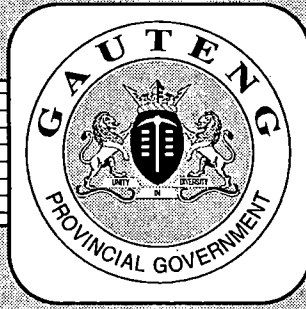


**THE PROVINCE OF
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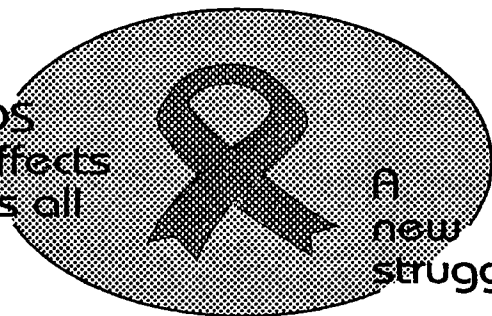
Vol. 11

PRETORIA, 6 DECEMBER 2005
DESEMBER 2005

No. 526

We all have the power to prevent AIDS

AIDS
affects
us all



A
new
struggle

Prevention is the cure

**AIDS
HELPUNE**

0800 012 322

DEPARTMENT OF HEALTH



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GENERAL NOTICES

NOTICE 4859 OF 2005 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, 2006

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;
 Notice No. 2584 of 20 September 2002;
 Notice No. 2982 of 18 October 2002; [and]
 Notice No.657 of 5 March 2003;and
Notice No.461 of 7 February 2005.

Amendment of regulation 8 of the regulations.**2. Regulation 8 of the regulations is hereby amended —**

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

“(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	Exempted	—
HW	R194,00	1410
H0	Free	—
H1	R10,00	1410
H2	R30,00	1410
PG	Exempted	—
P and PH	R194,00	1410”

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

“(2) Ambulance transport

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

Classification category and service	Facility fee	UPFS code
HG	Exempted	—
HW : Basic life support	R530,00	1420
Intermediate life support	R716,00	1430
Advanced life support	R1 189,00	1440
H0	Free	—
H1 : Basic life support	R25,00	1420
Intermediate life support	R35,00	1430
Advanced life support	R60,00	1440
H2 : Basic life support	R80,00	1420
Intermediate life support	R105,00	1430
Advanced life support	R180,00	1440
PG	Exempted	—
P and PH: Basic life support	R530,00	1420
Intermediate life support	R716,00	1430
Advanced life support	R1 189,00	1440”

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

“(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.....	R56.00		1450
Additional charge for service provided by—			
general medical practitioner		R227,00	1451
specialist medical practitioner		R340,00	1452
nursing practitioner		R151,00	1453
allied health practitioner		R151,00	1454”

(4) by the substitution for subregulation (5) of the following subregulation:

“(5) Medical rescue service

Per incident.

Classification category and service	Facility fee	Professional fee	UPFS code
HG: all services.....	Exempted	Exempted	-
HW: Rescue services.....	R567, 00		1460
Additional charge for services by-			
general medical practitioner		R850, 00	1461
specialist medical practitioner		R1 275, 00	1462
nursing practitioner		R567, 00	1463
allied health practitioner		R567, 00	1464
H0: all services	Free	Free	-
H1: Rescue services.....	R30.00		1460
Additional charge for services by-			
general medical practitioner		R40.00	1461
specialist medical practitioner		R65, 00	1462
nursing practitioner		R30, 00	1463
allied health practitioner		R30, 00	1464
H2: Rescue services.....	R85.00		
Additional charge for services by-			
general medical practitioner		R125.00	1461
specialist medical practitioner		R190, 00	1462
nursing practitioner		R85, 00	1463
allied health practitioner		R85, 00	1464
PG: all services	Exempted	Exempted	
P and PH: Rescue services.....	R567.00		1460
Additional charge for services by-			
general medical practitioner		R850.00	1461
specialist medical practitioner		R1275.00	1462
nursing practitioner		R567.00	1463
allied health practitioner		R56700	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 January 2006.

