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GENERAL NOTICES

NOTICE 770 OF 1986

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

REPRESENTATIVE ASSOCIATION OF MEDICAL SCHEMES.—SCALE OF BENEFITS IN RESPECT OF SERVICES RENDERED BY DENTAL PRACTITIONERS

The Representative Association of Medical Schemes, in terms of section 29 of the Medical Schemes Act (Act 72 of 1967), as amended, hereby determines the scale of benefits for services rendered by dental practitioners to members and dependants of members of registered medical schemes, as set out in the Schedule hereto. The said scale of benefits shall come into effect on 1 January 1987 and replaces the scale of benefits which was published in *Government Gazette* 10046 of 20 December 1985.

J. J. FERNHOUT,

Chairman: Representative Association of Medical Schemes.

SCHEDULE GENERAL RULES

- 1.1 The items marked * should be carefully studied as the wording differs from that in *Government Gazette* 10046 of 20/12/85.
- 1.3 Wherever *** appears a new code number has been introduced. Rule 002 and a description of the professional service rendered must be quoted on the dentist's account to assist the patient.
2. The following Rules apply to all practitioners:
 - 001 A consultation shall include an examination. No further consultation fee shall be chargeable until the treatment plan resulting from this initial consultation has been discharged. This rule applies only to 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 benefits shall be based on the fee in respect of a comparable service that is listed therein and Rule 002 must be indicated together with the tariff item.
 - 004 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a dental practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the scheme may be charged and Rule 004 must be indicated together with the tariff item.
 - 008 (a) Every dentist shall render a monthly account for any service rendered during the month concerned, irrespective of whether the treatment has been completed.

ALGEMENE KENNISGEWINGS

KENNISGEWING 770 VAN 1986

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING

VERTEENWOORDIGENDE VERENIGING VAN MEDIESE SKEMAS.—VOORDELESKAAL TEN OPSIGTE VAN DIENSTE GELEWER DEUR TANDARTSE

Die Verteenwoordigende Vereniging van Mediese Skemas, kragtens artikel 29 van die Wet op Mediese Skemas (Wet 72 van 1967), soos gewysig, bepaal hierby die voordeleskaal vir dienste gelewer deur tandartse aan lede en afhanklikes van lede van geregistreerde mediese skemas, soos in die Bylae hiervan uiteengesit. Die genoemde voordeleskaal sal op 1 Januarie 1987 in werking tree en vervang die voordeleskaal wat in *Staatskoerant* 10046 van 20 Desember 1985 gepubliseer was.

J. J. FERNHOUT,

Voorsitter: Verteenwoordigende Vereniging van Mediese Skemas.

BYLAE ALGEMENE REÛLS

- 1.1 Die items gemerk * moet noukeurig bestudeer word aangesien die bewoording verskil van dié in *Staatskoerant* 10046 van 20/12/85.
- 1.3 Wanneer *** verskyn, is 'n nuwe kodenommer ingevoeg. Reël 002 en 'n beskrywing van die professionele diens gelewer moet op die tandarts se rekening verskyn om die pasiënt van hulp te wees.
2. Die volgende reëls is van toepassing op alle praktisyns:
 - 001 'n Konsultasie sluit 'n ondersoek in. Geen verdere konsultasiegeld mag gehef word alvorens die behandelingsplan wat uit hierdie aanvanklike konsultasie voortspruit, afgehandel is nie. Hierdie reël is van toepassing slegs op items 8101 en 8103.
 - 002 Met uitsondering van die gevalle waar die bedrag vasgestel word "volgens ooreenkoms", moet die bedrag vir die lewering van 'n diens wat nie in hierdie voordeleskaal vermeld word nie, gebaseer word op die bedrag vir 'n vergelykbare diens wat daarin vermeld word en reël 002 moet tesame met die tarief-item aangedui word.
 - 004 In uitsonderlike gevalle waar die tariefgeld buite verhouding laag is in vergelyking met die dienste werklik deur 'n tandarts gelewer, kan sodanige hoër geld gehef word as waaroor die tandarts en die skema onderling ooreenkom en reël 004 moet tesame met die tarief-item aangedui word.
 - 008 (a) Elke tandarts moet maandeliks 'n rekening lewer vir enige diens gedurende die betrokke maand gelewer, ongeag of die behandeling voltooi is al dan nie.

(b) Every account shall contain the following particulars:

- (i) the surname and initials of the member;
- (ii) the first name of the patient;
- (iii) the name of the scheme;
- (iv) the membership number of the member;
- (v) the practice number;
- (vi) the date on which every service was rendered; and
- (vii) the nature and cost of every service and where applicable, the code number of the scale of benefits;
- (viii) where the account is a photocopy of the original, certification by way of a rubber stamp or the signature of the dentist;
- (ix) a statement of whether the account is in accordance with the scale of benefits.

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 scale of benefits for dentists in general practice.**

010 Fees charged by dental technicians for their services (**PLUS 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) as proof that it has been compiled correctly. "**L**" comprises the fee charged by the dental technician for his services as well as the cost of gold and of teeth.

For example, item 8231 is specified as follows:

8231.....	R
8099 (8231).....	X
	Y
Total	R(X+Y)

011 For the adjustment of specific items under certain circumstances it will be necessary to show certain modifiers on the account. Consult the modifiers in the appropriate chapter of this schedule.

- 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 plus R23,70
- 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 cases where treatment is not listed in the dental scale of benefits for dentists in general practice or specialists then the appropriate fee listed in the medical scale of benefits will be charged and the relevant item in the medical scale of benefits must be indicated.

EXPLANATIONS

1. **8132 Emergency Root Canal Treatment**
Please note that the fee for Emergency Root Canal Treatment (listed under "Emergency treatment and procedures under General Anaesthetic") can be charged over and above the fees for Root Canal Therapy listed under items 8311 and 8312 in cases where emergency treatment was essential.
+An emergency root treatment (8132) cannot be followed by a completed root treatment at the same visit.
2. **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.

ORTHODONTIC SERVICES

Where an account refers to **orthodontic services**, a statement containing the following information shall accompany the first account to the member of the scheme:

- (a) the code number of the envisaged treatment;
- (b) a plan of treatment indicating the following:
 - (i) the total tariff that would be charged by the Orthodontist for the treatment;
 - (ii) the duration of treatment;
 - (iii) the initial primary tariff payable by the member; and
 - (iv) the monthly tariff which the member must pay.

(b) Elke rekening moet ondergenoemde besonderhede bevat:

- (i) die van en voorletters van die lid;
- (ii) die voornaam van die pasiënt;
- (iii) die naam van die skema;
- (iv) die lid se lidmaatskapsnommer;
- (v) die praktyknommer;
- (vi) die datum waarop elke diens gelewer is; en
- (vii) die aard en die koste van elke diens en, waar van toepassing, die kodenommer van die voordeleskaal;
- (viii) waar die rekening 'n **fotokopie** van die oorspronklike is, sertifisering deur middel van rubberstempel of 'n handtekening van die tandarts;
- (ix) 'n verklaring of die rekening in ooreenstemming is met die voordeleskaal.

009 Tandartse in algemene praktyk is daartoe geregtig om tweederdes van die gelde van spesialiste te vra **slegs vir behandeling wat nie in die voordeleskaal vir tandartse in algemene praktyk aangegee word nie.**

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

8231.....	R
8099 (8231).....	X
	Y
Totaal	R(X+Y)

011 Ter aanpassing van spesifieke tarief-items by sekere omstandighede is dit nodig om sekere wysigers op die rekening aan te bring. In hierdie verband moet die wysigers onder die betrokke hoofstuk van die skedule geraadpleeg word.

- 8002 Die toepaslike geld plus 50 %
- 8003 Die toepaslike geld plus 10 %
- 8004 Twee-derdes van die toepaslike geld
- 8005 Die toepaslike geld plus R23,70
- 8006 50 % van die toepaslike geld
- 8007 15 % van die toepaslike geld
- 8008 Die toepaslike geld plus 25 %
- 8009 75 % van die toepaslike geld
- 8010 25 % van die toepaslike geld
- 8011 10 % van die toepaslike geld
- 8012 5 % van die toepaslike geld

012 In gevalle waar behandeling nie in die tandheelkundige voordeleskaal vir tandartse in algemene praktyk of spesialiste gelys is nie, word die toepaslike gelde, soos gelys in die mediese voordeleskaal, gehef en die betrokke item in die mediese voordeleskaal moet aangedui word.

VERDUIDELIKINGS

1. **8132 Noodbehandeling van die Wortelkanaal**
Neem asseblief kennis dat gelde vir Noodbehandeling van Wortelkanaal (gelys onder "Noodbehandeling en Prosedures onder Algemene Narkose") gehef kan word bo en behalwe die gelde vir Wortelkanaalterapie gelys onder items 8311 en 8312 in gevalle waar **noodbehandeling** noodsaaklik was.
+ 'n Nood wortelkanaal behandeling (8132) mag nie gelyktydig met 'n voltooide wortelkanaal behandeling uitgevoer word tydens dieselfde besoek nie.
2. **8279 en 8281 Volle- en Gedeeltelike Kunsgebitte met Metaalbasis.**
Die gelde vir hierdie items verwys **slegs** na die metaalbasis. Addisionele gelde word gehef vir die volle- of gedeeltelike kunsgebit wat aan die basis geheg word.

ORTODONTIESE BEHANDELING

Waar 'n rekening na **ortodontiese behandeling** verwys, moet 'n staat wat die volgende inligting bevat, die eerste rekening aan 'n lid van die skema vergesel:

- (a) die kodenommer van die beoogde behandeling;
- (b) 'n behandelingsplan wat die volgende aandui:
 - (i) die totale tarief wat deur die Ortodontis vir die behandeling gehef gaan word;
 - (ii) die tydperk van behandeling;
 - (iii) die aanvanklike primêre tarief wat deur die lid betaalbaar is; en
 - (iv) die maandelikse tarief wat deur die lid betaal moet word.

I. GENERAL DENTAL PRACTITIONERS			I. ALGEMENE TANDHEELKUNDIGE PRAKTISYNS		
Code No.	Procedure	R	Kode No.	Prosedure	R
	CONSULTATIONS			KONSULTASIES	
8101	Consultation at surgery	10,80	8101	Konsultasie in spreekkamer	10,80
8103	Consultation at home or hospital	14,90	8103	Konsultasie in hospitaal of tuis	14,90
*8105	Appointment not kept (by arrangements with patient)		*8105	Afspraak nie nagekom (volgens ooreenkoms met die pasiënt)	
	DIAGNOSTIC PROCEDURES			DIAGNOSTIESE PROSEDURES	
8107	Intra-oral radiographs, per film	7,00	8107	Binnemondse röntgenfoto's, per film	7,00
8108	Maximum	56,10	8108	Maksimum	56,10
8113	Occlusal radiographs	10,80	8113	Okklusale röntgenfoto's	10,80
8115	Panoramic radiographs, per film	33,90	8115	Panoramiese röntgenfoto's, per film	33,90
8117	Study models—unmounted	7,60+L	8117	Studiemodelle—ongemonteer	7,60+L
8119	Study models—mounted on adjustable articulator	19,90+L	8119	Studiemodelle—op verstelbare artikulator gemonteer	19,90+L
8121	Diagnostic photographs—per photograph	7,60	8121	Diagnostiese foto's—per foto	7,60
	TREATMENT PROCEDURES			BEHANDELINGSPROSEDURES	
	A. EMERGENCY TREATMENT AND PROCEDURES UNDER GENERAL ANAESTHETIC			A. NOODBEHANDELING EN PROSEDURES ONDER ALGEMENE NARKOSE	
*8129	Additional Fee for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital)	26,30	*8129	Bykomende gelde vir noodgevalle, waar die behandeling buite die normale spreekure uitgevoer is (insluitende behandeling wat by 'n hospitaal uitgevoer is)	26,30
8131	Emergency treatment for relief of pain where no other tariff item is applicable	10,80	8131	Noodbehandeling vir pynverligting waarop geen ander tarief-item van toepassing is nie	10,80
8132	Emergency root canal treatment	17,50	8132	Noodbehandeling van wortelkanaal	17,50
8133	Re-cementing of inlays, crowns or bridges—per abutment	10,80	8133	Hersementering van inlegsels, krone of brúe—per ankertand	10,80
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure	21,30	8135	Verwydering van inlegsels en krone (per eenheid) en brúe (per ankertand) as 'n noodprosedure	21,30
8137	Emergency crown (not applicable to Temporary Crowns placed during routine crown and bridge preparations)	36,50	8137	Noodkroon (nie van toepassing op plasing van tydelike krone gedurende roetine kroon en brug voorbereidings nie)	36,50
8138	Pre-formed metal crown as an emergency procedure	22,20	8138	Voorafvervaardigde metaalkroon as noodprosedure	22,20
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case	17,50	8139	Bykomende gelde vir behandeling onder algemene narkose of hospitaal- of tuisbesoeke, per geval	17,50
	* Note: This item refer to additional treatment carried out as a result of the consultation referred to under items 8101 and 8103			* Let Wel: Hierdie item verwys na aanvullende behandeling wat uitgevoer is as gevolg van die konsultasie waarna onder items 8101 en 8103 verwys word.	
8141	Inhalation sedation—first quarter-hour or part thereof	7,60	8141	Inhaleringskalmering—eerste kwartier of gedeelte daarvan	7,60
8143	Per additional quarter-hour or part thereof	4,10	8143	Elke bykomende kwartier of gedeelte daarvan	4,10
	Note: No additional fee to be charged for gases used in the case of items 8141 and 8143.			Opmerking: Geen addisionele gelde mag gehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143 nie.	
***8144	Intravenous sedation	5,00	***8144	Intraveneusekalmering	5,00

I. GENERAL DENTAL PRACTITIONERS (continued)			I. ALGEMENE TANDHEELKUNDIGE PRAKTIJSYNS (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
B. PREVENTIVE DENTISTRY			B. VOORKOMENDE TANDHEELKUNDE		
8151	Oral Hygiene Instructions.....	10,80	8151	Mondhigiëne-voorgligting	10,80
8153	Follow-up visit for re-evaluation of oral hygiene (if no other treatment is performed during the same visit)	7,60	8153	Opvolgbesoek vir herevaluering van mondhygiëne (indien geen ander behandeling uitgevoer word tydens dieselfde besoek)	7,60
8155	Polishing only (including removal of Plaque) (complete dentition)	10,80	8155	Slegs polering (met inbegrip van verwydering van plaak) (volle gebit)	10,80
8157	Re-burnishing and polishing of restorations—complete dentition (excluding restorations recently done)	10,80	8157	Herafwerking en polering van herstellings—volle gebit (uitgesonderd herstellings wat onlangs voltooi is)	10,80
8159	Scaling and polishing	19,90	8159	Skalering en polering	19,90
	<i>* Note: Where Item 8159 is applied, Items 8155 and or 8157 cannot be charged.</i>			<i>* Let Wel: Waar Item 8159 toegepas word, kan Items 8155 en/of 8157 nie gevra word nie.</i>	
8161	Topical application of fluoride preparations—complete dentition (does not include scaling and/or polishing)	10,80	8161	Oppervlakaanwending van fluoried—volle gebit (sluit nie skalering en/of polering in nie)	10,80
8163	Fissure sealant, per tooth	7,00	8163	Fissuurverseëling, per tand	7,00
8164	Maximum per quadrant	13,40	8164	Maksimum per kwadrant	13,40
8165	Laboratory processed fluoride applicators	12,30+L	8165	Laboratoriumvervaardigde apparaat vir fluoried aanwending	12,30+L
8167	Treatment of hypersensitive dentine, per visit	10,80	8167	Behandeling van hipersensitiewe dentien, per besoek	10,80
8169	Bite plate or occlusal guards	40,90+L	8169	Bytplate of okklusale skerms	40,90+L
8171	Mouth protectors	By arrangement	8171	Mondskerms	Volgens ooreenkoms met skema
8173	Fixed space maintainers, per abutment unit	19,90+L	8173	Vaste spasiebehouer, per anker eenheid	19,90+L
8175	Removable space maintainer (all-inclusive fee)	25,40+L	8175	Verplaasbare spasiebehouer (alomvattende gelde)	25,40+L
*C. MISCELLANEOUS SERVICES			*C. DIVERSEDIENSTE		
8181	Treatment of diseases of the oral mucosa where no other tariff item is applicable	14,00	8181	Behandeling van siektes van die mondslymvlies waarop geen ander tarief-item betrekking het nie	14,00
8183	Intra-muscular or sub-cutaneous injection therapy per injection (costs of materials excluded)	5,00	8183	Binnespiërse of onderhuidse inspuiting terapie, per inspuiting (koste van materiale uitgesluit)	5,00
D. EXTRACTIONS			D. EKSTRAKSIES		
	Extractions during a single visit			Ekstraksies ten tyde van enkele besoek	
8201	One	10,80	8201	Een	10,80
8202	Two	15,20	8202	Twee	15,20
8203	Three	19,30	8203	Drie	19,30
8204	Four	24,00	8204	Vier	24,00
8205	Five	28,30	8205	Vyf	28,30
8206	Six	32,40	8206	Ses	32,40
8207	Seven	36,80	8207	Sewe	36,80
8208	Eight	41,50	8208	Agt	41,50
8209	Nine	45,60	8209	Nege	45,60
8210	Ten	50,00	8210	Tien	50,00
8211	Eleven	54,40	8211	Elf	54,40

I. GENERAL DENTAL PRACTITIONERS (continued)			I. ALGEMENE TANDHEELKUNDIGE PRAKTISYNS (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
8212	Twelve	58,70	8212	Twaalf	58,70
8213	Thirteen	63,10	8213	Dertien	63,10
8214	Fourteen	67,50	8214	Veertien	67,50
8215	Fifteen	71,60	8215	Vyftien	71,60
8216	Sixteen	76,30	8216	Sestien	76,30
8217	Seventeen	80,40	8217	Sewentien	80,40
8218	Eighteen or more	84,70	8218	Agtien en meer	84,70
8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	7,60	8221	Lokale behandeling van postekstraksie bloeding (uitgesonderd behandeling van bloeding in die geval van bloedsiektes bv. hemofilie)	7,60
8223	Each additional visit	5,30	8223	Elke bykomende besoek	5,30
8225	Treatment of septic socket	7,60	8225	Behandeling van septiese tandkas	7,60
8227	Each additional visit	5,30	8227	Elke bykomende besoek	5,30
E. PROSTHETICS			E. PROSTETIKA		
8231	Full upper and lower dentures (See footnote below 8267)	172,70+L	8231	Volle bo- en onderkunsgebit (Sien voetnota onder 8267)	172,70+L
8232	Full upper or lower dentures (See footnote below 8267)	106,40+L	8232	Volle bo- of onderkunsgebit (Sien voetnota onder 8267)	106,40+L
8233	Partial denture, one tooth	49,40+L	8233	Gedeeltelike kunsgebit met een tand	49,40+L
8234	Partial denture, two teeth	49,40+L	8234	Gedeeltelike kunsgebit met twee tande	49,40+L
8235	Partial denture, three teeth	73,90+L	8235	Gedeeltelike kunsgebit met drie tande	73,90+L
8236	Partial denture, four teeth	73,90+L	8236	Gedeeltelike kunsgebit met vier tande	73,90+L
8237	Partial denture, five teeth	73,90+L	8237	Gedeeltelike kunsgebit met vyf tande	73,90+L
8238	Partial denture, six teeth	98,50+L	8238	Gedeeltelike kunsgebit met ses tande	98,50+L
8239	Partial denture, seven teeth	98,50+L	8239	Gedeeltelike kunsgebit met sewe tande	98,50+L
8240	Partial denture, eight teeth	98,50+L	8240	Gedeeltelike kunsgebit met agt tande	98,50+L
8241	Partial denture—nine or more teeth	98,50+L	8241	Gedeeltelike kunsgebit met nege of meer tande	98,50+L
8243	Additional fee where a soft base is incorporated with items 8231–8241	15,20+L	8243	Bykomende gelde waar 'n sagtebasis met items 8231–8241 ingelyf is	15,20+L
8251	Cast gold clasp or rest per clasp or rest	10,20+L	8251	Klammer of rus van gegote goud, per klammer of rus	10,20+L
8253	Wrought gold clasp or rest per clasp or rest	10,20+L	8253	Klammer of rus van smeedgoudraad, per klammer of rus	10,20+L
8255	Stainless steel clasp or rest per clasp or rest	10,20+L	8255	Klammer of rus van vlekvrystaal, per klammer of rus	10,20+L
8257	Lingual bar or palatal bar	12,30+L	8257	Linguale stang of palatale stang	12,30+L
* Note: Where Items 8269 or 8279 or 8281 are applied, Items 8251, 8253, 8255 or 8257 may not be charged.			* Let Wel: Waar Items 8269 of 8279 of 8281 toegepas word, mag Items 8251, 8253, 8255 of 8257 nie gevra word nie.		
8259	Re-base, per denture	40,60+L	8259	Herbasering, per kunsgebit	40,60+L
8261	Re-model, per denture	66,30+L	8261	Hermodellering, per kunsgebit	66,30+L
8263	Re-line: self-curing hard conditioner acrylic, per denture	25,40	8263	Opvulling—Selfverhardende harde akriel, per kunsgebit	25,40
8265	Tissue conditioner and soft self-cure interim relin, per denture	16,90	8265	Weefselopknapper en sagte selfverhardende interim opvulling, per kunsgebit	16,90
8267	Soft base relin per denture (heat cured)	58,70+L	8267	Sagte basis opvulling, per kunsgebit (met hitte verhard)	58,70+L
* Note: Not applicable when Items 8231 to 8241 are carried out concurrently.			* Let Wel: Waar Items 8231 tot 8241 gelyktydig uitgevoer is, mag hierdie item nie gevra word nie.		

