



REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

G 68 G
p. 559



Government Gazette Staatskoerant

Registered at the Post Office as a Newspaper

As 'n Nuusblad by die Poskantoor Geregistreer

Selling price • Verkoopprijs
(GST excluded • AVB uitgesluit)

Local **70c** Plaaslik
Other countries **R1,00** Buitelands
Post free • Posvry

Vol. 305

PRETORIA, 30 NOVEMBER 1990

No. 12868

GENERAL NOTICES

NOTICE 987 OF 1990

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 No. 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 1991, and replaces the scale of benefits which was published in *Government Gazette* No. 12196 dated 1 December 1989.

N. J. J. VAN RENSBURG,

Chairman: Representative Association of
Medical Schemes.

ALGEMENE KENNISGEWINGS

KENNISGEWING 987 VAN 1990

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING

VERTEENWOORDIGENDE VERENIGING VAN MEDIESTE SKEMAS.—VOORDELESKAAL TEN OPSIGTE VAN FISIOTERAPIE DIENSTE

Die Verteenwoordigende Vereniging van Mediese Skemas, kragtens artikel 29 van die Wet op Mediese Skemas (Wet No. 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 1991 in werking tree, en vervang die voordeleskaal wat in *Staatskoerant* No. 12196 van 1 Desember 1989 gepubliseer was.

N. J. J. VAN RENSBURG,

Voorsitter: Verteenwoordigende Vereniging van
Mediese Skemas.

SCHEDULE/BYLAE

General rules governing the scale of benefits/Algemene reëls betreffende die voordeleskaal

001 Unless at least two hours' notice of cancellation of an appointment has been given, the relevant fee may be charged. Each case shall, however, be considered on its merits and if circumstances warrant it, no fee should be charged/Tensy ten minste twee uur kennis gegee is van die kansellasië van 'n afspraak kan die 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 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/In uitsonderlike gevalle waar die geld buite verhouding laag is in vergelyking met die werklike dienste deur so 'n praktisyn gelewer, kan sodanige hoër geld gehef word as waaroor die praktisyn en die skema onderling ooreenkom.

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/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.

Provided that the expression "in close collaboration" shall mean that the physiotherapist at one or other 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/her with a report on such treatment/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/haar aan die einde van die behandeling van 'n verslag oor die behandeling voorsien.

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 treatment, the practitioner should first ascertain from the scheme concerned whether it will accept financial responsibility in respect of such treatment, since the member may be subject to maximum annual benefits/Mits 'n rekening in ooreenstemming is met die voordeleskaal, betaal 'n skemas 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 langdurige of duur behandeling, vooraf by die betrokke skema vasstel of die skema geldelike aanspreeklikheid vir die betrokke behandeling sal aanvaar.

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 scheme after receipt of a letter from the medical practitioner concerned, motivating the need for such further treatment/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 skemas toegestaan word na ontvangs van 'n brief van die betrokke mediese praktisyn, wat die noodsaaklikheid vir verdere behandeling motiveer.

- 006 "After hours treatments" shall mean those performed at night between 18h00 and 07h00 on the following day, or during weekends between 13h00 Saturday and 07h00 on Monday. Public holidays are to be regarded as Sundays/"Na-uurse behandelings" beteken dié behandelings wat in die nag tussen 18h00 en 07h00 van die volgende dag of gedurende naweke tussen 13h00 Saterdag en 07h00 Maandag plaasvind. Openbare vakansiedae word beskou as Sondae.

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/Hierdie reël sal geld vir alle behandelings, hetsy in die praktisyn se kamers gegee of by 'n verpleeginrigting, of by 'n private woning, alleenlik indien vooraf gereël wanneer die pasiënt se toestand dit vereis.

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/Vir alle besoeke ooreenkomstig hierdie reël is die geld die volle geld plus 50%. Nà 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 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/Praktisyns word daaraan herinner dat 'n laer geld as dié in die voordeleskaal aangegee gehef moet word indien die gebruiklike 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 code numbers for the additional procedures to indicate that this rule is applicable/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. Nà die betrokke kodenommers moet wysiger 0008 vermeld word ten einde aan te dui dat hierdie reël van toepassing is op die addisionele prosedures.

- 009 When more than one condition requires treatment and each of these conditions necessitates an individual treatment, 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/Wanneer meer as een toestand behandeling verg en elk van hierdie toestande 'n eie behandeling noodsaak, word daar vir die onderskeie behandelings afsonderlik gelde gehef. Die volledige besonderhede van die aard van die behandelings moet verstrek word. Nà die betrokke kodenommers moet wysiger 0009 vermeld word ten einde aan te dui dat hierdie reël van toepassing is.
- 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/Wanneer die behandelingstye van twee heeltemal afsonderlike en verskillende toestande oorvleuel, is die geld die volle geld vir een van die toestande en 50% van die gelde vir die ander toestand. Nà die betrokke kodenommer moet wysiger 0010 vermeld word ten einde aan te dui dat hierdie reël van toepassing is.
- 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/Elke fisioterapeut moet hom vergewis van die bepalings van die Wet op Mediese Skemas, 1967, soos gewysig, en die regulasies kragtens die Wet uitgevaardig in verband met die lewering van rekeninge.
- 012 Where a half cent is involved, the fee should be rounded off upwards to the next cent/Wanneer die gelde op 'n half sent uitwerk, moet afronding opwaarts tot die volgende sent gedoen word.

Modifiers/Wysigers

- 0006 Add 50% of the total fee for the treatment/Voeg 50% van die totale behandelingsgeld by.
- 0008 Only 50% of the fee for these additional procedures may be charged/Slegs 50% van die gelde vir die addisionele prosedures aldus aangetoon kan gehef word.
- 0009 The full fee for the additional condition may be charged/Die volle gelde vir die tweede toestand kan gehef word.
- 0010 Only 50% of the fee for the second condition may be charged/Slegs 50% van die gelde vir die tweede toestand kan gehef word.
- 0011 Add 50 units when nebulisation is used in thoracic pathology/Voeg 50 eenhede by wanneer verstuiwing vir torakspatologie gebruik word.
- 0012 Add 75 units when suctioning is performed in rooms/Voeg 75 eenhede by wanneer suiging in spreekkamers toegepas word.

PHYSIOTHERAPY SCALE OF BENEFITS/FISIOTERAPIE VOORDELESKAAL

Code No Kode Nr	(Monetary value of one unit = 9,6c)/ (Geldwaarde van een eenheid = 9,6c)	Units Eenhede	R
1. RADIATION THERAPY/MOIST HEAD THERAPY/CRYOTHERAPY/ BESTRALINGSTERAPIE/VOGKOPTERAPIE/KRIOTERAPIE :			
72001	Infra-red/Infrarooi, Radiant heat/Stralingswarmte, Wax therapy/ Wasterapie, Hot packs/Warpak	100	9,60
72005	Ultraviolet light or Laser beam/Ultravioletlig of laserstraal	150	14,40
72007	Cryotherapy/Krioterapie	100	9,60
2. LOW FREQUENCY CURRENTS/LAEFREKWENSIESTROME :			
72103	Galvanism/Galvanisme, Diadynamic current/Diadinamiese stroom	100	9,60
72105	Muscle and nerve stimulating currents or TENS/Spier- en senuwee- stimulerende strome of TENS	100	9,60
72107	Interferential Therapy/Interferensierapie	150	14,40
3. HIGH FREQUENCY CURRENTS/HOËFREKWENSIESTROME :			
72201	Shortwave diathermy/Kortgolfdiatermie	150	14,40
72203	Ultrasound/Ultraklank	150	14,40
72205	Microwave/Mikrogolf	150	14,40
4. PHYSICAL MODALITIES/FISIESE MODALITEITE :			
72301	Percussion/Perkussie, Vibration/Vibrasie	100	9,60
72303	Connective tissue massage/Bindweefselmassering, Massage/Massering	150	14,40
72305	Re-education of movement/Heropleiding van beweging, Exercises (excluding ante- and post-natal exercises)/Oefeninge (uitgesonder voor- en na-geboorteoefeninge)	100	9,60
72307	Pre- and post-operative exercises and/or breathing exercises/Voor- en na-operatiewe oefeninge en/of asemhalingsoefeninge)	100	9,60
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 nageboorte oefeninge uitgesluit - maksimum van 10 in 'n groep)	50	4,80
72315	Postural drainage/Posturale dreinerings	130	12,50
72317	Traction/Traksie	150	14,40

PHYSIOTHERAPY SCALE OF BENEFITS/FISIOTERAPIE VOORDELESKAAL

Code No (Monetary value of one unit = 9,6c)/ Kode Nr (Geldwaarde van een eenheid = 9,6c)		Units Eenhede	R
72319	Intermittent positive pressure ventilation and nebulisation/ Afwisselende positiewe drukventilasie en verstuiwing	130	12,50
5.	MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION/ MANIPULERING/MOBILISERING VAN GEWRIGTE OF IMMOBILISERING :		
72401	Spinal/Rug	200	19,20
72405	All other joints/Alle ander gewrigte	150	14,40
72407	Immobilisation (excluding bandaging)/Immobilisering (uitgesonder verbinding)	100	9,60
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	19,20
72503	Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented/Rehabilitasie vir Sentrale Senuweestelsel afwykings - toestand moet duidelik en ten volle gedokumenteer word	300	28,80
72701	Specific evaluation and/or counselling at the first treatment (to be fully documented)/Spesifieke evaluering en/of konsultering ten tye van die eerste behandeling (ten volle gedokumenteer te word)	100	9,60
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 met die pasiënt of sy familie om gebruik te word met prosedures 72501 of 72503	100	9,60
72801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for a specific medical condition/Elektriese toets vir diagnostiese doeleindes (IT kurwe en Isokinetiese toets ingesluit) vir 'n spesifieke mediese toestand	200	19,20
72901	Treatment at a nursing home : Relavant fee plus/Behandeling in 'n verpleeg- inrigting : Betrokke geld plus	75	7,20
72903	Domiciliary treatments : Relavant fee plus/Tuisbehandeling : Betrokke geld plus	200	19,20

PHYSIOTHERAPY SCALE OF BENEFITS/FISIOTERAPIE VOORDELESKAAL

Code No (Monetary value of one unit = 9,6c)/ Kode Nr (Geldwaarde van een eenheid = 9,6c)	Units Eenhede	R
7. COMPOSITE FEES/SAANGESTELDE FOOIE		
Note : Composite fees as specified below may not be charged in addition to any other item at the same treatment session, except for items 72901 or 72903./ Let wel : Saangestelde fooie soos hieronder genoem mag nie gehef word nie tesame met enige ander item tydens dieselfde behandelings-sessie behalwe vir items 72901 of 72903.		
72921 Simple spinal treatment (a minimum of 3 modalities totalling 350 units must be used)/Eenvoudige spinale behandeling ('n minimum van 3 modaliteite wat in totaal 350 eenhede beloop moet gebruik word)	350	33,60
72923 Peripheral joint treatment (a minimum of 3 modalities totalling 300 units must be used)/Perifere gewrigbehandeling ('n minimum van 3 modaliteite wat in totaal 300 eenhede beloop moet gebruik word)	300	28,80
72925 Chest pathology (a minimum of 3 modalities totalling 295 units must be used)/Long-patologie ('n minimum van 3 modaliteite wat in totaal 295 eenhede beloop moet gebruik word)	295	28,30

NOTICE 988 OF 1990

KENNISGEWING 988 VAN 1990

DEPARTMENT OF NATIONAL HEALTH AND
POPULATION DEVELOPMENTDEPARTEMENT VAN NASIONALE GESONDHEID
EN BEVOLKINGSONTWIKKELINGREPRESENTATIVE ASSOCIATION OF MEDICAL
SCHEMES.—SCALE OF BENEFITS IN RESPECT OF
PRIVATE HOSPITALS AND UNATTACHED OPER-
ATING THEATRE UNITSVERTEENWOORDIGENDE VERENIGING VAN
MEDIESTE SKEMAS.—VOORDELESKAAL TEN
OPSIGTE VAN PRIVATE HOSPITALE EN
LOSSTAANDE TEATEREENHEDE

The Representative Association of Medical Schemes, in terms of section 29 of the Medical Schemes Act (Act No. 72 of 1967), as amended, hereby determines the scale of benefits for private hospitals and unattached operating theatre units, as set out in the Schedule hereto. The said scale of benefits shall come into effect on 1 January 1991, and replaces the scale of benefits which was published in *Government Gazette* No. 12196 dated 1 December 1989.

Die Verteenwoordigende Vereniging van Mediese Skemas, kragtens artikel 29 van die Wet op Mediese Skemas (Wet No. 72 van 1967), soos gewysig, bepaal hierby die voordeleskaal vir private hospitale en losstaande teatereenhede soos in die Bylae hiervan uiteengesit. Die genoemde voordeleskaal sal op 1 Januarie 1991 in werking tree, en vervang die voordeleskaal wat in *Staatskoerant* No. 12196 van 1 Desember 1989 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 Reëls

- A. The Scale of Benefits set out in Sections 1 - 6 hereof, shall apply in respect of private hospitals and unattached operating theatre units with practice code numbers commencing with the digits 57, 58 or 77.
- B. The charges relating to each type of hospital/unattached operating theatre unit are indicated in the relevant column opposite the item codes.
- C. The charges indicated in Section 5 hereof, are applicable to both categories of such hospitals and unattached operating theatre units.
- D. The amounts stipulated in the Scale of Benefits shall be deemed to be inclusive of general sales tax, except for items relating to medicines, drugs, dressings and gases.
- E.1 Procedure for the classification of hospitals.
- E.1.1 A committee of 3 (three) members shall be established, and shall consist of 2 (two) members nominated by the Representative Association of Medical Schemes and 1 (one) member nominated by representatives of the Private Hospital Industry, to consider

- A. Die Voordeleskaal wat in Afdelings 1 - 6 hiervan uiteengesit is, geld ten opsigte van private hospitale en losstaande teatereenhede met praktykkodenummers wat met die syfers 57, 58 of 77 begin.
- B. Die gelde ten opsigte van elke tipe hospitaal/losstaande teatereenheid word in die toepaslike kolom teenoor die item kodes aangetoon.
- C. Die gelde wat in Afdeling 5 hiervan uiteengesit is, geld vir beide sodanige kategorieë hospitale asook losstaande teatereenhede.
- D. Die gelde soos uiteengesit in die Voordeleskaal sluit algemene verkoopsbelasting in, behalwe op items met betrekking tot medisyne, verdowingsmiddels, verbandgoed en gasse.
- E.1 Prosedure vir die indeling van hospitale.
- E.1.1 'n Komitee van 3 (drie) lede, van wie die Verteenwoordigende Vereniging van Mediese Skemas 2 (twee) benoem en 1 (een) benoem deur verteenwoordigers van die Private Hospitale Bedryf, word saamgestel om aansoeke van private hospitale te oorweeg, vir indeling as

applications by private hospitals to be classified as private hospitals having practice code numbers commencing with the digits 57 or 58, and for the approval of specialised intensive care units, specialised theatres and catheterisation laboratories. The criteria to be applied and the procedures for considering such applications, or for conducting any inspections, shall be laid down by the said committee and the decision of the said committee shall be final.

E.1.2 The fee payable by a private hospital for the inspection for classification, will 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 travelling and/or accommodation costs reasonably incurred.

E.2 The fee payable by a private hospital for the inspection of specialised intensive care units, catheterisation laboratories and specialised theatres will 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 travelling and/or accommodation costs reasonably incurred.

E.3.1 The said committee shall also have the power to receive and investigate complaints that any private hospital having practice code numbers commencing with the digits 57 or 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 57 or 58. The said committee may conduct such reinspections 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 an institution having a practice code number commencing with the digits 89.

E.3.2 The provisions referred to in E.3.1 shall apply mutatis mutandis to all approved intensive care units, specialised theatres and catheterisation laboratories.

private hospitale met praktykkodenommers wat met die syfers 57 of 58 begin, en vir die goedkeuring van gespesialiseerde intensiewe sorgeenhede, gespesialiseerde teaters en kateterisasie laboratoriums. Die kriteria van toepassing en die prosedures wat by die oorweging 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.

E.1.2 Die gelde betaalbaar deur 'n private hospitaal vir die inspeksie vir indeling sal R1 250,00 wees of enige ander gelde soos die komitee van tyd tot tyd mag besluit. So 'n private hospitaal sal ook verantwoordelik wees vir alle redelike reis en/of verblyfkostes wat aangegaan word.

E.2 Die gelde betaalbaar deur 'n private hospitaal vir die inspeksie van gespesialiseerde intensiewe sorgeenhede, kateterisasie laboratoriums en gespesialiseerde teaters sal R250,00 wees of enige ander gelde soos die komitee van tyd tot tyd mag besluit. So 'n private hospitaal sal ook verantwoordelik wees vir alle redelike reis en/of verblyfkostes wat aangegaan word.

E.3.1 Genoemde komitee word ook gemagtig om klagtes, dat enige private hospitaal met 'n praktykkodenommer wat met die syfers 57 of 58 begin, nie langer voldoen aan die kriteria bepaal vir sulke herindeling nie, soos sodanige kriteria van toepassing was ten tye dat so 'n private hospitaal 'n praktykkodenommer beginnende met die syfers 57 of 58 toegeken was, te ontvang en te ondersoek. Genoemde komitee mag sulke herinspeksies uitvoer soos 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 inrigting met 'n praktykkodenommer wat met die syfers 89 begin.

E.3.2 Die bepalings waarna verwys word in E.3.1 sal mutatis mutandis van toepassing wees vir gespesialiseerde intensiewe sorgeenhede, gespesialiseerde teaters en kateterisasie laboratoriums.

F.1 Procedures for the reclassification of unattached operating theatre units with 76 practice numbers.