NOTICE 4860 OF 2005
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, 2006

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;
 Notice No. 2586 of 20 September 2002;
 Notice No. 2980 of 18 October 2002;[and]
 Notice No. 659 of 5 March 2003.; and
Notice No.463 of 7 February 2005

Amendment of Schedule B to the Regulations

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

"SCHEDULE B

TARIFF OF FEES

CLASSIFICATION CATEGORY	ATTENDING HEALTHCARE PROFESSIONAL	IN-PATIENTS				OUTPATIENTS								OTHER SERVICES	
		BED TYPE	Level 1 hospital	Level 2 hospital	Level 3 hospital	ROUTINE CONSULTATIONS				EMERGENCY CONSULTATIONS					
						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	All types	Exempted	Exempted	Exempted	Exempted	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 Gauteng Provincial Government in terms of regulation 5(3)														
HO	All professionals	All types	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
H1	As per Annexure 1	As per Annexure 1			As per Annexure 1			Free	As per Annexure 1			Free	As per Annexure 1		
H2	As per Annexure 2	As per Annexure 2			As per Annexure 2			Free	As per Annexure 2			Free	As per Annexure 2		
PG	All professionals	All types	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	
P & PH	As per Annexure 3	As per Annexure 3			As per Annexure 3			As per Annexure 3			As per Annexure 3			As per Annexure 3	

NOTES:

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

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

(b) 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 1 TO SCHEDULE B

3. Annexure 1 to Schedule B is hereby amended by the substitution thereof of following Annexure:

"ANNEXURE 1 TO SCHEDULE B

UPFS 2006 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		70.00	70.00	85.00
0411	Medical Report – General medical practitioner	Report	130.00	200.00	200.00	215.00
0412	Medical Report – Specialist medical practitioner	Report	200.00	270.00	270.00	285.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Per 30 Days		25.00	35.00	70.00
0611	In-patient General Ward – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0612	In-patient General Ward – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0620	In-patient High care – Facility Fee	Per 30 Days		25.00	35.00	70.00
0621	In-patient High Care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0622	In-patient High Care – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0630	In-patient Intensive care – Facility Fee	Per 30 Days		25.00	35.00	70.00
0631	In-patient Intensive Care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0632	In-patient Intensive Care – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0640	In-patient Chronic care – Facility Fee	Per 30 Days		25.00	35.00	70.00
0641	In-patient Chronic care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0642	In-patient Chronic care – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0643	In-patient Chronic care – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0650	Day patient – Facility Fee	Per 30 Days		25.00	35.00	70.00
0651	Day patient – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0652	Day patient – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0653	Day patient – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0660	In-patient Boarder/Patient companion – Facility Fee	Per 30 Days		25.00	35.00	70.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		10.00	10.00	15.00
1011	Outpatient Consultation – General medical practitioner	Visit	10.00	20.00	20.00	25.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	25.00	35.00	35.00	40.00
1013	Outpatient Consultation – Nursing practitioner	Visit	5.00	15.00	15.00	20.00
1014	Outpatient Consultation – Allied health practitioner	Visit	5.00	15.00	15.00	20.00
1020	Emergency Consultation – Facility Fee	Visit		10.00	10.00	15.00
1021	Emergency Consultation – General medical practitioner	Visit	10.00	20.00	20.00	25.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	25.00	35.00	35.00	40.00
1023	Emergency Consultation – Nursing practitioner	Visit	5.00	15.00	15.00	20.00
1024	Emergency Consultation – Allied health practitioner	Visit	5.00	15.00	15.00	20.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		5.00	5.00	10.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	10.00	15.00	15.00	20.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		5.00	5.00	10.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	10.00	15.00	15.00	20.00

