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PROVINCIAL NOTICE

[No. 379 of 2016]

PUBLICATION OF UNIFORM PATIENT FEE SCHEDULE (UPFS) 2017 TARIFFS IN THE FREE STATE PROVINCE

By virtue of section 15 of the Interpretation Act, 1957 (Act No. 33 of 1957), I, Mr B Komphela, Member of the Executive Council responsible for Health in the Province, hereby publish the Uniform Patient Fee Schedule 2017 tariffs, as well as new Income bands for subsidized patients. The annexures hereto are fee schedules for externally funded patients, fee schedules for subsidized patients (H1, H2 and H3) and revised income bands for subsidized patients and all these fees will come into effect on 1 April 2017.



TARIFFS FOR EXTERNALLY FUNDED PATIENTS
(Medical Aid, IoD, SAPS, G4s, Correctional Services, RAF, Ex-Miners and Private Patients)

EFFECTIVE 01ST APRIL 2017

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE			
			R	LEVEL 1		LEVEL 2	
				R	C	R	C
01	Anaesthetics						
0111	Anaesthetics Cat A – General medical practitioner	Procedure	212				
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	319				
0121	Anaesthetics Cat B – General medical practitioner	Procedure	362				
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	545				
0131	Anaesthetics Cat C – General medical practitioner	Procedure	1,274				
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1,912				
02	Confinement						
0210	Natural Birth – Facility Fee	Incident		3,932		3,932	4,577
0211	Natural Birth – General medical practitioner	Incident	2,133	6,065		6,065	6,710
0212	Natural Birth – Specialist medical practitioner	Incident	2,753	6,685		6,685	7,330
0213	Natural Birth – Nursing practitioner	Incident	2,580	6,512		6,512	7,157
0220	Caesarean Section – Facility Fee	Incident		6,190		6,190	7,204
0221	Caesarean Section – General medical practitioner	Incident	2,133	8,323		8,323	9,337
0222	Caesarean Section – Specialist medical practitioner	Incident	2,753	8,943		8,943	9,957
03	Dialysis						
0310	Haemo – Facility Fee	Day		1,410		1,410	1,615
0311	Haemo-dialysis – General medical practitioner	Day	267	1,677		1,677	1,882
0312	Haemo-dialysis – Specialist medical practitioner	Day	336	1,746		1,746	1,951
0313	Haemo-dialysis – Nursing Practitioner	Day	216	1,626		1,626	1,831
0320	Peritoneal Dialysis – Facility Fee	Session		218		218	247
0321	Peritoneal Dialysis – General medical practitioner	Session	44	262		262	291
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	52	270		270	299
0323	Peritoneal Dialysis – Nursing practitioner	Session	29	247		247	276
0330	Plasmapheresis – Facility Fee	Session		1,410		1,410	1,615
0331	Plasmapheresis – General medical practitioner	Session	267	1,677		1,677	1,882
0332	Plasmapheresis – Specialist medical practitioner	Session	336	1,746		1,746	1,951
04	Medical Reports						
0410	Medical Report – Facility Fee	Report		136		136	166
0411	Medical Report – General medical practitioner	Report	256	392		392	422
0412	Medical Report – Specialist medical practitioner	Report	392	528		528	558
0420	Copies of Medical Report – Facility Fee	Copy		136		136	166

**UPFS Externally Funded Patient Tariffs
(2017/18)**

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL 1		LEVEL 2		LEVEL 3	
			R	R	c	R	c	R	c
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	127		263		263		293
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	197		333		333		363
0425	Copies of X-rays films, ultrasounds etc	Copy	127		263		263		293
0430	Functional Assessment Report - Facility Fee	Report			272		272		332
0431	Functional Assessment Report - General medical practitioner	Report	768		1,040		1,040		1,100
0432	Functional Assessment Report - Specialist medical practitioner	Report	1,568		1,840		1,840		1,900
0434	Functional Assessment Report - Allied health practitioner	Report	768		1,040		1,040		1,100
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copy			1,000		1,000		1,000
05	Imaging								
0510	Radiology, Cat A - Facility Fee	Procedure			72		72		80
0511	Radiology, Cat A - General medical practitioner	Procedure	70		142		142		150
0512	Radiology, Cat A - Specialist medical practitioner	Procedure	131		203		203		211
0514	Radiology, Cat A - Allied health practitioner	Procedure	69		141		141		149
0520	Radiology, Cat B - Facility Fee	Procedure			197		197		225
0521	Radiology, Cat B - General medical practitioner	Procedure	189		386		386		414
0522	Radiology, Cat B - Specialist medical practitioner	Procedure	368		565		565		593
0524	Radiology, Cat B - Allied health practitioner	Procedure	184		381		381		409
0530	Radiology, Cat C - Facility Fee	Procedure			456		456		521
0531	Radiology, Cat C - General medical practitioner	Procedure	294		750		750		815
0532	Radiology, Cat C - Specialist medical practitioner	Procedure	900		1,356		1,356		1,421
0540	Radiology, Cat D - Facility Fee	Procedure			912		912		1,041
0541	Radiology, Cat D - General medical practitioner	Procedure	585		1,497		1,497		1,626
0542	Radiology, Cat D - Specialist medical practitioner	Procedure	1,798		2,710		2,710		2,839
0550	Radiology, Cat E - Facility Fee	Procedure			2,324		2,324		2,657
0551	Radiology, Cat E - General medical practitioner	Procedure	2,152		4,476		4,476		4,809
0552	Radiology, Cat E - Specialist medical practitioner	Procedure	4,488		6,812		6,812		7,145
06	Inpatients								
0610	Inpatient General ward - Facility Fee	Day			723		921		1,741
0611	Inpatient General Ward - General medical practitioner	Day	150		873		1,071		1,891
0612	Inpatient General Ward - Specialist medical practitioner	Day	262		985		1,183		2,003
0620	Inpatient High care - Facility Fee	12 hours			1,121		1,401		2,007
0621	Inpatient High Care - General medical practitioner	12 hours	77		1,198		1,478		2,084
0622	Inpatient High Care - Specialist medical practitioner	12 hours	149		1,270		1,550		2,156
0630	Inpatient Intensive care - Facility Fee	12 hours			3,682		3,682		4,401
0631	Inpatient Intensive Care - General medical practitioner	12 hours	87		3,769		3,769		4,488
0632	Inpatient Intensive Care - Specialist medical practitioner	12 hours	166		3,846		3,848		4,567
0640	Inpatient Chronic care - Facility Fee	Day			424		424		424
0641	Inpatient Chronic care - General medical practitioner	Day	49		473		473		473

**UPFS Externally Funded Patient Tariffs
(2017/18)**

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	C	R	C	R	C
0642	Inpatient Chronic care – Specialist medical practitioner	Day	115	539		539		539	
0643	Inpatient Chronic care – Nursing practitioner	Day	29	453		453		453	
0650	Day patient – Facility Fee	Day		602		760		1,112	
0651	Day patient – General medical practitioner	Day	150	752		910		1,262	
0652	Day patient – Specialist medical practitioner	Day	262	864		1,022		1,374	
0653	Day patient – Nursing practitioner	Day	87	689		847		1,199	
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		345		345		345	
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	29	374		374		374	
0670	Inpatient General Ward – Facility Fee	12 hours		362		463		870	
0671	Inpatient General Ward – General medical practitioner	12 hours	75	437		538		945	
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	129	491		592		999	
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	49	411		512		919	
0680	Inpatient Chronic care – Facility Fee	12 hours		212		212		212	
0681	Inpatient Chronic care – General medical practitioner	12 hours	23	235		235		235	
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	54	266		266		266	
0683	Inpatient Chronic care – Nursing practitioner	12 hours	18	230		230		230	
07	Mortuary								
0710	Mortuary – Facility Fee	Day		184		184		209	
0720	Cremation Certificate – Facility Fee	Certificate		184		184		209	
08	Pharmaceutical								
0810	Medication Fee – Facility Fee	Prescription		32		32		40	
0813	Pharmaceutical – IP	Item							
0816	Pharmaceutical – IPD	Item							
0817	Pharmaceutical – Chronic OPD	Item							
0818	Pharmaceutical – Oncology IP	Item							
0819	Pharmaceutical – Immune Suppressant Drugs IP	Item							
0820	Pharmaceutical Flat Fee – Chronic OPD	Item							
0825	Pharmaceutical Flat Fee – IP	Item							
0827	Pharmaceutical – Acute OPD	Item							
0828	Pharmaceutical – Oncology OPD	Item							
0829	Pharmaceutical – Immune Suppressant Drugs OPD	Item							
0830	Pharmaceutical Flat Fee Acute OPD	Item							
0835	Pharmaceutical – Chronic IP	Item							
0836	Pharmaceutical – Repeat scripts	Item							
0837	Pharmaceutical – Travel Medicines	Item							
09	Oral Health								
0910	Oral Care Cat A – Facility Fee	Procedure		27		27		30	
0911	Oral Care Cat A – General medical practitioner	Procedure	40	67		67		70	
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	48	75		75		78	
0914	Oral Care Cat A – Allied health practitioner	Procedure	35	62		62		65	
0920	Oral Care Cat B – Facility Fee	Procedure		82		82		97	
0921	Oral Care Cat B – General medical practitioner	Procedure	93	175		175		190	

