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GOEWERMENTSKENNISGEWING

DEPARTEMENT VAN GESONDHEID

No. R. 1170

22 Julie 1970

WET OP MEDIESE SKEMAS, 1967

Kragtens artikel 30 (9) van die Wet op Mediese Skemas, 1967 (Wet 72 van 1967), wysig ek, Carel de Wet, Minister van Gesondheid, hierby die geldetarief in artikel 1 (1) van daardie Wet bedoel, soos volg:

GELDETARIEF TEN OPSIGTE VAN TANDHEEL- KUNDIGE DIENSTE

ALGEMENE REËLS BETREFFENDE DIE TARIEF- LYS

001. Vir sover die reëls van 'n skema bepaal, sal rekenings ooreenkomstig die geldetarief ten volle deur sodanige skema betaal word. In die geval van 'n langdurige of duur tandheelkundige diens of prosedure moet die tandarts vooraf by die Skema vasstel of dié geldelike aanspreeklikheid vir sodanige behandeling sal aanvaar.

002. 'n Konsultasie sluit 'n ondersoek in. Afgesien van nuwe pasiënte en gevalle wat deur 'n geregistreerde praktisyn verwys is, word konsultasiegelde nie gehêf nie as behandeling binne 'n tydperk van een maand as gevolg van die konsultasie plaasvind.

003. Behalwe in gevalle waar 'n bedrag "volgens ooreenkoms" geëis mag word, moet die bedrag ten opsigte van die lewering van 'n diens wat nie in die tarieflys vermeld word nie, gebaseer word op die bedrag ten opsigte van 'n vergelykbare diens in die tarieflys.

004. "Volgens ooreenkoms" in afdeling 900 beteken dat die praktisyn sy pasiënt sal verwittig van die koste van die behandeling of prosedure en dat die pasiënt in sy hoedanigheid van lid van 'n mediese hulpskema sal vasstel of die skema waarvan hy 'n lid is, die rekening van die praktisyn ten volle sal vereffen. Indien die skema inwillig om die rekening op grondslag van die ooreengekome geld ten volle en direk aan die praktisyn te betaal moet betaling van die rekening deur die skema geskied tot volle en finale vereffening van die vordering vir die behandeling of prosedures wat aan die lid gelewer is.

A—52896

GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R. 1170

22 July 1970

MEDICAL SCHEMES ACT, 1967

In terms of section 30 (9) of the Medical Schemes Act, 1967 (Act 72 of 1967), I, Carel de Wet, Minister of Health, hereby amend the Tariff of Fees referred to in section 1 (1) of that Act, as follows:

TARIFF OF FEES IN RESPECT OF DENTAL SERVICES

GENERAL RULES GOVERNING THE TARIFF

001. In so far as the rules of any scheme provide, accounts in accordance with the Tariff of fees shall be paid in full by such scheme. In the case of prolonged or costly dental service or procedure the dental practitioner should ascertain beforehand from the Scheme whether it will accept financial responsibility in respect of such treatment.

002. A consultation includes an examination. Except for new patients and cases referred by a registered practitioner, consultation fees are not chargeable if treatment is carried out as a result of the consultation within a period of one month.

003. Except in those cases where the fee is "by arrangement", the fee in respect of the rendering of a service which is not listed in the Tariff shall be based on the fee in respect of a comparable service in the Tariff.

004. "By arrangement" in section 900 shall mean that the practitioner will advise his patient of the cost of the treatment or procedures and that the patient in his capacity as a member of a medical aid scheme, shall ascertain whether his scheme will meet the account of the practitioner in full. If the scheme agrees to make direct payment to the practitioner in full on the basis of this arranged fee, then payment of the account by the scheme shall be in full and final settlement for the treatment or procedures given to the member.

1—2758

005. In buitengewone gevalle waar die tariefgelde laag is in vergelyking met die dienste werklik deur 'n tandarts gelewer, kan hoër gelde gehef word waarvoor onderling deur die tandarts en die skema ooreengekom is.

