



# GOVERNMENT GAZETTE

## OF THE

# REPUBLIC OF NAMIBIA

N\$2.16

WINDHOEK - 1 July 1997

No. 1595

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#### GOVERNMENT NOTICE

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## Government Notice

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### MINISTRY OF LABOUR

No. 135

1997

#### 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 July 1997 -

- (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 5 of 1996.

The fees as set out in the Schedule are applicable in respect of payments authorized for services rendered on or after 1 July 1997.

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

Windhoek, 17 June 1997

**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: 50%; margin: 0 auto;"/>
	R(X + Y)
	<hr style="width: 50%; 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\$136,00.
- 8006 50% of the appropriate scheduled fee.
- 8007 15% of the appropriate scheduled fee.
- 8008 The appropriate scheduled fee plus 25%.
- 8009 75% of the appropriate scheduled fee.

- 012 In 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\$707-00.
- 015 Payment shall only be made for services required as a direct result of the accident. No liability would e.g. be accepted for gold fillings in broken dentures for cosmetic purposes only.
- 016 Where a general anaesthetic is administered by a dental practitioner, the fee charged shall be set out in item 8499.
- 017 8279 and 8281 Metal Base to Full and partial Dentures: The fees for these items refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.
- 018 Payment of a fee in respect of treatment not listed in the Scale of Fees but for which the Commission has agreed to accept liability, and of any fee reflected in respect of a service listed in the Scale of Fees, shall be in full and final settlement for the treatment or procedure given to the employee as is contemplated under section 76 of the Act in respect of medical practitioners.
- 019 Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee.

**Explanations:**

**8132 Emergency Root Canal Treatment**

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

**8279 and 8281 Metal Base to Full and Partial Dentures**

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

**GENERAL DENTAL PRACTITIONERS**

Code No.	Procedure	N\$
<b>Consultations</b>		
8101	Consultation at surgery .....	39,00
8103	Consultation at home or hospital .....	55,00
8104	Consultation for a specific problem not requiring full mouth examination, charting and treatment planning.....	26,00
<b>Diagnostic procedures</b>		
8107	Intra-oral radiographs, per film .....	25,00
8108	Maximum .....	202,00
8113	Occlusal radiographs.....	39,00
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric P-A handwrist etc.).....	104,00
	Maximum for the treatment plan .....	262,00
8811	Tracing and analysis of extra-oral film .....	13,00

Code No.	Procedure	N\$
8117	Study models - unmounted .....	28,00
8119	Study models - mounted on adjustable articulator .....	73,00
8121	Diagnostic photographs - per photograph .....	28,00
<b>Treatment procedures</b>		
8129	Additional fee for emergency treatment rendered <b>outside normal working hours</b> including emergency treatment carried out at hospital .....	95,00
8131	Emergency treatment for relief of pain where no other tariff item is applicable.....	39,00
8132	Emergency root canal treatment.....	63,00
8133	Re-cementing of inlays, crowns or bridges - per abutment .....	39,00
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure .....	77,00
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment .....	31,00
8137	Emergency crown (not applicable to temporary crowns (not applicable to temporary crowns replaced during routine crown and bridge preparations) .....	131,00
8138	Pre-formed metal crown emergency procedure .....	80,00
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case.....	63,00
<b>Note:</b>		
<b>This item refers to additional treatment carried out as a result of the consultation referred to under items 8101 and 8103.</b>		
<b>Miscellaneous services</b>		
8141	Inhalation sedation - first quarter-hour or part thereof .....	27,00
8143	Per additional quarter-hour or part thereof .....	15,00
<b>Note:</b>		
<b>No additional fee to be charged for gases used in the case of items 8141 and 8143.</b>		
8144	Intravenous sedation.....	18,00
8145	Local anaesthetic, per visit.....	6,00
8110	Provision of sterile tray of surgical procedures.....	16,00