I. GENERAL DENTAL PRACTITIONERS (continued)			I. ALGEMENE TANDHEELKUNDIGE PRAKTISYNS (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
8269	Repair of denture and/or addition of one or more teeth or clasps to denture	13,70+L	8269	Herstelling van kunsgebit en/of byvoeging van een of meer tande of klammers tot kunsgebit	13,70+L
8273	Additional fee where impression is required for 8269	7,60+L	8273	Bykomende gelde waar 'n afdruk nodig is vir 8269	7,60+L
8275	Adjustment of denture (after six months or for patient of another practitioner) ...	7,60+L	8275	Verstelling van kunsgebit (na ses maande, of vir 'n pasiënt van 'n ander tandarts)	7,60+L
8277	Gold inlay in denture	By arrangement	8277	Goudinlegsels in kunsgebit	Volgens ooreenkoms met skema
* 8279	Metal (e.g. chrome cobalt, gold, etc.) base to full denture per denture	52,90+L	* 8279	Metaal (bv. Chroomkobalt of goud) basis vir volle kunsgebit, per gebit	52,90+L
* 8281	Metal (e.g. chrome cobalt, gold, etc.) base to partial denture	131,50+L	* 8281	Metaal (bv. Chroomkobalt of goud) basis vir gedeeltelike kunsgebit, per gebit ..	131,50+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 8251, 8253, 8255 and 8257 cannot be charged.		***	Let Wel: 1. Die gelde vir Items 8279 en 8281 verwys slegs na die metaalbasis. Addisionele gelde word gehef vir die volle- of gedeeltelike kunsgebit wat aan die basis geheg word. 2. Waar Item 8281 toegepas word, kan Items 8251, 8253, 8255 en 8257 nie gevra word nie.	
F. CONSERVATIVE DENTISTRY			F. KONSERVERENDE TANDHEELKUNDE		
* Note: The South African 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.			* Let wel: Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het beslis dat, met uitsondering van diagnostiese binnemondse röntgenfoto's, gelde vir slegs drie verdere binnemondse röntgenfoto's gevra mag word vir elke voltooide wortelkanaalterapie op 'n voortand en 'n verdere vyf röntgenfoto's vir elke voltooide wortelkanaalterapie op 'n veelworteltand.		
Endodontics			Endodonsie		
8132	Emergency root canal treatment	17,50	8132	Noodbehandeling van wortelkanaal	17,50
8301	Direct pulp capping	5,00	8301	Direkte pulpa-oorkapping	5,00
8303	Indirect pulp capping where permanent filling is not completed as same visit	14,00	8303	Indirekte pulpa-oorkapping waarvoor die permanente herstelling nie gedurende dieselfde besoek voltooi word nie	14,00
8305	Apexification of root canal, per visit	14,00	8305	Apeksifikasie van wortelkanaal, per besoek	14,00
8307	Amputation of pulp (pulpotomy)	14,00	8307	Amputasie van pulpa (pulpotomie)	14,00
8311	Root canal therapy, excluding molars-first canal	48,50	8311	Wortelkanaalterapie, uitsluitende molare—eerste kanaal	48,50
8312	Root canal therapy, molars-first canal	66,30	8312	Wortelkanaalterapie, molare—eerste kanaal	66,30
8313	Each additional canal (applicable to all teeth)	19,90	8313	Elke bykomende kanaal (van toepassing op alle tande)	19,90
8315	Each additional visit—single-rooted tooth	10,80	8315	Elke bykomende besoek—eenworteltand	10,80
8317	Maximum for 8315	43,30	8317	Maksimumvir 8315	43,30
8319	Each additional visit—multi-rooted tooth	14,90	8319	Elke bykomende besoek—veelworteltand	14,90
8321	Maximum for 8319	59,60	8321	Maksimumvir 8319	59,60
8323	Bacteriological specimen, per canal	6,10	8323	Bakteriologiese monster, per kanaal	6,10

I. GENERAL DENTAL PRACTITIONERS (continued)			I. ALGEMENE TANDHEELKUNDIGE PRAKTISYNS (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
8325	Bleaching—per tooth.....	33,90	8325	Bleiking—per tand.....	33,90
8327	Each additional visit for bleaching—per tooth.....	12,30	8327	Elke bykomende besoek vir bleiking, per tand.....	12,30
8329	Maximum for 8327.....	24,60	8329	Maksimum vir 8327.....	24,60
	Plastic restorations			Plastiese herstellings	
	* 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 continuous or not.			* Let Wel: Plastiese herstellings van dieselfde materiaal op die molare en premolare word geklassifiseer ooreenkomstig die aantal oppervlaktes behandel per tand, per besoek, ongeag of die herstellings aaneenlopend is al dan nie.	
8341	One surface.....	11,70	8341	Een vlak.....	11,70
8342	Two surfaces.....	16,10	8342	Twee vlakke.....	16,10
8343	Three surfaces.....	21,30	8343	Drie vlakke.....	21,30
8344	More than three surfaces.....	26,30	8344	Meer as drie vlakke.....	26,30
8345	Preformed post reinforcement, per post.....	15,80	8345	Voorafvervaardigde stif versterking, per stif.....	15,80
*8347	Pin retention for restoration, per post.....	10,80	*8347	Penversterking vir herstelling, eerste pen.....	10,80
*8349	Maximum for pin retention, per tooth.....	21,60	*8349	Maksimum vir penversterking, per tand.....	21,60
	Acid etch technique			Suur-erts tegniek	
	*** Note: Where a rubber dam is used when restoring premolars and molars, modifier 8002 may be used with items 8351, 8352, 8353 and 8354.			*** Let Wel: Waar 'n kofferdam gebruik word vir die herstelling van premolare of molare mag wysiger 8002 gebruik word met items 8351, 8352, 8353 en 8354.	
8351	One surface.....	13,40	8351	Een vlak.....	13,40
8352	Two surfaces.....	17,80	8352	Twee vlakke.....	17,80
8353	Three surfaces.....	22,80	8353	Drie vlakke.....	22,80
8354	More than three surfaces.....	27,50	8354	Meer as drie vlakke.....	27,50
8355	Laminated Veneers.....	33,90+L	8355	Lamelfinere.....	33,90+L
8356	Bridge per abutment.....	33,90+L	8356	Brug, per ankertand.....	33,90+L
	Per pontic (see 8420, 8422, 8424)			Per foptand (kyk 8420, 8422, 8424)	
***8357	Preformed metal crown.....	22,20	***8357	Voorafgevormde metaalkroon.....	22,20
	Inlays			Inlegsels	
	Base metal inlays:			Onedele-metaalinlegsels	
8361	One surface.....	33,90+L	8361	Een vlak.....	33,90+L
8362	Two surfaces.....	49,40+L	8362	Twee vlakke.....	49,40+L
8363	Three surfaces.....	82,40+L	8363	Drie vlakke.....	82,40+L
8364	Four surfaces.....	99,70+L	8364	Vier vlakke.....	99,70+L
8365	Five surfaces.....	99,70+L	8365	Vyf vlakke.....	99,70+L
	Gold inlays:			Goudinlegsels	
8371	One surface.....	33,90+L	8371	Een vlak.....	33,90+L
8372	Two surfaces.....	49,40+L	8372	Twee vlakke.....	49,40+L
8373	Three surfaces.....	82,40+L	8373	Drie vlakke.....	82,40+L
8374	Four surfaces.....	99,70+L	8374	Vier vlakke.....	99,70+L
8375	Five surfaces.....	99,70+L	8375	Vyf vlakke.....	99,70+L

I. GENERAL DENTAL PRACTITIONERS (continued)			I. ALGEMENE TANDHEELKUNDIGE PRAKTISYNS (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
8376	Preformed post and core Single post and core	27,50	8376	Voorafvervaardigde stif en kern Enkel stif en kern	27,50
8377	Double posts and core	43,50	8377	Tweeledige stif en kern	43,50
8378	Triple post and core	59,30	8378	Drieledige stif en kern	59,30
	* Note: Items are inclusive of pins			* Let Wel: Bogenoemde items sluit penne in	
	Post with thimble or coping			Stif met kappie of vingerhoed	
8391	Single post	25,40+L	8391	Enkelstif	25,40+L
8393	Binary post	40,60+L	8393	Tweeledige stif	40,60+L
8395	Triple post	58,70+L	8395	Drieledige stif	58,70+L
8396	Copings	16,70+L	8396	Vingerhoede	16,70+L
8397	Cast core with pins	40,60+L	8397	Gegote kern met penne	40,60+L
8398	Plastic core on pin reinforcing irrespective of number of pins	40,60	8398	Plastiese kern op penversterking ongeag aantal penne	40,60
	* Note: The fees in this section include cost of temporary/intermediate crowns.			* Let Wel: Die gelde sluit die koste van voorlopige/tussentydse krone in.	
	Crowns			Krone	
8401	Cast full crown	118,40+L	8401	Gegote volle kroon	118,40+L
8403	Cast three quarter crown	118,40+L	8403	Gegote driekwartkroon	118,40+L
8405	Acrylic jacket crown	101,10+L	8405	Akrieldopkroon	101,10+L
8407	Crylic veneered crown	126,50+L	8407	Akrielfineerde kroon	126,50+L
8409	Porcelain jacket crown	126,50+L	8409	Porseleindopkroon	126,50+L
8411	Porcelain veneered crown	126,50+L	8411	Porseleingefineerde kroon	126,50+L
8413	Facing replacement	24,80+L	8413	Vervanging van gesigstuk	24,80+L
	Resin bonded retainers			Harsgebonde ankers	
	Maryland Bridges (see 8356)			Maryland Brûe (kyk 8356)	
	Per pontic (see 8420, 8422, 8424)			Per foptand (kyk 8420, 8422, 8424)	
	Bridges (retainers as above)			Brûe (ankers soos hierbo)	
8420	Sanitary pontic	61,70+L	8420	Sanitêre foptand	61,70+L
8422	Posterior pontic	82,40+L	8422	Posterior foptand	82,40+L
8424	Anterior pontic including premolars	103,20+L	8424	Anterior foptand (sluit premolêre in)	103,20+L
8499	G. GENERAL ANAESTHETICS The relevant items in the scale of benefits for medical services as published by the Representative Association of Medical Schemes shall apply to all general anaesthetics in dental procedures.		8499	G. ALGEMENE NARKOSE Die relevante items in die voordeleskaal vir mediese dienste, gepubliseer deur die Verteenwoordigende Vereniging van Mediese Skemas is van toepassing op alle algemene narkose in tandheelkundige prosedures.	
II. ORAL PATHOLOGISTS			II. MONDPATOLOË		
Code No.	Procedure	R	Kode No.	Prosedure	R
9201	Consultation at rooms	19,90	9201	Konsultasie by spreekkamers	19,90
9203	Consultation at hospital, nursing home or house	22,20	9203	Konsultasies by hospitaal verpleeginrigting of tuis	22,20
9205	Subsequent consultations	10,80	9205	Daaropvolgende konsultasies	10,80

II. ORAL PATHOLOGISTS (continued)			II. MONDPATOLOË (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
9207 Rule 012	Night consultation In case where treatment is not listed in the dental scale of benefits for dentists in general practice or specialists then the appropriate fee listed in the medical scale of benefits will be charged and the relevant item in the medical scale of benefits must be indicated.	32,40	9207 Reël 012	Nagkonsultasie In gevalle waar behandeling nie in die tandheelkundige voordeleskaal vir tand-artse in algemene praktyk of spesialiste gelys is nie, word die toepaslike gelde, soos gelyk in die mediese voordeleskaal, gehef en die betrokke item in die mediese voordeleskaal moet aangedui word.	32,40
III. SPECIALIST PROSTHODONTISTS			III. SPESIALIS PROSTODONTISTE		
Code No.	Procedure	R	Kode No.	Prosedure	R
A. DIAGNOSTIC PROCEDURES			A. DIAGNOSTIESE PROSEDURES		
8501	Consultation	19,90	8501	Konsultasie	19,90
8107	Intra-oral radiographs, per film	7,00	8107	Binnemondse röntgenfoto's, per film	7,00
8108	Maximum	56,10	8108	Maksimum	56,10
8113	Occlusal radiographs	10,80	8113	Okklusale röntgenfoto's	10,80
8115	Panoramic radiographs, per film	33,90	8115	Panoramiese röntgenfoto's, per film	33,90
8117	Study models—unmounted	7,60+L	8117	Studiemodelle—ongemonteer	7,60+L
8119	Study models—mounted on adjustable articulator	19,90+L	8119	Studiemodelle—op verstelbare artikulator gemonteer	19,90+L
8121	Diagnostic photographs, per photograph	7,60	8121	Diagnostiese foto's, per foto	7,60
8503	Occlusal analysis on adjustable articulator	40,60+L	8503	Okklusale analise op verstelbare artikulator	40,60+L
8505	Pantographic recording	58,70	8505	Pantograafregistrasies	58,70
8507	Examination, diagnosis and treatment planning	40,60	8507	Ondersoek, diagnose en behandelingsbeplanning	40,60
8508	Electrognathographic recording	63,10	8508	Elektrognathografiese opname	63,10
8509	Electrognathographic recording with computer analysis	104,90	8509	Elektrognathografiese opname met komperanalise	104,90
8811	Cephalometric radiograph and analysis	33,90	8811	Kefalometriese röntgenfoto en ontleding	33,90
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph	36,80	8813	Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname	36,80
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph	40,60	8815	Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname	40,60
B. PREVENTIVE PROCEDURES			B. VOORKOMENDE TANDHEELKUNDE		
8151	Oral hygiene instruction	10,80	8151	Mondhigiëne-voorligting	10,80
8153	Follow-up visit for re-evaluation or oral hygiene (if no other treatment is performed at the same visit)	7,60	8153	Opvolgbesoek vir herevaluering van mondhygiëne (indien geen ander behandeling tydens dieselfde besoek)	7,60
8155	Polishing only (including removal of plaque)	10,80	8155	Slegs polering (met inbegrip van verwydering van plaak)	10,80
8159	Scaling and polishing	19,90	8159	Skalering en polering	19,90
8161	Topical application of fluoride preparation (does not include scaling and/or polishing)	10,80	8161	Oppervlak aanwending van fluoriedpreparate (sluit nie skalering en/of polering in nie)	10,80
8163	Fissure sealant, per tooth	7,00	8163	Fissuurverseëling, per tand	7,00
8164	Maximum per quadrant	13,40	8164	Maksimum per kwadrant	13,40
8165	Laboratory processed fluoride applicators	12,30+L	8165	Laboratoriumvervaardigde apparaat vir fluoried aanwending	12,30+L
8167	Treatment of hypersensitive dentine, per visit	10,80	8167	Behandeling vir hipersensitiewe dentien, per besoek	10,80
8169	Bite plate or occlusal guards	4,90+L	8169	Bytplate of okklusale skerms	4,90+L
8171	Mouth protectors	By arrangement	8171	Mondskerms	Volgens ooreenkoms met skema

III. SPECIALIST PROSTHODONTISTS (continued)			III. SPESIALIS PROSTODONTISTE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
C. TREATMENT PROCEDURES			C. BEHANDELINGSPROSEDURES		
Emergency treatment			Noodbehandeling		
8511	Emergency treatment for relief of pain (where no other tariff item is applicable)	24,80	8511	Pynverligting (waarop geen ander tarief-item van toepassing is nie)	24,80
8513	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	40,60	8513	Noodkroon (nie van toepassing op plasing van tydelike krone gedurende roetine kroon en brug voorbereidings nie)	40,60
8515	Recementation of inlay, crown or bridge per abutment	15,80	8515	Hersementering van inlegsel, kroon of brug, per ankertand	15,80
8517	Reimplantation of a tooth, including fixation as required	42,10+L	8517	Herinplantering van tand, insluitende verankering soos benodig	42,10+L
Provisional treatment			Tydelike behandeling		
8521	Provisional splinting—extracoronary wire, per sextant	33,90	8521	Tydelike spalking—ekstrakoronale draad, per sekstant	33,90
8523	Provisional splinting—extracoronary wire plus resin, per sextant	49,40	8523	Tydelike spalking—ekstrakoronale draad plus hars, per sekstant	49,40
8527	Provisional splinting—intracoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	15,80+L	8527	Tydelike spalking—intrakoronale draad of penne of gegote stang plus amalgaan of hars, per tandeenhed in die spalk ingesluit	15,80+L
8529	Provisional crown, which is not placed during routine crown preparation	40,60+L	8529	Voorlopige kroon wat nie gedurende roetine kroonpreparasie geplaas word nie	40,60+L
8530	Preformed metal crown	34,50	8530	Voorafvervaardigde metaalkroon	34,50
Occlusal adjustment			Okklusale verstelling		
8551	Major occlusal adjustment	115,70	8551	Volledige okklusale verstelling	115,70
8553	Minor occlusal adjustment	36,50	8553	Geringe okklusale verstelling	36,50
Gold foil restorations			Bladgoudherstellings		
8561	Class I and Class VI	106,10	8561	Klas I en Klas VI	106,10
8563	Class V	123,90	8563	Klas V	123,90
8565	Class III	155,80	8565	Klas III	155,80
Gold restorations			Goudherstellings		
8571	One surface	73,40+L	8571	Een vlak	73,40+L
8572	Two surfaces	106,10+L	8572	Twee vlakke	106,10+L
8573	Three surfaces	164,20+L	8573	Drie vlakke	164,20+L
8574	Four surfaces	164,20+L	8574	Vier vlakke	164,20+L
8575	Five surfaces	164,20+L	8575	Vyf vlakke	164,20+L
8577	Pin retention	24,50	8577	Penretensie	24,50
Post and copings			Stiwwe en vingerhoede		
8581	Single post	40,70+L	8581	Enkelstif	40,70+L
8582	Double post	58,70+L	8582	Tweeledige stif	58,70+L
8583	Triple post	73,40+L	8583	Drieledige stif	73,40+L
8587	Copings	33,90+L	8587	Vingerhoede	33,90+L
8589	Cast core with pins	57,90+L	8589	Gegote kern met penne	57,90+L
8591	Plastic core on pin reinforcing irrespective of number of pins	40,60	8591	Plastiese kern op penverstreking ongeag aantal penne	40,60
Implants			Implantate		
8592	Tissue integrated (osseo-integrated) prosthesis including placement of copings and fitting of prosthetic components	By arrangement	8592	Weefsel-geïntegreerde (been-geïntegreerde) protese insluitende plasing van vingerhoede en die pas van ander prostetiese komponente	Volgens ooreenkoms met skema
8593	Placements of endosteal implant, per implant	92,10+L	8593	Plasing van endosteale implantaat, per implantaat	92,10+L
8595	Placements of sub-periosteal implant, per implant	184,40+L	8595	Plasing van sub-periosteale implantaat, per implantaat	184,40+L
8596	Placement of endodontic endosteal implant	25,40+L	8596	Plasing van endosteale implantaat in wortelkanaal	25,40+L
Connectors			Verbinders		
8597	Locks and milled rests	16,70+L	8597	Slot en gemasjineerde ruste	16,70+L
8599	Precision attachment	40,60+L	8599	Slotheftings	40,60+L

