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PROVINSIE OOS-KAAP

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GENERAL NOTICE

NOTICE 305 OF 2009

Adjustment of tariffs: Patient Fees 2009/2010

1. PURPOSE:

The purpose of this submission is to obtain Treasury Approval in terms of Treasury Regulation 7.3.1 for the adjustment of patient fees tariffs with effect from 1 August 2009 for full paying and subsidized patients. (H0, H1, H2 and H3/ externally funded). Please find annexed hereto a schedule of the proposed tariffs per the different patient categories. Annexures 1 - 4

2. EXPLANATION OF TARIFFS

The National Department of Health developed the Uniform Patient Fees Schedule (UPFS) as a policy to ensure equity of access to health care throughout the country, through uniformity of tariffs for publicly funded hospitals. The tariffs are determined by the National UPFS team, and are referred to individual Provincial Treasuries by the respective Health departments for approval in compliance with National Treasury Regulation 7.3.1. The tariffs were approved by the National Health Council. The UPFS was designed with the following objectives in mind,

- Determine tariffs according to the levels of health service delivery.
- To charge the facility fee, i.e. the cost of providing an environment within which a health service is delivered.
- To charge a professional fee, i.e. fee reflects the cost of health care professionals delivering the service. This means tariffs will differ between services delivered by a Specialist, a General Practitioner, an Allied Health and a Nursing Practitioner.
- Differentiation on the type of bed/ward, that is, the tariff of a general ward will differ from that of a high care/ ICU ward. Services rendered to the H1 patient category are all inclusive and differentiation does not apply.

3. IMPLEMENTATION OF THE UPFS

This policy was introduced and partially implemented in the Eastern Cape in 2004. The department targeted only the externally funded and private patients to pay the full UPFS tariff, and H0 patients (e.g. pensioners, the recipients of social grants and the unemployed) to get free services except where there are exemptions. The process left out the H1 and H2 patients who were charged lower tariffs than the UPFS. The lower tariffs were because the ECDOH had not increased tariffs since 1993, and the effect of full UPFS implementation would mean huge increases at one go. Cabinet resolution on UPFS implementation in the Eastern Cape is attached herewith for easy reference.

In 2006, the full implementation of UPFS on H2 patients took place, and eventually H1 patients in 2008.

3.1 FREE SERVICES

There exist certain circumstances under which patients will receive services free of charge independently of their classification as full or subsidized patients. These circumstances have a statutory basis and apply only to the episode of care directly related to the circumstances under which the patient was qualified for free services. Table 1 below summarises the circumstances under which the patients will qualify for free services.

4. IMPLEMENTATION OF THE 2009/2010 TARIFF REVIEWS

According to the National tariff reviews for 2009, there will be no tariff increase on H1 and H2 patients, meaning that the 2008 tariffs will be used. The tariff increase for 2009 is applicable only to full paying/ externally funded patients at the rate of 10, 7%

C.ii. FINANCIAL IMPLICATIONS

The adjustment of tariffs will increase revenue collection.

6. CONSULTATION

On approval of the tariff increases by Provincial Treasury, communities and other relevant stakeholders will be informed of the tariff increases, and the new tariffs will be gazetted. The process is anticipated to take 7 working days (Treasury Approval) and the notices will thereafter be issued to stakeholders, thus giving them + - 3 weeks to get ready for the new tariffs.

7. RECOMMENDATIONS

It is hereby recommended that Eastern Cape Provincial Treasury approve the tariff adjustments with effect from 1 August 2009.

