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WINDHOEK - NAMIBIA

# GOVERNMENT GAZETTE

OF THE

# REPUBLIC OF NAMIBIA

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## Government Notice

### MINISTRY OF LABOUR AND MANPOWER DEVELOPMENT

No. 27 1991

#### WORKMEN'S COMPENSATION ACT, 1941: SCALE OF FEES AND CHARGES FOR DENTAL AID

I, WILHELM FREDERICH GROBLER, Workmen's Compensation Commissioner, hereby give notice that acting under the powers vested in me by section 79 of the Workmen's Compensation Act, 1941, prescribe the "Scale of Fees and Charges for Dental Aid" inclusive of the general rules and general modifiers applicable thereto, appearing in the Schedule to this notice, with effect from 1 April 1991.

The fees appearing in the Schedule are applicable in respect of payments authorized with effect from 1 April 1991 irrespective of the date of the accident in respect of which payments are made.

W.F. GROBLER  
WORKMEN'S COMPENSATION COMMISSIONER

SCHEDULE  
SCALE OF FEES FOR DENTAL SERVICE

GENERAL RULES GOVERNING THE SCALE OF FEES:

- 001 A consultation shall include an examination and charting. No further consultation fee shall be chargeable until the treatment plan resulting from this initial consultation has been discharged. This rule applies only to tariff items 8101 and 8103.
- 002 Except in those cases where the fee is determined "by arrangement", the fee for the rendering of a service which is not listed in this scale of fees shall be based on the fee in respect of a comparable service that is listed herein.
- 003 In the case of a prolonged or costly dental service or procedure, the dental practitioner shall ascertain beforehand from the Commissioner whether he will accept financial responsibility in respect of such treatment.
- 004 In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a dental practitioner, such higher fee as may be agreed upon between the dental practitioner and the Commissioner, may be charged.
- Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the Scale of Fees should be charged.
- 005 Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated under the Workmen's Compensation Act.
- 007 "Normal consulting hours" are between 08:00 and 17:00 on weekdays, and between 08:00 and 13:00 on Saturdays.
- 008 A dental practitioner shall submit his account for treatment under the Act to the employer of the workman concerned.
- 009 Dentists in general practice shall be entitled to charge two-thirds of the fees of specialists only for treatment that is not listed in the tariff of fees for dentists in general practice. Any specialist performing any treatment not listed in the tariff of fees for his speciality shall charge the same fee as that for dentists in general practice or, if such treatment does not appear in the tariff of fees for dentists in general practice either, then two-thirds of the fee listed in the appropriate specialist tariff of fees. Such treatment shall be indicated on the account against the code 8004.

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

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

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

- 8002 The appropriate schedule fee plus 50%.
- 8003 The appropriate schedule fee plus 10%.
- 8004 Two-thirds of appropriate schedule fee.
- 8005 The appropriate scheduled fee to a maximum of R84,00.
- 8006 50% of the appropriate scheduled fee.
- 8007 15% of the appropriate scheduled fee.
- 8008 The appropriate scheduled fee plus 25%.
- 8009 75% of the appropriate scheduled fee.
- 8010 25% of the appropriate scheduled fee.
- 8011 10% of the appropriate scheduled fee.
- 8012 5% of the appropriate scheduled fee.

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

013 Payment of a fee in respect of treatment not listed in the Scale of Fees but for which the Commissioner has agreed to accept liability, and of any fee reflected in respect of a service listed in the Scale of Fees, shall be in full and final settlement for the treatment or procedure given to the workman as is contemplated under section 79 of the Act in respect of medical practitioners.

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

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

016 8279 and 8281 Metal Base to Full and partial Dentures. The fees for these items refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.