**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\$95,00 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\$57,00 (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 .....	199,00
	<b>Implants: (Prior permission must be obtained from the Commission)</b>	
8193	Osseointegrated abutment, per abutment.....	616,00
8194	Placement of a single osseointegrated implant per jaw .....	396,00
8195	Placement of a second osseointegrated implant in the same jaw .....	297,00
8196	Placement of a third and subsequent osseointegrated implant in the same jaw per implant.....	198,00
8197	Cost of implants (see rule 014)	
8198	Exposure of a single osseointegrated implant and placement of a transmucosal element .....	147,00
8199	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw .....	110,00
8200	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant.....	73,00
	<b>Note:</b> <b>For items 8194 to 8200 the full fee may be charged, i.e. Note 1 above will not apply.</b>	
	Extractions during a single visit	
8201	One tooth in a quadrant.....	39,00
8202	Two teeth in same quadrant .....	55,00
8203	Three teeth in same quadrant .....	70,00
8204	Four teeth in same quadrant.....	87,00
8205	Five teeth in same quadrant .....	102,00
8206	Six teeth in same quadrant.....	117,00
8207	Seven teeth in same quadrant.....	133,00
8208	Eight teeth in same quadrant.....	149,00
	<b>Note:</b> <b>Item 8201 to 8208 can be charged for a further three quadrants.</b>	
8209	Surgical removal of a tooth, i.e. raising of mucoperiosteal flap, removal of bone and suturing.....	122,00
	<i>Unerupted or impacted teeth</i>	
8210	First tooth .....	284,00
8211	Second tooth.....	153,00
8212	Third and subsequent teeth, per tooth.....	87,00
	<i>Removal of roots</i>	
8213	Surgical removal of residual roots of first tooth .....	175,00
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 .....	329,00
8216	Frenectomy.....	241,00
8220	Use of suture provided by practitioner (see Rule 013) .....	21,00
8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasia, e.g. haemophilia).....	28,00
8223	Each additional visit.....	19,00
8225	Treatment of septic socket.....	28,00
8227	Each additional visit.....	19,00
8228	Incision and drainage of pyogenic abscess (intra-oral approach).....	112,00
8229	Apicectomy including retrograde filling where necessary-incisors and canines .....	197,00
<b>Prosthetics</b>		
8231	Full upper and lower dentures. (See footnote below 8267).....	623,00
8232	Full upper or lower dentures. (See footnote below 8267).....	384,00
8233	Partial denture, one tooth .....	178,00
8234	Partial denture, two teeth.....	178,00
8235	Partial denture, three teeth.....	267,00
8236	Partial denture, four teeth.....	267,00
8237	Partial denture, five teeth .....	267,00
8238	Partial denture, six teeth.....	355,00
8239	Partial denture, seven teeth .....	355,00
8240	Partial denture, eight teeth.....	355,00
8241	Partial denture, nine or more teeth.....	355,00
8243	Additional fee where a soft base is incorporated with items 8231-8241 .....	55,00
8255	Stainless steel clasp or rest per clasp or rest.....	37,00
8257	Lingual bar or palatal bar .....	44,00
<b>Note:</b>		
<b>Where items 8281 or 8269 are applied, items 8255 or 8257 may not be charged.</b>		
8259	Re-base, per denture.....	147,00
8261	Re-model, per denture.....	239,00
8263	Re-line - self-curing hard conditioner acrylic, per denture .....	92,00
8265	Tissue conditioner and soft self-cure interim reline, per denture .....	61,00
8267	Soft base reline per denture (heat cured) .....	212,00
<b>Note:</b>		
<b>Not applicable when items 8231 to 8241 are carried out concurrently.</b>		
8269	Repair of denture or other intra-oral appliance.....	51,00
8273	Additional fee where impression is required for 8269 .....	27,00