Yours in Health

Acting Superintendent General

C.C. The Honourable MEC for Health

Table 1 – Free Services

SERVICE	BASIS
<p>Free health services for pregnant Women and children under the age of 6 years</p>	<p>NOTICE 657 OF 1994, 1 July 1994</p> <p>As from 1 June 1994, free health services must be provided to :</p> <ul style="list-style-type: none"> a. pregnant women for the period commencing from the time the pregnancy is diagnosed to forty-two days after the pregnancy has terminated, or if a complication has developed as result of the pregnancy, until the patient has been cured or the conditions as result of the complication has stabilised; b. children under the age of six years; c. non-citizens of South Africa who are in the groups mentioned in par (a) and (b), and who incidentally develop a health problem whilst in South Africa. <p>Free health services included the rendering of all available health services to the persons mentioned in above, including the rendering of free health services to pregnant women for conditions that are not related to the pregnancy.</p> <p>The following persons are excluded from the free health services:</p> <ul style="list-style-type: none"> a. Persons and their dependents who are members of a medical scheme. b. Non-citizens of South Africa who visit South Africa specifically for the purpose of obtaining health care.
<p>Free primary health care services</p>	<p>Notice 1514 of 1996, dated 17 October 1996</p> <p>1. Primary health care services are available free of charge at – – State health care facilities.</p> <p>2. Services referred to in paragraph 1 are available at-</p> <ul style="list-style-type: none"> (a) State health care facilities, namely- <ul style="list-style-type: none"> (i) clinics; (ii) community health centres; (iii) mobile clinics; (iv) satellite clinics; (b) health care facilities that are funded or subsidised fully or partly by the State; (c) hospitals in geographical areas where facilities referred to in subparagraphs (a) and (b) are not available and which are designated by a province for that purpose. <p>3. Persons receiving primary health care services at facilities other than those referred to in paragraph 2 shall be liable to pay existing rates and an additional fee as determined by the province.</p> <p>4. An additional fee referred to in paragraph 3 shall not be payable in the case of emergency care.</p> <p>5. Only South African citizens shall be entitled to free primary health care services.</p> <p>6. The following persons shall not be entitled to free primary health care services:</p> <ul style="list-style-type: none"> (a) Persons and their dependents who are members of a medical aid scheme; (b) Persons who make use of the services of medical practitioners of their choice instead of those made available by the health care facility.
<p>Termination of Pregnancy</p>	<p>Act 92 of 1996.</p> <p>Services in respect of the termination of pregnancy to be rendered free of charge and, if complications have developed as a result of the termination, until the patient has been cured or the conditions as a</p>

	<p>result of the complication have stabilised, under the following conditions:-</p> <ol style="list-style-type: none"> 1. Upon request of a women during the first 12 weeks of pregnancy; 2. From the 13th to the 20th week of pregnancy if a medical practitioner, after consultation with the woman, is of the opinion that <ol style="list-style-type: none"> a. continued pregnancy poses a risk to the woman's physical or mental health b. a substantial risk exists that the foetus would suffer from a severe physical or mental abnormality c. the pregnancy resulted from rape or incest d. the continued pregnancy would significantly affect the social or economic circumstances of the woman 3. after the 20th week of pregnancy if a medical practitioner, after consultation with another medical practitioner or midwife, is of the opinion that continued pregnancy would <ol style="list-style-type: none"> a. endanger the woman's life b. result in severe malformation of the foetus c. would pose risk of injury to the foetus
Criminal Procedure Act	<p>Act 51 of 1977</p> <p>Services rendered in terms of the above act, as well as the following, when requested by the responsible authorising body.</p> <p>Assault: The examination of the alleged victim and taking of samples and completion of the necessary documentation</p> <p>Rape: The examination of the alleged victim and taking of samples and completion of the necessary documentation</p> <p>Post mortem: The performance of autopsies and attendance at exhumations</p> <p>Corporal Punishment: Preliminary examination for the administration of corporal punishment by the Police Service and attendance at the administration at corporal punishment in prisons.</p>
Child Care Act	<p>Act No 74 of 1983, Section 15.</p> <p>Children who in terms of the above Act are committed to the care of a children's home, industrial school or foster parents.</p>
Persons with mental disorders	<p>Mental Health Act (Act 18 of 1973)</p> <p>The examination of prisoners and detainees for medico-legal purposes with a view to their referral for observation in terms of the Act. Mentally disturbed patients admitted to psychiatric hospitals in terms of section 9 of the Act.</p>
Infectious, formidable and/or notifiable Diseases	<ol style="list-style-type: none"> 1. Venereal diseases (excluding complications) - only on an outpatient basis and including the following: Syphilis, gonorrhoea, chancroid, LGV (lymphogranuloma venereum), non-specific urethritis, venereal warts, granuloma inguinale, ulcus molle, herpes genitalis. 2. Pulmonary tuberculosis. 3. Leprosy. 4. Cholera. 5. Diphtheria. 6. Plague. 7. Typhoid and paratyphoid. 8. Haemorrhagic fevers.

	<p>9. Meningococcal meningitis.</p> <p>10. Aids - only the initial diagnostic procedures and attendant laboratory services are free if patients specifically ask for the HIV test to be done. Patients requiring treatment are assessed at the prescribed tariffs for any hospitalisation and accompanying services.</p>
Other exempt conditions	<p>Persons suffering from the following diseases for treatment only relating to such diseases:</p> <ol style="list-style-type: none">1. Malnutrition2. Pellagra3. Any other condition or service as determined by a province
Donors	<p>A donor is a person who, of their own free will, presents themselves specifically for the donation of an organ, blood, milk or human tissue.</p> <p>The exemption refers to services rendered in respect of the donation.</p>

