same day and may require the reporting of a MOD restoration instead of a separate MO and DO restoration. (2) The current NHRPL rates include direct pulp capping (code 8301) and rubber dam application (code 8304). 						

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	AMALGAM RESTORATIONS						
	"All adhesives, liners, bases and polishing are included as part of the restoration. If pins are used, they should be reported separately. See codes 8345, 8347 and 8348 for post and/or pin retention."						
8341	Amalgam - one surface	R 274,00					
8342	Amalgam - two surfaces	R 337,60					
8343	Amalgam - three surfaces	R 411,80					
8344	Amalgam - four or more surfaces	R 459,00					
8346	Restorative Material Factor	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
	RESIN-BASED COMPOSITE RESTORATIONS						
	Resin restorations refer to a broad category of materials including but not limited to composites. Report these codes when glass ionomers/compomers are used as restorations. The procedures include acid etching, adhesives (including resin bonding agents) and curing part of the restoration. Resin restorations utilise the direct technique. For the indirect technique, see "Resin inlays/onlays" If pins are used, they should be reported in addition to these codes - See codes 8345, 8347 and 8348 for post and/or pin retention						
8350	Resin crown - anterior primary tooth (direct)	R 597,90					
8351	Resin - one surface, anterior	R 300,80					
8352	Resin - two surfaces, anterior	R 378,50					
8353	Resin - three surfaces, anterior	R 452,00					
8354	Resin - four or more surfaces, anterior	R 504,40					

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8367	Resin - one surface, posterior	R 326,20					
8368	Resin - two surfaces, posterior	R 403,40					
8369	Resin - three surfaces, posterior	R 487,70					
8370	Resin - four or more surfaces, posterior	R 524,70					
	GOLD FOIL RESTORATIONS - DELETED FROM GEMS TARIFF 2011						
*8561	Gold foil class I or IV - DELETED FROM GEMS TARIFF 2011					R 1 196,80	
*8563	Gold foil class V - DELETED FROM GEMS TARIFF 2011					R 1 400,30	
*8565	Gold foil class III - DELETED FROM GEMS TARIFF 2011					R 1 762,10	
	INLAY/ONLAY RESTORATIONS						
	Temporary and/or intermediate inlays/onlays, the removal thereof and cementing of the permanent restoration are included as part of the restoration. The cusp tip must be overlaid to be considered an onlay.						
	METAL INLAYS/ONLAYS						
	Use these codes for single metal inlay/onlay restorations. See the Fixed Prosthodontic Service section for metal inlay/only bridge retainers. Metal components include structures manufactured by means of conventional casting and/or electroforming. The benefits provided by some medical schemes for metal inlays on anterior teeth (incisors and canines) may be subject to pre-authorisation.						
8360	Temporary inlay/onlay	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8361	Inlay - metal - one surface	R 418,70				R 825,40	

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8362	Inlay/onlay - metal - two surfaces	R 612,10				R 1 196,80	
8363	Inlay/onlay - metal - three surfaces	R 1 020,30				R 1 855,90	
8364	Inlay/onlay - metal - four or more surfaces	R 1 234,10				R 1 855,90	
	PORCELAIN/CERAMIC INLAYS/ONLAYS						
	Use these codes for single porcelain/ceramic inlay/onlay restorations. See the Fixed Prosthodontic Service section for porcelain/ceramic inlay/only bridge retainers. Porcelain/ceramic inlays/onlays include all indirect ceramic, porcelain and polymer-reinforced porcelain type inlays/onlays. Fees for the application of a rubber dam (8304) may be levied in addition to these codes. TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the restoration.						
8371	Inlay - porcelain - one surface	R 504,40				R 997,10	
8372	Inlay/onlay - porcelain - two surfaces	R 744,70				R 1 435,70	
8373	Inlay/onlay - porcelain - three surfaces	R 1 227,20				R 2 230,90	
8374	Inlay/onlay - porcelain - four or more surfaces	R 1 486,50				R 2 230,90	
	Procedures utilizing computer generated restorations						
	Fabrication of computer generated restorations						

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Code: **094**

Practice Type:
Oral Pathology
Code: **098**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
	This procedure involves the fabrication of a computer generated (CAD-CAM) resin or ceramic restoration by the dental practitioner. This includes the design, milling, and finishing of the resin or ceramic restoration and replace the laboratory codes used when resin or ceramic restorations are made by conventional means in a dental laboratory. The codes 8560 and 8570 are currently used. Please use codes 8519 -8526 for fabrication and 8527 and 8528 for direct cost of material. Code 8304 (isolation of tooth/teeth) may be levied in addition to these codes. M8023 is applied for th						
8519	Fabrication of computer generated 1-3 surface resin or ceramic inlay or onlay	R 744,70				R 1 435,70	
	This procedure involves the fabrication of a computer generated (CAD-CAM) resin or ceramic restoration by the dental practitioner. See Code 8527, 8528 for cost of materials. Practitioners will use this code and not the usual laboratory fees (8099)						
8520	Fabrication of computer generated 4 or more surface resin or ceramic inlay or onlay	R 1 486,50				R 2 230,90	
	This procedure involves the fabrication of a computer generated (CAD-CAM) resin or ceramic inlay or onlay by the dental practitioner. See Code, 8527, 8528 for cost of materials. Practitioners will use this code and not the usual laboratory fees (8099)						
8521	Fabrication of computer generated resin or ceramic crown	R 1 573,80				R 2 316,80	
	This procedure involves the fabrication of a computer generated (CAD-CAM) resin or ceramic crown by the dental practitioner. See Code 8527, 8528 for the cost of direct materials. Practitioners will use this code and not the usual laboratory fees (8099)						
8522	Fabrication of computer generated resin or ceramic crown retainer, per unit as part of bridge framework	R 1 573,80				R 2 316,80	

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	This procedure involves the fabrication of a computer generated (CAD-CAM) resin or ceramic crown retainer by the dental practitioner. See Code 8527, 8528 for the cost of direct materials. Practitioners will use this code and not the usual laboratory fees (8099)						
8523	Fabrication of computer generated resin or ceramic pontic, per unit as part of bridge framework	R 1 573,80				R 2 316,80	
	This procedure involves the fabrication of a computer generated (CAD-CAM) resin or ceramic pontic by the dental practitioner. See Code, 8527, 8528 for the cost of direct materials. Practitioners will use this code and not the usual laboratory fees (8099)						
8524	Fabrication of computer generated resin or ceramic veneer for bridge framework, per unit	R 1 056,80				R 1 585,50	
	This procedure involves the fabrication of a computer generated (CAD-CAM) resin or ceramic veneer for bridge framework by the dental practitioner. See code, 8527 for the cost of direct materials. Practitioners will use this code and not the usual laboratory fees (8099)						
	This procedure involves the fabrication of a computer generated (CAD-CAM) ceramic restoration by the dental practitioner. See Code 8527, 8528 for the cost of direct materials. Practitioners will use this code and not the usual laboratory fees (8099)						
	This procedure involves the fabrication of a computer generated (CAD-CAM) ceramic restoration by the dental practitioner. See Code 8527, 8528 for the cost of direct materials. Practitioners will use this code and not the usual laboratory fees (8099)						
	Direct cost of materials in the fabrication of computer generated restorations						

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
8525	Fabrication of computer generated ceramic implant supported restoration, per unit	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8526	Fabrication of a computer generated ceramic implant abutment, per unit	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8527	Direct Cost of material in the fabrication of computer generated resin restoration.						
8528	Direct Cost of material in the fabrication of computer generated ceramic restoration.						
8560	Cost of ceramic block						
8570	Fabrication of computer generated ceramic restoration						
	RESIN-BASED INLAYS/ONLAYS						
	Resin based inlays/onlays usually utilise the indirect technique. Fees for the application of a rubber dam (8304) may be levied in addition to these codes. When the direct technique is used, laboratory costs do not apply. An additional fee may be levied by reporting Modifier 8023 in addition to these codes.						
8381	Inlay - resin - one surface	R 504,40				R 997,10	
8382	Inlay/onlay - resin - two surfaces	R 744,70				R 1 435,70	
8383	Inlay/onlay - resin - three surfaces	R 1 227,20				R 2 230,90	
8384	Inlay/onlay - resin - four or more surfaces	R 1 486,50				R 2 230,90	
8385	Fabrication of Indirect resin inlay/onlay restoration	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00

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	CROWNS – SINGLE RESTORATIONS						
	<p>"Use these codes for single crown restorations. See the Fixed Prosthodontic Service section for crown bridge retainers and the Implant Services section for crowns on osseo-integrated implants.</p> <p>Porcelain/ceramic crowns include all ceramic, porcelain and porcelain fused to metal crowns. Resin crowns and resin metal crowns include all reinforced heat and/or pressure-cured resin materials. Metal components include structures manufactured by means of conventional casting and/or electroforming.</p> <p>Temporary and/or intermediate crowns, the removal thereof (provisional crowns included) and cementing of the permanent restorations are included as part of the restorations.</p> <p>TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the restoration."</p>						
8400	Temporary crown	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8401	Crown - full cast metal	R 1 573,80				R 2 316,80	
8403	Crown - 3/4 cast metal	R 1 573,80				R 2 316,80	
8404	Crown - 3/4 porcelain/ceramic	R 1 486,40				R 2 230,90	
8405	Crown - resin laboratory	R 1 486,40				R 2 230,90	
8406	Crown – three-quarter resin (indirect)	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00