UPFS Externally Funded Patient Tariffs
(2017/18)

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL 1				LEVEL 2				LEVEL 3			
				R		C		R		C		R		C	
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	147				229				229				244
0924	Oral Care Cat B – Allied health practitioner	Procedure	75				157				157				172
0930	Oral Care Cat C – Facility Fee	Procedure					509				509				584
0931	Oral Care Cat C – General medical practitioner	Procedure	563				1,072				1,072				1,147
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	968				1,477				1,477				1,552
0940	Oral Care Cat D – Facility Fee	Procedure					2,003				2,003				2,293
0941	Oral Care Cat D – General medical practitioner	Procedure	1,729				3,732				3,732				4,022
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	3,548				5,551				5,551				5,841
0950	Oral Care Cat E – Facility Fee	Procedure					6,748				6,748				7,711
0951	Oral Care Cat E – General medical practitioner	Procedure	5,815				12,563				12,563				13,526
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	11,933				18,681				18,681				19,644
10	Consultations														
1010	Outpatient Consultation – Facility Fee	Visit					89				89				107
1011	Outpatient Consultation – General medical practitioner	Visit	99				188				188				206
1012	Outpatient Consultation – Specialist medical practitioner	Visit	229				318				318				336
1013	Outpatient Consultation – Nursing practitioner	Visit	57				146				146				164
1014	Outpatient Consultation – Allied health practitioner	Visit	59				148				148				166
1020	Emergency Consultation – Facility Fee	Visit					180				180				216
1021	Emergency Consultation – General medical practitioner	Visit	150				330				330				366
1022	Emergency Consultation – Specialist medical practitioner	Visit	343				523				523				559
1023	Emergency Consultation – Nursing practitioner	Visit	87				267				267				303
1024	Emergency Consultation – Allied health practitioner	Visit	89				269				269				305
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit					89				89				107
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	99				188				188				206
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	229				318				318				336
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	57				146				146				164
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	59				148				148				166
11	Minor Theatre Procedures														
1110	Minor Procedure Cat A – Facility Fee	Procedure					424				424				508
1111	Minor Procedure Cat A – General medical practitioner	Procedure	147				571				571				655
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	282				706				706				790
1120	Minor Procedure Cat B – Facility Fee	Procedure					424				424				508
1121	Minor Procedure Cat B – General medical practitioner	Procedure	218				642				642				726
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	491				915				915				999
1130	Minor Procedure Cat C – Facility Fee	Procedure					424				424				508
1131	Minor Procedure Cat C – General medical practitioner	Procedure	342				766				766				850
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	768				1,192				1,192				1,276
1140	Minor Procedure Cat D – Facility Fee	Procedure					424				424				508
1141	Minor Procedure Cat D – General medical practitioner	Procedure	903				1,327				1,327				1,411
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	2,036				2,460				2,460				2,544

UPFS Externally Funded Patient Tariffs
(2017/18)

CODE	DESCRIPTION	BASIS	Professional Fee R	Patient Category					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	C	R	C	R	C
12	Major Theatre Procedures								
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1,371		2,007		2,316	
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	147	1,518		2,154		2,463	
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	282	1,653		2,289		2,598	
1220	Theatre Procedure Cat B – Facility Fee	Procedure		2,074		3,044		3,504	
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	218	2,292		3,262		3,722	
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	491	2,565		3,535		3,995	
1230	Theatre Procedure Cat C – Facility Fee	Procedure		3,564		5,229		6,034	
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	342	3,906		5,571		6,376	
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	768	4,332		5,997		6,802	
1240	Theatre Procedure Cat D – Facility Fee	Procedure		9,138		13,403		15,445	
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	903	10,041		14,306		16,348	
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	2,036	11,174		15,439		17,481	
13	Treatments								
1310	Supplementary Health Treatment – Facility Fee	Contact		57		57		69	
1313	Supplementary Health Treatment – Nurse practitioner	Contact	50	107		107		119	
1314	Supplementary Health Treatment – Allied health practitioner	Contact	50	107		107		119	
1320	Supplementary Health Group Treatment – Facility Fee	Contact		45		45		49	
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	35	80		80		84	
14	Emergency Medical Services								
1410	Patient transport service – Facility Fee	100km		380		380		380	
1420	Basic life support – Facility Fee	50km		1,037		1,037		1,037	
1430	Intermediate life support – Facility Fee	50km		1,402		1,402		1,402	
1440	Advanced life support – Facility Fee	50km		2,332		2,332		2,332	
1450	Emergency service standby – Facility Fee	On-Off		503		503		503	
1451	Emergency service standby – General medical practitioner	Hour	675	1,178		1,178		1,178	
1452	Emergency service standby – Specialist medical practitioner	Hour	908	1,411		1,411		1,411	
1453	Emergency service standby – Nursing practitioner	Hour	383	886		886		886	
1454	Emergency service standby – Emergency care practitioner	Hour	N/A						
1455	Emergency service standby – Basic life support practitioner	Hour	158	661		661		661	
1456	Emergency service standby – Intermediate life support practitioner	Hour	242	745		745		745	
1457	Emergency service standby – Advanced life support practitioner	Hour	424	927		927		927	
1460	Rescue – Facility Fee	On-Off		1,110		1,110		1,110	
1461	Rescue – General medical practitioner	Incident	1,665	2,775		2,775		2,775	
1462	Rescue – Specialist medical practitioner	Incident	2,495	3,605		3,605		3,605	
1463	Rescue – Nursing practitioner	Incident	1,110	2,220		2,220		2,220	
1464	Rescue – Emergency care practitioner	Incident	N/A						
1465	Rescue – Basic life support practitioner	Incident	170	1270		1270		1270	
1466	Rescue – Intermediate life support practitioner	Incident	203	1303		1303		1303	
1467	Rescue – Advanced life support practitioner	Incident	463						
1470	Emergency transport air services fixed wing	Flying Hour		10,218		10,218		10,218	

UPFS Externally Funded Patient Tariffs
(2017/18)

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL		
				LEVEL 1 R c	LEVEL 2 R c	LEVEL 3 R c
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		11,222	11,222	11,222
1490	Emergency service standby – Facility Fee	Additional 50km		232	232	232
15	Assistive Devices & Prosthesis					
1510	Assistive Devices	Item	Varies			
1520	Prosthetic Devices	Item	Varies			
1530	Dental laboratory	Item	Varies			
1540	Assistive Devices, Prosthesis, Dental and Optometry - Repairs	Item	Varies			
1550	Optometry Devices	Item	Varies			
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2,884	2,884	3,294
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1,663	4,547	4,547	4,957
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	2,490	5,374	5,374	5,784
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6,484	6,484	7,411
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1,970	8,454	8,454	9,381
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	2,955	9,439	9,439	10,366
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		10,472	10,472	11,970
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	3,330	13,802	13,802	15,300
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	4,994	15,466	15,466	16,964
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		17,690	17,690	20,216
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	3,736	21,426	21,426	23,952
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	5,497	23,187	23,187	25,713
17	Laboratory Services (NHLS)					
1700	Drawing of Blood	Per Contact		35	35	35
1710	Laboratory Test	Varies				
18	Radiation Oncology (Refer to proposed list)					
1800	Radiation Oncology	Item	Varies			
19	Nuclear Medicines					
1900	Remission of Isotopes	Item				
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		648	648	648
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	321	969	969	969
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		648	648	648
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	969	1,617	1,617	1,617
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		648	648	648
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	1,936	2,584	2,584	2,584
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		648	648	648
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	2,905	3,553	3,553	3,553
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		1,257	1,257	1,257
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	3,773	5,030	5,030	5,030
20	Ambulatory Procedures					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		136	136	166
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	49	165	165	215