F.1.1 A committee of 3 (three) members shall be established, and shall consist of 2 (two) members nominated by the Representative Association of Medical Schemes and 1 (one) member nominated by the South African Day Clinics Association, 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 considering such applications, or for conducting any inspections, shall be laid down by the said committee and the decision of the said committee shall be final.

F.1.2 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 and/or accommodation costs reasonably incurred.

F.2 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 classification, 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 reinspections 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.

G. All accounts submitted by private hospitals /unattached operating theatre units shall comply with all of the requirements of Regulation 11, promulgated in terms of the Medical Schemes Act, Act No. 72 of 1967, as amended. Where possible, such accounts shall also reflect the practice code numbers of the

F.1 Prosedure vir die herindeling van losstaande teatereenhede met 76 praktykkodenommers.

F.1.1 'n Komitee van 3 (drie) lede van wie die Verteenwoordigende Vereniging van Mediese Skemas 2 (twee) benoem en 1 (een) benoem deur die Suid-Afrikaanse Vereniging van Dagklinieke, word saamgestel om aansoeke van losstaande teatereenhede met praktykkodenommers wat met die syfers 76 begin te oorweeg, vir herindeling as goedgekeurde losstaande teatereenhede met praktykkodenommers wat met die syfers 77 begin. Die kriteria van toepassing en die prosedure wat by die oorweging van sodanige aansoeke gevolg moet word, of vir die uitvoering van enige inspeksies, word bepaal deur genoemde komitee, en die beslissing van genoemde komitee is afdoende.

F.1.2 Die gelde betaalbaar deur 'n losstaande teatereenheid vir die inspeksie vir herindeling sal R625,00 wees of enige ander gelde soos die komitee van tyd tot tyd mag besluit. So 'n losstaande teatereenheid sal ook verantwoordelik wees vir alle redelike reis en/of verblyftekostes wat aangegaan word.

F.2 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 herindeling nie, soos sodanige kriteria van toepassing was ten tye dat so 'n losstaande teatereenheid 'n praktykkodenommer beginnende met die syfers 77 toegeken was, te ontvang en te ondersoek. Genoemde komitee mag sulke herinspeksies uitvoer soos 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 eenheid met 'n praktykkodenommer wat met die syfers 76 begin.

G. Alle rekenighe wat deur private hospitale / losstaande teatereenhede ingedien word sal aan al die vereistes van Regulاسie 11, soos afgekondig in terme van die Wet op Mediese Skemas, Wet No. 72 van 1967, soos gewysig, voldoen. Waar moontlik, sal sulke rekeninge ook die praktykkodenommers van die chirurg,

surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.

die narkotiseur of enige assistent chirurg wie gedurende die operasie teenwoordig mag gewees het, aandui.

H. All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as the procedure performed. Medical schemes shall have the right to inspect the original source documents at the hospital / unattached operating theatre unit concerned.

H. Alle rekeninge sal vergesel wees van 'n afskrif van die betrokke teaterrekening, wat alle items wat gehef word, asook die prosedure spesifiseer. Mediese skemas hou die reg voor om alle oorspronklike dokumente by die hospitaal / losstaande teatereenheid te ondersoek.

I. 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.

I. Alle rekeninge wat items insluit, wat onderworpe is aan 'n korting in terme van die Voordeleskaal, sal sodanige items individueel aantoon en sal afsonderlik die totale bedrag van die korting toon.

MODIFIER

WYSIGER

0002 A surcharge of R71,00 shall be applicable in respect of item ..081 only if the specialised theatre has been approved in terms of General Rule E.1.1.

0002 'n Belading van R71,00 is van toepassing alleenlik ten opsigte van item ..081 indien die gespesialiseerde teater volgens Algemene Reël E.1.1 goedgekeur is.

1. ACCOMMODATION/VERBLYF

WARD FEES/SAALGELDE

Hospitals and unattached operating theatre units shall indicate the exact time of admission and discharge on all accounts/Hospitale en losstaande teatereenhede moet die presiese tyd van toelating en ontslag op alle rekeninge aandui.

In the case of hospitals (Pr 57 or 58), ward fees (items ..001 to ..004) 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. At discharge, ward fees shall be charged at half the daily rate if discharge takes place before 12h00 and at the full daily rate if the discharge takes place after 12h00. Provided that the minimum amount chargeable shall be equivalent to the charge for one full day, except where the total stay for a day admission in the institution is less than 5 hours, when item ..008 will apply/In die geval van hospitale (Pr 57 of 58), sal saalgelde (items ..001 tot ..004) gehef word teen die volle daaglikse tarief indien toelating voor 12h00 geskied en teen die helfte van die daaglikse tarief indien toelating na 12h00 geskied. Saalgelde sal gehef word teen die helfte van die daaglikse tarief indien ontslag voor 12h00 geskied en teen die volle daaglikse tarief indien ontslag na 12h00 geskied. Met dien verstande dat die minimum bedrag wat gehef kan word, gelyk is aan die gelde vir een volle dag, behalwe wanneer die volle verblyf vir 'n dag toelating minder as 5 uur beloop, wanneer item ..008 van toepassing sal wees.

Code ..007 is only chargeable by an unattached operating theatre unit with a practice code number commencing with the digits 77/Kode ...007 is alleenlik hefbaar deur 'n losstaande teatereenheid met 'n praktykkodenommer wat met die syfers 77 begin.

The items appearing under code ..182 shall be deemed to be included in ward fees, and no charge in respect thereof may be levied/Die items wat onder kode ..182 verskyn, sal beskou word as in die saalgelde ingesluit te wees, en geen gelde ten opsigte daarvan mag gehef word nie.

Code/Kode 57/58/77		PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
1.1	General Wards / Algemene Sale			
..001	Surgical Cases: per day/Chirurgiese gevalle: per dag	161,00	205,00	-
..002	Thoracic and neurosurgical cases: per day/Toraks en neuro- chirurgiese gevalle: per dag	172,00	218,00	-
..004	Medical and neurological cases: per day/Mediese en neurologiese gevalle: per dag	172,00	218,00	-
..006	Maternity cases: Rates by arrangement with the scheme concerned/Kraamgevalle: Gelde volgens ooreenkoms met die betrokke skema	-	-	-
..007	Day admission: more than 5 hours/Dag toelating: meer as 5 uur	-	-	121,00
..008	Day admission: less than 5 hours/Dag toelating: minder as 5 uur	138,00	174,00	80,00
1.2	Private Wards / Privaatsale			
..020	Private ward on doctor's request. If accommodation in a private ward has been prescribed by a medical practitioner for medical reasons, fees for such accommo- dation may not exceed the rate shown/Privaatsaal op versoek van dokter. Indien 'n geneesheer om mediese redes verblyf in 'n privaatsaal voorskryf mag gelde vir sodanige verblyf nie die voorgeskrewe bedrag oorskry nie	223,00	280,00	-

Hospitals shall obtain a certificate motivating 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 sertifikaat wat die noodsaaklikheid vir privaatsaal verblyf motiveer van die behandelende dokter verkry en sodanige sertifikaat saam met die rekening aan die betrokke skema stuur.

- ..021 Private ward on member's request. If a scheme undertakes to pay for a private ward requested by a member, a 10% discount on the ruling private ward rate will apply if the hospital is paid direct by the scheme concerned/Privaatsaal op versoek van lid. Indien 'n skema onderneem om vir 'n privaatsaal, wat deur 'n lid aangevra is, te betaal, sal 'n 10% korting op die heersende saalgelde van toepassing wees indien die hospitaal direk deur die skema betaal word.

1.3 Special Care Wards/Spesiale Sorgsale

Hospitals shall obtain a certificate motivating the necessity for accommodation in any specialised or other intensive care unit or in high care ward from the attendant practitioner, and such certificate shall be forwarded to the relevant medical scheme together with the account/Hospitale moet 'n sertifikaat wat die noodsaaklikheid vir verblyf in 'n gespesialiseerde of ander intensiewe sorgeenheid of 'n hoërsorgsaal motiveer, van die behandelende dokter verkry en sodanige sertifikaat, saam met die rekening aan die betrokke skema stuur.

No charge may be levied for special nursing whilst a patient is accommodated in a specialised intensive care unit, intensive care unit or high care ward/Geen gelde mag gehef word ten opsigte van spesiale verpleging tydens die verblyf van 'n pasiënt in 'n gespesialiseerde intensiewe sorgeenheid, 'n intensiewe sorgeenheid of 'n hoërsorgsaal nie.

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..200	Specialised ICU (As approved by the joint committee according to General Rule E.1.1)/Gespesialiseerde ISE (Soos goedgekeur deur die saamgestelde komitee in ooreenstemming met Algemene Reel E.1.1): Per day/Per dag	-	590,00	-

(Subject to a maximum of 3 days, whereafter the fee under item ..201 will apply. Use of this unit shall be limited to cardio-thoracic, cardio-vascular and neuro-surgery cases)/(Onderheweig aan 'n maksimum van 3 dae, waarna die gelde onder item ..201 van toepassing sal wees. Gebruik van hierdie eenheid sal net van toepassing wees op kardio-toraks, kardio-vaskulêre en neuro-chirurgiese gevalle)

Code/Kode 57/58/77	Description Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..201	Intensive Care Unit/ Intensiewe Sorgeenheid : Per day/Per dag	388,00	484,00	-

(The charges referred to under items ..200 and ..201 include the use of all equipment except: Bennett MA, Servo and Beares respirators or equivalent apparatus plus the cost of oxygen)/ (Die gelde waarna onder items ..200 en ..201 verwys word sluit die gebruik van alle toerusting in behalwe: Bennett MA, Servo en Beares respirators of gelykwaardige, plus die koste van suurstof.)

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..215	High Care Ward/Hoërsorgsaal: Per day/Per dag	238,00	298,00	-

All admissions to units/wards referred to under ..201 and ..215 shall be confirmed with the relevant scheme for each 72 hours/Alle toelatings na eenhede/sale onder items ..201 en ..215 moet elke 72 uur met die betrokke skema bevestig word.

..182 Non chargeable items in Wards, High Care Wards and all Intensive Care Units/Gratis items in Sale, Hoërsorgsale en alle Intensiewe Sorgeenhede.

(Which would always include the equivalent to the items named/Wat altyd die gelykwaardige van die genoemde items sal insluit).

Acetone/Asetoon

Alcohol or spirits/Alkohol of spiritus

All liquid soaps (except in burn cases and haemorrhoidectomies)/Alle vloeibare seepsoorte (Behalwe in brandgevalle en hemoroidektomieë)

All normal nursing services/Alle normale verplegingsdienste

Bed/Bed

Body lotions/powders/oils /Lyfsmeermiddels/ poeiers, olies

Cidex/Cidex

Collection charges (pathology)/Afhalingskoste (patologie)

Connections/Konneksies

Dettol, Cetavlon, Savlon, Hibitane, or any solutions or lotions containing such items/Dettol, Cetavlon, Savlon, Hibitane of ander oplossings of mengsels wat sulke items bevat

Depilatory creams/Onthaarmiddels

Disposable: Gowns, razors and/or shaving trays, stitch cutters and/or staple removers/ Wegdoenbare: Jurke, skeermesse en/of skeerblaaië,

Instrument Dettol/Instrumente Dettol

Labstix, Multistix, Dextrostix (except when marked T T O)/Labstix, Multistix, Dextrostix (behalwe wanneer gemerk T T O)

Lancets/Lansette

Linen and linen savers/Beddegoed en linne beskermers

Meals ex kitchen or catering services, milk substitutes and baby foods/Etes uit die kombuis of spyseniersdiens, melk plaasvervangers en babakosse

Medicine cups/Medisynepokers

Merthiolate/Merthiolate

Oxygen analysers/Suurstofontleders

Oxygen attachments, except disposables/Suurstof-bybehore, behalwe wegdoenbare toerusting

Oxygen hoods/Suurstofkappies

Peak flow meters, except disposable mouth piece/Spitsfloeimeters, behalwe wegdoenbare mondstuk

Receptal liners/Suigapparaat voerings

Sheepskins/Skaapvelle

Shut-off valves/Afsluitkleppe

Sphygmomanometer/Sfigmomanometer

steekknippers en/of kramverwyderaars
 Douche cans and fittings/Doucheskanne en toebehore
 ET tube introducers/ET-buisinvoerders
 ET tubes (non-disposable)/ET-buise (nie wegdoenbare)
 Formalin in saline/Formalinen in sout-oplossing
 Fractions: Strapping (e.g. Elastoplast, Micropore, Transpore), Sprays and jellies (e.g. Remicaine, KY Jelly, Opsite, Disadine), Topical anaesthetics/Gedeeltes: Kleefband-oorvlakkings (bv Elastoplast, Micropore, Transpore), Sproeiers en jellies (bv Remicaine, KY Jelly, Opsite, Disadine), Plaaslike verdowingsmiddels
 Glass utensils or apparatus/Glasgereedskap of apparaat
 High pressure syringes/Hoëdruk spuite
 Humidifiers (except Aquapac)/Vogstandbehouders (behalwe Aquapac)
 Infusion pump, except disposable cartridges/Infusiepomp, behalwe wegdoenbare patrone

Spigots/Proppe
 Spray top bottles/Sproeikopflesse
 Sterile water (except for flushing of wounds)/ Steriele water (behalwe vir deurspoeling van wonde)
 Sterilisation of instruments or materials/Sterilisatie van instrumente of materiale
 Stethoscope/Stetoskoop
 Surgeons' or nurses' face masks/Gesigsmaskers vir chirurgie of verpleegsters
 Thermometers/Termometers
 Trays or packs (except items ..266 and ..267)/Blaaie of pakke (behalwe items ..266 en ..267)
 Use of ECG equipment/Gebruik van EKG-toerusting
 Utensils used for the oral administration of medication/Gereedskap gebruik vir die mondelinge toediening van medikasie

2. THEATRE FEES/TEATERGELDE

The items under code ..181 shall be deemed to be included in theatre fees, and no charge in respect thereof may be levied/Die items onder kode ..181 sal beskou word as in die teatergelde ingesluit te wees, en geen gelde ten opsigte daarvan mag gehef word nie.

2.1 Outpatients/Buitepasiënte

(Patients who are not warded)/(Pasiënte wat nie in 'n saal opgeneem word nie).

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..071	Time in theatre/Tyd in teater The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows/Die presiese tyd van toelating tot en ontslag uit teater moet aangetoon word, en teatergelde sal daarop soos volg bereken word: Basic charge/Basiese fooi Charge per minute/Fooi per minuut	56,00 1,40	56,00 1,40	48,00 1,35

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..072	Fees for procedures requiring the use of a fully equipped theatre shall be calculated as follows/Fooie vir prosedures wat 'n ten volle toegeruste teater benodig sal soos volg bereken word: Basic charge/Basiese fooi 115,00 115,00 98,00 Charge per minute for first 30 minutes/Fooi per minuut vir die eerste 30 minute - - 4,05 Charge per minute after 30 minutes/Fooi per minuut na 30 minute - - 2,00 Charge per minute for first 60 minutes/Fooi per minuut vir die eerste 60 minute 4,80 6,00 - Charge per minute after 60 minutes/Fooi per minuut na 60 minute 6,50 8,00 -			

Where fees under item ..072 are charged, hospitals and unattached operating theatre units shall obtain a certificate from the surgeon concerned, certifying that any such procedure required the use of such a theatre. Such certificate shall be forwarded to the relevant scheme together with the account/Waar gelde onder item ..072 gehef word, sal hospitale en losstaande teatereenhede 'n sertifikaat van die betrokke chirurg verkry wat sertifiseer dat sodanige prosedure die gebruik van so 'n teater vereis het. Sodanige sertifikaat sal aan die betrokke skema saam met die rekening gestuur word.

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
2.2	In-patients/Binnepasiënte			
	General/Algemeen			
..081	Time in Theatre/Tyd in Teater: The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows/Die presiese tyd van toelating tot			

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
	en ontslag uit teater moet aangetoon word, en teatergelde sal daarop soos volg bereken word:			
	Basic charge/Basiese fooi	115,00	115,00	98,00
	Charge per minute for first 30 minutes/Fooi per minuut vir die eerste 30 minute	-	-	4,05
	Charge per minute after 30 minutes/Fooi per minuut na 30 minute	-	-	2,00
	Charge per minute for first 60 minutes/Fooi per minuut vir die eerste 60 minute	4,80	6,00	-
	Charge per minute after 60 minutes/Fooi per minuut na 60 minute	6,50	8,00	-

Specialised Theatre/Gespesialiseerde Teater

In addition to the theatre charge calculated as above, a surcharge of R71,00 (modifier 0002) shall be allowed in cases where specialised theatres referred to in General Rule E.1.1 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/ Bo en behalwe die teatergelde soos hierbo bereken, sal 'n belading van R71,00 (wysiger 0002) toegelaat word in gevalle waar gespesialiseerde teaters, waarna verwys word in Algemene Reël E.1.1, 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:

1. Orthopaedic: (Modifier 0002)/Ortopedies: (Wysiger 0002)

Joint replacements (only hip, knee, shoulder or elbow)/Gewrigsvervangings (alleenlik heup, knie, skouer of elmboog)

2. Vascular: (Modifier 0002)/Vaskulêre: (Wysiger 0002)

- All cardio-vascular bypasses and grafts/Alle kardio-vaskulêre omleidings en oorplantings
- Femoral popliteal bypasses/Femorale popliteale omleidings
- Carotid endarteriectomies/Karotis endarteriëktomieë

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
	Neurosurgery/Neurochirurgie			
..091	Preparation fee for procedures (only chargeable where the duration of the procedure exceeds 60 minutes, pertains only to the cranium or spine and involves surgical penetration of the dura mater encephali/Voorbereidings-gelde per operasie (slegs hefbaar wanneer die duur van die operasie 60 minute oorskry, waar dit van toepassing is op die kranium of rugstring en waar chirurgiese penetrasie van die dura mater encephali betrokke is)	-	209,00	-
	Recovery Room/Herstelkamer			
..152	Recovery room: per operation/Herstelkamer: per operasie ..	-	-	13,80
2.3	Emergencies/Noodgevalle			
..153	After hours emergencies: per case, for cases admitted to theatre from 18h00 to 07h00 on weekdays, from 13h00 on Saturdays to 07h00 on Mondays, and public holidays/Noodgevalle na ure: per geval, vir gevalle tot teater toegelaat tussen 18h00 en 07h00 op weekdae, tussen 13h00 op Saterdag en 07h00 op Maandag, en openbare vakansiedae	70,00	70,00	-

..181 Non chargeable theatre items (which would always include the equivalent to the item named)/Gratis teater-items (wat altyd die gelykwaardige van die genoemde item sal insluit).

