



GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

N\$2.16

WINDHOEK - 1 January 1996

No. 1238

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GOVERNMENT NOTICE

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Government Notice

MINISTRY OF LABOUR AND HUMAN RESOURCES DEVELOPMENT

No. 5

1996

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

Under section 79 of the Employees' Compensation Act, 1941 (Act 30 of 1941) I hereby with effect from 1 January 1996 -

- (a) prescribe the Tariff of Fees for Dental Services and the general rules and general modifiers applicable thereto, as set out in the Schedule; and
- (b) repeal Government Notice 67 of 1993.

The fees as set out in the Schedule are applicable in respect of payments authorized for services rendered on or after 1 January 1996.

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

Windhoek, 7 December 1995

*Repealed by
Gov. N. 135/97
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SCHEDULE
SCALE OF FEES FOR DENTAL SERVICE
GENERAL RULES GOVERNING THE SCALE OF FEES

- 001 A consultation shall include an examination and charting. No further consultation fee shall be chargeable until the treatment plan resulting from this initial consultation has been discharged. This rule applies only to tariff items 8101 and 8103.
- 002 Except in those cases where the fee is determined "by arrangement" the fee for the rendering of a service which is not listed in this scale of fees shall be based on the fee in respect of a comparable service that is listed herein.
- 003 In the case of a prolonged or costly dental service or procedure, the dental practitioner shall ascertain beforehand from the Commission whether 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 high fee as may be agreed upon between the dental practitioner and the Commission, may be charged.
- Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the Scale of Fees should be charged.
- 005 Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated under the Employees Compensation Act.
- 007 "Normal consulting hours" are between 08:00 and 17:00 on weekdays, and between 08:00 and 13:00 on Saturdays.
- 008 A dental practitioner shall submit his account for treatment under the Act to the employer of the employee concerned.
- 009 Dentists in general practice shall be entitled to charge two thirds of the fees of specialists only for treatment that is not listed in the tariff of fees for dentists in general practice. Any specialist performing any treatment not listed in the tariff of fees for his 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 |
| | <hr style="width: 100px; margin: 0 auto;"/> |
| | R(X + Y) |
| | <hr style="width: 100px; margin: 0 auto;"/> |
- 011 For the adjustment of specific tariff items to certain circumstances, it is necessary to show the following modifiers on the account:
- | | |
|------|--|
| 8002 | The appropriate scheduled fee plus 50%. |
| 8003 | The appropriate scheduled fee plus 10%. |
| 8004 | Two-thirds of appropriate scheduled fee. |
| 8005 | The appropriate scheduled fee to a maximum of N\$123-60. |
| 8006 | 50% of the appropriate scheduled fee. |
| 8007 | 15% of the appropriate scheduled fee. |
| 8008 | The appropriate scheduled fee plus 25%. |
| 8009 | 75% of the appropriate scheduled fee. |

- 012** In 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** Cost of material: This item provides for a charge for material where specially indicated against the relative Code Items by the words (*see rule 013*). Material to be charged for in these instances at cost plus 35%.
- 014** Cost of prostheses - cost price + 20% with a maximum of N\$642-50.
- 015** Payment shall only be made for services required as a direct result of the accident. No liability would e.g. be accepted for gold fillings in broken dentures for cosmetic purposes only.
- 016** Where a general anaesthetic is administered by a dental practitioner, the fee charged shall be set out in item 8499.
- 017** 8279 and 8281 Metal Base to Full and partial Dentures: The fees for these items refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.
- 018** Payment of a fee in respect of treatment not listed in the Scale of Fees but for which the Commission has agreed to accept liability, and of any fee reflected in respect of a service listed in the Scale of Fees, shall be in full and final settlement for the treatment or procedure given to the employee as is contemplated under section 76 of the Act in respect of medical practitioners.
- 019** Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee.