UPFS Externally Funded Patient Tariffs
(2017/18)

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	98	234		234		254	
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	29	165		165		195	
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	29	214		214		244	
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		136		136		166	
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	70	206		206		236	
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	107	243		243		273	
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	40	176		176		206	
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	40	246		246		276	
21	Blood and Blood Products (SANBS etc)								
2100	Blood and Blood Products	Itemisation	Varies						
22	Hyperbaric Oxygen Therapy								
2200	Hyperbaric Oxygen Therapy- Facility Fee (Flat Fee)	Session		471		471		471	
2210	Hyperbaric Oxygen Therapy- Facility Fee	Session		1,422		1,422		1,422	
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	601	2,023		2,023		2,023	
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	601	2,023		2,023		2,023	
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		1,432		1,432		1,432	
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	875	2,307		2,307		2,307	
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	875	2,307		2,307		2,307	
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		89		89		107	
2411	Autopsy- General Practitioner	Per case	99	188		188		206	
2412	Autopsy- Specialist Practitioner	Per case	229	318		318		336	
25	Port Health and Travel Clinics								
2510	Consultation – Facility Fee	Visit		107		107		107	
2511	Consultation – General medical practitioner	Visit	99	206		206		206	
2513	Consultation – Nursing practitioner	Visit	57	164		164		164	
2520	Emergency Consultation – Facility Fee	Visit		216		216		216	
2521	Emergency Consultation - General medical practitioner	Visit	150	366		366		366	
2523	Emergency Consultation - Nursing practitioner	Visit	87	303		303		303	
0810	Medication Fee – Facility Fee	Prescription		32		32		40	
0837	Pharmaceutical - Travel Medicines	Item							



TARIFFS FOR H1 PATIENTS
EFFECTIVE 01ST APRIL 2017

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE			
				LEVEL 1		LEVEL 2	
				R	c	R	c
01	Anaesthetics (included in consultation)						
0111	Anaesthetics Cat A – General medical practitioner	Procedure	Included in Consultation Fee OP/IP				
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure					
0121	Anaesthetics Cat B – General medical practitioner	Procedure					
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure					
0131	Anaesthetics Cat C – General medical practitioner	Procedure					
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure					
02	Confinement (free healthcare)						
0210	Natural Birth – Facility Fee	Incident	Free Healthcare				
0211	Natural Birth – General medical practitioner	Incident					
0212	Natural Birth – Specialist medical practitioner	Incident					
0213	Natural Birth – Nursing practitioner	Incident					
0220	Caesarean Section – Facility Fee	Incident					
0221	Caesarean Section – General medical practitioner	Incident					
0222	Caesarean Section – Specialist medical practitioner	Incident					
03	Dialysis						
0310	Haemo – Facility Fee	Weekly		20		20	20
0311	Haemo-dialysis – General medical practitioner	Weekly	20	40		40	40
0312	Haemo-dialysis – Specialist medical practitioner	Weekly	45	65		65	65
0313	Haemo-dialysis- Nursing Practitioner	Weekly	10	30		30	30
0320	Peritoneal Dialysis – Facility Fee	Session		20		20	25
0321	Peritoneal Dialysis – General medical practitioner	Session	5	25		25	30
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	5	25		25	30
0323	Peritoneal Dialysis – Nursing practitioner	Session	5	25		25	30
0330	Plasmapheresis - Facility Fee	Session		20		20	20
0331	Plasmapheresis - General medical practitioner	Session	20	40		40	40
0332	Plasmapheresis - Specialist medical practitioner	Session	45	65		65	65
04	Medical Reports (100% of externally funded)						
0410	Medical Report – Facility Fee	Report		136		136	166
0411	Medical Report – General medical practitioner	Report	256	392		392	422
0412	Medical Report – Specialist medical practitioner	Report	392	528		528	558
0420	Copies of Medical Report – Facility Fee	Copy		136		136	166
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	127	263		263	293
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	197	333		333	363

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UPFS H1 Tariffs
(2017 /2018)

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL			
				LEVEL 1		LEVEL 2	
				R	C	R	C
0651	Day patient – General medical practitioner	30 Days	10	50		65	90
0652	Day patient – Specialist medical practitioner	30 Days	20	60		75	100
0653	Day patient – Nursing practitioner	30 Days	5	45		60	85
0660	Inpatient Boarder/Patient companion – Facility Fee	30 Days		25		25	25
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	30 Days	5	30		30	30
07	Mortuary (100% of externally funded)						
0710	Mortuary – Facility Fee	Day		184		184	209
0720	Cremation Certificate – Facility Fee	Certificate		184		184	209
08	Pharmaceutical						
0810	Medication Fee – Facility Fee	Prescription					
0815	Item Fee	Item					
0816	Pharmaceutical – TTO	Item					
0817	Pharmaceutical – Chronic	Item					
0818	Pharmaceutical – Oncology	Item					
0819	Pharmaceutical – Immune Suppressant Drugs	Item					
0820	Pharmaceutical Flat Fee – OPD	Item					
0825	Pharmaceutical Flat Fee – IP	Item					
0827	Pharmaceutical – Acute OPD	Item					
0828	Pharmaceutical – Oncology OPD	Item					
0829	Pharmaceutical – Immune Suppressant Drugs OPD	Item					
0830	Pharmaceutical Flat Fee Acute OPD	Item					
0835	Pharmaceutical – Chronic IP	Item					
0836	Pharmaceutical – Repeat scripts	Item					
0837	Pharmaceutical – Travel Medicines	Item					
09	Oral Health						
0910	Oral Care Cat A – Facility Fee	Procedure		20		20	20
0911	Oral Care Cat A – General medical practitioner	Procedure	20	40		40	40
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	45	65		65	65
0914	Oral Care Cat A – Allied health practitioner	Procedure	10	30		30	30
0920	Oral Care Cat B – Facility Fee	Procedure		20		20	20
0921	Oral Care Cat B – General medical practitioner	Procedure	20	40		40	40
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	45	65		65	65
0924	Oral Care Cat B – Allied health practitioner	Procedure	10	30		30	30
0930	Oral Care Cat C – Facility Fee	Procedure		20		20	20
0931	Oral Care Cat C – General medical practitioner	Procedure	20	40		40	40
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	45	65		65	65
0940	Oral Care Cat D – Facility Fee	Procedure		20		20	20
0941	Oral Care Cat D – General medical practitioner	Procedure	20	40		40	40
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	45	65		65	65
0950	Oral Care Cat E – Facility Fee	Procedure		20		20	20
0951	Oral Care Cat E – General medical practitioner	Procedure	20	40		40	40
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	45	65		65	65

Included in consultation fee

**UPFS H1 Tariffs
(2017/2018)**

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL 1		LEVEL 2		LEVEL 3	
			R	R	c	R	c	R	c
10	Consultations (20% of Externally funded)								
1010	Outpatient Consultation – Facility Fee	Visit		20		20		20	
1011	Outpatient Consultation – General medical practitioner	Visit	20	40		40		40	
1012	Outpatient Consultation – Specialist medical practitioner	Visit	45	65		65		65	
1013	Outpatient Consultation – Nursing practitioner	Visit	10	30		30		30	
1014	Outpatient Consultation – Allied health practitioner	Visit	10	30		30		30	
1020	Emergency Consultation – Facility Fee	Visit		20		20		20	
1021	Emergency Consultation – General medical practitioner	Visit	20	40		40		40	
1022	Emergency Consultation – Specialist medical practitioner	Visit	45	65		65		65	
1023	Emergency Consultation – Nursing practitioner	Visit	10	30		30		30	
1024	Emergency Consultation – Allied health practitioner	Visit	10	30		30		30	
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		20		20		20	
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	20	40		40		40	
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	45	65		65		65	
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	10	30		30		30	
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	10	30		30		30	
11	Minor Theatre Procedures								
1110	Minor Procedure Cat A – Facility Fee	Procedure		Included in Consultation Fee OP/IP					
1111	Minor Procedure Cat A – General medical practitioner	Procedure							
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure							
1120	Minor Procedure Cat B – Facility Fee	Procedure							
1121	Minor Procedure Cat B – General medical practitioner	Procedure							
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure							
1130	Minor Procedure Cat C – Facility Fee	Procedure							
1131	Minor Procedure Cat C – General medical practitioner	Procedure							
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure							
1140	Minor Procedure Cat D – Facility Fee	Procedure							
1141	Minor Procedure Cat D – General medical practitioner	Procedure							
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure							
12	Major Theatre Procedures								
1210	Theatre Procedure Cat A – Facility Fee	Procedure		Included in Consultation Fee IP					
1211	Theatre Procedure Cat A – General medical practitioner	Procedure							
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure							
1220	Theatre Procedure Cat B – Facility Fee	Procedure							
1221	Theatre Procedure Cat B – General medical practitioner	Procedure							
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure							
1230	Theatre Procedure Cat C – Facility Fee	Procedure							
1231	Theatre Procedure Cat C – General medical practitioner	Procedure							
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure							
1240	Theatre Procedure Cat D – Facility Fee	Procedure							