Code No.	Procedure	N\$
8279	Metal base to full denture, per denture .....	191,00
8281	Metal base to partial denture, per denture.....	474,00
	<b>Note:</b>	
	1. <b>The fees for items 8279 and 8281 refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.</b>	
	2. <b>Where item 8281 is applied, items 8255 and 8257 cannot be charged.</b>	
	<b>Conservative dentistry</b>	
	<b>Note:</b>	
	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.....	63,00
	<b>Note:</b>	
	<b>If any emergency root canal treatment is followed by the completed root treatment at the same visit item 8132 cannot be charged.</b>	
8301	Direct pulp capping.....	18,00
8303	Indirect pulp capping where permanent filling is not completed at same visit.....	51,00
	<b>Note:</b>	
	<b>Where Rubber Dam is applied for the endodontics procedures listed below, item 8304 may be applied.</b>	
8304	Application of Rubber Dam, per arch (irrespective of number teeth treated), when items 8133, 8307, 8330, 8334, 8336, 8351, 8354 are carried out.	
8307	Amputation of pulp (pulpotomy).....	32,00
8330	Removal of fractural post or instrument/bypassing fractured endodontics instrument ..	53,00
	<i>Preparatory Visits (obturation not done at same visit)</i>	
8332	Single canal tooth, per visit.....	39,00
	Maximum for 8332.....	157,00
8333	Multi-canal tooth, per visit.....	54,00
	Maximum for 8333.....	215,00
8334	Re-preparation of previously obturated canal, per canal.....	59,00
	<i>Obturation of root canal completed at a second or subsequent visit</i>	
8335	First canal - excluding molars.....	175,00
8336	First canal - molars.....	239,00
8337	Additional canals, per canal (applicable to all teeth).....	72,00
	<i>Preparation and obturation of root canals completed at a single visit</i>	

Code No.	Procedure	N\$
8338	First canal - excluding molars.....	279,00
8339	First canal - molars.....	383,00
8340	Additional canals - per canal.....	93,00
<b>CONSERVATING DENTISTRY (continued)</b>		
<i>Plastic restorations</i>		
8341	One surface.....	42,00
8342	Two surfaces.....	58,00
8343	Three surfaces.....	77,00
8344	Four or more surfaces.....	95,00
8345	Preformed post reinforcement per post.....	57,00
8347	Pin retention for restoration, per pin.....	39,00
	Maximum for 8347.....	78,00
<i>Plastic restoration (using acid etch technique)</i>		
8304	Application for Rubber Dam per arch (irrespective of number of teeth treated).....	31,00
8351	One surface on anterior tooth.....	48,00
8352	Two surfaces on anterior tooth.....	64,00
8353	Three surfaces on anterior tooth.....	82,00
8354	Four or more surfaces on anterior tooth.....	99,00
8367	One surface on premolar or molar.....	62,00
8368	Two surfaces on premolar or molar.....	84,00
8369	Three surfaces on premolar or molar.....	108,00
8370	Four or more surfaces on premolar or molar.....	130,00
8355	Composite Veneers (Direct).....	128,00
8356	Bridge per abutment.....	185,00
	Per pontic (see 8420, 8422, 8424).....	
8357	Preformed metal crown.....	84,00
<i>Metal Inlays</i>		
8361	One surface.....	122,00
8362	Two surfaces.....	178,00
8363	Three surfaces.....	298,00
8364	Four surfaces.....	360,00
8365	Five surfaces.....	360,00
8366	Pin retention as part of cast restoration, irrespective of number of pins.....	62,00
<i>Ceramic/Resin Bonded Inlays</i>		
8371	One surface.....	122,00
8372	Two surfaces.....	178,00
8373	Three surfaces.....	298,00



Code No.	Procedure	N\$
8374	Four surfaces .....	360,00
8375	Five surfaces.....	360,00
	<b>Note:</b>	
	1. <b>In some of the above cases (e.g. Direct Hybrid Inlays) +L may not necessarily apply.</b>	
	2. <b>In cases where the direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used.</b>	
	<i>Preformed Post and Core</i>	
8376	Single post and core .....	99,00
8377	Double post and core.....	157,00
8378	Tripple post and core.....	214,00
	<b>Note:</b>	
	<b>Above items are inclusive of pins</b>	
	<i>Post with thimble or coping</i>	
8391	Single post .....	92,00
8393	Binary post .....	147,00
8395	Triple post.....	211,00
8396	Coping.....	60,00
8397	Cast core with pins.....	147,00
8398	Plastic core for crown (built up in amalgam, glass-ionomer or composite) on pin reinforcing irrespective of number of pins.....	147,00
	<b>Note:</b>	
	<b>Where no pins or posts are used in construction of a core, the appropriate restoration code applies.</b>	
	<i>Crowns</i>	
8401	Cast full crown .....	427,00
8403	Cast three-quarter crown .....	427,00
8405	Acrylic jacket crown .....	365,00
8407	Acrylic veneered crown.....	456,00
8409	Porcelain jacket crown .....	456,00
8411	Porcelain veneered crown .....	456,00
8413	Facing replacement .....	89,00
8414	Additional fee for provision of crown within an existing clasp or rest .....	28,00
	<i>Resin bonded retainers</i>	
	Maryland Bridges (see 8356).....	
	Per pontic (see 8240, 8422, 8424).....	
	<i>Bridges (retainers as above)</i>	
8420	Sanitary pontic .....	223,00
8422	Posterior pontic .....	298,00
8424	Anterior pontic including premolars.....	372,00

