



PROVINCE OF THE EASTERN CAPE
IPHONDO LEMPUMA KOLONI
PROVINSIE OOS-KAAP

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GENERAL NOTICE

NOTICE 294 OF 2008EASTERN CAPE DEPARTMENT OF HEALTH PATIENT TARIFFS: 2008/09

In terms of Treasury Regulation 7.3.1 tariffs must be reviewed annually by the accounting officer. Notice is hereby given that ECDOH reviews the 2008/09 patient fee tariffs in accordance with the regulation.

The person giving notice is the Honourable MEC Eastern Cape Department of Health as approved by the Honourable MEC Eastern Cape Department of Finance.

Any rejection to this publication must be forwarded to the Head of Department, Eastern Cape Department of Health.

ANNEXURE I

APPROVED UPFS 2008 FEE SCHEDULE FOR FULL PAYING PATIENTS

EFFECTIVE 01st JULY 2008

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
01	Anaesthetics									
0111	Anaesthetics Cat A – General medical practitioner	Procedure	122.00							
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	183.00							
0121	Anaesthetics Cat B – General medical practitioner	Procedure	208.00							
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	313.00							
0131	Anaesthetics Cat C – General medical practitioner	Procedure	730.00							
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1096.00							
02	Confinement									
0210	Confinement – Facility Fee	Incident		2253.00		2253.00		2623.00		
0211	Confinement – General medical practitioner	Incident	1222.00							
0212	Confinement – Specialist medical practitioner	Incident	1578.00							
0213	Confinement – Nursing practitioner	Incident	1478.00							
03	Dialysis									
0310	Haemo – Facility Fee	Day		809.00		809.00		926.00		
0311	Haemo-dialysis – General medical practitioner	Day	154.00							
0312	Haemo-dialysis – Specialist medical practitioner	Day	192.00							
0313	Haemo-dialysis – Nursing practitioner	Day	123.00							
0320	Peritoneal Dialysis – Facility Fee	Session		124.00		124.00		142.00		
0321	Peritoneal Dialysis – General medical practitioner	Session	24.00							
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	30.00							
0323	Peritoneal Dialysis – Nursing practitioner	Session	17.00							
0330	Plasmapheresis – Facility Fee	Session		809.00		809.00		926.00		
0331	Plasmapheresis – General practitioner	Session	152.00							
0332	Plasmapheresis – Specialist practitioner	Session	191.00							
04	Medical Reports									
0410	Medical Report – Facility Fee	Report		78.00		78.00		95.00		
0411	Medical Report – General medical practitioner	Report	146.00							
0412	Medical Report – Specialist medical practitioner	Report	225.00							
0421	Copies of Medical Report, records, X-rays, completion of certificates / Forms- General practitioner	Copy	73.00							
0422	Copies of Medical Report, records, X-rays, completion of certificates / Forms- Specialist practitioner	Copy	112.00							
0425	Copies of X-rays films, ultrasounds etc	Copy	73.00							
05	Imaging									
0510	Radiology, Cat A – Facility Fee	Procedure		41.00		41.00		46.00		

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
0511	Radiology, Cat A – General medical practitioner	Procedure	40.00							
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	76.00							
0514	Radiology, Cat A – Allied health practitioner	Procedure	39.00							
0520	Radiology, Cat B – Facility Fee	Procedure		112.00		112.00		129.00		
0521	Radiology, Cat B – General medical practitioner	Procedure	108.00							
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	211.00							
0524	Radiology, Cat B – Allied health practitioner	Procedure	106.00							
0530	Radiology, Cat C – Facility Fee	Procedure		523.00		523.00		597.00		
0531	Radiology, Cat C – General medical practitioner	Procedure	335.00							
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1031.00							
0540	Radiology, Cat D – Facility Fee	Procedure		1332.00		1332.00		1522.00		
0541	Radiology, Cat D – General medical practitioner	Procedure	1233.00							
0542	Radiology, Cat D – Specialist	Procedure	2574.00							
06	Inpatients									
0610	Inpatient General ward – Facility Fee	Day		414.00		528.00		998.00		
0611	Inpatient General Ward – General medical practitioner	Day	86.00							
0612	Inpatient General Ward – Specialist medical practitioner	Day	160.00							
0620	Inpatient High care – Facility Fee	12 hours		642.00		803.00		1151.00		
0621	Inpatient High Care – General medical practitioner	12 hours	45.00							
0622	Inpatient High Care – Specialist medical practitioner	12 hours	85.00							
0630	Inpatient Intensive care – Facility Fee	12 hours		2110.00		2110.00		2523.00		
0631	Inpatient Intensive Care – General medical practitioner	12 hours	50.00							
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	95.00							
0640	Inpatient Chronic care – Facility Fee	Day		243.00		243.00		243.00		
0641	Inpatient Chronic care – General medical practitioner	Day	28.00							
0642	Inpatient Chronic care – Specialist medical practitioner	Day	65.00							
0643	Inpatient Chronic care – Nursing practitioner	Day	17.00							
0650	Day patient – Facility Fee	Day		345.00		435.00		638.00		
0651	Day patient – General medical practitioner	Day	86.00							
0652	Day patient – Specialist medical practitioner	Day	150.00							
0653	Day patient – Nursing practitioner	Day	50.00							
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		199.00		199.00		199.00		
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	17.00							
0670	Inpatient General Ward – Facility Fee	12 hours		208.00		265.00		499.00		
0671	Inpatient General Ward – General medical practitioner	12 hours	43.00							
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	75.00							
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	28.00							
0680	Inpatient Chronic care – Facility Fee	12 hours		122.00		122.00		122.00		