**UPFS H1 Tariffs
(2017 /2018)**

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE					
			R	LEVEL 1		LEVEL 2		LEVEL 3	
				R	C	R	C	R	C
1241	Theatre Procedure Cat D – General medical practitioner	Procedure							
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure							
13	Treatments (10% of externally funded)								
1310	Supplementary Health Treatment – Facility Fee	Contact			5		5		5
1313	Supplementary Health Treatment- Nurse practitioner	Contact	5		10		10		10
1314	Supplementary Health Treatment – Allied health practitioner	Contact	5		10		10		10
1320	Supplementary Health Group Treatment – Facility Fee	Contact			5		5		5
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	5		10		10		10
14	Emergency Medical Services (5% of externally funded) Standby only is at 100%								
1410	Patient transport service – Facility Fee	100km			20		20		20
1420	Basic life support – Facility Fee	50km			50		50		50
1430	Intermediate life support – Facility Fee	50km			70		70		70
1440	Advanced life support- Facility Fee	50km			115		115		115
1450	Emergency service standby – Facility Fee	Once-Off			503		503		503
1451	Emergency service standby – General medical practitioner	Hour	675		1,178		1,178		1,178
1452	Emergency service standby – Specialist medical practitioner	Hour	906		1,411		1,411		1,411
1453	Emergency service standby – Nursing practitioner	Hour	383		886		886		886
1454	Emergency service standby – Emergency care practitioner	Hour	N/A						
1455	Emergency service standby – Basic life support practitioner	Hour	158		661		661		661
1456	Emergency service standby – Intermediate life support practitioner	Hour	242		745		745		745
1457	Emergency service standby – Advanced life support practitioner	Hour	424		927		927		927
1460	Rescue – Facility Fee	Once-Off			55		55		55
1461	Rescue – General medical practitioner	Incident	85		140		140		140
1462	Rescue – Specialist medical practitioner	Incident	125		190		190		190
1463	Rescue – Nursing practitioner	Incident	55		110		110		110
1464	Rescue – Emergency care practitioner	Incident	N/A						
1465	Rescue – Basic life support practitioner	Incident	10		65		65		65
1466	Rescue – Intermediate life support practitioner	Incident	10		65		65		65
1467	Rescue – Advanced life support practitioner	Incident	25		90		90		90
1470	Emergency transport air services fixed wing	Flying Hour			510		510		510
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour			560		560		560
1490	Emergency service standby – Facility Fee	Additional 50km			232		232		232
15	Assistive Devices & Prosthesis								
1510	Assistive Devices	Item		Included in Consultation Fee OP/HP					
1520	Prosthetic Devices	Item							
1530	Dental laboratory	Item							
1540	Assistive Devices, Prosthesis, Dental and Optical - Repairs	Item							
1550	Optical Devices	Item							
16	Cosmetic Surgery (100% of Externally funded)								
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure			2,884		2,884		3,294

UPFS H1 Tariffs
(2017 /2018)

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL 1		LEVEL 2		LEVEL 3	
			R	R	C	R	C	R	C
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1,653	4,547		4,547		4,957	
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	2,490	5,374		5,374		5,784	
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6,484		6,484		7,411	
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1,870	8,454		8,454		9,381	
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	2,955	9,439		9,439		10,366	
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		10,472		10,472		11,970	
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	3,330	13,802		13,802		15,300	
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	4,994	15,466		15,466		16,964	
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		17,690		17,690		20,216	
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	3,735	21,426		21,426		23,952	
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	5,497	23,187		23,187		25,713	
17	Laboratory Services (NHLS)								
1700	Drawing of Blood	Per Contact	Included in Consultation Fee OP/IP						
1710	Laboratory Test	Varies							
18	Radiation Oncology								
1800	Radiation Oncology	Item	Included in Consultation Fee OP/IP						
19	Nuclear Medicines								
1900	Itemisation of Isotopes	Item	Included in Consultation Fee OP/IP						
1910	Nuclear Medicine Cat A - Facility Fee	Procedure							
1912	Nuclear Medicine Cat A - Specialist medical practitioner	Procedure							
1920	Nuclear Medicine Cat B- Facility Fee	Procedure							
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure							
1930	Nuclear Medicine Cat C- Facility Fee	Procedure							
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure							
1940	Nuclear Medicine Cat D- Facility Fee	Procedure							
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure							
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure							
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure							
20	Ambulatory Procedures								
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure	Included in Consultation Fee OP/IP						
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure							
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure							
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure							
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure							
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure							
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure							
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure							
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure							
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure							
21	Blood and Blood Products (SANBS etc)								
2100	Blood and Blood Products	Varies	Included in Consultation Fee OP/IP						
22	Hyperbaric Oxygen Therapy								

UPFS H1 Tariffs
(2017 /2018)

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL 1						LEVEL 2		LEVEL 3	
				LEVEL 1		LEVEL 2		LEVEL 3		LEVEL 3		LEVEL 3	
				R	c	R	c	R	c	R	c	R	c
2200	Hyperbaric Oxygen Therapy- Facility Fee (Flat Fee)	Session			20		20		20		20		20
2210	Hyperbaric Oxygen Therapy- Facility Fee	Session			20		20		20		20		20
2211	Hyperbaric Oxygen Therapy - General medical practitioner	Session	20		40		40		40		40		40
2212	Hyperbaric Oxygen therapy - Specialist medical practitioner	Session	45		65		65		65		65		65
2220	Emergency Hyperbaric Oxygen Therapy - Facility Fee	Session			20		20		20		20		20
2221	Emergency Hyperbaric Oxygen Therapy - General medical practitioner	Session	20		40		40		40		40		40
2222	Emergency Hyperbaric Oxygen Therapy - Specialist medical practitioner	Session	45		65		65		65		65		65
23	Consumables												
2300	Consumables not included in the facility fee	Item	Included in Consultation Fee OP/IP										
24	Autopsies (100% of externally funded)												
2410	Autopsy- Facility Fee	Per case			89		89		89		107		107
2411	Autopsy- General Practitioner	Per case	99		188		188		188		206		206
2412	Autopsy- Specialist Practitioner	Per case	229		318		318		318		336		336
25	Port Health and Travel Clinics (100% of externally funded)												
2510	Consultation - Facility Fee	Visit			107		107		107		107		107
2511	Consultation - General medical practitioner	Visit	99		206		206		206		206		206
2513	Consultation - Nursing practitioner	Visit	57		164		164		164		164		164
2520	Emergency Consultation - Facility Fee	Visit			216		216		216		216		216
2521	Emergency Consultation - General medical practitioner	Visit	150		366		366		366		366		366
2523	Emergency Consultation - Nursing practitioner	Visit	87		303		303		303		303		303
0810	Medical on Fee - Facility Fee	Prescription			32		32		32		40		40
0837	Pharmaceutical - Travel Medicines	Item											



**TARIFFS FOR H2 PATIENTS
EFFECTIVE 01ST APRIL 2017**

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	C	R	C	R	C
01	Anaesthetics 20% of externally funded								
0111	Anaesthetics Cat A – General medical practitioner	Procedure	40						
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	65						
0121	Anaesthetics Cat B – General medical practitioner	Procedure	70						
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	110						
0131	Anaesthetics Cat C – General medical practitioner	Procedure	255						
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	380						
02	Confinement								
0210	Natural Birth – Facility Fee	Incident							
0211	Natural Birth – General medical practitioner	Incident							
0212	Natural Birth – Specialist medical practitioner	Incident							
0213	Natural Birth – Nursing practitioner	Incident							
0220	Caesarean Section – Facility Fee	Incident							
0221	Caesarean Section – General medical practitioner	Incident							
0222	Caesarean Section – Specialist medical practitioner	Incident							
03	Dialysis 20% of externally funded								
0310	Haemo – Facility Fee	Weekly			280		280		325
0311	Haemo-dialysis – General medical practitioner	Weekly	55		335		335		380
0312	Haemo-dialysis – Specialist medical practitioner	Weekly	65		345		345		390
0313	Haemo-dialysis - Nursing Practitioner	Weekly	45		325		325		370
0320	Peritoneal Dialysis – Facility Fee	Session			45		45		50
0321	Peritoneal Dialysis – General medical practitioner	Session	10		55		55		60
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	10		55		55		60
0323	Peritoneal Dialysis – Nursing practitioner	Session	5		50		50		55
0330	Plasmapheresis - Facility Fee	Session			280		280		325
0331	Plasmapheresis - General medical practitioner	Session	55		335		335		380
0332	Plasmapheresis - Specialist medical practitioner	Session	65		345		345		390
04	Medical Reports 100% of externally funded								
0410	Medical Report – Facility Fee	Report			136		136		166
0411	Medical Report – General medical practitioner	Report	256		392		392		422
0412	Medical Report – Specialist medical practitioner	Report	392		528		528		556
0420	Copies of Medical Report – Facility Fee	Copy			136		136		166
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	127		263		263		293
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	197		333		333		363