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
0425	Copies of X-rays films, ultrasounds etc.	Copy	81.00						
05	Imaging								
0510	Radiology, Cat A – Facility Fee	Procedure		45.00		45.00		51.00	
0511	Radiology, Cat A – General medical practitioner	Procedure	44.00						
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	84.00						
0514	Radiology, Cat A – Allied health practitioner	Procedure	43.00						
0520	Radiology, Cat B – Facility Fee	Procedure		124.00		124.00		143.00	
0521	Radiology, Cat B – General medical practitioner	Procedure	120.00						
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	234.00						
0524	Radiology, Cat B – Allied health practitioner	Procedure	117.00						
0530	Radiology, Cat C – Facility Fee	Procedure		579.00		579.00		661.00	
0531	Radiology, Cat C – General medical practitioner	Procedure	371.00						
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1141.00						
0540	Radiology, Cat D – Facility Fee	Procedure		1475.00		1475.00		1685.00	
0541	Radiology, Cat D – General medical practitioner	Procedure	1365.00						
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	2849.00						
06	Inpatients								
0610	Inpatient General ward – Facility Fee	Day		458.00		584.00		1105.00	
0611	Inpatient General Ward – General medical practitioner	Day	95.00						
0612	Inpatient General Ward – Specialist medical practitioner	Day	166.00						
0620	Inpatient High care – Facility Fee	12 hours		711.00		889.00		1274.00	
0621	Inpatient High Care – General medical practitioner	12 hours	50.00						
0622	Inpatient High Care – Specialist medical practitioner	12 hours	94.00						
0630	Inpatient Intensive care – Facility Fee	12 hours		2336.00		2336.00		2793.00	
0631	Inpatient Intensive Care – General medical practitioner	12 hours	55.00						
0632	Inpatient Intensive Care– Specialist medical practitioner	12 hours	105.00						
0640	Inpatient Chronic care – Facility Fee	Day		269.00		269.00		269.00	
0641	Inpatient Chronic care – General medical practitioner	Day	31.00						
0642	Inpatient Chronic care – Specialist medical practitioner	Day	72.00						
0643	Inpatient Chronic care – Nursing practitioner	Day	19.00						
0650	Day patient – Facility Fee	Day		382.00		482.00		706.00	
0651	Day patient – General medical practitioner	Day	95.00						
0652	Day patient – Specialist medical practitioner	Day	166.00						
0653	Day patient – Nursing practitioner	Day	55.00						
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		220.00		220.00		220.00	
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	19.00						
0670	Inpatient General ward – Facility Fee	12 hours		230.00		293.00		552.00	
0671	Inpatient General Ward – General medical practitioner	12 hours	48.00						

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	C	R	C	R	C	
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	83.00							
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	31.00							
0680	Inpatient Chronic care – Facility Fee	12 hours		135.00		135.00			135.00	
0681	Inpatient Chronic care – General medical practitioner	12 hours	15.00							
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	35.00							
0683	Inpatient Chronic care – Nursing practitioner	12 hours	10.00							
07	Mortuary									
0710	Mortuary – Facility Fee	Day		117.00		117.00			133.00	
0720	Cremation Certificate – Facility Fee	Certificate		117.00		117.00			133.00	
08	Pharmaceutical									
0810	Medication Fee – Facility Fee	Prescription		21.00		21.00			24.00	
0815	Item Fee	Item	Varies							
0816	Pharmaceutical –TTO	Item	Varies							
0817	Pharmaceutical - Chronic	Item	Varies							
0818	Pharmaceutical - Oncology	Item	Varies							
0819	Pharmaceutical – Immune Suppressant Drugs	Item	Varies							
0820	Pharmaceutical Flat Fee – OPD	Item	Varies							
0825	Pharmaceutical Flat Fee – IP	Item	Varies							
09	Oral Health									
0910	Oral Care Cat A – Facility Fee	Procedure		18.00		18.00			20.00	
0911	Oral Care Cat A – General medical practitioner	Procedure	30.00							
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	24.00							
0914	Oral Care Cat A – Allied health practitioner	Procedure	23.00							
0920	Oral Care Cat B – Facility Fee	Procedure		53.00		53.00			61.00	
0921	Oral Care Cat B – General medical practitioner	Procedure	58.00							
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	93.00							
0924	Oral Care Cat B – Allied health practitioner	Procedure	48.00							
0930	Oral Care Cat C – Facility Fee	Procedure		323.00		323.00			370.00	
0931	Oral Care Cat C – General medical practitioner	Procedure	358.00							
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	614.00							
0940	Oral Care Cat D – Facility Fee	Procedure		1272.00		1272.00			1455.00	
0941	Oral Care Cat D – General medical practitioner	Procedure	1097.00							
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	2252.00							
0950	Oral Care Cat E – Facility Fee	Procedure		4282.00		4282.00			4894.00	
0951	Oral Care Cat E – General medical practitioner	Procedure	3690.00							
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	7572.00							
10	Consultations									
1010	Outpatient Consultation – Facility Fee	Visit		56.00		56.00			69.00	
1011	Outpatient Consultation – General medical practitioner	Visit	63.00							
1012	Outpatient Consultation – Specialist medical practitioner	Visit	146.00							