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
1010	Outpatient Consultation – Facility Fee	Visit		51.00	51.00	62.00
1011	Outpatient Consultation – General medical practitioner	Visit	57.00			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	132.00			
1013	Outpatient Consultation – Nursing practitioner	Visit	33.00			
1014	Outpatient Consultation – Allied health practitioner	Visit	35.00			
1020	Emergency Consultation – Facility Fee	Visit		104.00	104.00	123.00
1021	Emergency Consultation - General medical practitioner	Visit	86.00			
1022	Emergency Consultation – Specialist medical practitioner	Visit	197.00			
1023	Emergency Consultation – Nursing practitioner	Visit	50.00			
1024	Emergency Consultation – Allied health practitioner	Visit	51.00			
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		243.00	243.00	291.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	84.00			
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	162.00			
1120	Minor Procedure Cat B – Facility Fee	Procedure		243.00	243.00	291.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	124.00			
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	282.00			
1130	Minor Procedure Cat C – Facility Fee	Procedure		243.00	243.00	291.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	196.00			
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	440.00			
1140	Minor Procedure Cat D – Facility Fee	Procedure		243.00	243.00	291.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	518.00			
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1166.00			
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		785.00	1151.00	1328.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	84.00			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	162.00			
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1189.00	1744.00	2009.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	124.00			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	282.00			
1230	Theatre Procedure Cat C – Facility Fee	Procedure		2042.00	2997.00	3459.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	196.00			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	440.00			
1240	Theatre Procedure Cat D – Facility Fee	Procedure		5238.00	7683.00	8855.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	518.00			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1166.00			
13	Treatments					
CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		

				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
1310	Supplementary Health Treatment – Facility Fee	Contact		33.00	33.00	39.00
1313	Supplementary Health Treatment – Nursing practitioner	Contact	29.00			
1314	Supplementary Health Treatment – Allied health practitioner	Contact	29.00			
1320	Supplementary Health Group Treatment – Facility Fee	Contact		25.00	25.00	28.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	21.00			
14	<i>Emergency Medical Services</i>					
1410	Patient Transport Services – Facility Fee	100km		218.00	218.00	218.00
1420	Basic life support – Facility Fee	50km		595.00	595.00	595.00
1430	Intermediate life support – Facility Fee	50km		804.00	804.00	804.00
1440	Advanced life support – Facility Fee	50km		1336.00	1336.00	1336.00
1450	Emergency service standby – Facility Fee	Once Off		175.00	175.00	175.00
1451	Emergency service standby – General medical practitioner	Hour	252.00			
1452	Emergency service standby – Specialist medical practitioner	Hour	473.00			
1453	Emergency service standby – Nursing practitioner	Hour	169.00			
1454	Emergency service standby – Basic life support practitioner		88.00			
1455	Emergency service standby – Intermediate life support practitioner		109.00			
1456	Emergency service standby – Advanced life support practitioner		233.00			
1460	Rescue – Facility Fee	Incident		637.00	637.00	637.00
1461	Rescue – General medical practitioner	Incident	955.00			
1462	Rescue – Specialist medical practitioner	Incident	1432.00			
1463	Rescue – Nursing practitioner	Incident	637.00			
1464	Rescue – Basic life support practitioner	Incident	88.00			
1465	Rescue – Intermediate life support practitioner	Incident	109.00			
1466	Rescue – Advanced life support practitioner	Incident	233.00			
1470	Emergency transport air services fixed wing	50km		1336.00	1336.00	1336.00
1480	Emergency transport air services helicopter	50km		1336.00	1336.00	1336.00
1490	Emergency service standby – Facility Fee	Additional 50km		120.00	120.00	120.00
15	<i>Assistive Devices & Prosthesis</i>					
1510	Assistive Devices & Prosthesis - Item Fee	Item	Varies			
1520	Prosthetic Devices – Item Fee	Item	Varies			
1530	Dental Items – Item Fee	Item	Varies			
16	<i>Cosmetic Surgery</i>					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1653.00	1653.00	1888.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	953.00			
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1428.00			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		3717.00	3717.00	4249.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1129.00			
CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		