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

### III. SPECIALIST PROSTHODONTIST

See Rule 009

Code No.	Procedure	N\$
	<b>A. DIAGNOSTIC PROCEDURES</b>	
8501	Consultation .....	74,00
8107	Initial-oral radiographs, per film .....	26,00
8108	Maximum .....	206,00
8113	Occlusal radiographs .....	40,00
8115	Extra-oral radiograph per film (i.e. panoramic, cephalometric, P-A, hand wrist, etc.)... Maximum for the treatment plan .....	106,00 264,00
8811	Tracing and analysis of extra-oral film .....	13,00
8117	Study models unmounted .....	29,00
8119	Study models mounted on adjustable articulator .....	74,00
8121	Diagnostic photographs, per photograph .....	29,00
8503	Occlusal analysis on adjustable articulator .....	151,00
8505	Pantographic recording .....	221,00
8507	Examination, diagnosis and treatment planning .....	151,00
8508	Electrognathographic recording .....	237,00
8509	Electrognathographic recording with computer analysis .....	394,00
	<i>Treatment procedures</i>	
	<i>Emergency treatment</i>	
8511	Emergency treatment for relief of pain (where no other tariff item is applicable) .....	89,00
8513	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations) .....	147,00
8515	Recementation of inlay, crown or bridge per abutment .....	57,00
8517	Reimplantation of an avulsed tooth, including fixation as required .....	152,00
	<i>Provisional treatment</i>	
8521	Provisional splinting-extracoronary wire plus resin, per sextant .....	122,00
8523	Provisional splinting-extracoronary wire per sextant .....	178,00
8527	Provisional splinting-intracoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint .....	57,00

Code No.	Procedure	N\$
8529	Provisional crown, which is not placed during routine crown preparation.....	147,00
8530	Preformed metal crown .....	124,00
	<i>Occlusal adjustment</i>	
8551	Major occlusal adjustment.....	417,00
	<b>Note:</b> <b>This procedure cannot be carried out without study models mounted on an adjustable articulator.</b>	
8553	Minor occlusal adjustment.....	132,00
	<i>Ceramic/Resin Bonded Inlays</i>	
8555	One surface.....	551,00
8556	Two surfaces.....	796,00
8557	Three surfaces.....	1 233,00
8558	Four surfaces .....	1 233,00
8559	Five surfaces.....	1 233,00
	<b>Note:</b> <b>In some of the above cases (e.g. Direct Hybrid Inlays) +L may not apply.</b>	
	<i>Gold restorations</i>	
8571	One surface.....	265,00
8572	Two surfaces.....	383,00
8573	Three surfaces.....	592,00
8574	Four surfaces .....	592,00
8575	Five surfaces.....	592,00
8577	Pin retention .....	88,00
	<i>Post and copings</i>	
8581	Single post .....	147,00
8582	Double post .....	212,00
8583	Triple post.....	265,00
8587	Copings .....	122,00
8589	Cast core with pins.....	209,00
8591	Plastic core on pin reinforcing irrespective of number of pins.....	147,00
	<i>Implants</i> (Prior permission must be obtained from the Commissioner) .....	
8592	Osseo-integrated abutment, per abutment .....	924,00
8600	Cost of implant components (see Rule 014).....	
	<i>Connectors</i>	
8597	Locks and milled rests.....	60,00
8599	Precision attachments.....	147,00

