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GOEWERMENTSKENNISGEWING

DEPARTEMENT VAN GESONDHEID

No. R. 489

30 Maart 1972

WET OP MEDIESE SKEMAS, 1967

Kragtens artikel 30 (9) van die Wet op Mediese Skemas, 1967 (Wet 72 van 1967), soos gewysig, wysig ek, Carel de Wet, Minister van Gesondheid, hierby met ingang van 1 April 1972 die geldetarief in artikel 1 (1) van daardie Wet bedoel, soos volg:

GELDETARIEF TEN OPSIGTE VAN TANDHEELKUNDIGE DIENSTE

ALGEMENE REËLS BETREFFENDE DIE TARIEFLYS

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

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

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

004. "Volgens ooreenkoms" in afdeling 990 beteken dat die praktisyn sy pasiënt sal verwittig van die koste van die behandeling of prosedures en dat die pasiënt in sy hoedanigheid van lid van 'n mediese hulpskema moet vasstel of die Skema waarvan hy lid is, die rekening van die praktisyn ten volle sal vereffen. Indien die skema inwillig om die rekening op grondslag van die ooreengekome gelde 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.

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

006. Geen verpligting rus op mediese skemas om vir dienste onder afdeling 800 en vir items 901 tot en met 959 in afdeling 900 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 993 hiervan.

GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R. 489

30 March 1972

MEDICAL SCHEMES ACT, 1967

In terms of section 30 (9) of the Medical Schemes Act, 1967 (Act 72 of 1967), as amended, I, Carel de Wet, Minister of Health, hereby amend as follows, with effect from 1 April 1972, the tariff of fees referred to in section 1 (1) of that Act:

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 990 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.

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 arranged.

006. There is no compulsion on medical schemes to pay for services rendered under section 800 and for items 901 to 959 inclusive in section 900, but if the account is paid in full by a medical scheme, payment shall be made according to the appropriate tariff of fees.

007. Where a general anaesthetic is administered by a dental practitioner, the fee shall be as set out in section 993 hereof.

008. Behalwe in buitengewone gevalle moet die dienste van 'n spesialis beskikbaar wees slegs op die aanbeveling van die tandarts of algemene praktisyn wat oor die geval gaan. Praktisyns 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 vroeëtydig gedoen is om 'n afspraak te kanselleer wat 'n lid van 'n skema of 'n afhanklike van sodanige lid gemaak het, kan slegs die lid self vir die konsultasiegeld aanspreklike gehou word.

010. "Gewone spreekure" is tussen 7 vm. en 6 nm. op weekdae, en tussen 7 vm. en 1 nm. op Saterdag.

011. Elke tandarts moet elke maand 'n rekening lower 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.

012. Behandelings in afdeling 900, items 901 tot en met 959 (tarief vir kaak-geesig- en mondchirurgie):

(a) Die gelde ten opsigte van 'n pre-operatiewe konsultasie of besoek is in die gelde vir die operasie ingesluit, mits die operasie binne 'n maand na die datum van die konsultasie of besoek deur die konsultant gedoen word.

(b) Die gelde ten opsigte van meer as een operasie of prosedure deur dieselfde insnyding uitgevoer, word bereken op die geldetarief vir die hoofoperasie plus R15 vir elke bykomstige operasie of prosedure.

(c) Die gelde ten opsigte van meer as een operasie of prosedure onder dieselfde narkose maar deur 'n ander insnyding uitgevoer, word bereken volgens die tariefgelde vir die hoofoperasie plus die helfte van die tariefgelde vir elke bykomstige operasie of prosedure. Hierdie reël is nie van toepassing nie as twee of meer onverwante operasies deur praktisyns in verskillende spesialiteite uitgevoer word, in welke geval elke praktisyn op die volle gelde vir sy operasie geregtig is.

(d) Indien 'n tweede operasie vir dieselfde toestand of besering op 'n latere tydstip uitgevoer word, is die gelde vir die tweede operasie die helfte van dié van die eerste.

(e) Tensy anders aangedui word, sluit die tariefgelde vir die operasie normale na-operatiewe versorging in, vir 'n periode van nie meer as ses maande nie. As die praktisyn nie self die na-operatiewe versorging voltooi nie, moet hy reël om dit sonder ekstra gelde te laat doen. Met dien verstande dat in die geval van na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard, die gelde waaroor tussen die praktisyn en die skema ooreengekom is, gehef kan word.

