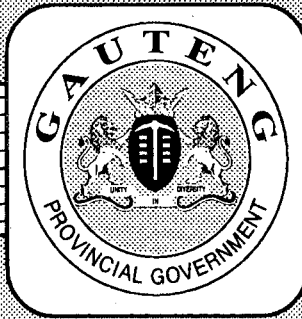


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**THE PROVINCE OF
GAUTENG**



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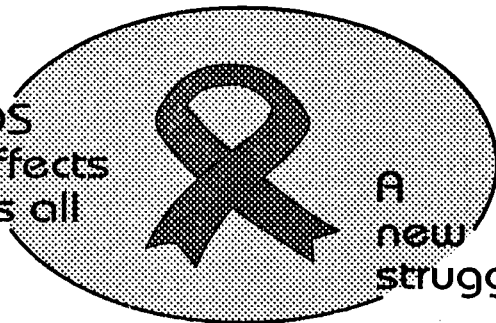
Vol. 9

PRETORIA, 5 MARCH
MAART 2003

No. 71

We all have the power to prevent AIDS

AIDS
affects
us all



A
new
struggle

Prevention is the cure

**AIDS
HELPLINE**

0800 012 322

DEPARTMENT OF HEALTH



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GENERAL NOTICES

NOTICE 657 OF 2003

GAUTENG PROVINCE

GENERAL EXPLANATORY NOTE:

[] Words in bold type in square brackets indicate omissions from existing regulations.

_____ Words underlined with a solid line indicate insertions in existing regulations.

DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO.14 OF 1958

AMENDMENT REGULATIONS AND TARIFFS RELATING TO AMBULANCES, 2003

In terms of the provisions of section 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), the member of the Executive Council for Health hereby makes the following regulations.

Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Regulations and tariffs relating to ambulances, promulgated by Administrator's Notice No. 646 of 29 August 1958, as amended by:

Administrator's Notice No. 907 of 15 December 1959;

Administrator's Notice No. 855 of 21 August 1968;

Administrator's Notice No. 790 of 14 May 1975;

Proclamation No. 113 of 30 May 1984;

Administrator's Notice No. 906 of 1 May 1985;

Administrator's Notice No. 515 of 12 July 1989;

Administrator's Notice No. 169 of 27 March 1991;

Administrator's Notice No. 69 of 6 May 1992;

Administrator's Notice No. 252 of 16 June 1993; **[and]**

Notice No. 2584 of 20 September 2002; and

Notice No. 2982 of 18 October 2002.

Amendment of regulation 8 of the Regulations

2. Regulation 8 of the Regulations is hereby amended by the substitution thereof of the following regulation:

“ 8. The tariff of fees for the transport of patients in an ambulance, air ambulance or any other patient transport vehicle or for an emergency standby service or medical rescue service is based on the applicable classification and tariff category referred to in regulation 5 of the Regulations relating to the classification of and fees payable by patients at provincial hospitals, promulgated by Administrator’s Notice No. 616 of 12 June 1968 , as amended, and shall **[with effect from 1 November 2000,]** be levied by the superintendent-general as follows:

(1) Patient transport vehicle

Per 100km or part thereof, per patient, calculated from the point where the patient is collected to the destination.

Classification category	Facility fee	UPFS code
HG	[Free] Exempted	—
HW	[R80,00] R169,00	[—] 1410
<u>H0</u>	<u>Free</u>	<u>—</u>
H1	[R8,00] R10,00	[—] 1410
H2	[R16,00] R25,00	[—] 1410
[H3]	R25,00	—
PG	[Free] Exempted	—
[P and PH (excluding externally funded patients)	R80,00	—
P and PH [(externally funded patients)].....	R169,00	1410

(2) Ambulance transport

Per 50km or part thereof, per patient, calculated from the point where the patient is collected to the destination.

Classification category	Facility fee	UPFS code
HG	[Free] Exempted	—
HW : <u>Basic life support</u>	[R110,00] R461,00	[—] 1420
<u>Intermediate life support</u>	<u>R623,00</u>	<u>1430</u>
<u>Advanced life support</u>	<u>R1 034,00</u>	<u>1440</u>
<u>H0</u>	<u>Free</u>	<u>—</u>
H1 : <u>Basic life support</u>	[R13,00] R25,00	[—] 1420
<u>Intermediate life support</u>	<u>R30,00</u>	<u>1430</u>
<u>Advanced life support</u>	<u>R50,00</u>	<u>1440</u>
H2 : <u>Basic life support</u>	[R26,00] R70,00	[—] 1420
<u>Intermediate life support</u>	<u>R95,00</u>	<u>1430</u>
<u>Advanced life support</u>	<u>R155,00</u>	<u>1440</u>
[H3]	R39,00	—
PG	[Free] Exempted	—
[P and PH (excluding externally funded patients)..	R110,00	—
P and PH [(externally funded patients)]:		
Basic life support	R461,00	1420
Intermediate life support	R623,00	1430
Advanced life support	R1 034,00	1440

(3) Air Ambulance transport

Per flying hour or part thereof, per patient, calculated from the time of departure form to the time of arrival at base

Classification category	Facility fee	UPFS code
HG	[Free] Exempted	—
HW	R2 200,00	—
<u>H0</u>	<u>Free</u>	<u>—</u>
H1	R55,00	—
H2	R110,00	—
[H3	R220,00	—]
PG	[Free] Exempted	—
[P and PH (excluding externally funded patients)..	R2 200,00	—]
P and PH [(externally funded patients)]	R2 200,00	—

(4) Emergency standby service

Per hour or part thereof, calculated from the time of arrival at to the time of departure from the point of standby service.