				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
1622	Cosmetic Surgery Cat B – General practitioner	Procedure	1694.00			
1630	Cosmetic Surgery Cat C – Facility Fee	Procedure		6004.00	6004.00	6862.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	1909.00			
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	2864.00			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		10141.00	10141.00	11589.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2142.00			
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3152.00			
17	Laboratory Services					
1700	Drawing of Blood	Contact		19.00	19.00	19.00
1710	Laboratory Test	Varies				
18	Radiation Oncology					
1800	Radiation Oncology (NHRPL Less VAT)	Item	Varies			
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item	Varies			
1910	Nuclear Medicine Cat A – Facility Fee	Procedure		534.00	534.00	534.00
1912	Nuclear Medicine Cat A – Specialist Practitioner	Procedure	356.00			
1920	Nuclear Medicine Cat B – Facility Fee	Procedure		1146.00	1146.00	1146.00
1922	Nuclear Medicine Cat B – Specialist Practitioner	Procedure	766.00			
1930	Nuclear Medicine Cat C – Facility Fee	Procedure		2072.00	2072.00	2072.00
1932	Nuclear Medicine Cat C – Specialist Practitioner	Procedure	1382.00			
1940	Nuclear Medicine Cat D – Facility Fee	Procedure		3294.00	3294.00	3294.00
1942	Nuclear Medicine Cat D – Specialist Practitioner	Procedure	2196.00			
1950	Positron Emission Tomography (PET) Cat E – Facility Fee			9725.00	9725.00	9725.00
1952	Positron Emission Tomography (PET) Cat E – Specialist medical practitioner		3534.00			
20	Ambulatory Procedures					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		78.00	78.00	95.00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	28.00			
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	56.00			
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	17.00			
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	17.00			
2020	Ambulatory Procedure Cat B – Facility Fee			78.00	78.00	95.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	40.00			
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	62.00			
2023	Ambulatory Procedure Cat B – Nursing practitioner	Procedure	22.00			
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	22.00			
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2210	Hyperbaric Oxygen Therapy – Facility Fee	Session		815.00	815.00	815.00
CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		

				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
2211	Hyperbaric Oxygen Therapy - General medical practitioner	Session	344.00						
2212	Hyperbaric Oxygen Therapy - Specialist medical practitioner	Session	344.00						
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		822.00		822.00		822.00	
2221	Emergency Hyperbaric Oxygen Therapy - General medical practitioner	Session	501.00						
2222	Emergency Hyperbaric Oxygen Therapy - Specialist medical practitioner	Session	501.00						
2200	Hyperbaric Oxygen Therapy – Facility Fee (Flat fee)	Session		270.00		270.00		270.00	
23	Consumables (Not included in Facility Fee) Buy - outs								
2300	Consumables not included in the facility fee	Item	Varies						
24	Autopsies								
2410	Autopsy – Facility Fee	Per case		51.00		51.00		62.00	
2411	Autopsy – General Practitioner	Per case	57.00						
2412	Autopsy – Specialist Practitioner	Per case	132.00						

APPROVED UPFS 2008 FEE SCHEDULE FOR H2 PATIENTS
EFFECTIVE 01ST JULY 2008

CODE	DESCRIPTION	BASIS	Professional	FACILITY FEE
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			Fee R	LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
01	Anaesthetics								
0111	Anaesthetics Cat A – General medical practitioner	Procedure	50.00						
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	80.00						
0121	Anaesthetics Cat B – General medical practitioner	Procedure	95.00						
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	140.00						
0131	Anaesthetics Cat C – General medical practitioner	Procedure	325.00						
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	490.00						
02	Confinement								
0210	Confinement – Facility Fee	Incident	0	0	0	0	0	0	0
0211	Confinement – General medical practitioner	Incident	0	0	0	0	0	0	0
0212	Confinement – Specialist medical practitioner	Incident	0	0	0	0	0	0	0
0213	Confinement – Nursing practitioner	Incident	0	0	0	0	0	0	0
03	Dialysis								
0310	Haemo – Facility Fee	Session							
0311	Haemo-dialysis – General medical practitioner	Session		430.00	430.00	480.00			
0312	Haemo-dialysis – Specialist medical practitioner	Session		445.00	445.00	495.00			
0320	Peritoneal Dialysis – Facility Fee	Day							
0321	Peritoneal Dialysis – General medical practitioner	Day		65.00	65.00	75.00			
0322	Peritoneal Dialysis – Specialist medical practitioner	Day		70.00	70.00	80.00			
04	Medical Reports (100%)								
0410	Medical Report – Facility Fee	Report							
0411	Medical Report – General medical practitioner	Report		224.00	224.00	241.00			
0412	Medical Report – Specialist medical practitioner	Report		303.00	303.00	320.00			
0421	Copies of Medical Records/ Reports – General practitioner	Copy		73.00	73.00	73.00			
0422	Copies of Medical Records/ Reports – Specialist practitioner	Copy		112.00	112.00	112.00			
0425	Copies of Medical Records/ Reports – Specialist practitioner	Copy		73.00	73.00	73.00			
05	Imaging								
0510	Radiology, Cat A – Facility Fee	Procedure							
0511	Radiology, Cat A – General medical practitioner	Procedure		40.00	40.00	45.00			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure		55.00	55.00	60.00			
0514	Radiology, Cat A – Allied health practitioner	Procedure		35.00	35.00	40.00			
0520	Radiology, Cat B – Facility Fee	Procedure							
0521	Radiology, Cat B – General medical practitioner	Procedure		100.00	100.00	105.00			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure		145.00	145.00	150.00			
0524	Radiology, Cat B – Allied health practitioner	Procedure		95.00	95.00	100.00			
0530	Radiology, Cat C – Facility Fee	Procedure							
0531	Radiology, Cat C – General medical practitioner	Procedure		385.00	385.00	415.00			
CODE	DESCRIPTION	BASIS	Professional Fee R	REFERENCE					
				LEVEL 1	LEVEL 2	LEVEL 3			