(f) Die bedrag aan 'n assistent betaalbaar, word bereken op 12½ persent van die gelde van die praktisyn wat die operasie uitvoer.

(g) 'n Tandarts (algemene praktisyn) wat behandelings in verband met hierdie items uitvoer, is geregtig op twee derdes van die gelde van 'n spesialis vir dieselfde diens, agterond tot die naaste vyf sent, behalwe items wat met 'n sterretjie (*) gemerk is en wat in die algemene tarief voorkom.

	R
100. Konsultasies, nood- en verwante behandelings, en prosedures onder algemene narkose	
101. Konsultasies in spreekkamer (kyk reël 002).....	2,40
102. Tuis- en hospitaalbesoeke.....	4,70
103. Dubbele tariewe mag gehef word in noodgevalle waarby betrokke is konserverende behandelings of ekstraksies uitgevoer by hospitaal, huis of buite gewone spreekure vir spreekkamer (kyk reël 010).	
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. Tydelike noodkroon vir die behandeling van traumatiese beserings.....	13,20
107. Bykomende gelde vir enige prosedure onder algemene narkose uitgevoer uitgesonderd items 906 tot en met 959.....	4,70
200. Voorkomende tandheelkunde	
201. Plaaslike aanwending van fluoriede of fissuurseël-middels vir die beheer van tandkaries.....	4,70
202. Voltooide profilakse.....	4,70
300. Radiologie	
301. Binnemondse röntgenfoto's (waar geen behandeling gegee word nie), per film.....	2,40

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 only the member himself shall be liable for the consultation fee.

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.

012. Treatments in section 900, items 901 to 959 inclusive (tariff for maxillo-facial and oral surgery):

(a) The fee for a pre-operative consultation or visit is included in the fee for the operation, provided the operation is performed by the consultant within one month of the date of the consultation or visit.

(b) The fee in respect of more than one operation or procedure performed through the same incision shall be the tariff fee for the major operation plus R15 for each subsidiary operation or procedure.

(c) The fee in respect of more than one operation or procedure performed under the same anaesthetic but through another incision, shall be the tariff fee for the major operation plus half the tariff fee for each subsidiary operation or procedure. This rule does not apply when two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner is entitled to the full fee for his operation.

(d) If a second operation for the same condition or injury is performed at a later date, the fee for the second operation will be half of that for the first operation.

(e) Unless otherwise stated, the tariff fee for an operation includes normal post-operative care for a period not exceeding six months. If the practitioner does not himself complete the after-care, he shall arrange for this to be done 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 scheme, may be charged.

(f) The fee payable to an assistant is calculated as 12½ per cent of the fee of the practitioner performing the operation.

(g) A dentist (general practitioner) who performs treatments relating to these items is entitled to two-thirds of the fees of a specialist for the same service, rounded off to the nearest five cents, except for items marked with an asterisk (*) and which appear in the general tariff.

	R
100. Consultations, emergency and related treatments, and procedures under general anaesthesia	
101. Consultations at surgery (see Rule 002).....	2,40
102. Domiciliary and hospital visits.....	4,70
103. Double fees may be charged in emergencies involving conservative treatment or extractions performed at hospital, home or outside normal consulting hours at consulting rooms (see Rule 010)	
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. Emergency temporary crown for the treatment of traumatic injuries.....	13,20
107. Additional fee for any procedure under general anaesthesia, excluding items 906 to 959, inclusive	4,70
200. Preventive dentistry	
201. Topical application of fluorides or fissure sealants for the control of dental caries.....	4,70
202. Completed prophylaxis.....	4,70
300. Radiology	
301. Intra-oral roentgenograms (where no treatment is performed), per film.....	2,40