III. SPECIALIST PROSTHODONTISTS (continued)			III. SPESIALIS PROSTODONTISTE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
Crowns			Krone		
8601	Cast three-quarter crown	164,20+L	8601	Gegote driekwartkroon	164,20+L
8603	Cast gold crown	164,20+L	8603	Gegote goue kroon	164,20+L
8605	Acrylic veneered gold crown	188,20+L	8605	Akriëlgefineerde goue kroon	188,20+L
8607	Porcelain jacket crown	164,20+L	8607	Porseleindopkroon	164,20+L
8609	Porcelain veneerde metal crown	205,20+L	8609	Porseleingefineerde metaalkroon	205,20+L
Bridges			Brugwerk		
Note: Retainers as above			Let wel: Ankers soos bo		
8611	Sanitary pontic	123,90+L	8611	Sanitêre foptand	123,90+L
8613	Posterior pontic	152,80+L	8613	Posterior foptand	152,80+L
8615	Anterior pontic	164,20+L	8615	Anterior foptand	164,20+L
Resin bonded retainers			Hergebonde ankers		
8617	Per abutment	50,60+L	8617	Per ankertand	50,60+L
	Per pontic (see 8611, 8613, 8615)			Per foptand (sien 8611, 8613, 8615)	
Conservative treatment of myofascial pain-dysfunction syndrome			Konserwatiewe behandeling van miofasiale pyn disfunksiesindroom		
8621	First visit	19,90	8621	Eerste besoek	19,90
8623	Subsequent visit	14,90	8623	Opvolg besoek	14,90
Endodontic procedures, etc.			Endodontiese prosedures, ens.		
8631	Root canal therapy, first canal	143,80	8631	Wortelkanaalterapie, eerste kanaal	143,80
8633	Each additional canal	35,90	8633	Elke bykomende kanaal	35,90
8634	Endodontic procedure on primary tooth	29,20	8634	Wortelkanaalterapie op primêre tand	29,20
	Note: The above endodontic fees include all X-ray and repeat visits			Let wel: Bogenoemde endodontiese gelde sluit in alle X-straalfoto's en bykomende besoeke	
8635	Apexification of root canal, per visit	24,00	8635	Apeksifikasie van wortelkanaal, per besoek	24,00
	Note: Modifier 8002 is applicable to items 8325 to 8329 inclusive			Nota: Wysiger 8002 is van toepassing op tariefitems 8325 tot en met 8329	
8325	Bleaching—per tooth	33,90	8325	Bleiking—per tand	33,90
8327	Each additional visit for bleaching—per tooth	12,30	8327	Elke bykomende besoek vir bleiking, per tand	12,30
8329	Maximum for 8327	24,60	8329	Maksimum vir 8327	24,60
8637	Hemisection of a tooth or resection of root	57,90	8637	Hemiseksie van 'n tand of reseksie van 'n wortel	57,90
8638	Incision and drainage of pyogenic abscess, intraoral approach	34,20	8638	Lansering en dreinerings van piogene absesse (binnemondse toegang)	34,20
9015	Apicectomy, including retrograde root filling where necessary—anterior teeth	79,50	9015	Apisektomie insluitend retrograde herstelling waar nodig—anteriortand	79,50
9016	Apicectomy including retrograde filling where necessary—posterior teeth	118,90	9016	Apisektomie insluitend retrograde herstelling waar nodig—posteriortand	118,90
8640	Removal of fractured post or instrument from root canal	42,10	8640	Verwydering van gefraktureerde stif of instrument vanuit die wortelkanaal	42,10
Prosthetics (Removable)			Prostetika (Verwyderbaar)		
8641	Complete upper and lower dentures without primary complications	410,60+L	8641	Volle kunsgebit—bo en onder sonder primêre komplikasies	410,60+L
8643	Complete upper and lower dentures without major complications	533,00+L	8643	Volle kunsgebit—bo en onder sonder groot komplikasies	533,00+L
8645	Complete upper and lower dentures with major complications	655,50+L	8645	Volle kunsgebit—bo en onder met groot komplikasies	655,50+L
8647	Complete upper or lower dentures without primary complications	287,30+L	8647	Volle kunsgebit—bo of onder sonder primêre komplikasies	287,30+L
8649	Complete upper or lower denture without major complications	328,20+L	8649	Volle kunsgebit—bo of onder sonder groot komplikasies	328,20+L
8651	Complete upper or lower denture with major complications	369,10+L	8651	Volle kunsgebit—bo of onder met groot komplikasies	369,10+L

III. SPECIALIST PROSTHODONTISTS (continued)			III. SPESIALIS PROSTODONTISTE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
8661	Diagnostic dentures (inclusive of tissue conditioning treatment).....	328,20+L	8661	Diagnostiese kunsgebitte (met inbegrip van weefselopknappbehandeling)	328,20+L
8662	Remounting and occlusal adjustment of dentures	47,30+L	8662	Hermontering en okklusale verstelling van kunsgebitte	47,30+L
8663	Chrome cobalt base or gold base for full denture (extra charge).....	98,80+L	8663	Chroomkobalt of goudbasis vir volle kunsgebit (ekstra koste).....	98,80+L
8665	Re-base, per denture	66,30+L	8665	Herbasering, per kunsgebit	66,30+L
8667	Soft base, per denture (heat cured)	98,80+L	8667	Sagte basis, per kunsgebit (met hitte verhard)	98,80+L
8668	Tissue conditioner, per denture	24,50	8668	Weefselopknapper, per kunsgebit	24,50
8669	Intraoral relining of complete or partial denture.....	36,50	8669	Binnemonde opvulling van vol- of gedeeltelike kunsgebit.....	36,50
*8671	Metal (e.g. chrome cobalt or gold) partial denture	328,20+L	*8671	Metaal (bv. chroomkobalt of goud) gedeeltelike kunsgebit.....	328,20+L
8672	Additional fee for altered cast technique for partial denture.....	12,90+L	8672	Bykomende gelde vir veranderde model tegniek, gedeeltelike kunsgebit.....	12,90+L
8674	Additive partial denture	148,70+L	8674	Aanlasbare gedeeltelike kunsgebit.....	148,70+L
8679	Repairs	16,70+L	8679	Herstelwerk	16,70+L
8273	Additional fee where impression is required for 8269	7,60+L	8273	Bykomende gelde waar 'n afdruk nodig is vir 8269	7,60+L
8275	Adjustment of denture (after six months or for patient of an other practitioner)...	7,60+L	8275	Verstelling van kunsgebit (na ses maande of vir 'n pasiënt van 'n ander tandarts)	7,60+L
8277	Gold inlay in denture	By arrangement	8277	Goudinlegsel in kunsgebit	Volgens ooreenkoms met skema
*** D. MAXILLO-FACIAL PROSTHODONTIC PROCEDURES			*** D. PROSTODONTIESE GESIGSPROTESES		
Note: Where “+D” appears the practitioner will charge the relevant fee for the denture in the Prosthodontic schedule plus the fee indicated.			Let Wel: Waar “+D” verskyn sal die praktisyn die relevante gelde in die spesialis prostodontiste skedule vir die kunsgebit hef saam met die gelde wat hieronder verskyn.		
Maxillary prostheses			Maksilêre prosteses		
***9101	Surgical obturator—modified denture	24,50+L	***9101	Chirurgiese obturator—gemodifiseerde kunsgebit	24,50+L
***9102	Surgical obturator—continuous base	66,30+L	***9102	Chirurgiese obturator—aaneenlopende basis	66,30+L
***9103	Surgical obturator—split base	98,50+L	***9103	Chirurgiese obturator—seksionele basis	98,50+L
***9104	Interim obturator on existing denture	148,70+L	***9104	Tussentydse obturator—byvoeging op huidige kunsgebit.....	148,70+L
***9105	Interim obturator on existing denture	459,70+L	***9105	Tussentydse obturator—nuwe kunsgebit	459,70+L
***9106	Definitive obturator—open/hollow box	148,70+D	***9106	Gedefinieerde obturator—oop/hol ontwerp	148,70+D
***9107	Definitive obturator—silicone glove	287,30+D	***9107	Gedefinieerde obturator—silikoon omhulsel.....	287,30+D
Mandibular resection prostheses			Mandibulêre reseksie prosteses		
***9108	Prosthesis with guide flange	352,70+L	***9108	Protese met gidsvlak	352,70+L
***9109	Prosthesis without guide flange	328,20+L	***9109	Protese sonder gidsvlak	328,20+L
***9110	Prosthesis—palatal augmentation	66,30+D	***9110	Protese Palaat opbouing	66,30+D
Glossal resection prostheses			Glosale reseksie prosteses		
***9111	Simple prosthesis	137,90+D	***9111	Ongekompliseerd	137,90+D
***9112	Complex prosthesis	206,90+D	***9112	Gekompliseerd	206,90+D
Radiotherapy appliances			Radioterapeutiese toestelle		
***9113	Carrier—simple	148,70+L	***9113	Houers—ongekompliseerd	148,70+L
***9114	Carrier—complex	410,60+L	***9114	Houer—gekompliseerd	410,60+L
***9115	Shields—simple	148,70+L	***9115	Skerms—ongekompliseerd	148,70+L
***9116	Shields—complex	410,60+L	***9116	Skerms—gekompliseerd	410,60+L
***9117	Cone locators	148,70+L	***9117	Konus lokeerders	148,70+L
Chemotherapy appliances			Chemoterapeutiese toestelle		
***9118	Chemotherapeutic agent carriers	148,70+L	***9118	Chemoterapeutiese agenthouers	148,70+L

III. SPECIALIST PROSTHODONTISTS (continued)			III. SPESIALIS PROSTODONTISTE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
Cleft palate prostheses Neonatal prostheses			Gesplete-palaat-prosteses Neonatale prosteses		
***8855	Consultation and therapy at hospital/nursing home/residence	33,90	***8855	Konsultasie by verpleeginrigting/hospitaal/tuis	33,90
***8856	Subsequent consultation	16,70	***8856	Opvolg konsultasie	16,70
***8857	Weekly maximum	115,10	***8857	Maksimum weekliks	115,10
***9119	Passive presurgical prosthesis	131,80+L	***9119	Passiewe pre-chirurgiese protese	131,80+L
***9120	Active presurgical orthopaedic appliance—minor	131,80+L	***9120	Aktiewe pre-chirurgiese ortopediese toestel—gering	131,80+L
***9121	Active presurgical orthopaedic appliance—moderate	195,20+L	***9121	Aktiewe pre-chirurgiese ortopediese toestel—matig	195,20+L
***9122	Active presurgical orthopaedic appliance—severe	328,20+L	***9122	Aktiewe pre-chirurgiese ortopediese toestel—erg	328,20+L
***9123	Active presurgical orthopaedic appliance adjustment	16,70	***9123	Aktiewe pre-chirurgiese ortopediese toestel—aanpassings	16,70
***9124	Neonatal feeding aid or surgical prosthesis	131,80+L	***9124	Neonatale voedings of chirurgiese hulptoestel	131,80+L
Intermediate/Definitive prostheses			Intermediêre/Gediffinieerde prosteses		
***9125	Speech aid/obturator with palatal modification	66,30+D	***9125	Spraak terapeutiese toestel/obturator met palatale modifikasie	66,30+D
***9126	Speech aid/obturator with velar modification	148,50+D	***9126	Spraak terapeutiese toestel/obturator met velum modifikasie	148,50+D
***9127	Speech aid/obturator with pharyngeal modification	328,20+D	***9127	Spraak terapeutiese toestel/obturator met faringeale modifikasie	328,20+D
***9128	Speech aid/obturator adjustment	16,70	***9128	Spraak terapeutiese aanpassings met faringeale modifikasie	16,70
***9129	Speech aid/obturator surgical prosthesis	131,80+L	***9129	Spraak terapeutiese chirurgiese protese	131,80+L
Speech appliances			Spraak toestel		
***9130	Palatal lift	66,30+D	***9130	Palatale ondersteunings apparaat	66,30+D
***9131	Palatal stimulating	148,50+D	***9131	Palatale stimulerende apparaat	148,50+D
***9132	Speech bulb	328,20+D	***9132	Spraak Bol	328,20+D
***9133	Adjustments	16,70	***9133	Aanpassings	16,70
***9134	Other	By arrange- ment	***9134	Ander	Deur onder- handeling
Extraoral appliances			Ekstraorale prosteses		
***9135	Auricular prosthesis—simple	410,60+L	***9135	Oorprostese—ongekompliseerd	410,60+L
***9136	Auricular prosthesis—complex	533,00+L	***9136	Oorprostese—gekompliseerd	533,00+L
***9137	Nasal prosthesis—simple	410,60+L	***9137	Neusprostese—ongekompliseerd	410,60+L
***9138	Nasal prosthesis—complex	533,00+L	***9138	Neusprostese—gekompliseerd	533,00+L
***9139	Ocular prosthesis—conformer	148,50+L	***9139	Oogprostese—konformer	148,50+L
***9140	Ocular prosthesis modified stock appliance	369,10+L	***9140	Oogprostese—gemodifiseerd	369,10+L
***9141	Ocular prosthesis using custom appliance	533,00+L	***9141	Oogprostese—geïndividualiseerde vervaardiging	533,00+L
***9142	Orbital prosthesis—simple (excluding ocular section)	369,10+L	***9142	Orbitaleprostese—ongekompliseerd oog+	369,10+L
***9143	Orbital prosthesis—complex (excluding ocular section)	533,00+L	***9143	Orbitaleprostese—gekompliseerd oog+	533,00+L
***9144	Combination facial prosthesis—small	By arrange- ment	***9144	Saamgestelde gesigsprostese—klein	Deur onder- handeling
***9145	Combination facial prosthesis—medium	By arrange- ment	***9145	Saamgestelde gesigsprostese—medium	Deur onder- handeling

III. SPECIALIST PROSTHODONTISTS (continued)			III. SPESIALIS PROSTODONTISTE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
***9146	Combination facial prosthesis—large	By arrange- ment	***9146	Saamgestelde gesigsprostese—groot	Deur onder- handeling
***9147	Combination facial prosthesis—complex	By arrange- ment	***9147	Saamgestelde gesigsprostese—gekompliseerd	Deur onder- handeling
***9148	Other body prosthesis—simple	369,10+L	***9148	Prostese vir ander liggaamsdele—ongekompliseerd	369,10+L
***9149	Other body prosthesis—complex	533,00+L	***9149	Prostese vir ander liggaamsdele—gekompliseerd	533,00+L
***9150	Surgical facial prosthesis—simple	287,30+L	***9150	Chirurgiese gesigsprostese—ongekompliseerd	287,30+L
***9151	Surgical facial prosthesis—complex	369,10+L	***9151	Chirurgiese gesigsprostese—gekompliseerd	369,10+L
***9152	Additional prosthesis (from mould at time of first prosthesis)	Mod. 8006	***9152	Addisionele prosteses (van model tydens eerste prostese)	Wys. 8006
***9153	Replacement prosthesis (from original mould)	Mod. 8006	***9153	Vervanging prosteses (van oorspronklike model)	Wys. 8006
***9155	Cranial prosthesis	148,50+L	***9155	Kraniaal prosteses	148,50+L
	Custom implants			Geïndividualiseerde implantate	
***9156	Cranial—acrylic, elastomeric, metallic	184,40+L	***9156	Kraniaal—akrielhars, elastomeries, metaalagtig	184,40+L
***9157	Facial—simple	92,10+L	***9157	Gesig—ongekompliseerd	92,10+L
***9158	Facial—complex	184,40+L	***9158	Gesig—gekompliseerd	184,40+L
***9159	Ocular—custom made	92,10+L	***9159	Oog—geïndividualiseerde vervaardiging	92,10+L
***9160	Body—special prosthesis	410,60+L	***9160	Liggaam—spesiale prostese	410,60+L
	Surgical appliances			Chirurgiese prosteses	
***9161	Splints—simple	40,60+L	***9161	Spalke—ongekompliseerd	40,60+L
***9162	Splints—complex	148,50+L	***9162	Spalke—gekompliseerd	148,50+L
***9163	Templates—simple	40,60+L	***9163	Template—ongekompliseerd	40,60+L
***9164	Templates—complex	148,50+L	***9164	Template—gekompliseerd	148,50+L
***9165	Conformers—simple	40,60+L	***9165	Konformers—ongekompliseerd	40,60+L
***9166	Conformers—complex	148,50+L	***9166	Konformers—gekompliseerd	148,50+L
	Trismus appliances			Trismus toestelle	
***9167	Trismus appliances—simple	16,70+L	***9167	Trismus toestel—ongekompliseerd	16,70+L
***9168	Trismus appliances—complex	148,50+L	***9168	Trismus toestel—gekompliseerd	148,50+L
***9169	Orthoses (for paralysed patients)	328,20+L	***9169	Toestelle vir Ortroses (vir verlamde pasiënte)	328,20+L
***9170	Facial palsy appliances	98,80+D	***9170	Toestelle vir Gesigsverlamming	98,80+D
	Bura Appliances			Toestelle vir verbrandes	
***9171	Oral splints (per commisure)	40,60+L	***9171	Mondspalke (per commisure)	40,60+L
***9172	Dynamic oral retractors (per arm)	40,60+L	***9172	Dinamiese mondretraktors (per arm)	40,60+L
***9173	Hand splints	92,10+L	***9173	Handspalke	92,10+L
***9174	Other	By arrange- ment	***9174	Ander	Deur onder- handeling
	Attendance in theatre			Teatertyd	
***9175	Attendance in theatre, per hour	55,20	***9175	Teatertyd per uur	55,20

IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/PERIODONTISTS

PREAMBLE

- The scheduled fees for diagnostic procedures may be charged irrespective of whether treatment is accepted or not.
- The expenses appurtenant to diagnostic tests, laboratory procedures (unless routinely charged to the patient by the laboratory), special materials, medicaments, etc. shall be charged over and above the fee for treatment.
- If the extent of a procedure carried out is less than that specified in the scale of benefits, or if multiple procedures are carried out at a single visit and the value of the time factor is consequently reduced, the specialist may at his discretion charge a reduced fee or reduced fees as per Modifiers. (See Rule 011).
- Fees for surgical procedures include aftercare for a period not exceeding four months.
- In those cases where treatment is carried out at a place other than in the consulting rooms of a periodontist, an additional charge of 10 per cent may be added to the cost of the treatment, as per Modifier 8003.