			R	c	R	c	R	c
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	695.00		695.00		725.00	
0540	Radiology, Cat D – Facility Fee	Procedure						
0541	Radiology, Cat D – General medical practitioner	Procedure	1,145.00		1,145.00		1,230.00	
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	1,740.00		1,740.00		1,825.00	
06	Inpatients							
0610	Inpatient General ward – Facility Fee	Day						
0611	Inpatient General Ward – General medical practitioner	Day	30.00		40.00		70.00	
0612	Inpatient General Ward – Specialist medical practitioner	Day	35.00		45.00		75.00	
0620	Inpatient High care – Facility Fee	Day						
0621	Inpatient High Care – General medical practitioner	Day	45.00		55.00		75.00	
0622	Inpatient High Care – Specialist medical practitioner	Day	50.00		60.00		80.00	
0630	Inpatient Intensive care – Facility Fee	Day						
0631	Inpatient Intensive Care – General medical practitioner	Day	135.00		135.00		165.00	
0632	Inpatient Intensive Care – Specialist medical practitioner	Day	140.00		140.00		170.00	
0640	Inpatient Chronic care – Facility Fee	Day						
0641	Inpatient Chronic care – General medical practitioner	Day	15.00		20.00		25.00	
0642	Inpatient Chronic care – Specialist medical practitioner	Day	15.00		20.00		25.00	
0643	Inpatient Chronic care – Nursing practitioner	Day	15.00		20.00		25.00	
0650	Day patient – Facility Fee	Day						
0651	Day patient – General medical practitioner	Day	25.00		35.00		45.00	
0652	Day patient – Specialist medical practitioner	Day	30.00		40.00		50.00	
0653	Day patient – Nursing practitioner	Day	25.00		35.00		45.00	
0660	Inpatient Boarder/Patient companion – Facility Fee	Day						
0663	Inpatient Boarder/Patient Companion Nursing practitioner	Day	15.00		15.00		20.00	
07	Mortuary (100%)							
0710	Mortuary – Facility Fee	Day	99.00		99.00		112.00	
0720	Cremation Certificate – Facility Fee	Certificate	99.00		99.00		112.00	
08	Pharmaceutical: Charge facility fee only if it's a prescription. If medication is issued as well, charge both facility fee and medication.							
0810	Medication Fee – Facility Fee	Prescription	18.00		18.00		21.00	
	Medication	Charge per item						
09	Oral Health (Hospitals)							
0910	Oral Care Cat A – Facility Fee	Procedure						
0911	Oral Care Cat A – General practitioner	Procedure	15.00		15.00		20.00	
0912	Oral Care Cat A – Specialist practitioner	Procedure	15.00		15.00		20.00	
0914	Oral Care Cat A – Allied health practitioner	Procedure	15.00		15.00		20.00	
0920	Oral Care Cat B – Facility Fee	Procedure						
0921	Oral Care Cat B – General practitioner	Procedure	45.00		45.00		50.00	
CODE	DESCRIPTION	BASIS	Professional Fee			R		
			LEVEL 1	LEVEL 2	LEVEL 3			
			R c	R c	R c			

0922	Oral Health Cat B – Specialist practitioner	Procedure		60.00	60.00	65.00
0924	Oral Care Cat B – Allied health practitioner	Procedure		40.00	40.00	45.00
0930	Oral Care Cat C – Facility Fee	Procedure				
0931	Oral Care Cat C – General practitioner	Procedure		275.00	275.00	295.00
0932	Oral Care Cat C – Specialist practitioner	Procedure		375.00	375.00	395.00
0940	Oral Care Cat D – Facility Fee	Procedure				
0941	Oral Care Cat D – General practitioner	Procedure		950.00	950.00	1025.00
0942	Oral Care Cat D – Specialist practitioner	Procedure		1415.00	1415.00	1490.00
0950	Oral Care Cat E – Facility Fee	Procedure				
0951	Oral Care Cat E – General practitioner	Procedure		3205.00	3205.00	3455.00
0952	Oral Care Cat E – Specialist practitioner	Procedure		4765.00	4765.00	5015.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit				
1011	Outpatient Consultation – General medical practitioner	Visit		65.00	65.00	75.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit		110.00	110.00	120.00
1013	Outpatient Consultation – Nursing practitioner	Visit		50.00	50.00	60.00
1014	Outpatient Consultation – Allied health practitioner	Visit		50.00	50.00	60.00
1020	Emergency Consultation – Facility Fee	Visit				
1021	Emergency Consultation – General medical practitioner	Visit		120.00	120.00	130.00
1022	Emergency Consultation – Specialist medical practitioner	Visit		185.00	185.00	195.00
1023	Emergency Consultation – Nursing practitioner	Visit		95.00	95.00	105.00
1024	Emergency Consultation – Allied health practitioner	Visit		100.00	100.00	110.00
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure				
1111	Minor Procedure Cat A – General medical practitioner	Procedure		150.00	150.00	170.00
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure		180.00	180.00	200.00
1120	Minor Procedure Cat B – Facility Fee	Procedure				
1121	Minor Procedure Cat B – General medical practitioner	Procedure		165.00	165.00	185.00
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure		235.00	235.00	255.00
1130	Minor Procedure Cat C – Facility Fee	Procedure				
1131	Minor Procedure Cat C – General medical practitioner	Procedure		200.00	200.00	220.00
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure		305.00	305.00	325.00
1140	Minor Procedure Cat D – Facility Fee	Procedure				
1141	Minor Procedure Cat D – General medical practitioner	Procedure		340.00	340.00	360.00
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure		630.00	630.00	650.00
CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure				