14	Emergency Medical Services		
1410	Patient transport service – Facility Fee		
1420	Basic life support – Facility Fee	Contact	
1430	Intermediate life support – Facility Fee	Contact	
1440	Advanced life support – Facility Fee	Contact	
1450	Emergency service standby – Facility Fee (100%)	Contact	
1451	Emergency service standby – General medical practitioner	Contact	
1452	Emergency service standby – Specialist medical practitioner	Contact	
1453	Emergency service standby – Nursing practitioner	Contact	
1454	Emergency service standby – Allied health practitioner	Contact	
1460	Rescue – Facility Fee (5%)	Contact	
1461	Rescue – General medical practitioner	Contact	
1462	Rescue – Specialist medical practitioner	Contact	
1463	Rescue – Nursing practitioner	Contact	
1464	Rescue – Allied health practitioner		
See administrator's Notice no 646 of 29 August 1958			
15	Assistive Devices & Prosthesis (25%)		
1510	Item Fee	Item	25% of the cost of the relevant device or prosthesis, rounded to the nearest R5

AMENDMENT OF ANNEXURE 2 TO SCHEDULE B

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

“ANNEXURE 2 TO SCHEDULE B

UPFS 2006 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	50.00	50.00	50.00	50.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	80.00	80.00	80.00	80.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	95.00	95.00	95.00	95.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	140.00	140.00	140.00	140.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	325.00	325.00	325.00	325.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	490.00	490.00	490.00	490.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		70.00	70.00	85.00
0411	Medical Report – General medical practitioner	Report	130.00	200.00	200.00	215.00
0412	Medical Report – Specialist medical practitioner	Report	200.00	270.00	270.00	285.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		20.00	20.00	25.00
0511	Radiology, Cat A – General medical practitioner	Procedure	20.00	40.00	40.00	45.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	35.00	55.00	55.00	60.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	15.00	35.00	35.00	40.00
0520	Radiology, Cat B – Facility Fee	Procedure		50.00	50.00	55.00
0521	Radiology, Cat B – General medical practitioner	Procedure	50.00	100.00	100.00	105.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	95.00	145.00	145.00	150.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	45.00	95.00	95.00	100.00
0530	Radiology, Cat C – Facility Fee	Procedure		235.00	235.00	265.00
0531	Radiology, Cat C – General medical practitioner	Procedure	150.00	385.00	385.00	415.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	460.00	695.00	695.00	725.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0540	Radiology, Cat D – Facility Fee	Procedure		595.00	595.00	680.00
0541	Radiology, Cat D – General medical practitioner	Procedure	550.00	1,145.00	1,145.00	1,230.00
0542	Radiology, Cat D – Specialist	Procedure	1,145.00	1,740.00	1,740.00	1,825.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		25.00	35.00	65.00
0611	In-patient General Ward – General medical practitioner	Day	5.00	30.00	40.00	70.00
0612	In-patient General Ward – Specialist medical practitioner	Day	10.00	35.00	45.00	75.00
0620	In-patient High care – Facility Fee	Day		40.00	50.00	70.00
0621	In-patient High Care – General medical practitioner	Day	5.00	45.00	55.00	75.00
0622	In-patient High Care – Specialist medical practitioner	Day	10.00	50.00	60.00	80.00
0630	In-patient Intensive care – Facility Fee	Day		130.00	130.00	160.00
0631	In-patient Intensive Care – General medical practitioner	Day	5.00	135.00	135.00	165.00
0632	In-patient Intensive Care – Specialist medical practitioner	Day	10.00	140.00	140.00	170.00
0640	In-patient Chronic care – Facility Fee	Day		10.00	15.00	20.00
0641	In-patient Chronic care – General medical practitioner	Day	5.00	15.00	20.00	25.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	5.00	15.00	20.00	25.00
0643	In-patient Chronic care – Nursing practitioner	Day	5.00	15.00	20.00	25.00
0650	Day patient – Facility Fee	Day		20.00	30.00	40.00
0651	Day patient – General medical practitioner	Day	5.00	25.00	35.00	45.00
0652	Day patient – Specialist medical practitioner	Day	10.00	30.00	40.00	50.00
0653	Day patient – Nursing practitioner	Day	5.00	25.00	35.00	45.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		10.00	10.00	15.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	5.00	15.00	15.00	20.00
09	Oral Health (Hospitals)					
0910	Oral Care Cat A – Facility Fee	Procedure		5.00	5.00	10.00
0911	Oral Care Cat A – General practitioner	Procedure	10.00	15.00	15.00	20.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	10.00	15.00	15.00	20.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	10.00	15.00	15.00	20.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0920	Oral Care Cat B – Facility Fee	Procedure		20.00	20.00	25.00
0921	Oral Care Cat B – General practitioner	Procedure	25.00	45.00	45.00	50.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	40.00	60.00	60.00	65.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	20.00	40.00	40.00	45.00
0930	Oral Care Cat C – Facility Fee	Procedure		130.00	130.00	150.00
0931	Oral Care Cat C – General practitioner	Procedure	145.00	275.00	275.00	295.00
0932	Oral Care Cat C – Specialist practitioner	Procedure	245.00	375.00	375.00	395.00
0940	Oral Care Cat D – Facility Fee	Procedure		510.00	510.00	585.00
0941	Oral Care Cat D – General practitioner	Procedure	440.00	950.00	950.00	1025.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	905.00	1415.00	1415.00	1490.00