Explanations:**8132 Emergency Root Canal Treatment**

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

8279 and 8281 Metal Base to Full and Partial Dentures

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

GENERAL DENTAL PRACTITIONERS

Code No.	Procedure	N\$
Consultations		
8101	Consultation at surgery	35-60
8103	Consultation at home or hospital	49-70
8104	Consultation for a specific problem not requiring full mouth examination, charting and treatment planning	23-60
Diagnostic procedures		
8107	Intra-oral radiographs, per film	22-80
8108	Maximum	183-80
8113	Occlusal radiographs	35-60
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric P-A handwrist etc.)	95-00
	Maximum for the treatment plan	237-90
8811	Tracing and analysis of extra-oral film	11-60

Code No.	Procedure	N\$
8117	Study models - unmounted	25-90 + L
8119	Study models - mounted on adjustable articulator	66-70 + L
8121	Diagnostic photographs - per photograph	25-90
	Treatment procedures	
8129	Additional fee for emergency treatment rendered outside normal working hours including emergency treatment carried out at hospital	86-10
8131	Emergency treatment for relief of pain where no other tariff item is applicable	35-60
8132	Emergency root canal treatment	57-50
8133	Re-cementing of inlays, crowns or bridges - per abutment	35-60 + L
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure	69-90
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	27-80
8137	Emergency crown (not applicable to temporary crowns (not applicable to temporary crowns replaced during routine crown and bridge preparations) ..	119-50 + L
8138	Pre-formed metal crown emergency procedure	72-80
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case	57-50
	Note: This item refers to additional treatment carried out as a result of the consultation referred to under items 8101 and 8103.	
	Miscellaneous services	
8141	Inhalation sedation - first quarter-hour or part thereof	24-80
8143	Per additional quarter-hour or part thereof	13-40
	Note: No additional fee to be charged for gases used in the case of items 8141 and 8143.	
8144	Intravenous sedation	16-50
8145	Local anaesthetic, per visit	5-90
8110	Provision of sterile tray of surgical procedures	14-70

E. ORAL SURGERY (See Rule 011)

1. The fee for more than one operation or procedure performed through the same incision shall be calculated as, the fee for the major operation plus the tariff fee for the subsidiary operation to a maximum of N\$86-20 for each subsidiary operation or procedure (8005).
2. The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operation plus-
 - 75% for the second procedure/operation (8009)
 - 50% for the third procedure/operation (8006)

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

3. The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with a minimum of N\$51-80 (8007). The patient must be informed beforehand that another dentist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the account rendered to the Commission.

Code No.	Procedure	N\$
8192	Treatment of soft tissue injury	180-60
	Implants: (Prior permission must be obtained from the Commission)	
8193	Osseointegrated abutment, per abutment	560-30
8194	Placement of a single osseointegrated implant per jaw	360-30
8195	Placement of a second osseointegrated implant in the same jaw	269-70
8196	Placement of a third and subsequent osseointegrated implant in the same jaw per implant	180-00
8197	Cost of implants (see rule 014)	
8198	Exposure of a single osseointegrated implant and placement of a transmucosal element	133-60
8199	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw	100-10
8200	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant	66-80
	Note: For items 8194 to 8200 the full fee may be charged, i.e. Note 1 above will not apply.	
	Extractions during a single visit	
8201	One tooth in a quadrant	35-60
8202	Two teeth in same quadrant	49-90
8203	Three teeth in same quadrant	63-40
8204	Four teeth in same quadrant	78-70
8205	Five teeth in same quadrant	92-80
8206	Six teeth in same quadrant	106-10
8207	Seven teeth in same quadrant	120-60
8208	Eight teeth in same quadrant	135-80
	Note: Item 8201 to 8208 can be charged for a further three quadrants.	
8209	Surgical removal of a tooth, i.e. raising of mucoperiosteal flap, removal of bone and suturing	110-50
	<i>Unrupted or impacted teeth</i>	
8210	First tooth	258-60
8211	Second tooth	138-70
8212	Third and subsequent teeth, per tooth	79-10
	<i>Removal of roots</i>	
8213	Surgical removal of residual roots of first tooth	159-40
8214	Surgical removal of residual roots of each subsequent tooth (see Notes 1 and 2 above).	

