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NOTICE 832 OF 1988

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 1989, and replaces the scale of benefits which was published in Government Gazette No. 11507 dated 11 December 1987.

N. J. J. VAN RENSBURG,

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

KENNISGEWING 832 VAN 1988

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING

VERTEENWOORDIGENDE VERENIGING VAN MEDIESTE SKEMAS.—VOORDELESKAAL TEN OP- SIGTE VAN FISIOTERAPIE 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 fisioterapie dienste soos in die Bylae hiervan uiteengesit. Die genoemde voordeleskaal sal op 1 Januarie 1989 in werking tree, en vervang die voordeleskaal wat in Staatskoerant No. 11507 van 11 Desember 1987 gepubliseer was.

N. J. J. VAN RENSBURG,

Voorsitter: Verteenwoordigende Vereniging van Mediese
Skemas.

BYLAE

Algemene reëls betreffende die voordeleskaal

001 Tensy ten minste twee uur kennis gegee is
van die kansellasië van 'n afspraak kan die

PHYSIOTHERAPY SCALE OF BENEFITS / FISIOTERAPIE VOORDELESKAAL

(Monetary value of one unit = 7,2c)/(Geldwaarde van een eenheid = 7,2c)		Units Eenhede	R
1. RADIATION THERAPY/MOIST HEAT THERAPY/CRYOTHERAPY/ BESTRALINGSTERAPIE/VOGKOPTERAPIE/KRIOTERAPIE :			
72001	Infra-red/Infrarooi, Radiant heat/Stralingswarmte, Wax Therapy/Was-terapie, Hot Packs/Warmpak	100	7,20
72005	Ultraviolet light or Laser beam/Ultravioletlig of laserstraal	150	10,80
72007	Cryotherapy/Kriot terapie	100	7,20
2. LOW FREQUENCY CURRENTS/LAEFREKWENSIESTROME :			
72103	Galvanism/Galvanisme, Diadynamic current/Diadinamiese stroom	100	7,20
72105	Muscle and nerve stimulating currents or TENS/Spier- en senuweestimulerende strome of TENS	100	7,20
72107	Interferential Therapy/Interferensietherapie	150	10,80
3. HIGH FREQUENCY CURRENTS/HOËFREKWENSIESTROME :			
72201	Shortwave diathermy/Kortgolfdiatermie	150	10,80
72203	Ultrasound/Ultraklank	150	10,80
72205	Microwave/Mikrogolf	150	10,80
4. PHYSICAL MODALITIES/FISIESE MODALITEITE :			
72301	Percussion/Perkussie, Vibration/Vibrasie	100	7,20
72303	Connective tissue massage/Bindweefselmassering, Massage/Massering	150	10,80
72305	Re-education of movement/Heropleiding van beweging, Exercises (excluding ante- and post-natal exercises)/Oefeninge (uitgesonder voor- en na-geboorteoefeninge)	100	7,20
72307	Pre and post-operative exercises and/or breathing exercises/Voor- en na-operatiewe oefeninge en/of asemhalingsoefeninge	100	7,20
72308	Pre- and post-operative group exercises (excluding ante and post-natal exercises - maximum of 10 in a group)/Voor en na-operatiewe groep oefeninge (voor- en na-geboorte oefeninge uitgesluit - maksimum van 10 in 'n groep)	50	3,60
72315	Postural drainage/Posturale dreinerings	130	9,36
72317	Traction/Traksie	150	10,80
72319	Intermittent positive pressure ventilation and nebulisation/Afwisselende positiewe drukventilasie en verstuiwing	130	9,36
5. MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION/ MANIPULERING/MOBILISERING VAN GEWRIGTE OF IMMOBILISERING :			
72401	Spinal/Rug	200	14,40
72405	All other joints/Alle ander gewrigte	150	10,80
72407	Immobilisation (excluding bandaging)/Onbeweeglik making (uitgesonder verbinding)	100	7,20
6. OTHER/ANDER :			
72501	Rehabilitation and/or hydrotherapy where the pathology requires the undivided attention of the physiotherapist/Rehabilitasie en/of hidroterapie wanneer die patologie die onverdeelde aandag van die fisioterapeut vereis	200	14,40
72503	Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented/Rehabilitasie vir Sentrale Senuweestelsel afwykings - toestand moet duidelik gespesifiseer en ten volle gedokumenteer word	300	21,60
72701	Specific evaluation and counselling at the first treatment (to be fully documented)/Spesifieke evaluering en konsultering ten tye van die eerste behandeling (ten volle gedokumenteer te word)	100	7,20
72703	One complete re-assessment of a patient's condition during a course of treatment, and/or counselling of the patient or his family to be used with procedures 72501 or 72503/Een algehele herevaluering van die pasiënt se toestand gedurende 'n kursus en/of konsultering van die pasiënt of sy familie om gebruik te word met prosedures 72501 of 72503	100	7,20
72801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for specific medical condition/Elektriese toets vir diagnostiese doeleindes (IT kurwe en Isokinetiese toets ingesluit) vir spesifieke mediese toestand	200	14,40
72901	Treatment at a nursing home : Relative fee plus/Behandeling in 'n verpleeginrigting: Betrokke geld plus	75	5,40
72903	Domiciliary treatments : Relative fee plus/Tuisbehandelings : Betrokke geld plus	200	14,40

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 or where such treatment is given in close collaboration with a registered medical practitioner or dentist.

Provided that the expression in close collaboration shall mean that the physiotherapist at one or another stage of the physiotherapy treatment, though not necessarily before undertaking such treatment, consults a registered medical practitioner or a registered dentist on the case concerned and at the end of such treatment furnishes him with a report on such treatment.

- 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 prior 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 scheduled 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.

toepaslike geld gehef word. Elke geval word egter op 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 of waar sulke behandeling in noue samewerking met 'n geregistreerde mediese praktisyn of tandarts geskied.

Met dien verstande dat die uitdrukking "in noue samewerking met" beteken dat die fisioterapeut in die een of ander stadium van die fisioterapiebehandeling, maar nie noodwendig voordat sodanige behandeling 'n aanvang neem nie, met 'n geregistreerde mediese praktisyn of tandarts oorleg pleeg oor die betrokke geval en hom aan die einde van die behandeling van 'n verslag oor die behandeling voorsien.

- 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 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 Praktisyns word daaraan herinner dat 'n laer geld as dié in die voordeleskaal aangegee gehef moet word indien die gebruikelike geld in 'n gebied laer as dié geld is. Verminderde gelde moet ook gehef word in 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 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 number 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, as amended, and the regulations promulgated under the Act in connection with the rendering of accounts.

012 Where a half cent is involved, the fee should be rounded off upwards to the next cent.

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.

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 grootste prosedure plus die helfte van die gelde vir elke bykomende prosedure, maar onder geen omstandighede mag gelde gehef word vir meer as drie prosedures wat tydens die behandeling van 'n enkele toestand uitgevoer word nie. Ná die betrokke kodenommers moet 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 afsonderlik gelde gehef. Die volledige besonderhede van die aard van die behandelings moet verstrek word. Ná die betrokke kodenommers moet 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 geld vir een van die toestande en 50% van die geld vir die ander toestand. Ná die betrokke kodenommer moet wysiger 0010 vermeld word ten einde aan te dui dat hierdie reël van toepassing is.

011 Elke fisioterapeut moet hom vergewis van die bepalinge van die Wet op Mediese Skemas, 1967, soos gewysig, en die regulasies kragtens die Wet uitgevaardig in verband met die lewering van rekeninge.

012 Wanneer die gelde op 'n half sent uitwerk, moet afronding opwaarts tot die volgende sent gedoen word.

Wysigers

0006 Voeg 50% van die totale behandelingsgeld by

0008 Slegs 50% van die gelde vir die addisionele prosedures aldus aangetoon kan gehef word.

0009 Die volle gelde vir die addisionele behandelings kan gehef word.

0010 Slegs 50% van die gelde vir die tweede toestand kan gehef word.

0011 Voeg 50 eenhede by wanneer verstuiwing vir torakspatologie gebruik word.

NOTICE 833 OF 1988

KENNISGEWING 833 VAN 1988

DEPARTMENT OF NATIONAL HEALTH AND
POPULATION DEVELOPMENTDEPARTEMENT VAN NASIONALE GESONDHEID
EN BEVOLKINGSONTWIKKELINGREPRESENTATIVE ASSOCIATION OF MEDICAL
SCHEMES - SCALE OF BENEFITS IN RESPECT OF
SERVICES RENDERED BY DENTAL PRACTITIONERSVERTEENWOORDIGENDE VERENIGING VAN MEDIESE
SKEMAS - VOORDELESKAAL TEN OPSIGTE VAN
DIENSTE GELEWER DEUR TANDARTSE

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 1989 and replaces the scale of benefits which was published in Government Gazette No 11057 of 11 December 1987.

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 1989 in werking tree en vervang die voordeleskaal wat in Staatskoerant Nr 11057 van 11 Desember 1987 gepubliseer was.

N J J VAN RENSBURG,
Chairman: Representative Association of
Medical Schemes.

N J J VAN RENSBURG,
Voorsitter: Verteenwoordigende Vereniging
van Mediese Skemas.

SCHEDULE

BYLAE

GENERAL RULES

ALGEMENE REÛLS

1. The following Rules apply to all practitioners:

1. Die volgende reëls is van toepassing op alle praktisyns:

001 A consultation shall include an examination and charting. No further consultation fee shall be chargeable (except item 8102) until the treatment plan resulting from this initial consultation has been discharged. This rule applies only to items 8101, 8102 and 8103.

001 'n Konsultasie sluit 'n ondersoek en kartering in. Geen verdere konsultasiegeld (behalwe item 8102) mag gehef word alvorens die behandelingsplan wat uit hierdie aanvanklike konsultasie voortspruit, afgehandel is nie. Hierdie reël is van toepassing slegs op items 8101, 8102 en 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.

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 tariefitems aangedui word.

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.

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 ooreengekom en reël 004 moet tesame met die tarief-items aangedui word.

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 or not.

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:

(b) Elke rekening moet ondergenoemde besonderhede bevat:

- (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;
- (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; and

- (i) die van en voorletters van die lid;
- (ii) die voornaam van die pasiënt;
- (iii) die naam van die skema;
- (iv) die lid se lidmaatskapnommer;
- (v) die praktyknommer;
- (vi) die datum waarop elke diens gelewer is;
- (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 'n rubberstempel of die handtekening van die tandarts; en

(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:

	R
8231	X
8099 (8231)	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 scheduled fee + 50%
8003	The appropriate scheduled fee + 10%
8004	Two-thirds of appropriate scheduled fee
8005	The appropriate scheduled fee to a maximum of R47,60
8006	50% of the appropriate scheduled fee
8007	15% of the appropriate scheduled fee
8008	The appropriate scheduled fee + 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 items in the medical scale of benefits must be indicated.

2. EXPLANATIONS

2.1 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.

(ix) 'n verklaring of die rekening in ooreenstemming is met die voordeleskaal.

009 Tandartse in algemene praktyk is daarop geregtig om twee-derdes 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 wees 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:

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

011 Ter aanpassing van spesifieke tariefitems 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 tot 'n maksimum van R47,60
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.

2. VERDUIDELIKINGS

2.1 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

An emergency root treatment (8132) cannot be followed by a completed root treatment at the same visit.

2.2 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.

3. ORTHODONTIC SERVICES

3.1 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 practitioner 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.

3.2 As there are no specific codes for orthodontic treatment in the General Practitioners' section of the Scale of Benefits, the General Practitioner must refer to the Specialist Orthodontists Schedule. The codes for the treatment must be quoted together with the Modifier 8004 (Refer to Rules 009 and 011). This denotes that a General Practitioner is delivering the treatment and the fee is calculated as up to two-thirds of the appropriate specialists fee. Where "L" is denoted this can be added on to the two-thirds fee. If "L" is not denoted then this is incorporated in the appropriate two-thirds fee and cannot be added to the account.

3.3 The fee for Corrective Therapy (i.e Items 8861 to 8887) is a fully inclusive fee and no additional fees may be charged for additional visits (Item 8803) until the treatment is completed.

3.4 When functional appliance therapy (8866) is followed by full fixed appliance treatment (8873 to 8887) the fee initially charged for (8866) is deducted from the full fixed appliance fee and the remainder then becomes the fee charged for the second stage of full fixed appliance therapy.

noodbehandeling noodsaaklik was.

'n Nood wortelkanaal behandeling (8132) mag nie gelyktydig met 'n voltooide wortelkanaal behandeling uitgevoer word tydens dieselfde besoek nie.

2.2 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.

3. ORTODONTIESE BEHANDELING

3.1 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 praktisyn 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 betaalbaar is.

3.2 Daar is geen spesifieke Ortodontiese kodes in die Algemene Praktisyn se Voordeskaal nie. Die algemene praktisyn moet verwys na die Spesialis Ortodontiste Skedule. Die kodes vir behandeling moet tesame met die wysiger 8004 aangehaal word (verwys na Reëls 009 en 011.) Dit dui aan dat 'n algemene praktisyn die behandeling verskaf en dat die fooi bereken is teen twee-derdes van die gepaste spesialisfooi. Waar "L" aangedui word, kan dit bygevoeg word by die twee-derde fooi. Indien "L" nie aangedui word nie, is dit alreeds bygevoeg by die tweederde fooi en kan dit nie weer verhaal word nie.

3.3 Die fooi vir Korrektiewe Terapie (dit wil sê Kodes 8861 tot 8887) is 'n alomvattende fooi en geen addisionele fooie mag gehef word vir bykomende besoeke (kode 8803) totdat die behandeling voltooi is nie.

3.4 Wanneer funksionele apparaat terapie (8866) deur volle vaste toestel behandeling (8873 tot 8887) gevolg word, word die aanvanklike fooi gevra vir die funksionele apparaat terapie (8866) afgetrek van die volle vaste toestelfooi en die oorblywende bedrag word dan die fooi vir die tweede deel van die volle vaste toesteltherapie gedeelte van die behandeling.

1. GENERAL DENTAL PRACTITIONERS/ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

Code/Kode No/Nr	Procedures/Prosedures	R
CONSULTATIONS/KONSULTASIES		
8101	Consultation and charting at surgery/Konsultasie en kartering in spreekkamer	13,60
8102	Comprehensive Consultation/Omvattende Konsultasie	31,40
A Comprehensive Consultation shall include treatment planning at a separate appointment where a diagnosis is made with the help of study models, full-mouth x-rays and other relevant diagnostic aids. Following on such a Consultation, the patient must be supplied with a comprehensive written Treatment Plan which must also be recorded on the patient's file and which must include the following :-/n Omvattende Konsultasie behels behandelingsbeplanning tydens 'n afsonderlike afspraak, waar 'n diagnose gemaak word met behulp van studiemodelle, vollemondse x-strale en ander toepaslike diagnostiese hulpmiddels. So 'n Omvattende Konsultasie sluit in dat die pasiënt voorsien word van 'n geskrewe behandelingsplan waarin al die volgende vermeld word, en ook op die pasiënt se kaart aangedui word :- Soft Tissue Examination/Sagteweefsel-onderzoek Hard Tissue Examination/Hardeweefsel-onderzoek Screening/probing of periodontal pockets/Siftingsonderzoek van periodontale sakkies Muco-gingival Examination/Mukogingivale onderzoek Plaque Index/Plaakindeks Bleeding Index/Bloedingsindeks Occlusal Analysis/Okklusale-ontleding TMJ Examination/TMG onderzoek Vitality Screening of complete dentition/Vitaliteitsonderzoek van alle tande		
8103	Consultation at home or hospital/Konsultasie in hospitaal of tuis	18,80
8105	Appointment not kept (by arrangement with patient)/Afspraak nie nagekom (volgens ooreenkoms met die pasiënt)	

DIAGNOSTIC PROCEDURES/DIAGNOSTIESE PROSEDURES

8107	Intra-oral radiographs, per film/Binnemondse röntgenfoto's, per film	8,60
8108	Maximum/Maksimum	69,10
8113	Occlusal radiographs/Okklusale röntgenfoto's	13,60
8115	Panoramic radiographs/Panoramiese röntgenfoto's	42,90
8117	Study models - unmounted/Studiemodelle - ongemonteer	9,70+L
8119	Study models - mounted on adjustable articulator/Studiemodelle - op verstelbare artikulator gemonteer	25,10+L
8121	Diagnostic photographs - per photograph/Diagnostiese foto's - per foto	9,70

TREATMENT PROCEDURES/BEHANDELINGSPROSEDURES**A. EMERGENCY TREATMENT AND PROCEDURES UNDER GENERAL ANAESTHETIC/NOODBEHANDELING EN PROSEDURES ONDER ALGEMENE NARKOSE**

8129	Additional Fee for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital)/Bykomende gelde vir noodgevalle, waar die behandeling buite die normale spreekure uitgevoer is (insluitende noodbehandeling wat by 'n hospitaal uitgevoer is)	33,20
8131	Emergency Treatment for relief of pain where no other tariff item is applicable/Noodbehandeling vir pynverligting waarop geen ander tarief item van toepassing is nie	13,60
8132	Emergency root canal treatment/Noodbehandeling van wortelkanaal	22,20
8133	Recementing of inlays, crowns or bridges - per abutment/Hersementering van inlegsels, krone of brue - per ankertand	13,60
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure/Verwydering van inlegsels en krone (per eenheid) en brue (per ankertand) as 'n noodprosedure	27,00
8137	Emergency crown (not applicable to Temporary Crowns placed during routine crown and bridge preparations)/Noodkroon (nie van toepassing op plasing van tydelike krone gedurende roetine kroon en brug voorbereidings nie)	46,30
8138	Preformed metal crown as an emergency procedure/Voorafvervaardigde metaalkroon as noodprosedure	28,30
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case/Bykomende gelde vir behandeling onder algemene narkose of hospitaal of tuisbesoeke, per geval	22,20

Note : This item refers 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.

I. GENERAL DENTAL PRACTITIONERS/ALGEMENE TANDHEELKUNDIGE PRAKTISYNS
(continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedures	R
8141	Inhalation sedation - first quarterhour or part thereof/Inhaleringkalmering - eerste kwartier of gedeelte daarvan	9,70
8143	Per additional quarterhour or part thereof/Elke bykomende kwartier of gedeelte daarvan	5,20
	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.	
8144	Intravenous sedation/Intravenuesekalmering	6,30
B. PREVENTIVE DENTISTRY/VOORKOMENDE TANDHEELKUNDE		
8151	Oral Hygiene Instructions/Mondhigiëne-voorgelting	13,60
8153	Follow-up visit for re-evaluation of oral hygiene (if no other treatment is performed during the same visit)/Opvolgbesoek vir herevaluering van mondhygiëne (indien geen ander behandeling uitgevoer word tydens dieselfde besoek)	9,70
8155	Polishing only (including removal of Plaque) (complete dentition)/Slegs polering (met inbegrip van verwydering van plaak)(volle gebit)	13,60
8157	Reburnishing and polishing of restorations - complete dentition (excluding restorations recently done)/Herafwerking en polering van herstellings - volle gebit (uitgesonderd herstellings wat onlangs voltooi is)	13,60
8159	Scaling and polishing/Skalering en polering	25,10
	Note : Where Item 8159 is applied, Items 8155 and/or 8157 can not be charged./ Let Wel : Waar item 8159 toegepas word, kan items 8155 en/of 8157 nie gevra word nie.	
8161	Topical application of fluoride preparations - complete dentition (does not include scaling and/or polishing)/Oppervlakaanwending van fluoried - volle gebit (sluit nie skalering en/of polering in nie)	13,60
8163	Fissure sealant, per tooth/Fissuurverseëling, per tand	8,60
8164	Maximum per quadrant/Maksimum per kwadrant	17,30
8165	Application of fluoride using laboratory processed applicators/Fluoried aanwending met gebruik van laboratoriumvervaardigde apparaat	15,70+L
8167	Treatment of hypersensitive dentine, per visit/Behandeling van hipersensitiewe dentien, per besoek	13,60
8169	Bite plate or occlusal guards/Bytplate of okklusale skerms	51,80+L
8171	Mouth protectors/Mondskerms	By arrangement/ Volgens ooreenkoms
8173	Fixed space maintainers, per abutment unit/Vaste spasiebehouer, per anker eenheid ...	25,10+L
8175	Removable space maintainer (all inclusive fee)/Verplaasbare spasiebehouer (alomvattende gelde)	32,20+L

C. MISCELLANEOUS SERVICES/DIVERSE DIENSTE

8181	Treatment of diseases of the oral mucosa where no other tariff item is applicable/Behandeling van siektes van die mondslymvlies waarop geen ander tariewe-item betrekking het nie	17,80
8183	Intra-muscular or sub-cutaneous injection therapy per injection (cost of materials excluded)/Binnespiërse of onderhuidse inspuiting terapie, per inspuiting (koste van materiale uitgesluit)	6,30

D. EXTRACTIONS/EKSTRAKSIES

Extractions during a single visit/Ekstraksies ten tyde van enkele besoek		
8201	One/Een	13,60
8202	Two/Twee	19,10
8203	Three/Drie	24,30
8204	Four/Vier	30,40
8205	Five/Vyf	35,60
8206	Six/Ses	41,10
8207	Seven/Sewe	46,30
8208	Eight/Agt	51,80
8209	Nine/Nege	57,00
8210	Ten/Tien	62,30
8211	Eleven/Elf	67,80

L. GENERAL DENTAL PRACTITIONERS/ALGEMENE TANDHEELKUNDIGE PRAKTISSYNS
(continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedures	R
8212	Twelve/Twaalf	73,80
8213	Thirteen/Dertien	79,00
8214	Fourteen/Veertien	84,30
8215	Fifteen/Vyftien	89,70
8216	Sixteen/Sestien	95,00
8217	Seventeen/Sewentien	100,50
8218	Eighteen or more/Agtien en meer	105,70
8221	Local Treatment of Postextraction Haemorrhage (excluding treatment of Bleeding in the case of Blood Dyscrasias, e.g. haemophilia)/Lokale behandeling van postekstraksie bloeding (uitgesonderd behandeling van bloeding in die geval van bloedsiektes bv. hemifilie)	9,70
8223	Each additional visit/Elke bykomende besoek	6,50
8225	Treatment of septic socket/Behandeling van septiese tandkas	9,70
8227	Each additional visit/Elke bykomende besoek	6,50