Acetone/Asetoon

Alcohol or spirits/Alkohol of spiritus

Anaesthetic machine, including tubing and the mask/Narkosemasjien, met buise en die masker

Cautery, diathermy or fulguration equipment/ Koutiserings, diatermie of fulgurasie toerusting

Cidex/Cidex

Collection charges (pathology)/

Afhalingskoste (patologie)

Connections/Konneksies

Dettol, Cetavlon, Savlon, Hibitane or any other solutions or lotions containing such items/Dettol, Cetavlon, Hibitane of enige oplossings of mengsels wat sulke items bevat

Incontinence pads/Inkontinensiekussings

Instrument Dettol/Instrumente Dettol

Liquid soaps/Vloeibare sepe

Merthiolate/Merthiolate

Monitors/Monitors

Operative trays (for anaesthetist)/

Operasie- blaaie (vir narkotiseur)

Preptic swabs/Preptic-deppers

Receptal liners/Suigapparaat voerings

Re-useable operating instruments, including microscopes, surgical instruments, dental drills and bits and ENT drills, burrs and cutters (except for items referred to in Section 5)/Herbruikbare operasie instrumente met inbegrip van mikroskope, chirurgiese instrumente, tandheelkundige bore en

Disposable: Razors and/or shaving trays, scrub-up surgical brushes, stitchcutters and/or staple removers/
 Wegdoenbare: Skeermesse en/of skeerblaaië, chirurgiese skropborsels, steekknippers en/of kramverwyderaars
 ET tube introducers/ET-buis invoerders
 ET tubes (non-disposable)/ET-buise (nie wegdoenbaar)
 Face masks/Gesigsmaskers
 Formalin in saline/Formalinen in sout-oplossing
 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/
 Gedeeltes: Kleefband-oorvlakkings (bv Elastoplast, Micropore, Transpore), Oftalmiese/oor/neus druppels en rome (bv Sofradex, Mixitrol), Sproeiers en Jellies (bv Remicaine, KY Jelly, Opsite, Disadine), Plaaslike verdowingsmiddels
 Glass utensils or apparatus/Glas-gereedschap en-apparaat

punte en ONK bore, ruimysters en knippers (behalwe vir items wat onder Afdeling 5 genoem is)
 Scrub-up materials/Skropmateriale
 Spigots/Proppe
 Standard packs/Standaardpakke
 Sterile trays/Steriele blaaie
 Sterilisation of instruments or materials/ Sterilisasie van instrumente of materiale
 Steripeel/Steriipeel
 Suction catheters (non-disposable)/ Suigings- kateters (nie-wegdoenbare)
 Suction handles, tips and nozzles (excluding disposables)/Suigingshandvatsels, punte en spuitstukke (uitsluitende wegdoenbare)
 Thermometers/Termometers
 Use of recovery room (Item 77152 excepted)/ Gebruik van herstelkamer (Item 77152 uitgesluit)
 Ventilators or respirators (including any disposable components)/Belugters of respirators (enige wegdoenbare komponente ingesluit)

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
3.	FIXED FEES/VASTE FOÖIE			
3.1	Procedures/Prosedures			
..052	Hysterosalpingograms/Histerosalpingogramme	98,00	98,00	98,00
..053	Angiograms/Angiogramme	98,00	98,00	-
..054	Cardiac or cerebral angiography or vascular catheterisation when carried out in a laboratory equipped with a recognised monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1/ Kardiaie of serebrale angiografie of vaskulêre kateterisasie wanneer uitgevoer in 'n laboratorium wat toegerus is met 'n erkende enkelvlak 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 E.1.1		351,00	-

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..055	Electroconvulsive therapy (ECT)/Elektrokonvulsiewe terapie (EKT)	98,00	98,00	98,00
..056	Cardiac or cerebral angiography or vascular 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 established in terms of General Rule E.1.1/ Kardiale of serebrale angiografie of vaskulêre kateterisasie wanneer uitgevoer 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 E.1.1	-	661,00	-
..057	Tonsillectomy/Adenoidectomy/Tonsillektomie/Adenoïdektomie	-	-	480,00
..058	Vasectomy/Vasektomie	-	-	426,00
..059	Dilation, curettage and cauterization/Dilasie, kurettering en koutering	-	-	435,00
..060	Laparoscopy/Laparoskopie	-	-	525,00

The fees quoted for items ..052 to ..056 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for any items chargeable in terms of Section 5 hereof. The fees quoted for items ..057 to ..060 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for items marked T T O/Die fooie genoem vir items ..052 tot ..056 sal alles-insluitend wees en geen addisionele fooi van enige aard mag gehef word nie, behalwe vir items wat volgens Afdeling 5 hefbaar is. Die fooie genoem vir items ..057 tot ..060 sal alles-insluitend wees en geen addisionele fooie van enige aard mag gehef word nie, behalwe vir items wat T T O gemerk is.

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
3.2	Facilities/Fasiliteite			
..301	For consultative or similar services/Vir konsultatiewe of gelykwaardige dienste	23,00	23,00	23,00

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..302	Services other than those under ..301 that require the use of facilities and/or equipment outside of the theatre complex/Dienste wat nie onder item ..301 ressorteer nie maar wat fasiliteite en/of toerusting benodig buite die teater kompleks	34,50	34,50	34,50

NB: Fees under items ..301 and ..302 will not be chargeable if the patient is subsequently admitted to ward or theatre/LW: Fooie onder items ..301 en ..302 is nie hefbaar nie indien die pasiënt later in die saal of teater opgeneem word.

4. STANDARD CHARGES FOR EQUIPMENT AND MATERIALS/STANDAARDHEFFINGS VIR TOERUSTING EN MATERIALE

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..231	Monitors (3 channel Hellige or equivalent - in high care wards only)/Monitors (3 kanaal Hellige of gelykwaardige - alleenlik in hoërsorgsale): Per day or part thereof/Per dag of deel daarvan	28,00	28,00	-
..232	Ventilators, (Bennett PR 2 or equivalent - in high care, general and private wards only) (excluding oxygen)/Belugters, (Bennett PR 2 of gelykwaardige alleenlik in hoërsorg, algemeen en private sale) (suurstof uitgesluit): Per day or part thereof/Per dag of deel daarvan	21,00	21,00	21,00
..233	Croupettes (excluding oxygen)/Croupettes (suurstof uitgesluit): Per day or part thereof/Per dag of deel daarvan	6,00	6,00	-
..234	Incubators (excluding oxygen)/Broeikaste (suurstof uitgesluit): Per day or part thereof/Per dag of deel daarvan	12,00	12,00	-
..235	Oxygen tents (excluding oxygen)/Suurstoftente (suurstof uitgesluit): Per day or part thereof/Per dag of deel daarvan	10,00	10,00	-

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..236	Bennett MA, Servo and Beares respirator, or equivalent (in ICU and high care ward only) (excluding oxygen)/Bennett MA, Servo en Beares respirators, of gelykwaardige (alleenlik in ISE en hoërsorgsale) (suurstof uitgesluit): Per day or part thereof/Per dag of deel daarvan	95,00	95,00	-
..237	CUSA (plus lowest available manufacturer's price of CUSA pack, plus 50% less a discount of 10%)/CUSA (plus laagste beskikbare vervaardigersprys vir CUSA-pak plus 50%, min 'n korting van 10%)	460,00	460,00	-
..238	Lasers - Argon (ophthalmic)/Lasers - Argon (oftalmies) ...	143,00	143,00	143,00
..239	Lasers - CO2 (surgical)/Lasers - CO2 (Chirurgies)	184,00	184,00	184,00
..240	Oximeters (in theatre only)/Oksimeters (alleenlik in teater)	20,00	20,00	20,00
..241	Lasers - Copper Vapour (Rates by arrangement with the scheme concerned)/Lasers - Koperwasem (Gelde volgens ooreenkoms met die betrokke skema). NB: This instrument may be used for cosmetic procedures/ LW: Hierdie instrument mag vir kosmetiese prosedures gebruik word.			
..242	Occutomes/Occutome	61,00	61,00	61,00
..243	Lasers - YAG (ophthalmic)/Lasers - YAG (oftalmies)	161,00	161,00	161,00
..244	Lasers - YAG (surgical)/Lasers - YAG (chirurgies)	200,00	200,00	200,00
..245	First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment/Eerste litotripsie behandeling vir een of meer stene in dieselfde nier wat met een behandeling verwyder is	1 840,00	1 840,00	-
..246	Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)/Tweede litotripsie behandeling van dieselfde nier (Hospitale sal 'n sertifikaat voorlê waarvolgens die chirurg sertifiseer dat 'n tweede behandeling medies noodsaaklik was)	1 210,00	1 210,00	-
..247	First lithotripsy treatment for one or more stones in gall bladder which are eliminated in one treatment/Eerste litotripsie behandeling vir een of meer stene in galblaas wat in een behandeling verwyder is	1 840,00	1 840,00	-

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..248	Second lithotripsy treatment on gall bladder (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)/Tweede litotripsie behandeling op galblaas (Hospitale sal 'n sertifikaat voorlê waarvolgens die chirurg sertifiseer dat 'n tweede behandeling medies noodsaaklik was)	1 210,00	1 210,00	-
..249	C Arm (not chargeable when Modifier 0002 applies)/C Arm (nie hefbaar wanneer Wysiger 0002 van toepassing is nie)..	60,00	60,00	60,00
..250	Ultrasonic imaging equipment/Ultrasoniese beeldings-toerusting	100,00	100,00	100,00
	(Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or Doppler ultrasound for vascular anatomy and haemodynamics)/(Beperk tot riëletyd beeldingstoerusting vir transrektale toepassing met naaldbiopsie vermoë of Doppler ultraklank vir vaskulêre anatomie en hemodinamika).			
..251	Urology screening table (including all radiographic equipment)/Urologiese beeldingstafel (sluit alle radiografiese toerusting in)	135,00	135,00	135,00
..252	Gastroscope (fibre optic/flexible only)/Gastroskoop (alleenlik veseloptika/buigbaar)	30,00	30,00	30,00
..253	Colonoscope (fibre optic/flexible only)/Kolonoskoop (alleenlik veseloptika/buigbaar)	30,00	30,00	30,00
..254	Duodenoscope (fibre optic/flexible only)/Duodenoskoop (alleenlik veseloptika/buigbaar)	30,00	30,00	30,00
..255	Sigmoidoscope (fibre optic/flexible only)/Sigmoidoskoop (alleenlik veseloptika/buigbaar)	30,00	30,00	30,00
..256	Bronchoscope (rigid or flexible)/Brongoskoop (onbuigbaar of buigbaar)	15,00	15,00	15,00
..257	Laryngoscope (fibre optic/rigid or flexible excluding routine intubation)/Laringoskoop (veseloptika/onbuigbaar of buigbaar roetine intubasie uitgesluit)	15,00	15,00	15,00
..258	Sinoscope (fibre optic/flexible only)/Sinoskoop (alleenlik veseloptika/buigbaar)	15,00	15,00	15,00
..259	Oesophagoscope/Esofagoskoop	15,00	15,00	15,00
..260	Laparoscope (not chargeable in conjunction with fixed fee procedures/Laparoskoop (nie hefbaar tesame met vaste fooi prosedures nie)	15,00	15,00	15,00
..261	Hysteroscope/Histeroskoop	15,00	15,00	15,00
..262	Colposcope/Kolposkoop	15,00	15,00	15,00
..263	Cysto Urethroscope/Sistoüretroskoop	15,00	15,00	15,00

Code/Kode 57/58/77	Description / Beskrywing	PRACTICE CODE NUMBER PRAKTYKKODENOMMER		
		57 R	58 R	77 R
..264	Arthroscope (with closed circuit television facilities and power tools)/Artroskoop (met geslote-baan televisie fasiliteite en kraggereedskap)	30,00	30,00	30,00
..265	Arthroscope (without the additional items listed under ..264/Artroskoop (sonder addisionele gereedskap wat onder item ..264 genoem word)	15,00	15,00	15,00
..266	Sterile trays - per tray (in ward only)/Steriele blaaië - per blad (alleenlik in sale)	4,50	4,50	4,50
..267	Swabbing, ENT or Prep trays - per tray (in ward only)/Depping, ONK of Voorbereidingsblaaië - per blad (alleenlik in sale)	3,50	3,50	3,50
..268	Specialised instruments/equipment for osseous implants. (Hospitals/unattached operating theatre units shall provide a certificate by the practitioner concerned that the instruments/equipment were used)/Gespesialiseerde instrumente/toerusting vir beeninplantasie. (Hospitale/losstaande teatereenhede sal 'n sertifikaat, deur die betrokke geneesheer verskaf dat die instrumente/toerusting gebruik was)	25,00	25,00	25,00

5. STANDARD DRUG AND MATERIAL CHARGES/STANDAARD VERDOWINGSMIDDELS EN MATERIAAL GELDE

In respect of items not otherwise dealt with in the Scale of Benefits. Hospitals/unattached operating theatre units shall, where possible, show all items which patients take home as T T O on accounts/Met betrekking tot items wat nie andersins in die Voordeleskaal genoem is nie. Hospitale/losstaande teatereenhede sal so ver moontlik alle items wat pasiënte huis toe neem as T T O op rekening merk.

5.1 Over the counter and proprietary items/Oor-die-toonbank en handelsnaamitems

(Only substances controlled by the Medicine Control Council)/(Alleenlik materieë deur die Medisynebeheerraad gekontroleer).

The amount charged shall not exceed the trade unit price as listed in the Ethical Price List 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/Die bedrag gehef mag nie die handelseenheidsprys, wat vervat is in die Etiese Prysllys, van tyd tot tyd uitgereik, plus 50%, min 'n korting van 10% oorskry nie, plus die gelde wat aan 'n apteker verskuldig is vir professionele dienste deur hom gelewer, soos gepubliseer in Goewermentskennisgewing R2848 van 21 Desember 1979, en soos gewysig deur Goewermentskennisgewings R825 van 25 April 1980, R312 van 26 Februarie 1982 en R2485 van 19 November 1982.

57/58/77 272	Pharmacy/Aptek
57/58/77 278	Ward stock/Saal voorraad
57/58/77 282	Theatre/Teater
57/58/77 273	To take out/Om uit te neem

5.2 Dispensed items/Toeberiede items

(Only substances controlled by the Medicine Control Council)/(Alleenlik materieë deur die Medisynebeheerraad gekontroleer).

The amount charged shall not exceed the trade unit price as listed in the Ethical Price List 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/Die bedrag gehef mag nie die handelseenheidsprys, wat vervat is in die Etiese Prysllys, van tyd tot tyd uitgereik, plus 50%, min 'n korting van 10% oorskry nie, plus die gelde wat aan 'n apteker verskuldig is vir professionele dienste deur hom gelewer, soos gepubliseer in Goewermentskennisgewing R2848 van 21 Desember 1979, en soos gewysig deur Goewermentskennisgewings R825 van 25 April 1980, R312 van 26 Februarie 1982 en R2485 van 19 November 1982.

57/58/77 272	Pharmacy/Aptek
57/58/77 278	Ward stock/Saal voorraad
57/58/77 273	To take out/Om uit te neem

5.3 Ampoules ex broken bulk/Ampulle uit oopgemaakte grootmaat

(Only substances controlled by the Medicine Control Council)/(Alleenlik materieë deur die Medisynebeheerraad gekontroleer).

The amount charged 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 at all is available, the proportionate price of the nearest quantity as listed in the Ethical Price List 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 five 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/Die bedrag gehef 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, soos vervat in die Etiese Prysllys, van tyd tot tyd uitgereik, 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 vyf 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 gehef word ten opsigte van ampulle wat in oopgemaakte grootmaat in die teater gebruik word nie.

57/58/77 272	Pharmacy/Aptek
57/58/77 278	Ward stock/Saal voorraad
57/58/77 282	Theatre/Teater
57/58/77 273	To take out/Om uit te neem

5.4 Tablets and capsules ex ward/Tablette en kapsules uit die saal

(Only substances controlled by the Medicine Control Council)/(Alleenlik materieë deur die Medisynebeheerraad gekontroleer).

The amount charged 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 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/Die bedrag gehef mag nie 'n bedrag oorskry nie wat gelyk is aan die handelseenheidsprys, soos vervat in die Etiese Prysllys, van tyd tot tyd uitgereik, vir die verpakking naastenby dieselfde maar groter as die hoeveelheid tablette of kapsules voorgeskryf, plus 50% min 'n korting van 10%, plus 'n resepteringsfooi, pro-rata tot die aantal tablette of kapsules wat gebruik is.