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8407	Crown - resin with metal	R 1 573,80				R 2 316,80	
8409	Crown - porcelain/ceramic	R 1 573,80				R 2 316,80	
8411	Crown - porcelain with metal	R 1 573,80				R 2 316,80	
8410	Provisional crown	R 305,60			R 305,60	R 459,00	
	VENEERS						
8355	Veneer - resin (chair-side)	R 477,50				R 477,50	
8552	Veneer - porcelain (laboratory)	R 1 056,80				R 1 585,50	
8554	Veneer - resin (laboratory)	R 1 056,80				R 1 585,50	
	TEMPORARY RESTORATIONS						
8137	Emergency crown (chair-side)	R 472,50				R 472,50	
8357	Prefabricated metal crown	R 281,00				R 281,00	
8480	Cost of Prefabricated metal restoration						
8375	Prefabricated resin crown	R 281,00				R 281,00	
8481	Cost of prefabricated resin crown	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8380	Cost of Prefabricated non metal restoration						
	OTHER RESTORATIVE PROCEDURES						
	Pin Retention and Cores						
8345	Prefabricated post retention, per post (in addition to restoration)	R 270,90					
8347	Pin retention - first pin (in addition to restoration)	R 136,20					
8348	Pin retention - each additional pin (in addition to restoration)	R 126,10					
8366	Pin retention as part of cast restoration (any number of pins)	R 203,60				R 275,90	
8376	Core build-up with prefabricated posts	R 749,60				R 749,60	
8379	Cost of prefabricated posts						

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8391	Cast core with single post	R 316,20					
8392	Cast post (each additional)	R 188,10					
8397	Cast core with pins (any number of pins)	R 504,40				R 655,80	
8396	Coping – metal	R 205,10				R 383,40	
8398	Core build-up with or without pins	R 612,10				R 612,10	
8581	Cast core with single post					R 467,10	
8582	Cast core with double post					R 665,80	
8583	Cast core with triple post					R 825,40	
	UNCLASSIFIED RESTORATIVE PROCEDURES						
8130	Rebond veneer	R 137,70				R 174,70	
8133	Recement inlay, onlay, crown or veneer	R 137,70				R 174,70	
8142	Recement inlay/onlay/veneer	R 137,70				R 174,70	
8134	Recement cast core or post	R 137,70				R 174,70	
8135	Remove inlay, onlay or crown	R 274,00				R 274,00	
8156	Removal of inlay/onlay/Veneer	R 274,00				R 274,00	
8138	Remove retention post (prefabricated or cast)	R 179,80					
*8146	Resin bonding for restorations						
8228	ART restorations	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8157	Re-burnishing and polishing of restorations - complete dentition	R 137,70					
8349	Carve restoration to accommodate existing removable prosthesis	R 55,50					
8413	Repair crown (permanent or provisional)	R 305,60				R 305,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
8414	Additional fee for provision of crown within an existing clasp or rest	R 90,70					
D.	ENDODONTIC SERVICES						
	Services/procedures intended to treat diseases of the dental pulp and their sequelae.						
	PULP CAPPING						
	These codes should not be used as a base or liner under a restoration. Certain funders (medical aids) may restrict the placement of the final restoration during the same visit.						
8301	Pulp cap - direct	R 183,40					
8303	Pulp cap - indirect	R 183,40					
	PULPOTOMY						
8307	Pulp amputation (pulpotomy)	R 179,80					
8132	Pulp removal (pulpectomy)	R 225,20					
	ENDODONTIC THERAPY						
	Includes endodontic therapy on primary teeth. Does not include diagnostic evaluation and necessary radiographs/ diagnostic images. Limitation: Intra-operative radiographs/ diagnostic images are limited to three on a single canal tooth and five on a multi-canal tooth for each completed endodontic therapy. Report code 8304 (application of a rubber dam) in addition to these codes.						
	Preparatory Visits						

NON-CONTRACTED DENTAL PRACTITIONERS



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TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
8332	Root canal preparatory visit - single canal tooth	R 137,70					
8333	Root canal preparatory visit - multi canal tooth	R 193,00					
8317	Root canal preparation, each additional canal	R 255,80					
	Preparation of the canal. May require further appointments to prepare the canal. Obturation is done in a subsequent appointment.						
8318	Irrigation and medication per tooth at a separate visit	R 55,20					
	OBTUATION OF CANALS						
	Codes 8328, 8335, 8336 and 8337 (obturation of root canals at a subsequent visit) are intended to be used in conjunction with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal).						
8335	Root canal obturation - anteriors and premolars - first canal	R 625,40					
8328	Root canal obturation - anteriors and premolars - each additional canal	R 255,80					
8336	Root canal obturation - posteriors - first canal	R 860,60					
8337	Root canal obturation - posteriors - each additional canal	R 255,80					
	COMPLETE THERAPY						
	Codes 8329, 8338, 8339 and 8340 (endodontic treatment completed at a single visit) may not be used with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal).						
8338	Root canal therapy - anteriors and premolars - first canal	R 956,60					
8329	Root canal therapy - anteriors and premolars - each additional canal	R 319,20					
8339	Root canal therapy - posteriors - first canal	R 1 314,80					

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8340	Root canal therapy - posteriors - each additional canal	R 319,20					
8631	Root canal therapy - first canal					R 1 624,00	
8633	Root canal therapy - each additional canal					R 408,60	
8639	Endodontic instruments per patient per completed treatment.	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
	ENDODONTIC RETREATMENT						
8334	Re-preparation of previously obturated root canal	R 203,60				R 245,50	
8323	"Retreatment of previously completed root canal therapy, each additional canal – anterior or premolar"	R 203,60	R 0,00	R 0,00	R 0,00	R 245,50	R 0,00
8324	Retreatment of previously completed root canal therapy, each additional canal – molar	R 203,60	R 0,00	R 0,00	R 0,00	R 245,50	R0,00
	APEXIFICATION/RECALCIFICATION PROCEDURES						
8634	Apexification/ apexogenesis /revascularisation - initial visit	R 183,40				R 270,90	
8635	Apexification/recalcification – per visit	R 183,40				R 270,90	
	PERIRADICULAR PROCEDURES						
9015	Apicectomy - anteriors (including retrograde filling)	R 679,30	R 901,00		R 901,00	R 901,00	
8637	Apicectomy/ periradicular surgery, first root – premolar	R 815,10	R 1 081,20		R 1 081,20	R 1 081,20	
8638	Apicectomy/ periradicular surgery, each additional root – anteriors and premolars	R 339,60	R 450,50		R 450,50	R 450,50	
9016	Apicectomy - posteriors (including retrograde filling)	R 1 198,10	R 1 797,30		R 1 797,30	R 1 797,30	
8642	Apicectomy/ periradicular surgery, each additional root – molars	R 1 198,10	R 1 797,30		R 1 797,30	R 1 797,30	
	OTHER ENDODONTIC PROCEDURES						
8330	Removal of root canal obstruction	R 179,80					
8331	Repair of perforation defects	R 179,80					

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8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	R 122,80					
8640	Removal of fractured post or instrument from root canal					R 477,50	
8765	Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	R 601,00			R 901,00	R 901,00	
8792	Vestibuloplasty with teeth per sextant	R 3 296,60	R 4 945,30		R 4 945,30		
8793	Vestibuloplasty in an edentulous area per sextant	R 2 747,20	R 4 121,10		R 4 121,10		
8794	Alveoplasty with implant therapy 1-3 teeth	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8795	Alveoplasty with implant therapy 4 or more teeth	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8796	Repair of oronasal opening	R 1 395,50	R 2 093,30				
E.	PERIODONTIC SERVICES						
	The branch of dentistry used to treat and prevent disease affecting the gingivae, ligaments and bone that supports the teeth.						
	SURGICAL SERVICES						
	Surgical services includes usual postoperative care.						
8741	Gingivectomy/gingivoplasty - four or more teeth per quadrant	R 719,60			R 987,00		
8743	Gingivectomy or gingivoplasty - one to three teeth per quadrant	R 574,90			R 783,50		
8749	Flap procedure, root planing and one to three surgical services - per quadrant	R 1 493,90			R 2 241,10		
8746	Flap operation with root planing and curettage (open curettage) – four or more teeth per quadrant	R 1 792,70			R 2 689,30		
	See code 8749 for descriptor						
8747	Flap operation with root planing and curettage, including bone surgery – one to three teeth per quadrant	R 1 942,10			R 2 913,40		

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8748	Flap operation with root planing and curettage, including bone surgery – four or more teeth per quadrant	R 2 091,50			R 3 137,50		
8751	Flap procedure, root planing and one to three surgical services - per sextant	R 1 237,40			R 1 855,90		
8753	Flap procedure, root planing and four or more surgical services - per quadrant	R 1 851,60			R 2 777,60		
8755	Flap procedure, root planing and four or more surgical services - per sextant	R 1 500,70			R 2 251,20		
8756	Clinical crown lengthening (isolated procedure)	R 910,00			R 1 365,10		
8759	Pedicle flapped graft (isolated procedure)	R 683,80			R 1 025,50		
*8761	Masticatory mucosal autograft - one to four teeth (isolated procedure)	R 742,90	R 1 114,60		R 1 114,60		
*8762	Masticatory mucosal autograft - four or more teeth (isolated procedure)	R 1 116,40	R 1 674,40		R 1 674,40		
8763	Wedge resection (isolated procedure)	R 437,20			R 655,80		
*8766	Bone regeneration/repair procedure - as part of a flap operation	R 357,70			R 536,30		
*8767	Bone regeneration/repair procedure - at a single site	R 927,10	R 1 390,60		R 1 390,60		
*8769	Membrane removal (used for guided tissue regeneration)	R 437,20	R 655,80		R 655,80		
*8770	Cost of bone regenerative/repair material						
*8772	Submucosal connective tissue autograft (isolated procedure)	R 751,00	R 1 126,50		R 1 126,50		
8780	Alveolar process preservation, per extraction site	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8995	Gingivectomy - per jaw	R 1 066,00	R 1 598,70				
	NON-SURGICAL PERIODONTAL SERVICES						
8723	Provisional splinting - extracoronal (wire) - per sextant	R 255,80			R 383,40	R 383,40	
8725	Provisional splinting - extracoronal (wire plus resin) - per sextant	R 371,20			R 556,50	R 556,50	