UPFS H2 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL 1		LEVEL 2		LEVEL 3	
			R	R	C	R	C	R	C
0425	Copies of X-rays films, ultrasounds etc.	Copy	127		263		263		293
0430	Functional Assessment Report – Facility Fee	Report			272		272		332
0431	Functional Assessment Report – General medical practitioner	Report	768		1,040		1,040		1,100
0432	Functional Assessment Report – Specialist medical practitioner	Report	1,568		1,840		1,840		1,900
0434	Functional Assessment Report – Allied health practitioner	Report	768		1,040		1,040		1,100
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copy			1,000		1,000		1,000
05	Imaging 20% of externally funded								
0510	Radiology, Cat A – Facility Fee	Procedure			15		15		15
0511	Radiology, Cat A – General medical practitioner	Procedure	15		30		30		30
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	25		40		40		40
0514	Radiology, Cat A – Allied health practitioner	Procedure	15		30		30		30
0520	Radiology, Cat B – Facility Fee	Procedure			40		40		45
0521	Radiology, Cat B – General medical practitioner	Procedure	40		80		80		85
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	75		115		115		120
0524	Radiology, Cat B – Allied health practitioner	Procedure	35		75		75		80
0530	Radiology, Cat C – Facility Fee	Procedure			90		90		105
0531	Radiology, Cat C – General medical practitioner	Procedure	60		150		150		165
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	180		270		270		285
0540	Radiology, Cat D – Facility Fee	Procedure			180		180		210
0541	Radiology, Cat D – General medical practitioner	Procedure	115		295		295		326
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	360		540		540		570
0550	Radiology, Cat E – Facility Fee	Procedure			465		465		530
0551	Radiology, Cat E – General medical practitioner	Procedure	430		895		895		960
0552	Radiology, Cat E – Specialist medical practitioner	Procedure	900		1,365		1,365		1,430
06	Inpatients (7% per day)								
0610	Inpatient General ward – Facility Fee	Day			50		65		120
0611	Inpatient General Ward – General medical practitioner	Day	10		60		75		135
0612	Inpatient General Ward – Specialist medical practitioner	Day	20		70		85		140
0620	Inpatient High care – Facility Fee	12 hours			80		100		140
0621	Inpatient High Care – General medical practitioner	12 hours	5		85		105		145
0622	Inpatient High Care – Specialist medical practitioner	12 hours	10		90		110		150
0630	Inpatient Intensive care – Facility Fee	12 hours			260		260		310
0631	Inpatient Intensive Care – General medical practitioner	12 hours	5		265		265		315
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	10		270		270		340
0640	Inpatient Chronic care – Facility Fee	Day			30		30		30
0641	Inpatient Chronic care – General medical practitioner	Day	5		35		35		35
0642	Inpatient Chronic care – Specialist medical practitioner	Day	10		40		40		40
0643	Inpatient Chronic care – Nursing practitioner	Day	5		35		35		35
0650	Day patient – Facility Fee	Day			40		55		80

UPFS H2 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL 1		LEVEL 2		LEVEL 3	
			R	R	c	R	c	R	c
0651	Day patient – General medical practitioner	Day	10	50		65		90	
0652	Day patient – Specialist medical practitioner	Day	20	60		75		100	
0653	Day patient – Nursing practitioner	Day	5	45		60		85	
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		25		25		25	
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	5	30		30		30	
0670	Inpatient General ward – Facility Fee	12 hours		25		30		60	
0671	Inpatient General Ward – General medical practitioner	12 hours	5	30		35		65	
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	10	35		40		70	
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	5	30		35		65	
0680	Inpatient Chronic care – Facility Fee	12 hours		15		15		15	
0681	Inpatient Chronic care – General medical practitioner	12 hours	5	20		20		20	
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	5	20		20		20	
0683	Inpatient Chronic care – Nursing practitioner	12 hours	5	20		20		20	
07	Mortuary 100% of externally funded								
0710	Mortuary – Facility Fee	Day		184		184		209	
0720	Cremation Certificate – Facility Fee	Certificate		184		184		209	
08	Pharmaceutical 20% of externally funded								
0810	Medication Fee – Facility Fee	Prescription		5		5		10	
0815	Item Fee	Item							
0816	Pharmaceutical – TIO	Item							
0817	Pharmaceutical – Chronic	Item							
0818	Pharmaceutical – Oncology	Item							
0819	Pharmaceutical – Immune Suppressant Drugs	Item							
0820	Pharmaceutical Flat Fee – OPD	Item							
0825	Pharmaceutical Flat Fee – IP	Item							
0827	Pharmaceutical – Acute OPD	Item							
0828	Pharmaceutical – Oncology OPD	Item							
0829	Pharmaceutical – Immune Suppressant Drugs OPD	Item							
0830	Pharmaceutical Flat Fee Acute OPD	Item							
0835	Pharmaceutical – Chronic IP	Item							
0836	Pharmaceutical – Repeat scripts	Item							
0837	Pharmaceutical – Travel Medicines	Item							
09	Oral Health 20% of externally funded								
0910	Oral Care Cat A – Facility Fee	Procedure		5		5		5	
0911	Oral Care Cat A – General medical practitioner	Procedure	10	15		15		15	
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	10	15		15		15	
0914	Oral Care Cat A – Allied health practitioner	Procedure	5	10		10		10	
0920	Oral Care Cat B – Facility Fee	Procedure		15		15		20	
0921	Oral Care Cat B – General medical practitioner	Procedure	20	35		35		40	
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	30	45		45		50	
0924	Oral Care Cat B – Allied health practitioner	Procedure	15	30		30		35	

UPFS H2 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL					
			R	LEVEL 1		LEVEL 2		LEVEL 3	
				R	¢	R	¢	R	¢
0930	Oral Care Cat C – Facility Fee	Procedure		100		100		115	
0931	Oral Care Cat C – General medical practitioner	Procedure	115	215		215		230	
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	195	295		295		310	
0940	Oral Care Cat D – Facility Fee	Procedure		400		400		460	
0941	Oral Care Cat D – General medical practitioner	Procedure	345	745		745		805	
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	710	1,110		1,110		1,170	
0950	Oral Care Cat E – Facility Fee	Procedure		1,350		1,350		1,540	
0951	Oral Care Cat E – General medical practitioner	Procedure	1,165	2,515		2,515		2,705	
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	2,385	3,735		3,735		3,925	
10	Consultations 20% of externally funded								
1010	Outpatient Consultation – Facility Fee	Visit		20		20		20	
1011	Outpatient Consultation – General medical practitioner	Visit	20	40		40		40	
1012	Outpatient Consultation – Specialist medical practitioner	Visit	45	65		65		65	
1013	Outpatient Consultation – Nursing practitioner	Visit	10	30		30		30	
1014	Outpatient Consultation – Allied health practitioner	Visit	10	30		30		30	
1020	Emergency Consultation – Facility Fee	Visit		35		35		45	
1021	Emergency Consultation – General medical practitioner	Visit	30	65		65		75	
1022	Emergency Consultation – Specialist medical practitioner	Visit	70	105		105		115	
1023	Emergency Consultation – Nursing practitioner	Visit	15	50		50		60	
1024	Emergency Consultation – Allied health practitioner	Visit	20	55		55		65	
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		20		20		20	
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	20	40		40		40	
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	45	65		65		65	
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	10	30		30		30	
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	10	30		30		30	
11	Minor Theatre Procedures 20% of externally funded								
1110	Minor Procedure Cat A – Facility Fee	Procedure		85		85		100	
1111	Minor Procedure Cat A – General medical practitioner	Procedure	30	115		115		130	
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	55	140		140		155	
1120	Minor Procedure Cat B – Facility Fee	Procedure		85		85		100	
1121	Minor Procedure Cat B – General medical practitioner	Procedure	45	130		130		145	
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	100	165		165		200	
1130	Minor Procedure Cat C – Facility Fee	Procedure		85		85		100	
1131	Minor Procedure Cat C – General medical practitioner	Procedure	70	155		155		170	
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	155	240		240		255	
1140	Minor Procedure Cat D – Facility Fee	Procedure		85		85		100	
1141	Minor Procedure Cat D – General medical practitioner	Procedure	180	265		265		285	
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	405	490		490		505	
12	Major Theatre Procedures 20% of externally funded								
1210	Theatre Procedure Cat A – Facility Fee	Procedure		275		400		465	