E. PROSTHETICS/PROSTETIKA

8231	Full upper and lower dentures (See footnote below 8267)/Volle bo- en onderkunsgebit (Sien voetnota onder 8267)	218,70+L
8232	Full upper or lower dentures (See footnote below 8267)/Volle bo- of onderkunsgebit (Sien voetnota onder 8267)	135,00+L
8233	Partial denture, one tooth/Gedeeltelike kunsgebit met een tand	62,30+L
8234	Partial denture, two teeth/Gedeeltelike kunsgebit met twee tande	62,30+L
8235	Partial denture, three teeth/Gedeeltelike kunsgebit met drie tande	93,70+L
8236	Partial denture, four teeth/Gedeeltelike kunsgebit met vier tande	93,70+L
8237	Partial denture, five teeth/Gedeeltelike kunsgebit met vyf tande	93,70+L
8238	Partial denture, six teeth/Gedeeltelike kunsgebit met ses tande	124,80+L
8239	Partial denture, seven teeth/Gedeeltelike kunsgebit met sewe tande	124,80+L
8240	Partial denture, eight teeth/Gedeeltelike kunsgebit met agt tande	124,80+L
8241	Partial denture, nine or more teeth/Gedeeltelike kunsgebit met nege of meer tande ..	124,80+L
8243	Additional fee where a soft base is incorporated with items 8231 - 8241/Bykomende gelde waar 'n sagtebasis met items 8231 - 8241 ingelyf is	19,10+L
8251	Cast gold clasp or rest per clasp or rest/Klammer of rus van gegote goud, per klammer of rus	12,80+L
8253	Wrought gold clasp or rest per clasp or rest/Klammer of rus van smeedgoudraad, per klammer of rus	12,80+L
8255	Stainless steel clasp or rest per clasp or rest/Klammer of rus van vlekvrystaal, per klammer of rus	15,70+L
8257	Lingual bar or palatal bar/Linguale stang of palatale stang	15,70+L
Note : Where items 8175 or 8269 or 8281 are applied, items 8251, 8253, 8255 or 8257 may not be charged./Let Wel : Waar items 8175 of 8269 of 8281 toegepas word, mag items 8251, 8253, 8255 of 8257 nie gevra word nie.		
8259	Rebase, per denture/Herbasering per kunsgebit	51,30+L
8261	Remodel, per denture/Hermodellering per kunsgebit	84,00+L
8263	Reline: self-curing hard conditioner acrylic, per denture/Opvulling - Selfverhardende harde akriel, per kunsgebit	32,20
8265	Tissue conditioner and soft selfcure interim reline, per denture/Weefselopknapper en sagte selfverhardende interim opvulling per kunsgebit	21,20
8267	Soft base reline per denture (heat cured)/Sagte basis opvulling per kunsgebit (met hitte verhard)	74,30+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.		
8269	Repair of denture and/or addition of one or more teeth or clasps to denture/Herstelling van kunsgebit en/of byvoeging van een of meer tande of klammers to kunsgebit	17,30+L
8273	Additional fee where impression is required for 8269/Bykomende gelde waar 'n afdruk nodig is vir 8269	9,70+L
8275	Adjustment of denture (after six months or for patient of another practitioner) /Verstelling van kunsgebit (na ses maande of vir 'n pasiënt van 'n ander tandarts)	9,70+L
8277	Gold inlay in denture/Goudinlegsel in kunsgebit	By arrangement/ Volgens ooreenkoms
8279	Metal (e.g. chrome cobalt, gold, etc.) base to full denture, per denture/Metaal (bv. Chroomkobalt of goud basis vir volle kunsgebit, per gebit)	67,00+L
8281	Metal (e.g. chrome cobalt, gold, etc.) base to partial denture, per denture/Metaal (bv. Chroomkobalt of goud) basis vir gedeeltelike kunsgebit, per gebit	166,70+L

1. GENERAL DENTAL PRACTITIONERS/ALGEMENE TANDHEELKUNDIGE PRAKTIJSYNS
(continued/vervolg)

Code/Kode
No/Nr

Procedure/Prosedure

R

E. PROSTHETICS (continued)/PROSTETIKA (vervolg)

Note/Let Wel :

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/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. Where item 8281 is applied, items 8251, 8253, 8255 and 8257 can not be charged./Waar item 8281 toegepas word, kan items 8251, 8253, 8255 en 8257 nie gevra word nie.

F. CONSERVATIVE DENTISTRY/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 Intraoral 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 voltooiende wortelkanaaltherapie op 'n voortand en 'n verdere vyf röntgenfoto's vir elke voltooiende wortelkanaaltherapie op 'n veelworteltand.

Endodontics/Endodonsie

8132	Emergency Root Canal Treatment/Noodbehandeling van wortelkanaal	22,20
Note : If emergency root canal treatment is followed by a completed root treatment at the same visit Item 8132 can not be charged./Let Wel : Indien 'n nood-wortelkanaal tydens dieselfde besoek permanent gevul word (voltooiende wortelkanaalbehandeling) mag item 8132 nie gevra word nie.		
8301	Direct pulp capping/Direkte pulpa-oorkapping	6,30
8303	Indirect pulp capping where permanent filling is not completed at same visit/Indirekte Pulpa-oorkapping waarvoor die permanente herstelling nie gedurende dieselfde besoek voltooi word nie	17,80
Note : Where Rubber Dam is applied for the endodontic procedures listed below, Item 8350 (which has been re-worded may be applied)/Let Wel : Waar 'n Kofferdam aangewend word vir die endodontiese prosedures hieronder genoem, mag item 8350 (wat herbewoord is) toegepas word.		
8304	Application of Rubber Dam, per arch (irrespective of number of teeth treated) when Items 8305, 8307, 8330, 8334 to 8336 are carried out/Aanwending van Kofferdam, per boog (ongeach die aantal tande herstel) wanneer items 8305, 8307, 8330, 8334 tot 8336 uitgevoer word	11,00
8305	Apexification of root canal, per visit/Apeksifikasie van wortelkanaal, per besoek	17,80
8307	Amputation of pulp (pulpotomy)/Amputasie van pulpa (pulpotomie)	17,80
8330	Preparatory visit - single rooted tooth, per visit/Voorbereidingsbesoek - eenworteltand, per besoek (previously/voorheen 8315)	13,60
8331	Maximum for 8330/Maksimum vir 8330 (previously/voorheen 8317)	54,40
8332	Preparatory visit - multi-rooted tooth, per visit/Voorbereidingsbesoek - tand met meer as een wortel, per besoek (previously/voorheen 8319)	18,80
8333	Maximum for 8332/Maksimum vir 8332 (previously/voorheen 8321)	75,40
Note : Items 8330, 8331, 8332 and 8333 are not charged at the same visit as Items 8334, 8335 and 8336./Items 8330, 8331, 8332 en 8333 word nie gehef tydens dieselfde besoek as items 8334, 8335 en 8336 nie		
8334	Root canal therapy, excluding molars, first canal/Wortelkanaaltherapie, uitgeslote molare, eerste kanaal (previously/voorheen 8311)	61,50
8335	Root canal therapy, molars, first canal/Wortelkanaaltherapie, molare - eerste kanaal (previously/voorheen 8312)	84,00
8336	Each additional canal (applicable to all teeth)/Elke bykomende kanaal (van toepassing op alle tande) (previously/voorheen 8313)	25,10

I. GENERAL DENTAL PRACTITIONERS/ALGEMENE TANDHEELKUNDIGE PRAKTISYNS
(continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
Note : Where a Root Treatment is completed at one visit (i.e. pulp removal, debridement, enlarging and filling canals, etc.) Modifier 8008 can be applied to Items 8334, 8335 and 8336./Waar 'n Wortelkanaalbehandeling voltooi word tydens een besoek (d.w.s. pulpa-verwydering, insnyding, vergroting en opvulling van kanaal, ens.) mag wysiger 8008 toegepas word op items 8334, 8335 en 8336.		
8323	Bacteriological specimen, per canal/Bakteriologiese monster, per kanaal	7,80
8325	Bleaching - per tooth/Bleiking - per tand	42,90
8327	Each additional visit for bleaching - per tooth/Elke bykomende besoek vir bleiking, per tand	15,70
8329	Maximum for 8327/Maksimum vir 8327	31,40
Plastic restorations/Plastiese herstellings		
Note : Plastic Restorations of the same material on molars and premolars are classified in accordance with the number of surfaces treated per tooth per visit, irrespective of whether the restorations are contiguous 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/Een vlak	14,70
8342	Two surfaces/Twee vlakke	20,40
8343	Three surfaces/Drie vlakke	27,00
8344	More than three surfaces/Meer as drie vlakke	33,20
8345	Preformed post reinforcement per post/Voorafvervaardigde stif versterking, per stif	19,90
8347	Pin retention for restoration, first pin/Penversterking vir herstelling, eerste pen	13,60
8349	Maximum for pin retention, per tooth/Maksimum vir penversterking per tand	27,20
Plastic restorations (using acid etch technique)/Plastiese herstellings (met gebruik van suur-ets tegniek)		
8350	Application of Rubber Dam, per arch (irrespective of number of teeth restored) when Items 8351 - 8354 are carried out/Aanwending van Kofferdam, per boog (ongegag die aantal tande herstel) wanneer items 8351 - 8354 uitgevoer word	11,00
8351	One surface/Een vlak	16,70
8352	Two surfaces/Twee vlakke	22,50
8353	Three surfaces/Drie vlakke	28,80
8354	More than three surfaces/Meer as drie vlakke	34,80
Note : Where items 8351 to 8354 are carried out on molars and premolars Modifier 8008 may be applied/Let Wel : Waar items 8351 tot 8354 toegepas word op die molare en premolare mag wysiger 8008 gebruik word.		
8355	Composite Veneers (Laminated or Direct)/Harsfinere (Lamel of Direkte)	42,90+L
8356	Bridge per abutment/Brug per ankertand	62,30+L
	Per pontic (see 8420, 8422, 8424)/Per foptand (kyk 8420, 8422, 8424)	
8357	Preformed metal crown/Voorafgevormde metaalkroon	28,30
Inlays/Inlegsels		
Metal inlays/Metaalinlegsels :		
8361	One surface/Een vlak	42,90+L
8362	Two surfaces/Twee vlakke	62,30+L
8363	Three surfaces/Drie vlakke	104,40+L
8364	Four surfaces/Vier vlakke	126,10+L
8365	Five surfaces/Vyf vlakke	126,10+L
8366	Ceramic Inlaid Veneers/Keramiekinlegfinere	118,50+L

Note : In some of the above cases (e.g. Direct Hybrid Inlays) +L may not apply/
Let Wel : In sommige bogenoemde gevalle (bv. Direkte Gemengde Hars Inlegsels) mag +L nie van toepassing wees nie

I. GENERAL DENTAL PRACTITIONERS/ALGEMENE TANDHEELKUNDIGE PRAKTISYNS
(continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
Ceramic/Resin Bonded Inlays / Keramiek/Harsgebonde Inlegsels		
8371	One surface/Een vlak	51,30+L
8372	Two surfaces/Twee vlakke	75,40+L
8373	Three surfaces/Drie vlakke	125,10+L
8374	Four surfaces/Vier vlakke	151,50+L
8375	Five surfaces/Vyf vlakke	151,50+L

Preformed post and core/Voorafvervaardigde stif en kern

8376	Single post and core/Enkel stif en kern	34,80
8377	Double post and core/Tweeledige stif en kern	55,20
8378	Triple post and core/Drieledige stif en kern	75,40

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/Enkelstif	32,20+L
8393	Binary post/Tweeledige stif	51,30+L
8395	Triple post/Drieledige stif	74,30+L
8396	Copings/Vingerhoede	20,90+L
8397	Cast core with pins/Gegote kern met penne	51,30+L
8398	Plastic core on pin reinforcing irrespective of number of pins/Plastiese kern op penversterking ongeag aantal penne	51,30

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/Gegote volle kroon	149,90+L
8403	Cast three-quarter crown/Gegote driekwartkroon	149,90+L
8405	Acrylic jacket crown/Akrieldopkroon	127,90+L
8407	Acrylic veneered crown/Akrielfeïneerde kroon	160,40+L
8409	Porcelain jacket crown/Porseleindopkroon	160,40+L
8411	Porcelain veneered crown/Porseleingefineerde kroon	160,40+L
8413	Facing replacement/Vervanging van gesigstuk	31,40+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/Sanitêre foptand	78,00+L
8422	Posterior pontic/Posterior foptand	104,40+L
8424	Anterior pontic including premolars/Anterior foptand (sluit premolêre in)	130,80+L

G. GENERAL ANAESTHETICS/ALGEMENE NARKOSE

8499	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./Die toepaslike 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.	
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II. ORAL PATHOLOGISTS/MOND PATOLOË

Code/Kode No/Nr	Procedure/Prosedure	R
9201	Consultation at rooms/Konsultasie by spreekkamers	25,10
9203	Consultation at hospital, nursing home or house/Konsultasie by hospitaal, verpleeginrigting of tuis	28,30
9205	Subsequent consultation/Daaropvolgende konsultasie	18,80
9207	Night consultation/Nagkonsultasie	40,80
Rule/Reël 012	In cases where services are not listed in the dental scale of benefits then the appropriate fee listed in the medical scale of benefits for pathologists shall be charged and the relevant item in the medical scale of benefits must be indicated./In gevalle waar dienste nie in die tandheelkundige voordeleskaal gelys is nie, sal die toepaslike gelde, gelys in die mediese voordeleskaal vir patoloë, gevra word en die toepaslike item in die mediese voordeleskaal moet aangedui word.	

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE

Code/Kode No/Nr	Procedure/Prosedure	R
A. DIAGNOSTIC PROCEDURES/DIAGNOSTIESE PROSEDURES		
8501	Consultation/Konsultasie	25,10
8107	Intra-oral radiographs, per film/Binnemondse röntgenfoto's, per film	8,60
8108	Maximum/Maksimum	69,10
8113	Occlusal radiographs/Okklusale röntgenfoto's	13,60
8115	Panoramic radiograph/Panoramiese röntgenfoto's	42,90
8117	Study models - unmounted/Studiemodelle - ongemonteer	9,70+L
8119	Study models - mounted on adjustable articulator/Studiemodelle - op verstelbare artikulator gemonteer	25,10+L
8121	Diagnostic photographs, per photograph/Diagnostiese foto's, per foto	9,70
8503	Occlusal analysis on adjustable articulator/Okklusale analise op verstelbare artikulator	51,30+L
8505	Pantographic recording/Pantograafregistrasies	74,30
8507	Examination, diagnosis and treatment planning/Ondersoek, diagnose en behandelingsbeplanning	51,30
8508	Electrognathographic recording/Elektrognatografiese opname	80,10
8509	Electrognathographic recording with computer analysis/Elektrognatografiese opname met komputeranalise	132,90
8811	Cephalometric radiograph and analysis/Kefalometriese röntgenfoto en ontleding	42,90
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname ...	46,60
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname ...	51,30
B. PREVENTIVE PROCEDURES/VOORKOMENDE PROSEDURES		
8151	Oral hygiene instruction/Mondhigiënevoorligting	13,60
8153	Follow-up visit for re-evaluation of oral hygiene (if no other treatment is performed at the same visit)/Opvolgbesoek vir herevaluering van mondhygiëne (indien geen ander behandeling tydens dieselfde besoek)	9,70
8155	Polishing only (including removal of plaque)/Slegs polering (met inbegrip van verwydering van plaak)	13,60
8159	Scaling and polishing/Skalering en polering	25,10
8161	Topical application of fluoride preparation (does not include scaling and/or polishing)/ Oppervlakaanwending van fluoriedpreparaat (sluit nie skalering en/of polering in nie)	13,60
8163	Fissure sealant, per tooth/Fissuurverseëling, per tand	8,60
8164	Maximum per quadrant/Maksimum per kwadrant	17,30
8165	Application of fluoride using laboratory processed applicators/Fluoried aanwending met gebruik van laboratoriumvervaardigde apparaat	15,70+L
8167	Treatment of hypersensitive dentine, per visit/Behandeling vir hipersensitiewe dentien, per besoek	13,60
8169	Bite plate or occlusal guards/Bytplate of okklusale skerms	51,80+L
8171	Mouth protectors/Mondskerms	By arrange- ment/ Volgens oor- eenkoms

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE (continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
C. TREATMENT PROCEDURES/BEHANDELINGSPROSEDURES		
Emergency treatment/Noodbehandeling		
8511	Emergency treatment for relief of pain (where no other tariff item is applicable)/Pynverligting (waarop geen ander tariefitem van toepassing is nie)	31,40
8513	Emergency crown (not applicable to Temporary Crowns placed during routine crown and bridge preparations)/Noodkroon (nie van toepassing op plasing van tydelike kroon gedurende roetine kroon en brug voorbereidings nie)	51,80
8515	Recementation of inlay, crown or bridge per abutment/Hersementering van inlegsels, kroon of brug, per ankertand	19,90
8517	Reimplantation of a tooth, including fixation as required/Herinplantering van tand, insluitende verankering soos benodig	53,40+L
Provisional treatment/Tydlike behandeling		
8521	Provisional splinting extracoronary wire, per sextant/Tydlike spaliking - ekstrakoronale draad, per sekstant	42,90
8523	Provisional splinting extracoronary wire plus resin, per sextant/Tydlike spaliking - ekstrakoronale draad plus hars, per sekstant	62,30
8527	Provisional splinting intracoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint/Tydlike spaliking - intrakoronale draad of penne of gegote stang plus amalgaam of hars, per tandeenheid in die spaliking ingesluit	19,90+L
8529	Provisional crown, which is not placed during routine crown preparations/Voorlopige kroon wat nie gedurende roetine kroonpreparasie geplaas word nie	51,30+L
8530	Preformed metal crown/Vocrafvervaardigde metaalkroon	43,40
Occlusal adjustment/Okklusale verstelling		
8551	Major occlusal adjustment/Volledige okklusale verstelling	146,50
8553	Minor occlusal adjustment/Geringe okklusale verstelling	46,10
8554	Ceramic Inlaid Veneers/Keramiekinlegfinere	178,20+L
Ceramic/Resin Bonded Inlays/Keramiek/Hars Gebonde Inlegsels		
8555	One surface/Een vlak	111,70+L
8556	Two surfaces/Twee vlakke	161,20+L
8557	Three surfaces/Drie vlakke	249,90+L
8558	Four surfaces/Vier vlakke	249,90+L
8559	Five surfaces/Vyf vlakke	249,90+L
Note : In some of the above cases (e.g. Direct Hybrid Inlays) +L may not apply/Let Wel : In sommige bogenoemde gevalle (bv. Direkte Gemengde Hars Inlegsels) mag +L nie van toepassing wees nie.		
Gold foil restorations/Bladgoudherstellings		
8561	Class I and Class VI/Klas I en Klas VI	134,20
8563	Class V/Klas V	157,00
8565	Class III/Klas III	197,30
Gold restorations/Goudherstellings		
8571	One surface/Een vlak	92,90+L
8572	Two surfaces/Twee vlakke	134,20+L
8573	Three surfaces/Drie vlakke	208,00+L
8574	Four surfaces/Vier vlakke	208,00+L
8575	Five surfaces/Vyf vlakke	208,00+L
8577	Pin retention/Penretensie	30,90
Posts and copings/Stiwwe en vingerhoede		
8581	Single post/Enkelstif	51,80+L
8582	Double post/Tweeledige stif	74,30+L
8583	Triple post/Driedeledige stif	92,90+L
8587	Copings/Vingerhoede	42,90+L
8589	Cast core with pins/Gegote kern met penne	73,30+L
8591	Plastic core on pin reinforcing irrespective of number of pins/Plastiese kern op penversterking ongeag aantal penne	51,30

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE (continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
Implants/Implantate		
8592	Tissue integrated (osseo-integrated) prosthesis including placement of copings and fitting of prosthetic components/Weefsel-geïntegreerde (been-geïntegreerde) protese insluitend plasing van vingerhoed en die pas van ander protetiese komponente	By arrangement/ Volgens ooreenkoms
8593	Placements of endosteal implant, per implant/Plasing van endosteale implantaat, per implantaat	116,70+L
8595	Placement of sub-periosteal implant, per implant/Plasing van sub-periosteale implantaat, per implantaat	233,90+L
8596	Placement of endodontic endosteal implant/Plasing van endosteale implantaat in wortelkanaal	32,20+L
Connectors/Verbinders		
8597	Locks and milled rests/Slot en gemasjineerde ruste	20,90+L
8599	Precision attachment/Slotheftings	51,30+L
Crowns/Krone		
8601	Cast three-quarter crown/Gegote driekwartkroon	208,00+L
8603	Cast gold crown/Gegote goue kroon	208,00+L
8605	Acrylic veneered gold crown/Akrielgefineerde goue kroon	238,60+L
8607	Porcelain jacket crown/Porseleindopkroon	208,00+L
8609	Porcelain veneered metal crown/Porseleingefineerde metaalkroon	259,80+L
Bridges/Brûe		
Note : Retainers as above/Let Wel : Ankers soos bo		
8611	Sanitary pontic/Sanitêre foptand	157,00+L
8613	Posterior pontic/Posterior foptand	193,60+L
8615	Anterior pontic/Anterior foptand	207,70+L
Resin bonded retainers/Hergebonde ankers		
8617	Per abutment/Per ankertand	134,20+L
	Per pontic (see 8611, 8613, 8615)/Per foptand (sien 8611, 8613, 8615)	
Conservative treatment of myofascial pain-dysfunction syndrome/ Konservatiewe behandeling van miofasiale pyn disfunksiesindroom		
8621	First visit/Eerste besoek	25,10
8623	Subsequent visit/Opvolgende besoek	18,80
Endodontic procedures, etc./Endodontiese prosedures, ens.		
8631	Root canal therapy, first canal/Wortelkanaalterapie, eerste kanaal	182,10
8633	Each additional canal/Elke bykomende kanaal	45,50
8634	Endodontic procedure on primary tooth/Wortelkanaalterapie op primêre tand	36,90
Note : The above endodontic fees include all X-rays and repeat visits/Let Wel : Bogenoemde endodontiese gelde sluit in alle X-stralfoto's en bykomende besoeke		
8635	Apexification of root canal, per visit/Apeksifikasie van wortelkanaal, per besoek	30,40
Note : Modifier 8002 is applicable to items 8325 to 8329 inclusive/Let Wel : Wysiger 8002 is van toepassing op tariefitems 8325 tot en met 8329		