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8727	Provisional splinting - intracoronaral - per tooth	R 116,40			R 174,70	R 174,70	
8737	Root planing - four or more teeth per quadrant	R 551,60			R 748,30		
8739	Root planing - one to three teeth per quadrant	R 438,80			R 596,80		
8773	Cost of intrapocket chemotherapeutic agent						
	OTHER PERIODONTAL SERVICES						
8711	The visualisation enhancement adjunct (VEA)	R 92,00					
8768	Unlisted periodontal procedure	R 437,20			R 655,80		
8732	Topical treatment of diseased soft tissue	R 160,50					
8787	Unlisted oral medicine procedure	R 156,80			R 235,20		
F.	REMOVABLE PROSTHODONTICS						
	"The branch of prosthodontics concerned with the replacement of teeth by artificial substitutes that is readily removable. Removable prosthodontic services include routine post-operative care."						
	COMPLETE DENTURES						
8231	Complete dentures - maxillary and mandibular	R 2 222,70				R 4 640,30	
8232	Complete denture - maxillary or mandibular	R 1 370,20				R 3 246,50	
8244	Immediate denture - maxillary	R 1 370,20				R 2 055,50	
8245	Immediate denture - mandibular	R 1 370,20				R 2 055,50	
8246	Immediate denture - Partial	R 959,10				R 1 438,90	
8643	Complete dentures - maxillary and mandibular (with complications)					R 6 022,00	
8645	Complete dentures - maxillary and mandibular (with major complications)					R 7 407,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
8646	Immediate denture – maxillary or mandibular Only for Prosthodontist	R 2 274,50				R 3 412,20	
8647	Immediate denture – maxillary or mandibular (with major complications) Only for Prosthodontist	R 2 274,50				R 3 412,20	
8649	Complete denture - maxillary or mandibular (with complications)					R 3 705,50	
8651	Complete denture - maxillary or mandibular (with major complications)					R 4 168,00	
	PARTIAL DENTURES						
8233	Partial denture - resin base - one tooth	R 637,10					
8234	Partial denture - resin base - two teeth	R 637,10					
8235	Partial denture - resin base - three teeth	R 953,50					
8236	Partial denture - resin base - four teeth	R 953,50					
8237	Partial denture - resin base - five teeth	R 953,50					
8238	Partial denture - resin base - six teeth	R 1 264,60					
8239	Partial denture - resin base - seven teeth	R 1 264,60					
8240	Partial denture - resin base - eight teeth	R 1 264,60					
8241	Partial denture - resin base - nine or more teeth	R 1 264,60					
8281	Partial denture - cast metal framework only	R 1 486,50					
8283	Partial denture – Flexidenture framework	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8284	Full denture –Flexidenture framework	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8671	Partial denture - cast metal framework with resin denture base					R 3 705,50	
	ADJUSTMENTS TO DENTURES						
8275	Adjust complete or partial denture	R 100,80				R 100,80	

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8662	Adjust complete or partial dentures (remounting)	R 356,60				R 535,00	
	REPAIRS TO DENTURES						
	Professional fees should not be levied for the repair of dentures/intra-oral appliances if the practitioner did not examine the patient. Laboratory costs, however, may be recovered.						
8269	Repair denture or other intra-oral appliance	R 174,70				R 188,10	
8270	Add clasp to existing partial denture	R 126,10					
8271	Add tooth to existing partial denture	R 126,10					
8273	Impression to repair or modify a denture or other intra-oral appliance	R 100,80				R 100,80	
	DENTURE REBASE PROCEDURES						
	Rebase – The partial or complete removal and replacement of the denture base.						
8259	Rebase complete or partial denture (laboratory)	R 519,50				R 749,60	
8261	Remodel complete or partial denture	R 833,80					
	DENTURE RELINE PROCEDURES						
	Reline - The addition of material to the fitting surface of a denture base.						
8263	Reline complete or partial denture (chair-side)	R 329,60				R 411,80	
8267	Reline complete or partial denture (laboratory)	R 758,50				R 758,50	

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	INTERIM DENTURES						
	Also known as provisional, temporary, or transitional dentures. Provisional dentures are used for a limited period of time for reasons of aesthetics, function or occlusal support, after which it is replaced by a more definitive prosthesis.						
8658	Interim complete denture	R 1 370,20				R 2 055,40	
8659	Interim partial denture	R 1 096,10				R 1 644,40	
8661	Diagnostic dentures (including tissue conditioning)					R 3 705,50	
	OTHER REMOVABLE PROSTHETIC PROCEDURES						
*8251	Clasp or rest - cast gold	R 126,10					
*8253	Clasp or rest - wrought gold	R 126,10					
8255	Clasp or rest - stainless steel	R 132,90					
8257	Bar - lingual or palatal	R 156,40					
8265	Tissues conditioning per arch (including soft self-cure reline)	R 215,50				R 275,90	
*8277	Inlay in denture						
8597	Locks and milled rests	R 125,50				R 188,10	
8599	Precision attachment (removable denture)	R 305,60				R 459,00	
8652	Overdenture - complete	R 2 470,40				R 3 705,50	
8653	Overdenture - partial	R 1 976,20				R 2 964,50	
8657	Replacement of precision attachment	R 174,70				R 188,10	
8663	Metal base to complete denture	R 744,20				R 1 116,40	
8664	Remount crown or bridge for prosthetics	R 356,60				R 558,70	
8667	Soft base to denture (heat cured)	R 744,20				R 1 116,40	
8672	Altered cast technique (in addition to partial denture)	R 95,40				R 143,20	

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8674	Additive partial denture	R 1 120,80				R 1 681,40	
G.	MAXILLO-FACIAL PROSTHETICS						
	"The branch of prosthodontics concerned with the restoration of stomatognathic and associated facial structures that have been affected by disease, injury, surgery or congenital defect. Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Schedule plus the fee/benefit indicated"						
9196	Planning for Craniofacial Reconstruction – Simple	R 645,60	R 968,40	R 968,40			
9197	Planning for Craniofacial Reconstruction – Complex	R 9 979,20		R 14 968,40			
	MAXILLIARY PROSTHESIS						
9101	Obturator prosthesis, surgical - modified denture	R 184,20				R 275,90	
9102	Obturator prosthesis, surgical - continuous base	R 498,60				R 748,30	
9103	Obturator prosthesis, surgical - split base	R 742,90				R 1 114,60	
9104	Obturator prosthesis, interim - on existing denture	R 1 120,80				R 1 681,40	
9105	Obturator prosthesis, interim - on new denture	R 3 461,20				R 5 191,80	
9106	Obturator prosthesis, definitive - open/hollow box	R 1 120,80				R 1 681,40	
9107	Obturator prosthesis, definitive - silicone glove	R 2 164,40				R 3 246,50	
	Obturator prosthesis modification						
8685	Modification of obturator prostheses per visit.	R 125,50				R 188,10	
	MANDIBULAR RESECTION PROSTHESES						
9108	Mandibular resection prosthesis w/ guide flange	R 2 658,40				R 3 987,90	
9109	Mandibular resection prosthesis w/o guide flange	R 2 470,40				R 3 705,50	

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9110	Mandibular resection prosthesis, palatal augmentation	R 498,60				R 748,30	
	Sleep apnea						
	GLOSSAL RESECTION PROSTHESES						
9111	Glossal resection prosthesis - simple	R 1 040,10				R 1 560,40	
9112	Glossal resection prosthesis - complex	R 1 558,10				R 2 337,10	
	RADIOTHERAPY APPLIANCES						
9113	Radiation carrier - simple	R 1 120,80				R 1 681,40	
9114	Radiation carrier - complex	R 3 093,50				R 4 640,30	
9115	Radiation shield - simple	R 1 120,80				R 1 681,40	
9116	Radiation shield - complex	R 3 093,50				R 4 640,30	
9117	Radiation cone locator	R 1 120,80				R 1 681,40	
	CHEMOTHERAPY APPLIANCES						
9118	Chemotherapeutic agent carrier	R 1 120,80				R 1 681,40	
	CLEFT PALATE PROSTHESES						
8855	Consultation - cleft palate therapy (house or hospital)	R 255,80		R 383,40		R 383,40	
8856	Consultation - cleft palate (subsequent)	R 125,50		R 188,10		R 188,10	
8857	Consultation - cleft palate (maximum)	R 873,00		R 1 309,70		R 1 309,70	
	NEONATAL PROSTHESES						
9119	Feeding aid prosthesis, neonatal	R 991,90		R 1 488,00		R 1 488,00	
9120	Orthopaedic appliance, active presurgical - minor	R 991,90		R 1 488,00		R 1 488,00	
9121	Orthopaedic appliance, active presurgical - moderate	R 1 468,20		R 2 202,10		R 2 202,10	
9122	Orthopaedic appliance, active presurgical - severe	R 2 470,40		R 3 705,50		R 3 705,50	
9123	Orthopaedic appliance, active presurgical - modification	R 125,50		R 188,10		R 188,10	

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	INTERMEDIATE/DEFINITIVE PROSTHESES						
9125	Speech aid/obturator prosthesis - palatal alteration	R 499,90				R 749,60	
9126	Speech aid/obturator prosthesis - velar alteration	R 1 120,80				R 1 681,40	
9127	Speech aid/obturator prosthesis - pharyngeal alteration	R 2 470,40				R 3 705,50	
9128	Speech aid/obturator prosthesis - modification	R 125,50				R 188,10	
9129	Speech aid/obturator prosthesis - surgical	R 991,90				R 1 488,00	
	SPEECH APPLIANCES						
9130	Speech aid appliance - palatal lift	R 498,60				R 748,30	
9131	Speech aid appliance - palatal stimulating	R 1 120,80				R 1 681,40	
9132	Speech aid appliance - bulb	R 2 470,40				R 3 705,50	
9133	Speech aid appliance - modification	R 125,50				R 188,10	
9134	Unspecified speech aid appliance						
	EXTRA-ORAL APPLIANCES						
9135	Auricular prosthesis - simple	R 3 093,50				R 4 640,30	
9136	Auricular prosthesis - complex	R 4 036,20				R 6 022,00	
9137	Nasal prosthesis - simple	R 3 093,50				R 4 640,30	
9138	Nasal prosthesis - complex	R 4 036,20				R 6 022,00	
9139	Ocular prosthesis - interim	R 1 120,80				R 1 681,40	
9140	Ocular prosthesis - modified stock appliance	R 2 780,50				R 4 171,20	
9141	Ocular prosthesis - custom appliance	R 4 036,20				R 6 022,00	
9142	Orbital prosthesis - simple	R 2 780,50				R 4 171,20	