Code No.	Procedure	R
DIAGNOSTIC PROCEDURES		
8701	Consultation	19,90
8107	Intra-oral radiographs, per film	7,00
8108	Maximum	56,10
8113	Occlusal radiographs	10,80
8115	Panoramic radiographs, per film	33,90
8117	Study models—unmounted	7,60+L
8119	Study models—mounted on adjustable articulator	19,90+L
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment per case	17,50
8703	Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation	66,30
8705	Periodic re-examination	20,70
*8706	Appointment not kept (according to agreement with patient)	
***8707	Periodontal screening	19,90
Note:		
(1) A periodontal consultation comprises a reasonably detailed examination and presentation and explanation of the findings to enable the patient to make a decision as to future treatment.		
(2) Item 8703 is always a separate procedure from item 8701 and comprises inspection, percussion, probing and other diagnostic procedures and the systematic recording of every important feature in order to permit correct treatment planning.		
***	(3) A periodontal screening consists of the measurement and recording of a plaque index, a bleeding index, probing depths and/or a periodontal disease index.	
***	(4) Items 8701, 8703 and 8707 cannot be charged at one and the same visit.	

IV. SPESIALIS IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS

INLEIDING

- Die geskeduleerde gelde vir die diagnostiese prosedures kan gehef word ongeag of die behandeling aanvaar word al dan nie.
- Die onkoste verbonde aan diagnostiese toetse, laboratoriumprosedures (tensy die laboratorium die betrokke bedrag roetinegewyse van die pasiënt verhaal), spesiale materiale, medikamente, ensovoorts, moet gevra word buite en behalwe die geld vir die behandeling gehef.
- Indien 'n prosedure wat uitgevoer is van kleiner omvang is, of indien veelvuldige prosedures ten tye van 'n enkele besoek uitgevoer word en die waarde van die tydfaktor gevolglik kleiner is, kan die spesialis na goeddunke 'n verminderde bedrag of bedrae hef volgens Wysigers (Kyk Reël 011).
- Die gelde vir chirurgiese prosedures sluit in die nasorg vir 'n tydperk van hoogstens vier maande.
- In daardie gevalle waar die behandeling uitgevoer word op 'n ander plek as in die spreekkamer van 'n periodontis, kan daar by die koste van die behandeling 'n bykomende heffing van 10 persent gevoeg word, volgens Wysiger 8003.

Kode No.	Prosedure	R
DIAGNOSTIESE PROSEDURES		
8701	Konsultasie	19,90
8107	Binnemondse röntgenfoto's, per film	7,00
8108	Maksimum	56,10
8113	Okklusale röntgenfoto's	10,80
8115	Panoramiese röntgenfoto's, per film	33,90
8117	Studie modelle—ongemonteer	7,60+L
8119	Studiemodelle—op verstelbare artikulator gemonteer	19,90+L
8139	Addisionele koste vir behandeling onder algemene narkose of tuis- of hospitaal-besoeke per geval	17,50
8703	Gedetailleerde kliniese ondersoek, rekords, radiografiese interpretasie, diagnose, behandelingsbeplanning en uiteensetting van geval	66,30
8705	Periodieke herondersoek	20,70
*8706	Afspraak nie nagekom nie (volgens ooreenkoms met pasiënt)	
***8707	Periodontale siftingsondersoek	19,90
Let Wel:		
(1) 'n Periodontale konsultasie omvat 'n redelike gedetailleerde ondersoek, asook 'n uiteensetting en verduideliking van die bevindinge ten einde die pasiënt daartoe in staat te stel om 'n besluit te neem in verband met die toekomstige behandeling.		
(2) Item 8703 is altyd, as prosedure, afsonderlik van item 8701 en omvat inspeksie, beklopping, sondering en ander diagnostiese prosedures en die sistematiese aantekening van elke belangrike kenmerk ten einde korrekte behandelings-beplanning moontlik te maak.		
***	(3) 'n Periodontale siftingsondersoek bestaan uit die verkryging en aantekening van 'n plaakindeks, bloedingsindeks, sonderingsdiepte en/of 'n periodontale siekte-indeks.	
***	(4) Items 8701, 8703 en 8707 mag nie vir een en dieselfde besoek gehef word nie.	

IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/PERIODONTISTS (continued)			IV. SPESIALIS IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
TREATMENT AND MAINTENANCE PROCEDURES			BEHANDELING EN INSTANDHOUDINGSPROSEDURES		
8711	Oral hygiene education and instruction, per visit	24,50	8711	Mondhigiëne-onderrig en voorligting, per besoek	24,50
8713	Oral hygiene evaluation if no other treatment is performed (if re-instruction is necessary, only Item 8711 shall apply)	12,00	8713	Evalueer van mondhygiëne indien geen ander behandeling (indien verdere onderrig nodig is, is slegs Item 8711 van toepassing)	12,00
8714	Professional plaque removal and polishing	16,70	8714	Professionele plaakverwydering en polering	16,70
8715	Scaling per visit	33,90	8715	Skalering per besoek	33,90
8721	Occlusal adjustment per visit	36,80	8721	Okklusale regstelling per besoek	36,80
8723	Provisional splinting—extracoronar wire, per sextant	33,90+L	8723	Tydlike spaliking—ekstrakoronale draad, per sekstant	33,90+L
8725	Provisional splinting—extracoronar wire plus resin, per sextant	49,40+L	8725	Tydlike spaliking—ekstrakoronale draad plus hars, per sekstant	49,40+L
8727	Provisional splinting—intracoronar wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	15,80+L	8727	Tydlike spaliking—intrakoronale draad of penne of gegote stang plus amalgaam of hars, per tandeenheid in die spalk ingesluit	15,80+L
PERIODONTAL SURGICAL PROCEDURES			PERIODONTALE CHIRURGIESE PROSEDURES		
8731	Periodontal abscess—treatment of acute phase	29,20	8731	Periodontale abses—behandeling van akute fase	29,20
8733	Periodontal curettage, per quadrant	33,90	8733	Periodontale kurettering, per kwadrant	33,90
8735	Periodontal curettage, per sextant	26,60	8735	Gingivale kurettering, per sekstant	26,60
8737	Root planning with or without periodontal curettage, per quadrant	66,30	8737	Wortelskawing met of sonder periodontale kurettering, per kwadrant	66,30
8739	Root planning with or without periodontal curettage, per sextant	52,90	8739	Wortelskawing en gingivale kurettering, per sekstant	52,90
8741	Gingivectomy—gingivoplasty, per quadrant	87,40	8741	Gingivektomie—gingivoplastiek, per kwadrant	87,40
8743	Gingivectomy—gingivoplasty, per sextant	69,30	8743	Gingivektomie—gingivoplastiek, per sekstant	69,30
8749	Flap operation with root planning and curettage and which may include not more than 3 of the following: bone contouring, chemical treatment of root surfaces, bone graft root resection, tooth hemisection a muco-gingival procedure, wedge resection, apicectomy, per quadrant	198,10	8749	Flap operasie met wortel-skawing en kurettering en wat nie meer as 3 van die volgende prosedures insluit nie: beenkontouring, chemiese behandeling van worteloppervlak, beentransplantaat, wortelreseksie, tand-hemiseksie, mukogingivale prosedure, wigreseksie, apisektomie, per kwadrant	198,10
8751	As Item 8749, per sextant	164,20	8751	Soos Item 8749, per sekstant	164,20
8753	Flap operation with root planing and curettage and will include more than 3 of the following: bone contouring, chemical treatment of root surfaces, bone graft, root resection, tooth hemisection, a muco-gingival procedure, wedge resection, apicectomy, per quadrant	245,80	8753	Flap operasie met wortel-skawing en kurettering en wat meer as 3 van die volgende insluit: beenkontouring, chemiese behandeling van worteloppervlak, beentransplantaat, wortelreseksie, tandhemiseksie, mukogingivale prosedure, wigreseksie, apisektomie, per kwadrant	245,80
8755	As Item 8753, per sextant	199,30	8755	Soos Item 8753, per sekstant	199,30
Note: Each bone graft, root resection, tooth hemisection, mucogingival procedure, wedge resection, apicectomy shall be deemed one procedure.			Let Wel: Elke beentransplantaat, wortelreseksie, tandhemiseksie, mukogingivale prosedure, wigreseksie en apisektomie word beskou as een prosedure.		
***8756	Flap operation with bone removal to increase the clinical length of a single tooth (as an isolated procedure)	120,70	***8756	Flap operasie met beenreduksie om die kliniese kroon van 'n enkele tand te verleng	120,70
8757	Frenoplasty (as an isolated procedure)	91,20	8757	Frenoplastiek (as 'n geïsoleerde prosedure)	91,20
8759	Pedicle flapped graft e.g. lateral sliding double papilla, rotated and similar (as an isolated procedure)	91,20	8759	Pedikelflap-oorplanting bv. laterale verplasing, dubbele papilla, geroteer en soortgelyk (as 'n geïsoleerde prosedure)	91,20
8761	Masticatory mucosal autograft extending across not more than four teeth (isolated procedure)	107,50	8761	Selfoorplanting van kou-mukosa gestrek oor nie meer as vier tande nie (geïsoleerde prosedure)	107,50

IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/PERIODONTIST (continued)			IV. SPESIALIS IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
8762	Masticatory mucosal autograft extending across more than four teeth (isolated procedure).....	148,50	8762	Selfoorplanting van kou-mukosa gestrek oor meer as vier tande (geïsoleerde prosedure).....	148,50
8763	Wedge resection (as an isolated procedure)	57,90	8763	Wigreseksie (as 'n geïsoleerde prosedure).....	57,90
8765	Hemisection of a tooth/resection of a root/apicectomy/excluding endodontics (as an isolated procedure)	57,90	8765	Hemiseksie van 'n tand-wortelreseksie, met uitsluiting van endodontsie (as 'n geïsoleerde prosedure).....	57,90
*8767	Osseous graft at a single site including obtaining of autogenous donor tissue	123,30	*8767	Beenoorplanting in 'n enkele posisie, met inbegrip van die verkryging van outogene skenkerweefsel.....	123,30
8768	Any other periodontal procedure involving a single tooth.....	57,90	8768	Enige ander periodontiese prosedure wat 'n enkele tand betrek	57,90
8771	Placement of endosteal implant, per implant.....	92,10+L	8771	Plasing van endosteale implantaat, per implantaat	92,10+L
ORAL MEDICAL PROCEDURES			MONDGENEESKUNDIGE PROSEDURES		
8781	Consultation, examination and diagnosis of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain-dysfunction	19,90	8781	Konsultasie, ondersoek en diagnose van mondsiektes, siektetoestande van die omliggende weefsels, temporomandibulêre gewrigsaandoenings, of miofasiale pyn disfunksie	19,90
8783	Subsequent consultation for same disease/condition	14,90	8783	Daaropvolgende konsultasie vir dieselfde siekte/toestand.....	14,90
8785	Biopsy	38,00	8785	Biopsie	38,00
8787	Any other procedure connected with the practice of oral medicine	20,70	8787	Enige ander prosedure wat verband hou met die praktyk van mondgeneeskunde	20,70
8789	Temporomandibular intra-articular injection—first injection.....	19,90	8789	Temporomandibulêre intra-artikulêre inspuiting—eerste inspuiting.....	19,90
8791	As item 8789, subsequent injections	8,20	8791	Soos Item 8789, verdere inspuitings	8,20
Note: Conservative treatment of temporomandibular joint disorders and myofascial pain-dysfunction: see relevant items in this order sections of the scale of benefits.			Let Wel: Konserwatiewe behandeling van temporomandibulêre gewrigsaandoenings en miofasiale pyn disfunksie: kyk toepaslike items in hierdie of ander afdelings van die voordeelskaal.		
V. SPECIALIST ORTHODONTISTS			V. SPESIALIS-ORTODONTISTE		
*PREAMBLE			*INLEIDING		
(a) If more than one of the stages of treatment of a multiphase treatment procedure is carried out by the same orthodontists, the total fee charged by him shall not exceed the recommended fee that, at the time of commencement of the final phase, was laid down for the treatment of the type of malocclusion concerned, save in exceptional circumstances, e.g. cleft palate treatment.			(a) Indien 'n enkele ortodontis meer as een van die behandelingstadia van 'n veelfasige behandelingsprosedure uitgevoer het, moet die totale bedrag wat hy vra, hoogstens gelyk wees aan die aanbevole bedrag, wat ten tye van die aanvang van die finale stadium, vir die betrokke tipe wansluiting voorgeskreef was, behalwe in buitengewone omstandighede, byvoorbeeld behandeling vir 'n gesplete verhemelte.		
* (b) The fees for services covered under the heading Corrective Therapy (Items 8865 to 8887 incl.) shall be charged over the period of treatment in a manner to be determined by the individual orthodontists. If treatment is discontinued prior to its completion, the balance of the fee shall be assessed on the basis of the services rendered up to the time of termination.			* (b) Die gelde vir dienste onder die opskrif Korrektiewe Terapie (Items 8865 tot 8887) sal betaalbaar wees gedurende die verloop van die behandeling soos bepaal deur elke individuele ortodontis. Indien die behandeling gestaak word voor die voltooiing daarvan, moet die restant van die geld bereken word op die basis van die dienste wat tot op die stakingsdatum gelewer is.		
*Note: See orthodontic services			*Let Wel: Kyk ortodontiese behandeling		
Code No.	Procedure	R	Kode No.	Prosedure	R
CONSULTATIONS			KONSULTASIES		
8801	First consultation.....	19,90	8801	Eerste konsultasie.....	19,90
8803	Subsequent consultation, retention and/or post-treatment consultation	16,70	8803	Daaropvolgende konsultasie, retensie en/of na behandelingskonsultasie	16,70

V. SPECIALIST ORTHODONTISTS (continued)			V. SPESIALIS-ORTODONTISTE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
RECORDS AND INVESTIGATIONS			REKORDS EN ONDERSOEKE		
8811	Cephalometric radiograph and analysis	33,90	8811	Kefalometriese röntgenfoto en ontleding	33,90
8813	Cephalometric radiograph and analysis plus hand wrist or P-A radiograph	36,80	8813	Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname	36,80
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph	40,60	8815	Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname	40,60
8115	Panoramic radiograph	33,90	8115	Panoramiese röntgenfoto's	33,90
8107	Intra-oral radiographs, per film	7,00	8107	Binnemondse röntgenfoto's, per film	7,00
8108	Maximum	56,10	8108	Maksimum	56,10
8113	Occlusal radiograph	10,80	8113	Okklusale röntgenfoto	10,80
8827	Extra-oral radiograph	10,80	8827	Binnemondse röntgenfoto's, per film	10,80
8829	P-A radiograph	15,20	8829	P-A röntgenfoto	15,20
8831	Hand-wrist radiograph	15,20	8831	Handgewrig-röntgenfoto	15,20
8117	Study models—unmounted	7,60+L	8117	Studiemodelle—ongemonteer	7,60+L
8119	Study models—mounted on adjustable articulator	19,90+L	8119	Studiemodelle—op verstelbare artikulator gemonteer	19,90+L
8835	Diagnostic photographs, per photograph	7,60	8835	Diagnostiese foto's, per foto	7,60
8837	Diagnosis and treatment planning	12,00	8837	Diagnose en behandelingsbeplanning	12,00
8839	Orthodontic diagnostic setup	24,80	8839	Ortodontiese diagnostiese opstelling	24,80
*** ORTHOGNATHIC SURGERY AND TREATMENT PLANNING			*** ORTOGNATIESE CHIRURGIE EN BEHANDELINGSBEPLANNING		
<i>Note.</i> —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.			<i>Let Wel.</i> —In die geval van behandelingsbeplanning waar die gesamentlike dienste van 'n ortodontis en 'n kaak-, gesig- en mondchirurg benodig word, mag Wysiger 8009 (75%) toegepas word by die gelde gevra deur elke spesialis.		
***8840	Treatment planning for orthognathic surgery	85,90+L	***8840	Behandelingsbeplanning vir ortognatiese chirurgie	85,90+L
RETAINERS, REPAIRS AND/OR REPLACEMENTS			RETENSIETOESTELLE, REPARASIES EN/OF VERVANGING VAN TOESTELLE		
8846	Removable: Repair	16,90+L	8846	Verplaasbaar: Reparasies	16,90+L
8847	Replacement	57,90+L	8847	Vervanging van toestel	57,90+L
8848	Fixed: Repair or replacement per unit	24,80	8848	Vaste toestel: Herstel of vervanging, per eenheid	24,80
8849	Retainer	57,90+L	8849	Retensietoestel	57,90+L
CORRECTIVE THERAPY			KORREKTIEWE TERAPIE		
<i>Treatment of myofascial pain-dysfunction syndrome</i>			<i>Behandeling van miofasiale pyn disfunksie sindroom</i>		
8850	First consultation	19,90	8850	Eerste konsultasie	19,90
8851	Subsequent consultation	16,70	8851	Opvolg konsultasie	16,70
8852	Bite plate	40,60+L	8852	Bytplaat	40,60+L
<i>Occlusal adjustment</i>			<i>Okklusale verstelling</i>		
8853	Major occlusal adjustment	115,10	8853	Volledige okklusale verstelling	115,10
8854	Minor occlusal adjustment	36,80	8854	Geringe okklusale verstelling	36,80
<i>Cleft palate therapy</i>			<i>Gesplete verhemelte terapie</i>		
*8855	Consultation and therapy at hospital/nursing home/residence	33,90	*8855	Konsultasie en terapie te hospitaal/verpleeginrigting/huis	33,90
8856	Subsequent consultation	16,70	8856	Opvolg konsultasie	16,70
8857	Weekly maximum	115,10	8857	Weeklikse maksimum	115,10

V. SPECIALIST ORTHODONTISTS (continued)			V. SPESIALIS-ORTODONTISTE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
Predentition treatment			Predentisie behandeling		
8858	Minor	131,80+L	8858	Gering	131,80+L
8859	Moderate	195,20+L	8859	Matig	195,20+L
8860	Severe	328,20+L	8860	Erg	328,20+L
	Subsequent treatment as per schedule			Latere behandeling volgens skedule	
Minor corrective therapy			Geringe korrektiewe terapie		
8861	Fixed	245,80	8861	Vaste toestel	245,80
8862	Removable (single)	205,40+L	8862	Verplaasbare (enkele toestel)	205,40+L
8863	Removable (per additional)	103,20+L	8863	Verplaasbare (per bykomende toestel)	103,20+L
8864	Removable (maximum for Item 8863)	206,30+L	8864	Verplaasbare (maksimum vir Item 8863)	206,30+L
Major corrective therapy			Korrektiewe terapie-uitgebrei		
*	<i>Preliminary treatment: (functional appliance treatment falls into this category)</i>		*	<i>Voorlopige behandeling: (funksionele apparaat val in hierdie kategorie)</i>	
8865	Upper or lower arch	655,80	8865	Boonste of onderste tandboog	655,80
8866	Combined upper and lower arch	901,90	8866	Saamgestelde boonste en onderste tandboog	901,90
Single arch treatment			Enkel boog behandeling		
8867	Mild	705,20	8867	Gering	705,20
8868	Moderate	869,40	8868	Matig	869,40
8869	Severe	1 017,00	8869	Erg	1 017,00
8870	Severe plus complications	1 230,00	8870	Erg met komplikasies	1 230,00
Class I: Malocclusions			Klas I: Wansluitings		
8873	Mild	1 287,90	8873	Gering	1 287,90
8875	Moderate	1 583,10	8875	Matig	1 583,10
8877	Severe	1 845,50	8877	Erg	1 845,50
8879	Severe with complications	2 074,00	8879	Erg met komplikasies	2 074,00
Class II and III: Malocclusions			Klas II en III: Wansluitings		
8881	Mild	1 845,50	8881	Gering	1 845,50
8883	Moderate	2 074,00	8883	Matig	2 074,00
8885	Severe	2 328,90	8885	Erg	2 328,90
8887	Severe with complications	2 623,70	8887	Erg met komplikasies	2 623,70
8890	Monthly payment for treatment (refer to code number of treatment)		8890	Maandelikse betaling vir behandeling (verwys na kodenommer van behandeling)	
***8891	Re-negotiated fee for transfer cases	By arrange- ment	***8891	Herbetingde geld vir oorplaasgevalle	Volgens ooreenkom- s met skema

VI. 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 fee for the subsidiary operation to a maximum of R37,70 for each such subsidiary operation to a maximum of R37,70 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 operation 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 procedure/operation (8012)

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

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 patient/scheme may be charged.