## GENERAL DENTAL PRACTITIONERS

Code No.	Procedure	R
	<b>Consultations</b>	
8101	Consultation at surgery .....	24,20
8103	Consultation at home or hospital .....	33,20
8105	Appointment not kept (not payable by Commissioner)	
	<b>Diagnostic procedures</b>	
8107	Intra-oral radiographs, per film .....	15,50
8108	Maximum .....	124,90
8113	Occlusal radiographs .....	24,20
8115	Panoramic radiographs .....	75,40
	<b>Treatment procedures</b>	
8129	Additional fee for emergency treatment rendered <b>outside normal working hours</b> including <b>emergency</b> treatment carried out at hospital .....	58,50
8131	Emergency treatment for relief of pain where no other tariff item is applicable .....	24,20
8132	Emergency root canal treatment .....	39,00
8133	Re-cementing of inlays, crowns or bridges — per abutment .....	24,20
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure .....	47,50
8137	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations) .....	81,20
8138	Pre-formed metal crown emergency procedure .....	49,50
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case .....	39,00
	<b>NOTE: This item refers to additional treatment carried out as a result of the consultation referred to under items 8101 and 8103</b>	
8141	Inhalation sedation — first quarter-hour or part thereof .....	16,90
8143	Per additional quarter-hour or part thereof .....	9,10
	<b>NOTE: No additional fee to be charged for gases used in the case of items 8141 and 8143</b>	
8144	Intravenous sedation .....	11,20
	<b>Extractions</b>	
	<i>Extractions during a single visit</i>	
8201	One .....	24,20
8202	Two .....	33,90
8203	Three .....	43,00
8204	Four .....	53,50
8205	Five .....	63,00
8206	Six .....	72,10
8207	Seven .....	81,90
8208	Eight .....	92,30
8209	Nine .....	101,40
8210	Ten .....	111,60
8211	Eleven .....	121,30
8212	Twelve .....	130,60
8213	Thirteen .....	140,50
8214	Fourteen .....	150,30
8215	Fifteen .....	159,40
8216	Sixteen .....	169,90
8217	Seventeen .....	178,90
8218	Eighteen or more .....	188,60

Code No.	Procedure	R
8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia) .....	16,90
8223	Each additional visit .....	11,80
8225	Treatment of septic socket .....	16,90
8227	Each additional visit .....	11,80
<b>Prosthetics</b>		
8231	Full upper and lower dentures (See footnote below 8267) .....	384,70 + L
8232	Full upper or lower dentures (See footnote below 8267) .....	237,00 + L
8233	Partial denture, one tooth .....	110,10 + L
8234	Partial denture, two teeth .....	110,10 + L
8235	Partial denture, three teeth .....	164,60 + L
8236	Partial denture, four teeth .....	164,60 + L
8237	Partial denture, five teeth .....	164,60 + L
8238	Partial denture, six teeth .....	219,40 + L
8239	Partial denture, seven teeth .....	219,40 + L
8240	Partial denture, eight teeth .....	219,40 + L
8241	Partial denture — nine or more teeth .....	219,40 + L
8243	Additional fee where a soft base is incorporated with items 8231 - 8241 .....	33,90 + L
8255	Stainless steel clasp or rest per clasp or rest .....	22,80 + L
8257	Lingual bar or palatal bar .....	27,40 + L
<b>NOTE: Where items 8281 or 8269 are applied, items 8255 or 8257 may not be charged.</b>		
8259	Re-base, per denture .....	90,50 + L
8261	Re-model, per denture .....	147,50 + L
8263	Re-line: self-curing hard conditioner acrylic, per denture .....	56,60
8265	Tissue conditioner and soft self-cure interim reline, per denture .....	37,60
8267	Soft base reline per denture (heat cured) .....	130,60 + L
<b>NOTE: Not applicable when items 8231 to 8241 are carried out concurrently.</b>		
8269	Repair of denture and/or addition of one or more teeth or clasps to denture .....	31,60 + L
8273	Additional fee where impression is required for 8269 .....	16,90 + L
8279	Metal base to full denture, per denture .....	117,80 + L
8281	Metal base to partial denture, per denture .....	292,90 + L
<b>NOTE:</b>		
1. The fees for items 8279 and 8281 refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.		
2. Where item 8281 is applied, items 8255 and 8257 cannot be charged.		
<b>Conservative dentistry</b>		
<b>NOTE: The Medical and Dental Council has ruled that, with the exception of Diagnostic Intra-oral Radiographs, fees for only three further Intra-oral Radiographs may be charged for each completed root canal therapy on an anterior tooth and a further five Intra-oral Radiographs for each completed root canal therapy on a multi-rooted tooth.</b>		
<b>Endodontics</b>		
8132	Emergency Root Canal Treatment .....	39,00
<b>NOTE: If an emergency root canal treatment is followed by a completed root treatment at the same visit, item 8132 cannot be charged.</b>		
8301	Direct pulp capping .....	11,20
8303	Indirect pulp capping where permanent filling is not completed at same visit .....	31,30
<b>NOTE: Where Rubber Dam is applied for the endodontic procedures listed below, item 8350 (which has been re-worded) may be applied.</b>		