Service	Facility fee	Professional fee	UPFS code
Emergency standby	R49,00		1450
Additional charge for service provided by —			
general medical practitioner		R197,00	1451
specialist medical practitioner		R296,00	1452
nursing practitioner		R131,00	1453
allied health practitioner		R131,00	1454

(5) Medical rescue service

Per incident.

Service	Facility fee	Professional fee	UPFS code
Medical rescue	R493,00		1460
Additional charge for service provided by —			
general medical practitioner		R739,00	1461
specialist medical practitioner		R1 109,00	1462
nursing practitioner		R493,00	1463
allied health practitioner		R493,00	1464"

Short title and commencement

3. These regulations shall be called the amendment regulations and tariffs relating to ambulances, and shall be deemed to have come into operation on 1 April 2003.

**NOTICE 658 OF 2003
GAUTENG PROVINCE**

GENERAL EXPLANATORY NOTE:

[] **Words in bold type in square brackets indicate omissions from existing regulations.**

_____ **Words underlined with a solid line indicate insertions in existing regulations.**

DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO.14 OF 1958

HOSPITAL MORTUARY AMENDMENT REGULATIONS, 2003

In terms of the provisions of sections 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), the Member of the Executive Council for Health hereby makes the following regulations.

Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Hospital Mortuary Regulations promulgated by Administrator's Notice No. 372 of 3 April 1968, as amended by:

Administrator's Notice No. 343 of 1 August 1990;
Administrator's Notice No. 42 of 23 January 1991;
Administrator's Notice No. 170 of 27 March 1991;
Administrator's Notice No. 70 of 6 May 1992;
Administrator's Notice No. 251 of 16 June 1993; **[and]**
Notice No. 2585 of 20 September 2002; and
Notice No. 2981 of 18 October 2002.

Amendment of regulation 3 of the Regulations

2. Regulation 3 of the Regulations is hereby amended —

(1) by the substitution for subregulation (1) of the following subregulation:

"(1) When a person who was admitted to a provincial hospital and classified as a private or private hospital patient in terms of regulation 5 of the Regulations relating to the classification of and fees payable by patients at provincial hospitals, promulgated by Administrator's Notice No. 616 of

12 June 1968, as amended, dies in that hospital and that corpse is accommodated in the mortuary of that hospital for longer than 24 hours after a medical certificate in respect of death or still birth has been issued or a post-mortem examination has been carried out, the following fees shall be levied by the superintendent-general for each 24 hours or part thereof for such accommodation longer than 24 hours [**as follows:**] in the mortuary of a —

- (a) **[The corpse of a private and private hospital patient, excluding an externally funded patient: an amount equal to the amount payable by a private outpatient at a level 3 hospital in terms of regulation 9 of the aforementioned regulations] level 1 and 2 hospital: R79,00 (UPFS code 0710); and**
- (b) **[the corpse of an externally funded patient at a —**
 - (i) level 1 and level 2 hospital: R79,00 (UPFS code 0710); and**
 - (ii)] level 3 hospital: R95,00 (UPFS code 0710)."**

Amendment of regulation 4 of the Regulations

3. Regulation 4 of the Regulations is hereby amended —

(1) by the substitution for subregulation (1) of the following subregulation:

"(1) In the case of the corpse of a patient **[classified in terms of regulation 5 of the regulations referred to] contemplated** in regulation 3(1) **[as] at a —**

- (a) **[a hospital patient, a private or private hospital patient, excluding an externally funded patient: an amount equal to the amount payable by a private outpatient at a level 3 hospital] level 1 and level 2 hospital: R79,00 (UPFS code 0720); and**
- (b) **[an externally funded patient at a —**
 - (i) level 1 and 2 hospital: R79,00 (UPFS code 0720); and**
 - (ii)] level 3 hospital: R95,00 (UPFS code 0720)."**

(2) by the substitution for subregulation (2) of the following subregulation:

"(2) In the case of a corpse of a person contemplated in regulation 2: an amount equal to the amount referred to in subregulation **[1(b)(i) or (ii)] 1(a) or (b)**, as the case may be."

Short title and commencement

4. These regulations shall be called the Hospital Mortuary Amendment Regulations, and shall be deemed to have come into operation on 1 April 2003.

NOTICE 659 OF 2003
GAUTENG PROVINCE

GENERAL EXPLANATORY NOTE:

[] **Words in bold type in square brackets indicate omissions from existing regulations.**

_____ **Words underlined with a solid line indicate insertions in existing regulations.**

DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO.14 OF 1958

**AMENDMENT REGULATIONS RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS
AT PROVINCIAL HOSPITALS, 2003**

In terms of the provisions of sections 9, 29, 36, 38 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), the Member of the Executive Council for Health hereby makes the following regulations.

Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Regulations relating to the classification of and fees payable by patients at provincial hospitals, promulgated by Administrator's Notice No. 616 of 12 June 1968, as amended by:

Administrator's Notice No. 1008 of 25 September 1968;
Administrator's Notice No. 853 of 6 August 1969;
Administrator's Notice No. 929 of 26 June 1973;
Administrator's Notice No. 341 of 17 March 1976;
Administrator's Notice No. 725 of 18 June 1980;
Administrator's Notice No. 767 of 1 July 1981;
Administrator's Notice No. 342 of 17 March 1982;
Administrator's Notice No. 490 of 21 March 1984;
Administrator's Notice No. 936 of 13 June 1984;
Administrator's Notice No. 1009 of 27 June 1984;
Administrator's Notice No. 1147 of 11 July 1984;
Administrator's Notice No. 454 of 27 February 1985;
Administrator's Notice No. 653 of 27 March 1985;
Administrator's Notice No. 415 of 26 February 1986;
Administrator's Notice No. 996 of 1 July 1987;
Administrator's Notice No. 1979 of 30 December 1987;
Administrator's Notice No. 646 of 1 June 1988;
Administrator's Notice No. 502 of 28 June 1989;

Administrator's Notice No. 44 of 31 January 1990;
 Administrator's Notice No. 344 of 1 August 1990;
 Administrator's Notice No. 171 of 27 March 1991;
 Administrator's Notice No. 71 of 6 May 1992;
 Administrator's Notice No. 250 of 16 June 1993;
 Administrator's Notice No. 551 of 22 December 1993;
 Notice No. 233 of 10 September 1996; **[and]**
 Notice No. 2586 of 20 September 2002 **[.]**; **and**
Notice No. 2980 of 18 October 2002.

Amendment of regulation 1 of the Regulations

2. Regulation 1 of the Regulations is hereby amended —

(a) by inserting, after the definition of 'foreign patient', the following definition:

"formally unemployed" means a person who is unemployed and who receives unemployment benefits in terms of the Unemployment Insurance Act, 2001 (Act 63 of 2001);"

(b) by inserting, after the definition of 'scale of benefits', the following definitions:

"social pensioner" means a person, excluding a person who is a member of a medical scheme, who is a recipient of one or more of the following pensions, grants or allowances:

- (a) care dependency grant,
- (b) child support grant,
- (c) disability grant,
- (d) family allowance,
- (e) maintenance grant,
- (f) old age pension,
- (g) pension for the blind,
- (h) single-care grant, and
- (i) veteran's pension;**

'State healthcare facility' means a —

- (a) community health centre,
- (b) clinic,
- (c) satellite clinic, and
- (d) mobile clinic;**

Amendment of regulation 3 of the Regulations

3. Regulation 3 of the Regulations is hereby amended —

(1) by the substitution for subregulation (4) of the following subregulation:

"(4) An applicant who is discharged or whose treatment is discontinued in terms of **[regulation] subregulation [3] (3) (b)**, with effect from the date of his or her provisional classification, shall be classified as follows:

- (a) in the case of a hospital patient, in the category **[H3] H2;**
- (b) in the case of a private patient, in the category PH;

and, subject to the provisions of regulation 8, such classification shall not be altered."

Amendment of regulation 9 of the Regulations

4. Regulation 9 of the Regulations is hereby amended —

(1) by the substitution for subregulation (2) of the following subregulation:

" (2) The tariffs of fees referred to in subregulation (1), are inclusive, except the supply —

(a) to a private patient, **[including an externally funded private patient,]** admitted to a hospital, **[including an academic hospital,]** of any —

- (i) medical or dental service;
- (ii) blood transfusion service;
- (iii) pathological examination or service;
- (iv) medicine, dressing, orthopaedic or surgical appliance, prosthesis, non-pharmaceutical item or any supplementary health service which has not been made available by the superintendent-general for supply to that patient;

[(b) to a private hospital patient, excluding an externally funded private hospital patient, admitted to an academic hospital, of any —

- (i) blood transfusion service;**
- (ii) pathological examination or service;**
- (iii) medicine, dressing, orthopaedic or surgical appliance, prosthesis, non-pharmaceutical item or any supplementary health service which has not been made available by the superintendent-general for supply to that patient;**
- (iv) professional services;]**

[(c) (b) to a private hospital patient, excluding an externally funded private hospital patient,] admitted to a hospital, [excluding an academic hospital,] of any —

- (i) blood transfusion service;**
- (ii) pathological examination or service;**
- (iii) medicine, dressing, orthopaedic or surgical appliance, prosthesis, non-pharmaceutical item or any supplementary health service which has not been made available by the superintendent-general for supply to that patient;**

[(d) to an externally funded private hospital patient admitted to a hospital, including an academic hospital, of any —

- (i) blood transfusion service;**
- (ii) pathological examination or service;**
- (iii) medicine, dressing, orthopaedic or surgical appliance, prosthesis, non-pharmaceutical item or any supplementary health service which has not been made available by the superintendent-general for supply to that patient;**
- (iv) professional services;**

(e) to a private, private hospital and a hospital patient, of orthotic or prosthetic aids which have not been made available by the superintendent-general for supply to that patient]; and

[(f)] (c) to a South African National Defence Force patient referred to in regulation 5(3), of services which have not been made available by the superintendent-general for supply to that patient."