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9143	Orbital prosthesis - complex	R 4 036,20				R 6 022,00	
9144	Facial prosthesis, combination - small						
9145	Facial prosthesis, combination - medium						
9146	Facial prosthesis, combination - large						
9147	Facial prosthesis, combination - complex						
9148	Unspecified body prosthesis - simple	R 2 780,50				R 4 171,20	
9149	Unspecified body prosthesis - complex	R 4 036,20				R 6 022,00	
9150	Facial prosthesis, surgical - simple	R 2 164,40				R 3 246,50	
9151	Facial prosthesis, surgical - complex	R 2 780,50				R 4 171,20	
9152	Extraoral appliance - additional prosthesis						
9153	Extraoral appliance - replacement prosthesis						
9155	Cranial prosthesis	R 1 120,80				R 1 681,40	
	CUSTOM IMPLANTS						
9156	Cranial implant prosthesis, custom made	R 1 353,10				R 2 029,20	
9157	Facial implant prosthesis, custom made - simple	R 675,90				R 1 013,80	
9158	Facial implant prosthesis, custom made - complex	R 1 353,10				R 2 029,20	
9159	Ocular implant prosthesis, custom made	R 675,90				R 1 013,80	
9160	Body implant prosthesis - custom made	R 3 008,20				R 4 512,40	
	SURGICAL APPLIANCES						
9154	Cost of Surgical Splint	R 305,60				R 459,00	
9161	Surgical splint - simple	R 1 120,80				R 1 681,40	
9162	Surgical splint - complex	R 305,60				R 459,00	
9163	Surgical template - simple	R 1 120,80				R 1 681,40	

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9164	Surgical template - complex	R 305,60				R 459,00	
9165	Surgical conformer - simple	R 1 120,80				R 1 681,40	
9166	Surgical conformer - complex						
	TRISMUS APPLIANCES						
9167	Trismus appliance (simple)	R 125,50				R 188,10	
9168	Trismus appliance (complex)	R 1 120,80				R 1 681,40	
9169	Orthoses appliance	R 2 470,40				R 3 705,50	
9170	Facial palsy appliance	R 742,90				R 1 114,60	
9171	Commissure splint	R 305,60				R 459,00	
9172	Oral retractor, dynamic - per arm	R 305,60				R 459,00	
9173	Hand splint						
9174	Unspecified burn appliance						
	ATTENDANCE IN THEATRE						
9175	Theatre attendance (MaxFac prosthod) /hour	R 413,40				R 620,30	
H.	IMPLANT SERVICES						
	Services/procedures concerned with the surgical insertion of materials and devices into, onto and about the jaws and oral cavity for purposes of oral maxillofacial or oral occlusal rehabilitation or cosmetic corrections.						
	SURGICAL IMPLANT PROCEDURES						
	The codes in this subsection are intended to report surgical procedures for the placement of implants to be used as prosthetic abutments. The surgical phase includes all procedures concerned with placing the implant into or onto the bone and preparation for the prosthetic phase.						

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*9180	Surgical placement of sub-periosteal implant - preparatory stage	R 1 813,60	R 2 720,60				
*9181	Surgical placement of sub-periosteal implant - placement stage	R 1 813,60	R 2 720,60				
*9182	Surgical placement of endosteal implant plate	R 907,70	R 1 361,80		R 1 361,80		
8216	CBCT of plaster models or impressions for the purpose of creating virtual models for use in planning software	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*9183	Surgical placement of endosteal implant - first per jaw	R 1 277,90	R 1 736,80		R 1 736,80		
*9184	Surgical placement of endosteal implant - second per jaw	R 956,60	R 1 302,70		R 1 302,70		
*9185	Surgical placement of endosteal implant - third and subsequent per jaw	R 640,60	R 872,30		R 872,30		
*9190	Surgical placement of abutment - first per jaw	R 474,10	R 641,70		R 641,70	R 641,70	
*9191	Surgical placement of abutment - second per jaw	R 356,30	R 482,60		R 482,60	R 482,60	
*9192	Surgical placement of abutment - third and subsequent per jaw	R 238,90	R 324,80		R 324,80	R 324,80	
	IMPLANT SUPPORTED PROSTHETICS						
	Services/procedures concerned with the construction and placement of fixed or removable prosthesis on any implant device. Prosthetic devices which are not listed in this subsection should be reported using existing fixed or removable prosthetic codes.						

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	ABUTMENTS AND BARS						
	These codes are intended to report the placement of final restorations and should not be used to report the placement of temporary/provisional components e.g., healing abutments/collars, temporary abutments, caps, cylinders, etc. Abutments as part of one-piece endosteal implants (incorporating both the implant and integral fixed abutment) are considered being part of the implant body and should not be reported in addition to the surgical placement of the implant. See Codes 9187 to 9189 located in the "Other implant services" section to submit the cost of implant components.						
*8584	Connector bar - implant supported	R 2 470,40				R 3 705,50	
8669	Crown cemented on a screw-retained implant-supported superstructure.	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*8578	Prefabricated abutment	R 255,80				R 383,40	
*8579	Custom abutment	R 1 165,80				R 1 748,50	
8580	Modification of prefabricated abutment	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
	REMOVABLE DENTURES						
*8533	Implant supported removable complete overdenture	R 2 470,40				R 3 705,50	
*8534	Implant supported removable partial overdenture	R 1 976,20				R 2 964,50	
	FIXED-DETACHABLE DENTURES						
8654	Implant supported fixed-detachable complete overdenture	R 2 778,70				R 4 168,00	
8550	Retainer-Implant/Abutment Supported	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*8655	Implant supported fixed-detachable partial overdenture	R 2 222,80				R 2 855,90	
*8660	Additional fee to implant supported fixed-detachable denture - per implant	R 383,40				R 383,40	

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	CROWNS - SINGLE RESTORATIONS						
*8536	Crown - implant/abutment supported - porcelain/ceramic	R 2 042,80				R 2 701,80	
*8537	Crown - implant/abutment supported - porcelain with metal	R 2 042,80				R 2 701,80	
*8538	Crown - implant/abutment supported - cast metal	R 2 042,80				R 2 701,80	
8539	Crown-Implant / abutment supported crown – resin veneered to metal	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8541	Implant supported temporary crown – cemented	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8542	Implant supported temporary crown – screw retained	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8543	Implant supported provisional crown – cemented	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8544	Implant supported provisional crown – screw retained	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*8592	Crown - implant/abutment supported					R 2 701,80	
	BRIDGE RETAINERS - CROWNS						
*8546	Crown retainer - implant/abutment supported - porcelain/ceramic	R 2 042,80				R 2 701,80	
*8547	Crown retainer - implant/abutment supported - porcelain with metal	R 2 042,80				R 2 701,80	
*8548	Crown retainer - implant/abutment supported - cast metal	R 2 042,80				R 2 701,80	
8549	Implant supported crown retainer – resin veneered to metal	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8571	Implant supported temporary retainer – cemented	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8572	Implant supported temporary crown retainer – screw retained	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8573	Implant supported provisional crown retainer – cemented	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8574	Implant supported provisional crown retainer – screw retained	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
	OTHER IMPLANT SERVICES						
8665	Mini screw implants	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
8666	Immediate loading of implant	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8668	Metal base for implant supported denture - complete	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8621	Metal base for implant supported denture – Partial	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8670	Implant screw access closure	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*8590	Implant maintenance procedures - per implant	R 113,20				R 169,70	
8591	Removal of implant supported prosthesis	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8593	Repair of implant supported resin prosthesis	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*8594	Repair of implant supported prosthesis	R 125,50				R 188,10	
*8595	Repair of implant abutment	R 125,50				R 188,10	
8596	Repair of implant supported ceramic or ceramometal crown, retainer or pontic	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8598	Repair of implant supported Provisional Prosthesis	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*8600	Cost of implant components						
*9187	Cost of endosteal implant body						
*9188	Cost of prefabricated abutment						
*9189	Cost of other implant compnts						
9193	Report as an additional code for the placement of endosseus implant into fresh extraction socket	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
9194	Surgical placement of one-piece trans mucosal endosseus implant	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
9195	Additional code for the surgical placement of single phase endosseus implant	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8607	Skeletal anchorage - screw, plate or implant	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8608	Removal of non-integrated implant	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
8609	Flap operation with modification of the implant surface, including bone surgery-one to three implants per quadrant	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8610	Flap operation with modification of the implant surface, including bone surgery-four or more implants per quadrant	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8612	Skeletal anchorage - removal	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*9198	Surgical removal of implant	R 590,70	R 886,10		R 886,10		
I.	FIXED PROSTHODONTICS						
	<p>The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial substitutes that are not readily removable.</p> <p>A prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge that attaches a pontic to the abutment tooth. A pontic is that part of a bridge which replaces a missing tooth or teeth. Each retainer and each pontic constitutes a unit in a bridge.</p> <p>Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused to metal retainers and pontics.</p> <p>Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or pressure-cured resin materials.</p> <p>Metal components include structures manufactured by means of conventional casting and/or electroforming.</p>						

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	PONTICS						
	Comment: Codes 8415, 8416, 8417 and 8418 include ovate pontic designs. The nomenclatures of the pontics have been revised to coincide with the nomenclature used for crowns, which improves accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised as bridge retainers.						
8415	Pontic - porcelain/ceramic	R 1 284,40					
8416	Pontic - cast metal	R 1 020,30					
8417	Pontic - resin with metal	R 1 284,40					
8418	Pontic - porcelain fused to metal	R 1 284,40					
8419	Provisional pontic	R 305,60				R 459,00	
8420	Pontic – resin based composite (indirect)	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8423	Ovate pontic design	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8611	Pontic - sanitary					R 1 400,30	
8613	Pontic - posterior					R 1 713,40	
8615	Pontic - anterior/premolar					R 1 851,00	
8421	Temporary pontic	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
	BRIDGE RETAINERS – INLAYS/ONLAYS						
	An inlay/onlay retainer for a bridge that gains retention, support and stability from a tooth. The cusp tip must be overlaid to be considered an onlay. See inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers.						