57/58/77 278 Ward stock/Saal voorraad

5.5 Fractional charges for disposable drills, burrs, cutters and blades (e.g. Stryker or equivalent)/Fraksionele gelde vir wegdoenbare bore, ruimysters, knippers en lemme (bv Stryker of gelykwaardige)

Lowest available manufacturer's price plus 50%, less a discount of 10%, to be charged per case at the fractional rates indicated below/Laagste beskikbare vervaardigersprys plus 50%, min 'n korting van 10%, om per geval gehef te word, op die fraksionele basis soos hieronder uiteengesit:

57/58/77 280	Neuro/Craniotomy / Neuro/Kraniotomie	33 1/3%
	Arthroscopy/Artroskopies	20%
	Orthopaedic/Ortopedies	33 1/3%

Fractional charges for surgical laser fibre optic leads, hand pieces and probes or scalpels/Fraksionele gelde vir chirurgiese laser optiese veselsnoere, handstukke en voelstafies of skalpels

57/58/77 281 **Vascular surgery** : Lowest available manufacturer's price plus 50%, less a discount of 10%
Vaskulêre chirurgie : Laagste beskikbare vervaardigersprys plus 50%, min 'n korting van 10%

General surgery : 12% of lowest available manufacturer's price plus 50%, less a discount of 10%

Algemene chirurgie : 12% van laagste beskikbare vervaardigersprys plus 50%, min 'n korting van 10%

Hospitals/unattached operating theatre units 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 institution concerned/Hospitale/losstaande teater eenhede 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 inrigting aan te vra.

- 5.6 Consumable, disposable, and surgical items, including sutures, drapes and skin graft blades, trephines and Beaver blades not otherwise dealt with in section 5/Verbruikbare, wegdoenbare en chirurgiese items, insluitende hegmateriaal, drapering en veloorplantingslemme, trefiene en Beaverlenne, nie andersins genoem nie in afdeling 5.**

(When used in ward or theatre)/(Wanneer in saal of teater gebruik)

Lowest available manufacturer's price plus 50%, less a discount of 10%. Items to be fully specified/ Laagste beskikbare vervaardigersprys plus 50%, min 'n korting van 10%. Items moet ten volle gespesifiseer word.

- 57/58/77 272 Pharmacy/Aptek
57/58/77 278 Ward stock/Saal voorraad
57/58/77 282 Theatre/Teater

5.7 Gas (Oxygen and Nitrous Oxide)/Gas (Suurstof en Laggas)

- 57/58/77 283 For both gases together, per minute/Vir albei gasse saam, per minuut:

R

PWV area/PWV gebied	0,57
Cape Town/Kaapstad	0,78
Port Elizabeth/Port Elizabeth	0,72
East London/Oos-London	0,76
Durban/Durban	0,70
Other areas/Ander gebiede	0,64

- 57/58/77 284 Fee for oxygen, per hour or part thereof, outside the operating theatre/Fooi vir suurstof, per uur of deel daarvan, buite die teater:

R

PWV area/PWV gebied	3,41
Cape Town/Kaapstad	5,64
Port Elizabeth/Port Elizabeth	5,42
East London/Oos-London	5,20
Durban/Durban	4,38
Other areas/Ander gebiede	4,15

5.8 Inhalation anaesthetics/Inasemingsnarkose

R

- 57/58/77 285 Halothane/Fluothane: per minute/Halotaan/Fluotaan: per minuut 0,39
Ethrane: per minute/Ethane: per minuut 0,90
Forane: per minute/Forane: per minuut 1,26

5.9 Prostheses (Surgically implanted)/Protese (Heelkundig ingeplant)

- 57/58/77 286 A prosthesis shall mean a fabricated or artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral and necessary part of the device so implanted, and shall be charged as a single unit. Pins, rods, screws, plates or similar items, when used independently of a prosthesis and for the purpose of furthering any healing process, shall be chargeable under item

..282/ 'n Prostese sal beskou word as 'n gefabriseerde kunsmatige substituuat vir 'n deel van die liggaam wat siek is of ontbreek, heelkundig ingeplant, en sal alle samestellende dele soos penne, stawe, skroewe, plate of gelyksoortige items wat 'n integrale en noodsaaklike deel van die inplanting is, insluit en sal as 'n enkele eenheid gehef word. Penne, stawe, skroewe, plate en gelyksoortige items wat onafhanklik gebruik word, en genesing bespoedig, sal onder item ..282 gehef word.

Hospitals/unattached operating theatre units 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 institution concerned/Hospitale/losstaande teatereneenhede 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 inrigting aan te vra.

Lowest available manufacturer's price, plus 15% up to a maximum of R500,00/Laagste beskikbare vervaardigersprys, plus 15% tot 'n maksimum van R500,00.

5.10 Medical artificial items (non-protheses)/Mediese kunsmatige items (nie-protese)

57/58/77 287 According to agreement with schemes concerned. (Examples of items included hereunder shall be artificial limbs, wheelchairs, crutches and excretion bags). Copies of invoices shall be supplied to schemes/Volgens ooreenkoms met betrokke skemas. (Voorbeelde van items wat hieronder ingesluit is, is kunsmatige ledemate, rolstoele, krukke en ekskresiesakke). Afskrifte van fakture sal aan skemas verskaf word.

5.11 Electronic requisites/Elektroniese benodighede

57/58/77 288 By arrangement with schemes concerned/Soos ooreengekom met betrokke skemas.

5.12 Railage/Spoorvrag

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

5.13 Price increases/Prysstygings

Should a change occur in the manufacturer's price of any item listed under ..283 to ..285, the new price shall be as notified by the Representative Association of Medical Schemes from time to time/Indien daar 'n verandering plaasvind in die verskaffer se prys vir enige items onder ..283 tot ..285, sal die Verteenwoordigende Vereniging van Mediese Skemas die nuwe prys van tyd tot tyd aankondig.

5.14 Blood collection charges/Bloed afhalingskoste

57/58/77 289 Blood collection charges, when incurred in respect of blood or related products procured from a recognised blood bank for transfusion purposes, may be charged at R5,00 per collection, plus R1,00 per kilometre travelled/Bloed afhalingskoste, wanneer aangegaan ten opsigte van bloed of verwante produkte van 'n erkende bloedbank verkry vir oortappingsdoeleindes, mag gehef word teen R5,00 per afhaling, plus R1,00 per kilometer gereis.

6. NON STANDARD ITEMS/SERVICES / NIE-STANDAARD ITEMS/DIENSTE

Such items are not covered by the Scale of Benefits and schemes reserve the right to decide individually how these items/services will be dealt with/Sulke items word nie deur die Voordeleskaal gedek nie en skemas hou die reg voor om te besluit hoe om hierdie items/dienste te hanteer.

57/58/77 290 Items/services e.g. telephone calls/hire, television hire, boarding, extra meals, dry cleaning of clothing, extra nursing in ward etc. The nature of each service shall be specified / Items/dienste bv telefoon oproepe/huur, televisie huur, loseering, ekstra etes, droogskoonmaak van klere, ekstra verpleging in sale ens. Die aard van elke diens moet gespesifiseer word.

Procedures : Open heart and cardiac by-pass surgery/Prosedures : Opehart en hartomleidingschirurgie

57/58 121 Total account by arrangement with the scheme concerned/Totale rekening volgens ooreenkoms met die betrokke skema.

NOTICE 989 OF 1990**DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT****REPRESENTATIVE ASSOCIATION OF MEDICAL SCHEMES.—SCALE OF BENEFITS IN RESPECT OF SERVICES RENDERED BY DENTAL PRACTITIONERS**

The Representative Association of Medical Schemes, in terms of section 29 of the Medical Schemes Act (Act No. 72 of 1967), as amended, hereby determines the scale of benefits for services rendered by dental practitioners, as set out in the Schedule hereto. The said scale of benefits shall come into effect on 1 January 1991, and replaces the scale of benefits which was published in *Government Gazette* No. 12196 of 1 December 1989.

N. J. J. VAN RENSBURG,

Chairman: Representative Association of Medical Schemes.

KENNISGEWING 989 VAN 1990**DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING****VERTEENWOORDIGENDE VERENIGING VAN MEDIESE SKEMAS.—VOORDELESKAAL TEN OPSIGTE VAN DIENSTE GELEWER DEUR TAND-ARTSE**

Die Verteenwoordigende Vereniging van Mediese Skemas, kragtens artikel 29 van die Wet op Mediese Skemas (Wet No. 72 van 1967), soos gewysig, bepaal hierby die voordeleskaal vir dienste gelewer deur tand-artse, soos in die Bylae hiervan uiteengesit. Die genoemde voordeleskaal sal op 1 Januarie 1991 in werking tree, en vervang die voordeleskaal wat in *Staatskoerant* No. 12196 van 1 Desember 1989 gepubliseer was.

N. J. J. VAN RENSBURG,

Voorsitter: Verteenwoordigende Vereniging van Mediese Skemas.

SCHEDULE

BYLAE

GENERAL RULES

ALGEMENE REËLS

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 for 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 vir 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 dié 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 tariefitem 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 skemas onderling ooreenkoms en reël 004 moet tesame met die tariefitem aangedui word.

008 (a) Every dentist shall render a monthly account for every procedure which has been completed irrespective of whether the total treatment plan has been concluded.

008 (a) Elke tandarts moet maandeliks 'n rekening lewer vir enige prosedure wat voltooi is, ongeag of die totale behandelingsplan afgehandel 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;

(i) die van en voorletters van die lid;

(ii) the first name of the patient;

(ii) die voornaam van die pasiënt;

(iii) the name of the scheme;

(iii) die naam van die skema;

(iv) the membership number of the member;

(iv) die lid se lidmaatskapsnommer;

(v) the practice number;

(v) die praktyknommer;

(vi) date on which every service was rendered;

(vi) die datum waarop elke diens gelewer is;

(vii) the nature and cost of every service and where applicable, the code number of the scale of benefits;

(vii) die aard en die koste van elke diens en, waar van toepassing, die kodenommer van die voordeleskaal;

(viii) where the account is a photocopy of the original, certification by way of a rubber stamp or the signature of the dentist; and

(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.

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

(M) 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 and Modifier 8004 must be shown against any such item.**

(W) 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 en Wysiger 8004 moet teenoor sodanige item getoon word.**

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:

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		R
8231	X	8231	X
8099 (8231)	Y	8099 (8231)	Y
Total	<u>R(X+Y)</u> =====	Totaal	<u>R(X+Y)</u> =====
011	Modifiers may only be used where (M) appears against the item in the Scale of Benefits.	011	Wysigers mag slegs gebruik word waar (W) teenoor die item in die Voordeleskaal verskyn.
8001	33 1/3% of the appropriate scheduled fee (see Note 4 MFOS Scale of Benefits)	8001	33 1/3% van die toepaslike geld (sien Nota 4 KGM Voordeleskaal)
8002	The appropriate scheduled fee + 50% (see Note 1 MFOS Scale of Benefits)	8002	Die toepaslike geld plus 50% (sien Nota 1 KGM Voordeleskaal)
8003	The appropriate scheduled fee + 10% (see Note (e) Preamble to Perio Scale of Benefits)	8003	Die toepaslike geld plus 10% (sien Nota (e) Inleiding tot Perio Voordeleskaal)
8004	Two-thirds of appropriate scheduled fee (see Rule 009)	8004	Twee-derdes van die toepaslike geld (Sien Reël 009)
8005	The appropriate scheduled fee plus up to a maximum of R51,90 (see Note 2 MFOS Scale of Benefits)	8005	Die toepaslike geld plus tot 'n maksimum van R51,90 (Sien Nota 2 KGM Voordeleskaal)
8006	50% of the appropriate fee (see Note 3 MFOS Scale of Benefits)	8006	50% van die toepaslike geld (sien Nota 3 KGM Voordeleskaal)
8007	15% of the appropriate scheduled fee (see Note 4 MFOS Scale of Benefits)	8007	15% van die toepaslike geld (sien Nota 4 KGM Voordeleskaal)
8008	The appropriate scheduled fee + 25% (See Note 5 MFOS Scale of Benefits, GP Scale of Benefits)	8008	Die toepaslike geld plus 25% (sien Nota 5 KGM Voordeleskaal, AP Voordeleskaal)
8009	75% of the appropriate scheduled fee (see Note 3 MFOS Scale of Benefits)	8009	75% van die toepaslike geld (sien Nota 3 KGM Voordeleskaal)
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 shall be charged and the relevant item in the	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

medical scale of benefits must be indicated.

voordeleskaal moet aangedui word.

2. EXPLANATIONS

2. VERDUIDELIKINGS

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 8330 and 8332 in cases where emergency treatment was essential. An emergency root treatment (8132) cannot be followed by a completed root treatment at the same visit.

2.1 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 8330 en 8332 in gevalle waar noodbehandeling noodsaaklik was. 'n Nood wortelkanaal behandeling (8132) mag nie gelyktydig met 'n voltooide wortelkanaal behandeling uitgevoer word tydens dieselfde besoek nie.

2.2 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.

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. ORTHODONTIC SERVICES

3. ORTODONTIESE BEHANDELING

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 the treatment;

(iii) the initial primary tariff payable by the member; and

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) the monthly tariff which the member must pay.

(iv) die maandelikse tarief wat deur die lid betaalbaar is.

(M) 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 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.

(W) 3.2 Daar is geen spesifieke Ortodontsie kodes in die Algemene Praktisyn se Voordeleskaal 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 twee-derde 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.

I. GENERAL DENTAL PRACTITIONERS/ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

Code Nr
Kode Nr

Procedure
Prosedure

R

CONSULTATIONS/KONSULTASIES

8101	Consultation at surgery/Konsultasie in spreekkamer	17,40
8102	Comprehensive consultation/Omvattende konsultasie	40,30

I. GENERAL DENTAL PRACTITIONERS/ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

(continued/vervolg)

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 behandelings-beplanning tydens 'n afsonderlike afspraak, waar 'n diagnose gemaak word met behulp van studiemodelle, volle-mondse 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

Code No Kode Nr	Procedure Prosedure	R
8103	Consultation at home or hospital/Konsultasie in hospitaal of tuis	24,10
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 ...	11,20
8108	Maximum/Maksimum	89,50
8113	Occlusal radiographs/Okklusale röntgenfoto's	17,40
8115	Panoramic radiographs/Panoramiese röntgenfoto's	46,00
8117	Study models - unmounted/Studiemodelle - ongemonteer	12,40+L
8119	Study models - mounted on adjustable articulator/Studiemodelle - op verstelbare artikulator gemonteer	32,20+L
8121	Diagnostic photographs, per photograph/Diagnostiese foto's, per foto ...	12,40

I. GENERAL DENTAL PRACTITIONERS/ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
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 behandeling wat by 'n hospitaal uitgevoer is)	42,60
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	17,40
8132	Emergency root canal treatment/Noodbehandeling van wortelkanaal	28,60
8133	Re-cementing of inlays, crowns or bridges - per abutment/Hersementering van inlegsels, krone of brûe - per ankertand	17,40+L

Note/Let wel :

- Where items 8132 and 8133 are used, item 8304 (Application of rubber dam) may be used when applicable/Waar items 8132 en 8133 toegepas word mag item 8304 (Aanwending van kofferdam) gebruik word indien toepaslik.
- In some cases where item 8133 is used +L may not apply/In sommige gevalle waar item 8133 gebruik word mag +L nie van toepassing wees nie.

Code No Kode Nr	Procedure Prosedure	R
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure/Verwydering van inlegsels en krone (per eenheid) en brûe (per ankertand) as 'n noodprosedure	34,80
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 voorbereiding nie)	59,30+L
8138	Pre-formed metal crown as an emergency procedure/Voorafvervaardigde metaalkroon as noodprosedure	36,40

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

Code No Kode Nr	Procedure Prosedure	R
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	28,60
	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.	
B. MISCELLANEOUS SERVICES/DIVERSE DIENSTE		
8141	Inhalation sedation - first quarter-hour or part thereof/Inhaleringskalmering - eerste kwartier of gedeelte daarvan	12,40
8143	Per additional quarter-hour or part thereof/Elke bykomende kwartier of gedeelte daarvan	6,70
	Note : No additional fee to be charged for gases used in the case of items 8141 and 8143/Let wel : Geen addisionele gelde mag gehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143.	
8144	Intravenous sedation/Intraveneuskalmering	8,10
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)	8,10
8109	Use of rubber gloves and masks as part of infection control, per visit/Gebruik van rubberhandskoene en maskers as deel van infeksiebeheer, per besoek	2,10
C. PREVENTIVE DENTISTRY/VOORKOMENDE TANDHEELKUNDE		
8151	Oral hygiene instructions/Mondhigiëne-voorgligting	17,40
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)	12,40
8155	Polishing only (including removal of Plaque) (complete dentition)/Slegs polering (met inbegrip van verwydering van plaak) (volle gebit)	17,40

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

Code No Kode Nr	Procedure Prosedure	R
8157	Re-burnishing and polishing of restorations - complete dentition (excluding restorations recently done)/Herafwerking en polering van herstellings - volle gebit (uitgesonderd herstellings wat onlangs voltooi is)	17,40
8159	Scaling and polishing/Skalering en polering	32,20
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 fluorië - volle gebit (sluit nie skalering en/of polering in nie)	17,40
8163	Fissure sealant, per tooth/Fissuurverseëling, per tand	11,20
8164	Maximum per quadrant/Maksimum per kwadrant	22,40
8165	Application of fluoride using laboratory processed applicators/Fluorië aanwending met gebruik van laboratoriumvervaardigde apparaat	20,20+L
8167	Treatment of hypersensitive dentine, per visit/Behandeling van hipersensitiewe dentien, per besoek	13,30
8169	Bite plate therapy for TMJ dysfunction or occlusal guards/Bytplate terapie vir TMG-disfunksie of okklusale skerms	66,70+L
8171	Mouth protectors/Mondskerms	By arrangement/ Volgens ooreenkoms
8173	Fixed space maintainers, per abutment unit/Vaste spasiebehouer, per anker eenheid	32,20+L
8175	Removable space maintainer (all-inclusive fee)/Verplaasbare spasiebehouer (alomvattende gelde)	41,40+L
D. ORAL MEDICINE & PERIODONTICS/MONDGENEESKUNDE EN PERIODONSIE		
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	22,90
8182	Root planing with or without periodontal curettage, per quadrant/Wortelskawing met of sonder periodontale kuretering, per kwadrant	71,90
8184	Root planing with or without periodontal curettage, per sextant/Wortelskawing en periodontale kuretering, per sekstant	57,20
Note : Items 8182 and 8184 are not to be charged at the same time as item 8159/Let wel : Items 8182 en 8184 moet nie saam met item 8159 gehef word nie.		