Code No.	Procedure	N\$
	<i>Para-Orthodontic Surgical Procedures</i>	
8215	Surgical exposure of impacted or unerupted teeth for orthodontic reasons	298-70
8216	Frenectomy	218-70
8220	Use of suture provided by practitioner (see Rule 013)	19-20
8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasia, e.g. haemophilia)	25-10
8223	Each additional visit	17-60
8225	Treatment of septic socket	25-10
8227	Each additional visit	17-60
8228	Incision and drainage of pyogenic abscess (intra-oral approach)	102-20
8229	Apicectomy including retrograde filling where necessary-incisors and canines .	178-90
	Prosthetics	
8231	Full upper and lower dentures. (See footnote below 8267)	566-30 + L
8232	Full upper or lower dentures. (See footnote below 8267)	348-90 + L
8233	Partial denture, one tooth	162-00 + L
8234	Partial denture, two teeth	162-00 + L
8235	Partial denture, three teeth	242-30 + L
8236	Partial denture, four teeth	242-30 + L
8237	Partial denture, five teeth	242-30 + L
8238	Partial denture, six teeth	322-90 + L
8239	Partial denture, seven teeth	322-90 + L
8240	Partial denture, eight teeth	322-90 + L
8241	Partial denture, nine or more teeth	322-90 + L
8243	Additional fee where a soft base is incorporated with items 8231-8241	49-90 + L
8255	Stainless steel clasp or rest per clasp or rest	33-50 + L
8257	Lingual bar or palatal bar	40-30 + L
	Note: Where items 8281 or 8269 are applied, items 8255 or 8257 may not be charged.	
8259	Re-base, per denture	133-20 + L
8261	Re-model, per denture	217-00 + L
8263	Re-line - self-curing hard conditioner acrylic, per denture	83-30 + L
8265	Tissue conditioner and soft self-cure interim reline, per denture	55-30 + L
8267	Soft base reline per denture (heat cured)	192-30 + L
	Note: Not applicable when items 8231 to 8241 are carried out concurrently.	
8269	Repair of denture or other intra-oral appliance	46-50 + L
8273	Additional fee where impression is required for 8269	24-80 + L

Code No.	Procedure	N\$
8279	Metal base to full denture, per denture	173-40 + L
8281	Metal base to partial denture, per denture	431-10 + L
	Note:	
	1. The fees for items 8279 and 8281 refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.	
	2. Where item 8281 is applied, items 8255 and 8257 cannot be charged.	
	Conservative dentistry	
	Note:	
	1. The SAMDC has ruled that, with the exception of Diagnostic Intraoral Radiographs, fees for only three further intra-oral Radiographs may be charged for each completed Root Canal Therapy on a single-canal tooth; or a further five Intra-oral Radiographs for each completed Root Canal Therapy on a multi-canal tooth.	
	2. Where Rubber Dam is used for the Endodontics and Bleaching procedures, Code 8304 may be applied.	
	Endodontics	
8132	Emergency root canal treatment	57-50
	Note:	
	If any emergency root canal treatment is followed by the completed root treatment at the same visit item 8132 cannot be charged.	
8301	Direct pulp capping	16-50
8303	Indirect pulp capping where permanent filling is not completed at same visit ..	46-00
	Note:	
	Where Rubber Dam is applied for the endodontics procedures listed below, item 8304 may be applied.	
8304	Application of Rubber Dam, per arch (irrespective of number teeth treated), when items 8133, 8307, 8330, 8334, 8336, 8351, 8354 are carried out.	
8307	Amputation of pulp (pulpotomy)	28-70
8330	Removal of fractural post or instrument/bypassing fractured endodontics instrument	47-90
	<i>Preparatory Visits (obturation not done at same visit)</i>	
8332	Single canal tooth, per visit	35-60
	Maximum for 8332	142-40
8333	Multi-canal tooth, per visit	48-90
	Maximum for 8333	195-60
8334	Re-preparation of previously obturated canal, per canal	53-90
	<i>Obturation of root canal completed at a second or subsequent visit</i>	
8335	First canal - excluding molars	159-00
8336	First canal - molars	217-00
8337	Additional canals, per canal (applicable to all teeth)	65-40
	<i>Preparation and obturation of root canals completed at a single visit</i>	