(2) by the substitution for subregulation (3) of the following subregulation:

"(3) The minimum charge **[per day]** for **[a private and private hospital]** ~~an~~ in-patient shall —

(a) in the case of [—

(i)] an [externally funded patient] in-patient who is admitted to a ward other than a high care or intensive care ward, **[and**

(ii) a patient who is not an externally funded patient,]

be equal to the applicable tariff for a full day: Provided that the day of admission and the day of discharge shall together be reckoned as one day; and

(b) in the case of an **[externally funded patient] in-patient** who is admitted to a high care or intensive care ward, be equal to the applicable tariff for twelve hours.

(c) If a patient referred to in paragraph (a) and (b) is hospitalized in different wards on the same day, the fee shall be calculated according to the tariff applicable to the ward in which the patient spent the greater part of that day."

Amendment of Schedule A to the Regulations

5. Schedule A to the Regulations is hereby amended by the substitution thereof of the following schedule:

"SCHEDULE A

CLASSIFICATION AND TARIFF CATEGORIES BASED ON INCOME AND STATUS

Status	Hospital patients					Private patients		
	Exempted	Part-paying				Exempted	Private	Private Hospital
	HG	HW	H0	H1	H2	PG	P	PH
	A patient exempted in terms of section 36 of the Ordinance	A patient contemplated in regulation 5 (3)	1. A social pensioner 2. An applicant who is formally unemployed	An applicant who has an annual income of —	1. An applicant contemplated in regulation 3 (4) (a) 2. An applicant who has an annual income of —	A patient exempted in terms of section 36 of the Ordinance	1. An applicant who is treated by a private medical practitioner, irrespective of his/her income or assets 2. An externally funded patient who is treated by a private medical practitioner 3. An applicant contemplated in regulation 3 (4) (b) or 4 who is treated by a private medical practitioner 4. A foreign patient, excluding an externally funded foreign patient, who is treated by a private medical practitioner 5. An applicant who has an annual income of —	1. An applicant who is classified as a private patient in terms of paragraph 5 of category P who is treated by a medical practitioner in the service of that hospital 2. An externally funded patient who is treated by a medical practitioner in the service of that hospital 3. An applicant contemplated in regulation 3 (4) (b) or 4 who is treated by a medical practitioner in the service of that hospital 4. A foreign patient, excluding an externally funded foreign patient, who is classified as a private patient in terms of paragraph 4 of category P who is treated by a medical practitioner in the service of that hospital
Individual				less than R36 000 or with assets of less than R151 200	R36 000 or more but less than R72 000 or with assets of R151 200 or more but less than R321 200		R72 000 or more or with assets of R321 200 or more	
Family Unit				less than R50 000 or with assets of less than R231 300	R50 000 or more but less than R100 000 or with assets of R231 300 or more but less than R473 300		R100 000 or more or with assets of R473 300 or more"	

Amendment of Schedule B to the Regulations

6. Schedule B to the Regulations is hereby amended by the substitution thereof of the following schedule:

"SCHEDULE B

TARIFF OF FEES

(a) IN-PATIENTS

CLASSIFICATION CATEGORY	BED TYPE	ATTENDING HEALTHCARE PROFESSIONAL	TARIFF CATEGORY			
			Level 1 hospital	Level 2 hospital	Level 3 hospital	Other services
HG	All types	All professionals	Exempted	Exempted	Exempted	Exempted
HW	In accordance with the tariffs agreed upon between the South African National Defence Force and the Gauteng Provincial Government in terms of regulation 5 (3)					
H0	All types	All professionals	Free	Free	Free	Free
H1	All types	All professionals	R50 per admission	R50 per admission	R60 per admission	As per item 7 (a) of Annexure 2 to this Schedule
H2	General	General medical practitioner	R50 per day	R50 per day	R60 per day	As per item 1 to 6 and 7 (b) of Annexure 2 to this Schedule
H2	General	Specialist medical practitioner	R55 per day	R55 per day	R60 per day	
H2	High care	General medical practitioner	R60 per 12 hours	R60 per 12 hours	R70 per 12 hours	
H2	High care	Specialist medical practitioner	R60 per 12 hours	R60 per 12 hours	R70 per 12 hours	
H2	Intensive care	General medical practitioner	R110 per 12 hours	R110 per 12 hours	R135 per 12 hours	
H2	Intensive care	Specialist medical practitioner	R115 per 12 hours	R115 per 12 hours	R135 per 12 hours	
H2	Chronic care	General medical practitioner	R40 per day	R40 per day	R40 per day	
H2	Chronic care	Specialist medical practitioner	R45 per day	R45 per day	R45 per day	
H2	Chronic care	Nursing practitioner	R40 per day	R40 per day	R40 per day	
H2	Day patient	General medical practitioner	R35 per day	R35 per day	R40 per day	
H2	Day patient	Specialist medical practitioner	R35 per day	R35 per day	R45 per day	
H2	Day patient	Nursing practitioner	R30 per day	R30 per day	R40 per day	
H2	Boarder	Nursing practitioner	R25 per day	R25 per day	R30 per day	
PG	All types	All professionals	Exempted	Exempted	Exempted	Exempted
P and PH	In accordance with the tariffs in the Uniform Patient Fee Schedule (Annexure 1 to this schedule)					