006. Behandeling volgens afdeling 800 sal op grondslag van private gelde wees. Geen verpligting rus op mediese skemas om vir dienste volgens dié afdeling te betaal nie, maar indien die rekening ten volle deur 'n mediese skema betaal word, geskied betaling ooreenkomstig die toepaslike geldetarief.

007. Waar 'n algemene narkose deur 'n tandarts toegedien word, moet die vordering daarvoor wees soos uiteengesit in afdeling 1000 hiervan.

008. Behalwe in buitengewone gevalle sal die dienste van 'n spesialis slegs beskikbaar wees op die aanbeveling van die tandarts of algemene praktisyn wat oor die geval gaan. Praktisyne wat gevalle verwys, moet vir die spesialis aandui of die pasiënt 'n lid of 'n afhanklike van 'n lid van 'n mediese skema is.

009. Tensy stappe vroegtydig gedoen is om 'n afspraak te kanselleer wat 'n lid van 'n skema of 'n afhanklike van sodanige lid gemaak het, kan die lid self vir die konsultasiegeld aanspreeklik gehou word.

010. "Gewone spreekure" is tussen 7 vm. en 6 nm. op woensdae, en tussen 7 vm. en 1 nm. op Saterdae.

011. Elke tandarts moet maandeliks 'n rekening lewer ten opsigte van enige diens gedurende daardie maand gelewer, ongeag of die behandeling voltooi is al dan nie. Indien 'n rekening twee agtereenvolgende maande aan 'n lid van 'n mediese skema gelewer is maar betaling daarvan nog nie ontvang is nie, moet die derde maandelikse rekening met verstrekking van die volle naam en adres (huis- en besigheidsadres indien moontlik) van die lid, asook die naam van sy werkgever en die woorde "twee maande uitstaande" opvallend met rooi daarop aangebring, per geregistreerde pos regstreeks aan die betrokke skema gestuur word.

100. Konsultasies, nood- en verwante behandelings, en procedure onder algemene narkose	
	R
101. Konsultasies in spreekkamer (kyk reël 002).....	2.40
102. Tuis- en hospitaalbesoeke.....	4.70
103. Dubbele tarief vir konserverende noodbehandeling of ekstraksies uitgevoer by hospitaal, huis of buite gewone spreekure by spreekkamer (kyk reël 009).	
104. Noodbehandeling vir pynverligting waar geen ander tariefitem van toepassing is nie.....	2.40
105. Hersementering van inlegsels, krone en brúe, per eenheid.....	2.40
106. Bykomende gelde vir enige procedure onder algemene narkose uitgevoer.....	4.70
200. Voorkomende tandheelkunde	
201. Plaaslike aanwending van fluoriede, per besoek..	4.70
202. Profilakse, per besoek (30 minute).....	4.70
300. Radiologie	
301. Binnemondse röntgenfoto's (waar geen behandeling gegee word nie), per film.....	2.40
302. Binnemondse röntgenfoto's (waar behandeling tydens dieselfde besoek gegee word), per film....	1.80
303. Binnemondse röntgenfoto's, hele mond.....	11.80
304. Okklusale röntgenfoto's, per film.....	2.90
305. Buitemondse röntgenfoto's, per film.....	5.30
400. Behandeling van mondsiektes (mondgeneeskunde), en inspuitingsterapie	
401. Per besoek (30 minute).....	4.70
402. Paradontale behandeling, per besoek.....	4.70
403. Insputingsterapie, per insputing (koste van materiale uitgesluit).....	2.40

005. 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 agreed upon between the dental practitioner and the Scheme may be charged.

006. Treatment under section 800 shall be on a private fee basis. There is no compulsion on medical schemes to pay for services rendered under this section, but if the account is paid in full by a medical scheme, payment shall be made in accordance with the Tariff of Fees.

007. Where a general anaesthetic is administered by a dental practitioner, the fee charged shall be as set out in section 1000 hereof.

008. Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist whether the patient is a member of a medical scheme or a dependant of such member.

009. Unless timely steps were taken to cancel an appointment made by a member of a scheme or a dependant of such member, the consultation fee may be charged to the member for his own account.

010. "Normal consulting hours" are between 7 a.m. and 6 p.m. on weekdays, and between 7 a.m. and 1 p.m. on Saturdays.

011. Every dental practitioner shall render an account each month in respect of any service rendered during the month irrespective of whether the treatment has been completed or not. If payment of an account is not received after two consecutive monthly accounts have been rendered to a member of a scheme, the third monthly account bearing the full name and address (home and business if possible) of the member, together with the name of his employer and the words, "two months overdue" written prominently in red, shall be sent by registered post direct to the scheme concerned.

100. Consultations, emergency and related treatments, and procedures under general anaesthesia	
	R
101. Consultations at surgery (see rule 002).....	2.40
102. Domiciliary and hospital visits.....	4.70
103. Double fee for emergency conservative treatment or extractions performed at hospital, house or outside normal consulting hours at surgery (see rule 009).	
104. Emergency treatment for the relief of pain, where no other tariff item is applicable.....	2.40
105. Re-cementing of inlays, crowns and bridges, per unit.....	2.40
106. Additional fee for any procedure under general anaesthesia.....	4.70
200. Preventive dentistry	
201. Topical application of fluorides, per visit.....	4.70
202. Prophylaxis, per visit (30 minutes).....	4.70
300. Radiology	
301. Intra-oral roentgenograms (where no treatment is performed), per film.....	2.40
302. Intra-oral roentgenograms (where treatment is performed at the same visit), per film.....	1.80
303. Intra-oral roentgenograms, full mouth.....	11.80
304. Occlusal roentgenograms, per film.....	2.90
305. Extra-oral roentgenograms, per film.....	5.30
400. Treatment of oral diseases (oral medicine) and injection therapy	
401. Per visit (30 minutes).....	4.70
402. Paradontal treatment, per visit.....	4.70
403. Injection therapy, per injection (excluding cost of materials).....	2.40

500. *Ekstraksies en komplikasies na ekstraksie*
Ekstraksies gedurende dieselfde sessie—

	R
501. Een.....	2.90
502. Twee.....	3.50
503. Drie.....	5.30
504. Vier.....	7.00
505. Vyf.....	8.80
506. Ses.....	10.60
507. Sewe.....	12.30
508. Agt.....	14.10
509. Nege.....	15.90
510. Tien.....	17.60
511. Elf.....	19.40
512. Twaalf.....	21.20
513. Dertien.....	22.90
514. Veertien.....	24.70
515. Vyftien.....	26.40
516. Sestien.....	28.20
517. Sewentien.....	30.00
518. Agtien of meer.....	31.70
519. Behandeling vir bloeding na ekstraksie.....	2.40
520. Behandeling van septiese tandkas na ekstraksie.....	2.40

Let wel.—'n Laer gelde sal van toepassing wees ten opsigte van die ekstraksie van afskilferende primêre tande. Die vordering hiervoor berus by die tandarts.

600. *Protese*

Volle kunsgebitte—

601. Bo en onder.....	74.00
602. Bo of onder.....	37.00

Gedeeltelike kunsgebitte—

603. Een tand.....	15.90
604. Twee tande.....	18.50
605. Drie tande.....	21.20
606. Vier tande.....	23.80
607. Vyf tande.....	26.40
608. Ses tande.....	29.10
609. Sewe tande.....	31.70
610. Agt tande.....	34.40
611. Nege of meer tande.....	37.00

Klammers—

612. Gegote goud.....	6.30
613. Gebuigde goue draad.....	3.20
614. Vlekvrye staal draad.....	2.60
615. Linguale stang of palatale stang (vlekvrye staal).....	6.30
616. Herbasering, per kunsgebit.....	12.70
617. Hermodellering, per kunsgebit.....	19.00