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

Code No Kode Nr	Procedure Prosedure	R
8185	Gingivectomy-gingivoplasty, per quadrant/Gingivektomie-gingivoplastiek, per kwadrant	94,60
8186	Gingivectomy-gingivoplasty, per sextant/Gingivektomie-gingivoplastiek, per sekstant	75,30
8187	Single tooth periodontal surgical procedures/Enkeltand periodontiese chirurgiese prosedures	62,40
8188	Biopsy/Biopsie	44,30
Note : This item does <u>not</u> include the cost of the essential pathological evaluations/Let <u>wel</u> : Hierdie item sluit <u>nie</u> die koste van die noodsaaklike patologiese evaluasies in nie.		
E. EXTRACTIONS/EKSTRAKSIES		
Extractions during a single visit/Ekstraksies ten tyde van enkele besoek		
8201	One/Een	17,40
8202	Two/Twee	24,50
8203	Three/Drie	31,40
8204	Four/Vier	38,80
8205	Five/Vyf	45,70
8206	Six/Ses	52,60
8207	Seven/Sewe	59,30
8208	Eight/Agt	66,70
8209	Nine/Nege	73,40
8210	Ten/Tien	80,00
8211	Eleven/Elf	86,90
8212	Twelve/Twaalf	94,60
8213	Thirteen/Dertien	101,20
8214	Fourteen/Veertien	108,10
8215	Fifteen/Vyftien	115,30
8216	Sixteen/Sestien	121,90
8217	Seventeen/Sewentien	129,10
8218	Eighteen or more/Agtien of meer	135,80
8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)/Lokale behandeling van post-ekstraksie bloeding (uitgesonderd behandeling van bloeding in die geval van bloedsiekte bv. hemofilie)	12,40
8223	Each additional visit/Elke bykomende besoek	8,30
8225	Treatment of septic socket/Behandeling van septiese tandkas	12,40
8227	Each additional visit/Elke bykomende besoek	8,30

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

Code No Kode Nr	Procedure Prosedure	R
F. PROSTHETICS/PROSTETIKA		
8231	Full upper and lower dentures (See footnote below 8267)/Volle bo- en onderkunsgebit (Sien voetnota onder 8267)	280,80+L
8232	Full upper or lower dentures (See footnote below 8267)/Volle bo- of onderkunsgebit (Sien voetnota onder 8267)	173,10+L
8233	Partial denture, one tooth/Gedeeltelike kunsgebit met een tand	80,00+L
8234	Partial denture, two teeth/Gedeeltelike kunsgebit met twee tande	80,00+L
8235	Partial denture, three teeth/Gedeeltelike kunsgebit met drie tande	120,30+L
8236	Partial denture, four teeth/Gedeeltelike kunsgebit met vier tande	120,30+L
8237	Partial denture, five teeth/Gedeeltelike kunsgebit met vyf tande	120,30+L
8238	Partial denture, six teeth/Gedeeltelike kunsgebit met ses tande	160,00+L
8239	Partial denture, seven teeth/Gedeeltelike kunsgebit met sewe tande	160,00+L
8240	Partial denture, eight teeth/Gedeeltelike kunsgebit met agt tande	160,00+L
8241	Partial denture, nine or more teeth/Gedeeltelike kunsgebit met nege of meer tande	160,00+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	24,50+L
8251	Cast gold clasp or rest per clasp or rest/Klammer of rus van gegote goud, per klammer of rus	16,40+L
8253	Wrought gold clasp or rest per clasp or rest/Klammer of rus van smegouddraad, per klammer of rus	16,40+L
8255	Stainless steel clasp or rest per clasp or rest/Klammer of rus van vlekvrystaal, per klammer of rus	16,40+L
8257	Lingual bar or palatal bar/Linguale stang of palatale stang	20,20+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	Re-base, per denture/Herbasering per kunsgebit	65,70+L
8263	Re-line: Direct (Intra-oral) in self-curing acrylic (soft or hard) per denture/ Herbasering : Direk (inter-oraal) met self-hardende akriel (sagte of harde) per enkel kunsgebit	41,40
8265	Tissue conditioner and soft self-cure interim re-line, per denture/ Weefselopknapper en sagte selfverhardende interim opvulling, per kunsgebit	27,20
8267	Soft base re-line per denture (heat cured)/Sagte basis opvulling, per kunsgebit (met hitte verhard)	95,50+L
Note : Not applicable when items 8231 to 8241 are carried out concurrently/Let wel : Waar items 8231 tot 8241 gelyktydig uitgevoer is, mag hierdie item nie gevra word nie.		

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

Code No Kode Nr	Procedure Prosedure	R
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 tot kunsgebit	22,10+L
8273	Additional fee where impression is required for 8269/Bykomende gelde waar 'n afdruk nodig is vir 8269	12,40+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)	12,40+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	86,00+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	213,90+L

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.

G. 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 intra-oral radiographs may be charged for each completed root canal therapy on an anterior tooth and a further five intra-oral radiographs for each completed root canal therapy on a multi-rooted tooth/
Let wel : Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het beslis dat, met uitsondering van diagnostiese binnemondse röntgenfoto's, gelde vir slegs drie verdere binnemondse röntgenfoto's gevra mag word vir elke voltooide wortelkanaalterapie op 'n voortand en 'n verdere vyf röntgenfoto's vir elke voltooide wortelkanaalterapie op 'n veelworteltand.

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

Code No Kode Nr	Procedure Prosedure	R
Endodontics/Endodonsie		
8132	Emergency root canal treatment/Noodbehandeling van wortelkanaal	28,60
	Note : If an 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-wortelkanaalbehandeling tydens dieselfde besoek permanent gevul word (voltooide wortelkanaalbehandeling) mag item 8132 nie gevra word nie.	
8301	Direct pulp capping/Direkte pulpa-oorkapping	8,10
8303	Indirect pulp capping where permanent filling is not completed at the same visit/Indirekte pulpa-oorkapping waarvoor die permanente herstelling nie gedurende dieselfde besoek voltooi word nie	22,90
	Note : Where rubber dam is applied for the endodontic and bleaching procedures listed below, item 8304 may be applied/Let wel : Waar 'n kofferdam aangewend word vir die endodontiese en bleiking prosedures hieronder genoem, mag item 8304 toegepas word.	
8304	Application of rubber dam, per arch (irrespective of number of teeth treated) when items 8133, 8305, 8307, 8325 to 8327, 8330, 8332, 8334 to 8336, 8351 to 8354 are carried out/Aanwending van kofferdam, per boog (ongeveer die aantal tande herstel) wanneer items 8133, 8305, 8307, 8325 tot 8327, 8330, 8332, 8334 tot 8336, 8351 tot 8354 uitgevoer word	14,10
8305	Apexification of root canal, per visit/Apeksifikasie van wortelkanaal, per besoek	22,90
8307	Amputation of pulp (pulpotomy)/Amputasie van pulpa (pulpotomie)	22,90
8330	Preparatory visit - single-rooted tooth, per visit/Voorbereidingsbesoek - eenworteltand, per besoek	17,40
8331	Maximum for 8330/Maksimum vir 8330	69,50
8332	Preparatory visit - multi-rooted tooth, per visit/Voorbereidingsbesoek - tand met meer as een wortel, per besoek	24,10
8333	Maximum for 8332/Maksimum vir 8332	96,20
	Note : Items 8330, 8331, 8332 and 8333 are not charged at the same visit as items 8334, 8335 and 8336/Let wel : 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/Wortelkanaalterapie, uitgeslote molare, eerste kanaal	78,80
8335	Root canal therapy, molars, first canal/Wortelkanaalterapie, molare, eerste kanaal	108,10

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

Code No Kode Nr	Procedure Prosedure	R
8336	Each additional canal (applicable to all teeth)/Elke bykomende kanaal (van toepassing op alle tande)	32,20
(M/W)	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/Let wel : Waar 'n wortelkanaalbehandeling voltooi word tydens een besoek (d.w.s. pulpa-verwydering, insnyding, vergroting en opvulling van kanale, ens.) mag wysiger 8008 toegepas word op items 8334, 8335 en 8336.	
8323	Bacteriological specimen, per canal/Bakteriologiese monster, per kanaal	10,00
8325	Bleaching, per tooth/Bleiking, per tand	55,00
8327	Each additional visit for bleaching, per tooth/Elke bykomende besoek vir bleiking, per tand	20,20
8329	Maximum for 8327/Maksimum vir 8327	40,50
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	18,80
8342	Two surfaces/Twee vlakke	26,20
8343	Three surfaces/Drie vlakke	34,80
8344	More than three surfaces/Meer as drie vlakke	42,60
8345	Preformed post reinforcement per post/Voorafvervaardigde stif versterking, per stif	25,50
8347	Pin retention for restoration, first pin/Penversterking vir herstelling, eerste pen	17,40
8349	Maximum for pin retention, per tooth/Maksimum vir penversterking per tand	34,80
Plastic restorations (using acid etch technique)/ Plastiese herstellings (met gebruik van suur-ets tegniek)		
8304	Application of rubber dam, per arch (irrespective of number of teeth restored) when items 8133, 8305, 8307, 8330, 8332, 8334, 8335, 8336, 8351, 8352, 8353 and 8354 are carried out/Aanwending van kofferdam, per boog (ongeach die aantal tande herstel) wanneer items 8133, 8305, 8307, 8330, 8332, 8334, 8335, 8336, 8351, 8352, 8353 en 8354 uitgevoer word ..	14,10

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

Code No Kode Nr	Procedure Prosedure	R
8351	One surface/Een vlak	21,40
8352	Two surfaces/Twee vlakke	28,80
8353	Three surfaces/Drie vlakke	36,90
8354	More than three surfaces/Meer as drie vlakke	44,80
(M/W)	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 (Direct)/Harsfinere (Direkte)	55,00
8356	Bridge per abutment/Brug per ankertand	80,00+L
	Per pontic (see 8420, 8422, 8424)/Per foptand (kyk 8420, 8422, 8424)	
8357	Preformed metal crown/Voorafgevormde metaalkroon	36,40
	Inlays/Inlegsels	
	Metal inlays/Metaalinlegsels :	
8361	One surface/Een vlak	55,00+L
8362	Two surfaces/Twee vlakke	80,00+L
8363	Three surfaces/Drie vlakke	134,10+L
8364	Four surfaces/Vier vlakke	161,70+L
8365	Five surfaces/Vyf vlakke	161,70+L
	Ceramic/Resin bonded inlays and veneers/ Keramiek/Harsgebonde inlegsels en finere :	
8366	Bonded veneers/Gebonde finere	152,20+L
8371	One surface/Een vlak	65,70+L
8372	Two surfaces/Twee vlakke	96,90+L
8373	Three surfaces/Drie vlakke	160,50+L
8374	Four surfaces/Vier vlakke	194,60+L
8375	Five surfaces/Vyf vlakke	194,60+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 No Kode Nr	Procedure Prosedure	R
Preformed post and core/Voorafvervaardigde stif en kern		
8376	Single post and core/Enkel stif en kern	44,80
8377	Double post and core/Tweeledige stif en kern	70,70
8378	Triple post and core/Drieledige stif en kern	96,90
Note : The above 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	41,40+L
8393	Binary post/Tweeledige stif	65,70+L
8395	Triple post/Drieledige stif	95,50+L
8396	Copings/Vingerhoede	26,90+L
8397	Cast core with pins/Gegote kern met penne	65,70+L
8398	Plastic core on pin reinforcing irrespective of number of pins/Plastiese kern op penversterking ongeag aantal penne	65,70
Note : These fees include the cost of temporary/intermediate crowns/Let wel : Hierdie gelde sluit die koste van voorlopige/tussentydse krone in.		
Crowns/Krone		
8401	Cast full crown/Gegote volle kroon	192,40+L
8403	Cast three-quarter crown/Gegote driekwartkroon	192,40+L
8405	Acrylic jacket crown/Akrieldopkroon	164,30+L
8407	Acrylic veneered crown/Akrielgefineerde kroon	206,00+L
8409	Porcelain jacket crown/Porseleindopkroon	206,00+L
8411	Porcelain veneered crown/Porseleingefineerde kroon	206,00+L
8413	Facing replacement/Vervanging van gesigstuk	40,30+L
Resin bonded retainers/Harsgebonde ankers		
Maryland bridges (see 8356)/Maryland brue (kyk 8356)		
Per pontic (see 8420, 8422, 8424)/Per foptand (kyk 8420, 8422, 8424)		

I. GENERAL DENTAL PRACTITIONERS/ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
Bridges (retainers as above)/Brûe (ankers soos hierbo)		
8420	Sanitary pontic/Sanitêre foptand	100,30+L
8422	Posterior pontic/Posterior foptand	134,10+L
8424	Anterior pontic including premolars/Anterior foptand (sluit premolêre in)	167,90+L

H. 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.

II. ORAL PATHOLOGISTS/MONDPATOLOË

Code No Kode Nr	Procedure Prosedure	R
9201	Consultation at rooms/Konsultasie by spreekkamers	32,20
9203	Consultation at hospital, nursing home or house/Konsultasie by hospitaal, verpleeginrigting of tuis	36,40
9205	Subsequent consultation/Daaropvolgende konsultasie	24,10
9207	Night consultation/Nagkonsultasie	52,40

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

(M) See Rule 009/(U) Sien Reël 009

Code No Kode Nr	Procedure Prosedure	R
A. DIAGNOSTIC PROCEDURES/DIAGNOSTIESE PROSEDURES		
8501	Consultation/Konsultasie	32,20
8107	Intra-oral radiographs, per film/Binnemondse röntgenfoto's, per film ...	11,20
8108	Maximum/Maksimum	89,50
8113	Occlusal radiographs/Okklusale röntgenfoto's	17,40
8115	Panoramic radiographs/Panoramiese röntgenfoto's	46,00
8117	Study models - unmounted/Studiemodelle - ongemonteer	12,40+L
8119	Study models - mounted on adjustable articulator/Studiemodelle - op verstelbare artikulator gemonteer	32,20+L
8121	Diagnostic photographs, per photograph/Diagnostiese foto's, per foto ...	12,40
8503	Occlusal analysis on adjustable articulator/Okklusale analise op verstelbare artikulator	65,70+L
8505	Pantographic recording/Pantograafregistrasies	95,50
8507	Examination, diagnosis and treatment planning/Onderzoek, diagnose en behandelingsbeplanning	65,70
8508	Electrognathographic recording/Elektrognathografiese opname	102,60
8509	Electrognathographic recording with computer analysis/Elektrognathografiese opname met komperanalise	170,80
8811	Cephalometric radiograph and analysis/Kefalometriese röntgenfoto en ontleding	55,00
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname ..	59,80
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname	65,70
B. PREVENTIVE PROCEDURES/VOORKOMENDE PROSEDURES		
8151	Oral hygiene instruction/Mondhigiënevoorligting	17,40
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)	12,40
8155	Polishing only (including removal of plaque)/Slegs polering (met inbegrip van verwydering van plaak)	17,40
8159	Scaling and polishing/Skalering en polering	32,20
8161	Topical application of fluoride preparation (does not include scaling and/or polishing)/Oppervlakaanwending van fluoriedpreparate (sluit nie skalering en/of polering in nie)	17,40
8163	Fissure sealant, per tooth/Fissuurverseëling, per tand	11,20
8164	Maximum per quadrant/Maksimum per kwadrant	22,40

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE

(N) See Rule 009/(W) Sien Reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
8165	Application of fluoride using laboratory processed applicators/Fluoried aanwending met gebruik van laboratoriumvervaardigde apparaat	20,20+L
8167	Treatment of hypersensitive dentine, per visit/Behandeling van hipersensitiwe dentien, per besoek	13,30
8169	Bite plate therapy for TMJ dysfunction or occlusal guard/Bytplate terapie vir TMG-disfunksie of okklusale skerm	66,70+L
8171	Mouth protectors/Mondskerms	By arrangement/ Volgens ooreenkoms
C. TREATMENT PROCEDURES/BEHANDELINGSPROSEDURES		
Emergency treatment/Noodbehandeling		
8511	Emergency treatment for relief of pain (where no other tariff item is applicable)/Noodbehandeling vir pynverligting (waarop geen ander tariefitem van toepassing is nie)	40,30
8513	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)	66,70
8515	Recementing of inlay, crown or bridge, per abutment/Hersementering vir inlegsels, kroon of brug, per ankertand	25,50
8517	Re-implantation of a tooth, including fixation as required/Herinplan- tering van tand, insluitende verankering soos benodig	68,60+L
Provisional treatment/Tydlike behandeling		
8521	Provisional splinting - extracoronal wire, per sextant/Tydlike spalking - ekstrakoronale draad, per sekstant	55,00
8523	Provisional splinting - extracoronal wire plus resin, per sextant/ Tydlike spalking - ekstrakoronale draad plus hars, per sekstant	80,00
8527	Provisional splinting - intercoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint/Tydlike spalking - interkoronale draad of penne of gegote stang plus amalgaam of hars, per tandeenhed in die spalk ingesluit	25,50+L
8529	Provisional crown, which is not placed during routine crown preparation/Voorlopige kroon wat nie gedurende roetine kroonpreparasie geplaas word nie	65,70+L
8530	Preformed metal crown/Voorafvervaardigde metaalkroon	55,70

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE**(M) See Rule 009/(W) Sien Reël 009**