	Procedure	N\$
8338	First canal - excluding molars	253-20
8339	First canal - molars	347-90
8340	Additional canals - per canal	84-90
	CONSERVATING DENTISTRY (continued)	
	<i>Plastic restorations</i>	
8341	One surface	38-30
8342	Two surfaces	52-70
8343	Three surfaces	69-90
8344	Four or more surfaces	86-10
8345	Preformed post reinforcement per post	51-70
8347	Pin retention for restoration, per pin	35-60
	Maximum for 8347	71-20
	<i>Plastic restoration (using acid etch technique)</i>	
8304	Application for Rubber Dam per arch (irrespective of number of teeth treated) .	27-80
8351	One surface on anterior tooth	44-00
8352	Two surfaces on anterior tooth	58-50
8353	Three surfaces on anterior tooth	74-70
8354	Four or more surfaces on anterior tooth	90-20
8367	One surface on premolar or molar	56-60
8368	Two surfaces on premolar or molar	76-40
8369	Three surfaces on premolar or molar	97-80
8370	Four or more surfaces on premolar or molar	118-60
8355	Composite Veneers (Direct)	116-70
8356	Bridge per abutment	168-10 + L
	Per pontic (see 8420, 8422, 8424)	
8357	Preformed metal crown	76-80
	<i>Metal Inlays</i>	
8361	One surface	110-90 + L
8362	Two surfaces	162-00 + L
8363	Three surfaces	270-50 + L
8364	Four surfaces	326-90 + L
8365	Five surfaces	326-90 + L
8366	Pin retention as part of cast restoration, irrespective of number of pins	56-60
	<i>Ceramic/Resin Bonded Inlays</i>	
8371	One surface	110-90 + L
8372	Two surfaces	162-00 + L
8373	Three surfaces	270-50 + L

Code No.	Procedure	N\$
8374	Four surfaces	326-90 + L
8375	Five surfaces	326-90 + L
	Note:	
	1. In some of the above cases (e.g. Direct Hybrid Inlays) +L may not necessarily apply.	
	2. In cases where the direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used.	
	<i>Preformed Post and Core</i>	
8376	Single post and core	90-20
8377	Double post and core	142-60
8378	Tripple post and core	194-30
	Note:	
	Above items are inclusive of pins	
	<i>Post with thimble or coping</i>	
8391	Single post	83-30 + L
8393	Binary post	133-20 + L
8395	Triple post	192-00 + L
8396	Coping	54-20 + L
8397	Cast core with pins	133.20 + L
8398	Plastic core for crown (built up in amalgam, glass-ionomer or composite) on pin reinforcing irrespective of number of pins	133.20
	Note:	
	Where no pins or posts are used in construction of a core, the appropriate restoration code applies.	
	<i>Crowns</i>	
8401	Cast full crown	388-40 + L
8403	Cast three-quarter crown	388-40 + L
8405	Acrylic jacket crown	331-40 + L
8407	Acrylic veneered crown	414-50 + L
8409	Porcelain jacket crown	414-50 + L
8411	Porcelain veneered crown	414-50 + L
8413	Facing replacement	81-30 + L
8414	Additional fee for provision of crown within an existing clasp or rest	25-90 + L
	<i>Resin bonded retainers</i>	
	Maryland Bridges (see 8356)	
	Per pontic (see 8240, 8422, 8424)	
	<i>Bridges (retainers as above)</i>	
8420	Sanitary pontic	202-40 + L
8422	Posterior pontic	270-50 + L
8424	Anterior pontic including premolars	338-60 + L

Code No.	Procedure	N\$
8499	<i>General anaesthetics</i> The relevant items in the tariff of fees for medical services as published in <i>Government Gazette</i> No. 16120 of 23 December 1994 shall apply to all general anaesthetics in dental procedures.	