Voering—

618. Selfverhardende akriel, per kunsgebit.....	6.90
619. Sagte basis, per kunsgebit.....	21.20
620. Bytplaat.....	15.90

Herstellwerk—

621. Breuk of bars.....	3.90
622. Herset van tand.....	3.90
623. Vervanging deur nuwe tand.....	4.50
624. Bykomende items.....	1.70
625. Waar afdruk nodig is, bykomende geld.....	2.20
626. Verstelling van kunsgebit (na ses maande of vir pasiënt van ander praktisyn).....	2.40

700. *Konserverende tandheelkunde*710. *Endodontie*

711. Direkte pulpkapping.....	2.40
712. Indirekte pulpkapping.....	4.70
713. Amputasie van vitale pulp (pulpotomie).....	4.70
714. Amputasie van dooie pulp (mummifikasie).....	4.70
715. Wortelkanaalterapie.....	9.40
716. Elke bykomende kanaal.....	5.90
717. Bykomende besoeke, per besoek.....	2.90
Maximum.....	11.80
718. Bakteriologiese ondersoek (deur tandarts uitgevoer), per monster per kanaal.....	1.70

720. *Herstellings*

Plastics—

721. Een vlak.....	3.20
722. Twee vlakke.....	4.20
723. Drie vlakke.....	5.30
724. Stifversterking vir herstelling.....	3.00

500. *Exodontics and post-extraction complications*

Extractions at same session—

	R
501. One.....	2.90
502. Two.....	3.50
503. Three.....	5.30
504. Four.....	7.00
505. Five.....	8.80
506. Six.....	10.60
507. Seven.....	12.30
508. Eight.....	14.10
509. Nine.....	15.90
510. Ten.....	17.60
511. Eleven.....	19.40
512. Twelve.....	21.20
513. Thirteen.....	22.90
514. Fourteen.....	24.70
515. Fifteen.....	26.40
516. Sixteen.....	28.20
517. Seventeen.....	30.00
518. Eighteen or more.....	31.70
519. Treatment of post-extraction haemorrhage.....	2.40
520. Treatment of post-extraction septic socket.....	2.40

Note.—A lower fee will apply for the extraction of exfoliating primary teeth. This fee will be at the discretion of the dentist.

600. *Prosthetic dentistry*

Full dentures—

601. Upper and lower.....	74.00
602. Upper or lower.....	37.00

Partial dentures—

603. One tooth.....	15.90
604. Two teeth.....	18.50
605. Three teeth.....	21.20
606. Four teeth.....	23.80
607. Five teeth.....	26.40
608. Six teeth.....	29.10
609. Seven teeth.....	31.70
610. Eight teeth.....	34.40
611. Nine or more teeth.....	37.00

Clasps—

612. Cast gold.....	6.30
613. Wrought gold wire.....	3.20
614. Stainless steel wire.....	2.60
615. Lingual bar or palatal bar (stainless steel).....	6.30
616. Rebase, per denture.....	12.70
617. Remodel, per denture.....	19.00

Relines—

618. Self-cure, per denture.....	6.90
619. Soft base, per denture.....	21.20
620. Bite plate.....	15.90

Repairs—

621. Fracture or crack.....	3.90
622. Reset tooth.....	3.90
623. Replace with new tooth.....	4.50
624. Additional items.....	1.70
625. Involving taking an impression, additional fee.....	2.20
626. Adjustment of denture (after six months or for patient of another practitioner).....	2.40

700. *Conservative dentistry*710. *Endodontics*

711. Direct pulp capping.....	2.40
712. Indirect pulp capping.....	4.70
713. Amputation of vital pulp (pulpotomy).....	4.70
714. Amputation of dead pulp (mummification).....	4.70
715. Root canal therapy.....	9.40
716. Each additional canal.....	5.90
717. Additional visits, per visit.....	2.90
Maximum.....	11.80
718. Bacteriological examination (performed by dentist), per sample per canal.....	1.70