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8431	Temporary inlay/onlay retainer – Emergency inlay/onlay retainer. An emergency inlay/onlay retainer temporary is a custom made retainer to maintain the space and tissue until the definitive prosthesis can be placed. This code is to be used when the patient has to have a prosthesis fabricated as an emergency when the previous definitive prosthesis has failed and cannot be recemented	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8432	Inlay/onlay retainer - metal - two surfaces	R 612,10				R 1 196,80	
8433	Inlay/onlay retainer - metal - three surfaces	R 1 020,30				R 1 855,90	
8434	Inlay/onlay retainer - metal - four or more surfaces	R 1 234,10				R 1 855,90	
8436	Inlay/onlay retainer - porcelain - two surfaces	R 744,70				R 1 435,70	
8437	Inlay/onlay retainer - porcelain - three surfaces	R 1 227,20				R 2 230,90	
8438	Inlay/onlay retainer - porcelain - four or more surfaces	R 1 486,50				R 2 230,90	
8617	Retainer cast metal (Maryland type retainer)	R 612,10				R 1 196,80	
8618	Retainer – ceramic for resin bonded bridge	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
	BRIDGE RETAINERS – CROWNS						
	A crown retainer for a bridge that gains retention, support and stability from a tooth.						
8440	Temporary crown retainer	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8441	Crown retainer - full cast metal	R 1 573,80				R 2 316,80	
8442	Crown retainer - 3/4 cast metal	R 1 573,80				R 2 316,80	
8443	Crown retainer - porcelain/ceramic	R 1 573,80				R 2 316,80	
8444	Crown retainer - 3/4 porcelain/ceramic	R 1 573,80				R 2 316,80	
8445	Crown retainer - porcelain with metal	R 1 573,80				R 2 316,80	
8446	Crown retainer - resin with metal	R 1 573,80				R 2 316,80	

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8448	Crown retainer – resin based composite (indirect)	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8447	Provisional crown retainer	R 305,60				R 459,00	
	OTHER FIXED PROSTHODONTIC PROCEDURES						
	See "other restorative services" for procedures related to fixed prosthesis not listed in this sub-section.						
8514	Recement bridge	R 137,70				R 174,70	
8515	Sectioning of a bridge	R 274,00				R 274,00	
8516	Remove bridge	R 274,00				R 274,00	
8518	Repair bridge	R 305,60				R 305,60	
8585	Connector bar	R 2 470,40				R 3 705,50	
8586	Stress breaker	R 921,40				R 1 382,00	
8587	Coping metal	R 205,10				R 383,40	
J.	ORAL AND MAXILLO-FACIAL SURGERY						
	The branch of dentistry using surgery to treat disorders/ diseases of the mouth. Surgical procedures include routine postoperative care.						
	EXTRACTIONS						
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	R 137,70	R 206,60				
8202	Extraction - each additional tooth or exposed tooth roots	R 55,50	R 83,40				
8204	Minimally traumatic tooth/root removal	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
	SURGICAL EXTRACTIONS						
	Report code 8220 when sutures are provided by the practitioner.						
8213	Surgical removal of residual roots, first tooth - per tooth	R 595,30					

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8214	Surgical removal of residual roots, second and subsequent teeth's roots	R 459,00					
8937	Surgical removal of tooth	R 595,30	R 803,50				
8941	Surgical removal of impacted tooth - first tooth	R 987,00	R 1 297,80				
8943	Surgical removal of impacted tooth - second tooth	R 529,50	R 699,40				
8945	Surgical removal of impacted tooth - third and subsequent teeth	R 300,80	R 397,00				
8953	Surgical removal of residual roots, first tooth - per tooth		R 803,50				
	DISTRACTION OSTEOGENESIS						
9067	Distraction osteogenesis – across one to two tooth sites	R 2 666,20	R 3 999,60				
9068	Distraction of the alveolar ridge -across three to five tooth sites	R 2 666,20	R 3 999,60				
9070	Distraction of the alveolar ridge -full arch	R 2 666,20	R 3 999,60				
9073	Distraction for the reconstruction of the mandibular body (per side)	R 2 666,20	R 3 999,60				
9078	Distraction for the reconstruction of the mandibular condyle and tempero-mandibular joint	R 2 666,20	R 3 999,60				
9080	Distraction for the reconstruction of the midface (internal distractor)	R 2 666,20	R 3 999,60				
9082	Distraction for the reconstruction of the midface (external distractor)	R 2 666,20	R 3 999,60				
9084	Removal of an internal or external distractor device	R 512,30	R 768,40				
	OTHER SURGICAL PROCEDURES						
8517	Reimplantation of avulsed tooth (include stabilisation)	R 318,50				R 477,50	
8909	Oral antral fistula closure	R 1 395,50	R 2 093,30				

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9247	Bicoronal approach	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
9249	Blephro-approach	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
9251	Transconjunctival/subciliary approach	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
9253	Mandibular swing approach for access to the skullbase	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
9255	Geniohyoidotomy (mandibular split)	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
9257	Midfacial deglove, including nasal skeleton	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8916	Preauriculo-temporal approach	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8912	Transmasseteric antero-parotid approach	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8913	Condylar Risdon / submandibular approach	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8914	Endoscopic or intra-oral approach to the condyle	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8915	Intra-oral circum-oral mandibular approach	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8911	Caldwell-Luc procedure	R 546,10	R 819,20				
8917	Biopsy of oral tissue - soft	R 348,20	R 464,20		R 464,20		
8918	Brush biopsy	R 535,60	R 803,50				
8919	Biopsy of bone - needle	R 535,60	R 803,50				
8920	Exfoliative cytological specimen collection	R 876,40	R 1 314,80				
8923	Aspiration biopsy (FNA)	R 535,60	R 803,50				
8924	Open biopsy of a single lymph node in the neck	R 876,40	R 1 314,80				
8932	Biopsy of soft tissue – intraoral superficial, with suturing	R 876,40	R 1 314,80				
8934	Biopsy of soft tissue– intraoral deep or intramuscular, requiring suturing in multiple layers	R 876,40	R 1 314,80				
8921	Biopsy – extra-oral bone/soft tissue	R 876,40	R 1 314,80				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
8925	Biopsy of soft tissue –extra oral deep or intramuscular, requiring suturing in multiple layers	R 876,40	R 1 314,80				
8926	Biopsy of tissue –intra-oral bone	R 535,60	R 803,50				
8927	Biopsy of tissue –extra-oral bone	R 535,60	R 803,50				
8928	Core Needle biopsy	R 535,60	R 803,50				
8961	Tooth transplantation	R 1 198,10	R 1 797,30				
8965	Peripheral neurectomy	R 1 198,10	R 1 797,30				
8966	Repair of oronasal fistula (local flaps)	R 1 666,70	R 2 500,20				
8981	Surgical exposure of impacted or unerupted teeth to aid eruption	R 1 099,70	R 1 498,10		R 1 498,10		
8896	Cost of materials required to aid eruption						
8983	Corticotomy - first tooth	R 795,80	R 1 193,70				
8984	Corticotomy - each additional tooth	R 403,40	R 605,30				
8994	Placement of Zygomaticus implant	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8996	Placement of a second Zygomaticus implant	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8998	Craniofacial transcutaneous endosseus implant	R 907,70	R 1 361,80				
8999	Craniofacial trans mucosal endosseus implant	R 907,70	R 1 361,80				
8606	Placement of implant fixtures outside the oral cavity	R 907,70	R 1 361,80				
	ALVEOLOPLASTY						
8955	Alveoplasty or alveolectomy in conjunction with extractions- per quadrant	R 730,90	R 1 096,20				
8956	Alveoplasty or alveolectomy not in conjunction with extractions – per quadrant	R 730,90	R 1 096,20				
8957	Alveolotomy or alveolectomy (including extractions)	R 730,90	R 1 096,20				

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*9003	Reposition mental foramen and nerve - per side	R 1 664,40	R 2 496,90				
*9004	Lateralization of inferior dental nerve						
	VESTIBULOPLASTY						
	Any of a series of surgical procedures designed to increase relative alveolar ridge height.						
8997	Sulcoplasty / Vestibuloplasty	R 2 747,20	R 4 121,10		R 4 121,10		
	SURGICAL EXCISION OF SOFT TISSUE LESIONS						
8971	Excision of tumour of the soft tissue	R 535,60	R 803,50		R 803,50		
8970	"Excision of benign soft tissue tumour/cyst requiring suturing in multiple layers no muscular involvement"	R 535,60	R 803,50		R 803,50		
8968	"Excision of benign soft tissue tumour/cyst requiring extensive resection and suturing in multiple layers with muscular involvement"	R 535,60	R 803,50				
8972	Excision small malignant lesion requiring minimal suturing	R 428,50	R 642,80		R 642,80		
8974	Excision of malignant soft tissue tumour requiring suturing in multiple layers no muscular or intraosseus involvement	R 267,80	R 401,80				
8976	Extensive resection for malignant soft tissue tumour - excluding reconstruction	R 1 338,90	R 2 008,80				
8978	Excision of a lesion of the tongue requiring no suture or primary suture, excludes primary suture and may be reported with code 8990	R 357,00	R 535,60		R 535,60		
8910	Vermillionectomy		R 1 374,40				
8982	Local excision of benign lesion of lip with primary closure	R 535,60	R 803,50		R 803,50		
8986	Local excision of benign lesion of lip where primary closure is not possible.	R 535,60	R 803,50				
8988	Resection for lip malignancy		R 1 374,40				