	R
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. <i>Behandeling van mondsiektes (mondgeneeskunde), en inspuitingsterapie</i>	
401. Per besoek.....	4,70
402. Paradontale behandeling, per besoek.....	4,70
403. Inspuitingsterapie, per inspuiting (koste van materiale uitgesluit).....	2,40
500. <i>Ekstraksies en komplikasies ná ekstraksie</i>	
<i>Ekstrasies gedurende dieselfde sessie—</i>	
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 ná ekstraksie.....	2,40
520. Behandeling van septiese tandkas ná ekstraksie.....	2,40
<i>Let wel.— (i) 'n Laer tarief sal van toepassing wees ten opsigte van die ekstraksie van afskilferende primêre tande. Die vordering hiervoor berus by die tandarts.</i>	
<i>(ii) Laer gelde kan redelikerwys gehef word vir ekstraksies vir groepe persone wat gelyktydig vir behandeling kom en lede van mediese bystandskemas is.</i>	
600. <i>Proteses</i>	
<i>Volle kunsgebitte—</i>	
601. Bo en onder.....	74,00
602. Bo of onder.....	37,00
<i>Gedeeltelike kunsgebitte—</i>	
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
<i>Klammers—</i>	
612. Gegote goud.....	6,30
613. Gebuigde goue draad.....	3,20
614. Vlekvrye staaldraad.....	2,60
615. Linguale stang of palatale stang (vlekvrye staal).....	6,30
616. Herbasering, per kunsgebit.....	12,70
617. Hermodellering, per kunsgebit.....	19,00
618. Selfverhardende akriel, per kunsgebit.....	6,90
619. Sagte basis, per kunsgebit.....	21,20
620. Bytplate.....	15,90
<i>Herstelwerk—</i>	
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 gelde.....	2,20
626. Verstelling van kunsgebit (na ses maande of vir pasiënt van ander praktisyn).....	2,40
700. <i>Konserverende tandheelkunde</i>	
710. Endodontsie	
711. Direkte pulpakapping.....	2,40
712. Indirekte pulpakapping.....	4,70
713. Amputasie van vitale pulpa (pulpotomie).....	4,70
714. Amputasie van dooie pulpa (mummifikasie).....	4,70
715. Wortelkanaalterapie.....	9,40
716. Elke bykomende kanaal.....	5,90
717. Bykomende besoeke, per besoek.....	2,90
Maksimum.....	11,80

	R
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. <i>Treatment of oral diseases (oral medicine) and injection therapy</i>	
401. Per visit.....	4,70
402. Paradontal treatment, per visit.....	4,70
403. Injection therapy, per injection (excluding cost of materials).....	2,40
500. <i>Exodontics and post-extraction complications</i>	
<i>Extractions at same session—</i>	
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
<i>Note.— (i) A lower fee will apply for the extraction of exfoliating primary teeth. This fee will be at the discretion of the dentist.</i>	
<i>(ii) Lower fees may reasonably be charged for extractions for groups of persons who present themselves simultaneously for treatment and are members of medical benefit schemes.</i>	
600. <i>Prosthetic dentistry</i>	
<i>Full dentures—</i>	
601. Upper and lower.....	74,00
602. Upper or lower.....	37,00
<i>Partial dentures—</i>	
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
<i>Clasps—</i>	
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
618. Self-curing acrylic, per denture.....	6,90
619. Soft base, per denture.....	21,20
620. Bite plate.....	15,90
<i>Repairs—</i>	
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. <i>Conservative dentistry</i>	
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
Maksimum.....	11,80