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
Occlusal adjustment/Okklusale verstelling		
8551	Major occlusal adjustment/Volledige okklusale verstelling	188,10
8553	Minor occlusal adjustment/Geringe okklusale verstelling	59,80
Ceramic/Resin bonded inlays and veneers/Keramiek/Harsgebonde inlegsels en finere :		
8554	Bonded veneers/Gebonde finere	228,60+L
8555	One surface/Een vlak	143,40+L
8556	Two surfaces/Twee vlakke	206,70+L
8557	Three surfaces/Drie vlakke	320,80+L
8558	Four surfaces/Vier vlakke	320,80+L
8559	Five surfaces/Vyf vlakke	320,80+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	172,40
8563	Class V/Klas V	201,50
8565	Class III/Klas III	253,20
Gold restorations/Goudherstellings		
8571	One surface/Een vlak	119,30+L
8572	Two surfaces/Twee vlakke	172,40+L
8573	Three surfaces/Drie vlakke	267,00+L
8574	Four surfaces/Vier vlakke	267,00+L
8575	Five surfaces/Vyf vlakke	267,00+L
8577	Pin retention/Penretensie	39,80

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE

(M) See Rule 009/(M) Siën Reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
Posts and copings/Stiwwe en vingerhoede		
8581	Single post/Enkelstif	66,70+L
8582	Double post/Tweeledige stif	95,50+L
8583	Triple post/Drieledige stif	119,30+L
8587	Copings/Vingerhoede	55,00+L
8589	Cast core with pins/Gegote kern met penne	94,10+L
8591	Plastic core on pin reinforcing irrespective of number of pins/Plastiese kern op penversterking ongeag aantal penne	65,70
Implants/Inplantate		
8592	Osseo-integrated abutment, per abutment/Been-geïntegreerde ankertand, per ankertand	400,10+L
8593	Placements of endosteal implant, per implant/Plasing van endosteale implantaat, per implantaat	149,80+L
8595	Placement of sub-periosteal implant, per implant/Plasing van sub-periosteale implantaat, per implantaat	300,30+L
8596	Placement of endodontic endosteal implant/Plasing van endosteale implantaat in wortelkanaal	41,40+L
8600	Cost of implant components/Koste van inplant komponente	By arrangement/ volgens ooreenkoms
Connectors/Verbinders		
8597	Locks and milled rests/Slotte en gemasjineerderuste	26,90+L
8599	Precision attachments/Slotheftings	65,70+L
Crowns/Krone		
8601	Cast three-quarter crown/Gegote driekwartkroon	267,00+L
8603	Cast gold crown/Gegote goue kroon	267,00+L
8605	Acrylic veneered gold crown/Akriëlgefineerde goue kroon	306,00+L
8607	Porcelain jacket crown/Porseleindopkroon	267,00+L
8609	Porcelain veneered metal crown/Porseleingefineerde metaalkroon	333,70+L

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE**(M) See Rule 009/(U) Sien Reël 009****(continued/vervolg)**

Code No Kode Nr	Procedure Prosedure	R
Bridges/Brugwerk		
Note : Retainers as above/Let wel : Ankers soos bo		
8611	Sanitary pontic/Sanitêre foptand	201,50+L
8613	Posterior pontic/Posterior foptand	246,30+L
8615	Anterior pontic/Anterior foptand	266,70+L
Resin bonded retainers/Harsgebonde ankers		
8617	Per abutment/Per ankertand	172,40+L
	Per pontic (see 8611, 8613, 8615)/Per foptand (sien 8611, 8613, 8615)	
Conservative treatment for temporo-mandibular joint dysfunction/ Konservatiewe behandeling vir temporo-mandibulêre gewrig disfunksie		
8625	Bite plate therapy for TMJ dysfunction/Bytplaat terapie vir TMG-disfunksie	85,00+L
8621	First visit for treatment of TMJ dysfunction/Eerste besoek vir behandeling van TMG-disfunksie	27,40
8623	Follow-up visit for adjustment of bite plate/treatment of TMJ dysfunction/ Opvolgbesoek vir verstelling van bytplaat/behandeling van TMG-disfunksie	20,50
Note : The number of visits and charge therefor depends on the relation between the practitioner and the patient, and the problems involved in the case/Let wel : Die aantal besoeke en koste daaraan verbonde is afhanklik van die ooreenkoms tussen die pasiënt en die tandarts sowel as die aard en omvang van die geval.		
Endodontic procedures, etc./Endodontiese prosedures, ens.		
8631	Root canal therapy, first canal/Wortelkanaalterapie, eerste kanaal	233,60
8633	Each additional canal/Elke bykomende kanaal	58,60
8634	Endodontic procedure on primary tooth/Wortelkanaalterapie op primêre tand	47,40

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE

(M) See Rule 009/(U) Sien Reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	
Note : The above endodontic fees include all x-rays and repeat visits/Let wel : Bogenoemde endodontiese gelde sluit in alle x-straaflfoto's en bykomende besoeke.		
8635	Apexification of root canal, per visit/Apeksifikasie van wortelkanaal, per besoek	38,80
(M/U)	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.	
8325	Bleaching - per tooth/Bleiking - per tand	55,00
8327	Each additional visit for bleaching - per tooth/Elke bykomende besoek vir bleiking, per tand	20,20
8329	Maximum for 8327/Maksimum vir 8327	40,50
8637	Hemisection of a tooth or resection of root/Hemiseksie van 'n tand of reseksie van 'n wortel	94,10
8638	Incision and drainage of pyogenic abscess (intra-oral approach)/Lansering en dreinerings van piogene absesse (binnemondse toegang)	55,50
9015	Apicectomy, including retrograde root filling where necessary - anterior teeth/ Apisektomie insluitend retrograde herstelling waar nodig - anterior tande	129,30
9016	Apicectomy including retrograde filling where necessary - posterior teeth/ Apisektomie insluitend retrograde herstelling waar nodig - posterior tande	258,70
8640	Removal of fractured post or instrument from root canal/Verwydering van fraktureerde stif of instrument vanuit die wortelkanaal	68,60
Prosthetics (Removable)/Prostetika (Verplaasbaar)		
8641	Complete upper and lower dentures without primary complications/Volle kunsgebit - bo en onder sonder primêre komplikasies	668,00+L
8643	Complete upper and lower dentures without major complications/Volle kunsgebit -bo en onder sonder groot komplikasies	866,90+L
8645	Complete upper and lower dentures with major complications/Volle kunsgebit - bo en onder met groot komplikasies	1 066,00+L
8647	Complete upper or lower dentures without primary complications/Volle kunsgebit - bo of onder sonder primêre komplikasies	467,30+L
8649	Complete upper or lower denture without major complications/Volle kunsgebit - bo of onder sonder groot komplikasies	534,00+L

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE**(M) See Rule 009/(U) Sien Reël 009****(continued/vervolg)**

Code No Kode Nr	Procedure Prosedure	R
8651	Complete upper or lower denture with major complications/Volle kunsgebit - bo of onder met groot komplikasies	600,20+L
8661	Diagnostic dentures (inclusive of tissue conditioning treatment)/ Diagnostiese kunsgebitte (met inbegrip van weefselopknappbehandeling) ...	534,00+L
8662	Remounting and occlusal adjustment of dentures/Hermontering en okklusale verstelling van kunsgebitte	76,90
8663	Chrome cobalt base or gold base for full denture (extra charge)/ Chroomkobalt of goudbasis vir volle kunsgebit (ekstra koste)	160,50+L
8665	Re-base, per denture/Herbasering, per kunsgebit	107,70+L
8667	Soft base, per denture (heat cured)/Sagte basis, per kunsgebit (met hitte verhard)	160,50+L
8668	Tissue conditioner, per denture/Weefselopknapper, per kunsgebit	39,80
8669	Intra-oral reline of complete or partial denture/Binnemondse opvulling van vol- of gedeeltelike kunsgebit	59,10
8671	Metal (e.g. chrome cobalt or gold) partial denture/Metaal (bv. chroomkobalt of goud) gedeeltelike kunsgebit	534,00+L
8672	Additional fee for altered cast technique for partial denture/Bykomende gelde vir veranderde model tegniek, gedeeltelike kunsgebit	20,70+L
8674	Additive partial denture/Aanlasbare gedeeltelike kunsgebit	242,00+L
8679	Repairs/Herstelwerk	26,90+L
8273	Additional fee where impression is required for 8679/Bykomende gelde waar 'n afdruk nodig is vir 8679	12,40+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)	12,40+L
D. MAXILLO-FACIAL PROSTHODONTIC PROSTHESES/ PROSTODONTIESE GESIGSPROSTHESES 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 toepaslike gelde in die Spesialis Prostodontiste skedule vir die kunsgebit hef saam met die gelde wat hieronder verskyn. Maxillary prostheses/Maksilêre prosteses		
9101	Surgical obturator - Modified denture/Chirurgiese obturator - gemodifiseerde kunsgebit	39,80+L

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE**(M) See Rule 009/(W) Sien Reël 009****(continued/vervolg)**

Code No Kode Nr	Procedure Prosedure	R
9102	Surgical obturator - continuous base/Chirurgiese obturator - aaneenlopende basis	107,60+L
9103	Surgical obturator - split base/Chirurgiese obturator - seksionele basis	160,00+L
9104	Interim obturator on existing denture/Tussentydse obturator - byvoeging op huidige kunsgebit	242,00+L
9105	Interim obturator on new denture/Tussentydse obturator - nuwe kunsgebit	747,80+L
9106	Definitive obturator - open/hollow box/Gedefinieerde obturator - oop/hol ontwerp	242,00+D
9107	Definitive obturator - silicone glove/Gedefinieerde obturator - silikoon omhulsel	467,30+D
Mandibular resection prostheses/Mandibulêre reseksie prosteses		
9108	Prosthesis with guide flange/Protese met gidsvlak	573,70+L
9109	Prosthesis without guide flange/Protese sonder gidsvlak	534,00+L
9110	Prosthesis - Palatal augmentation/Protese - Palaat opbouing	107,60+D
Glossal resection prostheses/Glosale reseksie prosteses		
9111	Simple prosthesis/Ongekompliseerd	224,30+D
9112	Complex prosthesis/Gekompliseerd	336,30+D
Radiotherapy appliances/Radioterapeutiese toestelle		
9113	Carriers - simple/Houers - ongekompliseerd	242,00+L
9114	Carriers - complex/Houers - gekompliseerd	668,00+L
9115	Shields - simple/Skerms - ongekompliseerd	242,00+L
9116	Shields - complex/Skerms - gekompliseerd	668,00+L
9117	Cone locators/Konus lokeerders	242,00+L
Chemotherapy appliances/Chemoterapeutiese toestelle		
9118	Chemotherapeutic agent carriers/Chemoterapeutiese agenthouers	242,00+L
Cleft palate prostheses/Gesplete palaat prosteses		
Neonatal prostheses/Neonatale protese		
8855	Consultation and therapy at hospital/nursing home/residence/Konsultasie en terapie by verpleeginrigting/hospitaal/tuis	55,00
8856	Subsequent consultation/Opvolgende konsultasie	26,90
8857	Weekly maximum/Maksimum weekliks	188,60

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE**(M) See Rule 009/(V) Sien Reël 009****(continued/vervolg)**

Code No Kode Nr	Procedure Prosedure	R
9119	Passive presurgical prosthesis/Passiewe pre-chirurgiese protese	214,30+L
9120	Active presurgical orthopaedic appliance - minor/Aktiewe pre-chirurgiese ortopediese toestel - gering	214,30+L
9121	Active presurgical orthopaedic appliance - moderate/Aktiewe pre-chirurgiese ortopediese toestel - matig	317,20+L
9122	Active presurgical orthopaedic appliance - severe/Aktiewe pre-chirurgiese ortopediese toestel - erg	534,00+L
9123	Active presurgical orthopaedic appliance adjustment/Aktiewe pre-chirurgiese ortopediese toestel - aanpassings	26,90
9124	Neonatal feeding aid or surgical prosthesis/Neonatale voedings of chirurgiese hulptoesel	214,30+L
Intermediate/Definitive prostheses/Intermediêre/Gedefinieerde prosteses		
9125	Speech aid/obturator with palatal modification/Spraak terapeutiese toestel/obturator met palatale modifikasie	107,90+D
9126	Speech aid/obturator with velar modification/Spraak terapeutiese toestel/obturator met velum modifikasie	242,00+D
9127	Speech aid/obturator with pharyngeal modification/Spraak terapeutiese toestel/obturator met faringeale modifikasie	534,00+D
9128	Speech aid/obturator adjustment/Spraak terapeutiese toestel/obturator aanpassings	26,90
9129	Speech aid/obturator surgical prosthesis/Spraak terapeutiese toestel/obturator chirurgiese protese	214,30+L
Speech appliances/Spraak toestelle		
9130	Palatal lift/Palatale ondersteuningsapparaat	107,60+D
9131	Palatal stimulating/Palatale stimulerende apparaat	242,00+D
9132	Speech bulb/Spraak bol	534,00+D
9133	Adjustments/Aanpassings	26,90
9134	Other/Ander	By arrangement/ volgens ooreenkoms
Extra-oral appliances/Ekstra-orale prosteses		
9135	Auricular prosthesis - simple/Oorprostese - ongekompliseerd	668,00+L
9136	Auricular prosthesis - complex/Oorprostese - gekompliseerd	866,90+L
9137	Nasal prosthesis - simple/Neusprostese - ongekompliseerd	668,00+L
9138	Nasal prosthesis - complex/Neusprostese - gekompliseerd	866,90+L

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE

(M) See Rule 009/(U) Sien Reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
9139	Ocular prosthesis - conformer/Oogprostese - konformer	242,00+L
9140	Ocular prosthesis using modified stock appliance/Oogprostese - gemodifiseerd	600,60+L
9141	Ocular prosthesis using custom appliance/Oogprostese - geïndividualiseerde vervaardiging	866,90+L
9142	Orbital prosthesis - simple (excluding ocular section)/Orbitaleprostese - ongekompliseerd oog+	600,60+L
9143	Orbital prosthesis - complex (excluding ocular section)/Orbitaleprostese - Gekompliseerd oog+	866,90+L
9144	Combination facial prostheses - small/Saamgestelde gesigsprostese - klein	By arrangement/ Volgens ooreenkoms
9145	Combination facial prostheses - medium/Saamgestelde gesigsprostese - medium	By arrangement/ Volgens ooreenkoms
9146	Combination facial prostheses - large/Saamgestelde gesigsprosteses - groot	By arrangement/ Volgens ooreenkoms
9147	Combination facial prostheses - complex/Saamgestelde gesigsprostese - gekompliseerd	By arrangement/ Volgens ooreenkoms
9148	Other body prostheses - simple/Prosteses vir ander liggaamsdele - ongekompliseerd	600,60+L
9149	Other body prostheses - complex/Prosteses vir ander liggaamsdele - gekompliseerd	866,90+L
9150	Surgical facial prostheses - simple/Chirurgiese gesigsprostese - ongekompliseerd	467,30+L
9151	Surgical facial prostheses - complex/Chirurgiese gesigsprostese - gekompliseerd	600,60+L
9152 (M/U)	Additional prostheses (from mould at time of first prosthesis/ Addisionele prosteses - (van model tydens eerste prostese)	Modifier 8006/ Wysiger 8006
9153 (M/U)	Replacement prosthesis (from original mould)/Vervanging prostese (van oorspronklike model)	Modifier 8006/ Wysiger 8006
9155	Cranial prosthesis/Kraniaal prostese	242,00+L

III. SPECIALIST PROSTHODONTISTS/SPECIALIS PROSTODONTISTE

(M) See Rule 009/(V) Sien Reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
Custom implants/Geïndividualiseerde inplantate		
9156	Cranial - acrylic, elastomeric, metallic/Kraniaal - akrielhars, elastomeries, metaalagtig	300,30+L
9157	Facial - simple/Gesig ongekompliseerd	149,80+L
9158	Facial - complex/Gesig gekompliseerd	300,30+L
9159	Ocular - custom made/Oog - geïndividualiseerde vervaardiging	149,80+L
9160	Body - special prosthesis/Liggaam - spesiale prostese	668,00+L
Surgical appliances/Chirurgiese prosteses		
9161	Splints - simple/Spalke - ongekompliseerd	65,70+L
9162	Splints - complex/Spalke - gekompliseerd	242,00+L
9163	Templates - simple/Template - ongekompliseerd	65,70+L
9164	Templates - complex/Template - gekompliseerd	242,00+L
9165	Conformers - simple/Konformers - ongekompliseerd	65,70+L
9166	Conformers - complex/Konformers - gekompliseerd	242,00+L
Trismus appliances/Trismus toestelle		
9167	Trismus appliance - simple/Trismus toestelle - ongekompliseerd	26,90+L
9168	Trismus appliance - complex/Trismus toestelle - gekompliseerd	242,00+L
9169	Orthoses (for paralysed patients)/Toestelle vir ortoses (vir verlamde pasiënte)	534,00+L
9170	Facial palsy appliances/Toestelle vir gesigsverlamming	160,50+D
Burn appliances/Toestelle vir verbrandes		
9171	Oral splints (per commissure)/Mondspalke (per kommissuur)	65,70+L
9172	Dynamic oral retractors (per arm)/Dinamiese mondretractors (per arm) ...	65,70+L
9173	Hand splints/Handspalke	149,80+L
9174	Other/Ander	By arrangement/ Volgens ooreenkoms
Attendance in theatre/Teatertyd		
9175	Attendance in theatre, per hour/Teatertyd, per uur	89,50

IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/PERIODONTISTS/

SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS

(M) See Rule 009/(U) Sien Reël 009

PREAMBLE/INLEIDING

- (a) The scheduled fees for diagnostic procedures may be charged irrespective of whether treatment is accepted or not/Die geskeduleerde gelde vir 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 roetinegewys van die pasiënt verhaal), spesiale materiale, medikamente, ensovoort, moet gevra word bo en behalwe die gelde vir die behandeling gehef.
- (c) (M/U) If the extent of a procedure carried out is less than that specified in the tariff of fees, 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 skedule van gelde, 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) (M/U) 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 No Kode Nr	Procedure Prosedure	R
DIAGNOSTIC PROCEDURES/DIAGNOSTIESE PROSEDURES		
8701	Consultation/Konsultasie	32,20
	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 gedetialleerde 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 toekomstige behandeling.	