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE (continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
8325	Bleaching - per tooth/Bleiking - per tand	42,90
8327	Each additional visit for bleaching per tooth/Elke bykomende besoek vir bleiking, per tand	15,70
8329	Maximum for 8327/Maksimum vir 8327	31,40
8637	Hemisection of a tooth or resection of root/Hemiseksie van 'n tand of reseksie van 'n wortel	73,30
8638	Incision and drainage of pyogenic abscess, intraoral approach/Lansering en dreinerig van piogene absesse (binnemondse toegang)	43,20
9015	Apicectomy, including retrograde root filling where necessary - anterior teeth/Apisektomie insluitend retrograde herstelling waar nodig - anteriortande	100,70
9016	Apicectomy including retrograde filling where necessary - Posterior teeth/Apisektomie insluitend retrograde herstelling waar nodig - Posterioriortande	201,70
8640	Removal of fractured post or instrument from root canal/Verwydering van gefrakteurde stif of instrument vanuit die wortelkanaal	53,40

Prosthetics (Removable)/Prostetika (Verwyderbaar)

8641	Complete upper and lower dentures without primary complications/Volle kunsgebit - bo en onder sonder primêre komplikasies	520,40+L
8643	Complete upper and lower dentures without major complications/Volle kunsgebit - bo en onder sonder groot komplikasies	675,60+L
8645	Complete upper and lower dentures with major complications/Volle kunsgebit - bo en onder met groot komplikasies	830,50+L
8647	Complete upper or lower dentures without primary complications/Volle kunsgebit - bo of onder sonder primêre komplikasies	364,20+L
8649	Complete upper or lower denture without major complications/Volle kunsgebit bo of onder sonder groot komplikasies	416,00+L
8651	Complete upper or lower denture with major complications/Volle kunsgebit - bo of onder met groot komplikasies	467,80+L
8661	Diagnostic dentures (inclusive of tissue conditioning treatment)/Diagnostiese kunsgebitte (met inbegrip van weefselopknappbehandeling)	416,00+L
8662	Remounting and occlusal adjustment of dentures/Hermontering en okklusale verstelling van kunsgebitte	59,90
8663	Chrome cobalt base or gold base for full denture (extra charge)/Chroomkobalt of goudbasis vir volle kunsgebit (ekstra koste)	125,10+L
8665	Rebase, per denture/Herbaserig, per kunsgebit	84,00+L
8667	Soft base, per denture (heat cured)/Sagte basis, per kunsgebit (met hitte verhard)	125,10+L
8668	Tissue conditioner, per denture/Weefselopknapper, per kunsgebit	30,90
8669	Intra-oral relin of complete or partial denture/Binnemondse opvulling van vol of gedeeltelike kunsgebit	46,10
8671	Metal (e.g. Chrome cobalt or gold) partial denture/Metaal (bv. Chroomkobalt of goud) gedeeltelike kunsgebit	416,00+L
8672	Additional fee for altered cast technique for partial denture/Bykomende gelde vir veranderde model tegniek, gedeeltelike kunsgebit	16,20+L
8674	Additive partial denture/Aanlasbare gedeeltelike kunsgebit	188,60+L
8679	Repairs/Herstelwerk	20,90+L
8273	Additional fee where impression is required for 8269/Bykomende gelde waar 'n afdruk nodig is vir 8269	9,70+L
8275	Adjustment of denture (after six months or for patient of another practitioner)/Verstelling van kunsgebit (na ses maande of vir 'n pasiënt van 'n ander tandarts)	9,70+L
8277	Gold inlay in denture/Goudinlegsels in kunsgebit	By arrange- ment/ Volgens oor- eenkoms

D. MAXILLO-FACIAL PROSTHODONTIC PROCEDURES/ PROSTODONTIESE GESIGSPROSEDURES

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 kunsgebitte hef saam met die gelde wat hieronder verskyn.

Maxillary Prostheses/Maksilêre Prosteses

9101	Surgical Obturator - Modified Denture/Chirurgiese Obturator - Gemodifiseerde kunsgebit	30,90+L
9102	Surgical Obturator Continuous Base/Chirurgiese Obturator - Aaneenlopende basis	84,00+L
9103	Surgical Obturator - Split Base/Chirurgiese Obturator - Seksionele basis	124,80+L
9104	Interim Obturator on Existing Denture/Tussentydse Obturator - Byvoeging op huidige kunsgebit	188,60+L

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE (continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
9105	Interim Obturator on New Denture/Tyssentydse Obturator - Nuwe kunsgebit	582,70+L
9106	Definitive Obturator Open/Hollow Box/Gedefinieerde Obturator - Oop/Hol ontwerp ...	188,60+D
9107	Definitive Obturator Silicone Glove/Gedefinieerde Obturator - Silikoon omhulsel	364,20+D
Mandibular Resection Prostheses/Mandibulêre Reseksie Prosteses		
9108	Prosthesis with Guide Flange/Protese met Gidsvlak	446,90+L
9109	Prosthesis without Guide Flange/Protese sonder Gidsvlak	416,00+L
9110	Prosthesis - Palatal Augmentation/Protese-Palaat Opbouing	84,00+D
Glossal Resection Prostheses/Glosale Reseksie Prosteses		
9111	Simple Prosthesis/Ongekompliseerd	174,80+D
9112	Complex Prosthesis/Gekompliseerd	262,20+D
Radiotherapy Appliances/Radioterapeutiese Toestelle		
9113	Carrier Simple/Houers - Ongekompliseerd	188,60+L
9114	Carrier Complex/Houer - Gekompliseerd	520,40+L
9115	Shields Simple/Skerms - Ongekompliseerd	188,60+L
9116	Shields Complex/Skerms - Gekompliseerd	520,40+L
9117	Cone Locators/Konus Lokeerders	188,60+L
Chemotherapy Appliances/Chemoterapeutiese Toestelle		
9118	Chemotherapeutic Agent Carriers/Chemoterapeutiese Agenthouers	188,60+L
Cleft Palate Prostheses/Gesplete Palaat Prosteses		
Neonatal Prostheses/Neonatale Prosteses		
8855	Consultation and Therapy at Hospital/Nursing Home/Residence/Konsultasie by verpleeginrigting/hospitaal/tuis	42,90
8856	Subsequent Consultation/Opvolgende konsultasie	20,90
8857	Weekly Maximum/Maksimum weekliks	147,00
9119	Passive Presurgical Prosthesis/Passiewe Pre-chirurgiese Protese	166,90+L
9120	Active Presurgical Orthopaedic Appliance - Minor/Aktiewe Pre-chirurgiese Ortopediese Toestel - Gering	166,90+L
9121	Active Presurgical Orthopaedic Appliance - Moderate/Aktiewe Pre-chirurgiese Ortopediese Toestel - Matig	247,30+L
9122	Active Presurgical Orthopaedic Appliance - Severe/Aktiewe Pre-chirurgiese Ortopediese Toestel - Erg	416,00+L
9123	Active Presurgical Orthopaedic Appliance Adjustment/Aktiewe Pre-chirurgiese Ortopediese Toestel - Aanpassings	20,90
9124	Neonatal Feeding Aid or Surgical Prosthesis/Neonatale Voedings of Chirurgiese Hulptoestel	166,90+L
Intermediate/Definitive Prostheses/Intermediêre/Gedefinieerde Prosteses		
9125	Speech Aid/Obturator with Palatal Modification/Spraak Terapeutiese Toestel/Obturator met Palatale Modifikasie	84,00+D
9126	Speech Aid/Obturator with Velar Modification/Spraak Terapeutiese Toestel/Obturator met Velum Modifikasie	188,60+D
9127	Speech Aid/Obturator with Pharyngeal Modification/Spraak Terapeutiese Toestel/Obturator met Farigeale Modifikasie	416,00+D
9128	Speech Aid/Obturator Adjustment/Spraak Terapeutiese Toestel/Obturator Aanpassings	20,90
9129	Speech Aid/Obturator Surgical Prosthesis/Spraak Terapeutiese Chirurgiese Protese ...	166,90+L
Speech Appliances/Spraak Toestel		
9130	Palatal Lift/Palatale Ondersteunings Apparaat	84,00+D
9131	Palatal Stimulating/Palatale Stimulerende Apparaat	188,60+D
9132	Speech Bulb/Spraak Bol	416,00+D
9133	Adjustments/Aanpassings	20,90
9134	Other/Ander	By arrangement/ Volgens ooreenkoms

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE (continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
Extra-oral Appliances/Ekstra-orale Prosteses		
9135	Auricular Prosthesis - Simple/Oorprotese - Ongekompliseerd	520,40+L
9136	Auricular Prosthesis - Complex/Oorprotese - Gekompliseerd	675,60+L
9137	Nasal Prosthesis - Simple/Neusprotese - Ongekompliseerd	520,40+L
9138	Nasal Prosthesis - Complex/Neusprotese - Gekompliseerd	675,60+L
9139	Ocular Prosthesis - Conformer/Oogprotese - Konformer	188,60+L
9140	Ocular Prosthesis using Modified Stock Appliance/Oogprotese - Gemodifiseerd	467,80+L
9141	Ocular Prosthesis using Custom Appliance/Oogprotese - Geïndividualiseerde vervaardiging	675,60+L
9142	Orbital Prosthesis - Simple (Excluding ocular section)/Orbitaleprotese - Ongekompliseerde oog (Gesigsvlak uitgesluit)	467,80+L
9143	Orbital Prosthesis - Complex (Excluding ocular section)/Orbitaleprotese - Gekompliseerde oog (Gesigsvlak uitgesluit)	675,60+L
9144	Combination Facial Prosthesis - Small/Saamgestelde Gesigsprotese - Klein	By arrangement/ Volgens ooreenkoms
9145	Combination Facial Prosthesis - Medium/Saamgestelde Gesigsprotese - Medium	By arrangement/ Volgens ooreenkoms
9146	Combination Facial Prosthesis - Large/Saamgestelde Gesigsprotese - Groot	By arrangement/ Volgens ooreenkoms
9147	Combination Facial Prosthesis - Complex/Saamgestelde Gesigsprotese - Gekompliseerd	By arrangement/ Volgens ooreenkoms
9148	Other Body Prosthesis - Simple/Protese vir ander liggaamsdele - Ongekompliseerd	467,80+L
9149	Other Body Prosthesis - Complex/Protese vir ander liggaamsdele - Gekompliseerd	675,60+L
9150	Surgical Facial Prosthesis - Simple/Chirurgiese Gesigsprotese - Ongekompliseerd	364,20+L
9151	Surgical Facial Prosthesis - Complex/Chirurgiese Gesigsprotese - Gekompliseerd	467,80+L
9152	Additional Prosthesis (from mould at time of first Prosthesis)/Addisionele Protese (van model tydens eerste protese)	Modifier 8006/ Wysiger 8006
9153	Replacement Prosthesis (from original mould)/Vervanging Protese (van oorspronklike model)	Modifier 8006/ Wysiger 8006
9155	Cranial Prosthesis/Kraniaal Prostese	188,60+L
Custom Implants/Geïndividualiseerde Implantate		
9156	Cranial - Acrylic, Elastomeric, Metallic/Kraniaal - Akrielhars, Elastomerie, Metaalagtig	233,90+L
9157	Facial Simple/Gesig - Ongekompliseerd	116,70+L
9158	Facial Complex/Gesig - Gekompliseerd	233,90+L
9159	Ocular - Custom made/Oog - Geïndividualiseerde vervaardiging	116,70+L
9160	Body - Special Prosthesis/Liggaam - Spesiale protese	520,40+L
Surgical Appliances/Chirurgiese Prostese		
9161	Splints - Simple/Spalke - Ongekompliseerd	51,30+L
9162	Splints - Complex/Spalke - Gekompliseerd	188,60+L
9163	Templates - Simple/Template - Ongekompliseerd	51,30+L
9164	Templates - Complex/Template - Gekompliseerd	188,60+L
9165	Conformers - Simple/Konformers - Ongekompliseerd	51,30+L
9166	Conformers - Complex/Konformers - Gekompliseerd	188,60+L
Trismus Appliances/Trismus Toestelle		
9167	Trismus Appliances - Simple/Trismus Toestel - Ongekompliseerd	20,90+L
9168	Trismus Appliances - Complex/Trismus Toestel - Gekompliseerd	188,60+L
9169	Orthoses (for paralysed patients)/Toestelle vir Ortose (vir verlamde pasiënte)	416,00+L
9170	Facial Palsy Appliances/Toestelle vir gesigsverlamming	125,10+D
Burn Appliances/Toestelle vir verbranders		
9171	Oral Splints (per commisure)/Mondspalke (per commisure)	51,30+L
9172	Dynamic Oral Retractors (per arm)/Dinamiese Mondretraktors (per arm)	51,30+L
9173	Hand Splints/Handspalke	116,70+L
9174	Other/Ander	By arrangement/ Volgens ooreenkoms

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE (continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
Attendance in Theatre/Teater tyd		
9175	Attendance in theatre, per hour/Teater tyd, per uur	69,90

IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/PERIODONTISTS SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS

PREAMBLE/INLEIDING

- (a) The scheduled fees for diagnostic procedures may be charged irrespective of whether treatment is accepted or not./Die geskeduleerde gelde vir die diagnostiese prosedures kan gehef word ongeag of die behandeling aanvaar word al dan nie.
- (b) 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./Die onkoste verbonde aan diagnostiese toetse, laboratoriumprosedures (tensy die laboratorium die betrokke bedrag roetine gewys van die pasiënt verhaal), spesiale materiale, medikamente, ensovoorts, moet gevra word bo en behalwe die geld vir die behandeling gehef.
- (c) 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)./Indien 'n prosedure wat uitgevoer is van kleiner omvang is as dié gespesifiseer in die voordeelskaal, 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).
- (d) Fees for surgical procedures include aftercare for a period not exceeding four months./Die gelde vir chirurgiese prosedures sluit in die nasorg vir 'n tydperk van hoogstens vier maande.
- (e) 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./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.

Code/Kode No/Nr	Procedure/Prosedure	R
DIAGNOSTIC PROCEDURES/DIAGNOSTIESE PROSEDURES		
8701	Consultation/Konsultasie	25,10
Note : 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./Let Wel : '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.		
8107	Intra-oral radiographs, per film/Binnemondse röntgenfoto's, per film	8,60
8108	Maximum/Maksimum	69,10
8113	Occlusal radiographs/Oklusale röntgenfoto's	13,60
8115	Panoramic radiographs/Panoramiese röntgenfoto's	42,90
8117	Study models - unmounted/Studiemodelle - ongemonteer	9,70+L
8119	Study models - mounted on adjustable articulator/Studiemodelle - op verstelbare artikulator gemonteer	25,10+L
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment per case/Addisionele koste vir behandeling onder algemene narkose of tuis- of hospitaalbesoeke, per geval	22,20
8703	Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation/Gedetailleerde kliniese ondersoek, rekords, radiografiese interpretasie, diagnose, behandelingsbeplanning en uiteensetting van geval	84,00

IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/PERIODONTISTS
SPECIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS
 (continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
Note : 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./Let Wel : 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 behandelingsbeplanning moontlik te maak.		
8705	Periodic re-examination/Periodieke herondersoek	25,10
8706	Appointment not kept (by arrangement with patient)/Afspraak nie nagekom nie (volgens ooreenkoms met pasiënt)	
8707	Periodontal screening/Periodontale siftingsondersoek	25,10
Note/Let Wel : 1. A Periodontal Screening consists of the measurement and recording of a plaque index, a bleeding index, probing depths and/or a periodontal disease index./n Periodontale Siftingsondersoek bestaan uit die verkryging en aantekening van 'n plaakindeks, bloedingsindeks, sonderingsdiepte en/of 'n periodontale siekte indeks. 2. Items 8701, 8703 and 8707 cannot be charged at one and the same visit./Items 8701, 8703 en 8707 mag nie vir een en dieselfde besoek gehef word nie.		
TREATMENT & MAINTENANCE PROCEDURES/ BEHANDELING EN INSTANDHOUDINGSPROSEDURES		
8711	Oral hygiene education and instruction, per visit/Mondhigiëne-onderrig en voorligting, per besoek	30,90
8713	Oral hygiene evaluation if no other treatment is performed (if re-instruction is necessary, only Item 8711 shall apply)/Evaluering van mondhygiëne indien geen ander behandeling (indien verdere onderrig nodig is, is slegs item 8711 van toepassing)	14,90
8714	Professional plaque removal and polishing/Professionele plaakverwydering en polering	20,90
8715	Scaling per visit/Skalering per besoek	42,90
8721	Occlusal adjustment per visit/Okklusale regstelling per besoek	46,60
8723	Provisional splinting - extracoronary wire, per sextant/Tydlike spalping ekstrakoronale draad, per sekstant	42,90+L
8725	Provisional splinting - extracoronary wire plus resin, per sextant/Tydlike spalping - ekstrakoronale draad plus hars, per sekstant	62,30+L
8727	Provisional splinting - intracoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint/Tydlike spalping - intrakoronale draad of penne of gegote stang plus amalgaam of hars, per tandeenhed in die spalk ingesluit.....	19,90+L

**PERIODONTAL SURGICAL PROCEDURES/
PERIODONTALE CHIRURGIESE PROSEDURES**

8731	Periodontal abscess - treatment of acute phase/Periodontale abses - behandeling van akute fase	36,90
8733	Periodontal curettage, per quadrant/Periodontale kuretering, per kwadrant	42,90
8735	Periodontal curettage, per sextant/Periodontale kuretering, per sekstant	33,50
8737	Root planing with or without periodontal curettage, per quadrant/Wortelskawing met of sonder periodontale kuretering, per kwadrant	84,00
8739	Root planing with or without periodontal curettage, per sextant/Wortelskawing met en gingivale kuretering, per sekstant	67,00
8741	Gingivectomy - gingivoplasty, per quadrant/Gingivektomie-gingivoplastiek, per kwadrant	110,70
8743	Gingivectomy - gingivoplasty, per sextant/Gingivektomie-gingivoplastiek, per sekstant	87,90
8749	Flap operation with root planing 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 mucogingival procedure, wedge resection, apicectomy, per quadrant/Flap operasie met wortelskawing en wat nie meer as 3 van die volgende prosedures insluit nie : beenkontoering, chemiese behandeling van worteloppervlak, beentransplantaat, wortelreseksie, tand-hemiseksie, mukogingivale prosedure, wigreseksie, apisektomie, per kwadrant	251,20
8751	As Item 8749, per sextant/Soos item 8749, per sekstant	208,00

**IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/PERIODONTISTS/
SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS**
(continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
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 mucogingival procedure, wedge resection, apicectomy, per quadrant/Flap operasie met wortelskawing en kurettering en wat meer as 3 van die volgende insluit : beenkontoering, chemiese behandeling van worteloppervlak, beentransplantaat, wortelreseksie, tandhemiseksie, mukogingivale prosedure, wigreseksie, apisektomie, per kwadrant	311,40
8755	As Item 8753, per sextant/Soos item 8753, per sekstant	252,80
NOTE/LET WEL :		
Each bone graft, root resection, tooth hemisection, mucogingival procedure, wedge resection, apicectomy shall be deemed one procedure./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)/Flap operasie met beenreduksie om die kliniese kroon van 'n enkele tand te verleng	152,80
8757	Frenoplasty (as an isolated procedure)/Frenoplastiek (as 'n geïsoleerde prosedure)	115,40
8759	Pedicle flapped graft e.g. lateral sliding double papilla, rotated and similar (as an isolated procedure)/Pedikelflapoorplanting bv. laterale verplasing, dubbele papilla, geroteer en soortgelyk (as 'n geïsoleerde prosedure)	115,40
8761	Masticatory mucosal autograft extending across not more than four teeth (isolated procedure)/Selfoorplanting van kou-mukose gestrek oor nie meer as vier tande nie (geïsoleerde prosedure)	136,10+L
8762	Masticatory mucosal autograft extending across more than four teeth (isolated procedure)/Selfoorplanting van kou-mukosa gestrek oor meer as vier tande (geïsoleerde prosedure)	187,90+L
8763	Wedge resection (as an isolated procedure)/Wigreseksie (as 'n geïsoleerde prosedure) ...	73,30
8765	Hemisection of a tooth/resection of a root/apicectomy including retrograde filling where necessary, but excluding endodontics (as an isolated procedure)/Hemiseksie van 'n tand/wortelreseksie/apisektomie uitsluitend retrograde herstelling waar nodig, maar uitsluitende endodonsie (as 'n geïsoleerde prosedure)	100,70
8766	Surgical exposure of impacted or unerupted teeth for orthodontic reasons/Chirurgiese blootstelling van beklemde of ongeërupteerde tande om ortodontiese redes	140,00
8767	Osseous graft at a single site including obtaining of autogenous donor tissue/Beenoorplanting in 'n enkele posisie, met inbegrip van die verkryging van outogene skenker weefsel	156,20
8768	Any other periodontal procedure involving a single tooth/Enige ander periodontiese prosedure wat 'n enkele tand betrek	73,30
9182	Placement of endosteal implant, per implant/Plasing van endosteale implantaat, per implantaat	157,00+L
9183	Placement of osseointegrated implant and abutment, single implant per jaw/Plasing van osseo-integrerende implantaat en aanhegting, een implantaat per kaak	163,30
9184	Placement of osseointegrated implant and abutment, two implants per jaw/Plasing van osseo-integrerende implantaat en aanhegting van twee implantate per kaak	213,50
9185	Placement of osseointegrated implant and abutment, three implants per jaw/Plasing van osseo-integrerende implantaat en aanhegting, drie implantate per kaak	263,70
9186	Placement of osseointegrated implant and abutment, four implants per jaw/Plasing van osseo-integrerende implantaat en aanhegting, vier implantate per kaak	314,00
9187	Placement of osseointegrated implant and abutment, five implants per jaw/Plasing van osseo-integrerende implantaat en aanhegting, vyf implantate per kaak	364,20
9188	Placement of osseointegrated implant and abutment, six implants per jaw/Plasing van osseo-integrerende implantaat en aanhegting, ses implantate per kaak	414,50
9189	Cost of Implants/Koste van implantate	By arrange- ment/ Volgens oor- eenkoms

Note : The fee includes subsequent exposure and placement of the transmucosal extensions./**Let Wel :** Die fooi sluit die daaropvolgende ontbloting en plasing van die transmukosale verlengstukke in.