4. The fee payable to an assistant shall be calculated as 15 percent of the fee of the practitioner performing the operation, with a minimum of R22,80 (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 scale of benefits for general practitioners or specialists then the appropriate fee listed in the medical scale of benefits shall be charged, and the relevant medical tariff item must be indicated.

Code No.	Procedure	R
CONSULTATIONS AND VISITS		
8901	Consultation at consulting rooms	19,90
8903	Consultation at hospital, nursing home or house	22,20
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house	10,80
8905	Weekend visits and night visits at request of patient between 18h00—07h00 the following day	32,10

VI. SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGIE

Kyk Reël 011

1. Indien die prosedure van tarief-items 8201 tot en met 8218 uitgevoer word deur spesialiste in kaak-, gesig-, en mondchirurgie, is die gelde gelyk aan die toepaslike tariefgelde plus 50 persent (8002).
2. Die gelde vir meer as een operasie of prosedure via dieselfde insnyding uitgevoer, word bereken as die geld vir die hoofoperasie plus die tariefgeld van die bykomende operasie tot 'n maksimum van R37,70 vir elke sodanige operasie of prosedure (8005).
3. Die gelde vir meer as een operasie of ingreep onder dieselfde narkose maar via 'n ander insnyding uitgevoer, word bereken as die geld vir die hoofoperasie plus:—
 - 75% vir die tweede prosedure/operasie (8009)
 - 50% vir die derde prosedure/operasie (8006)
 - 25% vir die vierde prosedure/operasie (8010)
 - 10% vir die vyfde prosedure/operasie (8011)
 - 5% vir die sesde en daaropvolgende prosedure/operasie (8012)

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

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

Die tariefgeld vir 'n operasie sluit in, tensy daar anders vermeld word, die normale na-operatiewe versorging vir 'n tydperk van hoogstens vier maande. Indien 'n praktisyn nie self die na-operatiewe versorging voltooi nie, moet hy reël dat dit voltooi word sonder bykomende heffing: Met dien verstande dat, in die geval van na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard, sodanige gelde heffing kan word as waarop die praktisyn en die pasiënt/skema ooreengekom het.

4. Die bedrag aan 'n assistent betaalbaar word bereken op 15 persent van die geld van die praktisyn wat die operasie uitvoer, met 'n minimum van R22,80 (8007).
5. Die bykomende gelde vir alle lede van die snykundige span vir na-ure noodoperasies sal bereken word deur 25 % by die tariefgeld vir die prosedure of prosedures uitgevoer, by te voeg (8008).

Kyk Reël 012

In gevalle waar behandeling nie in die tandheelkundige voordeleskaal vir tandartse in algemene praktyk of spesialiste gelys is nie, word die toepaslike gelde soos gelys in die mediese voordeleskaal, gehef en die betrokke item in die mediese voordeleskaal moet aangedui word.

Kode No.	Prosedure	R
KONSULTASIE EN BESOEKE		
8901	Konsultasie by spreekkamers	19,90
8903	Konsultasie by hospitaal, verpleeginrigting of tuis	22,20
8904	Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis	10,80
8905	Naweek-en nagbesoeke op versoek van pasiënt tussen 18h00 en 07h00 die volgende dag	32,10

VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS (continued)			VI. SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGIE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
8906	Subsequent night visit at request of patient, between 18h00 and 07h00 the following day	15,50	8906	Daaropvolgende nagbesoek, op versoek van pasiënt, tussen 18h00 en 07h00 die volgende dag	15,50
8907	Subsequent consultations, per week, to a maximum of	36,80	8907	Daaropvolgende konsultasie per week, tot 'n maksimum van	36,80
	Note: "Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same pathological condition provided that such consultation occurs within six months of the first consultation:			Let Wel: "Daaropvolgende konsultasie" beteken, in verband met items 8904 en 8907, 'n konsultasie vir dieselfde siektetoestand mits sodanige konsultasie plaasvind binne ses maande vanaf die eerste konsultasie.	
	INVESTIGATIONS AND RECORDS			ONDERSOEKEN REKORDS	
8107	Intra-oral radiographs, per film	7,00	8107	Binnemondse röntgenfoto's, per film	7,00
8108	Maximum	56,10	8108	Maksimum	56,10
8113	Occlusal radiographs	10,80	8113	Okklusale röntgenfoto's	10,80
8115	Panoramic radiographs, per film	33,90	8115	Panoramiese röntgenfoto's, per film	33,90
8117	Study models—unmounted	7,60+L	8117	Studiemodelle—ongemonteer	7,60+L
8119	Study models—mounted on adjustable articulator	19,90+L	8119	Studiemodelle—op verstelbare artikulator gemonteer	19,90+L
8121	Diagnostic photographs—per photograph	7,60	8121	Diagnostiese foto's—per foto	7,60
***	Orthognathic surgery and treatment planning		***	Ortognatiese chirurgie en behandelingsbeplanning	
	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.			Let Wel: In die geval van Behandlingsbeplanning waar die gesamentlike dienste van 'n Ortodontis en 'n Kaak-, Gesigs-en Mondchirurg benodig word, mag Wysiger 8009 (75 %) toegepas word by die gelde gevra deur elke spesialis.	
***8840	Treatment planning for orthognathic surgery	85,90+L	***8840	Behandelingsbeplanning vir ortognatiese chirurgie	85,90+L
8917	Biopsies: Intra-oral	40,90	8917	Biopsies: Binnemonds	40,90
8919	Biopsy of bone: Needle biopsy	70,70	8919	Beenbiopsie: Naald	70,70
8921	Biopsy of bone: Open	116,30	8921	Beenbiopsie: Oop	116,30
8811	Cephalometric radiograph and analysis	33,90	8811	Kefalometriese röntgenfoto en ontleding	33,90
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph	36,80	8813	Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname	36,80
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph	40,60	8815	Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname	40,60
	REMOVAL OF TEETH			VERWYDERING VAN TANDE	
	Note: Modifier 8002 is applicable to items 8201 to 8218 inclusive			Note: Wysiger 8002 is van toepassing op tarief-items 8201 tot en met 8218	
8201	One tooth	10,80	8201	Een tand	10,80
8202	Two teeth	15,20	8202	Twee tande	15,20
8203	Three teeth	19,30	8203	Drie tande	19,30
8204	Four teeth	24,00	8204	Vier tande	24,00
8205	Five teeth	28,30	8205	Vyf tande	28,30
8206	Six teeth	32,40	8206	Ses tande	32,40
8207	Seven teeth	36,80	8207	Sewe tande	36,80
8208	Eight teeth	41,50	8208	Agt tande	41,50
8209	Nine teeth	45,60	8209	Nege tande	45,60
8210	Ten teeth	50,00	8210	Tien tande	50,00
8211	Eleven teeth	54,40	8211	Elf tande	54,40
8212	Twelve teeth	58,70	8212	Twaalf tande	58,70
8213	Thirteen teeth	63,10	8213	Dertien tande	63,10

VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS
(continued)

VI. SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGIE
(vervolg)

Code No.	Procedure	R	Kode No.	Prosedure	R
8214	Fourteen teeth	67,50	8214	Veertien tande	67,50
8215	Fifteen teeth	71,60	8215	Vyftien tande	71,60
8216	Sixteen teeth	76,30	8216	Sestien tande	76,30
8217	Seventeen teeth	80,40	8217	Sewentien tande	80,40
8218	Eighteen teeth	84,70	8218	Agtien tande	84,70
8924	More than eighteen teeth, per tooth	2,00	8924	Meer as agtien tande, per tand	2,00
8957	Alveolotomy or alveolectomy—concurrent with or independent of extractions (per jaw)	97,00	8957	Alveolotomie of alveolektomie—tesame met of onafhanklik van ekstraksies (per kaak)	97,00
8961	Implanting of teeth	159,00+L	8961	Implanting van tande	159,00+L
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	53,20	8931	Lokale behandeling van postekstraksieseptiese (met uitsluiting van bloeding in die geval van bloedsiektes, bv. hemofilie)	53,20
8933	Treatment of haemorrhage in the case of blood dyscrasias, e.g. haemophilia, per week	185,30	8933	Behandeling van bloeding in die geval van bloedsiektes, bv. hemofilie, per week	185,30
8935	Treatment of post-extraction septic socket where patient is referred by another registered person	14,00	8935	Behandeling van postekstraksieseptiese tandkas waar die pasiënt verwys word deur 'n ander geregistreerde persoon	14,00
8937	Surgical removal of a tooth i.e.: raising of mucoperiosteal flap, removal of bone and suturing	49,10	8937	Chirurgiese verwydering van 'n tand d.w.s. maak van mukoperiosteale flap, verwydering van been en hegting	49,10
8953	Surgical removal of residual roots of first tooth	70,70	8953	Chirurgiese verwydering van wortelreste van die eerste tand	70,70
8955	Surgical removal of residual roots of each subsequent tooth	17,50	8955	Chirurgiese verwydering van wortelreste van elke daaropvolgende tand	17,50
	Unerupted or impacted teeth			Ongeërupteerde of bekleemde tande	
8941	First tooth	114,80	8941	Eerste tand	114,80
8943	Second tooth	61,70	8943	Tweede tand	61,70
8945	Third tooth	35,10	8945	Derde tand	35,10
8947	Fourth tooth	35,10	8947	Vierde tand	35,10
8951	Unusual position	132,40	8951	Buitengewone posisie	132,40
	Diverse procedures			Diverse prosedures	
8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication	241,40	8908	Verwydering van tandwortels van die maksilêre antrum insluitend Caldwell-Luc operasie en herstel van antro-orale fistel	241,40
8909	Closure of oral antral fistula—acute or chronic	185,30	8909	Sluting van antro-orale fistel—akuut of kronies	185,30
8910	Removal of roots from maxillary antrum	72,80	8910	Verwydering van wortel vanuit die maksilêre antrum	72,80
8911	Caldwell-Luc procedure	72,80	8911	Caldwell-Luc prosedure	72,80
8965	Peripheral neurectomy	159,00	8965	Perifere neurektomie	159,00
	CYSTS OF JAWS			KIESTE VAN DIE KAKE	
8967	Intra-oral approach	220,90	8967	Binnemondse toegang	220,90
8969	Extra-oral approach	353,60	8969	Buitemondse toegang	353,60
	NEOPLASMS			NEOPLASMAS	
8971	Surgical treatment of soft tissue tumours, e.g. epulis	70,70	8971	Chirurgiese behandeling van gewasse van die sagte weefsels bv. epulis	70,70
8973	Surgical treatment of tumours of the jaws	353,60	8973	Chirurgiese behandeling van gewasse van die kake	353,60
8975	Hemiresection of jaw, with splintage of segments	371,10	8975	Hemireseksie van kaak, met spalking van segmente	371,10
8977	Major repairs of upper or lower jaw, i.e. by means of bone 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)	371,10	8977	Groot herstelwerk aan bo- of onderkaak, bv. deur middel van beenoorplanting of protese, met kaakspalking (Wysigers 8005 en 8006 is nie van toepassing in hierdie geval nie. Die volle geld kan gehef word ongeag of hierdie prosedure gelyktydig met prosedure 8975 of as 'n afsonderlike prosedure uitgevoer word)	371,10

VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS (continued)			VI. SPESIALIS KAAK-, GESIGS- en MONDCHIRURGIE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
PARA-ORTHODONTIC SURGICAL PROCEDURES			PARAORTODONTIESE CHIRURGIESE PROSEDURE		
8981	Surgical exposure of impacted or unerupted teeth for orthodontic reasons.....	132,40	8981	Chirurgiese blootlegging van beklemde of ongeërupteerde tande om ortodontiese redes	132,40
8983	Corticotomy—first tooth.....	105,80	8983	Kortikotomie—eerste tand.....	105,80
8984	Corticotomy—adjacent or subsequent tooth	53,20	8984	Kortikotomie—aangrensende of opvolgende tand	53,20
8985	Frenectomy	97,00	8985	Frenetomie	97,00
SURGICAL PREPARATION OF JAWS FOR PROSTHETICS			CHIRURGIESE GEREEDMAKING VAN KAKEBEEN VIR PROSTE-TIEK		
8987	Reduction of mylohyoid ridges	159,00	8987	Reduksie van mylohyoidriwwe	159,00
8989	Torus palatinus or mandibularis reduction.....	159,00+L	8989	Reduksie van torus palatinus of mandibularis.....	159,00+L
8991	Maxillary tuberoplasty	159,00+L	8991	Maksilêre tuberoplastiek	159,00+L
8993	Reduction of hypertrophic tuberosity, per side	70,70+L	8993	Reduksie van hipertrofiese tuberositeite, per kant.....	70,70+L
	Excision of denture granuloma—refer to item 8971			Verwydering van gebitsgranuloom—kyk item 8971	
8995	Gingivectomy, per jaw	141,40+L	8995	Gingivektomie, per kaak.....	141,40+L
8997	Sulcoplasty/Vestibuloplasty	364,40+L	8997	Sulkoplastiek/Vestibuloplastiek	364,40+L
8999	Deepening the vestibular sulcus: Plastic repair	97,00+L	8999	Verdieping van vestibulêre sulkus: Plastiese herstelling.....	97,00+L
9001	Deepening the buccal/labial sulcus: Buccalinlay	220,90+L	9001	Verdieping van bukkale/labiale sulkus: Bukkale inlegsel	220,90+L
9003	Repositioning mental foramen and nerve, per side	220,90+L	9003	Herplasing van foramen mentale en senuwee, per kant.....	220,90+L
9005	Alveolarridge augmentation by bone graft	371,10+L	9005	Verbetering van alveolêre rif deur beënoorplanting	371,10+L
IMPLANTS			IMPLANTATE		
9007	Placement of sub-periosteal implant—Preparatory procedure/operation.....	247,80	9007	Plasing van sub-periosteale implantaat-voorbereiding prosedure/operasie	247,80
9008	Placement of sub-periosteal implant prosthesis/operation.....	247,80	9008	Plasing van sub-periosteale implantaat protese/operasie	247,80
9009	Placement of endosteal implant; per implant.....	123,90+L	9009	Plasing van endosteale implantaat; per implantaat	123,90+L
SEPSIS			SEPSIS		
9011	Incision and drainage of pyogenic abscesses (inter-oral approach)	45,30	9011	Lansering en dreinerig van piogene absesse (binnemondse toegang)	45,30
9013	Extra-oral approach e.g. Ludwig's angina	61,70	9013	Buitemondse toegang, bv. Ludwigueelpyn	61,70
9015	Apicectomy including retrograde filling where necessary—anterior teeth.....	79,50	9015	Apisektomie insluitend retrograde herstelling waar nodig—anterior tand	79,50
9016	Apicectomy including retrograde filling where necessary—posterior teeth	159,30	9016	Apisektomie insluitend retrograde herstelling waar nodig Posterior tand	159,30
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	327,60	9017	Dekortisering, uitholling en sekwestrektomie vir osteomiëlitis van mandibula	327,60
9019	Sequestrectomy—intra-oral	70,70	9019	Sekwestrektomie—binnemondse toegang.....	70,70
TRAUMA			TROUMA		
<i>Treatment of associated soft tissue injuries</i>			<i>Behandeling van gepaardgaande sagteweefselbeserings</i>		
9021	Minor	79,50	9021	Gering	79,50
9023	Major	168,00	9023	Uitgebroid	168,00

VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS (continued)			VI. SPESIALIS KAAK-, GESIGS- en MONDCHIRURGIE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
MANDIBULAR FRACTURES			FRAKTURE VAN DIE MANDIBULA		
9025	Treatment by close reduction, with intermaxillary fixation	176,50	9025	Behandeling deur middel van geslote reduksie, met intermaksillêre fiksering	176,50
9027	Treatment of compound fracture, involving eyelet wiring	247,80	9027	Behandeling van saamgestelde fraktuur deur middel van ogies en kruisbedrading	247,80
9029	Treatment by metal cap splintage or Gunning's splints	274,70+L	9029	Behandeling deur middel van metaaldopspalke of Gunning-spalke	274,70+L
9031	Treatment of open reduction with restoration of occlusion by splintage	406,80+L	9031	Behandeling deur middel van oop reduksie en herstel van okklusie met spalke ...	406,80+L
MAXILLARY FRACTURES WITH SPECIAL ATTENTION TO OCCLUSION			FRAKTURE VAN DIE MAKSILLA MET SPESIALE AANDAG AAN OKKLUSIE		
9035	Le Fort I of Guerin fracture	248,40+L	9035	Le Fort I-fraktuur of Guérin-fraktuur	248,40+L
9037	Le Fort II or middle third of face	406,80+L	9037	Le Fort II-fraktuur of middelste derde van gesig	406,80+L
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage	583,30+L	9039	Le Fort III-fraktuur of kraniofasiale ontwrigting of brökkelfraktuur van middel gesig wat oop reduksie en spalke vereis	583,30+L
ZYGOMA/ORBIT/ANTRAL—COMPLEX FRACTURES			WANGBEEN/OOGKAS/ANTRUM—SAAMGESTELDE FRAKTURE		
9041	Gillies or temporal elevation	176,50	9041	Gillies of temporale elevasie	176,50
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation	353,60	9043	Onstabiele en/of verbroke wangebeen, behandeling deur middel van oop reduksie of Caldwell-Luc operasie	353,60
9045	Requiring multiple interosseous wiring or bone graft	530,10	9045	Wat veelvuldige tussenbeenbedrading of beenoorplanting vereis	530,10
DEFORMITIES			DEFORMITEITE		
<i>Note: For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re rule 011) will not apply</i>			<i>Let Wel: Die volle geld kan gehêf word vir prosedures 9047 tot 9072 d.w.s. aanmerkings 2 en 3 (i.s. Reël 011) is nie toepasbaar nie</i>		
9047	Operation for the improvement or restoration of occlusal and masticatory function e.g. bilateral osteotomy, open operation (with immobilisation)	742,30+L	9047	Operasie ter verbetering of restourasie van sluit- en koutfunksie, bv. bilaterale osteotomie, oop operasie (met immobilisering)	742,30+L
9049	Anterior segmental osteotomy of mandible (Köle)	618,40+L	9049	Osteotomie van anterior segment van die mandibula (Köle)	618,40+L
9051	Genioplasty	353,60	9051	Kenplastiek	353,60
9055	Maxillary posterior segment osteotomy (Schukardt)—1 or 2 stage procedure	618,40+L	9055	Osteotomie van posterior segment van die maksilla (Schukardt)—1-stadium of 2-stadium prosedure	618,40+L
9057	Maxillary anterior segment osteotomy (Wassmund)—1 or 2 stage procedure	618,40+L	9057	Osteotomie van anterior segment van die maksilla (Wassmund)—1-stadium of 2-stadium prosedure	618,40+L
9059	Le Fort I osteotomy	1 163,70+L	9059	Le Fort I-osteotomie	1 163,70+L
9061	Palatal osteotomy	406,80+L	9061	Palatale osteotomie	406,80+L
9063	Le Fort II osteotomy for correction of facial deformities or faciosostenosis and post-traumatic deformities	1 485,70+L	9063	Le Fort II-osteotomie ter korreksie van gesigsdeformiteite of fasioostenose en nabesering-deformiteite	1 485,70+L
9065	Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction	2 227,50+L	9065	Le Fort III-osteotomie ter korreksie van ernstige aangebore deformiteite, naamlik Crouzon se siekte, en wanhegting van kraniomaksillêre frakture	2 227,50+L
9069	Functional tongue reduction (partial glossectomy)	265,40	9069	Funksionele tongreduksie (gedeeltelike glossektomie)	265,40
9071	Geniohyoidotomy	159,00	9071	Geniohyoïdotomie	159,00
9072	Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure)	1 163,70+L	9072	Funksionele herstel van sekondêre oro-nasale fistel en verwante strukture met beentransplantaat (volledige prosedure)	1 163,70+L

VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS (continued)			VI. SPESIALIS KAAK-, GESIGS- en MONDCHIRURGIE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
TEMPOROMANDIBULAR JOINT PROCEDURES (Investigation as in preceding section)			PROSEDURES VIR TEMPOROMANDIBULÈRE GEWRIG (Onderzoek soos in voorafgaande afdeling)		
9073	Conservative treatment of temporomandibular joint derangement or dysfunction with bite plate	44,20+L	9073	Konservatiewe behandeling van ontwrigting of disfunksie van temporomandibulêre gewrig met bytplateat	44,20+L
9075	Condylectomy or coronoidectomy or both (extra-oral approach) or menisectomy	371,10	9075	Kondilektomie of koronoïdektomie of albei (buitenmondse toegang) of menisektomie	371,10
9053	Coronoidectomy (intra-oral approach)	220,90	9053	Koronoïdektomie (binnemondse toegang)	220,90
9077	Intra-articular injection, per injection	26,60	9077	Intra-artikulêre inspuiting, per inspuiting	26,60
9079	Subsequent injection	10,50	9079	Daaropvolgende inspuiting	10,50
9081	Condyle neck osteotomy (Ward/Kostecka)	176,50	9081	Kondielnek-osteotomie (Ward/Kostecka)	176,50
9083	Temporomandibular arthroplasty, e.g. eminectomy (Le Clerk and Toller procedure)	441,90	9083	Temporomandibulêre artroplastiek, bv. eminektomie (Le Clerk-en-Toller-ingreep)	441,90
9085	Reduction of temporomandibular joint dislocation without anaesthetic	35,10	9085	Reduksie van temporomandibulêre ontwrigting sonder narkose	35,10
9087	Reduction of temporomandibular joint dislocation, with anaesthetic	70,70	9087	Reduksie van temporomandibulêre ontwrigting, onder narkose	70,70
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation	176,50	9089	Reduksie van temporomandibulêre ontwrigting, onder narkose en immobilisasie	176,50
9091	Reduction of temporomandibular joint dislocation requiring open reduction	371,10	9091	Reduksie van temporomandibulêre ontwrigting wat oopreduksie vereis	371,10
SALIVARY GLANDS			SPEEKSELKLIERE		
9093	Removal of salivary calculus	79,50	9093	Verwydering van speekselsteen	79,50
9095	Removal of salivary gland	212,20	9095	Verwydering van speekselklier	212,20
MAXILLO-FACIAL PROSTHODONTIC PROCEDURES <i>Note: Where "+D" appears the practitioner will charge the relevant fee for the denture in the prosthodontic schedule plus the fee indicated.</i>			PROSTODONTIESE GESIGSPROSTESES <i>Let Wel: Waar "+D" verskyn sal die praktisyn die relevante gelde in die spesialis prostodontiste skedule vir die kunsgebit hef saam met die gelde wat hieronder verskyn.</i>		
Maxillary prostheses			Maksilêre prosteses		
***9101	Surgical obturator—modified denture	24,50+L	***9101	Chirurgiese obturator—gemodifiseerde kunsgebit	24,50+L
***9102	Surgical obturator—continuous base	66,30+L	***9102	Chirurgiese obturator—aaneenlopende basis	66,30+L
***9103	Surgical obturator—split base	98,50+L	***9103	Chirurgiese obturator—seksionele basis	98,50+L
***9104	Interim obturator on existing denture	148,70+L	***9104	Tussentydse obturator—byvoeging op huidige kunsgebit	148,70+L
***9105	Interim obturator on new denture	459,70+L	***9105	Tussentydse obturator—nuwe kunsgebit	459,70+L
***9106	Definitive obturator—open/hollow box	148,70+D	***9106	Gedefinieerde obturator—oop/hol ontwerp	148,70+D
***9107	Definitive obturator—silicone glove	287,30+D	***9107	Gedefinieerde obturator—silikoon omhulsel	287,30+D
Mandibular resection prostheses			Mandibulêre reseksie prosteses		
***9108	Prosthesis with guide flange	352,70+L	***9108	Protese met gidsvlak	352,70+L
***9109	Prosthesis without guide flange	328,20+L	***9109	Protese sonder gidsvlak	328,20+L
***9110	Prosthesis—palatal augmentation	66,30+D	***9110	Protese—palaat opbouing	66,30+D
Glossal resection prostheses			Glosale reseksie prosteses		
***9111	Simple prosthesis	137,90+D	***9111	Ongekompliseerd	137,90+D
***9112	Complex prosthesis	206,90+D	***9112	Gekompliseerd	206,90+D

VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS (continued)			VI. SPESIALIS KAAK-, GESIGS- en MONDCHIRURGIE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
Radiotherapy appliances			Radioterapeutiese toestelle		
***9113	Carrier—simple	148,70+L	***9113	Houer—ongekompliseerd	148,70+L
***9114	Carrier—complex	410,60+L	***9114	Houer—gekompliseerd	410,60+L
***9115	Shields—simple	148,70+L	***9115	Skerms—ongekompliseerd	148,70+L
***9116	Shields—complex	410,60+L	***9116	Skerms—gekompliseerd	410,60+L
***9117	Cone locators	148,70+L	***9117	Konus lokerders	148,70+L
Chemotherapy appliances			Chemoterapeutiese toestelle		
***9118	Chemotherapeutic agent carriers	148,70+L	***9118	Chemoterapeutiese agenthouers	148,70+L
Cleft palate prostheses			Gesplete palaat prosteses		
Neonatal prostheses			Neonatale prosteses		
***8855	Consultation and Therapy at Hospital/Nursing Home/Residence	33,90	***8855	Konsultasie by verpleeginrigting/hospitaal/tuis	33,90
***8856	Subsequent consultation	16,70	***8856	Opvolg konsultasie	16,70
***8857	Weekly maximum	115,10	***8857	Maksimum weekliks	115,10
***9119	Passive presurgical prosthesis	131,80+L	***9119	Passiewe pre-chirurgiese protese	131,80+L
***9120	Active presurgical orthopaedic appliance—minor	131,80+L	***9120	Aktiewe pre-chirurgiese ortopediese toestel—gering	131,80+L
***9121	Active presurgical orthopaedic appliance—moderate	195,20+L	***9121	Aktiewe pre-chirurgiese ortopediese toestel—matig	195,20+L
***9122	Active presurgical orthopaedic appliance—severe	328,20+L	***9122	Aktiewe pre-chirurgiese ortopediese toestel—erg	328,20+L
***9123	Active presurgical orthopaedic appliance adjustment	16,70	***9123	Aktiewe pre-chirurgiese ortopediese toestel—aanpassings	16,70
***9124	Neonatal feeding aid or surgical prosthesis	131,80+L	***9124	Neonatale voedings of chirurgiese hulptoestel	131,80+L
Intermediate/Definitive prostheses			Intermediêre/Gedfinieerde prosteses		
***9125	Speech aid/obturator with palatal modification	66,30+D	***9125	Spraak terapeutiese toestel/obturator met palatale modifikasie	66,30+D
***9126	Speech aid/obturator with velar modification	148,50+D	***9126	Spraak terapeutiese toestel/obturator met velum modifikasie	148,50+D
***9127	Speech aid/obturator with pharyngeal modification	328,20+D	***9127	Spraak terapeutiese toestel/obturator met faringeale modifikasie	328,20+D
***9128	Speech aid/obturator adjustment	16,70	***9128	Spraak terapeutiese aanpassings met faringeale modifikasie	16,70
***9129	Speech aid/obturator surgical prosthesis	131,80+L	***9129	Spraak terapeutiese chirurgiese protese	131,80+L
Speech appliances			Spraak toestel		
***9130	Palatal lift	66,30+D	***9130	Palatale ondersteunings apparaat	66,30+D
***9131	Palatal stimulating	148,50+D	***9131	Palatale stimulerende apparaat	148,50+D
***9132	Speech bulb	328,20+D	***9132	Spraak bol	328,20+D
***9133	Adjustments	16,70	***9133	Aanpassings	16,70
***9134	Other	By arrange- ment	***9134	Ander	Deur onder- handeling
Extraoral appliances			Ekstraorale prosteses		
***9135	Auricular prosthesis—simple	410,60+L	***9135	Oorprostese—ongekompliseerd	410,60+L
***9136	Auricular prosthesis—complex	533,00+L	***9136	Oorprostese—gekompliseerd	533,00+L
***9137	Nasal prosthesis—simple	410,60+L	***9137	Neusprostese—ongekompliseerd	410,60+L
***9138	Nasal prosthesis—complex	533,00+L	***9138	Neusprostese—gekompliseerd	533,00+L
***9139	Ocular prosthesis—comformer	148,50+L	***9139	Oogprostese—konformers	148,50+L
***9140	Ocular prosthesis using modified stock appliance	369,10+L	***9140	Oogprostese—gemodifiseerd	369,10+L

VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS (continued)			VI. SPESIALIS KAAK-, GESIGS- en MONDCHIRURGIE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
***9141	Ocular prosthesis using custom appliance	533,00+L	***9141	Oogprotese—geïndividualiseerde vervaardiging	533,00+L
***9142	Orbital prosthesis—simple (excluding ocular section)	369,10+L	***9142	Orbitaleprotese—ongekompliseerd oog+	369,10+L
***9143	Orbital prosthesis—complex (excluding ocular section)	533,00+L	***9143	Orbitaleprotese—gekompliseerd oog+	533,00+L
***9144	Combination facial prosthesis—small	By arrange- ment	***9144	Saamgestelde gesigprotese—klein	Deur onder- handeling
***9145	Combination facial prosthesis—medium	By arrange- ment	***9145	Saamgestelde gesigprotese—medium	Deur onder- handeling
***9146	Combination facial prosthesis—large	By arrange- ment	***9146	Saamgestelde gesigprotese—groot	Deur onder- handeling
***9147	Combination facial prosthesis—complex	By arrange- ment	***9147	Saamgestelde gesigprotese—gekompliseerd	Deur onder- handeling
***9148	Other body prostheses—simple	369,10+L	***9148	Protheses vir ander liggaamsdele—ongekompliseerd	369,10+L
***9149	Other body prostheses—complex	533,00+L	***9149	Protheses vir ander liggaamsdele—gekompliseerd	533,00+L
***9150	Surgical facial prosthesis—simple	287,30+L	***9150	Chirurgiese gesigprotese—ongekompliseerd	287,30+L
***9151	Surgical facial prosthesis—complex	369,10+L	***9151	Chirurgiese gesigprotese—gekompliseerd	369,10+L
***9152	Additional prostheses (from mould at time of first prostheses)	By arrange- ment	***9152	Addisionele protheses—(van model tydens eerste protese)	Deur onder- handeling
***9153	Replacement prostheses (from original mould)	By arrange- ment	***9153	Vervanging protheses (van oorspronklike model)	Deur onder- handeling
***9155	Cranial prostheses	148,50+L	***9155	Kraniaal protheses	148,50+L
	Custom implants			Geïndividualiseerde implantate	
***9156	Cranial—acrylic, elastomeric, metallic	184,40+L	***9156	Kraniaal—akrielhars, elastomeries, metaalagtig	184,40+L
***9157	Facial—simple	92,10+L	***9157	Gesig—ongekompliseerd	92,10+L
***9158	Facial—complex	184,40+L	***9158	Gesig—gekompliseerd	184,40+L
***9159	Ocular—custom made	92,10+L	***9159	Oog—geïndividualiseerde vervaardiging	92,10+L
***9160	Body—special prosthesis	410,60+L	***9160	Liggaam—Spesiale protese	410,60+L
	Surgical appliances			Chirurgiese protheses	
***9161	Splints—simple	40,60+L	***9161	Spalke—ongekompliseerd	40,60+L
***9162	Splints—complex	148,50+L	***9162	Spalke—gekompliseerd	148,50+L
***9163	Templates—simple	40,60+L	***9163	Template—ongekompliseerd	40,60+L
***9164	Templates—complex	148,50+L	***9164	Template—gekompliseerd	148,50+L
***9165	Conformers—simple	40,60+L	***9165	Konformers—ongekompliseerd	40,60+L
***9166	Conformers—complex	148,50+L	***9166	Konformers—gekompliseerd	148,50+L
	Trismus appliances			Trismus toestelle	
***9167	Trismus appliances—simple	16,70+L	***9167	Trismus toestel—ongekompliseerd	16,70+L
***9168	Trismus appliances—complex	148,50+L	***9168	Trismus toestel—gekompliseerd	148,50+L
***9169	Orthoses (for paralysed patients)	328,20+L	***9169	Toestelle vir ortoses (vir verlamde pasiënte)	328,20+L
***9170	Facial palsy appliances	98,80+D	***9170	Toestelle vir gesigsverlamming	98,80+D

VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS (continued)			VI. SPESIALIS KAAK-, GESIGS- en MONDCHIRURGIE (vervolg)		
Code No.	Procedure	R	Kode No.	Prosedure	R
	Burn appliances			Toestelle vir verbrandes	
***9171	Oral splints (per commisure)	40,60+L	***9171	Mondspalke (per commisure)	40,60+L
***9172	Dynamic oral retractors (per arm)	40,60+L	***9172	Dinamiese mondretractors (per arm)	40,60+L
***9173	Hand splints	92,10+L	***9173	Handspalke	92,10+L
***9174	Other	By arrange- ment	***9174	Ander	Deur onder- handeling
	Attendance in theatre			Teatertyd	
***9175	Attendance in theatre, per hour	55,20	***9175	Teatertyd per uur	55,20

NOTICE 771 OF 1986**DEPARTMENT OF NATIONAL HEALTH AND
POPULATION DEVELOPMENT****REPRESENTATIVE ASSOCIATION OF MEDICAL
SCHEMES.—SCALE OF BENEFITS IN RESPECT OF
PRIVATE HOSPITALS**

The Representative Association of Medical Schemes, in terms of section 29 of the Medical Schemes Act (Act 72 of 1967), as amended, hereby determines the scale of benefits for private hospitals as set out in the Schedule hereto. The said scale of benefits shall come into effect on 1 January 1987, and replaces the scale of benefits which was published in *Government Gazette* 10046 dated 20 December 1985.

J. J. FERNHOUT,

Chairman: Representative Association of Medical Schemes.

**SCHEDULE
GENERAL RULES**

1. The scale of benefits set out in Annexure A hereto shall apply in respect of private hospitals with a practice code number commencing with the digits 57.
2. The scale of benefits set out in Annexure B hereto shall apply in respect of private hospitals with a practice code number commencing with the digits 58.
3. The charges set out in Annexure C hereto shall apply in respect of both categories of such hospitals.
4. The scale of benefits shall include general sales tax, except on items in relation to medicines, drugs and dressings.
5. A committee of five members shall be established, and shall consist of three members nominated by the Representative Association of Medical Schemes and two members nominated by the Representative Association of Private Hospitals, to consider applications from private hospitals, having a practice code number commencing with the digits 57, to be reclassified. The procedure for hearing such applications shall be laid down by the said committee and the decision of the said committee shall be final.

KENNISGEWING 771 VAN 1986**DEPARTEMENT VAN NASIONALE GESONDHEID
EN BEVOLKINGSONTWIKKELING****VERTEENWOORDIGENDE VERENIGING VAN
MEDIËSE SKEMAS.—VOORDELESKAAL TEN
OPSIGTE VAN PRIVATE HOSPITALE**

Die Verteenwoordigende Vereniging van Mediese Skemas, kragtens artikel 29 van die Wet op Mediese Skemas (Wet 72 van 1967), soos gewysig, bepaal hierby die voordeleskaal vir private hospitale soos in die Bylae hiervan uiteengesit. Die genoemde voordeleskaal sal op 1 Januarie 1987 in werking tree, en vervang die voordeleskaal wat in *Staatskoerant* 10046 van 20 Desember 1985 gepubliseer was.

J. J. FERNHOUT,

Voorsitter: Verteenwoordigende Vereniging van Mediese Skemas.

**BYLAE
ALGEMENE REËLS**

1. Die voordeleskaal wat in Aanhangel A hiervan uiteengesit is, geld ten opsigte van private hospitale met 'n praktykkodenommer wat met die syfers 57 begin.
2. Die voordeleskaal wat in Aanhangel B hiervan uiteengesit is, geld ten opsigte van private hospitale met 'n praktykkodenommer wat met die syfers 58 begin.
3. Die gelde wat in Aanhangel C hiervan uiteengesit is, geld vir beide sodanige kategorieë hospitale.
4. Die voordeleskaal sluit algemene verkoopbelasting in, behalwe op items met betrekking tot medisyne, verdowingsmiddels en verbandgoed.
5. 'n Komitee van vyf lede, van wie die Verteenwoordigende Vereniging van Mediese Skemas drie benoem en die Verteenwoordigende Vereniging van Private Hospitale twee benoem, word saamgestel om aansoeke van private hospitale, met 'n praktykkodenommer wat met die syfers 57 begin, vir herindeling te oorweeg. Bedoelde komitee bepaal die prosedure wat by die aanhoor van sodanige aansoeke gevolg moet word, en die beslissing van bedoelde komitee is afdoende.

ANNEXURE A/AANHANGSEL A**1A. WARD FEES/SAALGELDE**

Hospitals shall indicate the exact times of admission and discharge on all accounts/Hospitale moet die presiese tyd van toelating en ontslag op alle rekenings aandui.

Ward fees shall be charged at the full daily rate if admission takes place before 12h00 and at half the daily rate if admission takes place after 12h00/Saalgelde word gehef teen die volle daaglikse tarief indien toelating vóór 12h00 geskied en teen die helfte van die daaglikse tarief indien toelating ná 12h00 geskied.

Ward fees shall be charged at half the daily rate if discharge takes place before 12h00 and at the full daily rate if discharge takes place after 12h00/Saalgelde word gehef teen die helfte van die daaglikse tarief indien ontslag vóór 12h00 geskied en teen die volle daaglikse tarief indien ontslag ná 12h00 geskied.

Provided that the minimum amount charged shall be equal to the charge for one full day/Met dien verstande dat die minimum bedrag wat gevra word, gelyk is aan die tarief vir een volle dag.

R

General Ward/Algemene Saal

57001	Surgical cases: Per day/Chirurgiese gevalle: Per dag	71,00
57002	Thoracic cases (surgical): Per day/Toraks-chirurgiese gevalle: Per dag	74,50
57003	Neurosurgical cases: Per day/Neurochirurgiese gevalle: Per dag	74,50
57004	Medical and neurological cases: Per day/Mediese en neurologiese gevalle: Per dag	74,50
57020	Private Ward/Privaatsaal	

If accommodation in a private ward has been prescribed by a medical practitioner for medical reasons, fees for such accommodation shall be charged at the prevailing private ward rate, which shall in no case exceed R116,00 per day, less a discount of 10 per cent/Indien 'n geneesheer verblyf in 'n privaatsaal om mediese redes voorskryf, word gelde vir sodanige verblyf gehef teen die heersende privaatsaaltarief, wat in geen geval R116,00 per dag mag oorskry nie, min 10 persent korting.

Hospitals shall obtain a detailed certificate as to the necessity for accommodation in a private ward from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme together with the account/Hospitale moet 'n gedetailleerde sertifikaat aangaande die noodsaaklikheid vir privaatsaalverblyf van die behandelende dokter verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.