UPFS H2 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL					
			R	LEVEL 1		LEVEL 2		LEVEL 3	
				R	C	R	C	R	C
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	30	305		430		495	
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	55	330		455		520	
1220	Theatre Procedure Cat B – Facility Fee	Procedure		415		610		700	
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	45	455		655		745	
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	100	515		710		800	
1230	Theatre Procedure Cat C – Facility Fee	Procedure		715		1,045		1,205	
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	70	785		1,115		1,275	
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	155	870		1,200		1,360	
1240	Theatre Procedure Cat D – Facility Fee	Procedure		1,830		2,680		3,090	
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	180	2,010		2,860		3,270	
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	405	2,235		3,085		3,495	
13	Treatments 20% of externally funded								
1310	Supplementary Health Treatment – Facility Fee	Contact		10		10		15	
1313	Supplementary Health Treatment – Nurse practitioner	Contact	10	20		20		25	
1314	Supplementary Health Treatment – Allied health practitioner	Contact	10	20		20		25	
1320	Supplementary Health Group Treatment – Facility Fee	Contact		10		10		10	
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	5	15		15		15	
14	Emergency Medical Services 10% of externally funded (Standby at 100%)								
1410	Patient transport service – Facility Fee	100km		40		40		40	
1420	Basic life support – Facility Fee	50km		105		105		105	
1430	Intermediate life support – Facility Fee	50km		140		140		140	
1440	Advanced life support – Facility Fee	50km		235		235		235	
1450	Emergency service standby – Facility Fee	Once-Off		503		503		503	
1451	Emergency service standby – General medical practitioner	Hour	675	1,178		1,178		1,178	
1452	Emergency service standby – Specialist medical practitioner	Hour	908	1,411		1,411		1,411	
1453	Emergency service standby – Nursing practitioner	Hour	383	886		886		886	
1454	Emergency service standby – Emergency care practitioner	Hour	N/A						
1455	Emergency service standby – Basic life support practitioner	Hour	158	661		661		661	
1456	Emergency service standby – Intermediate life support practitioner	Hour	242	754		754		754	
1457	Emergency service standby – Advanced life support practitioner	Hour	424	927		927		927	
1460	Rescue – Facility Fee	Once-Off		110		110		110	
1461	Rescue – General medical practitioner	Incident	165	275		275		275	
1462	Rescue – Specialist medical practitioner	Incident	250	360		360		360	
1463	Rescue – Nursing practitioner	Incident	110	220		220		220	
1464	Rescue – Emergency care practitioner	Incident	N/A						
1465	Rescue – Basic life support practitioner	Incident	15	125		125		125	
1466	Rescue – Intermediate life support practitioner	Incident	20	130		130		130	
1467	Rescue – Advanced life support practitioner	Incident	45	155		155		155	
1470	Emergency transport air services fixed wing	Flying Hour		1,020		1,020		1,020	
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		1,120		1,120		1,120	
1490	Emergency service standby – Facility Fee	Additional 50km		232		232		232	

UPFS H2 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL						
			R	LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
15	Assistive Devices & Prosthesis (5% of externally funded)									
1510	Assistive Devices	Item	See Annexure							
1520	Prosthetic Devices	Item								
1530	Dental laboratory	Item								
1540	Assistive Devices, Prosthesis, Dental and Optical - Repairs	Item								
1550	Optical Devices	Item								
16	Cosmetic Surgery (100% of externally funded)									
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure			2,884		2,884		3,294	
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1,663		4,547		4,547		4,957	
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	2,490		5,374		5,374		5,784	
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure			6,484		6,484		7,411	
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1,970		8,454		8,454		9,381	
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	2,955		9,439		9,439		10,366	
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure			10,472		10,472		11,970	
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	3,330		13,802		13,802		15,300	
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	4,994		15,466		15,466		16,964	
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure			17,690		17,690		20,216	
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	3,736		21,426		21,426		23,952	
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	5,497		23,167		23,187		25,713	
17	Laboratory Services (NHLS) (20% of externally funded)									
1700	Drawing of Blood	Per Contact			5		5		5	
1710	Laboratory Test	Vials								
18	Radiation Oncology (20% of externally funded)									
1800	Radiation Oncology	Item								
19	Nuclear Medicines									
1900	Remission of Isotopes	Item								
1910	Nuclear Medicine Cat A - Facility Fee	Procedure			130		130		130	
1912	Nuclear Medicine Cat A - Specialist medical practitioner	Procedure	65		195		195		195	
1920	Nuclear Medicine Cat B - Facility Fee	Procedure			130		130		130	
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	195		325		325		325	
1930	Nuclear Medicine Cat C - Facility Fee	Procedure			130		130		130	
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	385		515		515		515	
1940	Nuclear Medicine Cat D - Facility Fee	Procedure			130		130		130	
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	580		710		710		710	
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure			250		250		250	
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	755		1,005		1,005		1,005	
20	Ambulatory Procedures (20% of externally funded)									
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure			25		25		35	
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	10		35		35		45	
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	20		45		45		55	
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	5		30		30		40	

UPFS H2 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL 1		LEVEL 2		LEVEL 3		
			R	R	c	R	c	R	c	
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	5	30		30		40		
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		25		25		35		
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	15	40		40		50		
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	20	45		45		55		
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	10	35		35		45		
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	10	35		35		45		
21	Blood and Blood Products (SANBS etc) (20% of externally funded)									
2100	Blood and Blood Products	Vanes	Refer to Annexure							
22	Hyperbaric Oxygen Therapy									
2200	Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)	Session		95		95		95		
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session		285		285		285		
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	120	405		405		405		
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	120	405		405		405		
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		285		285		285		
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	175	460		460		460		
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	175	460		460		460		
23	Consumables (Not included in Facility Fee) Buy-outs (5% increase for buy outs)									
2300	Consumables not included in the facility fee	Item	Included in Consultation Fee							
24	Autopsies (100% of externally funded)									
2410	Autopsy– Facility Fee	Per case		89		89		107		
2411	Autopsy- General Practitioner	Per case	99	188		188		206		
2412	Autopsy- Specialist Practitioner	Per case	229	318		318		336		
25	Port Health and Travel Clinics (100% of externally funded)									
2510	Consultation – Facility Fee	Visit		107		107		107		
2511	Consultation – General medical practitioner	Visit	99	206		206		206		
2513	Consultation – Nursing practitioner	Visit	57	164		164		164		
2520	Emergency Consultation – Facility Fee	Visit		216		216		216		
2521	Emergency Consultation - General medical practitioner	Visit	150	366		366		366		
2523	Emergency Consultation - Nursing practitioner	Visit	87	303		303		303		
0810	Medication Fee – Facility Fee	Prescription		32		32		40		
0837	Pharmaceutical - Travel Medicines	Item								