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/Konsultasie, ondersoek en diagnose van mondsiektes, siektetoestande van die omliggende weefsels, temporomandibulêre gewrigsaandoening, of miofasiale pyndisfunksie	25,10
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**IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/PERIODONTISTS/
SPESIALISTE IN MONGENEESKUNDE EN PERIODONSIE/PERIODONTIS**
(continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
8783	Subsequent consultation for same disease/condition/Daaropvolgende konsultasie vir dieselfde siekte/toestand	18,80
8785	Biopsy/Biopsie	47,90
8787	Any other procedure connected with the practice of oral medicine/Enige ander prosedure wat verband hou met die praktyk van mondgeneeskunde	26,20
8789	Temporomandibular intra-articular injection - first injection/Temporomandibulêre intra-artikulêre inspuiting - eerste inspuiting	25,10
8791	As item 8789, subsequent injections/Soos item 8789, verdere inspuitings	10,20

Note : Conservative treatment of temporomandibular joint disorders and myofascial pain-dysfunction: see relevant items in this or other sections of the scale of benefits./Let Wel : Konserwatiewe behandeling van temporomandibulêre gewrigsaandoenings en miofasiale pyndisfunksie: kyk toepaslike items in hierdie of ander afdelings van die voordeleskaal.

V. SPECIALIST ORTHODONTISTS/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 orthodontist, the total fee charged by him shall not exceed the 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./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 bedrag, wat ten tye van die aanvang van die finale stadium, vir die betrokke tipe wanaansluiting voorgeskrewe 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 orthodontist./Die gelde vir dienste onder die opskrif Korrektiewe Terapie (Items 8865 - 8887) sal betaalbaar wees gedurende die verloop van die behandeling soos bepaal deur elke individuele ortodontis.

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./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.

**IMPORTANT NOTE : General Dental Practitioners are urged to study Items 3.1, 3.2, 3.3 and 3.4/
BELANGRIK : Algemene Tandheelkundige Praktisyns word sterk aangeraai om Items 3.1, 3.2, 3.3 en 3.4 noukeuring te bestudeer.**

Code/Kode No/Nr	Procedure/Prosedure	R
CONSULTATIONS/KONSULTASIES		
8801	First consultation/Eerste konsultasie	25,10
8803	Subsequent consultation, retention and/or post-treatment consultation/Daaropvolgende konsultasie, retensie en/of nabehandelingkonsultasie	18,80

RECORDS AND INVESTIGATIONS/REKORDS EN ONDERSOEKE

8811	Cephalometric radiograph and analysis/Kefalometriese röntgenfoto en ontleding	42,90
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname ..	46,60
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname ..	51,30
8115	Panoramic radiograph/Panoramiese röntgenfoto	42,90
8107	Intra-oral radiographs, per film/Binnemondse röntgenfoto's, per film	8,60
8108	Maximum/Maksimum	69,10
8113	Occlusal radiograph/Okklusale röntgenfoto	13,60
8827	Extra-oral radiograph, per film/Binnemondse röntgenfoto, per film	13,60

V. SPECIALIST ORTHODONTISTS/SPECIALIS ORTODONTISTE
(continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
8829	P-A radiograph/P-A röntgenfoto	19,10
8831	Handwrist radiograph/Handgewrig röntgenfoto	19,10
8117	Study models - unmounted/Studiemodelle - ongemonteer	9,70+L
8119	Study models - mounted on adjustable articulator/Studiemodelle - op verstelbare artikulator gemonteer	25,10+L
8835	Diagnostic photographs, per photograph/Diagnostiese foto's, per foto	9,70
8837	Diagnosis and treatment planning/Diagnose en behandelingsbeplanning	14,90
8839	Orthodontic diagnostic set-up/Ortodontiese diagnostiese opstelling	31,40

**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 behandelingsbeplanning 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/Behandelingsbeplanning vir ortognatiese chirurgie	108,80+L
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**RETAINERS, REPAIRS AND/OR REPLACEMENTS
RETENSietoESTELLE, REPARASIES EN/OF VERVANGING VAN TOESTELLE**

8846	Removable : Repair/Verplaasbaar : Reparasie	21,20+L
8847	Replacement/Vervanging van toestel	73,30+L
8848	Fixed : Repair or replacement per unit/Vaste toestel : Herstel of vervanging per eenheid	31,40
8849	Retainer/Retensietoestel	73,30+L

CORRECTIVE THERAPY/KORREKTIEWE TERAPIE

**Treatment of Myofascial pain-dysfunction syndrome/
Behandeling van Miofasiale pyndisfunksie sindroom**

8850	First consultation/Eerste konsultasie	35,60
8851	Subsequent consultation/Opvolgende konsultasie.....	18,80
8852	Bite plate/Bytplate	51,30+L

Occlusal adjustment/Okklusale verstelling

8853	Major occlusal adjustment/Volledige okklusale verstelling	146,00
8854	Minor occlusal adjustment/Geringe okklusale verstelling	46,60

Cleft palate therapy/Gesplete verhemelte terapie

8855	Consultation and therapy at hospital/nursing home/residence/Konsultasie en terapie te hospitaal/verpleeginrigting/tuis	42,90
8856	Subsequent consultation/Opvolgende konsultasie	20,90
8857	Weekly maximum/Weeklikse maksimum	147,00

Predentition treatment/Predentisie behandeling

8858	Minor/Gering	166,90+L
8859	Moderate/Matig	247,30+L
8860	Severe/Erg	416,00+L
	Subsequent treatment as per schedule/Latere behandeling volgens skedule	

Minor corrective therapy/Geringe korrektiewe terapie

8861	Fixed/Vaste toestel	311,40
8862	Removable (single)/Verplaasbare (enkel toestel)	260,10+L
8863	Removable (per additional)/Verplaasbare (per bykomende toestel)	130,80+L
8864	Removable (maximum for item 8863)/Verplaasbare (maksimum vir item 8863)	261,40+L

V. SPECIALIST ORTHODONTISTS/SPECIALIS ORTODONTISTE
(continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
Major corrective therapy/Korrektiewe terapie - uitgebrei		
Preliminary treatment : (functional appliance treatment falls into this category)/Voorlopige behandeling : (funksionele-apparaat behandeling val in hierdie kategorie)		
8865	Upper or lower arch/Boonste of onderste tandboog	831,30
8866	Combined upper and lower arch/Saamgestelde boonste en onderste tandboog	1 143,10
Single arch treatment/Enkel boog behandeling		
8867	Mild/Gering	893,80
8868	Moderate/Matig	1 102,10
8869	Severe/Erg	1 289,10
8870	Severe plus complications/Erg met komplikasies	1 559,40
Class I: Malocclusions/Klas I: Wansluitings		
8873	Mild/Gering	1 632,70
8875	Moderate/Matig	2 006,80
8877	Severe/Erg	2 339,70
8879	Severe with complications/Erg met komplikasies	2 629,00
Class II and III: Malocclusions/Klas II en III: Wansluitings		
8881	Mild/Gering	2 339,70
8883	Moderate/Matig	2 629,00
8885	Severe/Erg	2 952,20
8887	Severe with complications/Erg met komplikasies	3 326,10
8890	Monthly payment for treatment (refer to code number of treatment)/Maandelikse betaling vir behandeling (verwys na kodenommer van behandeling)	
8891	Re-negotiated fee for transfer cases/Herbedingde geld vir oorplaasgevalle	By arrange- ment/ Volgens oor- eenkoms

**VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS/
SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGIE**

See Rule 011/Sien Reël 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 percent (8002)./Indien die prosedures van tariefitems 8201 tot en met 8218 uitgevoer word deur spesialiste in kaak-, gesigs- en mondchirurgie, is die gelde gelyk aan die toepaslike tariefgelde plus 50 persent (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 R47,60 for each such subsidiary operation or procedure (8005)./Die gelde vir meer as een operasie of prosedure via dieselfde insnyding uitgevoer, word bereken as die geld vir die hoofoperasie plus die tariefgeld vir die bykomende operasie tot 'n maksimum van R47,60 vir elke sodanige operasie of prosedure (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:-/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% for the second procedure/operation (8009)/75% vir die tweede prosedure/operasie (8009)

50% for the third procedure/operation (8006)/50% vir die derde prosedure/operasie (8006)

25% for the fourth procedure/operation (8010)/25% vir die vierde prosedure/operasie (8010)

10% for the fifth procedure/operation (8011)/10% vir die vyfde prosedure/operasie (8011)

5% for the sixth and subsequent procedure/operation (8012)/5% vir die sesde en daaropvolgende prosedure/operasie (8012)

This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee for his operation./Hierdie reël is nie van toepassing nie waar twee of meer onverwante operasies deur praktisyne van verskillende spesialiteite uitgevoer word, in welke geval elke praktisyn geregtig is op die volle geld vir sy operasie.

**VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS/
SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGIE
(continued/vervolg)**

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./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 dié vir die eerste.

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 scheme, may be charged./Die tariefgeld vir 'n operasie sluit in, tensy 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 skema ooreengekom het.

4. The fee payable to an assistant shall be calculated as 15 per cent of the fee of the practitioner performing the operation, with a minimum of R28,80 (8007)./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 R28,80 (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)./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).

See Rule 012/Sien Reël 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.**/In gevalle waar behandeling nie in die tandheelkundige voordeleskaal vir algemene praktisyne of spesialiste gelys is nie, sal die toepaslike gelde, gelys in die mediese voordeleskaal gevra word, en **die betrokke mediese geldetariefitem moet aangedui word.**

Code/Kode No/Nr	Procedure/Prosedure	R
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CONSULTATIONS AND VISITS/KONSULTASIES EN BESOEKE

8901	Consultation at consulting rooms/Konsultasie by spreekkamers	25,10
8903	Consultation at hospital, nursing home or house/Konsultasie by hospitaal, verpleeginrigting of tuis	28,30
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house/Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis	18,80
8905	Weekend visits and night visits at request of patient between 18h00 - 07h00 the following day/Naweek- en nagbesoeke op versoek van pasiënt tussen 18h00 en 07h00 die volgende dag	40,80
8907	Subsequent consultations, per week, to a maximum of/Daaropvolgende konsultasie per week, tot 'n maksimum van	46,60

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 siktetoestand mits sodanige konsultasie plaasvind binne ses maande vanaf die eerste konsultasie.

RECORDS AND INVESTIGATIONS/REKORDS EN ONDERSOEKE

8107	Intra-oral radiographs, per film/Binnemondse röntgenfoto's, per film	8,60
8108	Maximum/Maksimum	69,10
8113	Occlusal radiographs/Oklusale röntgenfoto's	13,60
8115	Panoramic radiographs/Panoramiese röntgenfoto's	42,90
8117	Study models - unmounted/Studiemodelle - ongemonteer	9,70+L
8119	Study models - mounted on adjustable articulator/Studiemodelle - op verstelbare artikulator gemonteer	25,10+L
8121	Diagnostic photographs, per photograph/Diagnostiese foto's, per foto	9,70

**VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS/
SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGIE
(continued/vervolg)**

Code/Kode No/Nr	Procedure/Prosedure	R
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 Behandelingsbeplanning 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/Behandelingsbeplanning vir ortognatiese chirurgie	108,80
8917	Biopsies : intra-oral/Biopsies : Binnemonds	51,80
8919	Biopsy of bone : Needle biopsy/Beenbiopsie : Naald	89,70
8921	Biopsy of bone : Open/Beenbiopsie : Oop	147,60
8811	Cephalometric radiograph and analysis/Kefalometriese röntgenfoto en ontleding	42,90
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname ...	46,60
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname ..	51,30

REMOVAL OF TEETH/VERWYDERING VAN TANDE

Note : Modifier 8002 is applicable to items 8201 to 8218 inclusive./**Let Wel :** Wysiger 8002 is van toepassing op tariefitems 8201 tot en met 8218.

8201	One tooth/Een tand	13,60
8202	Two teeth/Twee tande	19,10
8203	Three teeth/Drie tande	24,30
8204	Four teeth/Vier tande	30,40
8205	Five teeth/Vyf tande	35,60
8206	Six teeth/Ses tande	41,10
8207	Seven teeth/Sewe tande	46,30
8208	Eight teeth/Agt tande	51,80
8209	Nine teeth/Nege tande	57,00
8210	Ten teeth/Tien tande	62,30
8211	Eleven teeth/Elf tande	67,80
8212	Twelve teeth/Twaalf tande	73,80
8213	Thirteen teeth/Dertien tande	79,00
8214	Fourteen teeth/Viertien tande	84,30
8215	Fifteen teeth/Vyftien tande	89,70
8216	Sixteen teeth/Sestien tande	95,00
8217	Seventeen teeth/Sewentien tande	100,50
8218	Eighteen teeth/Agtien tande	105,70
8924	More than eighteen teeth, per tooth/Meer as agtien tande, per tand	2,40
8957	Alveolotomy or alveolectomy concurrent with or independent of extractions (per jaw)/Alveolotomie of alveolektomie tesame met of onafhanklik van ekstraksies (per kaak)	123,00
8961	Implanting of teeth/Implanting van tande	201,50+L
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)/Lokale behandeling van postekstraksie bloeding (met insluiting van bloeding in die geval van bloedsiektes bv. hemofilie)	67,50
8933	Treatment of haemorrhage in the case of blood dyscrasias, e.g. haemophilia, per week/Behandeling van bloeding in die geval van bloedsiektes bv. hemofilie, per week ..	234,70
8935	Treatment of post-extraction septic socket where patient is referred by another registered person/Behandeling van postekstraksieseptiese tandkas waar die pasiënt verwys word deur 'n ander geregistreerde persoon	17,80
8937	Surgical removal of a tooth i.e.: raising of mucoperiosteal flap, removal of bone and suturing/Chirurgiese verwydering van 'n tand d.w.s. maak van mukoperiosteale flap, verwydering van been en hegting	62,00

Removal of Roots/Verwydering van Wortels

8953	Surgical removal of residual roots of first tooth/Chirurgiese verwydering van wortelreste van die eerste tand	89,70
8955	Surgical removal of residual roots of each subsequent tooth. See Rule 011 Notes 2 and 3/Chirurgiese verwydering van wortelreste van elke daaropvolgende tand. Verwys na Reël 011 en Notas 2 en 3	--

**VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS/
SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGIE
(continued/vervolg)**

Code/Kode No/Nr	Procedure/Prosedure	R
Unerupted or impacted teeth/Ongeërupteerde of beklemde tande		
8941	First tooth/Eerste tand	145,50
8943	Second tooth/Tweede tand	78,00
8945	Third tooth/Derde tand	44,50
8947	Fourth tooth/Vierde tand	44,50
8951	Unusual position/Buitengewone posisie	168,00
Miscellaneous procedures/Diverse prosedures		
8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication/Verwydering van tandwortel van die maksilêre antrum insluitend Caldwell-Luc operasie en herstel van antro-orale fistel	306,10
8909	Closure of oral antral fistula - acute or chronic/Sluiting van antro-orale fistel-akut of kronies	234,70
8910	Removal of roots from maxillary antrum/Verwydering van wortel vanuit die maksilêre antrum	92,10
8911	Caldwell-Luc procedure/Caldwell-Luc prosedure	92,10
8965	Peripheral neurectomy/Perifere neurektomie	201,50
CYSTS OF JAWS/KISTE VAN DIE KAKE		
8967	Intra-oral approach/Binnemondse toegang	280,00
8969	Extra-oral approach/Buitemondse toegang	448,20
NEOPLASMS/NEOPLASMAS		
8971	Surgical treatment of soft tissue tumours, e.g. epulis/Chirurgiese behandeling van gewasse van die sagte weefsels, bv. epulis	89,70
8973	Surgical treatment of tumours of the jaws/Chirurgiese behandeling van gewasse van die kake	448,20
8975	Hemiresection of jaw, with splintage of segments/Hemireseksie van kaak, met spalking van segmente	470,40
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)/Groot herstelwerk aan bo- of onderkaak, bv. deur middel van beenoorplanting of protese, met kaakspalking (wysiger 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)	470,40
PARA-ORTHODONTIC SURGICAL PROCEDURES/ PARA-ORTODONTIESE CHIRURGIESE PROSEDURES		
8981	Surgical exposure of impacted or unerupted teeth for orthodontic reasons/Chirurgiese blootlegging van beklemde of ongeërupteerde tande om ortodontiese redes	168,00
8983	Corticotomy - first tooth/Kortikotomie - eerste tand	134,00
8984	Corticotomy - adjacent or subsequent tooth/Kortikotomie - aangrensende of volgende tand	67,50
8985	Frenectomy/Frenektomie	123,00
SURGICAL PREPARATION OF JAWS FOR PROSTHETICS/ CHIRURGIESE GEREEDMAKING VAN KAKEBEEN VIR PROSTETIEK		
8987	Reduction of mylohyoid ridges/Reduksie van mylohyoid riwwe	201,50
8989	Torus palatinus or mandibularis reduction/Reduksie van torus palatinus of mandibularis	201,50+L
8991	Maxillary tubero-plasty/Maksilêre tubero-plastiek	201,50+L
8993	Reduction of hypertrophic tuberosity, per side/Reduksie van hipertrofiese tuberositeite, per kant	89,70+L
	Excision of denture granuloma - refer to item 8971/Verwydering van gebitsgranuloom - sien item 8971	

**VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS
SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGIE
(continued/vervolg)**

Code/Kode No/Nr	Procedure/Prosedure	R
8995	Gingivectomy, per jaw/Gingivektomie, per kaak	179,20+L
8997	Sulcoplasty/Vestibuloplasty/Sulkoplastiek/Vestibuloplastiek	461,80+L
8999	Deepening the vestibular sulcus: Plastic repair/Verdieping van vestibulêre sulkus: Plastiese herstelling	123,00+L
9001	Deepening the buccal/labial sulcus: Buccal inlay/Verdieping van bukkale/labiale sulkus: Bukkale inlegsels	280,00+L
9003	Repositioning mental foramen and nerve, per side/Herplasing van foramen mentale en senuwee, per kant	280,00+L
9005	Alveolar ridge augmentation by bone graft/Verbetering van alveolêre rif deur beenoorplanting	470,40+L
SEPSIS/SEPSIS		
9011	Incision and drainage of pyogenic abscesses. (intra-oral approach)/Lansering en dreinerings van piogene absesse (binnemondse toegang)	57,30
9013	Extra-oral approach e.g. Ludwig's angina/Buitemondse toegang bv. Ludwigkeelpyn	78,00
9015	Apicectomy including retrograde filling where necessary - anterior teeth/Apisektomie insluitend retrograde herstelling waar nodig - anterior tande	100,70
9016	Apicectomy including retrograde filling where necessary - Posterior teeth/Apisektomie insluitend retrograde herstelling waar nodig - Posterior tande	201,70
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible/ Dekortisering, uitholling en sekwestrektomie vir osteomiëlitis van mandibula	415,20
9019	Sequestrectomy - intra-oral/Sekwestrektomie - binnemondse toegang	89,70
TRAUMA/TROUMA		
Treatment of associated soft tissue injuries/ Behandeling van gepaardgaande sagteweefselbesering		
9021	Minor/Gering	100,70
9023	Major/Uitgebreid	212,70
MANDIBULAR FRACTURES/FRAKTURE VAN DIE MANDIBULA		
9025	Treatment by closed reduction, with intermaxillary fixation/Behandeling deur middel van geslote reduksie, met intermaksilêre fiksering	223,70
9027	Treatment of compound fracture, involving eyelet wiring/Behandeling van saamgestelde fraktuur deur middel van ogies en kruisbedrading	314,20
9029	Treatment by metal cap splintage or Gunning's splints/Behandeling deur middel van metaaldopspalke of Gunningspalke	348,00+L
9031	Treatment by open reduction with restoration of occlusion by splintage/Behandeling deur middel van oop reduksie en herstel van okklusie met spalke	515,70+L
MAXILLARY FRACTURES WITH SPECIAL ATTENTION TO OCCLUSION/ FRAKTURE VAN DIE MAKSILLA MET SPESIALE AANDAG AAN OKKLUSIE		
9035	Le Fort I or Guerin fracture/Le Fort I-fraktuur of Guerin-fraktuur	314,80+L
9037	Le Fort II or middle third of face/Le Fort II-fraktuur of middelste derde van gesig	515,70+L
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage/Le Fort III-fraktuur of kraniofasiale ontwrigting of brokkel fraktuur van die middel gesig wat oop reduksie en spalke vereis	739,90+L
ZYGOMA/ORBIT/ANTRAL - COMPLEX FRACTURES/ WANGBEEN/OOGKAS/ANTRUM - SAAMGESTELDE FRAKTURE		
9041	Gillies or temporal elevation/Gillies of temporale elevasie	223,70
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation/Onstabiele en/of verbrokele wangbeen, behandeling deur middel van oopreduksie of Caldwell-Luc operasie	448,20
9045	Requiring multiple interosseous wiring or bone graft/Wat veelvuldige tussenbeenbedrading of beenoorplanting vereis	672,20

DEFORMITIES/DEFORMITEITE

Note : For Items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re rule 011) will not apply/Let Wel : Die volle geld kan gehef word vir prosedures 9047 tot 9072 d.w.s. aanmerkings 2 en 3 (i.s. Reël 011) is nie toepasbaar nie.