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SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS**

(N) See Rule 009/(V) Sien reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
8107	Intra-oral radiographs, per film/Binnemondse röntgenfoto's, per film ...	11,20
8108	Maximum/Maksimum	89,50
8113	Occlusal radiographs/Okklusale röntgenfoto's	17,40
8115	Panoramic radiograph/Panoramiese röntgenfoto	46,00
8117	Study models - unmounted/Studiemodelle - ongemonteer	12,40+L
8119	Study models - mounted on adjustable articulator/Studiemodelle - op verstelbare artikulator gemonteer	32,20+L
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment per case/Addisionele gelde vir behandeling onder algemene narkose of tuis- of hospitaalbesoeke, per geval	28,60
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	107,70
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	32,20
8706	Appointments not kept (by arrangement with patient)/Afspraak nie nagekom nie (volgens ooreenkoms met pasiënt)	-
8707	Periodontal screening/Periodontale siftingsondersoek	32,20

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, sondersingsdiepte en/of 'n periodontale siekte-indeks.
2. Items 8701, 8703 and 8707 can not be charged at one and the same visit/Items 8701, 8703 en 8707 mag nie tydens een en dieselfde besoek gehef word nie.

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SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS**

(M) See Rule 009/(U) sien reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
TREATMENT & MAINTENANCE PROCEDURES/BEHANDELING EN INSTANDHOUDINGS- PROSEDURES		
8711	Oral hygiene education and instruction, per visit/Mondhigiëne-onder- rig en voorligting, per besoek	39,80
8713	Oral hygiene evaluation if no other treatment is performed (if re- instruction is necessary, only item 8711 shall apply)/Evaluering van mondhigiëne indien geen ander behandeling (indien verdere onderrig nodig is, slegs item 8711 van toepassing)	20,00
8714	Professional plaque removal and polishing/Professionele plaakverwydering en polering	26,90
8715	Scaling per visit/Skalering per besoek	55,00
8721	Occlusal adjustment per visit/Okklusale verstelling per besoek	59,80
8723	Provisional splinting - extracoronar wire, per sextant/Tydlike spalking - ekstrakoronale draad, per sekstant	55,00+L
8725	Provisional splinting - extracoronar wire plus resin, per sextant/ Tydlike spalking - ekstrakoronale draad plus hars, per sekstant	80,00+L
8727	Provisional splinting - intracoronar wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint/Tydlike spalking - intrakoronale draad of penne of gegote stang plus amalgaam of hars, per tandeenhed in die spalk ingesluit	25,50+L
PERIODONTAL SURGICAL PROCEDURES/PERIODONTALE CHIRURGIESE PROSEDURES		
8731	Periodontal abscess - treatment of acute phase/Periodontale abses - behandeling van akute fase	47,40
8733	Periodontal curettage, per quadrant/Periodontale kurettering, per kwadrant	55,00
8735	Periodontal curettage, per sextant/Periodontale kurettering, per sekstant	43,10
8737	Root planing with or without periodontal curettage, per quadrant/Wortelskawing met of sonder periodontale kurettering, per kwadrant	107,70
8739	Root planing with or without periodontal curettage, per sextant/ Wortelskawing met of sonder periodontale kurettering, per sekstant	86,00
8741	Gingivectomy-gingivoplasty, per quadrant/Gingivektomie-gingivoplastiek, per kwadrant	142,20
8743	Gingivectomy-gingivoplasty, per sextant/Gingivektomie-gingivoplastiek, per sekstant	112,90

IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/PERIODONTISTS/

SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS

(N) See Rule 009/(U) Sien reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
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 muco-gingival procedure, wedge resection, apicectomy, per quadrant/Flap operasie met wortelskawing en kuretering en wat nie meer as 3 van die volgende prosedures insluit nie: beenkontoering, chemiese behandeling van worteloppervlak, beentransplantaat, wortelreseksie, tandhemiseksie, mukogingivale prosedure, wigreseksie, apisektomie, per kwadrant	322,50
8751	As item 8749, per sextant/Soos item 8749, per sekstant	267,00
8753	Flap operation with root planing and curettage and will include more than 3 of the following: bone contouring, chemical treatment of root surfaces, bone graft, root resection, tooth hemisection, a muco-gingival procedure, wedge resection, apicectomy, per quadrant/Flap operasie met wortelskawing en kuretering en wat meer as 3 van die volgende insluit: beenkontoering, chemiese behandeling van worteloppervlak, beentransplantaat, wortelreseksie, tandhemiseksie, mukogingivale prosedure, wigreseksie, apisektomie, per kwadrant	399,60
8755	As item 8753, per sextant/Soos item 8753, per sekstant	324,10
Note : Each bone graft, root resection, tooth hemisection, muco-gingival procedure, wedge resection, apicectomy shall be deemed one procedure/ Let wel : Elke beentransplantaat, wortelreseksie, tandhemiseksie, mukogingivale prosedure, wigreseksie en apisektomie word beskou as een prosedure.		
8756	Flap operation with bone removal to increase the clinical length of a single tooth (as an isolated procedure)/Flap operasie met beenreduksie om die kliniese kroon van 'n enkele tand te verleng (as 'n geïsoleerde prosedure)	196,20
8757	Frenectomy/Frenektomie	157,90
8758	Surgical exposure of impacted or unerupted teeth for orthodontic reasons/Chirurgiese blootlegging van beklemde of ongeerupteerde tande om ortodontiese redes	215,50
8759	Pedicle flapped graft e.g. lateral sliding double papilla, rotated and similar (as an isolated procedure)/Pedikelflap -oorplanting bv. laterale verplasing, dubbele papilla, geroteer en soortgelyk (as 'n geïsoleerde prosedure)	148,10
8761	Masticatory mucosal autograft extending across not more than four teeth (isolated procedure)/Selfoorplanting van kou-mukosa gestrek oor nie meer as vier tande nie (geïsoleerde prosedure)	174,60+L

IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/PERIODONTISTS/JAAR 1992

SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS 1992

(M) See Rule 009/(W) Sien reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
8762	Masticatory mucosal autograft extending across more than four teeth (isolated procedure)/Selfoorplanting van kou-mukosa gestrek oor meer as vier tande (geïsoleerde prosedure)	241,30+L
8763	Wedge resection (as an isolated procedure)/Wigreseksie (as 'n geïsoleerde prosedure)	94,10
8760	Apicectomy including retrograde filling where necessary - anterior teeth/ Apisektomie insluitend retrograde herstelling waar nodig - anterior tande	129,30
8764	Apicectomy including retrograde filling where necessary, posterior teeth/Apisektomie insluitend retrograde herstelling waar nodig - posterior tande	258,90
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 insluitend retrograde herstelling waar nodig maar uitsluitend endodontsie (as 'n geïsoleerde prosedure)	129,30
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 skenkerweefsel	200,30
8768	Any other periodontal procedure involving a single tooth/Enige ander periodontiese prosedure wat 'n enkel tand betref	94,10
8771	Prerestorative ridge augmentation using fibrous tissue, hydroxyapatite granules and/or bone particles/Rifopbouing met gebruik van bindweefsel, hidroksiapatiet granules en/of beentransplantate	214,30+L
9182	Placement of endosteal implant, per implant/Plasing van endosteale implantaat, per implantaat	201,50+L
9183	Placement of a single osseointegrated implant per jaw/Plasing van een osseo-integreerde implantaat per kaak	257,20
9184	Placement of a second osseointegrated implant in the same jaw/Plasing van 'n tweede osseo-integreerde implantaat in dieselfde kaak	192,90
9185	Placement of a third and subsequent osseointegrated implant in the same jaw, per implant/Plasing van 'n derde en daaropvolgende osseo-integreerde implantaat in dieselfde kaak, per implantaat	128,60
9189	Cost of implants/Koste van implantate	By arrangement/ Volgens ooreenkoms
9190	Exposure of a single osseointegrated implant and placement of a transmucosal element/Blootlegging van een osseo-integreerde implantaat en plasing van 'n transmukosale element	95,30

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SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/PERIODONTIS**

(M) See Rule 009/(W) Sien reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
9191	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw/Blootlegging van 'n tweede osseo-integreerde implantaat en plasing van 'n transmukosale element in dieselfde kaak	71,40
9192	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant/Blootlegging van 'n derde en daaropvolgende osseo-integreerde implantaat in dieselfde kaak, per implantaat	47,60
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, siekte toestande van die omliggende weefsels, temporomandibulêre gewrigsaandoenings of miofasiale pyndisfunksie	32,20
8783	Subsequent consultation for same disease/condition/Daaropvolgende konsultasie vir dieselfde siekte/toestand	24,10
8785	Biopsy: incisional/excisional e.g. epulis/Biopsie: insisie/eksisie bv. epulis	66,70
8786	Surgical treatment of soft tissue tumours, e.g. epulis/Chirurgiese behandeling van gewasse van die sagte weefsels, bv. epulis	115,30
8787	Any other procedure connected with the practice of oral medicine/Enige ander prosedure wat verband hou met die praktyk van mondgeneeskunde	33,60
8789	Temporomandibular intra-articular injection - first injection/Temporomandibulêre intra-artikulêre inspuiting - eerste inspuiting	43,10
8791	As item 8789, subsequent injections/Soos item 8789, verdere inspuitings.	16,70
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/SPECIALIS-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, then the total fee should not exceed the fee laid down by the original classification (indicating original code no) at current values, save in exceptional circumstances, e.g. cleft palate treatment/Indien meer as een van die fases van behandeling van 'n meer fase prosedure uitgevoer word deur dieselfde ortodontis, moet die totale gelde nie die neergelegde gelde van die oorspronklike klassifikasie (dui oorspronklike kode nr aan) teen huidige waardes oorskry nie, behalwe in buitengewone omstandighede bv. gesplete lip en verhemelte behandeling.
- (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 tot 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 woor die voltooiing daarvan, moet die restant van die gelde bereken word op die basis van die dienste wat tot op die stakingsdatum gelewer is.

IMPORTANT NOTE/BELANGRIK

- (M/W) General practitioners are strongly urged to carefully study items 3.1, 3.2, 3.3 and 3.4/Algemene tandheelkundige praktisyns word sterk aangeraai om items 3.1, 3.2, 3.3 en 3.4 noukeurig te bestudeer.

Code No Kode Nr	Procedure Prosedure	R
Consultations/Konsultasies		
8801	First consultation/Eerste konsultasie	32,20
8803	Subsequent consultation, retention and/or post-treatment consultation/ Daaropvolgende konsultasie, retensie en/of nabehandelingskonsultasie ...	24,10
RECORDS AND INVESTIGATIONS/REKORDS EN ONDERSOEKE		
8811	Cephalometric radiograph and analysis/Kefalometriese röntgenfoto en ontleding	55,00
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname	59,80

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

Code No Kode Nr	Procedure Prosedure	R
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname	65,70
8115	Panoramic radiograph/Panoramiese röntgenfoto	46,00
8107	Intra-oral radiographs, per film/Binnemondse röntgenfoto's, per film ...	11,20
8108	Maximum/Maksimum	89,50
8113	Occlusal radiograph/Okklusale röntgenfoto	17,40
8827	Extra-oral radiograph, per film/Buitemondse röntgenfoto, per film	17,40
8829	P-A radiograph/P-A röntgenfoto	24,50
8831	Hand-wrist radiograph/Handgewrig - röntgenfoto	24,50
8117	Study models - unmounted/Studiemodelle - ongemonteer	12,40+L
8119	Study models - mounted on adjustable articulator/Studiemodelle - op verstelbare artikulator gemonteer	32,20+L
8835	Diagnostic photographs, per photograph/Diagnostiese foto's, per foto ...	12,40
8837	Diagnosis and treatment planning/Diagnose en behandelingsbeplanning	19,10
8839	Orthodontic diagnostic setup/Ortodontiese diagnostiese opstelling	40,30
ORTHOGNATHIC SURGERY AND TREATMENT PLANNING/ORTOGNATIESE CHIRURGIE EN BEHANDELINGSBEPLANNING		
(M/W)	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	139,60+L
RETAINERS, REPAIRS AND/OR REPLACEMENTS/RETENSIETOESTELLE, REPARASIES EN/OF VERVANGING VAN TOESTELLE		
8846	Removable : Repairs/Verplaasbare : Reparasies	27,20+L
8847	Replacement...../Vervanging van toestel	94,10+L
8848	Fixed : Repair or replacement per unit/Vaste toestel : Herstel of vervanging, per eenheid	40,30
8849	Retainer/Retensietoestel	94,10+L

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

Code No Kode Nr	Procedure Prosedure	R
CORRECTIVE THERAPY/KORREKTIEWE TERAPIE		
Treatment of Myofascial pain-dysfunction syndrome/Behandeling van miofasiale pijn disfunctie sindroom		
8850	First consultation/Eerste konsultasie	45,70
8851	Subsequent consultation/Opvolgende konsultasie	24,10
8852	Bite plate/Bytplaat	65,70+L
Occlusal adjustment/Okklusale verstelling		
8853	Major occlusal adjustment/Volledige okklusale verstelling	188,10
8854	Minor occlusal adjustment/Geringe okklusale verstelling	59,80
Cleft palate therapy/Gesplete verhemelte terapie		
8855	Consultation and therapy at hospital/nursing home/residence/Konsultasie en terapie te hospitaal/verpleeginrigting/tuis	55,00
8856	Subsequent consultation/Opvolgende konsultasie	26,90
8857	Weekly maximum/Weeklikse maksimum	188,60
Predentition treatment/Predentisie behandeling		
8858	Minor/Gering	214,30+L
8859	Moderate/Matig	317,20+L
8860	Severe/Erg	534,00+L
	Subsequent treatment as per schedule/Latere behandeling volgens skedule	
Minor corrective therapy/Geringe korrektiewe terapie		
8861	Fixed/Vaste toestel	399,60
8862	Removable (single)/Verplaasbare (enkele toestel)	333,90+L
8863	Removable (per additional)/Verplaasbare (per bykomende toestel)	167,90+L
8864	Removable (maximum for item 8863)/Verplaasbare (maksimum vir item 8863)	335,80+L
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	1 066,70
8866	Combined upper and lower arch/Saamgestelde boonste en onderste tandboog	1 466,80

V. SPECIALIST ORTHODONTISTS/SPECIALIS-ORTODONTISTE

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
Single arch treatment/Enkel boog behandeling		
8867	Mild/Gering	1 147,00
8868	Moderate/Matig	1 414,20
8869	Severe/Erg	1 654,50
8870	Severe plus complications/Erg met komplikasies	2 001,50
Class I : Malocclusions/Klas I : Vansluitings		
8873	Mild/Gering	2 098,70
8875	Moderate/Matig	2 575,70
8877	Severe/Erg	3 002,80
8879	Severe with complications/Erg met komplikasies	3 374,30
Class II and III : Malocclusions/Klas II en III : Vansluitings		
8881	Mild/Gering	3 002,80
8883	Moderate/Matig	3 374,30
8885	Severe/Erg	3 788,50
8887	Severe with complications/Erg met komplikasies	4 268,80
LINGUAL ORTHODONTICS/LINGUALE ORTODONSIE		
Note : The lingual appliance must incorporate attachments on a minimum of two molars and six anterior teeth/ Let wel : Die linguale toestel moet hegtings aan 'n minimum van twee molare en ses anterior tande inkorporeer.		
Single arch treatment/Enkel boog behandeling		
8841	Mild/Gering	2 154,90
8842	Moderate/Matig	2 532,60
8843	Severe/Erg	2 885,10
8844	Severe plus complications/Erg met komplikasies	3 343,80
Class I : Malocclusions/Klas I : Vansluitings		
8874	Mild/Gering	4 110,70
8876	Moderate/Matig	4 813,30
8878	Severe/Erg	5 462,50
8880	Severe plus complications/Erg met komplikasies	6 061,20

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

Code No Kode Nr	Procedure Prosedure	R
Class II and III : Malocclusions/Klas II en III : Wansluitings		
8882	Mild/Gering	5 017,60
8884	Moderate/Matig	5 613,50
8886	Severe/Erg	6 251,80
8888	Severe plus complications/Erg met komplikasies	6 956,70
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 gelde vir oorplaas- gevalle	By arrangement/ Volgens ooreenkoms
8892	Re-treatment/Herbehandeling	By arrangement/ Volgens ooreenkoms

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS

SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE

(M) See Rule 009/(W) Sien Reël 009

See Rule 011/Kyk Reël 011

- (M/W)** If procedures under tariff items 8201 to 8218 inclusive are carried out by specialists in maxillo- facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (8002)/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).
- (M/W)** 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 R51,90 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 gelde vir die hoofoperasie plus die tariefgelde van die bykomende operasie tot 'n maksimum van R51,90 vir elke sodanige operasie of prosedure (8005).
- (M/W)** 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 gelde vir die hoofoperasie plus:-

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS

SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE

(M) See Rule 009/(U) Sien Reël 009

(continued/vervolg)

(M/U) 75% for the second procedure/operation (8009)/75% vir die tweede prosedure/operasie (8009).

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

This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee for his operation/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 gelde vir sy operasie.

If, within four months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation/Indien daar binne vier maande 'n tweede operasie vir dieselfde toestand of besering uitgevoer word, is die gelde vir die tweede operasie die helfte van die vir dié eerste.

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

4. (M/U) The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with a minimum of R36,90 (8007). The assistant's fee payable to a maxillo- facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the account rendered to the patient/Die bedrag aan 'n algemene praktisyn assistent betaalbaar word bereken op 15% van die gelde van die praktisyn wat die operasie uitvoer, met 'n minimum van R36,90 (8007). Die bedrag aan 'n kaak-, gesigs- en mondchirurg assistent betaalbaar word bereken op 33,33% van die toepaslike gelde (Uysiger 8001). Die assistent se naam moet op die rekening wat aan die pasiënt gelewer word verskyn.
5. (M/U) The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for 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 gelde vir die prosedure of prosedures uitgevoer by te voeg (8008).

