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**IMPORTANT NOTICE**

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## GENERAL NOTICES

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### NOTICE 1954 OF 2010

#### DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

HOSPITALS ORDINANCE, 1958 (ORDINANCE NO.14 OF 1958) as amended by HOSPITALS ORDINANCE AMENDMENT ACT, 1999 (ACT NO. 4 OF 1999)

#### REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2010

The Member of Executive Council responsible for health in the Province has, in terms of section 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), made regulations in the Schedule.

#### SCHEDULE

##### Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Amended Regulations and tariffs relating to ambulances, 1958, published under Administrator's Notice No. 646 of 29 August 1958, as amended by Administrator's Notice No. 252 of 1993 (19 June 1993) and General Notice Nos 7560 of 1999 (PG 104 of 19 November 1999), 2584 of 2002 (PG 305 of 20 September 2002), 657 of 2003 (PG 71 of 5 March 2003), 461 of 2005 (PG 47 of 7 February 2005), 4859 of 2005 (PG 526 of 6 December 2005), 3008 of 2007 (PG 188 of 16 July 2007), 3022 of 2008 (PG 217 of 22 August 2008) and 3774 of 2009 (PG 247 of 13 November 2009).

### **Amendment of regulation 8 of the regulations.**

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

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

**“(1) Patient transport vehicle**

Per 100 km 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.....	R256,00	1410”

(b) substitution for sub-regulation (2) of the following sub-regulation:

**“(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 .....	R701,00	1420
Intermediate life support .....	R947,00	1430
Advanced life support .....	R1574,00	1440”

(c) 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.....	R254.00		1450
Additional charge for service provided by —			
General medical practitioner .....		R278,00	1451
Specialist medical practitioner .....		R521,00	1452
Nursing practitioner .....		R187,00	1453
Basic life support practitioner .....		R99,00	1455
Intermediate life support practitioner.....		R121.00	1456
Advanced life support practitioner.....		R257.00	1457”

(d) substitution for sub-regulation (5) of the following sub-regulation:

**“(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.....	R750.00		1460
Additional charge for services by-			
General medical practitioner .....		R1125,00	1461
Specialist medical practitioner .....		R1686,00	1462
Nursing practitioner .....		R750.00	1463
Basic life support practitioner .....		R99.00	1465
Intermediate life support practitioner.....		R121.00	1466
Advanced life support practitioner.....		R257.00	1467
Emergency transport air services fixed wing...	R6899.00		1470
Emergency transport air services helicopter....	R7577.00		1480
Emergency service standby-Facility Fee	R150.00		1490”

**Short title**

**3.** These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2010.

**NOTICE 1955 OF 2010****DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT**

HOSPITALS ORDINANCE, 1958 (ORDINANCE NO.14 OF 1958) as amended by HOSPITALS ORDINANCE AMENDMENT ACT, 1999 (ACT NO. 4 OF 1999)

**REVISION OF THE UNIFORM PATIENT FEE SCHEDULE  
RELATING TO HOSPITAL MORTUARY, 2010**

The Member of Executive Council responsible for health in the Province has, in terms of section 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), made regulations in the Schedule.

**SCHEDULE****Definition**

**1.** In these regulations, unless the context otherwise indicates, "the Regulations" means the Hospital Mortuary Regulations, 1968, published under Administrator's Notice No. 372 of 3 April 1968, as amended by General Notices No's 658 of 2003 (PN 71 of 5 March 2003), 462 of 2005 (PG 47 of 7 February 2005), 3009 of 2007 (PG 188 of 16 July 2007), 3023 of 2008 (PG 217 of 22 August 2008) and 3775 of 2009 (PG 247 of 13 November 2009).

**Amendment of regulation 3 of the Regulations**

**2.** Regulation 3 of the Regulations is hereby amended by the —

(a) substitution for paragraph (a) and (b) of subregulation (1) of the following paragraphs:

- “(a) Level 1 and level 2 hospital R124, 00 (UPFS code 0710);  
and
- (b) Level 3 hospital: R142, 00 (UPFS code 0710).”