Code No.	Procedure	N\$
	<i>Crowns</i>	
8601	Cast three-quarter crown.....	592,00
8607	Porcelain jacket crown.....	592,00
8609	Porcelain veneered metal crown.....	740,00
	<i>Bridges</i>	
	<b>Note: Retainers as above</b>	
8611	Sanitary pontic.....	447,00
8613	Posterior pontic.....	551,00
8615	Anterior pontic.....	592,00
	<i>Resin bonded retainers</i>	
8617	Per abutment.....	182,00
	Per pontic (see 8611, 8613, 8615).	
	<i>Conservative treatment for temporo-mandibular joint dys-functions</i>	
8625	Bite plate therapy for TMJ dysfunction.....	230,00
8621	First visit for treatment of TMJ dysfunction.....	63,00
8623	Follow-up visit for adjustment of bite plates/treatment of TMJ dysfunction.....	47,00
	<b>Note:</b>	
	<b>The number of visits and charge therefore depends on the relation between the practitioner and the patient, and the problems involved in the case.</b>	
	Endodontics procedures, etc.	
8631	Root canal therapy, first canal.....	518,00
8633	Each additional canal.....	130,00
8636	Re-preparation of previously obturated canal, per canal.....	88,00
	<b>Note:</b>	
	<b>The above endodontics fees include all X-rays and repeat visits.</b>	
8635	Apexification of root canal, per visit.....	87,00
	<b>Note:</b>	
	<b>Modifier 8002 is applicable to items 8325 to 8329 inclusive</b>	
8637	Hemisection of a tooth or resection of root.....	209,00
8638	Incision and drainage of pyogenic abscess, intraoral approach.....	123,00
9015	Apicectomy, including retrograde root filling where necessary - anterior tooth.....	287,00
9016	Apicectomy including retrograde filling where necessary - posterior tooth.....	429,00
8640	Removal of fractured post or instrument from tooth canal.....	152,00
	<i>Prosthetics (Removable)</i>	
8641	Complete upper and lower dentures without primary complications.....	1 511,00
8643	Complete upper and lower dentures without major complications.....	1 922,00
8645	Complete upper and lower dentures with major complications.....	2 364,00
8647	Complete upper and lower dentures without primary complications.....	1 057,00

Code No.	Procedure	N\$
8649	Complete upper and lower dentures without major complications.....	1 207,00
8651	Complete upper and lower dentures with major complications .....	1 358,00
8661	Diagnostic dentures (inclusive of tissue-conditioning treatment).....	1 183,00
8662	Remounting and occlusal adjustment of dentures .....	171,00
8663	Chrome cobalt base for full denture (extra charge) .....	356,00
8664	Remount of crown or bridge for extensive prosthetics.....	176,00
8665	Re-base, per denture.....	239,00
8667	Soft base, per denture (heat cured).....	356,00
8668	Tissue conditioner, per denture .....	88,00
8669	Intraoral relinc of complete or partial denture .....	131,00
8671	Metal (e.g. Chrome cobalt) partial denture.....	1 183,00
8672	Additional fee for altered cast technique for partial denture .....	46,00
8674	Additive partial denture .....	536,00
8679	Repairs.....	60,00
8273	Additional fee where impression is required for 8269 + 8679.....	28,00

**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\$109,00 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\$66,00 (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\$
	<b>Consultations and visits</b>	
8901	Consultation at consulting rooms .....	72,00
8903	Consultation at hospital, nursing home or house.....	80,00
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house.....	39,00
8905	Weekend visits and night visits between 17:00 and 08:00 of the following day .....	116,00
8907	Subsequent consultations, per week, to a maximum of .....	133,00
	<b>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.</b>	
	<b>Investigations and records</b>	
8107	Intra-oral radiographs, per film.....	25,00
	Maximum for 8107 .....	201,00
8113	Occlusal radiographs.....	39,00
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, P-A, hand-wrist, etc.)	106,00
	Maximum for the treatment plan .....	264,00
8811	Tracing and analysis of extra-oral film .....	13,00
8117	Study models - unmounted .....	29,00
8119	Study models - mounted on adjustable articulator .....	74,00
8121	Diagnostic photographs - per photograph .....	29,00
	<b>Orthognathic Surgery and Treatment Planning</b>	
	<b>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.</b>	
8840	Treatment planning for orthognathic surgery .....	319,00
8917	Biopsy: Intra-oral.....	149,00
8919	Biopsy of bone: Needle biopsy .....	254,00
8921	Biopsy of bone: Open.....	424,00
	<b>Removal of teeth</b>	
	<b>Note: Modifier 8002 is applicable to items 8201 to 8209 inclusive.</b>	
	Extractions during a single visits	
8201	One tooth in a quadrant.....	40,00
8202	Two teeth in same quadrant .....	56,00
8203	Three teeth in same quadrant .....	72,00
8204	Four teeth in same quadrant .....	89,00
8205	Five teeth in same quadrant .....	104,00