57021 Private Ward at Request of Member/Privaatsaal op Lid se Versoek

Where a scheme undertakes to guarantee payment for accommodation in a private ward, supplied at the specific request of the member, the scheme shall be entitled to a 10 per cent discount on the prevailing private ward rate applicable at that particular hospital/Waar 'n skema onderneem om betaling vir privaatsaalverblyf wat op die uitdruklike versoek van die lid verskaf word, te waarborg, is die skema geregtig op 'n 10 persent korting op die heersende privaatsaaltarief van toepassing op daardie besondere hospitaal.

57045 Drugs (Ward and Dispensary)/Verdowingsmiddels (Saal en Apteek)

As per Standard Drug and Material Charges (Annexure C)/Volgens Standaard Verdowingsmiddels en Materiaal Gelde (Aanhangsel C).

2A. FIXED FEE PROCEDURES/GELDE VIR VASTE PROSEDURES

	R
57051 Air encephalograms/Lugenkefalogramme.....	50,00
57052 Hysterosalpingograms/Histerosalpingogramme.....	50,00
57053 Angiograms/Angiogramme.....	50,00
57054 Cardiac catheterisation/Hartkateterisasies.....	50,00
57055 Electroconvulsive therapy (ECT)/Elektrokonvulsiewe terapie (EKT).....	12,80

3A. THEATRE FEES/TEATERGELDE

Out-Patients (Patients that are not warded)/**Buitepasiënte** (Pasiënte wat nie in 'n saal opgeneem word nie)

57071 Time in Theatre/Tyd in Teater:

The exact time of admission to and discharge from theatre shall be stated/Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word.

The theatre charge shall be calculated as follows/Die teatergelde word soos volg bereken:

	R
1-15 minutes/minute	37,00
Each subsequent 15 minutes or part thereof/Elke daaropvolgende 15 minute of deel daarvan	18,00

In-Patients/Binnepasiënte**Operations: General/Operasies: Algemeen****57081 Time/Tyd:**

The exact time of admission to and discharge from theatre shall be stated/Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word.

The theatre charge shall be calculated as follows/Die teatergelde word soos volg bereken:

	R
1-15 minutes/minute	94,00
16-30 minutes/minute	110,00
31-45 minutes/minute	124,50
46-60 minutes/minute	141,50
Each subsequent 15 minutes or part thereof/Elke daaropvolgende 15 minute of deel daarvan	36,00

Operations: Neurosurgery/Operasies: Neurochirurgie

	R
57091 Preparation fee per operation (only chargeable where the duration of the operation exceeds 60 minutes)/Voorbereidingsgelde per operasie (slegs van toepassing wanneer die duur van die operasie 60 minute oorskry).....	136,50

57092 Time/Tyd:

The exact time of admission to and discharge from theatre, and the exact operating time, shall be stated/Die presiese tyd van toelating tot en ontslag uit teater sowel as die presiese tydsduur van die operasie moet aangetoon word.

The theatre charge shall be calculated as follows/Die teatergelde word soos volg bereken:

	R
1-60 minutes/minute	146,50
Each subsequent 15 minutes or part thereof/Elke daaropvolgende 15 minute of deel daarvan	36,00

Operations: Thoracic Surgery/Operasies: Toraks-Chirurgie**57101 Time/Tyd:**

The exact time of admission to and discharge from theatre shall be stated/Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word.

The theatre charge shall be calculated as follows/Die teatergelde word soos volg bereken:

	R
1-30 minutes/minute	99,00
31-60 minutes/minute	133,50
Each subsequent 15 minutes or part thereof/Elke daaropvolgende 15 minute of deel daarvan	31,50

Operations: Open Heart/Operasies: Opehart

57121 Open heart surgery: Rates by arrangement with the scheme concerned/Opehartchirurgie: Gelde volgens ooreenkoms met die betrokke skema.	
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Drugs and Materials (Theatre)/Verdowingsmiddels en Materiaal (Teater)

57131 As per Standard Drug and Material Charges (Annexure C)/Volgens Standaard Verdowingsmiddels en Materiaal Gelde (Aanhangsel C).	
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Additional Items/Adisionele Items

	R
57151 Fulguration, diathermy, cautery—first hour/Fulgurasie, diatermie, branding—eerste uur.....	5,00
Each additional hour or part thereof/Elke addisionele uur of deel daarvan.....	1,70
57152 Recovery room: Per operation/Hersteltkamer: Per operasie	8,20
57153 After hours: Per case, for cases admitted to theatre from 19h00 to 07h00 on weekdays, from 13h00 on Saturdays to 07h00 on Mondays and public holidays/Na-ure: Per geval, vir gevalle tot teater toegelaat tussen 19h00 en 07h00 op weekdae, tussen 13h00 op Saterdag en 07h00 op Maandae en op openbare vakansiedae.....	26,50

57181 Non-Chargeable Theatre Items/Gratis Teateritems

Acetone/Asetoon

Aqueous solutions, e.g. Cetavlon, Savlon or any other proprietary name/Wateragtige oplossings, byvoorbeeld Cetavlon, Savlon of enige ander handelsnaam

Biodiodide/Bijodied

Dettol
 Disposable cautery/Diathermy leads and pads/Wegdoenbare branding-/diatermie-geleide en kussinkies
 ECG's and paper/EKG's en EKG-papier
 Formalin and saline/Formalinen en soutoplossing
 Gill soap/Gill-seep
 Instrument Dettol/Instrument-Dettol
 Linen savers/Linnebesparingsdekkings
 Liquid soap/Vloeibare seep
 Mercuric oxycyanide/Merkurioksisianied
 Operative trays (for anaesthetist)/Blaaie vir operasies (narkotiseurs)
 Preptic swabs/Preptic-deppers
 Use of laparoscope, gastroscope and microscope/Gebruik van laparoskoop, gastroskoop en mikroskoop
 Use of surgical instruments and blades/Gebruik van chirurgiese instrumente en lemmetjies
 Vacuum trays/Vakuumblaaie
 White methylated spirits/Wit brandspiritus

57182 Non-Chargeable Items (In Ward and Theatre)/(Gratis Items (In Saal en Teater)

Collection charges (Blood Bank)/Afhaalkoste (Bloedbank)
 Disposable gloves/Wegdoenbare handskoene
 Face masks/Gesigsmaskers
 I D Bands/Identifikasiestroke
 Labstix/Multistix

4A. INTENSIVE CARE UNITS/INTENSIEWE-SORGEENHEDE	R
57201 ICU: Per day/ISE: Per dag	169,00
Inclusive of all equipment except/Alle toerusting ingesluit behalwe:	
57202 Bennett MA respirator, or equivalent, per day or part thereof, plus the charge for oxygen/Bennett MA respirator, of gelykwaardige, per dag of deel daarvan, plus die koste van suurstof	66,50
All admissions to this unit shall be confirmed for each 72 hours/Iedere toelating tot sodanige eenheid moet bevestig word vir elke 72 uur.	
Hospitals shall obtain a certificate as to the necessity for intensive care from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme together with the account/Hospitale moet 'n sertifikaat aangaande die noodsaaklikheid van intensiewe sorg van die behandelende geneesheer verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.	
NB: No charge for special nursing may be made while a patient is accommodated in an intensive care unit/LW: Geen gelde ten opsigte van spesiale verpleging mag gehief word tydens verblyf in intensiewesorgeenheid nie.	
Consumable Materials/Verbruikbare Materiaal	
57203 As per Standard Drug and Material Charges (Annexure C)/Volgens Standaard Verdowingsmiddels en Materiaal Gelde (Aanhangsel C).	R
57215 Post-Operative High Care Ward: Per day/Na-Operatiewe Hoëorgsaal: Per dag	114,00
All admissions to this unit shall be confirmed for each 72 hours/Iedere toelating tot sodanige eenheid moet bevestig word vir elke 72 uur.	
Hospitals shall obtain a certificate as to the necessity for high care from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme together with the account/Hospitale moet 'n sertifikaat aangaande die noodsaaklikheid van hoëorg van die behandelende geneesheer verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.	
NB: No charge for special nursing may be made while a patient is accommodated in a high care ward/LW: Geen gelde ten opsigte van spesiale verpleging mag gehief word tydens verblyf in 'n hoëorgsaal nie.	

5A. STANDARD CHARGES FOR EQUIPMENT/STANDAARDEHEFFINGS VIR TOERUSTING

	R
57231 Monitors (outside ICU): Per day or part thereof/Monitors (buite ISE): Per dag of deel daarvan	19,30
57232 Respirators, e.g. Bennett PR2 or Bird (outside ICU) (excluding oxygen): Per day or part thereof/Respirators, bv. Bennett PR2 of Bird (buite ISE) (sonder suurstof): Per dag of deel daarvan	14,30
57233 Croupettes (excluding oxygen): Per day or part thereof/Croupettes (sonder suurstof): Per dag of deel daarvan	4,10
57234 Incubators (excluding oxygen): Per day or part thereof/Broekaste (sonder suurstof): Per dag of deel daarvan	7,50
57235 Oxygen tents (excluding oxygen): Per day or part thereof/Suurstoftente (sonder suurstof): Per dag of deel daarvan	6,80
57236 Bennett MA respirator, or equivalent, (excluding oxygen): Per day or part thereof/Bennett MA respirator, of gelykwaardige (sonder suurstof): Per dag of deel daarvan	66,50
57237 CUSA (plus net cost of CUSA pack)/CUSA (plus netto koste van CUSA pak)	250,00
57238 Laser	125,00
Dressing Trays/Bewerkingsblaaie	R
57251 Sterile trays: Per tray/Steriele blaaie: Per blad	3,10
Non-Sterile Trays/Nie-Steriele Blaaie	R
57253 Preparation trays: Per tray/Voorbereidingsblaaie: Per blad	1,20
57255 ENT trays: Per tray/ONK-blaaie: Per blad	1,20
57257 Swabbing trays: Per tray/Depperblaaie: Per blad	1,20

ANNEXURE B/AANHANGSEL B

1B. WARD FEES/SAALGELDE

Hospitals shall indicate the exact times of admission and discharge on alle accounts/Hospitale moet die presiese tyd van toelating en ontslag op alle rekenings aandui.

Ward fees shall be charged at the full daily rate if admission takes place before 12h00 and at half the daily rate if admission takes place after 12h00/Saalgelde word gehief teen die volle daaglikse tarief indien toelating vóór 12h00 geskied en teen die helfte van die daaglikse tarief indien toelating ná 12h00 geskied.

Ward fees shall be charged at half the daily rate if discharge takes place before 12h00 and at the full daily rate if discharge takes place after 12h00/Saalgelde word gehief teen die helfte van die daaglikse tarief indien ontslag vóór 12h00 geskied en teen die volle daaglikse tarief indien ontslag ná 12h00 geskied.

Provided that the minimum amount charged shall be equal to the charge for one full day/Met dien verstande dat die minimum bedrag wat gevra word, gelyk is aan die tarief vir een volle dag.

General Ward/Algemene Saal

	R
58001 Surgical cases: Per day/Chirurgiese gevalle: Per dag	82,50
58002 Thoracic cases (surgical): Per day/Toraks-chirurgiese gevalle: Per dag	87,50
58003 Neurosurgical cases: Per day/Neurochirurgiese gevalle: Per dag	87,50
58004 Medical and neurological cases: Per day/Mediese en neurologiese gevalle: Per dag	87,50

58020 Private Ward/Privaatsaal

If accommodation in private ward has been prescribed by a medical practitioner for medical reasons, fees for such accommodation shall be charged at the prevailing private ward rate, which shall in no case exceed R126,50 per day, less a discount of 10 per cent/Indien 'n geneesheer verblyf in 'n privaatsaal om mediese redes voorskryf, word gelde vir sodanige verblyf gehef teen die heersende privaatsaal tarief, wat in geen geval R126,50 per dag mag oorkry nie, min 10 persent korting.

Hospitals shall obtain a detailed certificate as to the necessity for accommodation in a private ward from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme together with the account/Hospitale moet 'n gedetailleerde sertifikaat aangaande die noodsaaklikheid vir privaatsaalverblyf van die behandelende dokter verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.

58021 Private Ward at Request of Member/Privaatsaal op Lid se Versoek

Where a scheme undertakes to guarantee payment for accommodation in a private ward, supplied at the specific request of the member, the scheme shall be entitled to a 10 per cent discount on the prevailing private ward rate applicable at that particular hospital/Waar 'n skema onderneem om betaling vir privaatsaalverblyf wat op die uitdruklike versoek van die lid verskaf word, te waarborg, is die skema geregtig op 'n 10 persent korting op die heersende privaatsaal tarief van toepassing op daardie besondere hospitaal.

58045 Drugs (Ward and Dispensary)/Verdowingsmiddels (Saal en Apteek)

As per Standard Drug and Material Charges (Annexure C)/Volgens Standaard Verdowingsmiddels en Materiaal Gelde (Aanhangsel C).

2B. FIXED FEE PROCEDURES/GELDE VIR VASTE PROSEDURES

	R
58051 Air encephalograms/Lugenkefalogramme	55,50
58052 Hysterosalpingograms/Histerosalpingogramme	55,50
58053 Angiograms/Angiogramme	55,50
58054 Cardiac catheterisation/Hartkateterisasie	55,50
58055 Electroconvulsive therapy (ECT)/Elektrokonvulsiewe terapie (EKT)	13,00

3B. Theatre Fees/Teatergelde

Out-Patients (Patients that are not warded/**Buitepasiënte** (Pasiënte wat nie in 'n saal opgeneem word nie)

58071 Time in Theatre/Tyd in Teater:

The exact time of admission to and discharge from theatre shall be stated/Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word.

The theatre charge shall be calculated as follows/Die teatergelde word soos volg bereken:

	R
1-15 minutes/minute	39,00
Each subsequent 15 minutes or part thereof/Elke daaropvolgende 15 minute of deel daarvan	19,50

In-Patients/Binnepasiënte

Operations: General/Operasies: Algemeen

58081 Time/Tyd:

The exact time of admission to and discharge from theatre shall be stated/Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word.

The theatre charge shall be calculated as follows/Die teatergelde word soos volg bereken:

	R
1-15 minutes/minute	103,50
16-30 minutes/minute	121,50
31-45 minutes/minute	140,50
46-60 minutes/minute	160,50
Each subsequent 15 minutes or part thereof/Elke daaropvolgende 15 minute of deel daarvan	39,00

Operations: Neurosurgery/Operasies: Neurochirurgie

58091 Preparation fee per operation (only chargeable where the duration of the operation exceeds 60 minutes)/Voorbereidingsgelde per operasie (slegs van toepassing wanneer die duur van die operasie 60 minute oorskry)..... 152,00

58092 Time/Tyd:

The exact time of admission to and discharge from theatre, and the exact operating time, shall be stated/Die presiese tyd van toelating tot en ontslag uit teater sowel as die presiese tydsduur van die operasie moet aangetoon word.

The theatre charge shall be calculated as follows/Die teatergelde word soos volg bereken:

	R
1-60 minutes/minute	160,50
Each subsequent 15 minutes or part thereof/Elke daaropvolgende 15 minute of deel daarvan	39,00

Operations: Thoracic Surgery/Operasies: Toraks-Chirurgie

58101 Time/Tyd:

The exact time of admission to and discharge from theatre shall be stated/Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word.

The theatre charge shall be calculated as follows/Die teatergelde word soos volg bereken:

	R
1-30 minutes/minute	121,50
31-60 minutes/minute	160,50
Each subsequent 15 minutes or part thereof/Elke daaropvolgende 15 minute of deel daarvan	39,00

Operations: Open Heart/Operasies: Opehart

58121 Open heart surgery: Rates by arrangement with the scheme concerned/Opehartchirurgie: Gelde volgens ooreenkoms met die betrokke skema.

Drugs and Materials (Theatre)/Verdowingsmiddels en Materiaal (Teater)

58131 As per Standard Drug and Material Charges (Annexure C)/Volgens Standaard Verdowingsmiddels en Materiaal Gelde (Aanhangsel C).

Additional Items/Addisionele Items

58151 Fulguration, diathermy, cautery—first hour/Fulgurasie, diatermie, branding—eerste uur	5,00
Each additional hour or part thereof/Elke addisionele uur of deel daarvan	1,70
58152 Recovery room: Per operation/Herstelkamer: Per operasie	8,20
58153 After hours: Per case, for cases admitted to theatre from 19h00 to 07h00 on weekdays, from 13h00 on Saturdays to 07h00 on Mondays and public holidays/Na-ure: Per geval, vir gevalle tot teater toegelaat tussen 19h00 en 07h00 op weekdae, tussen 13h00 op Saterdag en 07h00 op Maandae en op openbare vakansiedae	28,30

58181 Non-Chargeable Theatre Items/Gratis Teater Items

Acetone/Asetoon
 Aqueous solutions, e.g. Cetavlon, Savlon or any other proprietary name/Wateragtige oplossings, byvoorbeeld Cetavlon, Savlon of enige ander handelsnaam
 Biniode/Bijodid
 Dettol
 Disposable cautery/diathermy leads and pads/Wegdoenbare branding-/diatermie-geleidrade en kussinkies
 ECG's and paper/EKG's en EKG-papier
 Formalin and saline/Formalinen en soutoplossing
 Gill soap/Gill-seep
 Instrument Dettol/Instrument-Dettol
 Linen savers/Linnebesparingsdekkings
 Liquid soap/Vloeibare seep
 Mercuric oxycyanide/Merkurioksisianied
 Operative trays (for anaesthetist)/Blaaie vir operasies (narkotiseurs)
 Preptic swabs/Preptic-deppers
 Use of laparoscope, gastroscope and microscope/Gebruik van laparoskoop, gastroskoop en mikroskoop
 Use of surgical instruments and blades/Gebruik van chirurgiese instrumente en lemmetjies
 Vacuum trays/Vakuumblaai
 White methylated spirits/Wit brandspiritus

58182 Non-Chargeable Items (In Ward and Theatre)/Gratis Items (In Saal en Teater)

Collection charges (Blood Bank)/Afhaalkoste (Bloedbank)
 Disposable gloves/Wegdoenbare handskoene
 Face masks/Gesigsmaskers
 I D Bands/Identifikasiestroke
 Labstix/Multistix

4B. INTENSIVE CARE UNITS/INTENSIEWESORGEENHEDE

	R
58201 ICU: Per day/ISE: Per dag	188,50
Inclusive of all equipment except /Alle toerusting ingesluit behalwe :	
58202 Bennett MA respirator, or equivalent, per day or part thereof, plus the charge for oxygen/Bennett MA respirator, of gelykwaardige, per dag of deel daarvan, plus die koste van suurstof	66,50
All admissions to this unit shall be confirmed for each 72 hours/Iedere toelating tot sodanige eenheid moet bevestig word vir elke 72 uur.	
Hospitals shall obtain a certificate as to the necessity for intensive care from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme together with the account/Hospitale moet 'n sertifikaat aangaande die noodsaaklikheid van intensiewe sorg van die behandelende geneesheer verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.	
NB: No charge for special nursing may be made while a patient is accommodated in an intensive care unit/LW: Geen gelde ten opsigte van spesiale verpleging mag gehê word tydens verblyf in intensiewesorgeenheid nie.	
Consumable Materials/Verbruikbare Materiaal	
58203 As per Standard Drug and Material Charges (Annexure C)/Volgens Standaard Verdoewingsmiddels en Materiaal Gelde (Aanhangsel C).	R
58215 Post-Operative High Care Ward: Per day/Na-Operatiewe Hoëorgsaal: Per dag	126,50
All admissions to this unit shall be confirmed for each 72 hours/Iedere toelating tot sodanige eenheid moet bevestig word vir elke 72 uur.	
Hospitals shall obtain a certificate as to the necessity for high care from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme together with the account/Hospitale moet 'n sertifikaat aangaande die noodsaaklikheid van hoëorg van die behandelende geneesheer verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.	
NB: No charge for special nursing may be made while a patient is accommodated in a high care ward/LW: Geen gelde ten opsigte van spesiale verpleging mag gehê word tydens verblyf in 'n hoëorgsaal nie.	