0950	Oral Care Cat E – Facility Fee	Procedure		1720.00	1720.00	1970.00
0951	Oral Care Cat E – General practitioner	Procedure	1485.00	3205.00	3205.00	3455.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	3045.00	4765.00	4765.00	5015.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		30.00	30.00	40.00
1011	Outpatient Consultation – General medical practitioner	Visit	35.00	65.00	65.00	75.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	80.00	110.00	110.00	120.00
1013	Outpatient Consultation – Nursing practitioner	Visit	20.00	50.00	50.00	60.00
1014	Outpatient Consultation – Allied health practitioner	Visit	20.00	50.00	50.00	60.00
1020	Emergency Consultation – Facility Fee	Visit		65.00	65.00	75.00
1021	Emergency Consultation – General medical practitioner	Visit	55.00	120.00	120.00	130.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	120.00	185.00	185.00	195.00
1023	Emergency Consultation – Nursing practitioner	Visit	30.00	95.00	95.00	105.00
1024	Emergency Consultation – Allied health practitioner	Visit	35.00	100.00	100.00	110.00
11	Ambulatory Procedures					
1110	Ambulatory Procedure Cat A – Facility Fee	Procedure		110.00	110.00	130.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1111	Ambulatory Procedure Cat A – General medical practitioner	Procedure	40.00	150.00	150.00	170.00
1112	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	70.00	180.00	180.00	200.00
1113	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	20.00	130.00	130.00	150.00
1120	Ambulatory Procedure Cat B – Facility Fee	Procedure		110.00	110.00	130.00
1121	Ambulatory Procedure Cat B – General medical practitioner	Procedure	55.00	165.00	165.00	185.00
1122	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	125.00	235.00	235.00	255.00
1130	Ambulatory Procedure Cat C – Facility Fee	Procedure		110.00	110.00	130.00
1131	Ambulatory Procedure Cat C – General medical practitioner	Procedure	90.00	200.00	200.00	220.00
1132	Ambulatory Procedure Cat C – Specialist medical practitioner	Procedure	195.00	305.00	305.00	325.00
1140	Ambulatory Procedure Cat D – Facility Fee	Procedure		110.00	110.00	130.00
1141	Ambulatory Procedure Cat D – General medical practitioner	Procedure	230.00	340.00	340.00	360.00
1142	Ambulatory Procedure Cat D – Specialist medical practitioner	Procedure	520.00	630.00	630.00	650.00
12	Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		350.00	515.00	590.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	35.00	385.00	550.00	625.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	70.00	420.00	585.00	660.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		530.00	775.00	895.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	55.00	585.00	830.00	950.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	125.00	655.00	900.00	1020.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		910.00	1335.00	1540.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	85.00	995.00	1420.00	1625.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	195.00	1105.00	1530.00	1735.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		2330.00	3420.00	3940.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	230.00	2560.00	3650.00	4170.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	520.00	2850.00	3940.00	4460.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		20.00	20.00	25.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	35.00	55.00	55.00	60.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		15.00	15.00	20.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	30.00	45.00	45.00	50.00
14	Emergency Medical Services	Contact				
1410	Patient transport service – Facility Fee	Contact				
1420	Basic life support – Facility Fee	Contact				
1430	Intermediate life support – Facility Fee	Contact				
1440	Advanced life support – Facility Fee	Contact				
1450	Emergency service standby – Facility Fee (100%)	Contact				
1451	Emergency service standby – General medical practitioner	Contact				
1452	Emergency service standby – Specialist medical practitioner	Contact				
1453	Emergency service standby – Nursing practitioner	Contact				
1454	Emergency service standby – Allied health practitioner	Contact				
1460	Rescue – Facility Fee (15%)	Contact				
1461	Rescue – General medical practitioner	Contact				
1462	Rescue – Specialist medical practitioner	Contact				
1463	Rescue – Nursing practitioner	Contact				
1464	Rescue – Allied health practitioner	Contact				
	See administrator's Notice no 646 of 29 August 1958					
15	Assistive Devices & Prosthesis (75%)					
1510	Item Fee	Item		75% of the cost of the relevant device or prosthesis, rounded to the nearest R5		
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		735.00	735.00	840.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	505.00	1240.00	1240.00	1345.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	755.00	1490.00	1490.00	1595.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		1655.00	1655.00	1890.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	425.00	2080.00	2080.00	2315.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	635.00	2290.00	2290.00	2525.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		2675.00	2675.00	3055.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	850.00	3525.00	3525.00	3905.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	1275.00	3950.00	3950.00	4330.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		4515.00	4515.00	5160.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	955.00	5465.00	5465.00	6110.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	1405.00	5915.00	5915.00	6560.00