III. SPECIALIST PROSTHODONTIST

See Rule 009

Code No.	Procedure	N\$
	A. DIAGNOSTIC PROCEDURES	
8501	Consultation	67.30
8107	Intal-oral radiographs, per film	23.30
8108	Maximum	187.60
8113	Occlusal radiographs	36.30
8115	Extra-oral radiograph per film (i.e. panoramic, cephalometric, P-A, hand wrist, etc.)	96.00
	Maximum for the treatment plan	240.20
8811	Tracing and analysis of extra-oral film	11-70
8117	Study models unmounted	26-20 +L
8119	Study models mounted on adjustable articulator	67-30 +L
8121	Diagnostic photographs, per photograph	26-30
8503	Occlusal analysis on adjustable articulator	137-70 +L
8505	Pantographic recording	200-92
8507	Examination, diagnosis and treatment planning	137-70
8508	Electrognathographic recording	215-20
8509	Electrognathographic recording with computer analysis	358-20
	<i>Treatment procedures</i>	
	<i>Emergency treatment</i>	
8511	Emergency treatment for relief of pain (where no other tariff item is applicable)	81-30
8513	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	133-20
8515	Recementation of inlay, crown or bridge per abutment	51-70
8517	Reimplantation of an avulsed tooth, including fixation as required	138-00 +L
	<i>Provisional treatment</i>	
8521	Provisional splinting-extracoronary wire plus resin, per sextant	111-00
8523	Provisional splinting-extracoronary wire per sextant	162-00
8527	Provisional splinting-intracoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	51-70 +L

Code No.	Procedure	N\$
8529	Provisional crown, which is not placed during routine crown preparation	133-20 +L
8530	Preformed metal crown	113-00
	<i>Occlusal adjustment</i>	
8551	Major occlusal adjustment	379-10
	Note: This procedure cannot be carried out without study models mounted on an adjustable articulator.	
8553	Minor occlusal adjustment	119-60
	<i>Ceramic/Resin Bonded Inlays</i>	
8555	One surface	501-10 +L
8556	Two surfaces	723-50 +L
8557	Three surfaces	1 120-50 +L
8558	Four surfaces	1 12-050 +L
8559	Five surfaces	1 120-50 +L
	Note: In some of the above cases (e.g. Direct Hybrid Inlays) +L may not apply.	
	<i>Gold restorations</i>	
8571	One surface	240-60 +L
8572	Two surfaces	347-80 +L
8573	Three surfaces	538-50 +L
8574	Four surfaces	538-50 +L
8575	Five surfaces	538-50 +L
8577	Pin retention	80-30 +L
	<i>Post and copings</i>	
8581	Single post	133-50 +L
8582	Double post	192-30 +L
8583	Triple post	240-60 +L
8587	Copings	111-00 +L
8589	Cast core with pins	189-70 +L
8591	Plastic core on pin reinforcing irrespective of number of pins	133-20
	Implants (Prior permission must be obtained from the Commissioner)	
8592	Osseo-integrated abutment, per abutment	839-80 +L
8600	Cost of implant components (see Rule 014)	
	<i>Connectors</i>	
8597	Locks and milled rests	54-70 +L
8599	Precision attachments	133-20 +L