Code No.	Procedure	N\$
8206	Six teeth in same quadrant .....	121,00
8207	Seven teeth in same quadrant.....	136,00
8208	Eight teeth in same quadrant.....	153,00
	<b>Note: Item 8201 to 8208 can be charged a further three quadrants.</b>	
8975	Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw).....	350,00
8961	Auto-transplantation of teeth .....	573,00
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasia, e.g. haemophilia).....	192,00
8933	Treatment of haemorrhage in the case of blood dyscrasia, e.g. haemophilia, per week .	688,00
8935	Treatment of post-extraction septic socket where patient is referred by another registered person.....	51,00
8937	Surgical removal of a tooth, i.e. - raising of mucoperiosteal flap, removal of bone and suturing.....	179,00
	<i>Removal of roots</i>	
8953	Surgical removal of residual roots of first tooth .....	255,00
8955	Surgical removal of residual roots of each subsequent tooth.	
	<b>See Rule 011 and Notes 2 and 3</b>	
	<i>Unerupted or impacted teeth</i>	
8941	First tooth .....	429,00
8943	Second tooth.....	229,00
8945	Third tooth.....	131,00
8947	Fourth tooth.....	131,00
8951	Unusual position .....	493,00
	<i>Diverse procedures</i>	
8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication .....	870,00
8909	Closure of oral antral fistula-acute or chronic .....	668,00
8910	Removal of roots from maxillary antrum .....	262,00
8911	Caldwell-Luc procedure.....	262,00
8965	Peripheral neurectomy.....	573,00
8966	Functional repair of orinasal fistula (local flaps).....	820,00
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) .....	1 378,00
8978	Harvesting of bona graft.....	261,00
	<b>Surgical preparation of jaws for prosthetics</b>	
8987	Reduction of mylohyoid ridges.....	592,00
8989	Torus palatines or mandibularis reduction.....	592,00

Code No.	Procedure	N\$
8991	Maxillary tubero-plasty .....	592,00
8993	Reduction of hypertrophic tuberosity, per side.....	264,00
	Excision of denture granuloma - refer to item 8971	
8995	Gingivectomy, per jaw .....	526,00
8997	Sulcoplasty/Vestibuloplasty .....	1 314,00
8999	Deepening the vestibular sulcus: Plastic repair .....	350,00
9001	Deepening the buccal/labial sulcus: Buccal inlay .....	796,00
9003	Repositioning mental foramen and nerve, per side .....	796,00
9005	Alveolar ridge augmentation by bone graft .....	1 338,00
9007	Alveolar ridge augmentation by alloplastic material .....	872,00
	<b>Sepsis</b>	
9011	Incision and drainage of pyogenic abscesses (intra-oral approach) .....	164,00
9013	Extra-oral approach, e.g. Ludwig's angina .....	223,00
9015	Apicectomy including retrograde filling where necessary - anterior teeth.....	287,00
9016	Apicectomy including retrograde filling where necessary - posterior teeth .....	574,00
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible.....	1 181,00
9019	Sequestrectomy - intra-oral .....	255,00
	<b>Trauma</b>	
	<i>Treatment of associated soft tissue injuries</i>	
9021	Minor .....	287,00
9023	Major .....	606,00
	<b>Mandibular fractures</b>	
9025	Treatment by closed reduction, with intermaxillary fixation.....	637,00
9027	Treatment of compound fracture, involving eyelet wiring .....	894,00
9029	Treatment by metal cap splintage or Gunning's splints .....	991,00
9031	Treatment of open reduction with restoration of occlusion by splintage .....	1 467,00
	<b>Maxillary fractures with special attention to occlusion</b>	
9035	Le Fort I or Guérin fracture .....	896,00
9037	Le Fort II or middle third of face.....	1 467,00
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage .....	2 103,00
	<b>Zygoma/Orbit/Antral-Complex fractures</b>	
9041	Gillies or temporal elevation .....	637,00
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation.....	1 275,00
9045	Requiring multiple interosseous wiring or bone graft .....	1 912,00
	<b>Functional correction of malocclusions</b>	