1211	Theatre Procedure Cat A – General medical practitioner	Procedure		385.00	550.00	625.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure		420.00	585.00	660.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure				
1221	Theatre Procedure Cat B – General medical practitioner	Procedure		585.00	830.00	950.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure		655.00	900.00	1020.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure				
1231	Theatre Procedure Cat C – General medical practitioner	Procedure		995.00	1420.00	1625.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure		1105.00	1530.00	1735.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure				
1241	Theatre Procedure Cat D – General medical practitioner	Procedure		2560.00	3650.00	4170.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure		2850.00	3940.00	4460.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact				
1314	Supplementary Health Treatment – Allied health practitioner	Contact		55.00	55.00	60.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact				
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact		45.00	45.00	50.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		30.00		
1420	Basic life support – Facility Fee	50km		80.00		
1430	Intermediate life support – Facility Fee	50km		105.00		
1440	Advanced life support – Facility Fee	50km		180.00		
1450	Emergency service standby – Facility Fee (100%)	Hour				
1451	Emergency service standby – General medical practitioner	Hour		280.00	280.00	280.00
1452	Emergency service standby – Specialist medical practitioner	Hour		395.00	395.00	395.00
1453	Emergency service standby – Nursing practitioner	Hour		205.00	205.00	205.00
1454	Emergency service standby – Allied health practitioner	Hour		205.00	205.00	205.00
1460	Rescue – Facility Fee (15%)	Incident				
1461	Rescue – General medical practitioner	Incident		215.00	215.00	220.00
1462	Rescue – Specialist medical practitioner	Incident		275.00	275.00	280.00
1463	Rescue – Nursing practitioner	Incident		170.00	170.00	175.00
CODE	DESCRIPTION	BASIS	Professional Fee			
			R			
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
1464	Rescue – Allied health practitioner	Incident		170.00	170.00	175.00
15	Assistive Devices & Prosthesis					
1510	Item Fee	Item	Varies			

16	Cosmetic Surgery (100%)					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure				
1611	Cosmetic Surgery Cat A – General practitioner	Procedure		2,606.00	2,606.00	2,841.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure		3,081.00	3,081.00	3,316.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure				
1621	Cosmetic Surgery Cat B – General practitioner	Procedure		4,846.00	4,846.00	5,378.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure		5,411.00	5,411.00	5,943.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure				
1631	Cosmetic Surgery Cat C – General practitioner	Procedure		7,913.00	7,913.00	8,771.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure		8,868.00	8,868.00	9,726.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure				
1641	Cosmetic Surgery Cat D – General practitioner	Procedure		12,283.00	12,283.00	13,731.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure		13,293.00	13,293.00	14,741.00
17	Laboratory Services					
1700	Drawing of Blood	Contact				
1710	Laboratory Test	Varies				
18	Radiation Oncology					
1800	Radiation Oncology (NHRPL Less VAT)	Item	Varies			
19	Nuclear Medicines					
1900	Itemisation of Isotopes					
20	Ambulatory Procedures					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure				
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure		53.00	53.00	62.00
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure		67.00	67.00	76.00
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure		48.00	48.00	56.00
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure		48.00	48.00	56.00
2020	Ambulatory Procedure Cat B – Facility Fee			78.00	78.00	95.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	40.00	59.00	59.00	68.00
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	62.00	70.00	70.00	79.00
2023	Ambulatory Procedure Cat B – Nursing practitioner	Procedure	22.00	50.00	50.00	59.00
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	22.00	50.00	50.00	59.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2210	Hyperbaric Oxygen Therapy	Session				
23	Consumables (Not included in Facility Fee) Buy-outs					
CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL 1 LEVEL 2 LEVEL 3		
				R c	R c	R c
2300	Consumables not included in the facility fee	Item	Varies			
24	Autopsies					
2410	Autopsy	Per Case				
2410						