Code No.	Procedure	N\$
	Crowns	
8601	Cast three-quarter crown	538-50 +L
8607	Porcelain jacket crown	538-50 +L
8609	Porcelain veneered metal crown	672-50 +L
	Bridges	
	Note: Retainers as above	
8611	Sanitary pontic	406-30 +L
8613	Posterior pontic	500-90 +L
8615	Anterior pontic	538-50 +L
	Resin bonded retainers	
8617	Per abutment	165-70 +L
	Per pontic (see 8611, 8613, 8615).	
	Conservative treatment for temporo-mandibular joint dys-functions	
8625	Bite plate therapy for TMJ dysfunction	209-40 +L
8621	First visit for treatment of TMJ dysfunction	57-20
8623	Follow-up visit for adjustment of bite plates/treatment of TMJ dysfunction ...	42.60
	Note:	
	The number of visits and charge therefore depends on the relation between the practitioner and the patient, and the problems involved in the case.	
	Endodontics procedures, etc.	
8631	Root canal therapy, first canal	471-30
8633	Each additional canal	117-80
8636	Re-preparation of previously obturated canal, per canal	79-70
	Note:	
	The above endodontics fees include all X-rays and repeat visits.	
8635	Apexification of root canal, per visit	78-70
	Note:	
	Modifier 8002 is applicable to items 8325 to 8329 inclusive	
8637	Hemisection of a tooth or resection of root	189-70
8638	Incision and drainage of pyogenic abscess, intraoral approach	112-00
9015	Apicectomy, including retrograde root filling where necessary - anterior tooth .	260-90
9016	Apicectomy including retrograde filling where necessary - posterior tooth	389-60
8640	Removal of fractured post or instrument from tooth canal	138-00
	Prosthetics (Removable)	
8641	Complete upper and lower dentures without primary complications	1 373-30 +L
8643	Complete upper and lower dentures without major complications	1 747-00 +L
8645	Complete upper and lower dentures with major complications	2 148-90 +L
8647	Complete upper and lower dentures without primary complications	960-80 +L

Code No.	Procedure	N\$
8649	Complete upper and lower dentures without major complications	1 097-70 +L
8651	Complete upper and lower dentures with major complications	1 234-50 +L
8661	Diagnostic dentures (inclusive of tissue-conditioning treatment)	1 075-80 +L
8662	Remounting and occlusal adjustment of dentures	155-00 +L
8663	Chrome cobalt base for full denture (extra charge)	324-00 +L
8664	Remount of crown or bridge for extensive prosthetics	160-00
8665	Re-base, per denture	217-00 +L
8667	Soft base, per denture (heat cured)	324-00
8668	Tissue conditioner, per denture	80-30
8669	Intraoral reline of complete or partial denture	119-50
8671	Metal (e.g. Chrome cobalt) partial denture	1 075-80 +L
8672	Additional fee for altered cast technique for partial denture	42-10 +L
8674	Additive partial denture	487-50 +L
8679	Repairs	54-70 +L
8273	Additional fee where impression is required for 8269 + 8679	25-30 +L

SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS

(See rule 009)

See Rule 011

1. If procedures under tariff items 8201 to 8218 inclusive are carried out by specialists in maxillo-facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (8002).
2. The fee for more than one operation or procedure performed through the same incision shall be calculated as the fee for the major operation plus the tariff for the subsidiary operation to a maximum of N\$99-20 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).

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

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

4. The fee payable to a general practitioner assistant shall be calculated at 15 per cent of the fee of the practitioner performing the operation, with a minimum of N\$59-70 (8007).
The assistant's fee payable to a maxillo-facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the account rendered.
5. The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the tariff fee of the procedure or procedures performed (8008).

See Rule 012

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

Code No.	Procedure	N\$
	Consultations and visits	
8901	Consultation at consulting rooms	65.40
8903	Consultation at hospital, nursing home or house	72.80
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house	35.60
8905	Weekend visits and night visits between 17:00 and 08:00 of the following day	105.00
8907	Subsequent consultations, per week, to a maximum of	120.60
	Note: "Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same traumatic condition provided that such consultations occur within six months of the first consultation.	
	Investigations and records	
8107	Intra-oral radiographs, per film	22.80
	Maximum for 8107	182.60
8113	Occlusal radiographs	35.60
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, P-A, hand-wrist, etc.)	96.00
	Maximum for the treatment plan	240.20
8811	Tracing and analysis of extra-oral film	11.70
8117	Study models - unmounted	26.20 +L
8119	Study models - mounted on adjustable articulator	67.30 +L
8121	Diagnostic photographs - per photograph	26.20
	Orthognathic Surgery and Treatment Planning	
	Note: In the case of Treatment Planning requiring the combined services of an Orthodontist and a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist.	
8840	Treatment planning for orthognathic surgery	290.00 +L
8917	Biopsy: Intra-oral	135.50
8919	Biopsy of bone: Needle biopsy	234.00
8921	Biopsy of bone: Open	385.50
	Removal of teeth	
	Note: Modifier 8002 is applicable to items 8201 to 8209 inclusive.	
	Extractions during a single visits	
8201	One tooth in a quadrant	36.00
8202	Two teeth in same quadrant	50.80
8203	Three teeth in same quadrant	65.20
8204	Four teeth in same quadrant	80.60
8205	Five teeth in same quadrant	95.00