Code No.	Procedure	N\$
	<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 of restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation) .....	2 676,00
9049	Anterior segmental osteotomy of mandible (Köle).....	2 230,00
9050	Total subapical osteotomy .....	4 563,00
9051	Genioplasty.....	1 275,00
9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy) .....	2 085,00
9055	Maxillary posterior segment osteotomy (Schukardt) 1 - 2 stage procedure.....	2 230,00
9057	Maxillary anterior segment osteotomy (Wassmund) 1 - 2 stage procedure .....	2 230,00
9059	Le Fort I osteotomy - one segment.....	4 196,00
9062	Le Fort I osteotomy - multiple segments.....	5 522,00
9060	Le Fort I osteotomy with inferior repositioning and inter positional grafting.....	4 860,00
9061	Palatal osteotomy .....	1 475,00
9063	Le Fort II osteotomy for correction of facial enormities or faciostenosis and post-traumatic deformities .....	5 357,00
9069	Functional tongue reduction (partial glossectomy) .....	957,00
9071	Geniohyodotomy.....	573,00
9072	Functional closure of secondary orinasal fistula and associated structures with bone grafting (complete procedure).....	4 196,00
	<b>Temporomandibular joint procedures</b>	
	<i>(Investigation as in preceding section)</i>	
9073	Bite plate therapy for TMJ dysfunction.....	228,00
9074	Diagnostic arthroscopy.....	652,00
9075	Condylectomy or coronoidectomy or both (extra-oral approach or meniscectomy) .....	1 338,00
9076	Arthrocentesis TMJ.....	391,00
9053	Coronoidectomy (intra-oral approach) .....	797,00
9077	Intra-articular injection, per injection .....	96,00
9079	Trigger point injection, per injection .....	76,00
9081	Condyle neck osteotomy (Ward/Kostecka).....	637,00
9083	Temporomandibular arthroplasty, e.g. eminectomy (Le Clerk and Toller procedure)...	1 593,00
9085	Reduction of temporomandibular joint dislocation without anaesthetic .....	127,00
9087	Reduction of temporomandibular joint dislocation with anaesthetic.....	255,00
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation .....	637,00
9091	Reduction of temporomandibular joint dislocation requiring open reduction.....	1 338,00
9092	Total joint reconstruction with alloplastic material or bone includes condylectomy and coronoidectomy.....	4 373,00

Code No.	Procedure	N\$
	<b>Salivary glands</b>	
9095	Removal of salivary gland.....	765,00
9066	Removal of salivary gland (extra-oral) .....	1 173,00
	<b>Implants (Prior permission must be obtained from the Commissioner)</b>	
*9180	Placement of sub-periosteal implant - Preparatory procedure/operation .....	880,00
*9181	Placement of sub-periosteal implant, prosthesis/operation .....	880,00
*9182	Placement of endosteal implant, per implant.....	440,00
*9183	Placement of single osseointegrated implant per jaw .....	588,00
*9184	Placement of second osseointegrated implant in the same jaw .....	441,00
*9185	Placement of a third and subsequent osseointegrated implant in the same jaw, per implant.....	294,00
*9189	Cost of implants (See Rule 014).	
9190	Exposure of a single osseointegrated implant and placement of a transmucosal element .....	217,00
9191	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw .....	163,00
9192	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant.....	109,00
	<b>* Note: For items 9180 to 9192 the full fee may be charged, i.e. note 2 of Rule 011 will not apply.</b>	