	R
718. Bakteriologiese ondersoek (deur tandarts uitgevoer), per monster per kanaal.....	1,70
720. <i>Herstellings</i>	
Plastiek—	
721. Een vlak.....	3,20
722. Twee vlakke.....	4,20
723. Drie vlakke.....	5,30
724. Meer as drie vlakke.....	6,30
725. Stifversterking vir herstelling (ongegag die aantal stifte wat gebruik word).....	3,00
800. <i>Inlegsels, krone, brûe en studiemodelle (kyk reël 006)</i>	
Onedele-metaal-inlegsels—	
801. Een vlak.....	8,00
802. Twee vlakke.....	13,20
803. Drie vlakke.....	17,00
804. Vier vlakke.....	21,70
805. Vyf vlakke.....	26,40
Goud-inlegsels—	
806. Een vlak.....	10,00
807. Twee vlakke.....	16,40
808. Drie vlakke.....	21,20
809. Vier vlakke.....	27,20
810. Vyf vlakke.....	33,20
Porselein-inlegsels—	
811. Een vlak.....	12,90
812. Twee vlakke.....	18,80
Goudfoelie-herstellings—	
813. Een vlak.....	12,90
814. Twee vlakke.....	18,80
Goue stif en kappie—	
815. Eenworteltand.....	9,40
816. Veelworteltand.....	14,10
Krone—	
817. Alles gegote goud.....	40,00
818. Akrieldop.....	26,40
819. Akrieldop met goud-vineersel.....	42,30
820. Porseleindop.....	38,20
821. Porseleindop aan metaal gesmelt.....	46,40
822. Gesig- en rugstuk.....	36,40
823. Vervanging van gesigstuk.....	6,50
824. Brûe, per foptand.....	26,40
(brugankers soos hierbo)	
825. Studiemodelle (bo en onder).....	4,70
900. <i>Kaak-gesig- en mondchirurgie (items 901-959) (kyk reëls 006 en 012).</i>	
<i>Konsultasies</i>	
*901. Konsultasies by spreekkamers.....	7,50
*902. Konsultasie by hospitaal, verpleeginrigting of tuis..	11,00
*903. Opvolgende konsultasies by spreekkamers, hospitaal, verpleeginrigting of tuis.....	3,75
*904. Opvolgende konsultasies per week, tot 'n maksimum van.....	18,75
<i>Let wel.</i> —'n Opvolgende konsultasie beteken 'n konsultasie vir dieselfde siektetoestand mits dit binne ses maande vanaf die eerste konsultasie plaasvind.	
*905. Nagbesoeke, op versoek van 'n pasiënt, tussen 7 nm. en 7 vm. (tariefitem 902 of 903 plus 50 persent)	
<i>Frakture van die mandibula</i>	
906. Behandeling deur toe-reduksie met intermaksillêre fiksasie.....	65,00
907. Behandeling van saamgestelde frakture (tande betrokke) met ogiesbedrading.....	90,00
908. Behandeling met metaaldopspalke of Gunning-spalke	100,00
909. Behandeling deur oop-reduksie en restourasie van okklusie met spalk.....	150,00
<i>Frakture van die maksilla</i>	
910. Le Fort, tipe I of Guerin-fraktuur.....	90,00
911. Le Fort, tipe II of middelste derde van gesig.....	150,00
912. Le Fort, tipe III of kranio-fasiale disjunksie.....	216,00
<i>Frakture van die zygoma</i>	
913. Gillies- of temporale elevasie.....	66,00
914. Onstabiele en/of verbrokelede zygomas (behandeling deur middel van oop-reduksie of Caldwell-Luc)....	129,00
915. Behandeling van gepaardgaande sagteweefselbeserings.....	30,00-60,00
916. Dekortikasie en uitholling (vir osteomiëlitis van mandibula).....	118,80
917. Hemireseksie van kaak, met spalping van segmente..	135,00
918. Groot herstelwerk aan bo- of onderkaak, (bv. deur middel van beenoorplating of protese, met kaakspalke).....	135,00