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	C	R	C	R	C	
1013	Outpatient Consultation – Nursing practitioner	Visit	37.00							
1014	Outpatient Consultation – Allied health practitioner	Visit	39.00							
1020	Emergency Consultation – Facility Fee	Visit		115.00		115.00			136.00	
1021	Emergency Consultation – General medical practitioner	Visit	95.00							
1022	Emergency Consultation – Specialist medical practitioner	Visit	218.00							
1023	Emergency Consultation – Nursing practitioner	Visit	55.00							
1024	Emergency Consultation – Allied health practitioner	Visit	56.00							
11	Minor Theatre Procedures									
1110	Minor Procedure Cat A – Facility Fee	Procedure		269.00		269.00			322.00	
1111	Minor Procedure Cat A – General medical practitioner	Procedure	93.00							
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	179.00							
1120	Minor Procedure Cat B – Facility Fee	Procedure		269.00		269.00			322.00	
1121	Minor Procedure Cat B – General medical practitioner	Procedure	137.00							
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	312.00							
1130	Minor Procedure Cat C – Facility Fee	Procedure		269.00		269.00			322.00	
1131	Minor Procedure Cat C – General medical practitioner	Procedure	217.00							
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	487.00							
1140	Minor Procedure Cat D – Facility Fee	Procedure		269.00		269.00			322.00	
1141	Minor Procedure Cat D – General medical practitioner	Procedure	573.00							
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1291.00							
12	Major Theatre Procedures									
1210	Theatre Procedure Cat A – Facility Fee	Procedure		869.00		1274.00			1470.00	
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	93.00							
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	179.00							
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1316.00		1931.00			2224.00	
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	137.00							
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	312.00							
1230	Theatre Procedure Cat C – Facility Fee	Procedure		2260.00		3318.00			3829.00	
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	217.00							
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	487.00							
1240	Theatre Procedure Cat D – Facility Fee	Procedure		5798.00		8505.00			9802.00	
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	573.00							

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	C	R	C	R	C
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1291.00						
13	Treatments								
1310	Supplementary Health Treatment – Facility Fee	Contact		37.00		37.00			43.00
1313	Supplementary Health Treatment- Nurse practitioner	Contact	32.00						
1314	Supplementary Health Treatment – Allied health practitioner	Contact	32.00						
1320	Supplementary Health Group Treatment – Facility Fee	Contact		28.00		28.00			31.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	23.00						
14	Emergency Medical Services								
1410	Patient transport service – Facility Fee	100km		241.00		241.00			241.00
1420	Basic life support – Facility Fee	50km		659.00		659.00			659.00
1430	Intermediate life support – Facility Fee	50km		890.00		890.00			890.00
1440	Advanced life support– Facility Fee	50km		1479.00		1479.00			1479.00
1450	Emergency service standby – Facility Fee	Once-Off		254.00		254.00			254.00
1451	Emergency service standby – General medical practitioner	Hour	278.00						
1452	Emergency service standby – Specialist medical practitioner	Hour	521.00						
1453	Emergency service standby – Nursing practitioner	Hour	187.00						
1454	Emergency service standby – Emergency care practitioner	Hour	N/A						
1455	Emergency service standby – Basic life support practitioner	Hour	99.00						
1456	Emergency service standby – Intermediate life support practitioner	Hour	121.00						
1457	Emergency service standby – Advanced life support practitioner	Hour	257.00						
1460	Rescue – Facility Fee	Hour		705.00		705.00			705.00
1461	Rescue – General medical practitioner	Hour	1057.00						
1462	Rescue – Specialist medical practitioner	Hour	1585.00						
1463	Rescue – Nursing practitioner	Hour	705.00						
1464	Rescue – Basic life support practitioner	Hour	N/A						
1465	Rescue – Basic life support practitioner	Hour	99.00						
1466	Rescue - Intermediate life support practitioner	Hour	121.00						
1467	Rescue – Advanced life support practitioner	Hour	257.00						
1470	Emergency transport air services fixed wing	Flying Hour		6484.00		6484.00			6484.00
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		7121.00		7121.00			7121.00
1490	Emergency service standby – Facility Fee	Additional 50km		150.00		150.00			150.00
15	Assistive Devices & Prosthesis								
1510	Assistive Devices & Prosthesis - Item Fee	Item	Varies						
1520	Prosthetic Devices- Item Fee	Item	Varies						