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	REPAIR/RECONSTRUCTIVE PROCEDURES						
8990	Repair by primary suture	R 679,30	R 901,00				
8992	Repair by skin graft or local flap	R 679,30	R 901,00				
9006	Lip reconstruction following an injury or tumour removal: primary closure		R 3 955,40				
9018	Lip reconstruction following an injury or tumour removal: simple advancement, rotation flap (Abbe or Estlander) (first stage)		R 2 983,50				
9020	Lip reconstruction following an injury or tumour removal: simple advancement, rotation flap (Abbe or Estlander) (subsequent stages)		R 2 983,50				
9022	Lip reconstruction following an injury or tumour removal: Total complicated reconstruction with a complicated advancement flap (Bernard flap)		R 1 506,30				
	NECK DISSECTION						
9026	Radical neck dissection		R 5 098,10				
9221	Posterior neck dissection		R 5 098,10				
9028	Modified radical neck dissection		R 5 098,10				
9030	Selective neck dissection.		R 5 098,10				
9034	Extended neck dissection.		R 5 098,10				
8939	Limited neck dissection		R 5 098,10				
	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS						
8967	Surgical removal of jaw cyst - intra-oral approach	R 1 664,40	R 2 496,90				
8969	Surgical removal of jaw cyst - extra-oral approach	R 2 666,20	R 3 999,60				
8973	Surgical excision of tumours of the jaw	R 2 666,20	R 3 999,60				

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9040	Surgical removal of jaw cyst/tumor – intra-oral approach for lesions >1cm with no involvement of vital structures	R 1 664,40	R 2 496,90				
9042	Surgical removal of jaw cyst/tumor – intra-oral approach for lesions >1cm with involvement of vital structures, reconstructive procedures not included	R 1 997,20	R 2 996,30				
9044	Surgical excision of malignant tumours of the jaws– extra-oral approach, reconstructive procedures not included	R 3 199,50	R 4 799,60				
9054	Surgical excision of tumours of the midface (zygoma, nose and orbits), reconstructive procedures not included	R 2 666,20	R 3 999,60				
9056	Radical resection of palate (including skin graft)		R 3 620,90				
9058	Wide excision of lesion of palate		R 1 448,40				
9064	Complicated reconstruction of bony defects following major ablative procedure for head and neck cancer – soft tissue reconstruction excluded						
9086	Tumour resection from infratemporal or pterygopalatine fossa		R 7 531,30				
9088	Tarsorrhaphy		R 680,60				
9090	Excision of lacrimal sac: Unilateral		R 680,60				
9094	Orbitectomy: Removal of tumour		R 3 476,10				
9097	Orbit: Exenteration		R 3 983,00				
9290	Maxillectomy - Alveolus only, Level I						
9292	Maxillectomy - Alveolus and sinus or nasal floor, Level II						
9294	Maxillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III						
9296	Maxillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV						
9298	Maxillectomy - Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V						

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
9300	Hemiresection of jaw including condyle and coronoid process						
	EXCISION OF BONE TISSUE						
8975	Hemiresection of jaw excluding condyl	R 2 801,00	R 4 201,60				
8987	Reduction of mylohyoid ridges - per side	R 1 198,10	R 1 797,30				
8989	Removal torus mandibularis	R 1 198,10	R 1 797,30				
8991	Removal of torus palatinus	R 1 198,10	R 1 797,30				
8993	Surgical reduction of osseous tuberosity - per side	R 535,60	R 803,50				
9098	Partial mandibulectomy		R 4 634,70				
	SURGICAL INCISION						
8731	Incision & drainage of abscess - intra-oral	R 219,60			R 329,60		
8908	Surgical removal of roots from maxillary antrum	R 1 820,30	R 2 730,40				
9011	Incision & drainage of abscess - intra-oral (pyogenic)	R 340,80	R 511,00				
9013	Incision & drainage of abscess - extra-oral (pyogenic)	R 465,90	R 699,40				
9100	Multiple extra-oral incision & drainages (eg. Ludiwig's angina)	R 559,00	R 839,30				
9299	Abscess - Retropharyngeal or equivalent		R 506,90				
9017	Decortication, saucerisation and sequestrectomy	R 2 466,90	R 3 700,20				
9019	Sequestrectomy - intra oral per sextant and or ramus	R 535,60	R 803,50				
	TREATMENT OF FRACTURES						
	Alveolus Fractures						
9024	Dento-alveolar fracture - per sextant	R 601,00	R 901,00				
	MANDIBULAR FRACTURES						
9025	Mandible fracture - closed reduction	R 1 330,50	R 1 995,70				
9027	Mandible fracture - compound, with eyelet wiring	R 1 868,60	R 2 802,60				

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9029	Mandible fracture - splints	R 2 069,10	R 3 103,50				
9031	Mandible fracture - open reduction	R 3 066,80	R 4 600,00				
	MAXILLIARY FRACTURES						
9035	Maxilla fracture - Le Fort I or Guerin	R 1 872,10	R 2 807,70				
9036	Open treatment of maxillary fracture – Le Fort I	R 1 872,10	R 2 807,70				
9037	Maxilla fracture - Le Fort II or middle third face	R 3 066,80	R 4 600,00				
9038	Open treatment of maxillary fracture – II or middle third of face	R 3 066,80	R 4 600,00				
9039	Maxilla fracture - Le Fort III or craniofacial disjunction	R 4 398,40	R 6 597,30				
	ZYGOMA/ORBITAL/ANTRAL FRACTURES						
9041	Zygomatic arch fracture - closed reduction	R 1 330,50	R 1 995,70				
9043	Zygomatic arch fracture - open reduction	R 2 666,20	R 3 999,60				
9045	Zygomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting)	R 3 994,60	R 5 992,00				
9291	Zygomatic fracture-open reduction with fixation at two sites	R 2 666,20	R 3 999,60				
8944	Zygomatic fracture-open reduction with fixation at three or more sites	R 2 666,20	R 3 999,60				
9293	Zygomatic fracture-closed reduction	R 1 330,50	R 1 995,70				
8946	Zygomatic reconstruction (osteotomy or onlay)	R 5 590,80	R 8 386,40				
8947	Anthrostomy for the placement of a sinuspack in order to reduce a zygomatic fracture		R 935,60				
9046	Placement of Zygomaticus fixture, per fixture	R 2 638,70	R 3 957,80				
9273	Open treatment of an orbital wall fracture		R 2 673,50				
9275	Major orbital reconstruction (comminuted orbital fractures)		R 2 673,50				
9277	Secondary reconstruction of orbital defect		R 2 673,50				

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9279	Eyelid surgery for facial paralysis including tarsoraphy (excludes material)		R 2 708,60				
9281	Full thickness eyelid repair (tumor or trauma surgery)		R 1 977,10				
9283	Repair by superior rectus, levator or frontalis muscle operation		R 2 752,00				
9285	Ptosis: By lesser procedure e.g. sling operation		R 1 993,10				
9287	Dacryocystorhinostomy		R 3 041,60				
	NASAL FRACTURES						
9280	Open reduction and fixation of nasal fractures						
9282	Manipulation and immobilisation of nasal fracture						
	TEMPOROMANDIBULAR JOINT						
	Procedures which are an integral part of a primary procedure should not be reported separately.						
8170	Cost of Mouth protector	R 160,50					
8172	Cost of orthotic appliance						
8850	Treatment of MPDS - first visit	R 210,80		R 316,20		R 316,20	
8851	Treatment of MPDS - subsequent visit	R 111,20		R 166,50		R 166,50	
8852	Occlusal orthotic appliance	R 529,50	R 697,70	R 697,70	R 697,70	R 697,70	
8951	Trigger point injection (local anesthesia)	R 155,50	R 233,80				
8952	Pain point injection (alcohol, phenol, etc)	R 155,50	R 233,80				
8954	Laser treatment for facial pain	R 155,50	R 233,80				
9053	Coronoidectomy (intra-oral approach)	R 1 663,30	R 2 494,90				
9074	Tmj arthroscopy diagnostic	R 1 323,60	R 1 985,70				
9075	Condylectomy, coronoidectomy or both	R 3 325,60	R 4 988,40				
9076	TMJ arthrocentesis	R 730,90	R 1 096,20				

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9077	TMJ intra-articular injection	R 199,60	R 299,50				
9079	Trigger point injection	R 155,50	R 233,80				
9081	Condylectomy (Ward/Kostecka)	R 1 330,50	R 1 995,70				
9083	TMJ srthroplasty	R 3 325,60	R 4 988,40				
9085	Reduction of TMJ disloc w/o anaesthetic	R 264,50	R 397,00				
9087	Reduction of TMJ disloc w/ anaesthetic	R 535,60	R 803,50				
9089	Reduction of TMJ disloc w/ anaesthetic and immobilisation	R 1 330,50	R 1 995,70				
9091	Reduction of TMJ dislocation - open reduction	R 3 325,60	R 4 988,40				
9092	Joint reconstruction	R 8 878,10	R 13 317,40				
8929	Removal of temperomandibular joint prosthesis	R 512,30	R 768,40				
8930	Design meeting and / or planning for a custom prosthesis / temporo-mandibular joint, charge per joint/prosthesis designed	R 748,30					
	REPAIR OF TRAUMATIC WOUNDS						
8192	Suture - minor	R 679,30					
	COMPLICATED SUTURING						
	Reconstruction requiring delicate handling of tissues and undermining for meticulous closure. Excludes the closure of surgical incisions.						
9021	Suture - reconstruction, minor (excludes closure of surgical incisions)	R 679,30	R 901,00				
9023	Suture - reconstruction, major (excludes closure of surgical incisions)	R 1 264,60	R 1 896,50				
	OTHER REPAIR PROCEDURES						
8958	Emergency tracheotomy	R 613,90	R 921,10				
8959	Pharyngostomy	R 613,90	R 921,10				