03	Dialysis					
0310	Haemo – Facility Fee	Session				
0311	Haemo-dialysis – General medical practitioner	Session		20.00	20.00	25.00
0312	Haemo-dialysis – Specialist medical practitioner	Session		35.00	35.00	40.00
0320	Peritoneal Dialysis – Facility Fee	Day				
0321	Peritoneal Dialysis – General medical practitioner	Day		20.00	20.00	25.00
0322	Peritoneal Dialysis – Specialist medical practitioner	Day		35.00	35.00	40.00
04	Medical Reports (100%)					
0410	Medical Report – Facility Fee	Report				
0411	Medical Report – General medical practitioner	Report		224.00	224.00	241.00
0412	Medical Report – Specialist medical practitioner	Report		303.00	303.00	320.00
0421	Copies of Medical Report, records, X-Rays, completion of certificates/Forms-General medical practitioner	Copy		73.00	73.00	73.00
0422	Copies of Medical Report, records, X-Rays, completion of certificates/Forms-Specialist medical practitioner	Copy		112.00	112.00	112.00
0425	Copies of X-rays films, ultrasound etc	Copy		73.00	73.00	73.00
06	Inpatients					
0610	Inpatient General ward – Facility Fee	Per 30 Days				
0611	Inpatient General Ward – General medical practitioner	Per 30 Days		30.00	40.00	75.00
0612	Inpatient General Ward – Specialist medical practitioner	Per 30 Days		35.00	45.00	80.00
0620	Inpatient High care – Facility Fee	Per 30 Days				
0621	Inpatient High Care – General medical practitioner	Per 30 Days		30.00	40.00	75.00
0622	Inpatient High Care – Specialist medical practitioner	Per 30 Days		35.00	45.00	80.00
0630	Inpatient Intensive care – Facility Fee	Per 30 Days				
0631	Inpatient Intensive Care – General medical practitioner	Per 30 Days		30.00	40.00	75.00
0632	Inpatient Intensive Care – Specialist medical practitioner	Per 30 Days		35.00	45.00	80.00
0640	Inpatient Chronic care – Facility Fee	Per 30 Days				
0641	Inpatient Chronic care – General medical practitioner	Per 30 Days		30.00	40.00	75.00
0642	Inpatient Chronic care – Specialist medical practitioner	Per 30 Days		35.00	45.00	80.00
0643	Inpatient Chronic care – Nursing practitioner	Per 30 Days		30.00	40.00	75.00
0650	Day patient – Facility Fee	Per 30 Days				
0651	Day patient – General medical practitioner	Per 30 Days		30.00	40.00	75.00
0652	Day patient – Specialist medical practitioner	Per 30 Days		35.00	45.00	80.00
0653	Day patient – Nursing practitioner	Per 30 Days		30.00	40.00	75.00
0660	Inpatient Boarder/Patient companion – Facility Fee	Per 30 Days				
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Per 30 Days		30.00	40.00	75.00
CODE	DESCRIPTION	BASIS	Professional Fee	R		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
07	Mortuary					
0710	Mortuary – Facility Fee	Day		0	0	0
0720	Cremation Certificate – Facility Fee	Certificate		0	0	0

10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit				
1011	Outpatient Consultation – General medical practitioner	Visit		20.00	20.00	25.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit		35.00	35.00	40.00
1013	Outpatient Consultation – Nursing practitioner	Visit		15.00	15.00	20.00
1014	Outpatient Consultation – Allied health practitioner	Visit		15.00	15.00	20.00
1020	Emergency Consultation – Facility Fee	Visit				
1021	Emergency Consultation – General medical practitioner	Visit		20.00	20.00	25.00
1022	Emergency Consultation – Specialist medical practitioner	Visit		35.00	35.00	40.00
1023	Emergency Consultation – Nursing practitioner	Visit		15.00	15.00	20.00
1024	Emergency Consultation – Allied health practitioner	Visit		15.00	15.00	20.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact				
1314	Supplementary Health Treatment – Allied health practitioner	Contact		15.00	15.00	20.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact				
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact		15.00	15.00	20.00
14	Emergency Medical Services					
1410	Patient transport service - Facility Fee	100km		10.00	10.00	10.00
1420	Basic life support – Facility Fee	50km		25.00	25.00	25.00
1430	Intermediate life support – Facility Fee	50km		35.00	35.00	35.00
1440	Advanced life support – Facility Fee	50km		60.00	60.00	60.00
1450	Emergency service standby – Facility Fee (100%)	Hour				
1451	Emergency service standby - General medical practitioner	Hour		280.00	280.00	280.00
1452	Emergency service standby – Specialist medical practitioner	Hour		395.00	395.00	395.00
1453	Emergency service standby – Nursing practitioner	Hour		205.00	205.00	205.00
1454	Emergency service standby – Allied health practitioner	Hour		205.00	205.00	205.00
1460	Rescue – Facility Fee	Incident				
1461	Rescue – General medical practitioner	Incident		75.00	75.00	75.00
1462	Rescue – Specialist medical practitioner	Incident		95.00	95.00	95.00
1463	Rescue – Nursing practitioner	Incident		60.00	60.00	60.00
1464	Rescue – Allied health practitioner	Incident		60.00	60.00	60.00
15	Assistive Devices & Prosthesis					
1510	Item Fee	Item	Varies			
CODE	DESCRIPTION	BASIS	Professional Fee R			
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
16	Cosmetic Surgery (100%)					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1,653.00	1,653.00	1,888.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	953.00	2,606.00	2,606.00	2,841.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1,428.00	3,081.00	3,081.00	3,316.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		3,717.00	3,717.00	4,249.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1,129.00	4,846.00	4,846.00	5,378.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1,694.00	5,411.00	5,411.00	5,943.00