Code No.	Procedure	R
8304	Application of Rubber Dam, per arch (irrespective of number of teeth treated) when items 8307, 8330, 8334 to 8336 are carried out .....	18,90
8307	Amputation of pulp (pulpotomy) .....	31,30
8830	Preparatory visit — single-rooted tooth (previously 8315) .....	24,20
8331	Maximum for 8330 (previously 8317) .....	96,40
8332	Preparatory visit — multi-rooted tooth (previously 8319) .....	33,20
8333	Maximum for 8332 (previously 8321) .....	132,70
	<b>NOTE: Items 8330, 8331, 8332 and 8333 are not charged at the same visit as items 8334, 8335 and 8336.</b>	
8334	Root canal therapy, excluding molars, first canal (previously 8311) .....	108,00
8335	Root canal therapy, molars, first canal (previously 8312) .....	147,50
8336	Each additional canal (applicable to all teeth) (previously 8313) .....	44,40
	<b>NOTE: Where a Root Treatment is completed at one visit (i.e. pulp removal, de-bridement, enlarging and filling canals, etc.). Modifier 8008 can be applied to items 8334, 8335 and 8336.</b>	
	<b>Plastic restorations</b>	
	<b>NOTE: Plastic Restorations of the same material on posterior teeth are classified in accordance with the number of surfaces treated per tooth per visit, irrespective of whether the restorations are contiguous or not.</b>	
8341	One surface .....	26,00
8342	Two surfaces .....	35,80
8343	Three surfaces .....	47,50
8344	More than three surfaces .....	58,50
8345	Preformed post reinforcement per post .....	35,10
8347	Pin retention for restoration, first pin .....	24,20
8349	Maximum for pin retention, per tooth .....	48,10
	<b>Plastic restorations (using acid etch technique)</b>	
8350	Application of Rubber Dam, per arch (irrespective of number of teeth restored) when items 8351 to 8354 are carried out .....	18,90
8351	One surface .....	29,90
8352	Two surfaces .....	39,70
8353	Three surfaces .....	50,80
8354	More than three surfaces .....	61,30
	<b>NOTE: Where items 8351 to 8354 are carried out on molars and premolars Modifier 8008 may be applied.</b>	
8355	Composite Veneers (Laminated or Direct) .....	75,40 + L
8356	Bridge per abutment .....	75,40 + L
	Per pontic (see 8420, 8422, 8424)	
8357	Preformed metal crown .....	49,50
	<b>Inlays</b>	
	<i>Metal inlays</i>	
8361	One surface .....	74,50 + L
8362	Two surfaces .....	110,10 + L
8363	Three surfaces .....	183,70 + L
8364	Four surfaces .....	222,10 + L
8365	Five surfaces .....	222,10 + L
	<b>Ceramic/Resin Bonded Inlays</b>	
8371	One surface .....	75,40 + L
8372	Two surfaces .....	110,10 + L
8373	Three surfaces .....	183,70 + L
8374	Four surfaces .....	222,10 + L
8375	Five surfaces .....	222,10 + L

Code No.	Procedure	R
	<b>Preformed Post and Core</b>	
8376	Single post and core .....	61,30
8377	Double post and core .....	96,90
8378	Triple post and core .....	132,00
	<b>NOTE: Items are inclusive of pins.</b>	
	<b>Post with thimble or coping</b>	
8391	Single post .....	56,60 + L
8393	Binary post .....	90,50 + L
8395	Triple post .....	130,60 + L
8396	Copings .....	37,10 + L
8397	Cast core with pins .....	90,50 + L
8398	Plastic core on pin reinforcing irrespective of number of pins .....	90,50
	<b>NOTE: The fees in this section include cost of temporary/intermediate crowns.</b>	
	<i>Crowns</i>	
8401	Cast full crown .....	263,80 + L
8403	Cast three-quarter crown .....	263,80 + L
8405	Acrylic jacket crown .....	225,10 + L
8407	Acrylic veneered crown .....	281,60 + L
8409	Porcelain jacket crown .....	281,60 + L
8411	Porcelain veneered crown .....	281,60 + L
8413	Facing replacement .....	55,20 + L
	<b>Resin bonded retainers</b>	
	Maryland Bridges (see 8356)	
	Per pontic (see 8420, 8422, 8424)	
	<b>Bridges (retainers as above)</b>	
8420	Sanitary pontic .....	137,50 + L
8422	Posterior pontic .....	183,70 + L
8424	Anterior pontic including premolars .....	230,00 + L
	<b>General anaesthetics</b>	
8499	The relevant items in the tariff of fees for medical services as published in <i>Government Gazette</i> "The Scale of Fees for Medical Aid" shall apply to all general anaesthetics in dental procedures.	