	R
718. Bacteriological examination (performed by dentist), per sample per canal.....	1,70
720. <i>Restorations</i>	
Plastic—	
721. One surface.....	3,20
722. Two surfaces.....	4,20
723. Three surfaces.....	5,30
724. More than three surfaces.....	6,30
725. Pin reinforcing for restoration (irrespective of number of pins used).....	3,00
800. <i>Inlays, crowns, bridges and study models (see rule 006)</i>	
Base metal inlays—	
801. One surface.....	8,00
802. Two surfaces.....	13,20
803. Three surfaces.....	17,00
804. Four surfaces.....	21,70
805. Five surfaces.....	26,40
Gold inlays—	
806. One surface.....	10,00
807. Two surfaces.....	16,40
808. Three surfaces.....	21,20
809. Four surfaces.....	27,20
810. Five surfaces.....	33,20
Porcelain inlays—	
811. One surface.....	12,90
812. Two surfaces.....	18,80
Gold foil restorations—	
813. One surface.....	12,90
814. Two surfaces.....	18,80
Gold post and thimbles—	
815. Single-rooted tooth.....	9,40
816. Multi-rooted tooth.....	14,10
Crowns—	
817. Full cast gold.....	40,00
818. Acrylic jacket.....	26,40
819. Acrylic, veneered gold.....	42,30
820. Porcelain jacket.....	38,20
821. Porcelain jacket fused to metal.....	46,40
822. Facing and backing.....	36,40
823. Facing replacement.....	6,50
824. Bridges, per pontic.....	26,40
(bridge retainers as above).	
825. Study models (upper and lower).....	4,70
900. <i>Maxillo-facial and oral surgery (items 901-959) (see Rules 006 and 012).</i>	
<i>Consultations</i>	
*901. Consultations at consulting rooms.....	7,50
*902. Consultations at hospital, nursing home or house..	11,00
*903. Subsequent consultations at consulting rooms, hospital, nursing home or house.....	3,75
*904. Subsequent consultations per week, to a maximum of	18,75
<i>Note.</i> —A subsequent consultation means a consultation for the same condition provided that it occurs within six months of the first consultation.	
*905. Night visits, at request of patient, between 7 p.m. and 7 a.m. (tariff item 902 or 903 plus 50 per cent).	
<i>Fractures of the mandible</i>	
906. Treatment by closed reduction, intermaxillary fixation	65,00
907. Treatment of compound fracture involving teeth, interdental eyelet wiring.....	90,00
908. Treatment by metal cap splintage or Gunning splints	100,00
909. Treatment by open reduction with restoration of occlusion with splintage.....	150,00
<i>Fractures of the maxilla</i>	
910. Le Fort, type I or Guerin fracture.....	90,00
911. Le Fort, type II or middle third of face.....	150,00
912. Le Fort, type III or cranio-facial disjunction.....	216,00
<i>Fracture of the zygoma</i>	
913. Gillies or temporal elevation.....	66,00
914. Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc.....	129,00
915. Treatment of associated soft tissue injuries....	30,00-60,00
916. Dicortication and saucerisation (for osteomyelitis of the mandible).....	118,80
917. Hemiresection of jaw, with splintage of segments..	135,00
918. Major repairs of upper or lower jaw, i.e. bone grafts or prostheses, with jaw splintage.....	135,00

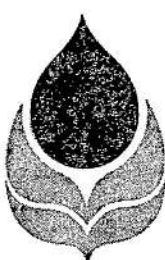
	R
919. Operasie ter verbetering of restourasie van okklusale en koufunksie (bv. bilaterale osteotomie, oop-operasie met immobilisasie).....	270,00
920. Kondilektomie of koronoidektomie, of albei (buitemonndse toegang), of menisektomie.....	135,00
921. Koronoidektomie (binnemonndse toegang).....	81,00
922. Kondilenek-osteotomie.....	63,00
<i>Reduksie van temporo-mandibulêre ontwrigting</i>	
923. Sonder narkose.....	13,50
924. Met narkose.....	27,00
925. Konserwatiewe behandeling van temporo-mandibulêre-gewrigsdisfunksie (tandtegnikus se gelde vir verwaardiging van bytplate uitgesluit).....	50,00
926. Intra-artikulêre inspuiting (per inspuiting).....	9,00
927. Daaropvolgende inspuiting.....	4,00
928. Lansering en dreinerings van piogene absesse (binnemonndse toegang).....	15,00
929. Buitemonndse toegang, bv. Ludwig se angina.....	22,00
930. Biopsies.....	15,00
931. Verwydering van speekselklier.....	78,00
932. Verwydering van speekselsteen.....	29,00
<i>Verwydering van tande</i>	
933. Ekstraksies: Gelde soos vir items 501-518, plus 50 persent	
934. Chirurgiese verwydering van 'n tand.....	18,00
<i>Ongeërupteerde of beklemde tande—</i>	
935. eerste.....	40,50
936. tweede.....	22,50
937. derde.....	13,50
938. vierde.....	13,50
939. buitengewone posisie.....	49,50
940. Verwydering van tandwortelreste van een tand....	27,00
941. Vir elke daaropvolgende wortel.....	7,20
942. Alveolektomie (tesame met of onafhanklik van tandverwydering).....	36,00
943. Verwydering van tandwortels vanuit die maksillêre antrum, Caldwell-Luc-operasie en herstel van antro-orale fistel.....	103,50
944. Apisektomie.....	29,70
945. Reduksie van torus palatinus of mandibularis....	59,40
946. Reduksie van milohioïed-rif.....	59,40
947. Gingivektomie, per kaak.....	54,00
<i>Gingivale sulkus-verdieping—</i>	
948. plastiekherstelling.....	36,00
949. bukkale inlegsel.....	81,00
950. Frenektomie.....	36,00
951. Implantasie-kunsgebitte, chirurgiese prosedure (per kaak).....	90,00
952. Chirurgiese behandeling van benigne gewasse van die mondslymvlies, bv. epulis.....	27,00
<i>Siste en benigne kaaktumore—</i>	
953. binnemonndse toegang.....	81,00
954. buitemonndse toegang.....	135,00
955. Perifere neurektomie.....	59,40
*956. Lokale behandeling van post-ekstraksiebloeding (uitgesonderd bloeding a.g.v. bloedsiektes of spesifieke faktortekort, bv. hemofilie).....	20,00
957. Behandeling van bloeding a.g.v. bloedsiektes of spesifieke faktortekort, bv. hemofilie, per week....	70,00
958. Herinplantering of transplantering van tande.....	45,00
959. Chirurgiese blootlegging van beklemde of ongeërupteerde tande om ortodontiese redes.....	47,25
990. Die gelde ten opsigte van die volgende twee items is, ingevolge Reel 004, "volgens ooreenkoms"	
991. Ortodonsie.	
992. Protetika: Kunsgebitte met metaalbasis.	
993. Algemene narkose.	
Narkosegelde word bereken teen R3,25 per tydeenheid 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.	