720. *Restorations*

Plastic—

721. One surface.....	3.20
722. Two surfaces.....	4.20
723. Three surfaces.....	5.30
724. Pin reinforcing for restoration.....	3.00

800. Inlegsels, krone, brûe en studiemodelle
(Kyk reël 006)

Onedelmetaalinlegsels—

	R
801. Een vlak.....	8.00
802. Twee vlakke.....	13.20
803. Drie vlakke.....	17.00

Goud-inlegsels—

804. Een vlak.....	10.00
805. Twee vlakke.....	16.40
806. Drie vlakke.....	21.20

Porselein inlegsels—

807. Een vlak.....	12.90
808. Twee vlakke.....	18.80

Goudfoelie-herstelling—

809. Een vlak.....	12.90
810. Twee vlakke.....	18.80

Goue stif en kappie—

811. Eenworteltand.....	9.40
812. Veelworteltand.....	14.10

Kroon—

813. Driekwart goud.....	21.20
814. Alles gegote goud.....	40.00
815. Akrieldop.....	26.40
816. Akrieldop met goudfineersel.....	42.30
817. Porseleindop.....	38.20
818. Porseleindop aan metaal versmelt.....	46.40
819. Gesig- en rugstuk.....	36.40
820. Vervanging van gesigstuk.....	6.50
821. Brûe—per foptand.....	26.40
(brugankers soos hierbo).	
822. Studiemodelle (bo en onder).....	4.70

900. Die gelde ten opsigte van die volgende drie dele is, ingevolge reël 004 "volgens ooreenkoms".

901. Kaak-, aangesig- en mondchirurgie.
902. Ortodonsie.
903. Protetika—kunsgebitte met metaalbasis.

1000. Algemene narkose

Narkosegelde word bereken teen R3.25 per tyd-eenheid waar tydeenhede soos volg bepaal word:
Eerste halfuur of gedeelte daarvan..... 1 eenheid.
Elke daaropvolgende kwartier of gedeelte daarvan..... 1 eenheid.

Die minimum bedrag betaalbaar vir toediening van narkose is R6.50 indien toegedien in tandarts se spreekkamer, en R10 indien elders toegedien.

800. Inlays, crowns, bridges and study models
(See rule 006).

Base metal inlays—

	R
801. One surface.....	8.00
802. Two surfaces.....	13.20
803. Three surfaces.....	17.00

Gold inlays—

804. One surface.....	10.00
805. Two surfaces.....	16.40
806. Three surfaces.....	21.20

Porcelain inlays—

807. One surface.....	12.90
808. Two surfaces.....	18.80

Gold foil restoration—

809. One surface.....	12.90
810. Two surfaces.....	18.80

Gold post and thimbles—

811. Single-rooted tooth.....	9.40
812. Multi-rooted tooth.....	14.10

Crowns—

813. Three-quarters gold.....	21.20
814. Full cast gold.....	40.00
815. Acrylic jacket.....	26.40
816. Acrylic, veneered gold.....	42.30
817. Porcelain jacket.....	38.20
818. Porcelain jacket fused to metal.....	46.40
819. Facing and backing.....	36.40
820. Facing replacement.....	6.50
821. Bridges—per pontic.....	26.40
(bridge retainers as above).	
822. Study models (upper and lower).....	4.70

900. The fees in respect of the following three sections shall be "by arrangement", in terms of rule 004

901. Maxillo-facial and oral surgery.
902. Orthodontics.
903. Prosthetics—metal base dentures.

1000. General anaesthetics

Anaesthetic fees are calculated on a basis of R3.25 per time unit, defined as follows:

First half-hour or part thereof.....	1 unit.
Each subsequent quarter of an hour or part thereof.....	1 unit.

The minimum amount payable for the administration of an anaesthetic is R6.50 if administered in a dentist's rooms, and R10 if administered elsewhere.

INHOUD

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