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS
SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE
(M) See Rule 009/(V) Sien Reël 009
 (continued/vervolg)

See Rule 012/Kyk 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 praktisyns of spesialiste gelys is nie, sal die toepaslike gelde, gelys in die mediese voordeleskaal, gevra word, en die betrokke mediese gelde tarief-item moet aangedui word.

Code No Kode Nr	Procedure Prosedure	R
CONSULTATIONS AND VISITS/KONSULTASIE EN BESOEKE		
8901	Consultation at consulting rooms/Konsultasie by spreekkamers	32,20
8903	Consultation at hospital, nursing home or house/Konsultasie by hospitaal, verpleeginrigting of tuis	36,40
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house/Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis	24,10
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	52,40
8907	Subsequent consultations, per week, to a maximum of/Daaropvolgende konsultasies per week, tot 'n maksimum van	59,80
Note/Let wel :		
"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/ "Daaropvolgende konsultasie" beteken, in verband met items 8904 en 8907, 'n konsultasie vir dieselfde siektetoestand mits sodanige konsultasie plaasvind binne ses maande vanaf die eerste konsultasie.		
INVESTIGATIONS AND RECORDS/ONDERSOEKE EN REKORDS		
8107	Intra-oral radiographs, per film/Binnemondse röntgenfoto's, per film ...	11,20
8108	Maximum/Maksimum	89,50
8113	Occlusal radiographs/Okklusale röntgenfoto's	17,40
8115	Panoramic radiograph/Panoramiese röntgenfoto	46,00
8117	Study models - unmounted/Studiemodelle - ongemonteer	12,40+L
8119	Study models - mounted on adjustable articulator/Studiemodelle - op verstelbare artikulator gemonteer	32,20+L
8121	Diagnostic photographs - per photograph/Diagnostiese foto's - per foto .	12,40

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS
SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE
(M) See Rule 009/(U) Sien Reël 009
(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
Orthognathic surgery and treatment planning/Ortognatiese chirurgie en behandelingsbeplanning Note/Let wel : (M/U) 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/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	139,60+L
8917	Biopsies: Intra-oral/Biopsies: Binnemonds	66,70
8919	Biopsy of bone: Needle biopsy/Beenbiopsie: Naald	115,30
8921	Biopsy of bone: open/Beenbiopsie: oop	189,60
8811	Cephalometric radiograph and analysis/Kefalometriese röntgenfoto en ontleding	55,00
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph/ Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A opname ..	59,80
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph/Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A opname	65,70
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/Een tand	17,40
8202	Two/Twee tande	24,50
8203	Three/Drie tande	31,40
8204	Four/Vier tande	38,20
8205	Five/Vyf tande	45,70
8206	Six/Ses tande	52,60
8207	Seven/Sewe tande	59,30
8208	Eight/Agt tande	66,70

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS
SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE
(M) See Rule 009/(U) Sien Reël 009
(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
8209	Nine/Nege tande	73,40
8210	Ten/Tien tande	80,00
8211	Eleven/Elf tande	86,90
8212	Twelve/Twaalf tande	94,60
8213	Thirteen/Dertien tande	101,20
8214	Fourteen/Veertien tande	108,10
8215	Fifteen/Vyftien tande	115,30
8216	Sixteen/Sestien tande	121,90
8217	Seventeen/Sewentien tande	129,10
8218	Eighteen/Agtien tande	135,80
8924	More than eighteen teeth, per tooth/Meer as agtien tande, per tand	3,10
8957	Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw)/Alveolotomie of alveolektomie - tesame met of onafhanklik van ekstraksie (per kaak)	157,90
8961	Implanting of teeth/Inplanting van tande	258,60+L
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)/Lokale behandeling van post-ekstraksiebloeding (met uitsluiting van bloeding in die geval van bloedsiektes, bv. hemofilie)	86,70
8933	Treatment of haemorrhage in the case of blood dyscrasias, e.g. haemiphilia, per week/Behandeling van bloeding in die geval van bloedsiektes, bv. hemofilie, per week	301,00
8935	Treatment of post-extraction septic socket where patient is referred by another registered person/Behandeling van post-ekstraksie septiese tandkas waar die pasiënt verwys word deur 'n ander geregistreerde persoon	22,90
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	79,50
Removal of roots/Verwydering van wortels		
8953	Surgical removal of residual roots of first tooth/Chirurgiese verwydering van wortelreste van die eerste tand	115,30
8955 (M/U)	Surgical removal of residual roots of each subsequent tooth. (See Rule 011 and Notes 2 and 3)/Chirurgiese verwydering van wortelreste van elke daaropvolgende tand. (Verwys Reël 011 en Notas 2 en 3)	

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS
SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE
(M) See Rule 009/(W) Sien Reël 009
 (continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
Unerupted or impacted teeth/Ongeërupteerde of bekleemde tande		
8941	First tooth/Eerste tand	186,70
8943	Second tooth/Tweede tand	100,30
8945	Third tooth/Derde tand	57,20
8947	Fourth tooth/Vierde tand	57,20
8951	Unusual position/Buitengewone posisie	215,50
DIVERSE PROCEDURES/DIVERSE PROSEDURES		
8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication/Verwydering van tandwortels van die maksilêre antrum insluitend Caldwell-Luc operasie en herstel van antro-orale fistel	393,00
8909	Closure of oral antral fistula - acute or chronic/Sluiting van antro-orale fistel - akuut of kronies	301,00
8910	Removal of roots from maxillary antrum/Verwydering van wortel vanuit die maksilêre antrum	118,10
8911	Caldwell-Luc procedure/Caldwell-Luc prosedure	118,10
8965	Peripheral neurectomy/Perifere neurektomie	258,60
8966	Functional repair of oronasal fistula (local flaps)/Funksionele herstel van oronasale fistula (lokale flappe)	359,60
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 concomittantly with procedure 8975 or as a separate procedure)/Groot herstelwerk aan bo- of onderkaak, bv. deur middel van beenoorplanting of prostese, met kaakspalking (Wysigers 8005 en 8006 is nie van toepassing in hierdie geval nie. Die volle gelde kan gehef word ongeag of hierdie prosedure gelyktydig met prosedure 8975 of as 'n afsonderlike prosedure uitgevoer word)	604,00
8978	Harvesting of bone graft/Insameling van been vir oorplanting	114,30
CYSTS OF JAWS/KISTE VAN DIE KAKE		
8967	Intra-oral approach/Binnemondse toegang	359,40
8969	Extra-oral approach/Buitemondse toegang	575,40

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS
SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE
(M) See Rule 009/(W) Sien Reël 009
(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
NEOPLASMS/NEOPLASMAS		
8971	Surgical treatment of soft tissue tumours/Chirurgiese behandeling van gewasse van die sagte weefsels	115,30
8973	Surgical treatment of tumours of the jaws/Chirurgiese behandeling van gewasse van die kake	575,40
8975	Hemiresection of jaw, with splintage of segments/Hemireseksie van kaak, met spaliking van segmente	604,50
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	215,50
8983	Corticotomy - first tooth/Kortikotomie - eerste tand	171,70
8984	Corticotomy - adjacent or subsequent tooth/Kortikotomie - aangrensende of volgende tand	86,70
8985	Frenectomy/Frenektomie	157,90
SURGICAL PREPARATION OF JAWS FOR PROSTHETICS/CHIRURGIESE GEREEDMAKING VAN KAKEBEEN VIR PROSTETIEK		
8987	Reduction of mylohyoid ridges/Reduksie van mylohyoid riwwe	258,60
8989	Torus palatinus or mandibularis reduction/Reduksie van torus palatinus of mandibularis	258,60+L
8991	Maxillary tuberoplasty/Maksilêre tuberoplastiek	258,60+L
8993	Reduction of hypertrophic tuberosity, per side/Reduksie van hipertrofiese tuberositeite, per kant	115,30+L
	Excision of denture granuloma - refer to item 8971/Verwydering van gebitsgranuloom - kyk item 8971.	
8995	Gingivectomy, per jaw/Gingivektomie, per kaak	230,10+L
8997	Sulcoplasty/Vestibuloplasty/Sulkoplastiek/Vestibuloplastiek	593,30+L
8999	Deepening the vestibular sulcus: Plastic repair/Verdieping van vestibulêre sulkus: Plastiese herstelling	157,90+L

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS
SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE
(M) See Rule 009/(U) Sien Reël 009
 (continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
9001	Deepening the buccal/labial sulcus: Buccal inlay/Verdieping van bukkale/labiale sulkus: Bukkale inlegsel	359,40+L
9003	Repositioning mental foramen and nerve, per side/Herplasing van formen mentale en senuwee, per kant	359,40+L
9005	Alveolar ridge augmentation by bone graft/Verbetering van alveolêre rif deur beenoorplanting	604,50+L
9007	Alveolar ridge augmentation by alloplastic material/Verbetering van alveolêre rif met alloplastiese materiaal	381,10+L
SEPSIS/SEPSIS		
9011	Incision and drainage of pyogenic abscesses (intra-oral approach)/Lansering en dreinerings van piogene absesse (binnemondse toegang)	73,60
9013	Extra-oral approach, e.g. Ludwig's angina/Buitemondse toegang, bv. Ludwigkeelpyn	100,30
9015	Apicectomy including retrograde filling where necessary - anterior teeth/Apisektomie insluitend retrograde herstelling waar nodig - anterior tande	129,30
9016	Apicectomy including retrograde filling where necessary, posterior teeth/Apisektomie insluitend retrograde herstelling waar nodig, posterior tande	258,90
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible/Dekortisering, uitholling en sekwestrektomie vir osteomiëlitis van mandibula	533,00
9019	Sequestrectomy - intra-oral/Sekwestrektomie - binnemondse toegang	115,30
TRAUMA/TROUMA		
Treatment of associated soft tissue injuries/Behandeling van gepaardgaande sagteweefselbeserings		
9021	Minor/Gering	129,30
9023	Major/Uitgebreid	273,20
MANDIBULAR FRACTURES/FRAKTURE VAN DIE MANDIBULA		
9025	Treatment by closed reduction, with intermaxillary fixation/Behandeling deur middel van geslote reduksie, met intermaksilêre fiksering	287,20

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS**SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE****(M) See Rule 009/(W) Sien Reël 009****(continued/vervolg)**

Code No Kode Nr	Procedure Prosedure	R
9027	Treatment of compound fracture, involving eyelet wiring/Behandeling van saamgestelde fraktuur deur middel van ogies en kruisbedrading	403,20
9029	Treatment by metal cap splintage or Gunning's splints/Behandeling deur middel van metaaldopspalke of Gunningspalke	446,60+L
9031	Treatment of open reduction with restoration of occlusion by splintage/Behandeling deur middel van oop reduksie en herstel van okklusie met spalke	661,90+L
MAXILLARY FRACTURES WITH SPECIAL ATTENTION TO OCCLUSION/FRAKTURE VAN DIE MAKSILLA MET SPESIALE AANDAG AAN OKKLUSIE		
9035	Le Fort I or Guérin fracture/Le Fort I-fraktuur of Guérin-fraktuur	404,20+L
9037	Le Fort II or middle third of face/Le Fort II-fraktuur of middelste derde van gesig	661,90+L
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage/Le Fort III-fraktuur of kraniofasiale ontwigting of brokkelfraktuur van middel gesig wat oop reduksie en spalke vereis	949,80+L
ZYGOMA/ORBIT/ANTRAL COMPLEX FRACTURES/WANGBEEN/OOGKAS/ANTRUM - SAANGE- STELDE FRAKTURE		
9041	Gillies or temporal elevation/Gillies of temporale elevasie	287,20
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation/Onstabiele en/of verbrokkelde wangbeen, behandeling deur middel van oop reduksie of Caldwell-Luc operasie	575,40
9045	Requiring multiple interosseous wiring or bone graft/Wat veelvuldige tussenbeenbedrading of beenoorplanting vereis	862,90
DEFORMITIES/DEFORMITEITE		
Note/Let wel :		
For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re Rule 011) will not apply/Die volle gelde kan gehef word vir prosedures 9047 tot 9072 d.w.s. aanmerking 2 en 3 (i.s. Reël 011) is nie van toepassing nie.		

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS
SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE
(M) See Rule 009/(W) Sien Reël 009
 (continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
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 kousfunksie, bv. bilaterale osteotomie, oop operasie (met immobilisering)	1 207,50+L
9049	Anterior segmental osteotomy of mandible (Köle)/Osteotomie van anterior segment van die mandibula (Köle)	1 006,00+L
9051	Genioplasty/Kenplastiek	575,40
9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy)/Midfasiale ontbloting (vir maksilêre en nasale augmentasie of piramidale Le Fort II-osteotomie)	911,70
9055	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure/Osteotomie van posterior segment van die maksilla (Schukardt) - 1-stadium of 2-stadiumprosedure	1 006,00+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	1 006,00+L
9059	Le Fort I osteotomy/Le Fort I-osteotomie	1 893,40+L
9060	Le Fort I osteotomy with inferior repositioning and inter positional grafting/Le Fort I-osteotomie met inferior-herposisionering en interposisionele transplantering	2 125,40
9061	Palatal osteotomy/Palatale osteotomie	661,90+L
9063	Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic deformities/Le Fort II-osteotomie ter korreksie van gesigsdeformiteite of fasiostenose en nabesering-deformiteite	2 417,80+L
9065	Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction/Le Fort III-osteotomie ter korreksie van ernstige aangebore deformiteite, naamlik Crouzon se siekte, en wanhegting van kraniomaksillêre frakture .	3 623,90+L
9069	Functional tongue reduction (partial glossectomy)/Funksionele tong-reduksie (gedeeltelike glossektomie)	431,60
9071	Geniohyoidotomy/Geniohioïedotomie	258,60
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)	1 893,40+L

**VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS
SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE**

(M) See Rule 009/(U) Sien Reël 009

(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
TEMPOROMANDIBULAR JOINT PROCEDURES/PROSEDURES VIR TEMPOROMANDIBULÊRE GEWRIG		
(Investigation as in preceding section)/(Onderzoek soos in voorafgaande afdeling)		
9073	Bite plate therapy for TMJ dysfunction/Bytplate terapie vir TMG-disfunksie	99,80+L
9074	Diagnostic arthroscopy/Diagnostiese artroskopiese	285,80
9075	Condylectomy or coronoidectomy or both (extra-oral approach) or meniscectomy/Kondilektomie of koronoïdektomie of albei (buitemonddse toegang) of menisektomie	718,80
9053	Coronoidectomy (intra-oral approach)/Koronoïdektomie (binnemonddse toegang)	359,40
9077	Intra-articular injection, per injection/Intra-artikulêre inspuiting, per inspuiting	43,10
9079	Trigger point injection/Sneller-punt inspuiting	33,30
9081	Condyle neck osteotomy (Ward/Kostecka)/Kondielnek-osteotomie (Ward/Kostecka)	287,20
9083	Temporomandibular arthroplasty, e.g. eminectomy (Le Clerk and Toller procedure)/Temporomandibulêre artroplastiek, bv. eminektomie (Le Clerk-en-Toller-ingreep)	718,80
9085	Reduction of temporomandibular joint dislocation without anaesthetic/Reduksie van temporomandibulêre ontwrigting sonder narkose	57,20
9087	Reduction of temporomandibular joint dislocation, with anaesthetic/Reduksie van temporomandibulêre ontwrigting, onder narkose	115,30
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation/Reduksie van temporomandibulêre ontwrigting, onder narkose en immobilisasie	287,20
9091	Reduction of temporomandibular joint dislocation requiring open reduction/Reduksie van temporomandibulêre ontwrigting wat oopreduksie vereis	718,50
9092	Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy)/Totale gewrigsherkonstruksie met alloplastiese materiaal of been (insluitend kondilektomie en koronoïdektomie)	1 917,20+L

VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS
SPECIALIS KAAK-, GESIGS- EN MONDCHIRURGE
(M) See Rule 009/(U) Sien Reël 009
(continued/vervolg)

Code No Kode Nr	Procedure Prosedure	R
SALIVARY GLANDS/SPEEKSELKLIERE		
9093	Removal of salivary calculus/Verwydering van speekselsteen	129,30
9095	Removal of salivary gland/Verwydering van speekselklier	345,30
IMPLANTS/INPLANTATE		
9180	Placement of sub-periosteal implant - Preparatory procedure/operation/ Plasing van sub-periosteale implantaat-voorbereidingsprosedure/operasie.	403,00
9181	Placement of sub-periosteal implant prosthesis/operation/Plasing van sub-periosteale implantaat prostese/operasie	403,00
9182	Placement of endosteal implant, per implant/Plasing van endosteale implantaat, per implantaat	201,50+L
9183	Placement of a single osseointegrated implant per jaw/Plasing van een osseo-integreerde implantaat per kaak	257,20
9184	Placement of a second osseointegrated implant in the same jaw/Plasing van 'n tweede osseo-integreerde implantaat in dieselfde kaak	192,90
9185	Placement of a third and subsequent osseointegrated implant in the same jaw, per implant/Plasing van 'n derde en daaropvolgende osseo- integreerde implantaat in dieselfde kaak, per implantaat	128,60
9189	Cost of implants/Koste van inplantate	By arrangement/ Volgens ooreenkoms
9190	Exposure of a single osseointegrated implant and placement of a transmucosal element/Blootlegging van een osseo-integreerde implantaat en plasing van 'n transmukosale element	95,30
9191	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw/Blootlegging van 'n tweede osseo- integreerde implantaat en plasing van 'n transmukosale element in dieselde kaak	71,40
9192	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant/Blootlegging van 'n derde en daaropvolgende osseo- integreerde implantaat in dieselfde kaak, per implantaat	47,60
Note/Let wel :		
For items 9180 to 9192 the full fee may be charged, i.e. Note 2 of Rule 011 will not apply/Vir items 9180 tot 9192 mag die volle gelde gehef word, d.w.s. nota 2 van Reël 011 is nie van toepassing nie.		

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