9047	Operation for the improvement or restoration of occlusal and masticatory function e.g. bilateral osteotomy, open operation (with immobilisation)/Operasie ter verbetering of restourasie van sluit en koudfunksies, bv. bilaterale osteotomie, oop operasie (met immobilisering)	940,90+L
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**VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS/
SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGIE
(continued/vervolg)**

Code/Kode No/Nr	Procedure/Prosedure	R
9049	Anterior segmental osteotomy of mandible (Köle)/Osteotomie van anterior segment van die mandibula (Köle)	783,90+L
9051	Genioplasty/Kenplastiek	448,20
9055	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure/Osteotomie van posterior segment van die maksilla (Schukardt) - 1-stadium of 2-stadiumprosedure	783,90+L
9057	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure/Osteotomie van anterior segment van die maksilla (Wassmund) - 1-stadium of 2-stadiumprosedure	783,90+L
9059	Le Fort I osteotomy/Le Fort I-osteotomie	1 475,20+L
9061	Palatal osteotomy/Palatale osteotomie	515,70+L
9063	Le Fort II osteotomy for correction or facial deformities of faciostenosis and post-traumatic deformities/Le Fort II-osteotomie - ter korreksie van gesigsdeformiteite of fasiostenose en nabesering-deformiteite	1 883,30+L
9065	Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited cranio-maxillary disjunction/Le Fort III-osteotomie ter korreksie van ernstige aangebore deformiteite, naamlik Crouzon se siekte, en wanhegting van kraniomaksillêre frakture	2 823,70+L
9069	Functional tongue reduction (partial glossectomy)/Funksionele tongreduksie (gedeeltelike glossektomie)	336,20
9071	Geniohyoidotomy/Geniohioïedotomie	201,50
9072	Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure)/Funksionele herstel van sekondêre oro-nasale fistel en verwante strukture met been transplantaat (volledige prosedure)	1 475,20+L

**TEMPOROMANDIBULAR JOINT PROCEDURES/
PROSEDURES VIR TEMPOROMANDIBULÊRE GEWRIG**

(Investigation as in preceding section)/
(Ondersoek soos in voorafgaande afdeling)

9073	Conservative treatment of temporomandibular joint derangement or dysfunction with bite plate/Konserwatiewe behandeling van ontwrigting of disfunksie van temporomandibulêre gewrig met bytplateat	55,70+L
9075	Condylectomy or coronoïdectomy or both (extra-oral approach) or menisectomy/Kondilektomie of koronoïdektomie of albei (buitemonde toegang) of menisektomie	559,90
9053	Coronoïdectomy (intra-oral approach)/Koronoïdektomie (binnemonde toegang)	280,00
9077	Intra-articular injection, per injection/Intra-artikulêre inspuiting, per inspuiting	33,50
9079	Subsequent injection/Daaropvolgende inspuiting	13,10
9081	Condyle neck osteotomy (Ward/Kostecka)/Kondielnek-osteotomie (Ward/Kostecka)	223,70
9083	Temporomandibular arthroplasty, e.g. eminectomy (Le Clerk and Toller procedure)/Temporomandibulêre artoplastiek, bv. eminektomie (Le Clerk-en-Tolleringreep)	559,90
9085	Reduction of temporomandibular joint dislocation without anaesthetic/Reduksie van temporomandibulêre ontwrigting sonder narkose	44,50
9087	Reduction of temporomandibular joint dislocation, with anaesthetic/Reduksie van temporomandibulêre ontwrigting, met narkose	89,70
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation/Reduksie van temporomandibulêre ontwrigting, met narkose en immobilisasie	223,70
9091	Reduction of temporomandibular joint dislocation requiring open reduction/Reduksie van temporomandibulêre ontwrigting wat oopreduksie vereis	559,90

SALIVARY GLANDS/SPEEKSELKLIERE

9093	Removal of salivary calculus/Verwydering van speekselsteen	109,70
9095	Removal of salivary gland/Verwydering van speekselklier	269,00

IMPLANTS/IMPLANTATE

9180	Placement of sub-periosteal implant - Preparatory procedure/operation/Plasing van sub-periosteale implantaat - Voorbereidingsprosedure/operasie	314,00
9181	Placement of sub-periosteal implant prosthesis/operation/Plasing van sub-periosteale implantaat protese/operasie	314,00

VI. SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS/
SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGIE
(continued/vervolg)

Code/Kode No/Nr	Procedure/Prosedure	R
9182	Placement of endosteal implant, per implant/Plasing van endosteale implantaat, per implantaat	157,00+L
9183	Placement of osseointegrated implant and abutment, single implant per jaw/Plasing van osseo-integrerende implantaat en aanhegting, een implantaat per kaak	163,30
9184	Placement of osseointegrated implant and abutment, two implants per jaw/Plasing van osseo-integrerende implantaat en aanhegting, twee implantate per kaak	213,50
9185	Placement of osseointegrated implant and abutment, three implants per jaw/Plasing van osseo-integrerende implantaat en aanhegting, drie implantate per kaak	263,70
9186	Placement of osseointegrated implant and abutment, four implants per jaw/Plasing van osseo-integrerende implantaat en aanhegting, vier implantate per kaak	314,00
9187	Placement of osseointegrated implant and abutment, five implants per jaw/Plasing van osseo-integrerende implantaat en aanhegting, vyf implantate per kaak	364,20
9188	Placement of osseointegrated implant and abutment, six implants per jaw/Plasing van osseo-integrerende implantaat en aanhegting, ses implantate per kaak	414,50
9189	Cost of implants/Koste van implantate	By arrange- ment/ Volgens oor- eenkoms

Note/Let Wel :

1. The fee includes subsequent exposure and placement of transmucosal extensions./Die fooi sluit die daaropvolgende ontbloting en plasing van die transmukosale verlengstukke in.
2. For items 9180 to 9188 the full fee may be charged, i.e. notes 2 and 3 of Rule 011 will not apply./Vir items 9180 tot 9188 mag die volle fooie gehef word, dit wil sê aanmerkings 2 en 3 van reël 011 is nie van toepassing nie.

NOTICE 834 OF 1988**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 1989, and replaces the scale of benefits which was published in Government Gazette No. 11057 dated 11 December 1987.

N J J VAN RENSBURG,
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, dressings and gases.
- 5.1 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 from the hospital industry nominated by the hospital industry and approved by the Representative Association of Medical Schemes, to consider applications from private hospitals having practice code numbers commencing with the digits 57, to be reclassified as private hospitals having practice code numbers commencing with the digits 58, and for the approval of specialised intensive care units, specialised theatres and catheterisation laboratories. The criteria to be applied and the procedure for hearing such applications, or for conducting inspections, shall be laid down by the said committee and the decision of the said committee shall be final.
- 5.2 The fee payable by a private hospital for an inspection for reclassification shall be R1 250,00 or such other fee as may be determined by the committee from time to time. In addition any such private hospital shall also be liable for all travel costs reasonably incurred, should the private hospital concerned be located more than 50km outside the municipal boundary of Johannesburg.
- 5.3 The fee payable by a private hospital for an inspection of specialised intensive care units, specialised theatres and catheterisation laboratories shall be R250,00 or such other fee as may be determined by the committee from time to time. In addition any such private hospital shall also be liable for all travel costs reasonably incurred, should the private hospital concerned be located more than 50km outside the municipal boundary of Johannesburg.
- 5.4 At the end of each calendar year every private hospital reclassified in terms of the foregoing and every private hospital containing approved specialised intensive care units, specialised theatres or catheterisation laboratories shall submit an auditors certificate in a format specified

KENNISGEWING 834 VAN 1988**DEPARTEMENT VAN NASIONALE GESONDHEID
EN BEVOLKINGSONTWIKKELING****VERTEENWOORDIGENDE VERENIGING VAN MEDIESE
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 1989 in werking tree, en vervang die voordeleskaal wat in Staatskoerant No. 11057 van 11 Desember 1987 gepubliseer was.

N J J VAN RENSBURG,
VOORSITTER: Verteenwoordigende Vereniging van Mediese Skemas.

BYLAE**Algemene Reëls**

1. Die voordeleskaal wat in Aanhangsel A hiervan uiteengesit is, geld ten opsigte van private hospitale met 'n praktykkodenommer wat met die syfers 57 begin.
2. Die voordeleskaal wat in Aanhangsel B hiervan uiteengesit is, geld ten opsigte van private hospitale met 'n praktykkodenommer wat met die syfers 58 begin.
3. Die gelde wat in Aanhangsel 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, verbandgoed en gase.
- 5.1 'n Komitee van vyf lede, van wie die Verteenwoordigende Vereniging van Mediese Skemas drie benoem en twee benoem deur die private hospitaal industrie en goedgekeur deur die Verteenwoordigende Vereniging van Mediese Skemas, word saamgestel om aansoeke te oorweeg van private hospitale, met praktykkodenommers wat met die syfers 57 begin, vir herindeling as private hospitale met praktykkodenommers wat met die syfers 58 begin, en vir die goedkeuring van gespesialiseerde intensiewe sorgeenhede, gespesialiseerde teaters en kateterisasie laboratoriums. Die kriteria van toepassing en die prosedure wat by die aanhoor van sodanige aansoeke gevolg moet word, of vir die uitvoering van inspeksies, word bepaal deur genoemde komitee, en die beslissing van genoemde komitee is afdoende.
- 5.2 Die fooi betaalbaar deur 'n private hospitaal vir die inspeksie vir herindeling sal R1 250,00 wees of enige ander fooi soos deur die komitee van tyd tot tyd mag besluit word. So 'n private hospitaal sal ook verantwoordelik wees vir alle redelike reiskostes wat aangegaan word, as die betrokke private hospitaal meer as 50km buite die munisipale grens van Johannesburg is.
- 5.3 Die fooi betaalbaar deur 'n private hospitaal vir die inspeksie van gespesialiseerde intensiewe sorgeenhede, gespesialiseerde teaters en kateterisasie laboratoriums sal R250,00 wees of enige ander fooi soos deur die komitee van tyd tot tyd mag besluit word. So 'n private hospitaal sal ook verantwoordelik wees vir alle redelike reiskostes wat aangegaan word, as die betrokke private hospitaal meer as 50km buite die munisipale grens van Johannesburg is.
- 5.4 Aan die einde van elke kalenderjaar sal alle private hospitale wat ingedeel is in terme van die voorafgaande en alle private hospitale wat goedgekeurde gespesialiseerde intensiewe sorgeenhede, gespesialiseerde teaters of kateterisasie laboratoriums het, 'n sertifikaat van 'n

by the Representative Association of Medical Schemes, certifying that the private hospital concerned and/or the other facilities referred to still comply with the criteria applicable at the time of reclassification and/or approval. Failing submission of such certificate the provisions of general rule 5.5 or 5.6 shall automatically be applicable.

- 5.5 The said committee shall also have power to receive and investigate complaints that any private hospital having a practice code number commencing with the digits 58 no longer meets the criteria required for such classification, as such criteria applied at the date that such private hospital was granted a practice code number beginning with the digits 58. The said committee may conduct such inspections as it considers desirable, and shall afford any such private hospital, no longer meeting such criteria, a reasonable opportunity to rectify matters, failing which such committee may reclassify any such private hospital as a hospital having a practice code number commencing with the digits 57.
- 5.6 The foregoing provisions shall apply mutatis mutandis to approved specialised intensive care units, specialised theatres and catheterisation laboratories.
6. All accounts submitted by private hospitals shall contain a statement reflecting whether or not an assistant surgeon was present during the course of an operation and, if such medical practitioner was present, the full names of such medical practitioner. Where possible, such accounts shall also reflect the practice code numbers of all attendant practitioners present during the course of an operation.
7. All accounts shall be accompanied by a copy of the relevant theatre account, specifying all details of items charged, as well as the procedure performed.
8. All accounts containing items which are subject to a discount in terms of the Scale of Benefits shall indicate such items individually and shall show separately the gross amount of the discount before the GST is calculated.

Modifier

- 0002 A surcharge of R60,00 shall be applicable in respect of item 58081.

ANNEXURE A

1A. WARD FEES

Hospitals shall indicate the exact times of admission and discharge on all accounts.

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.

Provided that the minimum amount chargeable shall be equal to the charge for one full day.

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.

The items appearing under code 57182 shall be deemed to be included in ward fees, and no charges in respect thereof may be levied.

Private hospitals shall mark all items which patients take home as T.T.O. on accounts.

ouditeur indien, in 'n formaat soos gespesifiseer deur die Verteenwoordigende Vereniging van Mediese Skemas, dat die betrokke private hospitaal en/of ander fasiliteite waarna verwys word nog voldoen aan die kriteria van toepassing tydens die herindelings en/of goedkeuring. Indien nagelaat word om so 'n sertifikaat in te dien sal die bepalings van algemene reël 5.5 of 5.6 outomaties van toepassing wees.

- 5.5 Genoemde komitee word ook gemagtig om klagtes, dat enige private hospitaal met 'n praktykkodenommer wat met die syfers 58 begin nie langer voldoen aan die kriteria bepaal vir sulke klassifikasie, soos sodanige kriteria van toepassing was ten tye dat so 'n private hospitaal 'n praktykkodenommer beginnende met die syfers 58 toegeken was, te ontvang en te ondersoek. Genoemde komitee mag sulke inspeksies uitvoer as wat hy wenslik ag en sal so 'n private hospitaal, wat nie langer aan sulke kriteria voldoen nie, 'n redelike geleentheid gun om sake reg te stel, by gebreke waarvan, genoemde komitee so 'n private hospitaal mag herindeel as 'n hospitaal met 'n praktykkodenommer beginnende met die syfers 57.

- 5.6 Die voorafgaande bepalings sal mutatis mutandis van toepassing wees vir gespesialiseerde intensiewe sorgeenhede, gespesialiseerde teaters en kateterisasie laboratoriums.

6. Alle rekeninge wat deur private hospitale ingedien word sal aantoon of 'n assistent chirurg gedurende 'n operasie teenwoordig was, aldan nie, en indien so 'n mediese praktisyn teenwoordig was, die volle name van so 'n mediese praktisyn. Waar moontlik, sal sulke rekeninge ook die praktykkodenommers van alle mediese praktisyns teenwoordig gedurende die loop van die operasie toon.

7. Alle rekeninge sal ook vergesel wees van 'n afskrif van die betrokke teatervorm, wat alle items wat gehef word, spesifiseer asook die prosedure.

8. Alle rekeninge wat items, wat onderworpe is aan 'n korting in terme van die voordeelskaal, insluit, sal sodanige items individueel aantoon en sal afsonderlik die totale bedrag van die korting toon voor die AVB bereken word.

Wysiger

- 0002 'n Belading van R60,00 is van toepassing alleenlik ten opsigte van item 58081.

AANHANGSEL A

1A. SAALGELDE

Hospitale moet die presiese tyd van toelating en ontslag op alle rekenings aandui.

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.

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.

Met dien verstande dat die minimum bedrag wat gehef kan word, gelyk is aan die gelde vir een volle dag.

Die items wat onder kode 57182 verskyn sal beskou word as in die saalfoote ingesluit te wees, en geen gelde ten opsigte daarvan mag gehef word nie.

Private hospitale sal alle items wat pasiënte huis toe neem as T.T.O. (om huis-toe te neem) op rekening merk.

<u>General Ward</u>		<u>Algemene Saal</u>	
	R		R
57001 Surgical cases : Per day	101,00	57001 Chirurgiese gevalle : Per dag	101,00
57002 Thoracic cases (surgical) : Per day	108,00	57002 Toraks-chirurgiese gevalle : Per dag	108,00
57003 Neurosurgical cases : Per day	108,00	57003 Neurochirurgiese gevalle : Per dag	108,00
57004 Medical and neurological cases : Per day	108,00	57004 Mediese en neurologiese gevalle : Per dag	108,00
57020 <u>Private Ward</u>		57020 <u>Privaatsaal</u>	
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 R151,00 per day.		Indien 'n geneesheer verblyf in 'n privatesaal om mediese redes voorskryf, word gelde vir sodanige verblyf gehef teen die heersende privatesaaltarief, wat in geen geval R151,00 per dag mag oorskry nie.	
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 privatesaalverblyf van die behandelende dokter verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.	
57045 <u>Drugs (Ward and Dispensary)</u>		57045 <u>Verdowingsmiddels (Saal en Apteek)</u>	
As per Standard Drug and Material Charges (Annexure C).		Volgens Standaard Verdowingsmiddels en Materiaal Gelde (Aanhangsel C).	
57182 <u>Non-Chargeable Items in Wards, High Care Wards and Intensive Care Units</u>		57182 <u>Gratis Items in Sale, Hoërsorgsale en Waaksale</u>	
(Which would always include the equivalent to the item named).		(Wat altyd die ekwivalente van die genoemde item sal insluit).	
Acetone Alcohol or spirits All liquid soaps (except in burn cases and haemorrhoidectomies) All normal nursing services Bed Body lotions/powders/oils Cidex Collection charges (Blood Bank and/or laboratory) Connections Dettol, Cetavlon, Savlon, Hibitane or any solutions or lotions containing such items Depilatory creams Diathermy leads/pads/Disperso Disposable : Gloves Gowns Razors and/or shaving trays Rectal tubes Stitch cutters and/or staple removers Douche cans and fittings ECG electrodes and paper ET tube introducers ET tubes (non-disposable) Formalin in saline Fractions : Strapping (e.g. elastoplast, micropore, transpore), Sprays and jellies (e.g. Remicaine, KY Jelly, Opsite, Disadine) Topical anaesthetics Glass utensils or apparatus High pressure syringes Humidifiers (except Aquapac) ID bands Infusion pump, except disposable cartridges Instrument Dettol Labstix/Multistix/Dextrostix (except when marked T.T.O) Lancets Linen and linen savers Meals ex kitchen or catering service, milk substitutes and baby foods Medicine cups Merthiolate Monitor pads Oxygen analysers Oxygen attachments, except disposables Oxygen hoods Peak flow meters Receptal liners Sheepskins Shut-off valves		Asetoon Alkohol of spiritus Alle vloeibare seepsoorte (behalwe in brandgevalle en hemoroïdektomieë) Alle normale verplegingsdienste Bed Lyfsmeermiddels/poeiers/olies Cidex Afhalingskoste (Bloedbank en/of laboratorium) Konneksies Dettol, Cetavlon, Savlon, Hibitane or enige ander oplossings of mengsels wat sulke items bevat Onthaarmiddels Diatermie-koorde/-kussings/Disperso Wegdoenbare : Handskoene Jurke Skeermesse en/of skeerblaaië Rektale buise Steekknippers en/of kramverwyderaars Douche-kanne en toebehore EKG-elektrodes en papier ET-buisinvoerders ET-buise (nie-wegdoenbaar) Formalien in soutoplossing Gedeeltes : Kleefbandoorvlakkings (bv. elastoplast, micropore, transpore) Sproeiers en jellies (bv. Remicaine, KY Jellie, Opsite, Disadine) Plaaslike verdowingsmiddels Glasgereedskap of -apparaat Hoëdruk spuite Vogstandbehouders (behalwe Aquapac) ID-bande Infusiepomp, behalwe wegdoenbare patrone. Instrumente Dettol Labstix/Multistix/Dextrostix (behalwe wanneer gemerk T.T.O. - om huis-toe te neem) Lansette Beddegoed en linne beskermers Etes uit die kombuis of spyseniersdiens, melk plaasvervangers en babakosse Medisynebekers Merthiolate Monitorkussings Suurstofontleders Suurstof-bybehore, behalwe wegdoenbare-toerusting Suurstofkappies Spitsvloeiometers Suigapparaat voerings Skaapvelle Afsluitkleppe	

Sphygmomanometer
 Spigots
 Spray top bottles
 Sterile water (except for flushing of wounds)
 Sterilisation of instruments or materials
 Stethoscope
 Surgeons' or nurses' face masks
 Thermometers
 Traction kits and/or cords
 Trays or Packs (excluding items 57251 and 57257)
 Tubing
 Use of ECG equipment
 Utensils used for the oral administration of medication

Sfigmomanometer
 Proppe
 Sproeikopflesse
 Steriele water (behalwe vir deurspoeling van wonde)
 Sterilisasie van instrumente of materiale
 Stetoskoop
 Gesigsmaskers vir chirurgie of verpleegsters
 Termometers
 Traksie uitrusting en/of koorde
 Blaasie of pakke (items 57251 en 57257 uitgesluit)
 Buise
 Gebruik van EKG-toerusting
 Gereedskap gebruik vir die mondelinge toediening van medikasie.

2A. FIXED FEE PROCEDURES

The fees quoted hereunder for items 57051, 57052, 57053 and 57055 shall be all-inclusive, and no additional charges of whatsoever nature may be raised.

	R
57051 Air encephalograms	74,00
57052 Hysterosalpingograms	74,00
57053 Angiograms	74,00
57054 Cardiac, cerebral or femoral catheterisation when carried out in a laboratory equipped with a recognised mono-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee as established in terms of general rule 5.1	265,00
57055 Electroconvulsive therapy (ECT)	74,00

3A. THEATRE FEES

The items appearing under code 57181 shall be deemed to be included in the theatre fee, and no charge in respect thereof may be levied.

Out-Patients (Patients that are not warded)

57071 Time in Theatre :

The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows :

	R
Basic charge	40,00
Charge per minute	1,00

In-Patients

Operations : General

57081 Time in Theatre :

The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows:

	R
Basic charge	150,00
Charge per minute for first 60 minutes	1,75
Charge per minute after 60 minutes	3,00

57131 Drugs and Materials (Theatre)

As per Standard Drug and Material Charges (Annexure C).

EMERGENCIES

	R
57153 After hours emergencies: Per case, for cases admitted to theatre from 19h00 to 07h00 on weekdays, from 13h00 on Saturdays to 07h00 on Mondays and public holidays	50,00

2A. GELDE VIR VASTE PROSEDURES

Die fooie hieronder genoem vir items 57051, 57052, 57053 en 57055 is allesinsluitend, en geen addisionele gelde van enige aard mag gehef word nie.

	R
57051 Lugencefalogramme	74,00
57052 Histerosalpingogramme	74,00
57053 Angiogramme	74,00
57054 Kardiale, serebrale of femorale kateterisasie wanneer uitgevoer word in 'n laboratorium wat toegerus is met 'n erkende enkel-vlak eenheid, en in 'n hospitaal wat toegerus is om die betrokke chirurgie uit te voer, soos goedgekeur deur die saamgestelde komitee in terme van algemene reël 5.1	265,00
57055 Elektrokonvulsiewe terapie (EKT)	74,00

3A. TEATERGELDE

Die items wat onder 57181 verskyn sal beskou word as in die teaterfooie ingesluit te wees, en geen gelde ten opsigte daarvan mag gehef word nie.