(b) substitution for paragraph (a) of subregulation (3) of the following paragraph:

- “(a) for each 24 hours on part thereof that the corpse is accommodated in the mortuary of a –
- (i) Level 1 and level 2 hospital: R124.00 (UPFS code 0710); and
- (ii) Level 3 hospital: R142.00 (UPFS code 0710).”

### **Amendment of regulation 4 of the Regulations**

**3.** Regulation 4 of the Regulations is hereby amended by the —

(a) substitution for paragraphs (a) and (b) of subregulation (1) of the following paragraphs:

- “(a) Level 1 and level 2 hospital: R124.00 (UPFS code 0720);  
and
- (b) Level 3 hospital: R142.00 (UPFS code 0720).”



**Short title**

**4.** These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2010.

**NOTICE 1956 OF 2010****DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT**

HOSPITALS ORDINANCE, 1958 (ORDINANCE NO.14 OF 1958)

as amended by HOSPITALS ORDINANCE AMENDMENT ACT, 1999 (ACT NO. 4 OF 1999)

**REVISION OF THE UNIFORM PATIENT FEE SCHEDULE  
RELATING TO CLASSIFICATION OF AND FEES PAYABLE BY  
PATIENTS AT PROVINCIAL HOSPITALS, 2010**

The Member of Executive Council responsible for health in the Province has, in terms of sections 9, 36, 38 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958) , made the regulation in the Schedule.

**SCHEDULE****Definition**

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Classification of and Fees payable by patients at Provincial Hospitals, Regulations, 1968, published under Administrator's Notice No. 616 of 12 June 1968, as amended by General Notices Nos 7560 of 1999 (PG 104 of 19 November 1999), 2586 of 2002 (PG 305 of 20 September 2002), 659 of 2003 (PG 71 of 5 March 2003), 461 of

2005 (PG 47 of 7 February 2005), 4860 of 2005 (PG 526 of 6 December 2005), 3010 of 2007 (PG 188 of 16 July 2007), 3024 of 2008 (PG 217 of 22 August 2008), as corrected by General Notice No. 3696 of 2008 (PG 277 of 9 October 2008 and as amended by a General Notice No. 3776 of 2009 (PG 247 of 13 November 2009).

## Amendment of Annexure 1 to Schedule B of the Regulations

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

### "ANNEXURE 1 TO SCHEDULE B UPFS 2010 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
<b>*03</b>	<b>Dialysis</b>					
0310	<b>Haemo- Facility Fee</b>	Up to 6 visits		10.00	10.00	10.00
0311	Haemo- General medical practitioner	Up to 6 visits	10.00	<b>20.00</b>	<b>20.00</b>	<b>20.00</b>
0312	Haemo- Specialist medical practitioner	Up to 6 visits	10.00	<b>20.00</b>	<b>20.00</b>	<b>20.00</b>
0320	<b>Peritoneal Dialysis- Facility Fee</b>	Up to 6 visits		10.00	10.00	10.00
0321	Peritoneal Dialysis- General medical practitioner	Up to 6 visits	10.00	<b>20.00</b>	<b>20.00</b>	<b>20.00</b>
0322	Haemo- Specialist medical practitioner	Up to 6 visits	10.00	<b>20.00</b>	<b>20.00</b>	<b>20.00</b>
0330	<b>Plasmapheresis- Facility Fee</b>	Up to 6 visits		10.00	10.00	10.00
0331	Plasmapheresis- General medical practitioner	Up to 6 visits	10.00	<b>20.00</b>	<b>20.00</b>	<b>20.00</b>
0332	Plasmapheresis- Specialist medical practitioner	Up to 6 visits	10.00	<b>20.00</b>	<b>20.00</b>	<b>20.00</b>
<b>04</b>	<b>Medical Reports</b>					
0410	<b>Medical Report – Facility Fee</b>	Report		92.00	92.00	112.00
0411	Medical Report – General medical practitioner	Report	172.00	<b>264.00</b>	<b>264.00</b>	<b>284.00</b>
0412	Medical Report – Specialist medical practitioner	Report	265.00	<b>357.00</b>	<b>357.00</b>	<b>377.00</b>
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	86.00	<b>178.00</b>	<b>178.00</b>	<b>198.00</b>
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	132.00	<b>224.00</b>	<b>224.00</b>	<b>244.00</b>
0425	Copies of X ray, ultrasounds ect.	Copies	86.00	<b>178.00</b>	<b>178.00</b>	<b>198.00</b>