1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		6,004.00	6,004.00	6,862.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	1,909.00	7,913.00	7,913.00	8,771.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	2,864.00	8,868.00	8,868.00	9,726.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		10,141.00	10,141.00	11,589.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2,142.00	12,283.00	12,283.00	13,731.00
1642	Cosmetic Surgery Cat D Specialist practitioner	Procedure	3,152.00	13,293.00	13,293.00	14,741.00

Partial Subsidized Patients

These are patients who do not fall in the category of full paying patients. Partially subsidised patients are categorised further based on their ability to pay for health services into two categories: H1 & H2. The fees payable by the partially subsidised patients are expressed as a percentage of the fees payable by full paying patients as determined by the latest edition of the Uniform Patient Fee Schedule (UPFS) Patients being treated by their private practitioner, are liable for the full UPFS fee. Tariffs reflected above include both the facility and professional fees, except on Cosmetic Surgery.

- Patients who come back within 7 days for the same ailment – Free
- Services are all inclusive
- Patients who fall in the above categories according to the means test, but belong to a Medical Aid or are treated by their private doctors, or treated in terms of the provisions of the Road Accident Fund Act of the Compensation for Occupational Injuries and Diseases Act (COID) must be assessed at the full UPFS tariffs.

Details of this category of patient.

Category	Means Test
H1	Individual: Income less than R36 000 per annum Household: Income less than R50 000 per annum

APPROVED 2008 FEE SCHEDULE FOR H0 PATIENTS – EASTERN CAPE PROVINCE

EFFECTIVE 01ST JULY 2008

CODE	DESCRIPTION	BASIS	Professional Fee R	Patient Fee							
				LEVEL 1		LEVEL 2		LEVEL 3			
				R	c	R	c	R	c		
03	Dialysis										
0310	Haemo – Facility Fee	Session									
0311	Haemo-dialysis – General medical practitioner	Session		0.00		0.00		0.00			
0312	Haemo-dialysis – Specialist medical practitioner	Session		0.00		0.00		0.00			
0320	Peritoneal Dialysis – Facility Fee	Day		0.00		0.00		0.00			

0321	Peritoneal Dialysis – General medical practitioner	Day		0.00	0.00	0.00
0322	Peritoneal Dialysis – Specialist medical practitioner	Day		0.00	0.00	0.00
04	Medical Reports (100%)					
0410	Medical Report – Facility Fee	Report				
0411	Medical Report – General medical practitioner	Report		224.00	224.00	241.00
0412	Medical Report – Specialist medical practitioner	Report		303.00	303.00	320.00
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms – General medical practitioner	Copy		73.00	73.00	73.00
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms – Specialist medical practitioner	Copy		112.00	112.00	112.00
0425	Copies of X-rays films, ultrasound etc	Copy		73.00	73.00	73.00
05	Imaging (X-RAY) CHARGE FACILITY FEE AT 100% UPFS TARIFF (Patient treated by private doctor and X-RAY requested and read by a private doctor)					
0510	Radiology, Cat A – Facility Fee	Procedure				
0511	Radiology, Cat A – General medical practitioner	Procedure		81.00	81.00	86.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure		117.00	117.00	122.00
0514	Radiology, Cat A – Allied health practitioner	Procedure		80.00	80.00	85.00
0520	Radiology, Cat B – Facility Fee	Procedure				
0521	Radiology, Cat B – General medical practitioner	Procedure		220.00	220.00	237.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure		323.00	323.00	340.00
0524	Radiology, Cat B – Allied health practitioner	Procedure		218.00	218.00	235.00
0530	Radiology, Cat C – Facility Fee	Procedure				
0531	Radiology, Cat C – General medical practitioner	Procedure		858.00	858.00	932.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure		1554.00	1554.00	1628.00
0540	Radiology, Cat D – Facility Fee	Procedure				
0541	Radiology, Cat D – General medical practitioner	Procedure		2565.00	2565.00	2755.00
0542	Radiology, Cat D – Specialist medical practitioner	Procedure		3906.00	3906.00	4096.00
06	Inpatients					
CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
0610	Inpatient General ward – Facility Fee	Per 30 Days				
0611	Inpatient General Ward – General medical practitioner	Per 30 Days		0.00	0.00	0.00
0612	Inpatient General Ward – Specialist medical practitioner	Per 30 Days		0.00	0.00	0.00
0620	Inpatient High care – Facility Fee	Per 30 Days		0.00	0.00	0.00
0621	Inpatient High Care – General medical practitioner	Per 30 Days		0.00	0.00	0.00
0622	Inpatient High Care – Specialist medical practitioner	Per 30 Days		0.00	0.00	0.00
0630	Inpatient Intensive care – Facility Fee	Per 30 Days		0.00	0.00	0.00
0631	Inpatient Intensive Care – General medical practitioner	Per 30 Days		0.00	0.00	0.00