Buitepasiënte (Pasiënte wat nie in 'n saal opgeneem word nie)

57071 Tyd in Teater :

Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word, en teatergelde sal daarop soos volg bereken word :

	R
Basiese fooi	40,00
Foos per minuut	1,00

Binnepasiënte

Operasies : Algemeen

57081 Tyd in Teater :

Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word, en teatergelde sal daarop soos volg bereken word :

	R
Basiese fooi	150,00
Foos per minuut vir eerste 60 minute	1,75
Foos per minuut na 60 minute	3,00

57131 Verdowingsmiddels en Materiaal (Teater)

Volgens Standaard Verdowingsmiddels en Materiaal Gelde (Aanhangsel C).

NOODGEVALLE

	R
57153 Noodgevalle 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	50,00

57181 Non-Chargeable Theatre Items

(Which would always include the equivalent to the item named).

Acetone
Alcohol or spirits
Amalgam
Anaesthetic machine, including tubing and the mask
Cautery equipment
Cidex
Collection charges (Blood Bank and/or laboratory)
Connections
Dettol, Cetavlon, Savlon, Hibitane or any solutions or lotions containing such items
Diathermy equipment
Diathermy leads/pads/Disperso
Disposable: Cautery/diathermy leads, pads and cautery suction handles (except ophthalmic: Optemp)
Dental drills and bits
Gloves
Razors and/or shaving trays
Rectal and stomach tubes
Scrub-up surgical brush
Sterile gowns and drapes, e.g. barrier split sheets and ultra protection gowns (except in hip, shoulder, knee and elbow replacements, neurosurgery and cardiovascular surgery)
Stitch cutters and/or staple removers
ECG electrodes and paper
Electrodes for any monitors
ET tube introducers
ET tubes (non-disposable)
Face masks
Formalin in saline
Fractions: Strapping (e.g. elastoplast, micropore, transpore),
Ophthalmic/ear/nasal drops and creams (e.g. Sofradex, Mixitrol)
Sprays and jellies (e.g. Remicaine, KY Jelly, Opsite, Disadine).
Topical anaesthetics
Fulguration equipment
Glass utensils or apparatus
Incontinence pads
Instrument Dettol
Liquid soaps
Merthiolate
Monitors
Monitor pads
Operative trays (for anaesthetist)
Preptic swabs
Receptal liners
Rescue blankets (except in operations over 2 hours)
Re-usable operating instruments, including all endoscopy equipment, microscopes, surgical instruments, blades, drills, burs, saws and cutters (except for skin graft blades, trephines and beaver blades)
Scrub-up materials
Spigots
Standard packs
Sterile trays
Sterilisation of instruments or materials
Steripeel
Suction catheters (non-disposable)
Suction handles, tips and nozzles (excluding disposables)
Swivel connectors
Thermometers
Tubing
Use of Recovery Room
Ventilators or respirators (including any disposable components)

57181 Gratis Teater-Items

(Wat altyd die ekwivalent van die genoemde item sal insluit).

Asetoon
Alkohol of spiritus
Almalgaam
Narkosemasjien, met sy buise en die masker
Kouteriserings-toerusting
Cidex
Afhalingskoste (Bloedbank en/of laboratorium)
Konneksies
Dettol, Cetavlon, Savlon, Hibitane of enige oplossings of mengsels wat sulke items bevat
Diatermie-toerusting
Diatermie-koorde/-kussings/Disperso
Wegdoenbare: Kouter-/diatermie-koorde en kussings en koutiserinsuigingshandvatsels (behalwe oftalmiese: Optemp)
Tandartsbore en -boorpunte
Handskoene
Skeermesse en/of skeerblaai
Rektale- en maagbuis
Chirurgiese skropborsel
Steriele jurke en omhangsels, bv. versperringspleetlakens en ultra-beskerminsjurke (behalwe by heup, skouer, knie en elmboog vervangings, neurochirurgie en kardio-vaskulêre chirurgie)
Steekknippers en/of kramverwyderaars
EKG-elektrodes en -papier
Elektrodes vir enige moniters
ET-buisinvoerders
ET-buise (nie-wegdoenbaar)
Gesigsmaskers
Formalien in soutoplossings
Gedeeltes: Kleefbandoorvlakkings (bv. elastoplast, micropore, transpore)
Oftalmiese/oor/neus druppels en rome (bv. Sofradex, Mixitrol)
Sproeiërs en jellies (bv. Remicaine, KY Jelly, Opsite, Disadine)
Plaaslike verdowingsmiddels
Fulgurasietoerusting
Glasgereedskap en -apparaat
Inkontinensiekussings
Instrument Dettol
Vloeibare sepe
Merthiolate
Monitors
Monitorkussings
Operasieblaai (vir narkotiseur)
Preptic-deppers
Suigapparaat voerings
Reddingskomberse (behalwe in operasies langer as 2 uur)
Herbruikbare operasie-instrumente met inbegrip van endoskopie-toerusting, mikroskope, chirurgiese instrumente, lemme, bore, ruimysters, sae en knippers (behalwe vir veloorplantingslemme, trepane en bewerlemme)
Skropmateriaal
Proppe
Standaard-verpakkings
Steriele blaai
Sterilisasie van instrumente of materiale
Steripeel
Suigingskateters (nie-wegdoenbaar)
Suigingshandvatsels en -punte en spuitstukke (uitsluitende wegdoenbare)
Draai-konnekteerders
Termometers
Buis
Gebruik van herstellkamer
Belugters of respirators (enige wegdoenbare komponente ingesluit).

4A. INTENSIVE CARE UNITS

57201 Per day R 240,00

The fee shall include the use of all equipment, except : Bennett MA, Servo and Beares respirators, or equivalent, plus the cost of oxygen.

All admissions to such units shall be confirmed with the relevant medical scheme for each 72 hours.

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.

No charge for special nursing may be made while a patient is accommodated in an intensive care unit.

57203 Consumable Materials

As per Standard Drug and Material Charges (Annexure C).

High Care Ward

57215 Per day R 162,00

All admissions to such units shall be confirmed with the relevant medical scheme for each 72 hours.

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.

No charge for special nursing may be made while a patient is accommodated in a high care ward.

4A. INTENSIEWE-SORGEENHEDE

57201 Per dag R 240,00

Die gelde sluit die gebruik van alle toerusting in behalwe : Bennett MA, Servo en Beares respirators, of gelykwaardige, plus die koste van suurstof.

Alle toelatings tot sodanige eenhede moet met die betrokke mediese skema vir elke 72 uur bevestig word.

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.

Geen gelde ten opsigte van spesiale verpleging mag gehêf word tydens die verblyf van 'n pasiënt in 'n intensiewe-sorgeenheid nie.

57203 Verbruikbare Materiaal

Volgens Standaard Verdoingsmiddels en Materiaal Gelde (Aanhangsel C).

Hoërsorgsaal

57215 Per dag R 162,00

Alle toelatings tot sodanige eenhede moet met die betrokke mediese skema vir elke 72 uur bevestig word.

Hospitale moet 'n sertifikaat aangaande die noodsaaklikheid van hoërsorg van die behandelende geneesheer verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.

Geen gelde ten opsigte van spesiale verpleging mag gehêf word tydens die verblyf van 'n pasiënt in 'n hoërsorgsaal nie.

5A. STANDARD CHARGES FOR EQUIPMENT AND MATERIALS

57231 Monitors (in high care, general and private ward only) : Per day or part thereof R 25,00

57232 Ventilators, e.g. Bennett PR2 or Bird (in high care, general and private ward only) (excluding oxygen) : Per day or part thereof 18,00

57233 Croupettes (excluding oxygen) : Per day or part thereof 5,00

57234 Incubators (excluding oxygen) : Per day or part thereof 9,00

57235 Oxygen tents (excluding oxygen) : Per day or part thereof 8,50

57236 Bennett MA, Servo and Beares respirator, or equivalent, (in intensive care unit, high care, general and private ward only) (excluding oxygen) : Per day or part thereof 83,00

57237 CUSA (plus lowest available manufacturer's price of CUSA pack, plus 50%, less a discount of 10%) 400,00

57238 Laser, Argon and CO₂ (Ophthalmic) 125,00

57239 Disposable trephines : Lowest available manufacturer's price plus 50%, less a discount of 10%. Identification code number to be shown, with schemes retaining the right to call for invoices.

57241 Steridrapes (Opsite) : Lowest available manufacturer's price plus 50%, less a discount of 10%. Identification code number and manufacturer's name to be shown, with schemes retaining the right to call for invoices.

5A. STANDAARDEFFINGS VIR TOERUSTING EN MATERIAAL

57231 Monitors (alleenlik in hoërsorg, algemene en private sale) : Per dag of deel daarvan R 25,00

57232 Belugters, bv. Bennett PR2 of Bird (alleenlik in hoërsorg, algemene en private sale) (sonder suurstof) : Per dag of deel daarvan 18,00

57233 Croupettes (sonder suurstof) : Per dag of deel daarvan 5,00

57234 Broeikaste (sonder suurstof) : Per dag of deel daarvan 9,00

57235 Suurstoftente (sonder suurstof) : Per dag of deel daarvan 8,50

57236 Bennett MA, Servo en Beares respirators, of gelykwaardige, (alleenlik intensiewe-sorgeenheid, hoërsorg, algemene en privatesale) (sonder suurstof) : Per dag of deel daarvan 83,00

57237 CUSA (plus laagste beskikbare vervaardigersprys vir CUSA-verpakking, plus 50%, min 'n korting van 10%) 400,00

57238 Laser, Argon, CO₂ (Oftalmies) 125,00

57239 Wegdoenbare-trepene : Laagste beskikbare vervaardigersprys, plus 50%, min 'n korting van 10%. Identifikasiekodenommer moet getoon word, terwyl skemas hulle die reg voorbehou om fakture aan te vra.

57241 Steridrapes (Opsite) : Laagste beskikbare vervaardigersprys, plus 50%, min 'n korting van 10%. Identifikasiekodenommer moet getoon word, terwyl skemas hulle die reg voorbehou om fakture aan te vra.

	R		R
57242 Occutome	53,00	57242 Occutome	53,00
57243 Laser - YAG (Ophthalmic)	140,00	57243 Laser - YAG (Oftalmies)	140,00
57244 Laser - Surgical	160,00	57244 Laser - Chirurgies	160,00
Lithotripsy		Litotripsie	
	R		R
57245 First treatment for one or more stones in same kidney which are eliminated in one treatment	1600,00	57245 Eerste behandeling vir een of meer stene in dieselfde nier wat met een behandeling verwyder is	1600,00
57246 Second treatment on same kidney. (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	1050,00	57246 Tweede behandeling van dieselfde nier. (Hospitale sal 'n sertifikaat voorlê waar volgens die chirurg sertifiseer dat 'n tweede behandeling medies noodsaaklik was)	1050,00
Trays (In ward only)		Blaaie (Alleenlik in saal)	
	R		R
57251 Sterile trays : Per tray	4,00	57251 Steriele blaaie : Per blad	4,00
57257 Swabbing, ENT, PREP trays : Per tray	1,50	57257 Depper-, ONK-, Voorbereidingsblaaie : Per blad	1,50

ANNEXURE B**1B. WARD FEES**

Hospitals shall indicate the exact times of admission and discharge on all accounts.

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.

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.

Provided that the minimum amount chargeable shall be equal to the charge for one full day.

The items appearing under code 58182 shall be deemed to be included in ward fees, and no charges in respect thereof may be levied.

Private hospitals shall mark all items which patients take home as T.T.O. on accounts.

General Ward

	R
58001 Surgical cases : Per day	138,00
58002 Thoracic cases (surgical) : Per day	147,00
58003 Neurosurgical cases : Per day	147,00
58004 Medical and neurological cases : Per day	147,00

58020 Private Ward

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 R190,00 per day.

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.

58045 Drugs (Ward and Dispensary)

As per Standard Drug and Material Charges (Annexure C).

AANHANGSEL B**1B. SAALGELDE**

Hospitale moet die presiese tyd van toelating en ontslag op alle rekenings aandui.

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.

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.

Met dien verstande dat die minimum bedrag wat gehef kan word, gelyk is aan die gelde vir een volle dag.

Die items wat onder kode 58182 verskyn sal beskou word as in die saalfoote ingesluit te wees, en geen gelde ten opsigte daarvan mag gehef word nie.

Private hospitale sal alle items wat pasiënte huis toe neem as T.T.O. (om huis-toe te neem) op rekening merk.

Algemene Saal

	R
58001 Chirurgiese gevalle : Per dag	138,00
58002 Toraks-chirurgiese gevalle : Per dag	147,00
58003 Neurochirurgiese gevalle : Per dag	147,00
58004 Mediese en neurologiese gevalle : Per dag	147,00

58020 Privaatsaal

Indien 'n geneesheer verblyf in 'n privatesaal om mediese redes voorskryf, word gelde vir sodanige verblyf gehef teen die heersende privatesaaltarief, wat in geen geval R190,00 per dag mag oorskry nie.

Hospitale moet 'n gedetailleerde sertifikaat aangaande die noodsaaklikheid vir privatesaalverblyf van die behandelende dokter verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.

58045 Verdowingsmiddels (Saal en Apteek)

Volgens Standaard Verdowingsmiddels en Materiaal Gelde (Aanhangsel C).

**58182 Non-Chargeable Items in Wards,
High Care Wards and Intensive Care Units**

(Which would always include the equivalent to the item named).

Acetone
Alcohol or spirits
All liquid soaps (except in burn cases and haemorrhoidectomies)
All normal nursing services
Bed
Body lotions/powders/oils
Cidex
Collection charges (Blood Bank and/or laboratory)
Connections
Dettol, Cetavlon, Savlon, Hibitane or any solutions or lotions containing such items
Depilatory creams
Diathermy leads/pads/Disperso
Disposable: Gloves
Gowns
Razors and/or shaving trays
Rectal tubes
Stitch cutters and/or staple removers
Douché cans and fittings
ECG electrodes and paper
ET tube introducers
ET tubes (non-disposable)
Formalin in saline
Fractions: Strapping (e.g. elastoplast, micropore, transpore),
Sprays and jellies (e.g. Remicaine, KY Jelly, Opsite, Disadine)
Topical anaesthetics
Glass utensils or apparatus
High pressure syringes
Humidifiers (except Aquapac)
ID bands
Infusion pump, except disposable cartridges
Instrument Dettol
Labstix/Multistix/Dextrostix (except when marked T.T.O)
Lancets
Linen and linen savers
Meals ex kitchen or catering service, milk substitutes and baby foods
Medicine cups
Merthiolate
Monitor pads
Oxygen analysers
Oxygen attachments, except disposables
Oxygen hoods
Peak flow meters
Receptal liners
Sheepskins
Shut-off valves
Sphygmomanometer
Spigots
Spray top bottles
Sterile water (except for flushing of wounds)
Sterilisation of instruments or materials
Stethoscope
Surgeons' or nurses' face masks
Thermometers
Traction kits and/or cords
Trays or Packs (excluding items 58251 and 58257)
Tubing
Use of ECG equipment
Utensils used for the oral administration of medication

**58182 Gratis Items in Sale,
Hoërsorgsale en Waaksale**

(Wat altyd die ekwivalent van die genoemde item sal insluit).

Asetoon
Alkohol of spiritus
Alle vloeibare seepsoorte (behalwe in brandgevalle en hemoroïdektomieë)
Alle normale verplegingsdienste
Bed
Lyfsmeermiddels/poeiers/Olies
Cidex
Afhalingskoste (Bloedbank en/of laboratorium)
Konneksies
Dettol, Cetavlon, Savlon, Hibitane of enige oplossings of mengsels wat sulke items bevat
Onthaarmiddels
Diatermie-koorde/-kussings/Disperso
Wegdoenbare: Handskoene
Jurke
Skeermesse en/of skeerblaaië
Rektale buise
Steekknippers en/of kramverwyderaars
Douché-kanne en toebehore
EKG-elektrodes en papier
ET-buisinvoerders
ET-buise (nie-wegdoenbaar)
Formalinen in soutoplossing
Gedeeltes: Kleefbandoordravlakkings (bv. elastoplast, micropore, transpore)
Sproeiërs en jellies (bv. Remicaine, KY Jellie, Opsite, Disadine)
Plaaslike verdowingsmiddels
Glasgereedskap of -apparaat
Hoëdruk spuite
Vogstandbehouders (behalwe Aquapac)
ID-bande
Infusiepomp, behalwe wegdoenbare-patrone.
Instrumente Dettol
Labstix/Multistix/Dextrostix (behalwe wanneer gemerk T.T.O. - om huis-toe te neem)
Lansette
Beddegoed en linne beskermers
Etes uit die kombuis of spyseniersdiens, melk plaasvervangers en babakosse
Medisynebekers
Merthiolate
Monitorkussings
Suurstofontleders
Suurstof-bybehore, behalwe wegdoenbare-toerusting
Suurstofkappies
Spitsvloeimeters
Suigapparaat voerings
Skaapvelle
Afsluitkleppe
Sfigmomanometer
Proppe
Sproeikopflesse
Steriele water (behalwe vir deurspoeling van wonde)
Sterilisasie van instrumente of materiale
Stetoskoop
Gesigsmaskers vir chirurgie of verpleegsters
Termometers
Traksie uitrusting en/of koorde
Blaaië of pakke (items 58251 en 58257 uitgesluit)
Buië
Gebruik van EKG-toerusting
Gereedskap gebruik vir die mondelinge toediening van medikasie.

2B. FIXED FEE PROCEDURES

The fees quoted hereunder for items 58051, 58052, 58053 and 58055 shall be all-inclusive, and no additional charges of whatsoever nature may be raised.

2B. GELDE VIR VASTE PROSEDURES

Die fooie hieronder genoem vir items 58051, 58052, 58053 en 58055 is allesinsluitend, en geen addisionele gelde van enige aard mag gehef word nie.

	R		R
58051 Air encephalograms	74,00	58051 Lugenkefalogramme	74,00
58052 Hysterosalpingograms	74,00	58052 Histerosalpingogramme	74,00
58053 Angiograms	74,00	58053 Angiogramme	74,00
58054 Cardiac, cerebral or femoral catheterisation when carried out in a laboratory equipped with a recognised mono-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee as established in terms of general rule 5.1	265,00	58054 Kardiale, serebrale of femorale kateterisasie wanneer uitgevoer word in 'n laboratorium wat toegerus is met 'n erkende enkel-vlak eenheid, en in 'n hospitaal wat toegerus is om die betrokke chirurgie uit te voer, soos goedgekeur deur die saamgestelde komitee in terme van algemene reël 5.1	265,00
58055 Electroconvulsive therapy (ECT)	74,00	58055 Elektrokonvulsiewe terapie (EKT)	74,00
58056 Cardiac, cerebral or femoral catheterisation when carried out in a laboratory equipped with a recognised bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee as established in terms of general rule 5.1	500,00	58056 Kardiale; serebrale of femorale kateterisasie wanneer uitgevoer word in 'n laboratorium wat toegerus is met 'n erkende dubbelvlak eenheid, en in 'n hospitaal wat toegerus is om die betrokke chirurgie uit te voer, soos goedgekeur deur die saamgestelde komitee in terme van algemene reël 5.1	500,00

3B. THEATRE FEES

The items appearing under code 58181 shall be deemed to be included in the theatre fee, and no charge in respect thereof may be levied.

Out-Patients (Patients that are not warded)**58071 Time in Theatre :**

The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows :

	R
Basic charge	40,00
Charge per minute	1,00

In-Patients**Operations : General****58081 Time in Theatre :**

The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows :

	R
Basic charge	175,00
Charge per minute for first 60 minutes	2,50
Charge per minute after 60 minutes	4,00

In addition to the theatre charge calculated as above, a surcharge of R60,00 (Modifier 0002) shall be allowed in cases where specialised theatres, referred to in General Rule 5, are utilised for the performance of any of the undermentioned procedures, whether carried out individually or in combination with each other, which surcharge shall be deemed to cover the use of all specialised equipment required for such procedures :

Specialised Theatre Procedures

1. **Orthopaedic :** Joint replacements (hip, knee, shoulders or elbow)
2. **Vascular :**
 - a) All cardio-vascular bypass and grafts
 - b) Femoral popliteal bypass
 - c) Carotid endarterectomy

Operations : Neurosurgery

	R
58091 Preparation fee per operation (only chargeable where the duration of the operation exceeds 60 minutes)	152,00

Operations : Open Heart

58121 Open heart surgery : Rates by arrangement with the scheme concerned.	
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3B. TEATERGELDE

Die items wat onder 58181 verskyn sal beskou word as in die teaterfooie ingesluit te wees, en geen gelde ten opsigte daarvan mag gehef word nie.

Buitepasiënte (Pasiënte wat nie in 'n saal opgeneem word nie)**58071 Tyd in Teater :**

Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word, en teatergelde sal daarop soos volg bereken word :

	R
Basiese fooi	40,00
Foos per minuut	1,00

Binnepasiënte**Operasies : Algemeen****58081 Tyd in Teater :**

Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word, en teatergelde sal daarop soos volg bereken word :

	R
Basiese fooi	175,00
Foos per minuut vir eerste 60 minute	2,50
Foos per minuut na 60 minute	4,00

Bo en behalwe die teatergelde soos hierbo bereken, sal 'n belading van R60,00 (Wysiger 0002) toegelaat word in gevalle waar gespesialiseerde teaters, waarna verwys word in Algemene Reël 5, gebruik word vir die uitvoering van enige van die ondergenoemde prosedures, ongeag of hulle alleenstaande of in kombinasie met mekaar gedoen word, welke belading geag sal word om die gebruik van alle gespesialiseerde toerusting benodig vir sulke prosedures in te sluit :

Gespesialiseerde Teater Prosedures

1. **Ortopedies :** Alle gewrigsvervangings (heup, knie, skouer, of elmboog)
2. **Vaskulêr :**
 - a) Alle kardiovaskulêre omlidings en oorplantings
 - b) Femorale popliteale omlidings
 - c) Karotis endarteriëktomie

Operasies : Neurochirurgie

	R
58091 Voorbereidingsgelde per operasie (slegs eisbaar wanneer die duur van die operasie 60 minute oorskry)	152,00

Operasies : Opehart

58121 Opehartchirurgie : Gelde volgens ooreenkoms met die betrokke skema.	
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58131 Drugs and Materials (Theatre)

As per Standard Drug and Material Charges (Annexure C).

EMERGENCIES

R

58153 After hours emergencies : Per case, for cases admitted to theatre from 19h00 to 07h00 on weekdays, from 13h00 on Saturdays to 07h00 on Mondays and public holidays 60,00

58181 Non-Chargeable Theatre Items

(Which would always include the equivalent to the item named).