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	C	R	C	R	C	
1530	Dental Items – Item Fee	Item	Varies							
16	Cosmetic Surgery									
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1830.00		1830.00		2090.00		
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1055.00							
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	1581.00							
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		4115.00		4115.00		4704.00		
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1250.00							
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	1875.00							
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		6646.00		6646.00		7596.00		
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	2113.00							
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	3170.00							
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		11226.00		11226.00		12829.00		
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	2371.00							
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	3489.00							
17	Laboratory Services									
1700	Drawing of Blood	Contact		22.00		22.00		22.00		
1710	Laboratory Test	Varies								
18	Radiation Oncology (Refer to proposed list)									
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		437.00		437.00		437.00		
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	218.00							
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		963.00		963.00		963.00		
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	478.00							
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		1 561.00		1 561.00		1 561.00		
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	781.00							
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		2 175.00		2 175.00		2 175.00		
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	1087.00							
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		3987.00		3987.00		3987.00		
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	1993.00							
20	Ambulatory Procedures									
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		86.00		86.00		105.00		
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	31.00							
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	62.00							

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	C	R	C	R	C
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	19.00						
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	19.00						
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		86.00	86.00			105.00	
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	44.00						
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	69.00						
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	24.00						
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	24.00						
21	<i>Blood and Blood Products</i>								
2100	Blood and Blood Products	Varies							
22	<i>Hyperbaric Oxygen Therapy</i>								
2200	Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)	Session		270.00	270.00			270.00	
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session		902.00	902.00			902.00	
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	381.00						
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	381.00						
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		910.00	910.00			910.00	
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	555.00						
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	555.00						
23	<i>Consumables (Not included in Facility Fee) Buy-outs</i>								
2300	Consumables not included in the facility fee	Item	Varies						
24	<i>Autopsies</i>								
2410	Autopsy– Facility Fee	Per case		56.00	56.00			69.00	
2411	Autopsy- General Practitioner	Per case	63.00						
2412	Autopsy- Specialist Practitioner	Per case	146.00						

ANNEXURE

APPROVED UPFS 2009 FEE SCHEDULE FOR H2 PATIENTS
EFFECTIVE 01ST AUGUST 2009

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	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	0	0
0211	Confinement – General medical practitioner	Incident	0	0	0	0	0	0	0	0	0
0212	Confinement – Specialist medical practitioner	Incident	0	0	0	0	0	0	0	0	0
0213	Confinement – Nursing practitioner	Incident	0	0	0	0	0	0	0	0	0
03	Dialysis										
0310	Haemo – Facility Fee	Day									
0311	Haemo-dialysis – General medical practitioner	Day		430.00	430.00	480.00					
0312	Haemo-dialysis – Specialist medical practitioner	Day		445.00	445.00	495.00					
0313	Haemo-dialysis – Nursing practitioner	Day		415.00	415.00	465.00					
0320	Peritoneal Dialysis – Facility Fee	Session									
0321	Peritoneal Dialysis – General medical practitioner	Session		65.00	65.00	75.00					
0322	Peritoneal Dialysis – Specialist medical practitioner	Session		70.00	70.00	80.00					
0323	Peritoneal Dialysis – Nursing practitioner	Session		65.00	65.00	75.00					
0330	Plasmapheresis – Facility Fee	Session									
0331	Plasmapheresis - General medical practitioner	Session		430.00	430.00	480.00					
0332	Plasmapheresis - Specialist medical practitioner	Session		445.00	445.00	495.00					
04	Medical Reports (100%)										
0410	Medical Report – Facility Fee	Report									
0411	Medical Report – General medical practitioner	Report		248.00	248.00	267.00					
0412	Medical Report – Specialist medical practitioner	Report		335.00	335.00	354.00					
0421	Copies of Medical Records/ Reports – General practitioner	Copy		167.00	167.00	186.00					
0422	Copies of Medical Records/ Reports – Specialist practitioner	Copy		210.00	210.00	229.00					
0425	Copies of X-rays, films and ultra sounds etc	Copy		167.00	167.00	186.00					
05	Imaging (X-RAY) CHARGE FULL UPFS TARIFF Applicable to Full paying Patients. if Patient is 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		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					

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
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	
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	<i>Inpatients</i>								
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	12 hours							
0621	Inpatient High Care – General medical practitioner	12 hours		45.00		55.00		75.00	
0622	Inpatient High Care – Specialist medical practitioner	12 hours		50.00		60.00		80.00	
0630	Inpatient Intensive care – Facility Fee	12 hours							
0631	Inpatient Intensive Care – General medical practitioner	12 hours		135.00		135.00		165.00	
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours		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	<i>Mortuary (100%)</i>								
0710	Mortuary – Facility Fee	Day		99.00		99.00		112.00	
0720	Cremation Certificate – Facility Fee	Certificate		99.00		99.00		112.00	
08	<i>Pharmaceutical: Charge facility fee only if it's a prescription. If medication is issued as well, charge both facility fee and medication.</i>								
0810	Medication Fee – Facility Fee	Prescription		18.00		18.00		21.00	
	Medication	Charge per item							
09	<i>Oral Health (Hospitals)</i>								
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	FACILITY FEE					
				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		145.00		145.00		165.00	
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		195.00		195.00		215.00	
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	
12	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							