Code No.	Procedure	N\$
8206	Six teeth in same quadrant	109.80
8207	Seven teeth in same quadrant	123.40
8208	Eight teeth in same quadrant	138.70
	Note: Item 8201 to 8208 can be charged a further three quadrants.	
8975	Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw)	318.00
8961	Auto-transplantation of teeth	521.20 +L
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasia, e.g. haemophilia)	174.50
8933	Treatment of haemorrhage in the case of blood dyscrasia, e.g. haemophilia, per week	625.80
8935	Treatment of post-extraction septic socket where patient is referred by another registered person	46.00
8937	Surgical removal of a tooth, i.e. - raising of mucoperiosteal flap, removal of bone and suturing	162.70
	<i>Removal of roots</i>	
8953	Surgical removal of residual roots of first tooth	231.70
8955	Surgical removal of residual roots of each subsequent tooth.	
	See Rule 011 and Notes 2 and 3	
	<i>Unerrupted or impacted teeth</i>	
8941	First tooth	387.90
8943	Second tooth	208.40
8945	Third tooth	119.00
8947	Fourth tooth	119.00
8951	Unusual position	448.10
	<i>Diverse procedures</i>	
8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication	791.30
8909	Closure of oral antral fistula-acute or chronic	607.50
8910	Removal of roots from maxillary antrum	238.50
8911	Caldwell-Luc procedure	238.50
8965	Peripheral neurectomy	521.20
8966	Functional repair of orinasa/ fistula (local flaps)	745.80
8977	Major repairs of upper or lower jaw, i.e. by means of bona grafts or prosthesis, with jaw splintage. (Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure)	1 252.30
8978	Harvesting of bona graft	237.00
	Surgical preparation of jaws for prosthetics	
8987	Reduction of mylohyoid ridges	537.90
8989	Torus palatines or mandibularis reduction	537.90 +L

Code No.	Procedure	N\$
8991	Maxillary tubero-plasty	537.90 +L
8993	Reduction of hypertrophic tuberosity, per side	239.70 +L
	Excision of denture granuloma - refer to item 8971	
8995	Gingivectomy, per jaw	478.30 +L
8997	Sulcoplasty/Vestibuloplasty	1 194.60 +L
8999	Deepening the vestibular sulcus: Plastic repair	317.90 +L
9001	Deepening the buccal/labial sulcus: Buccal inlay	724.00 +L
9003	Repositioning mental foramen and nerve, per side	724.00 +L
9005	Alveolar ridge augmentation by bone graft	1 216.60 +L
9007	Alveolar ridge augmentation by alloplastic material	792.30 +L
	Sepsis	
9011	Incision and drainage of pyogenic abscesses (intra-oral approach)	148.70
9013	Extra-oral approach, e.g. Ludwig's angina	202.40
9015	Apicectomy including retrograde filling where necessary - anterior teeth	260.90
9016	Apicectomy including retrograde filling where necessary - posterior teeth	522.20
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	1 073.90
9019	Sequestrectomy - intra-oral	231.60
	Trauma	
	<i>Treatment of associated soft tissue injuries</i>	
9021	Minor	260.90
9023	Major	550.80
	Mandibular fractures	
9025	Treatment by closed reduction, with intermaxillary fixation	578.70
9027	Treatment of compound fracture, involving eyelet wiring	812.30
9029	Treatment by metal cap splintage or Gunning's splints	900.50 +L
9031	Treatment of open reduction with restoration of occlusion by splintage	1 333.60 +L
	Maxillary fractures with special attention to occlusion	
9035	Le Fort I or Guérin fracture	814.30 +L
9037	Le Fort II or middle third of face	1 333.60 +L
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage	1 911.90 +L
	Zygoma/Orbit/Antral-Complex fractures	
9041	Gillies or temporal elevation	578.70
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation	1 159.00
9045	Requiring multiple interosseous wiring or bone graft	1 737.90
	Functional correction of malocclusions	