Acetone
Alcohol or spirits
Amalgam
Anaesthetic machine, including tubing and the mask
Cautery equipment
Cidex
Collection charges (Blood Bank and/or laboratory)
Connections
Dettol, Cetavlon, Savlon, Hibitane or any solutions or lotions containing such items
Diathermy equipment
Diathermy leads/pads/Disperso
Disposable : Cautery/diathermy leads, pads and cautery suction handles (except ophthalmic: Optemp)
Dental drills and bits
Gloves
Razors and/or shaving trays
Rectal and stomach tubes
Scrub-up surgical brush
Sterile gowns and drapes, e.g. barrier split sheets and ultra protection gowns (except in hip, shoulder, knee and elbow replacements, neurosurgery and cardiovascular surgery)
Stitch cutters and/or staple removers
ECG electrodes and paper
Electrodes for any monitors
ET tube introducers
ET tubes (non-disposable)
Face masks
Formalin in saline
Fractions : Strapping (e.g. elastoplast, micropore, transpore),
Ophthalmic/ear/nasal drops and creams (e.g. Sofradex, Mixitrol)
Sprays and jellies (e.g. Remicaine, KY Jelly, Opsite, Disadine)
Topical anaesthetics
Fulguration equipment
Glass utensils or apparatus
Incontinence pads
Instrument Dettol
Liquid soaps
Merthiolate
Monitors
Monitor pads
Operative trays (for anaesthetist)
Preptic swabs
Receptal liners
Rescue blankets (except in operations over 2 hours)
Re-usable operating instruments, including all endoscopy equipment, microscopes, surgical instruments, blades, drills, burrs, saws and cutters (except for skin graft blades, trephines and beaver blades)
Scrub-up materials
Spigots
Standard packs
Sterile trays
Sterilisation of instruments or materials
Steripeel

58131 Verdowingsmiddels en Materiaal (Teater)

Volgens Standaard Verdowingsmiddels en Materiaal Gelde (Aanhangsel C).

NOODGEVALLE

R

58153 Noodgevalle 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 60,00

58181 Gratis Teater-items

(Wat altyd die ekwivalent van die genoemde item sal insluit).

Asetoon
Alkohol of spiritus
Almalgaam
Narkosemasjien, met sy buise en die masker
Kouteriserings-toerusting
Cidex
Afhalingskoste (Bloedbank en/of laboratorium)
Konneksies
Dettol, Cetavlon, Savlon, Hibitane of enige oplossings of mengsels wat sulke items bevat
Diatermie-toerusting
Diatermie-koorde/-kussings/Disperso
Wegdoenbare : Kouter-/diatermie-koorde en kussings en koutiseringsuigingshandvatsels (behalwe oftalmiese : Optemp)
Tandartsbore en -boorpunte
Handskoene
Skeermesse en/of skeerblaaië
Rektale- en maagbuis
Chirurgiese skropborsel
Steriele jurke en omhangsels, bv. versperringspleetlakens en ultra-beskermsjurke (behalwe by heup-skouer, knie en elmboog vervangings, neurochirurgie en kardio-vaskulêre chirurgie)
Steekknippers en/of kramverwyderaars
EKG-elektrodes en -papier
Elektrodes vir enige moniters
ET-buisvoerders
ET-buise (nie-wegdoenbaar)
Gesigsmaskers
Formalinen in soutoplossings
Gedeeltes : Kleefbandoorvlakkings (bv. elastoplast, micropore, transpore)
Oftalmiese/oor/neus druppels en rome (bv. Sofradex, Mixitrol)
Sproeiërs en jellies (bv. Remicaine, KY Jelly, Opsite, Disidine)
Plaaslike verdowingsmiddels
Fulgurasietoerusting
Glasgereedskap en -apparaat
Inkontinensiekussings
Instrument Dettol
Vloeibare sepe
Merthiolate
Monitors
Monitorkussings
Operasieblaaië (vir narkotiseur)
Preptic-deppers
Suigapparaat voerings
Reddingskomberse (behalwe in operasies langer as 2 uur)
Herbruikbare operasie-instrumente met inbegrip van endoskopiëtoerusting, mikroskope, chirurgiese instrumente, lemme, bore, ruimysters, sae en knippers (behalwe vir veloorplantingslemme, trepane en bewerlemme)
Skropmateriaal
Proppe
Standaard-verpakkings
Steriele blaaië
Sterilisasie van instrumente of materiale
Steripeel

Suction catheters (non-disposable)
Suction handles, tips and nozzles (excluding disposables)
Swivel connectors
Thermometers
Tubing
Use of Recovery Room
Ventilators or respirators (including any disposable components).

Suigingskateters (nie-wegdoenbaar)
Suigingshandvatsels, -punte en spuitstukke (uitsluitende wegdoenbare)
Draai-konnekteerders
Termometers
Buisse
Gebruik van herstelkamer
Belugters of respirators (enige wegdoenbare komponente ingesluit).

4B. INTENSIVE CARE UNITS

SPECIALISED ICU (as approved by the committee as established in terms of general rule 5.1)

58200 Per day R 385,00

(Subject to a maximum of 3 days, whereafter the fee under 58201 will apply. Use of this unit shall be limited to cardio-thoracic, cardio-vascular and neuro surgery cases).

ICU

58201 Per day R 315,00

The fees referred to under codes 58200 and 58201 shall include the use of all equipment, except: Bennett MA, Servo and Beares respirators, or equivalent, plus the cost of oxygen.

All admissions to such units shall be confirmed with the relevant medical scheme for each 72 hours.

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.

No charge for special nursing may be made while a patient is accommodated in either a specialised intensive care unit or an intensive care unit.

58203 Consumable Materials

As per Standard Drug and Material Charges (Annexure C).

High Care Ward

58215 Per day R 195,00

All admissions to such units shall be confirmed with the relevant medical scheme for each 72 hours.

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.

No charge for special nursing may be made while a patient is accommodated in a high care ward.

4B. INTENSIEWE-SORGEENHEDE

GESPESIALISEERDE ISE (soos goedgekeur deur die saamgestelde komitee in terme van algemene reël 5.1)

58200 Per dag R 385,00

(Onderhewig aan die maksimum van 3 dae, waarna die gelde onder 58201 van toepassing sal wees. Gebruik van hierdie eenheid sal beperk wees tot kardiotorak, kardiiovaskulêre en neurochirurgiese gevalle).

Intensiewe-sorgeenheid

58201 Per dag R 315,00

Die gelde waarna onder kodes 58200 en 58201 verwys word sluit die gebruik van alle toerusting in behalwe: Bennett MA, Servo en Beares respirators of gelykwaardige, plus die koste van suurstof.

Alle toelatings tot sodanige eenhede moet met die betrokke mediese skema vir elke 72 uur bevestig word.

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.

Geen gelde ten opsigte van spesiale verpleging mag gehêf word tydens die verblyf van 'n pasiënt in 'n gespesialiseerde intensiewe-sorgeenheid of in 'n intensiewe-sorgeenheid nie.

58203 Verbruikbare Materiaal

Volgens Standaard Verdowingsmiddels en Materiaal Gelde (Aanhangsel C).

Hoërsorgsaal

58215 Per dag R 195,00

Alle toelatings tot sodanige eenhede moet met die betrokke mediese skema vir elke 72 uur bevestig word.

Hospitale moet 'n sertifikaat aangaande die noodsaaklikheid van hoërsorg van die behandelende geneesheer verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.

Geen gelde ten opsigte van spesiale verpleging mag gehêf word tydens die verblyf van 'n pasiënt in 'n hoërsorgsaal nie.

5B. STANDARD CHARGES FOR EQUIPMENT AND MATERIALS

58231 Monitors (in high care, general and private ward only): Per day or part thereof R 25,00
58232 Ventilators, e.g. Bennett PR2 or Bird (in high care, general and private ward only) (excluding oxygen): Per day or part thereof 18,00
58233 Croupettes (excluding oxygen): Per day or part thereof 5,00

5B. STANDAARDHEFFINGS VIR TOERUSTING EN MATERIAAL

58231 Monitors (alleenlik in hoërsorg, algemene en private sale): Per dag of deel daarvan R 25,00
58232 Belugters, bv. Bennett PR2 of Bird (alleenlik in hoërsorg, algemene en private sale) (sonder suurstof): Per dag of deel daarvan 18,00
58233 Croupettes (sonder suurstof): Per dag of deel daarvan 5,00

R		R	
58234	Incubators (excluding oxygen) : Per day or part thereof	58234	Broeikaste (sonder suurstof) : Per dag of deel daarvan
	9,00		9,00
58235	Oxygen tents (excluding oxygen) : Per day or part thereof	58235	Suurstoftente (sonder suurstof) : Per dag of deel daarvan
	8,50		8,50
58236	Bennett MA, Servo and Beares respirator, or equivalent, (in intensive care unit, high care, general and private ward only) (excluding oxygen) : Per day or part thereof	58236	Bennett MA, Servo en Beares respirators, of gelykwaardige, (alleenlik intensiewe-sorgeenheid, hoërsorg, algemene en privatesale) (sonder suurstof) : Per dag of deel daarvan
	83,00		83,00
58237	CUSA (plus lowest available manufacturer's price of CUSA pack, plus 50%, less a discount of 10%)	58237	CUSA (plus laagste beskikbare vervaardigersprys vir CUSA-verpakking, plus 50%, min 'n korting van 10%)
	400,00		400,00
58238	Laser, Argon and CO ₂ (Ophthalmic)	58238	Laser, Argon, CO ₂ (Oftalmies)
	125,00		125,00
58239	Disposable trephines : Lowest available manufacturer's price plus 50%, less a discount of 10%. Identification code number to be shown, with schemes retaining the right to call for invoices.	58239	Wegdoenbare-trepene : Laagste beskikbare vervaardigersprys, plus 50%, min 'n korting van 10%. Identifikasiekodenummer moet getoon word, terwyl skemas hulle die reg voorbehou om fakture aan te vra.
58241	Steridrapes (Opsite) : Lowest available manufacturer's price plus 50%, less a discount of 10%. Identification code number and manufacturer's name to be shown, with schemes retaining the right to call for invoices.	58241	Steridrapes (Opsite) : Laagste beskikbare vervaardigersprys, plus 50%, min 'n korting van 10%. Identifikasiekodenummer moet getoon word, terwyl skemas hulle die reg voorbehou om fakture aan te vra.
58242	Occutome	58242	Occutome
	53,00		53,00
58243	Laser - YAG (Ophthalmic)	58243	Laser - YAG (Oftalmies)
	140,00		140,00
58244	Laser - Surgical	58244	Laser - Chirurgies
	160,00		160,00
Lithotripsy		Litotripsie	
R		R	
58245	First treatment for one or more stones in same kidney which are eliminated in one treatment	58245	Eerste behandeling vir een of meer stene in dieselfde nier wat met een behandeling verwyder is
	1600,00		1600,00
58246	Second treatment on same kidney. (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	58246	Tweede behandeling van dieselfde nier. (Hospitale sal 'n sertifikaat voorlê waar die chirurg sertifiseer dat 'n tweede behandeling medies noodsaaklik was)
	1050,00		1050,00
Trays (In ward only)		Blaaie (Alleenlik in saal)	
R		R	
58251	Sterile trays : Per tray	58251	Steriele blaaië : Per blad
	4,00		4,00
58257	Swabbing, ENT, PREP trays : Per tray	58257	Depper-, ONK-, Voorbereidingsblaaië : Per blad
	1,50		1,50

ANNEXURE C**STANDARD DRUG AND MATERIAL CHARGES**

(In respect of items not otherwise dealt with in the Scale of Benefits).

57270

Over the Counter and Proprietary Items

(Only substances controlled by the Medicine Control Council).

The charge shall not exceed the trade unit price as listed in the Ethical Price List issued by the Pharmaceutical Society of South Africa prevailing from time to time, plus 50%, less a discount of 10%, plus the fees payable to a pharmacist in respect of professional services rendered by him, as published in Government Notice R2848 of 21 December 1979, as amended by Government Notices R825 of 25 April 1980, R312 of 26 February 1982 and R2485 of 19 November 1982.

57272

Dispensed Items

(Only substances controlled by the Medicine Control Council).

The charge shall not exceed the trade unit price as listed in the Ethical Price List issued by the Pharmaceutical Society of South Africa prevailing from time to time, plus 50%, less a discount of 10%,

AANHANGSEL C**STANDAARD VERDOWINGSMIDDELS EN MATERIAAL GELDE**

(Met betrekking tot items wat nie andersins in die voordeleskaal genoem is nie).

57270

Oor die Toonbank- en Handelsnaam-Items

(Alleenlik materieë gekontroleer deur die Medisyne-beheerraad).

Die prys mag nie die handelseenheidspys, wat vervat is in die Etiese Pryslis, wat die Aptekersvereniging van Suid-Afrika van tyd tot tyd uitreik, plus 50% oorskry nie, min 'n korting van 10%, plus die gelde wat aan 'n apteker verskuldig is vir professionele dienste wat deur hom gelewer is, soos gepubliseer by Goewermentskennisgewing R2848 van 21 Desember 1979, soos gewysig deur Goewermentskennisgewings R825 van 25 April 1980, R312 van 26 Februarie 1982 en R2485 van 19 November 1982.

57272

Alle Toebeereide Items

(Alleenlik materieë gekontroleer deur die Medisyne-beheerraad).

Die prys mag nie die handelseenheidspys, wat vervat is in die Etiese Pryslis, wat die Aptekersvereniging van Suid-Afrika van tyd tot tyd uitreik, plus 50% oorskry nie, min 'n korting van 10%, plus die gelde

plus the fees payable to a pharmacist in respect of professional services rendered by him, as published in Government Notice R2848 of 21 December 1979, as amended by Government Notices R825 of 25 April 1980, R312 of 26 February 1982 and R2485 of 19 November 1982.

wat aan 'n apteker verskuldig is vir professionele dienste wat deur hom gelewer is, soos gepubliseer by Goewermentskennisgewing R2848 van 21 Desember 1979, soos gewysig deur Goewermentskennisgewings R825 van 25 April 1980, R312 van 26 Februarie 1982 en R2485 van 19 November 1982.

57274
58274 **Ampoules Ex Broken Bulk**

(Only substances controlled by the Medicine Control Council).

The charge shall not exceed an amount equal to the trade unit price of the original pack immediately smaller than the quantity of ampoules prescribed or, if no convenient smaller pack or no smaller pack at all is available, the proportionate price of the nearest quantity as listed in the Ethical Price List issued by the Pharmaceutical Society of South Africa prevailing from time to time, plus 50%, less a discount of 10%, plus one-tenth of the broken bulk portion, the total to be rounded off upwards to the next 5 cents : Provided that no price calculated on broken bulk may exceed the price for the next larger quantity. No dispensing fee shall be allowed. No charge in respect of broken bulk shall be allowed in respect of ampoules utilised in theatre.

57274
58274 **Ampulle uit Oopgemaakte Grootmaat**

(Alleenlik materieë gekontroleer deur die Medisyne-beheerraad).

Die prys mag nie 'n bedrag oorskry nie wat gelyk is aan die handelseenheidsprys vir die oorspronklike verpakking naastenby minder as die hoeveelheid ampulle voorgeskryf of, indien geen gerieflike kleiner verpakking of geen kleiner verpakking verkrygbaar is, die eweredige prys van die naaste hoeveelheid, wat vervat is in die Etiese Pryslys, wat die Aptekersvereniging van Suid-Afrika van tyd tot tyd uitreik, plus 50%, min 'n korting van 10%, plus een-tiende van die oopgemaakte grootmaat gedeelte, en die totaal moet opwaarts afgerond word tot die volgende 5 sente : Met die voorbehoud dat geen prys bereken vir oopgemaakte grootmaat die prys van die volgende groter verpakking mag oorskry nie. Geen resepteringsfooi word toegelaat nie. Geen gelde mag gehêf word ten opsigte van ampulle wat in oopgemaakte grootmaat in die teater gebruik word nie.

57276
58276 **Tablets and Capsules Ex Ward**

(Only substances controlled by the Medicine Control Council).

The charge shall not exceed an amount equal to the trade unit price of the pack which most closely approximates and exceeds the number of tablets or capsules prescribed, as listed in the Ethical Price List issued by the Pharmaceutical Society of South Africa prevailing from time to time, plus 50%, less a discount of 10%, plus a dispensing fee, pro-rata to the number of tablets or capsules used.

57276
58276 **Tablette en Kapsules uit die Saal**

(Alleenlik materieë gekontroleer deur die Medisyne-beheerraad).

Die prys mag nie 'n bedrag oorskry nie wat gelyk is aan die handelseenheidsprys, wat vervat is in die Etiese Pryslys wat die Aptekersvereniging van Suid-Afrika van tyd tot tyd uitreik vir die verpakking naastenby dieselfde maar groter as die hoeveelheid tablette en kapsules voorgeskryf, plus 50%, min 'n korting van 10%, plus 'n resepteringsfooi, pro-rata tot die aantal tablette of kapsules wat gebruik is.

57278
58278 **Consumable, Disposable and Surgical Items, including Sutures, not otherwise dealt with in Annexure C**

(When used in ward or theatre).

Lowest available manufacturer's price plus 50%, less a discount of 10%. Items to be fully specified.

Gas (Oxygen and Nitrous Oxide)

57278
58278 **Verbruikbare, Wegdoenbare en Chirurgiese Items, insluitende Hegmateriaal, nie andersins genoem in Aanhangsel C**

(Wanneer in saal of teater gebruik).

Laagste beskikbare vervaardigersprys plus 50%, min 'n korting van 10%. Items moet ten volle gespesifiseer word.

Gas (Suurstof en Laggas)

57280
58280 **For both gases together, per minute :**

	R
PWV Area	0,38
Cape Town	0,53
Port Elizabeth	0,49
East London	0,52
Durban	0,47
Other Areas	0,44

57280
58280 **Vir albei gasse saam, per minuut :**

	R
PWV Area	0,38
Kaapstad	0,53
Port Elizabeth	0,49
Oos-Londen	0,52
Durban	0,47
Ander gebiede	0,44

57282
58282 **Ward fee for oxygen, per hour or part thereof:**

	R
PWV Area	2,30
Cape Town	3,80
Port Elizabeth	3,65
East London	3,50
Durban	2,95
Other Areas	2,80

57282
58282 **Saalgelde vir suurstof, per uur of deel daarvan :**

	R
PWV Area	2,30
Kaapstad	3,80
Port Elizabeth	3,65
Oos-Londen	3,50
Durban	2,95
Ander gebiede	2,80

57284		
58284	Inhalation Anaesthetics	
		R
	Halothane/fluothane : Per minute	0,27
	Ethrane : Per minute	0,68
	Forane : Per minute	0,91

57284		
58284	Inasemingsnarkose	
		R
	Halotaan/fluotaan : Per minuut	0,27
	Ethrane : Per minuut	0,68
	Forane : Per minuut	0,91

57286		
58286	Prostheses (Surgically Implanted)	
	A prosthesis shall be deemed to be all items forming an integral and necessary part of the appliance required for any procedure. Hospitals shall show the name and reference number of each item together with the manufacturer's name, and schemes shall have the right to call for such invoices from the hospital concerned.	

57286		
58286	Protese (Heelkundig Ingeplant)	
	n Protese sal beskou word as alle items wat n integrale en noodsaaklike deel vorm van die toestel vir elke werkwyse. Hospitale moet die naam en verwysingsnommer toon van elke item, met inbegrip van die leweransier se naam, en skemas sal die reg hê om sodanige fakture van die betrokke hospitaal aan te vra.	

Lowest available manufacturer's price plus 15% to a maximum of R500,00.

Laagste beskikbare vervaardigersprys, plus 15% tot n maksimum van R500,00.

57288		
58288	Electronic Supplies	
	By arrangement with the scheme concerned.	
	Railage	
	An additional charge may be made to cover the cost of railage paid on items sent to areas outside the supplier's free delivery area.	

57288		
58288	Elektroniese Benodighede	
	Volgens ooreenkoms met die betrokke skema.	
	Spoorvrag	
	n Bykomende heffing kan op items, wat na gebiede gestuur word wat buite die verskaffer se gratis afleweringgebied is, geplaas word ter dekking van die spoorvrag wat betaal is.	

Price Increases

Should a change occur in the manufacturer's price of any item not listed in an official price list, the new price shall be as notified by the Representative Association Medical Schemes from time to time.

Prysstygings

Indien daar n verandering plaasvind in die verskaffer se prys vir n item wat nie in die amptelike pryslys verskyn nie, sal die Verteenwoordigende Vereniging van Mediese Skemas die nuwe prys van tyd tot tyd aankondig.

NOTICE 835 OF 1988**DEPARTMENT OF NATIONAL HEALTH AND
POPULATION DEVELOPMENT****REPRESENTATIVE ASSOCIATION OF MEDICAL SCHEMES -
SCALE OF BENEFITS IN RESPECT OF APPROVED
UNATTACHED OPERATING THEATRE UNITS**

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 unattached operating theatre units as set out in the Schedule hereto. The said scale of benefits shall come into effect on 1 January 1989, and replaces the scale of benefits which was published in Government Gazette No 11057 dated 11 December 1987.

N J J VAN RENSBURG,
CHAIRMAN: Representative Association of Medical Schemes.

SCHEDULE**General Rules**

1. The scale of benefits shall apply in respect of approved unattached operating theatre units with a practice code number commencing with the digits 77.
2. The scale of benefits shall include general sales tax, except on items in relation to medicines, drugs, dressings and gases.
- 3.1 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 South African Association of Unattached Operating Theatre Units, to consider applications from unattached operating theatre units having practice code numbers commencing with the digits 76, to be reclassified as approved unattached operating theatre units having practice code numbers commencing with the digits 77. The criteria to be applied and the procedure for hearing such applications, or for conducting inspections, shall be laid down by the said committee and the decision of the said committee shall be final.
- 3.2 The fee payable by an unattached operating theatre unit for an inspection for reclassification shall be R625,00 or such other fee as may be determined by the committee from time to time. In addition any such unattached operating theatre unit shall also be liable for all travel costs reasonably incurred, should the unattached operating theatre unit concerned be located more than 50km outside the municipal boundary of Johannesburg.
- 3.3 At the end of each calendar year every unattached operating theatre unit reclassified in terms of the foregoing shall submit an auditor's certificate in a format specified by the Representative Association of Medical Schemes certifying that the unattached operating theatre unit concerned still complies with the criteria applicable at the time of reclassification. Failing submission of such certificate the provisions of general rule 3.4 shall automatically be applicable.
- 3.4 The said committee shall also have power to receive and investigate complaints that any unattached operating theatre unit having a practice code number commencing with the digits 77 no longer meets the criteria required for such reclassification, as such criteria applied at the date that such unattached operating theatre unit was granted a practice code number beginning with the digits 77. The said committee may conduct such inspections as it considers desirable, and shall afford any such unattached operating theatre unit, no longer meeting such criteria, a reasonable opportunity to rectify matters, failing which such committee may reclassify any such unattached operating theatre unit as a unit having a practice code number commencing with the digits 76.