TARIFFS FOR H3 PATIENTS
EFFECTIVE 01ST APRIL 2017

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	C	R	C	R	C
01	Anaesthetics (30% of externally funded)								
0111	Anaesthetics Cat A – General medical practitioner	Procedure	64						
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	96						
0121	Anaesthetics Cat B – General medical practitioner	Procedure	109						
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	164						
0131	Anaesthetics Cat C – General medical practitioner	Procedure	382						
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	574						
02	Confinement								
0210	Natural Birth – Facility Fee	Incident							
0211	Natural Birth – General medical practitioner	Incident							
0212	Natural Birth – Specialist medical practitioner	Incident							
0213	Natural Birth – Nursing practitioner	Incident							
0220	Caesarean Section – Facility Fee	Incident							
0221	Caesarean Section – General medical practitioner	Incident							
0222	Caesarean Section – Specialist medical practitioner	Incident							
03	Dialysis (30% of externally funded)								
0310	Haemo – Facility Fee	Day		423		423		485	
0311	Haemo-dialysis – General medical practitioner	Day	80	503		503		565	
0312	Haemo-dialysis – Specialist medical practitioner	Day	101	524		524		586	
0313	Haemo-dialysis – Nursing Practitioner	Day	65	488		488		550	
0320	Peritoneal Dialysis – Facility Fee	Session		65		65		74	
0321	Peritoneal Dialysis – General medical practitioner	Session	13	78		78		87	
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	16	81		81		90	
0323	Peritoneal Dialysis – Nursing practitioner	Session	9	74		74		83	
0330	Plasmapheresis – Facility Fee	Session		423		423		485	
0331	Plasmapheresis – General medical practitioner	Session	80	503		503		565	
0332	Plasmapheresis – Specialist medical practitioner	Session	101	524		524		586	
04	Medical Reports (100% of externally funded)								
0410	Medical Report – Facility Fee	Report		136		136		166	
0411	Medical Report – General medical practitioner	Report	256	392		392		422	
0412	Medical Report – Specialist medical practitioner	Report	392	528		528		558	
0420	Copies of Medical Report – Facility Fee	Copy		136		136		166	
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms – General medical practitioner	Copy	127	263		263		293	
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms – Specialist medical practitioner	Copy	197	333		333		363	

UPFS H3 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	C	R	C	R	C
0425	Copies of X-rays films, ultrasound etc.	Copy	127		263		263		293
0430	Functional Assessment Report	Report			272		272		332
0431	Functional Assessment Report – General medical practitioner	Report	768		1,040		1,040		1,100
0432	Functional Assessment Report – Specialist medical practitioner	Report	1,568		1,840		1,840		1,900
0434	Functional Assessment Report – Allied health practitioner	Report	768		1,040		1,040		1,100
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copy			1,000		1,000		1,000
05	Imaging (30% of externally funded)								
0510	Radiology, Cat A – Facility Fee	Procedure			22		22		24
0511	Radiology, Cat A – General medical practitioner	Procedure	21		43		43		45
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	39		61		61		63
0514	Radiology, Cat A – Allied health practitioner	Procedure	21		43		43		45
0520	Radiology, Cat B – Facility Fee	Procedure			59		59		68
0521	Radiology, Cat B – General medical practitioner	Procedure	57		116		116		123
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	110		169		169		178
0524	Radiology, Cat B – Allied health practitioner	Procedure	55		114		114		123
0530	Radiology, Cat C – Facility Fee	Procedure			137		137		156
0531	Radiology, Cat C – General medical practitioner	Procedure	88		225		225		244
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	270		407		407		426
0540	Radiology, Cat D – Facility Fee	Procedure			274		274		312
0541	Radiology, Cat D – General medical practitioner	Procedure	176		450		450		488
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	539		813		813		851
0560	Radiology, Cat E – Facility Fee	Procedure			697		697		797
0561	Radiology, Cat E – General medical practitioner	Procedure	646		1,343		1,343		1,443
0562	Radiology, Cat E – Specialist medical practitioner	Procedure	1,346		2,043		2,043		2,143
06	Inpatients (30% of externally funded)								
0610	Inpatient General ward – Facility Fee	Day			217		276		522
0611	Inpatient General Ward – General medical practitioner	Day	45		262		321		567
0612	Inpatient General Ward – Specialist medical practitioner	Day	79		296		355		601
0620	Inpatient High care – Facility Fee	12 hours			336		420		602
0621	Inpatient High Care – General medical practitioner	12 hours	23		359		443		625
0622	Inpatient High Care – Specialist medical practitioner	12 hours	45		391		465		647
0630	Inpatient Intensive care – Facility Fee	12 hours			1,105		1,105		1,320
0631	Inpatient Intensive Care – General medical practitioner	12 hours	26		1,131		1,131		1,346
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	50		1,155		1,155		1,370
0640	Inpatient Chronic care – Facility Fee	Day			127		127		127
0641	Inpatient Chronic care – General medical practitioner	Day	15		142		142		142
0642	Inpatient Chronic care – Specialist medical practitioner	Day	35		162		162		162
0643	Inpatient Chronic care – Nursing practitioner	Day	9		136		136		136
0650	Day patient – Facility Fee	Day			181		228		334

UPPS H3 TARIFFS
(2017 / 2018)

Code	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE			
				LEVEL 1		LEVEL 2	
				R	C	R	C
0651	Day patient – General medical practitioner	Day	45	226		273	379
0652	Day patient – Specialist medical practitioner	Day	79	260		307	413
0653	Day patient – Nursing practitioner	Day	26	207		254	360
0660	Inpatient Boarder/Patient companion – Facility Fee	24 hours		104		104	104
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	24 hours	9	113		113	113
0670	Inpatient General ward – Facility Fee	12 hours		54		69	131
0671	Inpatient General Ward – General medical practitioner	12 hours	23	77		149	154
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	39	93		108	170
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	15	69		84	146
0680	Inpatient Chronic care – Facility Fee	12 hours		64		64	64
0681	Inpatient Chronic care – General medical practitioner	12 hours	7	71		71	71
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	16	80		80	80
0683	Inpatient Chronic care – Nursing practitioner	12 hours	5	69		69	69
07	Mortuary (100% of externally funded)						
0710	Mortuary – Facility Fee	Day		184		184	209
0720	Cremation Certificate – Facility Fee	Certificate		184		184	209
08	Pharmaceutical (30% of externally funded)						
0810	Medication Fee – Facility Fee	Prescription		10		10	10
0815	Pharmaceutical – IP	Item					
0816	Pharmaceutical – TTO	Item					
0817	Pharmaceutical – Chronic OPD	Item					
0818	Pharmaceutical – Oncology IP	Item					
0819	Pharmaceutical – Immune Suppressant Drugs IP	Item					
0820	Pharmaceutical Flat Fee – Chronic OPD	Item					
0825	Pharmaceutical Flat Fee – IP	Item					
0827	Pharmaceutical – Acute OPD	Item					
0828	Pharmaceutical – Oncology OPD	Item					
0829	Pharmaceutical – Immune Suppressant Drugs OPD	Item					
0830	Pharmaceutical Flat Fee Acute OPD	Item					
0835	Pharmaceutical – Chronic IP	Item					
0836	Pharmaceutical – Repeat scripts	Item					
0837	Pharmaceutical – Travel Medicines	Item					
09	Oral Health (30% of externally funded)						
0910	Oral Care Cat A – Facility Fee	Procedure		8		8	9
0911	Oral Care Cat A – General medical practitioner	Procedure	12	20		20	21
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	14	22		22	23
0914	Oral Care Cat A – Allied health practitioner	Procedure	11	19		19	20
0920	Oral Care Cat B – Facility Fee	Procedure		25		25	29
0921	Oral Care Cat B – General medical practitioner	Procedure	28	53		53	57
0922	Oral Care Cat B – Specialist medical practitioner	Procedure	44	69		69	73
0924	Oral Care Cat B – Allied health practitioner	Procedure	23	48		48	52