INSERTION OF ANNEXURE 3 TO SCHEDULE B

5. Annexure 3 to Schedule B is hereby inserted after Annexure 2 to Schedule B

“ ANNEXURE 3 TO SCHEDULE B

UPFS 2006 FEE SCHEDULE FOR FULL PAYING PATIENTS (PRIVATE PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	109.00	109.00	109.00	109.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	163.00	163.00	163.00	163.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	185.00	185.00	185.00	185.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	278.00	278.00	278.00	278.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	650.00	650.00	650.00	650.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	975.00	975.00	975.00	975.00
02	Confinement					
0210	Confinement – Facility Fee	Incident		2006.00	2006.00	2335.00
0211	Confinement – General medical practitioner	Incident	1088.00	3094.00	3094.00	3423.00
0212	Confinement – Specialist medical practitioner	Incident	1404.00	3410.00	3410.00	3739.00
0213	Confinement – Nursing practitioner	Incident	1316.00	3322.00	3322.00	3651.00
03	Dialysis					
0310	Haemo – Facility Fee	Session		720.00	720.00	825.00
0311	Haemo-dialysis – General medical practitioner	Session	137.00	857.00	857.00	962.00
0312	Haemo-dialysis – Specialist medical practitioner	Session	171.00	891.00	891.00	996.00
0320	Peritoneal Dialysis – Facility Fee	Day		111.00	111.00	127.00
0321	Peritoneal Dialysis – General medical practitioner	Day	21.00	132.00	132.00	148.00
0322	Peritoneal Dialysis – Specialist medical practitioner	Day	27.00	138.00	138.00	154.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		70.00	70.00	85.00
0411	Medical Report – General medical practitioner	Report	130.00	200.00	200.00	215.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0412	Medical Report – Specialist medical practitioner	Report	200.00	270.00	270.00	285.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		36.00	36.00	41.00
0511	Radiology, Cat A – General medical practitioner	Procedure	35.00	71.00	71.00	76.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	68.00	104.00	104.00	109.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	34.00	70.00	70.00	75.00
0520	Radiology, Cat B – Facility Fee	Procedure		100.00	100.00	114.00
0521	Radiology, Cat B – General medical practitioner	Procedure	96.00	196.00	196.00	210.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	188.00	288.00	288.00	302.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	94.00	194.00	194.00	208.00
0530	Radiology, Cat C – Facility Fee	Procedure		465.00	465.00	531.00
0531	Radiology, Cat C – General medical practitioner	Procedure	298.00	763.00	763.00	829.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	918.00	1383.00	1383.00	1449.00
0540	Radiology, Cat D – Facility Fee	Procedure		1186.00	1186.00	1355.00
0541	Radiology, Cat D – General medical practitioner	Procedure	1097.00	2283.00	2283.00	2452.00
0542	Radiology, Cat D – Specialist	Procedure	2291.00	3477.00	3477.00	3646.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		369.00	470.00	888.00
0611	In-patient General Ward – General medical practitioner	Day	76.00	445.00	546.00	964.00
0612	In-patient General Ward – Specialist medical practitioner	Day	133.00	502.00	603.00	1021.00
0620	In-patient High care – Facility Fee	12 hours		571.00	715.00	1025.00
0621	In-patient High Care – General medical practitioner	12 hours	40.00	611.00	755.00	1065.00
0622	In-patient High Care – Specialist medical practitioner	12 hours	75.00	646.00	790.00	1100.00
0630	In-patient Intensive care – Facility Fee	12 hours		1878.00	1878.00	2246.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	45.00	1923.00	1923.00	2291.00
0632	In-patient Intensive Care – Specialist medical practitioner	12 hours	85.00	1963.00	1963.00	2331.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0640	In-patient Chronic care – Facility Fee	Day		216.00	216.00	216.00
0641	In-patient Chronic care – General medical practitioner	Day	25.00	241.00	241.00	241.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	58.00	274.00	274.00	274.00