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
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		297.00	297.00	297.00
1452	Emergency service standby – Specialist medical practitioner	Hour		416.00	416.00	416.00
1453	Emergency service standby – Nursing practitioner	Hour		217.00	217.00	217.00
1454	Emergency service standby – Allied health practitioner	Hour		217.00	217.00	217.00
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
1464	Rescue – Allied health practitioner	Incident		170.00	170.00	175.00
15	Assistive Devices & Prosthesis					
1510	Item Fee	Item				
16	Cosmetic Surgery (100%)					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure				
1611	Cosmetic Surgery Cat A – General practitioner	Procedure		2885.00	2885.00	3145.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure		3411.00	3411.00	3671.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure				
1621	Cosmetic Surgery Cat B – General practitioner	Procedure		5365.00	5365.00	5954.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure		5990.00	5990.00	6579.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure				
1631	Cosmetic Surgery Cat C – General practitioner	Procedure		8759.00	8759.00	9709.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure		9816.00	9816.00	10766.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure				
1641	Cosmetic Surgery Cat D – General practitioner	Procedure		13597.00	13597.00	15200.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure		14715.00	14715.00	16318.00
17	Laboratory Services					
1700	Drawing of Blood	Contact		No charge	No charge	No charge
1710	Laboratory Test	Varies		No charge	No charge	No charge

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
18	Radiation Oncology					
1800	Radiation Oncology	6 Sessions		65.00	65.00	65.00
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item		No charge	No charge	No charge
20	Ambulatory Procedures					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure				
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure		50.00	50.00	60.00
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure		60.00	60.00	70.00
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure		45.00	45.00	55.00
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure		45.00	45.00	55.00
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure				
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure		55.00	55.00	65.00
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure		65.00	65.00	75.00
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure		45.00	45.00	55.00
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure		45.00	45.00	55.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies		No charge	No charge	No charge
22	Hyperbaric Oxygen Therapy					
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session		No charge	No charge	No charge
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session		No charge	No charge	No charge
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session		No charge	No charge	No charge
23	Consumables (Not included in Facility Fee) Buy-outs					
2300	Consumables not included in the facility fee	Item	Varies	No charge	No charge	No charge
24	Autopsies (Apply full UPFS tariff if required by client)					

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. The tariffs reflected above include both the facility and professional fees.

- H2 patients who come back within 7 days for the same ailment – Free
- Patient tariffs are not all inclusive, procedures, consultations, medication and admissions are charged for separately.
- There is a differentiation on the type of consultation or type of bed
- The tariff applicable for inpatients is for a day
- Patients admitted after outpatient treatment are liable for the outpatient fee and the inpatient fee
- Patients who attend two or more clinics on the same day are assessed for each visit at every clinic
- 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/ WCA) must be assessed at the full UPFS tariffs.
- An account must be raised for every 30 day period or part thereof in respect of long term patients.
- The charge for supplementary health services is a rate per contact with the patient

Details of this category of patient.

H2	Individual:	Income less than R72 000 per annum
	Household:	Income less than R100 000 per annum