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9289	Frenulotomy	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*8962	Harvest iliac crest graft	R 441,80	R 542,70				
9208	Harvest iliac crest graft - monocortical	R 441,80	R 542,70				
9209	Harvest iliac crest graft - bicortical	R 441,80	R 542,70				
9210	Harvest tibial bone - spongiosa	R 441,80	R 542,70				
9211	Harvest iliac crest graft - bicortical	R 441,80	R 542,70				
9212	Harvest rib graft - bone	R 506,90	R 759,90				
9213	Harvest rib graft - cartilage	R 506,90	R 759,90				
*8963	Harvest rib graft	R 506,90	R 759,90				
*8964	Harvest cranium graft	R 397,00	R 595,30				
9214	Harvest auricular cartilage graft	R 506,90	R 759,90				
8977	Surgical repair of maxilla or mandible - major	R 2 798,90	R 4 198,10				
9001	Augmentation of alveolar ridge using block graft / split ridge technique – across one to two tooth sites	R 2 801,00	R 4 201,60		R 4 201,60		
9002	Augmentation of alveolar ridge using block graft / split ridge technique – across three to five tooth sites. See code 9001 for descriptor.	R 1 763,00	R 2 644,60				
*8979	Harvesting of autogenous grafts (intra-oral)	R 230,70	R 346,30		R 346,30		
8980	Intraoral harvesting of bone-coagulum/bone-scraping, not per site	R 506,90	R 759,90				
9215	Intra-oral harvesting of particulate bone	R 506,90	R 759,90				
9216	Harvest fascia lata	R 441,80	R 542,70				
9217	Harvest of free fat	R 441,80	R 542,70				
8985	Frenulectomy/frenulotomy	R 730,90	R 1 096,20		R 1 096,20		

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE	TARIFF VALUE
*9005	Alveolar ridge augmentation - total (by bone graft)	R 2 801,00	R 4 201,60		R 4 201,60		
*9007	Alveolar ridge augmentation - total (by alloplastic material)	R 1 763,00	R 2 644,60				
*9008	Alveolar ridge augmentation - one to two tooth sites	R 545,00	R 997,10		R 997,10		
*9009	Alveolar ridge augmentation - three across 3 or more tooth sites	R 1 211,50	R 1 817,30		R 1 817,30		
*9010	Sinus lift procedure	R 1 820,30	R 2 730,40		R 2 730,40		
9012	Maxillary sinus floor bone augmentation, buccal-approach, limited	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
9014	Osteotome sinus floor bone augmentation	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*9032	Reduction of masseter muscle and bone - extra-oral approach	R 0,00	R 4 600,00	R 0,00	R 0,00	R 0,00	R 0,00
*9033	Reduction of masseter muscle and bone - intra-oral approach						
8940	Endoscopic management of a condylar fracture – report per side	R 1 330,50	R 1 995,70				
9048	Surgical removal of internal fixation devices, per site	R 512,30	R 768,40				
	FUNCTIONAL CORRECTION OF MALOCCLUSION						
	For Codes 9047 to 9072 the full fee may be charged.						
9206	Surgical removal of reconstruction plate	R 512,30	R 768,40				
9218	Nerve repair: 1st Fasciculus		R 2 925,60				
9219	Nerve repair: 2nd and additional Fasciculus		R 724,40				
9225	Nerve repair: entubelation		R 3 244,20				
*9047	Osteotomy - open with stabilisation	R 5 590,80	R 8 386,40				
*9049	Osteotomy - mandible body, anterior segmental	R 4 659,40	R 6 989,00				
*9050	Osteotomy - total subapical	R 8 522,90	R 12 784,40				
*9051	Genioplasty	R 2 666,20	R 3 999,60				

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9204	Sandwich osteotomy - for placement of an interpositional bone graft to increase the alveolar ridge height, may also be reported if utilized in the maxilla	R 5 590,80	R 8 386,40				
*9052	Midfacial exposure	R 4 221,10	R 6 331,60				
*9055	Osteotomy - segmented, posterior	R 4 659,40	R 6 989,00				
*9057	Osteotomy - segmented, anterior	R 4 659,40	R 6 989,00				
*9059	Reconstruct maxilla - Le Fort I osteotomy, one piece	R 8 767,20	R 13 150,70				
*9060	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft	R 9 842,30	R 14 763,00				
*9061	Palatal osteotomy	R 3 066,80	R 4 600,00				
*9062	Reconstruct maxilla - Le Fort I osteotomy, multiple segments	R 11 191,80	R 16 787,40				
9063	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)	R 11 197,30	R 16 795,80				
9065	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)	R 16 781,10	R 25 171,90				
9229	Choanal artemia repair through a palatal osteotomy		R 2 810,10				
9227	Turbinectomy		R 906,70				
*9066	Surgical expansion - maxillary or mandibular	R 2 666,20	R 3 999,60				
9069	Glossectomy - partial	R 1 997,10	R 2 995,70				
*9071	Geniohyoidotomy	R 1 198,10	R 1 797,30				
9072	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)	R 8 767,20	R 13 150,70				
	SALIVARY GLANDS						
8960	Salivary duct dilatation or canalization		R 144,60				

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8948	Endoscopic procedure: Wharton's duct		R 144,60				
8949	Endoscopic procedure: Stenson's duct		R 144,60				
8950	Excision of a ranula (marsupezalization)		R 1 240,00				
9093	Removal of salivary stone (Sialolithotomy)	R 601,00	R 901,00				
9095	Excision of sublingual salivary gland	R 1 480,80	R 2 221,00				
9096	Excision of salivary gland - extra oral approach	R 2 193,70	R 3 290,40				
9202	Excision of submandibular salivary gland with any type of neck dissection		R 5 098,10				
9186	Closure of salivary fistula		R 1 317,80				
9176	Local resection of parotid tumour (lumpectomy)		R 2 456,30				
9177	Superficial parotidectomy		R 4 489,70				
9178	Total parotidectomy with preservation of facial nerve		R 5 192,50				
9179	Total parotidectomy without preservation of facial nerve		R 5 192,50				
	PEDICLE FLAPS						
	Report codes 9284, 9286 and 9288 for flaps taken for repair of post-cancer/ trauma/ tumour surgery. These are not vestibuloplasty procedures. The use of the codes are not subject to modifier use.						
9284	Musculofascial flap						
9286	Musculocranial flap						
9288	Buccal fat pad (major repair)						
9241	Simple local flap (eg. Advancement or rotation flap)						
9242	Complex local flap						
9243	Regional flap (eg pectoral, deltoid or latissimus dorsi flap)						

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9244	Tongue flap - 2 procedures						
	REPAIR OF FRONTAL BONES						
	The use of codes 9274, 9275 and 9278 imply the bicoronal/hemicoronal approach.						
9274	Repair anterior table, frontal sinus and/or supraorbital rim						
9276	Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus						
9278	Repair medial canthal ligament (canthopexy), per side						
9200	Cranioplasty		R 4 055,60				
9233	Obliteration of the frontal sinus		R 4 216,20				
	CLEFT LIP AND PALATE						
9220	Repair cleft hard palate - unilateral	R 4 897,00	R 7 345,40				
9222	Repair cleft hard palate - bilateral (one procedure)	R 6 216,30	R 9 324,00				
9224	Repair cleft hard palate - bilateral (two procedures)	R 9 262,80	R 13 892,30				
9226	Repair cleft soft palate - w/o muscle reconstruction	R 4 103,10	R 6 155,30				
9228	Repair cleft soft palate - w/ muscle reconstruction	R 5 958,20	R 8 937,70				
9230	Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction	R 4 436,20	R 6 654,60				
9232	Velopharyngeal reconstruction - uncomplicated	R 4 565,00	R 6 847,80				
9234	Velopharyngeal reconstruction - complicated	R 4 881,30	R 7 321,80				
9238	Repair oronasal fistula (one procedure)	R 2 792,20	R 4 187,90				
9240	Repair oronasal fistula (two procedures)	R 4 871,20	R 7 306,70				
9246	Secondary periosteal flaps	R 2 434,30	R 3 651,80				
9248	Lipadhesion	R 910,00	R 1 365,10				

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9250	Repair cleft lip - unilateral w/o muscle reconstruction	R 1 602,90	R 2 404,20				
9252	Repair cleft lip - unilateral w/ muscle reconstruction	R 2 173,20	R 3 259,90				
9254	Repair cleft lip - bilateral w/o muscle reconstruction	R 2 238,30	R 3 357,50				
9256	Repair cleft lip - bilateral w/ muscle reconstruction	R 3 457,90	R 5 186,90				
9258	Repair anterior nasal floor	R 873,00	R 1 309,70				
9260	Revision of secondary cleft lip deformity - partial	R 873,00	R 1 309,70				
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	R 1 972,80	R 2 958,80				
9264	Abbe-flap - two stages	R 2 234,00	R 3 351,00				
9266	Reconstruct columella	R 1 320,40	R 1 980,70				
9268	Reconstruct nose due to cleft deformity - partial	R 1 677,70	R 2 516,70				
9270	Reconstruct nose due to cleft deformity - complete	R 2 652,10	R 3 977,90				
9272	Paranasal augmentation for nasal base deviation	R 1 320,40	R 1 980,70				
K.	ORTHODONTIC SERVICES						
	The branch of dentistry used to correct malocclusions of the mouth and restore it to proper alignment and function. Includes all services/procedures concerned with the supervision, guidance and correction of the growing and mature dentofacial structures.						
	REMOVABLE APPLIANCE THERAPY						
	Removable indicates patient can remove; includes appliances for limited orthodontic treatment (e.g., partial treatment to open spaces or upright of a tooth) and minor orthodontic treatment to control harmful habits (e.g., thumb sucking and tongue thrusting).						
8862	Ortho Tx - removable appliance	R 1 545,70		R 2 318,30			
8863	Ortho Tx - each additional removable appliance	R 777,00		R 1 165,10			