### SPECIALIST PROSTHODONTISTS

Code No.	Procedure	R
	<b>Treatment procedures</b>	
	<i>Emergency treatment</i>	
8511	Emergency treatment for relief of pain (where no other tariff item as applicable) .....	55,20
8513	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations) .....	90,50
8515	Recementation of inlay, crown or bridge per abutment .....	35,10
8517	Reimplantation of a tooth, including fixation as required .....	93,70 + L
	<i>Provisional treatment</i>	
8521	Provisional splinting-extracoronary wire, per sextant .....	75,40
8523	Provisional splinting-extracoronary wire plus resin, per sextant .....	110,10
8527	Provisional splinting-intracoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint .....	35,10 + L

Code No.	Procedure	R
8529	Provisional crown, which is not placed during routine crown preparation .....	90,50 + L
8530	Preformed metal crown .....	76,80
	<i>Occlusal adjustment</i>	
8551	Major occlusal adjustment .....	257,60
8553	Minor occlusal adjustment .....	81,20
	<i>Ceramic/ Resin Bonded Inlays</i>	
8555	One surface .....	340,40 + L
8556	Two surfaces .....	491,50 + L
8557	Three surfaces .....	761,20 + L
8558	Four surfaces .....	761,20 + L
8559	Five surfaces .....	761,20 + L
	<i>Metal inlays</i>	
8571	One surface .....	163,50 + L
8572	Two surfaces .....	236,30 + L
8573	Three surfaces .....	365,80 + L
8574	Four surfaces .....	365,80 + L
8575	Five surfaces .....	365,80 + L
8577	Pin retention .....	54,50 + L
	<b>Post and copings</b>	
8581	Single post .....	90,70 + L
8582	Double post .....	130,60 + L
8583	Triple post .....	163,50 + L
8587	Copings .....	75,40 + L
8589	Cast core with pins .....	128,90 + L
8591	Plastic core on pin reinforcing irrespective of number of pins .....	90,50
	<b>Connectors</b>	
8597	Locks and milled rests .....	37,10 + L
8599	Precision attachments .....	90,50 + L
	<b>Crowns</b>	
8601	Cast three-quarter crown .....	365,80 + L
8607	Porcelain jacket crown .....	365,80 + L
8609	Porcelain veneered metal crown .....	456,90 + L
	<b>Bridges</b>	
	<b>NOTE: Retainers as above.</b>	
8611	Sanitary pontic .....	276,00 + L
8613	Posterior pontic .....	340,30 + L
8615	Anterior pontic .....	365,80 + L
	<b>Resin bonded retainers</b>	
8617	Per abutment .....	112,60 + L
	Per pontic (see 8611, 8613, 8615)	
	<b>Conservative treatment of myo-fascial pain-dysfunction syndrome</b>	
8621	First visit .....	44,40
8623	Subsequent visit .....	33,20
	<b>Endodontic procedures, etc.</b>	
8631	Root canal therapy, first canal .....	320,20
8633	Each additional canal .....	80,00
	<b>NOTE: The above endodontic fees include all X-rays and repeat visits.</b>	
8635	Apexification of root canal, per visit .....	53,50
8637	Hemisection of a tooth or resection of root .....	128,90
8638	Incision and drainage of pyogenic abscess, intraoral approach .....	76,10