0643	I In-patient Chronic care – Nursing practitioner	Day	15.00	231.00	231.00	231.00
0650	Day patient – Facility Fee	Day		307.00	387.00	568.00
0651	Day patient – General medical practitioner	Day	76.00	383.00	463.00	644.00
0652	Day patient – Specialist medical practitioner	Day	133.00	440.00	520.00	701.00
0653	Day patient – Nursing practitioner	Day	45.00	352.00	432.00	613.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		177.00	177.00	177.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	15.00	192.00	192.00	192.00
07	Mortuary					
0710	Mortuary – Facility Fee		} See administrator's Notice no.372 of 3 April 1968			
0720	Cremation Certificate – Facility Fee					
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		17.00	17.00	20.00
0815	Item Fee	Item		In terms of the national tender list. Items not on the national tender list: cost plus 100%.		
09	Oral Health (Hospitals)					
0910	Oral Care Cat A – Facility Fee	Procedure		14.00	14.00	16.00
0911	Oral Care Cat A – General practitioner	Procedure	24.00	38.00	38.00	40.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	20.00	34.00	34.00	36.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	19.00	33.00	33.00	35.00
0920	Oral Care Cat B – Facility Fee	Procedure		43.00	43.00	49.00
0921	Oral Care Cat B – General practitioner	Procedure	47.00	90.00	90.00	96.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	74.00	117.00	117.00	123.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	38.00	81.00	81.00	87.00
0930	Oral Care Cat C – Facility Fee	Procedure		260.00	260.00	297.00
0931	Oral Care Cat C – General practitioner	Procedure	288.00	548.00	548.00	585.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0932	Oral Care Cat C – Specialist practitioner	Procedure	494.00	754.00	754.00	791.00
0940	Oral Care Cat D – Facility Fee	Procedure		1023.00	1023.00	1170.00
0941	Oral Care Cat D – General practitioner	Procedure	882.00	1905.00	1905.00	2052.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	1810.00	2833.00	2833.00	2980.00
0950	Oral Care Cat E – Facility Fee	Procedure		3443.00	3443.00	3935.00
0951	Oral Care Cat E – General practitioner	Procedure	2967.00	6410.00	6410.00	6902.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	6089.00	9532.00	9532.00	10024.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		46.00	46.00	55.00
1011	Outpatient Consultation – General medical practitioner	Visit	51.00	97.00	97.00	106.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	117.00	163.00	163.00	172.00
1013	Outpatient Consultation – Nursing practitioner	Visit	30.00	76.00	76.00	85.00
1014	Outpatient Consultation – Allied health practitioner	Visit	31.00	77.00	77.00	86.00
1020	Emergency Consultation – Facility Fee	Visit		92.00	92.00	110.00
1021	Emergency Consultation – General medical practitioner	Visit	76.00	168.00	168.00	186.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	175.00	267.00	267.00	285.00
1023	Emergency Consultation – Nursing practitioner	Visit	45.00	137.00	137.00	155.00
1024	Emergency Consultation – Allied health practitioner	Visit	46.00	138.00	138.00	156.00
11	Ambulatory Procedures					
1110	Ambulatory Procedure Cat A – Facility Fee	Procedure		216.00	216.00	259.00
1111	Ambulatory Procedure Cat A – General medical practitioner	Procedure	74.00	290.00	290.00	333.00
1112	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	144.00	360.00	360.00	403.00
1113	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	43.00	259.00	259.00	302.00
1120	Ambulatory Procedure Cat B – Facility Fee	Procedure		216.00	216.00	259.00
1121	Ambulatory Procedure Cat B – General medical practitioner	Procedure	111.00	327.00	327.00	370.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1122	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	251.00	467.00	467.00	510.00
1130	Ambulatory Procedure Cat C – Facility Fee	Procedure		216.00	216.00	259.00
1131	Ambulatory Procedure Cat C – General medical practitioner	Procedure	174.00	390.00	390.00	433.00