ANNEXURE 3

APPROVED UPFS 2009 FEE SCHEDULE FOR H1 PATIENTS
EFFECTIVE 01ST AUGUST 2009

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
03	Dialysis									
0310	Haemo – Facility Fee	Day								
0311	Haemo-dialysis – General medical practitioner	Day		20.00		20.00		25.00		
0312	Haemo-dialysis – Specialist medical practitioner	Day		35.00		35.00		40.00		
0312	Haemo-dialysis – Nursing Practitioner	Day		15.00		15.00		25.00		
0320	Peritoneal Dialysis – Facility Fee	Session								
0321	Peritoneal Dialysis – General medical practitioner	Session		20.00		20.00		25.00		
0322	Peritoneal Dialysis – Specialist medical practitioner	Session		35.00		35.00		40.00		
0323	Peritoneal Dialysis – Nursing Practitioner	Session								
0330	Plasmapheresis – Facility Fee	Session								
0331	Plasmapheresis – General medical practitioner	Session		20.00		20.00		25.00		
0332	Plasmapheresis – Specialist medical practitioner	Session		35.00		35.00		40.00		
04	Medical Reports (100%)									
0410	Medical Report – Facility Fee	Report								
0411	Medical Report – General medical practitioner	Report		248.00		248.00		267.00		
0412	Medical Report – Specialist medical practitioner	Report		335.00		335.00		354.00		
0421	Copies of Medical Report, records, X-Rays, completion of certificates/Forms-General medical practitioner	Copy		167.00		167.00		186.00		
0422	Copies of Medical Report, records, X-Rays, completion of certificates/Forms-Specialist medical practitioner	Copy		210.00		210.00		229.00		
0425	Copies of X-rays films, ultrasound etc	Copy		167.00		167.00		186.00		
05	Imaging (X-RAY) All inclusive. BUT CHARGE FULL UPFS TARIFF (Applicable to Full paying Patients, if Patient is treated by private doctor and X-RAY requested and read by a private doctor)									
0510	Radiology, Cat A – Facility Fee	Procedure		No charge		No charge		No charge		
0511	Radiology, Cat A – General medical practitioner	Procedure		No charge		No charge		No charge		
0512	Radiology, Cat A – Specialist medical practitioner	Procedure		No charge		No charge		No charge		
0514	Radiology, Cat A – Allied health practitioner	Procedure		No charge		No charge		No charge		
0520	Radiology, Cat B – Facility Fee	Procedure		No charge		No charge		No charge		
0521	Radiology, Cat B – General medical practitioner	Procedure		No charge		No charge		No charge		
0522	Radiology, Cat B – Specialist medical practitioner	Procedure		No charge		No charge		No charge		
0524	Radiology, Cat B – Allied health practitioner	Procedure		No charge		No charge		No charge		
0530	Radiology, Cat C – Facility Fee	Procedure		No charge		No charge		No charge		
0531	Radiology, Cat C – General medical practitioner	Procedure		No charge		No charge		No charge		
0532	Radiology, Cat C – Specialist medical practitioner	Procedure		No charge		No charge		No charge		
0540	Radiology, Cat D – Facility Fee	Procedure		No charge		No charge		No charge		
0541	Radiology, Cat D – General medical practitioner	Procedure		No charge		No charge		No charge		
0542	Radiology, Cat D – Specialist medical practitioner	Procedure		No charge		No charge		No charge		

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1 R c	LEVEL 2 R c	LEVEL 3 R c
06	<i>Inpatients (7%)</i>					
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 (Boarder / Comp Patient not mandated by a health care practitioner)	Per 30 Days				
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Per 30 Days		30.00	40.00	75.00
07	<i>Mortuary</i>					
0710	Mortuary – Facility Fee	Day		0	0	0
0720	Cremation Certificate – Facility Fee	Certificate		0	0	0
10	<i>Consultations (20%)</i>					
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	<i>Treatments (20%)</i>					
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	<i>Emergency Medical Services (5%)</i>					
1410	Patient transport service – Facility Fee	100km		10.00	10.00	10.00

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
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 (5%)	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 (25%)								
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		2885.00		2885.00		3145.00	
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure		3411.00		3411.00		3671.00	
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure							
1621	Cosmetic Surgery Cat B – General practitioner	Procedure		5365.00		5365.00		5954.00	
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure		5990.00		5990.00		6579.00	
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure							
1631	Cosmetic Surgery Cat C – General practitioner	Procedure		8759.00		8759.00		9709.00	
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure		9816.00		9816.00		10766.00	
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure							
1641	Cosmetic Surgery Cat D – General practitioner	Procedure		13597.00		13597.00		15200.00	
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure		14715.00		14715.00		16318.00	

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.

- Patients who come back within 7 days for the same ailment – Free
- Services are all inclusive and there is no differentiation in the type of bed.
- 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 (COIDA/WCA) 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

ANNEXURE 4

APPROVED 2009 FEE SCHEDULE FOR H0 PATIENTS – EASTERN CAPE PROVINCE
EFFECTIVE 01ST AUGUST 2009

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY 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		248.00		248.00		267.00		
0412	Medical Report – Specialist medical practitioner	Report		335.00		335.00		354.00		
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms – General medical practitioner	Copy		167.00		167.00		186.00		
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms – Specialist medical practitioner	Copy		210.00		210.00		229.00		
0425	Copies of X-rays films, ultrasound etc	Copy		167.00		167.00		186.00		
05	Imaging (X-RAY) FREE, BUT CHARGE FULL UPFS TARIFF (Applicable to Full paying Patients, if Patient is 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								
0512	Radiology, Cat A – Specialist medical practitioner	Procedure								
0514	Radiology, Cat A – Allied health practitioner	Procedure								
0520	Radiology, Cat B – Facility Fee	Procedure								
0521	Radiology, Cat B – General medical practitioner	Procedure								
0522	Radiology, Cat B – Specialist medical practitioner	Procedure								
0524	Radiology, Cat B – Allied health practitioner	Procedure								
0530	Radiology, Cat C – Facility Fee	Procedure								
0531	Radiology, Cat C – General medical practitioner	Procedure								
0532	Radiology, Cat C – Specialist medical practitioner	Procedure								
0540	Radiology, Cat D – Facility Fee	Procedure								
0541	Radiology, Cat D – General medical practitioner	Procedure								
0542	Radiology, Cat D – Specialist medical practitioner	Procedure								
06	Inpatients									
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		