Code No.	Procedure	N\$
	Note: For items 9047 to 9072 the full fee may be charged i.e. Notes 2 and 3 (re Rule 011) will not apply.	
9047	Operation for the improvement of restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)	2 433.00 +L
9049	Anterior segmental osteotomy of mandible (Köle)	2 027.10 +L
9050	Total subapical osteotomy	4 148.10
9051	Genioplasty	1 159.00
9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy)	1 895.20
9055	Maxillary posterior segment osteotomy (Schukardt) 1 - 2 stage procedure	2 027.10 +L
9057	Maxillary anterior segment osteotomy (Wassmund) 1 - 2 stage procedure	2 027.10 +L
9059	Le Fort I osteotomy - one segment	3 814.40 +L
9062	Le Fort I osteotomy - multiple segments	5 019.70 +L
9060	Le Fort I osteotomy with inferior repositioning and inter positional grafting	4 418.00
9061	Palatal osteotomy	1 341.30 +L
9063	Le Fort II osteotomy for correction of facial enormities or faciostenosis and post-traumatic deformities	4 870.30 +L
9069	Functional tongue reduction (partial glossectomy)	870.00
9071	Geniohyoidotomy	521.20
9072	Functional closure of secondary orinasal fistula and associated structures with bone grafting (complete procedure)	3 814.40 +L
	Temporomandibular joint procedures	
	<i>(Investigation as in preceding section)</i>	
9073	Bite plate therapy for TMJ dysfunction	207.00 +L
9074	Diagnostic arthroscopy	592.70
9075	Condylectomy or coronoidectomy or both (extra-oral approach or menisectomy)	1 216.60
9076	Arthrocentesis TMJ	355.50
9053	Coronoidectomy (intra-oral approach)	724.10
9077	Intra-articular injection, per injection	87.20
9079	Trigger point injection, per injection	69.30
9081	Condyle neck osteotomy (Ward/Kostecka)	578.70
9083	Temporomandibular artroplasty, e.g. eminectomy (Le Clerk and Toller procedure)	1 448.60
9085	Reduction of temporomandibular joint dislocation without anaesthetic	115.10
9087	Reduction of temporomandibular joint dislocation with anaesthetic	231.50
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation	578.70
9091	Reduction of temporomandibular joint dislocation requiring open reduction	1 216.60
9092	Total joint reconstruction with alloplastic material or bone includes condylectomy and coronoidectomy	3 975.80 +L

Code No.	Procedure	N\$
	Salivary glands	
9095	Removal of salivary gland	695.80
9066	Removal of salivary gland (extra-oral)	1 066.60
	Implants (Prior permission must be obtained from the Commissioner)	
*9180	Placement of sub-periosteal implant - Preparatory procedure/operation	800.00
*9181	Placement of sub-periosteal implant, prosthesis/operation	800.00
*9182	Placement of endosteal implant, per implant	400.00 +L
*9183	Placement of single osseointegrated implant per jaw	534.90
*9184	Placement of second osseointegrated implant in the same jaw	400.90
*9185	Placement of a third and subsequent osseointegrated implant in the same jaw, per implant	267.40
*9189	Cost of implants (See Rule 014).	
9190	Exposure of a single osseointegrated implant and placement of a transmucosal element	197.60
9191	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw	148.10
9192	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant	98.80
	* Note: For items 9180 to 9192 the full fee may be charged, i.e. note 2 of Rule 011 will not apply.	