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919. Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)...	270,00
920. Condylectomy or coronoidectomy or both (extra-oral approach) or meniscectomy.....	135,00
921. Coronoidectomy (intra-oral approach).....	81,00
922. Condyle neck osteotomy.....	63,00
<i>Reduction of temporo-mandibular joint dislocation</i>	
923. Without anaesthetic.....	13,50
924. With anaesthetic.....	27,00
925. Conservative treatment of temporo-mandibular joint derangement or dysfunction (excluding dental technician's fees for bite plates).....	50,00
926. Intra-articular injection (per injection).....	9,00
927. Subsequent injection.....	4,00
928. Incision and drainage of pyogenic abscesses (intra-oral approach).....	15,00
929. Extra-oral approach, e.g. Ludwig's angina.....	22,00
930. Biopsies.....	15,00
931. Removal of salivary gland.....	78,00
932. Removal of salivary calculus.....	29,00
<i>Removal of teeth</i>	
933. Extractions: Fees as for items 501-518, plus 50 per cent	
934. Surgical removal of tooth.....	18,00
<i>Unrupted or impacted teeth—</i>	
935. first.....	40,50
936. second.....	22,50
937. third.....	13,50
938. fourth.....	13,50
939. unusual position.....	49,50
940. Removal of residual roots of one tooth.....	27,00
941. For each subsequent root.....	7,20
942. Alveolectomy, concurrent or independent of extractions.....	36,00
943. Removal of roots from maxillary antrum, Caldwell-Luc, and closure of oral-antral fistula.....	103,50
944. Apicoectomy.....	29,70
945. Torus palatinus or mandibularis reduction.....	59,40
946. Mylo-hyoid ridge reduction.....	59,40
947. Gingivectomy, per jaw.....	54,00
<i>Deepening the gingival sulcus—</i>	
948. plastic repair.....	36,00
949. buccal inlay.....	81,00
950. Frenectomy.....	36,00
951. Implant dentures: Surgical procedure, per jaw....	90,00
952. Surgical treatment of benign neoplasms of the oral tissues, e.g. epulis.....	27,00
<i>Cysts and benign tumours of the jaws—</i>	
953. intra-oral approach.....	81,00
954. extra-oral approach.....	135,00
955. Peripheral neurectomy.....	59,40
*956. Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in case of blood dyscrasias, e.g. haemophilia).....	20,00
957. Treatment of haemorrhage in case of blood dyscrasias, e.g. haemophilia, per week.....	70,00
958. Re-implantation or transplantation of teeth.....	45,00
959. Surgical exposure of impacted or unerupted teeth for orthodontic reasons.....	47,25
990. The fees in respect of the following two items shall be "by arrangement", in terms of Rule 004:	
991. Orthodontics	
992. Prosthetics: Metal base dentures.	
993. 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.	

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