5B. STANDARD CHARGES FOR EQUIPMENT/STANDAARDHEFFINGS VIR TOERUSTING

	R
58231 Monitors (outside ICU): Per day or part thereof/Monitors (buite ISE): Per dag of deel daarvan	19,30
58232 Respirators, e.g. Bennett PR2 or Bird (outside ICU) (excluding oxygen): Per day or part thereof/Respirators, bv. Bennett PR2 of Bird (buite ISE) (sonder suurstof): Per dag of deel daarvan	14,30
58233 Croupettes (excluding oxygen): Per day or part thereof/Croupettes (sonder suurstof): Per dag of deel daarvan	4,10
58234 Incubators (excluding oxygen): Per day or part thereof/Broeikaste (sonder suurstof): Per dag of deel daarvan	7,50
58235 Oxygen tents (excluding oxygen): Per day or part thereof/Suurstoftente (sonder suurstof): Per dag of deel daarvan	6,80
58236 Bennett MA respirator, or equivalent, (excluding oxygen): Per day or part thereof/Bennett MA respirator, of gelykwaardige (sonder suurstof): Per dag of deel daarvan	66,50
58237 CUSA (plus net cost of CUSA pack)/CUSA (plus netto koste van CUSA-pak)	250,00
58238 Laser	125,00
Dressing Trays/Bewerkingsblaai	
R	
58251 Sterile trays: Per tray/Steriele blaai: Per blad	3,10
Non-Sterile Trays/Nie-Steriele Blaai	
R	
58253 Preparation trays: Per tray/Voorbereidingsblaai: Per blad	1,20
58255 ENT trays: Per tray/ONK-blaai: Per blad	1,20
58257 Swabbing trays: Per tray/Depperblaai: Per blad	1,20

ANNEXURE C/AANHANGSEL C**STANDARD DRUG AND MATERIAL CHARGES/STANDAARD VERDOEWINGSMIDDELS EN MATERIAAL GELDE**

- 1C. Over-the-counter and proprietary items, all dispensed items, ampoules ex-broken bulk, schedule 7 ampoules, tablets and capsules ex-ward/Toonbank- en patentitems, alle voorbereide items, ampulle uit gebroke grootmaat, bylae 7-ampulle, tablette en kapsules uit die saal:

The fees payable to a pharmacist in respect of professional services rendered by him, as published in *Government Notice* 2848 of 21 December 1979/Die gelde betaalbaar aan 'n apteker ten opsigte van professionele dienste deur hom gelewer, soos gepubliseer by *Goewermentskennisgewing* R. 2848 van 21 Desember 1979.

2C.	Syringes/Spuite	
	Manufacturer's list price plus 50 per cent. The same should apply to all surgical items such as catheters, etc./Die vervaardiger se gelyste prys plus 50 persent. Insgelyks gelde die gelyste prys vir alle chirurgiese items soos kateters, ensovoorts.	
3C.	Gas (Oxygen and Nitrous Oxide)/Gas (Suurstof en Laggas)	R
	For both gases together, per 15 minutes/Vir albei gasse saam, per 15 minute:	
	PWV Area	3,65
	Cape Town/Kaapstad	5,10
	Port Elizabeth	4,70
	East London/Oos-Londen	5,00
	Durban	4,50
	Ward fee for oxygen, per hour or part thereof/Saalgelde vir suurstof, per uur of deel daarvan:	R
	PWV Area	1,45
	Cape Town/Kaapstad	2,45
	Port Elizabeth	2,45
	East London/Oos-Londen	2,25
	Durban	1,90
4C.	Inhalation Anaesthetics/Inasemingsnarkose	R
	Halothane/fluothane: Per 15 minutes or part thereof/Halotaan/fluotaan: Per 15 minute of deel daarvan	3,65
	Ethrane: Per 15 minutes or part thereof/Ethrane: Per 15 minute of deel daarvan	9,00
	Forane: Per 15 minutes or part thereof/Forane: Per 15 minute of deel daarvan	12,00
5C.	Sutures/Hegmateriaal	R
	Synthetic sutures; e.g. Vicryl and Prolene/Sintetiese hegmetaal; bv. Vicryl en Prolene	17,50
	Common atraumatic sutures/Gewone nie-traumatisiese hegmetaal	9,20
	Ophthalmic or special sutures: A list price plus 50 per cent/Oogkundige of spesiale hegmetaal: Teen gelyste prys plus 50 persent.	
6C.	Prosthesis (Surgically Implanted)/Protese (Heelkundig Ingeplant)	
	Up to R200,00: Gross cost plus 50 per cent/Tot R200,00: Bruto koste plus 50 persent.	
	Over R200,00: Gross cost plus 25 per cent/Meer as R200,00: Bruto koste plus 25 persent.	
	Over R1 000,00: Gross cost plus 15 per cent to a maximum of R500,00/Meer as R1 000,00: Bruto koste plus 15 persent tot 'n maksimum van R500,00.	
7C.	Electronic Supplies/Elektroniese Benodighede	
	By arrangement with the scheme concerned/Volgens ooreenkoms met die betrokke skema.	
8C.	Railage/Spoorvrag	
	An additional charge may be made to cover the cost of railage said on items sent to areas outside the supplier's free delivery area/'n Bykomende heffing kan op items wat na gebiede gestuur word wat buite die verskaffer se gratis aflewering gebied is, geplaas word ter dekking van die spoorvrag wat betaal is.	
9C.	Price Increases/Prysstygings	
	Should there be an increase in the supplier's price of any item which is not listed in the official price list, e.g. gas, the new price shall be based on the additional cost plus 50 per cent added on to the existing price/Indien daar 'n styging is in die verskaffer se prys vir 'n item wat nie op die amptelike pryslys is nie, bv. gas, word die nuwe prys gebaseer op die bykomende koste plus 50 persent wat by die bestaande prys getel word.	

NOTICE 772 OF 1986**DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT****REPRESENTATIVE ASSOCIATION OF MEDICAL SCHEMES.—SCALE OF BENEFITS IN RESPECT OF PHYSIOTHERAPY SERVICES**

The Representative Association of Medical Schemes, in terms of section 29 of the Medical Schemes Act (Act 72 of 1967), as amended, hereby determines the scale of benefits for physiotherapy services as set out in the Schedule hereto. The said scale of benefits shall come into effect on 1 January 1987, and replaces the scale of benefits which was published in Government Gazette No. 10046 dated 20 December 1985.

J. J. FERNHOUT,

Chairman: Representative Association of Medical Schemes.

SCHEDULE**General rules governing the scale of benefits**

- 001 Unless at least two hours' notice of cancellation of an appointment has been given, the relative fee may be charged. Each case shall, however, be considered on its merits, and if circumstances warrant it, no fee should be charged.
- 002 In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, such higher fee as may be agreed upon between the practitioner and the scheme may be charged.
- 003 The services of a physiotherapist shall be available only on referral by a medical or dental practitioner.

KENNISGEWING 772 VAN 1986**DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING****VERTEENWOORDIGENDE VERENIGING VAN MEDIESE SKEMAS.—VOORDELESKAAL TEN OPSIGTE VAN FISIOTERAPEUTIESE DIENSTE**

Die Verteenwoordigende Vereniging van Mediese Skemas, kragtens artikel 29 van die Wet op Mediese Skemas (Wet 72 van 1967), soos gewysig, bepaal hierby die voordeleskaal vir fisioterapeutiese dienste soos in die Bylae hiervan uiteengesit. Die genoemde voordeleskaal sal op 1 Januarie 1987 in werking tree, en vervang die voordeleskaal wat in Staatskoerant No. 10046 van 20 Desember 1985 gepubliseer was.

J. J. FERNHOUT,

Voorsitter: Verteenwoordigende Vereniging van Mediese Skemas.

BYLAE**Algemene reëls betreffende die voordeleskaal**

- 001 Tensy ten minste twee uur kennis gegee is van die kansellering van 'n afspraak kan die toepaslike geld gehef word. Elke geval word egter op sy meriete beoordeel en indien die omstandighede so 'n stap regverdig word geen geld gehef nie.
- 002 In uitsonderlike gevalle waar die geld buite verhouding laag is in vergelyking met die werklike dienste deur 'n praktisyn gelewer, kan sodanige hoër geld gehef word as waaroor die praktisyn en die skema onderling ooreenkom.
- 003 Die dienste van 'n fisioterapeut is beskikbaar slegs na 'n verwysing deur 'n mediese praktisyn of tandarts.

- 004 In so far as the rules of any scheme provide, accounts in accordance with the scale of benefits shall be paid in full by such scheme. In the case of prolonged or costly treatments, the practitioner should first ascertain from the scheme whether it will accept financial responsibility in respect of such treatments, since the member may be subject to maximum annual benefits.
- 005 After a series of 20 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatments in excess of the stipulated number may be granted by the medical scheme on receipt of a letter from the medical practitioner.
- 006 "After hours treatments" shall mean those performed by arrangement at night between 18h00 and 07h00 on the following day, or during weekends between 13h00 Saturday and 07h00 on Monday. Public holidays are regarded as Sundays.
- This rule shall apply for all treatments whether given in the practitioner's rooms, or at a nursing home or private residence only by arrangement when the patient's condition necessitates it.
- The fee for all visits under this rule shall be the total fee plus 50 per cent. Modifier 0006 must then be quoted after the appropriate code number to indicate that this rule is applicable. In cases where the physiotherapist's schedule working hours extend after 18h00 during the week or 13h00 on a Saturday, the above rule shall not apply and the treatment fee shall be that of the normal listed fee.
- 007 Practitioners are reminded that a lower fee than that appearing in the scale of benefits shall be charged if the customary fee in the area is less than that charge. Reduced fees shall also be charged where the practitioner would have reduced his/her fee in private practice in particular cases. Prolonged treatment or exceptional cases should also receive special consideration in accordance with the usual medical practice.
- 008 The fee in respect of more than one procedure (save for item 72701) performed at the same consultation or visit, shall be the fee for the major procedure plus half the fee in respect of each additional procedure, but under no circumstances may fees be charged for more than three procedures carried out in the treatment of any one condition. Modifier 0008 must then be quoted after the appropriate code numbers for the additional procedures to indicate that this rule is applicable.
- 009 When more than one condition requires treatment and each of these conditions necessitates an individual treatment time, they shall be charged as individual treatments. Full details of the nature of the treatments must be stated. Modifier 0009 must then be quoted after the appropriate code numbers to indicate that this rule is applicable.
- 010 When the treatment times of two completely separate and different conditions overlap, the fee shall be full fee for the one condition, and 50% of the fee for the other condition. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.
- 011 Every physiotherapist must acquaint himself with the provisions of the Medical Schemes Act, 1967, and the regulations promulgated under the Act in connection with the rendering of accounts.

Modifiers

- 0006 Add 50% of the total fee for the treatment.
- 0008 Only 50% of the fee for these additional procedures may be charged.
- 0009 The full fee for the additional treatments may be charged.
- 0010 Only 50% of the fee for the second condition may be charged.
- 0011 Add 50 units when nebulisation is used in thoracic pathology.

- 004 Mits 'n rekening in ooreenstemming is met die voordeleskaal, betaal 'n skema dit ten volle, behoudens die maksimum jaarlikse voordele waarvoor sy reëls voorsiening maak. Aangesien 'n lid onderworpe kan wees aan maksimum jaarlikse voordele, moet die praktisyn, in die geval van 'n langdurige of duur behandeling, vooraf by die betrokke skema vasstel of die skema geldelike aanspreeklikheid vir die betrokke behandeling sal aanvaar.
- 005 Na 'n reeks van 20 behandelings van een pasiënt vir dieselfde toestand, moet die betrokke praktisyn die skema so gou doenlik in kennis stel indien verdere behandeling nodig is. Betaling vir behandelings bo die vasgestelde aantal kan deur die mediese skema toegestaan word by ontvangs van 'n brief afkomstig van die mediese praktisyn.
- 006 "Na-uurse behandelings" beteken dié behandelings wat gereël is in die nag tussen 18h00 en 07h00 van die volgende dag of gedurende naweke tussen 13h00 Saterdag en 07h00 Maandag. Openbare vakansiedae word beskou as Sondae.
- Hierdie reël sal geld vir alle behandelings, hetsy dit in die praktisyn se kamers gegee word of by 'n verpleeginrigting, of by 'n private woning alleenlik indien vooraf gereël wanneer die pasiënt se toestand dit vereis.
- Vir alle besoeke ooreenkomstig hierdie reël is die geld die volle geld plus 50%. Ná die betrokke kodenommer moet dan die uitdrukking "wysiger 0006" vermeld word ten einde aan te dui dat hierdie reël van toepassing is. In gevalle waar die fisioterapeut se vaste werksure gedurende die week strek tot na 18h00 of op 'n Saterdag na 13h00, geld bogenoemde reël nie en die geld vir die behandeling is die gewone gelyste geld.
- 007 Die praktisyns word daaraan herinner dat 'n laer geld as dié in die voordeleskaal aangegee gehê moet word indien die gebruiklike geld in 'n gebied laer as die geld is. Verminderde gelde moet ook gehê word in daardie besondere gevalle waar die praktisyn in die private praktyk sy gelde sou verminder het. Langdurige behandeling of uitsonderlike gevalle behoort ook spesiale oorweging te geniet ooreenkomstig die gewone mediese gebruik.
- 008 Die gelde vir meer as een prosedure (met uitsondering van item 72701) wat tydens dieselfde konsultasie of besoek uitgevoer word, is die gelde vir die groot prosedure plus die helfte van die gelde vir elke bykomende prosedure, maar onder geen omstandighede mag gelde gehê word vir meer as drie prosedures wat tydens die behandelings van 'n enkele toestand uitgevoer word nie. Ná die betrokke kodenommers moet uitdrukking "wysiger 0008" vermeld word ten einde aan te dui dat hierdie reël van toepassing is op die addisionele prosedures.
- 009 Wanneer meer as een toestand behandeling verg en elk van hierdie toestande 'n eie behandeling genoodsaak, word daar vir die onderskeie behandelings afsonderlike gelde gehê. Die volledige besonderhede van die aard van die behandelings moet verstrekk word. Ná die betrokke kodenommers moet dan die uitdrukking "wysiger 0009" vermeld word ten einde aan te dui dat hierdie reël van toepassing is.
- 010 Wanneer die behandelingstye van twee heeltemal afsonderlike en verskillende toestande ooreenval, is die geld die volle gelde vir een van die toestande en 50% van die geld vir die ander toestand. Ná die betrokke kodenommer moet dan die uitdrukking "wysiger 0010" vermeld word ten einde aan te dui dat hierdie reël van toepassing is.
- 011 Elke fisioterapeut moet hom vergewis van die bepalings van die Wet op Mediese Skemas, 1967, en die regulasies kragtens die Wet uitgevaardig in verband met die lewering van rekeninge.

Wysigers

- 0006 Voeg 50% van die totale behandelingsgeld by.
- 0008 Slegs 50% van die gelde vir die addisionele prosedures aldus aangetoan kan gehê word.
- 0009 Die volle gelde vir die addisionele behandelings kan gehê word.
- 0010 Slegs 50% van die gelde vir die tweede toestand kan gehê word.
- 0011 Voeg 50 eenhede by wanneer verstuiwing vir torakspatologie gebruik word.

PHYSIOTHERAPY SCALE OF BENEFITS/FISIOTERAPIE VOORDELESKAAL

(Monetary value of one unit = 6,2c)/(Geldwaarde van een eenheid = 6,2c)		Units Eenhede	R
1. RADIATION THERAPY/BESTRALINGSTERAPIE:			
72001 Infra-red/Infrarooi	100	6,20	
72003 Radiant heat/Stralingswarmte	100	6,20	
72005 Ultraviolet light or laser beam/Ultravioletlig of laserstraal	150	9,30	
2. LOW FREQUENCY CURRENTS/LAEFREKWENSIESTROME:			
72101 Faradism/Faradisme	100	6,20	
72103 Galvanism/Galvanisme	100	6,20	
72105 Muscle and nerve stimulating currents or TENS/Spier- en senuweestimulerende strome of TENS	100	6,20	
72109 Diadynamic current/Diadinamiese stroom	100	6,20	

(Monetary value of one unit = 6,2c)/(Geldwaarde van een eenheid = 6,2c)		Units Eenhede	R
3. HIGH FREQUENCY CURRENTS/HOËFREKWENSIESTROME:			
3.1	Used in conjunction with other procedures (Modifier 0008 applies)/Gebruik tesame met ander prosedures (Wysiger 0008 is van toepassing):		
72201	Shortwave diathermy/Kortgolfdiatermie	130	8,10
72203	Ultrasound/Ultraklank	130	8,10
72205	Microwave/Mikrogolf	130	8,10
72207	Interferential therapy/Interferensietherapie	130	8,10
3.2	Used alone/Alleen gebruik:		
72202	Shortwave diathermy/Kortgolfdiatermie	150	9,30
72204	Ultrasound/Ultraklank	150	9,30
72206	Microwave/Mikrogolf	150	9,30
72208	Interferential therapy/Interferensietherapie	150	9,30
4. PHYSICAL MODALITIES/FISIESE MODALITEITE:			
72301	Massage and/or percussion/Massering en/of perkussie	100	6,20
72303	Connective tissue massage/Bindweefselmassering	150	9,30
72305	Re-education and/or exercises (excluding ante- and post-natal exercises)/Heropleiding en/of oefeninge (uitgesonder voor- en na-geboorte-oefeninge)	100	6,20
72307	Pre- and post-operative exercises and/or breathing exercises/Voor- en na-operasie-oefeninge en/of asemhalings-oefeninge	100	6,20
72308	Group exercise therapy (excluding ante- and post-natal exercises): Per patient per visit/Groepoefeningsterapie (uitgesonder voor- en na-geboorte-oefeninge): Per pasiënt per besoek	50	3,10
72309	Wax therapy or hot packs/Was-terapie of warmpak	100	6,20
72311	Ice therapy/Ys-terapie	100	6,20
72315	Postural drainage/Posturale dreinerings	130	8,10
72317	Traction used in conjunction with other procedures (Modifier 0008 applies)/Traksie gebruik tesame met ander prosedures (Wysiger 0008 is van toepassing)	100	6,20
72318	Traction used alone/Traksie alleen gebruik	150	9,30
72319	Intermittent positive pressure ventilation and nebulisation/Intermitterende positiewe drukventilasie en verstuiwing ..	100	6,20
5. MANIPULATION/MOBILISATION OF JOINTS/MANIPULEER/MOBILISEER VAN GEWRIGTE:			
72401	Spinal/Rug	200	12,40
72405	All other joints/Alle ander gewrigte	150	9,30
72407	Immobilisation (excluding bandaging)/Onbeweeglik making (uitgesonder verbinding)	100	6,20
6. OTHER/ANDER:			
72501	Rehabilitation and/or hydrotherapy when the pathology necessitates the undivided attention of the physiotherapist/Rehabilitasie en/of hidroterapie wanneer die patologie die onverdeelde aandag van die fisioterapeut vereis	200	12,40
72701	Specific evaluation at the first treatment (to be fully documented)/Spesifieke evaluering ten tyde van die eerste behandeling (ten volle gedokumenteer te word)	100	6,20
72703	One complete reassessment of a patient's condition during a course of spinal manipulative or neurological therapy (to be fully documented)/Een algehele herevaluering van die pasiënt se toestand gedurende 'n kursus van rugmanipulasie of neurologiese terapie (ten volle gedokumenteer te word)	100	6,20
72801	Electrical test for diagnostic purposes including strength duration curves/Elektriese toets vir diagnose doeleindes, met inbegrip van sterkte-duurkurwes	200	12,40
72901	Treatment in a nursing home: Relative fee plus/Behandeling in 'n verpleeginrigting: Betrokke geld plus	75	4,60
72903	Domiciliary treatments: Relative fee plus/Tuisbehandelings: Betrokke geld plus	200	12,40

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