KENNISGEWING 835 VAN 1988**DEPARTEMENT VAN NASIONALE GESONDHEID
EN BEVOLKINGSONTWIKKELING****VERTEENWOORDIGENDE VERENIGING VAN MEDIESE
SKEMAS - VOORDELESKAAL TEN OPSIGTE VAN GOED-
GEKEURDE LOSSTAANDE TEATEREENHEDE**

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 losstaande teatereenhede soos in die Bylae hiervan uiteengesit. Die genoemde voordeleskaal sal op 1 Januarie 1989 in werking tree, en vervang die voordeleskaal wat in Staatskoerant Nr 11057 van 11 Desember 1987 gepubliseer was.

N J J VAN RENSBURG,
VOORSITTER: Verteenwoordigende Vereniging van Mediese Skemas.

BYLAE**Algemene Reëls**

1. Die voordeleskaal geld ten opsigte van goedgekeurde losstaande teatereenhede met 'n praktykkodenommer wat met die syfers 77 begin.
2. Die voordeleskaal sluit algemene verkoopbelasting in, behalwe op items met betrekking tot medisyne, verdowingsmiddels, verbandgoed en gasse.
- 3.1 'n Komitee van vyf lede, van wie die Verteenwoordigende Vereniging van Mediese Skemas drie benoem en die Suid-Afrikaanse Vereniging van Losstaande Teatereenhede twee, word saamgestel om aansoeke te oorweeg van losstaande teatereenhede, met praktykkodenommers wat met die syfers 76 begin, vir herindeling as goedgekeurde losstaande teatereenhede met praktykkodenommers wat met die syfers 77 begin. Die kriteria van toepassing en die prosedure wat by die aanhoor van sodanige aansoeke gevolg moet word, of vir die uitvoering van inspeksies, word bepaal deur genoemde komitee, en die beslissing van genoemde komitee is afdoende.
- 3.2 Die fooi betaalbaar deur 'n losstaande teatereenheid vir die inspeksie vir herindeling sal R625,00 wees of sodanige fooi wat bepaal sal word deur die komitee van tyd tot tyd. So 'n losstaande teatereenheid sal ook verantwoordelik wees vir reiskostes as die losstaande teatereenheid meer as 50km buite die munisipale grens van Johannesburg is.
- 3.3 Aan die einde van elke kalenderjaar moet elke losstaande teatereenheid wat herklassifiseer is 'n ouditeurs-sertifikaat, in die formaat soos gespesifiseer deur die Verteenwoordigende Vereniging van Mediese Skemas, voorlê, wat sertifiseer dat die losstaande teatereenheid nog voldoen aan die kriteria wat van toepassing was ten tye van die herindeling. Indien nagelaat word om so 'n sertifikaat in te dien, is die bepaling van algemene reël 3.4 outomaties van toepassing.
- 3.4 Genoemde komitee word ook gemagtig om klagtes, dat enige losstaande teatereenheid met 'n praktykkodenommer wat met die syfers 77 begin, nie langer voldoen aan die kriteria bepaal vir sulke klassifikasie, soos sodanige kriteria van toepassing was ten tye dat so 'n losstaande teatereenheid 'n praktykkodenommer wat met die syfers 77 begin toegeken was, te ontvang en te ondersoek. Genoemde komitee mag sulke inspeksies uitvoer as wat hy wenslik ag en sal so 'n losstaande teatereenheid, wat nie langer aan sulke kriteria voldoen nie, 'n redelike geleentheid gun om sake reg te stel, by gebreke waarvan, genoemde komitee so 'n losstaande teatereenheid mag herindeel as 'n losstaande teatereenheid met 'n praktykkodenommer wat met die syfers 76 begin.

4. All accounts shall be accompanied by a copy of the relevant theatre account specifying all details of items charged, as well as the procedure performed.

5. All accounts containing items which are subject to a discount in terms of the Scale of Benefits shall indicate such items individually and shall show separately the gross amount of the discount before the GST is calculated.

4. Alle rekeninge sal vergesel wees van 'n afskrif van die betrokke teatervorm, wat alle items spesifiseer wat gehef word, asook die prosedure.

5. Alle rekeninge wat items, wat onderworpe is aan 'n korting in terme van die voordeleksaal, insluit sal sodanige items individueel aantoon en sal afsonderlik die totale bedrag van die korting toon voor die AVB bereken word.

1. WARD FEES

Unattached operating theatre units shall indicate the exact times of admission and discharge on all accounts.

The items appearing under code 77182 below shall be deemed to be included in ward fees, and no charges in respect thereof may be levied.

Wards

	R
77001 Per day : more than 5 hours	75,00
77002 Per day : 5 hours or less	45,00

77045 Drugs (Ward and Dispensary)

As per Standard Drug and Material Charges.

77182 Non-Chargeable Items in Wards

(Which would always include the equivalent to the item named).

Acetone
Alcohol or spirits
All liquid soaps (except in burn cases and haemorrhoidectomies)
All normal nursing services
Bed
Body lotions/powders/oils
Cidex
Collection charges (Blood Bank and/or laboratory)
Connections
Dettol, Cetavlon, Savlon, Hibitane or any solutions or lotions containing such items
Depilatory creams
Diathermy leads/pads/Disperso
Disposable : Gloves
Gowns
Razors and/or shaving trays
Rectal tubes
Stitch cutters and/or staple removers
Douche cans and fittings
ECG electrodes and paper
ET tube introducers
ET tubes (non-disposable)
Formalin in saline
Fractions : Strapping (e.g. elastoplast, micropore, transpore),
Sprays and jellies (e.g. Remicaine, KY Jelly, Opsite, Disadine)
Topical anaesthetics
Glass utensils or apparatus
High pressure syringes
Humidifiers (except Aquapac)
ID bands
Infusion pump, except disposable cartridges
Instrument Dettol
Labstix/Multistix/Dextrostix (except when marked T.T.O.)
Lancets
Linen and linen savers
Meals ex kitchen or catering service, milk substitutes and baby foods
Medicine cups
Merthiolate
Monitor pads
Oxygen analysers
Oxygen attachments, except disposables

1. SAALGELDE

Losstaande teatereenhede moet die presiese tyd van toelating en ontslag op alle rekenings aandui.

Die items wat onder kode 77182 verskyn sal beskou word as in die saalfooi ingesluit te wees, en geen gelde ten opsigte daarvan mag gehef word nie.

Sale

	R
77001 Per dag : meer as 5 ure	75,00
77002 Per dag : 5 ure of minder	45,00

77045 Verdoingsmiddels (Saal en Apteek)

Volgens Standaard Verdoingsmiddels en Materiaal Gelde.

77182 Gratis Items in Sale

(Wat altyd die ekwivalent van die genoemde item sal insluit).

Asetoon
Alkohol of spiritus
Alle vloeibare seepsoorte (behalwe in brandgevalle en hemoroïdektomieë)
Alle normale verplegingsdienste
Bed
Lyfsmeermiddels/poeiers/olies
Cidex
Afhalingkoste (Bloedbank en/of laborototium)
Konneksies
Dettol, Cetavlon, Savlon, Hibitane of enige ander oplossings of mengsels wat sulke items bevat
Onthaarmiddels
Diatermie-koorde/-kussings/Disperso
Wegdoenbare : Handskoene
Jurke
Skeermesse en/of skeerblaaië
Rektale buise
Steekknippers en/of kramverwyderaars
Douche-kanne en toebehore
EKG-elektrodes en papier
ET-buisinvoerders
ET-buise (nie-wegdoenbaar)
Formalinen in soutoplossing
Gedeeltes : Kleefbandoorvlakkings (bv. elastoplast, micropore, transpore)
Sproeiers en jellies (bv. Remicaine, KY Jelly, Opsite, Disadine)
Piaaslike verdoingsmiddels
Glasgereedskap of -apparaat
Hoëdruk spuite
Vogstandbehouders (behalwe Aquapac)
ID-bande
Infusiepomp, behalwe wegdoenbare patrone
Instrumente Dettol
Labstix/Multistix/Dextrostix (behalwe wanneer gemerk T.T.O. - om huis-toe te neem)
Lansette
Beddegoed en linne beskermers
Etes uit die kombuis of spyseniersdiens, melk plaasvervangers en babakosse
Medisynebekers
Merthiolate
Monitorkussings
Suurstofontleders
Suurstof-bybehore, behalwe wegdoenbaretoerusting

Oxygen hoods
Peak flow meters
Receptal liners
Sheepskins
Shut-off valves
Sphygmomanometer
Spigots
Spray top bottles
Sterile water (except for flushing of wounds)
Sterilisation of instruments or materials
Stethoscope
Surgeons' or nurses' face masks
Thermometers
Traction kits and/or cords
Trays or Packs
Tubing
Use of ECG equipment
Utensils used for the oral administration of medication.

Suurstofkappies
Spitsvloeiometers
Suigapparaat voedings
Skaapvelle
Afsluitkleppe
Sfigmomanometer
Proppe
Sproeikopflesse
Steriele water (behalwe vir deurspoeling van wonde)
Sterilisasie van instrumente of materiale
Stetoskoop
Gesigsmaskers vir chirurgie of verpleegsters
Termometers
Traksie uitrusting en/of koorde
Blaasie of pakke
Buis
Gebruik van EKG-toerusting
Gereedskap gebruik vir die mondelinge toediening van medikasie.

2. THEATRE FEES

The items appearing under code 77181 shall be deemed to be included in the theatre fee, and no charge in respect thereof may be levied.

Out-Patients (Patients that are not warded)

77071 Time in Theatre :

The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows :

	R
Basic charge	35,00
Charge per minute	1,00

In-Patients

General Anaesthetic Theatres

77081 Time in Theatre :

The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows :

	R
Basic charge	117,50
Charge per minute	1,50

77131 Drugs and Materials (Theatre)

As per Standard Drug and Material Charges.

77152 Recovery room

	R
Per operation	10,20

77181 Non-Chargeable Theatre Items

(Which would always include the equivalent to the item named).

Acetone
Alcohol or spirits
Amalgam
Anaesthetic machine including tubing and the mask
Cautery equipment
Cidex
Collection charges (Blood Bank and/or laboratory)
Connections
Dettol, Cetavlon, Savlon, Hibitane or any solutions or lotions containing such items

2. TEATERGELDE

Die items wat onder 77181 verskyn sal beskou word as in die teaterfooi ingesluit te wees, en geen gelde ten opsigte daarvan mag gehef word nie.

Buitepasiënte (Pasiënte wat nie in 'n saal opgeneem word nie)

77071 Tyd in Teater :

Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word, en teatergelde sal daarop soos volg bereken word :

	R
Basiese fooi	35,00
Foi per minuut	1,00

Binnepasiënte

Algemene Narkose Teaters

77081 Tyd in Teater :

Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word, en teatergelde sal daarop soos volg bereken word :

	R
Basiese fooi	117,50
Foi per minuut	1,50

77131 Verdowingsmiddels en Materiaal (Teater)

Volgens Standaard Verdowingsmiddels en Materiaal Gelde.

77152 Herstelkamer

	R
Per operasie	10,20

77181 Gratis Teater-items

(Wat altyd die ekwivalent van die genoemde item sal insluit).

Asetoon
Alkohol of spiritus
Amalgam
Narkosemasjien, met sy buise en die masker
Kouteriserings-toerusting
Cidex
Afhalingkoste (Bloedbank en/of laboratorium)
Konneksies
Dettol, Cetavlon, Savlon, Hibitane of enige oplossings of mengsels wat sulke items bevat

Diathermy equipment
 Diathermy leads/pads/Disperso
 Disposable : Cautery/diathermy leads, pads and cautery suction handles (except ophthalmic : Optemp)
 Dental drills and bits
 Gloves
 Razors and/or shaving trays
 Rectal and stomach tubes
 Scrub-up surgical brush
 Sterile gowns and drapes, e.g. barrier split sheets and ultra protection gowns (except in hip, shoulder, knee and elbow replacements, neurosurgery and cardiovascular surgery)
 Stitch cutters and/or staple removers.
 ECG electrodes and paper
 Electrodes for any monitors
 ET tube introducers
 ET tubes (non-disposable)
 Face masks
 Formalin in saline
 Fractions : Strapping (e.g. elastoplast, micropore, transpore)
 Ophthalmic/ear/nasal drops and creams, (e.g. Sofradex, Mixitrol)
 Sprays and jellies (e.g. Remicaine, KY Jelly, Opsite, Disadine)
 Topical anaesthetics
 Fulguration equipment
 Glass utensils or apparatus
 Incontinence pads
 Instrument Dettol
 Liquid soaps
 Merthiolate
 Monitors
 Monitor pads
 Operative trays (for anaesthetist)
 Preptic swabs
 Receptal liners
 Rescue blankets (except in operations over 2 hours)
 Re-usable operating instruments, including all endoscopy equipment, microscopes, surgical instruments, blades, drills, burrs, saws and cutters (except for skin graft blades, trephines and beaver blades)
 Scrub-up materials
 Spigots
 Standard packs
 Sterile trays
 Sterilisation of instruments or materials
 Steripeel
 Suction catheters (non-disposable)
 Suction handles, tips and nozzles (excluding disposables)
 Swivel connectors
 Thermometers
 Tubing
 Ventilators or respirators (including any disposable components).

Diatermie-toerusting
 Diatermie-koorde/-kussings/Disperso
 Wegdoenbare : Kouter-/diatermie-koorde en kussings en koutiseringsuigingshandvatsels (behalwe oftalmiese : Optemp)
 Tandartsbore en -boorpunte
 Handskoene
 Skeermesse en/of skeerblaaië
 Rektale- en maagbuis
 Chirurgiese skropborsel
 Steriele jurke en omhangsels, bv. versperringspleetlakens en ultra-beskerminsjurke (behalwe in heup, skouer, knie en elmboog vervangings, neurochirurgie en kardio-vaskulêre chirurgie)
 Steekknippers en/of kramverwyderaars
 EKG-elektrodes en -papier
 Elektrodes vir enige monitors
 ET-buisinvoerders
 ET-buise (nie-wegdoenbaar)
 Gesigsmaskers
 Formalien in soutoplossings
 Gedeeltes : Kleefbandoorvlakings (bv. elastoplast, micropore, transpore)
 Oftalmiese druppels en rome, (bv. Sofradex, Mixitrol)
 Sproeiers en jellies (bv. Remicaine, KY Jelly, Opsite, Disadine)
 Plaaslike verdowingsmiddels
 Fulgurasietoerusting
 Glasgereedskap en -apparaat
 Inkontinensiekussings
 Instrument Dettol
 Vloeibare sepe
 Merthiolate
 Monitors
 Monitorkussings
 Operasieblaaië (vir narkotiseur)
 Preptic-deppers
 Suigapparaat voerings
 Reddingskomberse (behalwe in operasies meer as 2 ure)
 Herbruikbare operasie-instrumente met inbegrip van endoskopietoerusting, mikroskope, chirurgiese instrumente, lemme, bore, ruimysters, sae en knippers (behalwe vir veloorplantingslemme, trepane en bewerlemme)
 Skropmateriaal
 Proppe
 Standaard-verpakkings
 Steriele blaaië
 Sterilisatie van instrumente of materiale
 Steripeel
 Suigingskateters (nie-wegdoenbaar)
 Suigingshandvatsels, -punte en spuitstukke (uitsluitend wegdoenbare)
 Draai-konnekteerders
 Termometers
 Buise
 Belugters of respirators (enige wegdoenbare komponente ingesluit).

3. STANDARD CHARGES FOR EQUIPMENT AND MATERIALS

	R
77231 Monitors (in ward only) : Per day or part thereof	15,50
77238 Laser - Argon, CO ₂ (Ophthalmic)	125,00
77239 Laser - YAG (Ophthalmic)	140,00
77240 Laser - Surgical	160,00

3. STANDAARDHEFFINGS VIR TOERUSTING EN MATERIAAL

	R
77231 Monitors (alleenlik in sale) : Per dag of deel daarvan	15,50
77238 Laser - Argon, CO ₂ (Oftalmies)	125,00
77239 Laser - YAG (Oftalmies)	140,00
77240 Laser - Chirurgies	160,00

STANDARD DRUG AND MATERIAL CHARGES

(In respect of items not otherwise dealt with in the Scale of Benefits).

77270 Over the Counter and Proprietary Items and Drugs or Medicines

(Only substances controlled by the Medicine Control Council).

The charge shall not exceed the trade unit price, as listed in the Ethical Price List issued by the Pharmaceutical Society of South Africa prevailing from time to time, plus 50%, less a discount of 10%, plus the fees payable to a pharmacist in respect of professional services rendered by him, as published in Government Notice R2848 of 21 December 1979, as amended by Government Notices R825 of 25 April 1980, R312 of 26 February 1982 and R2485 of 19 November 1982.

77278 Consumable, Disposable and Surgical Items, including Sutures, not otherwise dealt with

(When used in ward or theatre).

Lowest available manufacturer's price plus 50%, less a discount of 10%. Items to be fully specified.

Gas (Oxygen and Nitrous Oxide)**77280 For both gases together, per minute :**

	R
PWV Area	0,38
Cape Town	0,53
Port Elizabeth	0,49
East London	0,52
Durban	0,47
Other Areas	0,44

77282 Ward fee for oxygen, per hour or part thereof:

	R
PWV Area	2,30
Cape Town	3,80
Port Elizabeth	3,65
East London	3,50
Durban	2,95
Other Areas	2,80

77284 Inhalation Anaesthetics

	R
Halothane/fluothane : Per minute	0,27
Ethrane : Per minute	0,68
Forane : Per minute	0,91

77286 Prostheses (Surgically Implanted)

A prosthesis shall be deemed to be all items forming an integral and necessary part of the appliance required for any procedure. Unattached operating theatre units shall show the name and reference number of each item together with the supplier's name, and schemes shall have the right to call for such invoices from the unattached operating theatre unit concerned.

Lowest available manufacturer's price plus 15% to a maximum of R500,00.

77288 Electronic Supplies

By arrangement with the scheme concerned.

Railage

An additional charge may be made to cover the cost of railage paid on items sent to areas outside the supplier's free delivery area.

STANDAARD VERDOWINGSMIDDELS EN MATERIAAL GELDE
(Met betrekking tot items wat nie andersins in die voordeelskaal genoem is nie).**77270 Oor-die-Toonbank- en Handelsnaam-Items en Verdowingsmiddels of Medisyne**

(Alleenlik materieë gekontroleer deur die Medisyne-beheerraad).

Die prys mag nie die handelseenheidsprys, wat vervat is in die heersende Etiese Prysllys wat die Aptekersvereniging van Suid-Afrika van tyd tot tyd uitreik, plus 50% oorskry nie, min 'n korting van 10%, plus die gelde wat aan 'n apteker verskuldig is vir professionele dienste deur hom gelewer, soos gepubliseer by Goewermentskennisgewing R2848 van 21 Desember 1979, soos gewysig deur Goewermentskennisgewings R825 van 25 April 1980, R312 van 26 Februarie 1982 en R2485 van 19 November 1982.

77278 Verbruikbare, Wegdoenbare en Chirurgiese Items, insluitende Hegmateriaal, nie andersins genoem nie.

(Wanneer in saal of teater gebruik).

Laagste beskikbare vervaardigersprys plus 50%, min 'n korting van 10%. Items moet ten volle gespesifiseer word.

Gas (Suurstof en Laggas)**77280 Vir albei gasse saam, per minuut :**

	R
PWV Area	0,38
Kaapstad	0,53
Port Elizabeth	0,49
Oos-Londen	0,52
Durban	0,47
Ander gebiede	0,44

77282 Saalgelde vir suurstof, per uur of deel daarvan :

	R
PWV Area	2,30
Kaapstad	3,80
Port Elizabeth	3,65
Oos-Londen	3,50
Durban	2,95
Ander gebiede	2,80

77284 Inasemingsnarkose

	R
Halotaan/fluotaan : Per minuut	0,27
Ethrane : Per minuut	0,68
Forane : Per minuut	0,91

77286 Prostese (Heelkundig Ingeplant)

'n Prostese sal beskou word as alle items wat 'n integrale en noodsaaklike deel vorm van die toestel vir elke prosedure. Losstaande teaterenhede moet die naam en verwysingsnommer toon van elke item, met inbegrip van die leweransier se naam, en skemas sal die reg hê om sodanige fakture van die betrokke losstaande teaterenheid aan te vra.

Laagste beskikbare vervaardigersprys, plus 15% tot 'n maksimum van R500,00.

77288 Elektroniese Benodighede

Volgens ooreenkoms met die betrokke skema.

Spoorvrag

'n Bykomende heffing kan op items, wat na gebiede gestuur word wat buite die verskaffer se gratis afleveringsgebied is, geplaas word ter dekking van die spoorvrag wat betaal is.

Price Increases

Should a change occur in the manufacturer's price of any item not listed in an official price list the new price shall be as notified by the Representative Association of Medical Schemes from time to time.

Prysstygings

Indien daar 'n verandering plaasvind in die verskaffer se prys vir 'n item wat nie in 'n amptelike pryslys verskyn nie, sal die Verteenwoordigende Vereniging van Mediese Skemas die nuwe prys van tyd tot tyd aankondig.

Save a drop — and save a million

Water conservation is very important to the community and industry to ensure their survival. So save water!

**Spaar 'n druppel — en vul die dam**

Indien almal van ons besparingsbewus optree, besnoei ons nie slegs uitgawes nie maar wen ook ten opsigte van ons kosbare water- en elektrisiteitsvoorraad

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