Code No.	Procedure	R
9015	Apicectomy, including retrograde root filling where necessary — anterior tooth .....	177,20
9016	Apicectomy including retrograde filling where necessary — posterior tooth .....	264,70
8640	Removal of fractured post or instrument from root canal .....	93,70
	<b>Prosthetics (Removable)</b>	
8641	Complete upper and lower dentures without primary complications .....	914,40 + L
8643	Complete upper and lower dentures without major complications .....	1 186,90 + L
8645	Complete upper and lower dentures with major complications .....	1 459,80 + L
8647	Complete upper or lower dentures without primary complications .....	639,70 + L
8649	Complete upper or lower denture without major complications .....	730,90 + L
8651	Complete upper or lower denture with major complications .....	822,00 + L
8661	Diagnostic dentures (inclusive of tissue conditioning treatment) .....	730,90 + L
8662	Remounting and occlusal adjustment of dentures .....	105,30
8663	Chrome cobalt base for full denture (extra charge) .....	220,10 + L
8665	Re-base, per denture .....	147,50 + L
8667	Soft base, per denture (heat cured) .....	220,10 + L
8668	Tissue conditioner, per denture .....	54,50
8669	Intraoral reline of complete or partial denture .....	81,20
8671	Metal (e.g. Chrome cobalt) partial denture .....	730,90 + L
8672	Additional fee for altered cast technique for partial denture .....	28,60 + L
8674	Additive partial denture .....	331,20 + L
8679	Repairs .....	37,10 + L
8273	Additional fee where impression is required for 8269 .....	16,90 + L

### SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS

#### See Rule 011

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

2. The fee for more than one operation or procedure **performed through the same incision** shall be calculated as the fee for the major operation plus the tariff for the subsidiary operation to a maximum of R84,00 for each such subsidiary operation or procedure (**8005**).

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

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

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

25% for the fourth procedure/operation (**8010**).

10% for the fifth procedure/operation (**8011**).

5% for the sixth and subsequent procedures/operations (**8012**).

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

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

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

4. The fee payable to an assistant shall be calculated at 15 per cent of the fee of the practitioner performing the operation, with a minimum of R50,80 (**8007**).

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

**See Rule 012**

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

Code No.	Procedure	R
	<b>Consultations and visits</b>	
8901	Consultation at consulting rooms .....	44,40
8903	Consultation at hospital, nursing home or house .....	49,50
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house .....	24,20
8905	Weekend visits and night visits between 17:00 — 08:00 of the following day .....	71,40
8907	Subsequent consultations, per week, to a maximum of .....	81,90
	<b>NOTE:</b> "Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same traumatic condition provided that such consultations occur within six months of the first consultation.	
	<b>Investigations and records</b>	
8107	Intra-oral radiographs, per film .....	15,50
8108	Maximum .....	124,90
8113	Occlusal radiographs .....	24,20
8115	Panoramic radiograph .....	75,40
8917	Biopsies: Intra-oral .....	91,00
8919	Biopsy of bone: Needle biopsy .....	157,30
8921	Biopsy of bone: Open .....	259,10
8811	Cephalometric radiograph and analysis .....	75,40
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph .....	81,90
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph .....	90,50
	<b>Removal of teeth</b>	
8924	More than eighteen teeth, per tooth .....	4,60
8957	Alveotomy or alveolectomy — concurrent with or independent of extractions (per jaw) .....	216,00
8961	Implanting of teeth .....	354,10 + L
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia) .....	118,50
8935	Treatment of post-extraction septic socket where patient is referred by another registered person .....	31,30
8937	Surgical removal of a tooth i.e.: - raising of mucoperiosteal flap, removal of bone and suturing .....	109,40
	<b>Removal of roots</b>	
8953	Surgical removal of residual roots of first tooth .....	157,30
8955	Surgical removal of residual roots of each subsequent tooth. See Rule 011. Notes 2 and 3 .....	—
	<b>Diverse procedures</b>	
8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication .....	537,60
8909	Closure of oral antral fistula — acute or chronic .....	412,70
8910	Removal of roots from maxillary antrum .....	162,00
8911	Caldwell-Luc procedure .....	162,00
8965	Peripheral neurectomy .....	354,10
8997	Sulcoplasty/Vestibuloplasty .....	811,60 + L