1132	Ambulatory Procedure Cat C – Specialist medical practitioner	Procedure	392.00	608.00	608.00	651.00
1140	Ambulatory Procedure Cat D – Facility Fee	Procedure		216.00	216.00	259.00
1141	Ambulatory Procedure Cat D – General medical practitioner	Procedure	461.00	677.00	677.00	720.00
1142	Ambulatory Procedure Cat D – Specialist medical practitioner	Procedure	1038.00	1254.00	1254.00	1297.00
12	Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		699.00	1025.00	1182.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	74.00	773.00	1099.00	1256.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	144.00	843.00	1169.00	1326.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1058.00	1552.00	1788.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	111.00	1169.00	1663.00	1899.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	251.00	1309.00	1803.00	2039.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		1818.00	2667.00	3079.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	174.00	1992.00	2841.00	3253.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	392.00	2210.00	3059.00	3471.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		4663.00	6839.00	7882.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	461.00	5124.00	7300.00	8343.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1038.00	5701.00	7877.00	8920.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		30.00	30.00	34.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	52.00	82.00	82.00	86.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		22.00	22.00	25.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	39.00	61.00	61.00	64.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km				
1420	Basic life support – Facility Fee	50km				
1430	Intermediate life support – Facility Fee	50km				
1440	Advanced life support – Facility Fee	50km				
1450	Emergency service standby – Facility Fee	Hour				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1454	Emergency service standby – Allied health practitioner	Hour				
1460	Rescue – Facility Fee	Incident				
1461	Rescue – General medical practitioner	Incident				
1462	Rescue – Specialist medical practitioner	Incident				
1463	Rescue – Nursing practitioner	Incident				
1464	Rescue – Allied health practitioner	Incident				
	See administrator's Notice no 646 of 29 August 1958					
15	Assistive Devices & Prosthesis					
1510	Item Fee	Item		In terms of the UPFS list of assistive devices for medical orthotic prosthesis services. Items not on the above list : Fees fees prescribed by the MEC for Health		
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1471.00	1471.00	1681.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1005.00	2476.00	2476.00	2686.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1508.00	2979.00	2979.00	3189.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		3309.00	3309.00	3782.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	848.00	4157.00	4157.00	4630.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1271.00	4580.00	4580.00	5053.00
1630	Cosmetic Surgery – Cat C.– Facility Fee	Procedure		5344.00	5344.00	6108.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	1699.00	7043.00	7043.00	7807.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	2549.00	7893.00	7893.00	8657.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		9027.00	9027.00	10 316.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	1907.00	10934.00	10934.00	12223.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	2806.00	11833.00	11833.00	13122.00

Application of regulations

6. The provisions of these regulations shall not apply to a person -

- (a) who is an in-patient on the day immediately preceding 01 January 2006 ; or
- (b) whose admission and classification as an in-patient had been approved before 01 January 2006 ,
and for the period ending on the date upon which he or she is discharged from the hospital concerned.

Short title and commencement

7. 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 January 2006.