0632	Inpatient Intensive Care– Specialist medical practitioner	Per 30 Days		0.00	0.00	0.00
0640	Inpatient Chronic care – Facility Fee	Per 30 Days		0.00	0.00	0.00
0641	Inpatient Chronic care – General medical practitioner	Per 30 Days		0.00	0.00	0.00
0642	Inpatient Chronic care – Specialist medical practitioner	Per 30 Days		0.00	0.00	0.00
0643	Inpatient Chronic care – Nursing practitioner	Per 30 Days		0.00	0.00	0.00
0650	Day patient – Facility Fee	Per 30 Days		0.00	0.00	0.00
0651	Day patient – General medical practitioner	Per 30 Days		0.00	0.00	0.00
0652	Day patient – Specialist medical practitioner	Per 30 Days		0.00	0.00	0.00
0653	Day patient – Nursing practitioner	Per 30 Days		0.00	0.00	0.00
0660	Inpatient Boarder/Patient companion – Facility Fee	Per 30 Days		0.00	0.00	0.00
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Per 30 Days		30.00	35.00	35.00
07	Mortuary					
0710	Mortuary – Facility Fee	Day		0	0	0
0720	Cremation Certificate – Facility Fee	Certificate		0	0	0
10	CIRCUMCISION FOR NON MEDICAL REASONS					
1010	Outpatient Consultation – Facility Fee	Visit				
1011	Outpatient Consultation – General medical practitioner	Visit		20.00	20.00	25.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit		20.00	20.00	25.00
1013	Outpatient Consultation – Nursing practitioner	Visit		20.00	20.00	25.00
1014	Outpatient Consultation – Allied health practitioner	Visit		0.00	0.00	0.00
1020	Emergency Consultation – Facility Fee	Visit		0.00	0.00	0.00
1021	Emergency Consultation – General medical practitioner	Visit		0.00	0.00	0.00
1022	Emergency Consultation – Specialist medical practitioner	Visit		0.00	0.00	0.00
1023	Emergency Consultation – Nursing practitioner	Visit		0.00	0.00	0.00
1024	Emergency Consultation – Allied health practitioner	Visit		0.00	0.00	0.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact				
1314	Supplementary Health Treatment – Allied health practitioner	Contact		0.00	0.00	0.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact				
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact		0.00	0.00	0.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		0.00	0.00	0.00
code	DESCRIPTION	BASIS	Professional Fee	TOTAL		
			R	LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
1420	Basic life support – Facility Fee	50km		0.00	0.00	0.00
1430	Intermediate life support – Facility Fee	50km		0.00	0.00	0.00
1440	Advanced life support – Facility Fee	50km		0.00	0.00	0.00
1450	Emergency service standby – Facility Fee (100%)	Hour		0.00	0.00	0.00
1451	Emergency service standby – General medical practitioner	Hour		0.00	0.00	0.00
1452	Emergency service standby – Specialist medical practitioner	Hour		0.00	0.00	0.00
1453	Emergency service standby – Nursing practitioner	Hour		0.00	0.00	0.00
1454	Emergency service standby – Allied health practitioner	Hour		0.00	0.00	0.00

1460	Rescue – Facility Fee (5%)	Incident		0.00	0.00	0.00
1461	Rescue – General medical practitioner	Incident		0.00	0.00	0.00
1462	Rescue – Specialist medical practitioner	Incident		0.00	0.00	0.00
1463	Rescue – Nursing practitioner	Incident		0.00	0.00	0.00
1464	Rescue – Allied health practitioner	Incident		0.00	0.00	0.00
15	<i>Assistive Devices & Prosthesis</i>					
1510	Item Fee	Item	Varies			
16	<i>Cosmetic Surgery (100%)</i>					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure				
1611	Cosmetic Surgery Cat A – General practitioner	Procedure		2,606.00	2,606.00	2,841.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure		3,081.00	3,081.00	3,316.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure				
1621	Cosmetic Surgery Cat B – General practitioner	Procedure		4,846.00	4,846.00	5,378.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure		5,411.00	5,411.00	5,943.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure				
1631	Cosmetic Surgery Cat C – General practitioner	Procedure		7,913.00	7,913.00	8,771.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure		8,868.00	8,868.00	9,726.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure				
1641	Cosmetic Surgery Cat D – General practitioner	Procedure		12,283.00	12,283.00	13,731.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure		13,293.00	13,293.00	14,741.00

Health care services to H0 patients are free except where stated otherwise e.g.

Patients who fall in the above categories according to the means test, but belong to a Medical Aid or are treated by their private doctors, or treated in terms of the provisions of the Road Accident Fund Act of the Compensation for Occupational Injuries and Diseases Act (COID) must be assessed at the full UPFS tariffs.