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	CONTROL OF HARMFUL HABITS						
	Includes removable and fixed appliances to control harmful habits (e.g., thumbs sucking and tongue thrusting).						
8870	Therapy to control harmful habits – removable appliance	R 1 545,70		R 2 318,30			
8871	Therapy to control harmful habits – fixed appliance	R 1 851,60		R 2 777,60			
	FUNCTIONAL APPLIANCE THERAPY						
	A removable functional appliance is an appliance with no fixed dental component which is designed to harness the forces generated by the muscles of mastication and the associated soft tissues of the oro-facial region. This appliance incorporates components which act on both the maxillary and mandibular arches and should be differentiated from a simple removable appliance including appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthodontic treatment utilising fixed orthodontic appliances. When both phases of orthodontic treatment is provided by the same practitioner, the fees levied for treatment by means of the functional appliance, will be deducted from the fee quoted for comprehensive orthodontic treatment.						
8858	Ortho Tx - functional appliance	R 2 784,20		R 4 176,10			
	FIXED APPLIANCE THERAPY						
	Fixed Appliance Therapy - Partial						

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	"The intention of this phase in treatment is to intercept and modify the development of skeletal, dental and functional components of developing malocclusion usually in the mixed dentition. When the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive orthodontic treatment and both phases of orthodontic treatment is provided by the same practitioner, the fees levied for preliminary/interceptive orthodontic treatment will be deducted from the fee quoted for comprehensive orthodontic treatment."						
8861	Ortho Tx - partial fixed appliance - minor	R 1 851,60		R 2 777,60			
8865	Ortho Tx - partial fixed appliance - one arch	R 4 939,40		R 7 409,20			
8866	Ortho Tx - partial fixed appliance - both arches	R 6 793,10		R 10 190,00			
	Fixed Appliance Therapy - Comprehensive: Single Arch						
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within an arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.						
8867	Ortho Tx - fixed appliance - one arch	R 5 309,50		R 7 964,00			
8868	Ortho Tx - fixed appliance - one arch, moderate	R 6 549,00		R 9 823,50			
8869	Ortho Tx - fixed appliance - one arch, severe	R 7 660,10		R 11 489,90			
	Fixed Appliance Therapy - Comprehensive: Both Arches						
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within both arches and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.						
8873	Ortho Tx - fixed appliance - both arches, Class 1 mild	R 9 716,60		R 14 574,80			

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8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate	R 11 928,40		R 17 892,00			
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe	R 13 905,20		R 20 857,80			
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	R 15 627,00		R 23 440,10			
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	R 13 905,20		R 20 857,80			
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	R 15 627,00		R 23 440,10			
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	R 17 542,40		R 26 313,40			
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	R 19 765,00		R 29 647,60			
	LINGUAL ORTHODONTICS - COMPREHENSIVE: SINGLE ARCH						
	This form of therapy requires the placement of bands and or brackets on the lingual aspect of the majority of teeth within at least one arch and must include the placement of active arch wires.						
8841	Ortho Tx - fixed lingual appliance - one arch	R 9 979,20		R 14 968,40			
8842	Ortho Tx - fixed lingual appliance - one arch, modeate	R 11 727,30		R 17 591,10			
8843	Ortho Tx - fixed lingual appliance - one arch, severe	R 13 361,70		R 20 042,20			
	Lingual Orthodontics - Comprehensive: Both Arches						
8874	Ortho Tx - fixed lingual appliance - both arches, Class 1 mild	R 19 036,70		R 28 554,90			
8876	Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate	R 22 287,90		R 33 432,20			
8878	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe	R 25 294,20		R 37 941,00			
8880	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications	R 28 066,20		R 42 098,90			
8882	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild	R 23 234,80		R 34 852,50			

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8884	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate	R 25 992,60		R 38 988,40			
8886	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe	R 28 949,10		R 43 423,50			
8888	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications	R 32 212,00		R 48 317,70			
	OTHER ORTHODONTIC SERVICES						
8845	Temporary anchorage device per unit	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8482	Cost of orthodontic attachment						
8889	Attachment device						
8804	Placement of Fixed orthodontic retainer	R 437,20		R 655,80			
8805	Repair or Replacement of fixed orthodontic Retainer	R 262,30		R 393,50			
8806	Orthodontic retention visit	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8807	Post orthodontic treatment consultation	R 143,00					
8846	Repair orthodontic appliance - removable	R 126,30		R 189,80			
8847	Replace orthodontic appliance - removable	R 437,20		R 655,80			
8848	Repair orthodontic appliance - fixed	R 187,50		R 281,00			
8849	Retainer (orthodontic)	R 437,20		R 655,80			
8890	Monthly instalment ortho tx						
8891	Orthodontic transfer						
*8892	Orthodontic re-treatment						
L.	SUPPLEMENTARY SERVICES						
	The branch of dentistry for unclassified treatment including palliative care and anaesthesia.						

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	ANAESTHESIA						
8499	General anaesthetic						
8141	Inhalation sedation - first 15 minutes or part thereof	R 100,80					
8143	Inhalation sedation - each addnl 15 minutes	R 52,00					
8144	Intravenous sedation	R 60,70					
8145	Local anaesthetic - per visit	R 87,60					
8471	Procedural sedation or General anaesthesia- Assessment	R 285,90					
8472	Procedural sedation - first 30 minutes	R 201,70					
8473	Procedural sedation- each additional 15 minutes or part thereof	R 52,00					
8147	Monitoring equipment for intravenous sedation	R 215,50					
8474	Procedure room for Sedation	R 1 254,00	R 1 254,00	R 1 254,00	R 1 254,00	R 1 254,00	
9239	Surgical facility for surgical procedures in consulting rooms	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
	PROFESSIONAL VISITS						
8129	Office/hospital visit – after regularly scheduled hours	R 337,80					
8140	House/extended care facility/hospital call	R 223,60			R 223,60		
8903	House/Hosp/Nursing home consultation - MFOS		R 250,50				
8904	House/Hosp/Nursing home consultation (subsequent) - MFOS		R 166,50				
8905	After regularly hours consultation - MFOS		R 366,60				
8906	"Post-op visit in hospital for Neoplasm/ Trauma/CLP (2x/ day for duration of hospitalization), reported visit."	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
8907	House/Hosp/Nursing home consultation (maximum per week) - MFOS		R 416,70				
9203	House/Hosp/Nursing home consultation - Oral pathologist						R 251,30
9207	After hours visit - Oral pathologist						R 368,20

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	DRUGS, MEDICAMENTS AND MATERIALS						
8109	Infection control/barrier techniques	R 20,40					
8110	Sterilized instrumentation	R 52,00					
8183	Therapeutic drug injection	R 60,70					
8220	Cost of suture material						
8304	Rubber dam per arch	R 107,60					
8306	Cost of MTA						
9259	Distraction device for alveolar bone						
9261	Internal distraction device for maxilla or mandible						
9263	Transport distraction device						
9265	External distraction device for maxilla or mandible						
9267	Temperomandibular joint prosthesis (stock or custom)						
9269	Custom prosthesis for facial reconstruction						
9271	Cost of impression material (only to be used with code 8215)	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
*8310	Supply of bleaching materials						
	Equipment						
	ADMINISTRATIVE AND LABORATORY SERVICES						
*8099	Dental laboratory service						
*8106	Special report	R 230,30	R 230,30	R 230,30	R 230,30	R 230,30	
*8111	Dental testimony						
*8120	Treatment plan completed						
*8139	Appointment not kept /30min						

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	MISCELLANEOUS SERVICES						
	Palliative Treatment						
8131	Emergency dental treatment	R 137,70				R 281,00	
8166	Application of desensitising resin, per tooth	R 90,70					
8167	Application of desensitising medicament, per visit	R 105,90					
8165	Sedative filling	R 137,70					
	POST SURGICAL COMPLICATIONS						
8931	Treatment of post-extraction haemorrhage	R 100,80	R 605,30				
8933	Treatment of haemorrhage (blood dyscracias)	R 1 395,50	R 2 093,30				
9235	Severe nasal bleeding - anterior pack		R 579,20				
9236	Severe nasal bleeding - anterior + posterior pack or cauterization		R 869,10				
9237	Management of a patient on anti-coagulatives for the performance of a surgical procedure. This code is reported along with the appropriate surgical codes	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00	R 0,00
9223	Ligation of maxillary artery		R 2 838,70				
8935	Treatment of septic socket	R 100,80	R 158,10				
	BLEACHING						
*8308	External bleaching - per arch						
*8309	Home bleaching - instructions and applicator						
*8311	Home bleaching - subsequent visit						
8325	Internal bleaching - per tooth	R 326,20				R 489,40	
8327	Internal bleaching - each additional visit	R 156,40				R 234,70	

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	UNCLASSIFIED TREATMENT						
*8158	Enamel microabrasion	R 126,10					
*8168	Behavior management						
8551	Occlusal adjustment - major	R 871,70		R 1 307,90		R 1 307,90	
*8553	Occlusal adjustment - minor	R 304,20		R 416,70	R 416,70	R 416,70	
*9099	Unlisted dental procedure or service (By report)						
	MODIFIERS						
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)					R 0,00	
8005	Maximum multiple procedures (same incision) - MFO surgeon					R 0,00	
8006	Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)					R 0,00	
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)					R 0,00	
8008	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)					R 0,00	
8009	Multiple surgical procedures - second procedure (75% of the appropriate benefit)					R 0,00	
8010	Open reduction (PLUS 75% of the appropriate benefit)					R 0,00	
8011	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme)					R 0,00	
8012	Reduced services (benefit MINUS X % as determined by the practitioner)					R 0,00	
8013	Multiple modifiers					R 0,00	
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)					R 0,00	
8025	Handling fee - direct materials (26% of material cost to a maximum of R26.00)					R 0,00	