**SCHEDULE B (continued)
TARIFF OF FEES**

(b) OUTPATIENTS

CLASSIFICATION CATEGORY	ATTENDING HEALTHCARE PROFESSIONAL	ROUTINE CONSULTATIONS				EMERGENCY CONSULTATIONS				OTHER SERVICES
		Level 1 hospital	Level 2 hospital	Level 3 hospital	State health care facilities	Level 1 hospital	Level 2 hospital	Level 3 hospital	State health care facilities	
HG	All professionals	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted
HW	In accordance with the tariffs agreed upon between the South African National Defence Force and the Gauteng Provincial Government in terms of regulation 5 (3)									
H0	All professionals	Free	Free	Free	Free	Free	Free	Free	Free	Free
H1	General Medical Practitioner	R20 per visit	R20 per visit	R20 per visit	Free	R20 per visit	R20 per visit	R20 per visit	Free	As per item 7(a) of Annexure 2 to this Schedule
H1	Specialist medical practitioner	R30 per visit	R30 per visit	R35 per visit	Free	R30 per visit	R30 per visit	R35 per visit	Free	
H1	Nursing practitioner	R15 per visit	R15 per visit	R20 per visit	Free	R15 per visit	R15 per visit	R20 per visit	Free	
H1	Allied health practitioner	R20 per visit	R20 per visit	R20 per visit	Free	R20 per visit	R20 per visit	R20 per visit	Free	
H2	General medical practitioner	R75 per visit	R75 per visit	R80 per visit	Free	R145 per visit	R145 per visit	R155 per visit	Free	As per item 1 to 6 and 7(b) of Annexure 2 to this Schedule
H2	Specialist medical practitioner	R110 per visit	R110 per visit	R115 per visit	Free	R220 per visit	R220 per visit	R230 per visit	Free	
H2	Nursing practitioner	R60 per visit	R60 per visit	R65 per visit	Free	R120 per visit	R120 per visit	R130 per visit	Free	
H2	Allied health practitioner	R70 per visit	R70 per visit	R75 per visit	Free	R135 per visit	R135 per visit	R145 per visit	Free	
PG	All professionals	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted
P and PH	In accordance with the tariffs in the Uniform Patient Fee Schedule (Annexure 1 to this Schedule)									

NOTES:

(a) The admission fee applicable to a hospital in-patient classified in category H1 is payable per 30 days or part thereof.

(b) Only South African citizens are entitled to free primary healthcare services at State healthcare facilities, except —

(i) members of medical schemes and their registered dependants; and

(ii) persons who prefer to be treated by a medical practitioner of their choice instead of a medical practitioner in the service of that healthcare facility.*

AMENDMENT OF ANNEXURE 2 TO SCHEDULE

7. Annexure 2 to Schedule B is hereby amended by the substitution thereof of the following Annexure:

ANNEXURE 2 TO SCHEDULE B

Item 1: [Theatre fees in respect of a private and a private hospital patient, excluding an externally funded patient:

	Level 1 and 2 hospitals	Level 3 hospitals
(a) In-patients:		
Basic	R144.00	R144.00
Plus: per minute:		
First 60 minutes	R 6.00	R 7.50
More than 60 minutes	R 8.14	R 10.00
(b) Outpatients: Basic ...	R 70.00	R 70.00
Plus: (30 minutes regardless duration of operation)	R 54.00	R 54.00
(c) After-hours levy:	R 89.00	R 89.00
(In-patients and outpatients: Weekdays from 17:00 to 07:00 and Saturdays, Sundays and public holidays) <u>Anaesthetic procedures to a hospital patient classified in category H2:</u>	per operation	per operation

Description	Basis	Level 1 hospital	Level 2 hospital	Level 3 hospital
(a) Anaesthetics, cat A, general medical practitioner...	Procedure	R50	R50	R50
(b) Anaesthetics, cat A, specialist medical practitioner.	Procedure	R70	R70	R70
(c) Anaesthetics, cat B, general medical practitioner...	Procedure	R80	R80	R80
(d) Anaesthetics, cat B, specialist medical practitioner.	Procedure	R125	R125	R125
(e) Anaesthetics, cat C, general medical practitioner...	Procedure	R285	R285	R285
(f) Anaesthetics, cat C, specialist medical practitioner.	Procedure	R430	R430	R430

Item 2: [Radiology Services to a private and a private hospital patient , excluding an externally funded patient: According to the scale of benefits.] Imaging procedures to a hospital patient classified in category H2:

Description	Basis	Level 1 hospital	Level 2 hospital	Level 3 hospital
(a) Radiology, cat A, general medical practitioner.....	Procedure	R30	R30	R35
(b) Radiology, cat A, specialist medical practitioner...	Procedure	R45	R45	R50
(c) Radiology, cat A, allied health practitioner.....	Procedure	R30	R30	R35
(d) Radiology, cat B, general medical practitioner.....	Procedure	R85	R85	R95

(e) Radiology, cat B, specialist medical practitioner...	Procedure	R125	R125	R135
(f) Radiology, cat B, allied health practitioner.....	Procedure	R85	R85	R90
(g) Radiology, cat C, general medical practitioner.....	Procedure	R325	R325	R365
(h) Radiology, cat C, specialist medical practitioner...	Procedure	R600	R600	R640
(i) Radiology, cat D, general medical practitioner.....	Procedure	R985	R985	R1 085
(j) Radiology, cat D, specialist medical practitioner...	Procedure	R1 510	R1 510	R1 610

Item 3: [After-hours levy is payable in respect of an outpatient attendance, and treatment in an emergency case, by a private and a private hospital patient, excluding an externally funded patient: During weekdays from 17:00 to 07:00 and Saturdays, Sundays and public holidays the levy amounts to 50% of the applicable tariff.] Oral health procedures to a hospital patient classified in category H2:

Description	Basis	Level 1 hospital	Level 2 hospital	Level 3 hospital
(a) Oral care, cat A, general medical practitioner.....	Procedure	R15	R15	R20
(b) Oral care, cat A, specialist medical practitioner....	Procedure	R15	R15	R15
(c) Oral care, cat A, allied health practitioner.....	Procedure	R15	R15	R15
(d) Oral care, cat B, general medical practitioner.....	Procedure	R40	R40	R45
(e) Oral care, cat B, specialist medical practitioner.....	Procedure	R50	R50	R55
(f) Oral care, cat B, allied health practitioner.....	Procedure	R35	R35	R40
(g) Oral care, cat C, general medical practitioner.....	Procedure	R235	R235	R260
(h) Oral care, cat C, specialist medical practitioner.....	Procedure	R325	R325	R350
(i) Oral care, cat D, general medical practitioner.....	Procedure	R820	R820	R905
(j) Oral care, cat D, specialist medical practitioner....	Procedure	R1 230	R1 230	R1 315
(k) Oral care, cat E, general medical practitioner.....	Procedure	R2 755	R2 755	R3 045
(l) Oral care, cat E, specialist medical practitioner.....	Procedure	R4 135	R4 135	R4 425

Item 4: [Intensive Care: A private and a private hospital patient, excluding an externally funded patient:

(a) Level 1 and 2 hospitals R613 per day.

(b) Level 3 hospitals R766 per day.] Ambulatory procedures to a hospital patient classified in category H2;

Description	Basis	Level 1 hospital	Level 2 hospital	Level 3 hospital
(a) Ambulatory procedure, cat A, general medical practitioner....	Procedure	R155	R155	R175
(b) Ambulatory procedure, cat A, specialist medical practitioner.	Procedure	R155	R155	R175
(c) Ambulatory procedure, cat A, nursing practitioner.....	Procedure	R120	R120	R135
(d) Ambulatory procedure, cat B, general medical practitioner....	Procedure	R250	R250	R270
(e) Ambulatory procedure, cat B, specialist medical practitioner.	Procedure	R305	R305	R325

(f) Ambulatory procedure, cat C, general medical practitioner....	Procedure	R400	R400	R415
(g) Ambulatory procedure, cat C, specialist medical practitioner...	Procedure	R545	R545	R560
(h) Ambulatory procedure, cat D, general medical practitioner...	Procedure	R800	R800	R820
(i) Ambulatory procedure, cat D, specialist medical practitioner...	Procedure	R1 155	R1 155	R1 175

Item 5: [High Care: A private and a private hospital patient, excluding an externally funded patient:

- (a) Level 1 and 2 hospitals R326 per day.
- (b) Level 3 hospitals R409 per day.] Theatre procedures to a hospital patient classified in category H2:

Description	Basis	Level 1 hospital	Level 2 hospital	Level 3 hospital
(a) Theatre procedure, cat A, general medical practitioner.....	Procedure	R490	R490	R575
(b) Theatre procedure, cat A, specialist medical practitioner.....	Procedure	R490	R490	R575
(c) Theatre procedure, cat B, general medical practitioner.....	Procedure	R805	R805	R935
(d) Theatre procedure, cat B, specialist medical practitioner.....	Procedure	R860	R860	R990
(e) Theatre procedure, cat C, general medical practitioner.....	Procedure	R1 420	R1 420	R1 645
(f) Theatre procedure, cat C, specialist medical practitioner.....	Procedure	R1 565	R1 565	R1 790
(g) Theatre procedure, cat D, general medical practitioner.....	Procedure	R3 560	R3 560	R4 130
(h) Theatre procedure, cat D, specialist medical practitioner.....	Procedure	R3 915	R3 915	R4 485

Item 6: [The supply to a private and a private hospital patient, including a patient admitted to a closed hospital contemplated in section 58 (2) of the Ordinance, but excluding an externally funded patient, of orthopaedic and surgical appliances and sundry non-pharmaceutical items which have not been made available by the superintendent-general for supply to such a patient: Cost plus 30%.] Cosmetic surgery to a hospital patient classified in category H2:

Description	Basis	Level 1 hospital	Level 2 hospital	Level 3 hospital
(a) Cosmetic surgery, cat A, general medical practitioner.....	Procedure	R1 115	R1 115	R1 245
(b) Cosmetic surgery, cat A, specialist medical practitioner.....	Procedure	R1 345	R1 345	R1 475
(c) Cosmetic surgery, cat B, general medical practitioner.....	Procedure	R1 850	R1 850	R2 145
(d) Cosmetic surgery, cat B, specialist medical practitioner.....	Procedure	R2 050	R2 050	R2 340
(e) Cosmetic surgery, cat C, general medical practitioner.....	Procedure	R3 145	R3 145	R3 615
(f) Cosmetic surgery, cat C, specialist medical practitioner.....	Procedure	R3 535	R3 535	R4 010
(g) Cosmetic surgery, cat D, general medical practitioner.....	Procedure	R4 865	R4 865	R5 660
(h) Cosmetic surgery, cat D, specialist medical practitioner	Procedure	R5 305	R5 305	R6 100

Item 7: The supply to —

- (a) [a private and a private hospital patient, including a patient admitted to a closed hospital contemplated in section 58 (2) of the Ordinance, but excluding an externally funded patient, but excluding an externally funded patient, of medicine which has not been made available by the superintendent-general for supply to such a patient: Cost plus 100%] a hospital patient classified in category H1, of assistive devices and prostheses: 25% of the cost of the relevant device or prosthesis, rounded to the nearest R5; and
- (b) [a private and a private hospital patient, excluding an externally funded patient, who is admitted as an in-patient to an academic hospital and treated by a medical practitioner who is on duty in the service of such hospital, of professional services: 30% of the general ward tariff for the full period of stay in the hospital;] a hospital patient classified in category H2, of assistive devices and prostheses: 75% of the cost of the relevant device or prosthesis, rounded to the nearest R5.
- (c) a private and a private hospital patient, including a patient admitted to a closed hospital contemplated in section 58 (2) of the Ordinance, but excluding an externally funded patient, of implanted prostheses which have not been made available by the superintendent-general for supply to such patient: Cost plus 15%;
- (d) a private and a private hospital patient, excluding an externally funded patient, of Occupational, Speech and Physiotherapy services: The scale of benefits;
- (e) a hospital patient, a private and a private hospital patient, excluding an externally funded patient, of orthotic prosthetic aids: Tariffs as prescribed by the member of the Executive Council for Health;
- (f) a resident baby, resident child or lodger in respect of a private and a private hospital patient, excluding an externally funded patient; A daily tariff equal to the outpatient tariff applicable to a private patient at an level 3 hospital;
- (g) a private and a private hospital patient, excluding an externally funded patient, of the taking of an electrocardiogram; The scale of benefits;
- (h) a private and a private hospital patient, excluding an externally funded patient, of the taking of an electro-encephalography: The scale of benefits;
- (i) a private and a private hospital patient, excluding an externally funded patient, of ultrasound examinations: The scale of benefits;
- (j) a patient companion of a hospital patient, a private and a private hospital patient, excluding an externally funded patient, of accommodation: A tariff equal to the tariff applicable to the patient being accompanied.
- (k) a foreign patient, excluding an externally funded patient, who visits the Republic of South Africa exclusively for medical treatment or the performance of elective procedures, of hospitalization: Double the tariff applicable to a private patient in terms of Schedule B of the Regulations.

Item 8: Use of hospital apparatus by a private and a private hospital patient, excluding an externally funded patient:

Croupettes:

Per day or part thereof R 8,00

Incubators:

Per day or part thereof R 14,00

Oxygen tents:	
Per day or part thereof	R 12,00
Bennett MA, Servo and Beares respirator, or equivalent (in ICU and high care ward only):	
Per day or part thereof	R114,00
CUSA	R552,00
Lasers – Argon (ophthalmic)	R171,00
Lasers – Co2 (surgical)	R221,00
Oximeters (in theatre only)	R 24,00
Occutomes	R 73,00
Lasers – YAG (ophthalmic)	R193,00
Lasers – YAG (surgical)	R240,00
Gastroscope (Fibreoptic/flexible only)	R 37,00
Colonoscope (Fibreoptic/flexible only)	R 37,00
Monitors (3 channel) in ICU only:	
Per day or part thereof	R 36,00
Ventilators (Bennett PR2 or equivalent):	
Per day or part thereof	R 26,00
Duodenoscope (Fibreoptic/flexible only)	R 37,00
Sigmoidoscope (Fibreoptic/flexible only)	R 37,00
Bronchoscope (Rigid or flexible)	R 19,00
Laryngoscope (except when used for intubation)	R 19,00
Sinoscope (Fibreoptic/flexible only)	R 19,00
Electro-encephalography apparatus	R 68,00
Oesophagoscope	R 19,00
Laparoscope	R 19,00
Hysteroscope	R 19,00
Colposcope	R 19,00
Cysto Urethroscope	R 19,00
Arthroscope (with closed circuit television facilities and power tools)	R 37,00
Arthroscope (without the additional tools listed above)	R 19,00
Urological screening table (including all radiographical equipment)	R162,00

Item 9: Radiotherapy to a private and a private hospital patient, excluding an externally funded patient: According to the scale of benefits.]”