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
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 (Boarder / Comp Patient not mandated by a health care practitioner)	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	<i>Mortuary</i>									
0710	Mortuary – Facility Fee	Day		0		0		0		
0720	Cremation Certificate – Facility Fee	Certificate		0		0		0		
10	<i>CIRCUMCISION FOR NON MEDICAL REASONS</i>									
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	<i>Treatments</i>									
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	<i>Emergency Medical Services</i>									
1410	Patient transport service – Facility Fee	100km		0.00		0.00		0.00		
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		

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
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	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		

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/ WCA) must be assessed at the full UPFS tariffs.

Category	Means Test
H0	Individual: No income. Recipients of Social grants, Pensioners, Children under the age of 6 years. Patients under criminal procedure act. Household:

ANNEXURE A
6.1 APPROVED EASTERN CAPE
2009 FEE SCHEDULE FOR H3

EFFECTIVE 01st AUGUST 2009

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1 R c	LEVEL 2 R c	LEVEL 3 R
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		86.00	86.00	105.00
0411	Medical Report – General medical practitioner	Report	162.00			
0412	Medical Report – Specialist medical practitioner	Report	249.00			
0421	Copies of Medical Report, records, X-rays, completion of certificates / Forms- General practitioner	Copy	81.00			
0422	Copies of Medical Report, records, X-rays, completion of certificates / Forms- Specialist practitioner	Copy	124.00			
0425	Copies of X-rays films, ultrasounds etc	Copy	81.00			
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		41.00	41.00	46.00
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	<i>Inpatients</i>					
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
0681	Inpatient Chronic care – General medical practitioner	12 hours	14.00			
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	32.00			
0683	inpatient Chronic care – Nursing practitioner	12 hours	9.00			
07	<i>Mortuary</i>					
0710	Mortuary – Facility Fee	Day		106.00	106.00	120.00
0720	Cremation Certificate – Facility Fee	Certificate		106.00	106.00	120.00
08	<i>Pharmaceutical</i>					
0810	Medication Fee – Facility Fee	Prescription		19.00	19.00	22.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical – TTO	Item	Varies			

0817	Pharmaceutical – Chronic	Item	Varies			
0818	Pharmaceutical – Oncology	Item	Varies			
0819	Pharmaceutical – Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee – OPD	Item	Varies			
0825	Pharmaceutical Flat Fee – IP	Item	Varies			
09	Oral Health (Hospitals)					
0910	Oral Care Cat A – Facility Fee	Procedure		16.00	16.00	18.00
0911	Oral Care Cat A – General practitioner	Procedure	27.00			
0912	Oral Care Cat A – Specialist practitioner	Procedure	2200			
0914	Oral Care Cat A – Allied health practitioner	Procedure	21.00			
0920	Oral Care Cat B – Facility Fee	Procedure		48.00	48.00	55.00
0921	Oral Care Cat B – General practitioner	Procedure	52.00			
0922	Oral Health Cat B – Specialist practitioner	Procedure	84.00			
0924	Oral Care Cat B – Allied health practitioner	Procedure	43.00			
0930	Oral Care Cat C – Facility Fee	Procedure		292.00	292.00	334.00
0931	Oral Care Cat C – General practitioner	Procedure	323.00			
0932	Oral Care Cat C – Specialist practitioner	Procedure	555.00			
0940	Oral Care Cat D – Facility Fee	Procedure		1149.00	1149.00	1314.00
0941	Oral Care Cat D – General practitioner	Procedure	991.00			
0942	Oral Care Cat D – Specialist practitioner	Procedure	2034.00			
0950	Oral Care Cat E – Facility Fee	Procedure		3868.00	3868.00	4421.00
0951	Oral Care Cat E – General practitioner	Procedure	3333.00			
0952	Oral Care Cat E – Specialist practitioner	Procedure	6840.00			
10	Consultations					
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						
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 Emergency Medical Services						
1410	Patient transport service – 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 Assistive Devices & Prosthesis						
1510	Assistive Devices & Prosthesis - Item Fee	Item		Varies		
1520	Prosthetic Devices – Item Fee	Item		Varies		

1530	Dental Items – Item Fee	Item	Varies			
16	Cosmetic Surgery					
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			
1622	Cosmetic Surgery Cat B – Specialist 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

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			