Code No.	Procedure	R
8999	Deepening the vestibular sulcus: Plastic repair .....	216,00 + L
9001	Deepening the buccal/labial sulcus: Buccal inlay .....	491,90 + L
9003	Repositioning mental foramen and nerve, per side .....	491,90 + L
9005	Alveolar ridge augmentation by bone graft .....	826,50 + L
	<b>Sepsis</b>	
9011	Incision and drainage of pyogenic abscesses (intra-oral approach) .....	101,00
9013	Extra-oral approach, e.g. Ludwig's angina .....	137,50
9015	Apicectomy including retrograde filling where necessary — anterior teeth .....	177,20
9016	Apicectomy including retrograde filling where necessary — posterior teeth .....	354,80
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible .....	729,60
9019	Sequestrectomy — intra-oral .....	157,30
	<b>Trauma</b>	
	<i>Treatment of associated soft tissue injuries</i>	
9021	Minor .....	177,20
9023	Major .....	374,20
	<b>Mandibular fractures</b>	
9025	Treatment by closed reduction, with inter-maxillary fixation .....	393,10
9027	Treatment of compound fracture, involving eyelet wiring .....	551,80
9029	Treatment by metal cap splintage or Gunning's splints .....	611,70 + L
9031	Treatment of open reduction with restoration of occlusion by splintage .....	906,00 + L
	<b>Maxillary fractures with special attention to occlusion</b>	
9035	Le Fort I or Guérin fracture .....	553,20 + L
9037	Le Fort II or middle third of face .....	906,00 + L
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage .....	1 298,90 + L
	<b>Zygoma/Orbit/Antral — Complex fractures</b>	
9041	Gillies or temporal elevation .....	393,10
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation .....	787,40
9045	Requiring multiple interosseous wiring or bone graft .....	1 180,60
	<b>Deformities</b>	
	<b>NOTE: For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re Rule 011) will not apply.</b>	
9047	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation) .....	1 652,90 + L
9049	Anterior segmental osteotomy of mandible (Köle) .....	1 377,10 + L
9051	Genioplasty .....	787,40
9055	Maxillary posterior segment osteotomy (Schukardt) — 1 or 2 stage procedure .....	1 377,10 + L
9057	Maxillary anterior segment osteotomy (Wassmund) — 1 or 2 stage procedure .....	1 377,10 + L
9059	Le Fort I osteotomy .....	2 591,30 + L
9061	Palatal osteotomy .....	906,00 + L
9063	Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic-deformities .....	3 308,60 + L
9069	Functional tongue reduction (partial glossectomy) .....	591,00
9071	Geniohyiodotomy .....	354,10
9072	Functional closure of the secondary oronasal fistula and associated structures with bone grafting (complete procedure) .....	2 591,30 + L

Code No.	Procedure	R
	<b>Temporomandibular joint procedures</b> (Investigation as in preceding section)	
9073	Conservative treatment of temporomandibular joint derangement of dysfunction with bite plate .....	98,60 + L
9075	Condylectomy or coronoidectomy or both (extra-oral approach or meniscectomy) .....	826,50
9053	Coronoidectomy (intra-oral approach) .....	491,90
9077	Intra-articular injection, per injection .....	59,20
9079	Subsequent injection .....	23,50
9081	Condyle neck osteotomy (Ward/Kostecka) .....	393,10
9083	Temporomandibular arthroplasty, e.g. eminectomy (Le Clerk and Toller procedure) .....	984,10
9085	Reduction of temporomandibular joint dislocation without anaesthetic .....	78,20
9087	Reduction of temporomandibular joint dislocation, with anaesthetic ....	157,30
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation .....	393,10
9091	Reduction of temporomandibular joint dislocation requiring open reduction .....	826,50
	<b>Salivary glands</b>	
9095	Removal of salivary gland .....	472,70
	<b>Implants</b>	
*9180	Placement of sub-periosteal implant — Preparatory procedure/operation .....	543,50
*9181	Placement of sub-periosteal implant prosthesis/operation .....	543,50
*9182	Placement of endosteal implant, per implant .....	271,70 + L
*9183	Placement of osseointegrated implant and abutment single implant per jaw .....	282,70
*9184	Placement of osseointegrated implant and abutment, two implants per jaw .....	369,70
*9185	Placement of osseointegrated implant and abutment, three implants per jaw .....	456,80
*9186	Placement of osseointegrated implant and abutment, four implants per jaw .....	543,50
*9187	Placement of osseointegrated implant and abutment, five implants per jaw .....	630,50
*9188	Placement of osseointegrated implant and abutment, six implants per jaw .....	717,50
*9189	Cost of implants .....	By arrangement
*	<b>NOTE:</b> 1. The fee includes subsequent exposure and placement of transmucosal extensions. 2. For items 9180 to 9188 the full fee may be charged, i.e. notes 2 and 3 of Rule 011 will not apply.	