Application of regulations

8. The provisions of these regulations shall not apply to a person —
- (a) who is an in-patient on the day immediately preceding 1 April 2003; or
 - (b) whose admission and classification as an in-patient had been approved before 1 April 2003,

and for the period ending on the date upon which he or she is discharged from the hospital concerned.

Short title and commencement

9. These regulations shall be called the Amendment Regulations relating to the classification of and fees payable by patients at provincial hospitals, and shall be deemed to have come into operation on 1 April 2003.

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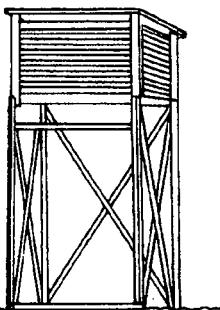
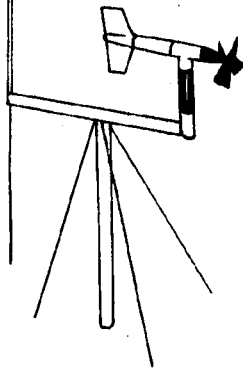
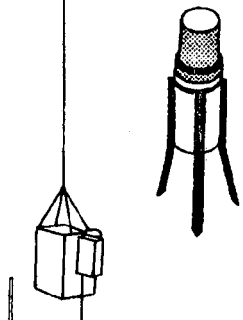
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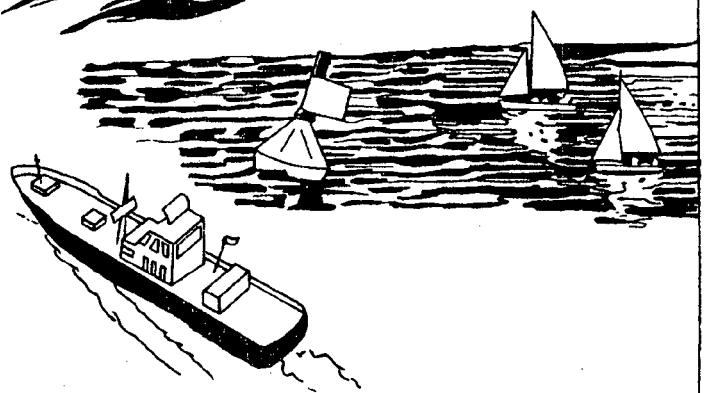
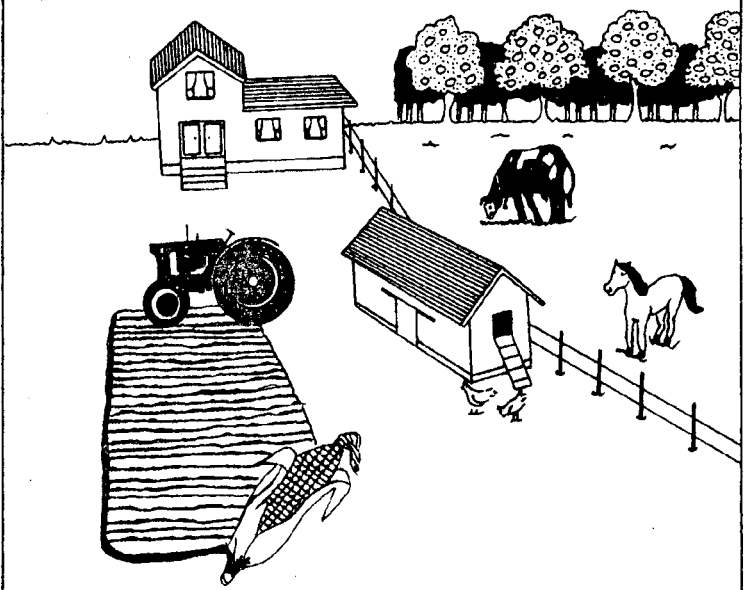
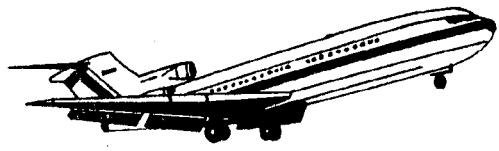
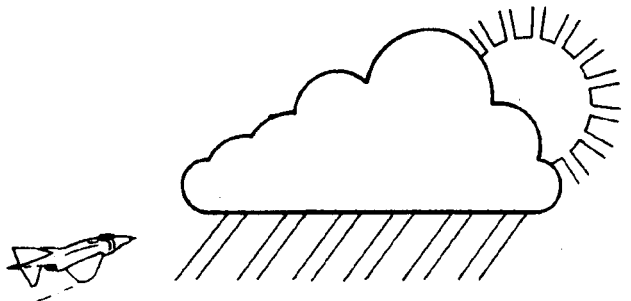
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Director: Financial Management
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