UPPS H3 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL 1		LEVEL 2		LEVEL 3	
			R	R	c	R	c	R	c
0930	Oral Care Cat C – Facility Fee	Procedure		153		153		175	
0931	Oral Care Cat C – General medical practitioner	Procedure	169	322		322		344	
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	290	443		443		465	
0940	Oral Care Cat D – Facility Fee	Procedure		601		601		688	
0941	Oral Care Cat D – General medical practitioner	Procedure	519	1,120		1,120		1,207	
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	1,064	1,665		1,665		1,752	
0950	Oral Care Cat E – Facility Fee	Procedure		2,024		2,024		2,313	
0951	Oral Care Cat E – General medical practitioner	Procedure	1,745	3,769		3,769		4,058	
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	3,580	5,604		5,604		5,893	
10	Consultations (30% of externally funded)								
1010	Outpatient Consultation – Facility Fee	Visit		27		27		32	
1011	Outpatient Consultation – General medical practitioner	Visit	30	57		57		62	
1012	Outpatient Consultation – Specialist medical practitioner	Visit	69	96		96		101	
1013	Outpatient Consultation – Nursing practitioner	Visit	17	44		44		49	
1014	Outpatient Consultation – Allied health practitioner	Visit	18	45		45		50	
1020	Emergency Consultation – Facility Fee	Visit		54		54		65	
1021	Emergency Consultation – General medical practitioner	Visit	45	99		99		110	
1022	Emergency Consultation – Specialist medical practitioner	Visit	103	157		157		168	
1023	Emergency Consultation – Nursing practitioner	Visit	26	80		80		91	
1024	Emergency Consultation – Allied health practitioner	Visit	27	81		81		92	
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		27		27		32	
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	30	57		57		62	
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	69	96		96		101	
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	17	44		44		49	
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	18	45		45		50	
11	Minor Theatre Procedures (30% of externally funded)								
1110	Minor Procedure Cat A – Facility Fee	Procedure		127		127		152	
1111	Minor Procedure Cat A – General medical practitioner	Procedure	44	171		171		196	
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	85	212		212		237	
1120	Minor Procedure Cat B – Facility Fee	Procedure		127		127		152	
1121	Minor Procedure Cat B – General medical practitioner	Procedure	65	192		192		217	
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	147	274		274		299	
1130	Minor Procedure Cat C – Facility Fee	Procedure		127		127		152	
1131	Minor Procedure Cat C – General medical practitioner	Procedure	103	230		230		255	
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	230	357		357		383	
1140	Minor Procedure Cat D – Facility Fee	Procedure		127		127		152	
1141	Minor Procedure Cat D – General medical practitioner	Procedure	271	398		398		423	
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	611	738		738		763	
12	Major Theatre Procedures (30% of externally funded)								
1210	Theatre Procedure Cat A – Facility Fee	Procedure		411		602		695	

UPFS H3 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL					
			R	LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	44	455		646		739	
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	85	496		687		780	
1220	Theatre Procedure Cat B – Facility Fee	Procedure		622		913		1,051	
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	65	687		978		1,116	
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	147	769		1,060		1,198	
1230	Theatre Procedure Cat C – Facility Fee	Procedure		1,069		1,569		1,810	
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	103	1,172		1,672		1,913	
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	230	1,299		1,799		2,040	
1240	Theatre Procedure Cat D – Facility Fee	Procedure		2,741		4,021		4,634	
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	271	3,012		4,292		4,905	
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	611	3,352		4,632		5,245	
13	Treatments (30% of externally funded)								
1310	Supplementary Health Treatment – Facility Fee	Contact		17		17		21	
1313	Supplementary Health Treatment – Nurse practitioner	Contact	15	32		32		36	
1314	Supplementary Health Treatment – Allied health practitioner	Contact	15	32		32		36	
1320	Supplementary Health Group Treatment – Facility Fee	Contact		14		14		15	
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	11	25		25		26	
14	Emergency Medical Services (15% of externally funded) Standby at 100%								
1410	Patient transport service – Facility Fee	100km		57		57		57	
1420	Basic life support – Facility Fee	50km		156		156		156	
1430	Intermediate life support – Facility Fee	50km		210		210		210	
1440	Advanced life support – Facility Fee	50km		350		350		350	
1450	Emergency service standby – Facility Fee	Once-Off		503		503		503	
1451	Emergency service standby – General medical practitioner	Hour	675	1,178		1,178		1,178	
1452	Emergency service standby – Specialist medical practitioner	Hour	908	1,411		1,411		1,411	
1453	Emergency service standby – Nursing practitioner	Hour	383	886		886		886	
1454	Emergency service standby – Emergency care practitioner	Hour	N/A						
1455	Emergency service standby – Basic life support practitioner	Hour	158	661		661		661	
1456	Emergency service standby – Intermediate life support practitioner	Hour	242	745		745		745	
1457	Emergency service standby – Advanced life support practitioner	Hour	424	927		927		927	
1460	Rescue – Facility Fee	Once-Off	N/A	167		167		167	
1461	Rescue – General medical practitioner	Incident	250	417		417		417	
1462	Rescue – Specialist medical practitioner	Incident	374	541		541		541	
1463	Rescue – Nursing practitioner	Incident	167	334		334		334	
1464	Rescue – Emergency care practitioner	Incident							
1465	Rescue – Basic life support practitioner	Incident	26	193		193		193	
1466	Rescue – Intermediate life support practitioner	Incident	30	197		197		197	
1467	Rescue – Advanced life support practitioner	Incident	69	236		236		236	
1470	Emergency transport air services fixed wing	Flying Hour		1,533		1,533		1,533	
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		1,683		1,683		1,683	
1490	Emergency service standby – Facility Fee	Additional 50km		232		232		232	

UPFS H3 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee	LEVEL 1		LEVEL 2		LEVEL 3	
			R	R	C	R	C	R	C
15	Assistive Devices & Prosthesis (10% of externally funded)								
1510	Assistive Devices	Item		See Annexure					
1520	Prosthetic Devices	Item							
1530	Dental laboratory	Item							
1540	Assistive Devices, Prosthesis, Dental and Optical - Repairs	Item							
1550	Optical Devices	Item							
16	Cosmetic Surgery (100% of externally funded)								
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2,884	2,884	3,294			
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1,663	4,547	4,547	4,957			
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	2,490	5,374	5,374	5,784			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6,484	6,484	7,411			
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1,970	8,454	8,454	9,381			
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	2,955	9,439	9,439	10,366			
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		10,472	10,472	11,970			
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	3,330	13,802	13,802	15,300			
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	4,994	15,466	15,466	16,964			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		17,690	17,690	20,216			
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	3,736	21,426	21,426	23,952			
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	5,497	23,187	23,187	25,713			
17	Laboratory Services (NHLS)								
1700	Drawing of Blood	Per Contact		11	11	11			
1710	Laboratory Test	Varies							
18	Radiation Oncology (Refer to proposed list) (30% of externally funded)								
1800	Radiation Oncology	Item							
19	Nuclear Medicines (30% of externally funded)								
1900	Remission of Isotopes	Item							
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		194	194	194			
1912	Nuclear Medicine Cat A - Specialist medical practitioner	Procedure	96	290	290	290			
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		194	194	194			
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	291	485	485	485			
1930	Nuclear Medicine Cat C - Facility Fee	Procedure		194	194	194			
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	581	775	775	775			
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		194	194	194			
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	872	1,066	1,066	1,066			
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		377	377	377			
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	1,132	1,509	1,509	1,509			
20	Ambulatory Procedures (30% of externally funded)								
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		41	41	50			
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	15	56	56	65			
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	29	70	70	79			
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	9	50	50	59			

UPFS H3 TARIFFS
(2017 / 2018)

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
			R	LEVEL 1 R c	LEVEL 2 R c	LEVEL 3 R c
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	9	50	50	59
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		41	41	50
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	21	52	62	71
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	32	73	73	82
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	12	53	53	62
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	12	53	53	62
21	Blood and Blood Products (SANBS etc) (30% of externally funded)					
2100	Blood and Blood Products	Vanes		Refer to Annexure		
22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)	Session		141	141	141
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session		427	427	427
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	180	607	607	607
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	180	607	607	607
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		430	430	430
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	263	693	693	693
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	263	693	693	693
23	Consumables (Not included in Facility Fee) Buy-outs (30% of externally funded)					
2300	Consumables not included in the facility fee	Item				
24	Autopsies (100% of externally funded)					
2410	Autopsy– Facility Fee	Per case		89	89	107
2411	Autopsy- General Practitioner	Per case	99	188	188	206
2412	Autopsy- Specialist Practitioner	Per case	229	318	318	336
25	Port Health and Travel Clinics (30% of externally funded)					
2510	Consultation – Facility Fee	Visit		107	107	107
2511	Consultation – General medical practitioner	Visit	99	206	206	206
2513	Consultation – Nursing practitioner	Visit	57	164	164	164
2520	Emergency Consultation – Facility Fee	Visit		216	216	216
2521	Emergency Consultation - General medical practitioner	Visit	150	366	366	366
2523	Emergency Consultation - Nursing practitioner	Visit	87	303	303	303
0810	Medication Fee – Facility Fee	Prescription		32	32	40
0837	Pharmaceutical - Travel Medicines	Item				



Department of
Health
FREE STATE PROVINCE

THE REVISED INCOME BANDS

CLASSIFICATION	SINGLE INCOME		HOUSEHOLD (COMBINED INCOME)	
	OLD	NEW	OLD	NEW
H1	R0 – R36,000pa	R0 – R70,000pa	R0 – R50,000pa	R0 – R100,000pa
H2	R36,001 – R72,000pa	R70,001 – R250,000pa	R50,001 – R100,000pa	R100,001 – R350,000pa
H3	>R72,001pa	>R250,001	>R100,001	>R350,000pa