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
<b>06</b>	<b>In-Patients</b>					
0610	<b>In-patient General ward – Facility Fee</b>	Per 30 Days		25.00	35.00	70.00
0611	In-patient General Ward – General medical practitioner	Per 30 Days	5.00	<b>30.00</b>	<b>40.00</b>	<b>75.00</b>
0612	In-patient General Ward – Specialist medical practitioner	Per 30 Days	10.00	<b>35.00</b>	<b>45.00</b>	<b>80.00</b>
0620	<b>In-patient High care – Facility Fee</b>	Per 30 Days		25.00	35.00	70.00
0621	In-patient High Care – General medical practitioner	Per 30 Days	5.00	<b>30.00</b>	<b>40.00</b>	<b>75.00</b>
0622	In-patient High Care – Specialist medical practitioner	Per 30 Days	10.00	<b>35.00</b>	<b>45.00</b>	<b>80.00</b>
0630	<b>In-patient Intensive care – Facility Fee</b>	Per 30 Days		25.00	35.00	70.00
0631	In-patient Intensive Care – General medical practitioner	Per 30 Days	5.00	<b>30.00</b>	<b>40.00</b>	<b>75.00</b>
0632	In-patient Intensive Care– Specialist medical practitioner	Per 30 Days	10.00	<b>35.00</b>	<b>45.00</b>	<b>80.00</b>
0640	<b>In-patient Chronic care – Facility Fee</b>	Per 30 Days		25.00	35.00	70.00
0641	In-patient Chronic care – General medical practitioner	Per 30 Days	5.00	<b>30.00</b>	<b>40.00</b>	<b>75.00</b>
0642	In-patient Chronic care – Specialist medical practitioner	Per 30 Days	10.00	<b>35.00</b>	<b>45.00</b>	<b>80.00</b>
0643	In-patient Chronic care – Nursing practitioner	Per 30 Days	5.00	<b>30.00</b>	<b>40.00</b>	<b>75.00</b>
0650	<b>Day patient – Facility Fee</b>	Per 30 Days		25.00	35.00	70.00
0651	Day patient – General medical practitioner	Per 30 Days	5.00	<b>30.00</b>	<b>40.00</b>	<b>75.00</b>
0652	Day patient – Specialist medical practitioner	Per 30 Days	10.00	<b>35.00</b>	<b>45.00</b>	<b>80.00</b>
0653	Day patient – Nursing practitioner	Per 30 Days	5.00	<b>30.00</b>	<b>40.00</b>	<b>75.00</b>
0660	<b>In-patient Boarder/Patient companion – Facility Fee</b>	Per 30 Days		25.00	35.00	70.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Per 30 Days	5.00	<b>30.00</b>	<b>40.00</b>	<b>75.00</b>
<b>10</b>	<b>Consultations</b>					
1010	<b>Outpatient Consultation – Facility Fee</b>	Visit		10.00	10.00	15.00
1011	Outpatient Consultation – General medical practitioner	Visit	10.00	<b>20.00</b>	<b>20.00</b>	<b>25.00</b>
1012	Outpatient Consultation – Specialist medical practitioner	Visit	25.00	<b>35.00</b>	<b>35.00</b>	<b>40.00</b>
1013	Outpatient Consultation – Nursing practitioner	Visit	5.00	<b>15.00</b>	<b>15.00</b>	<b>20.00</b>

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE  R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1014	Outpatient Consultation – Allied health practitioner	Visit	5.00	<b>15.00</b>	<b>15.00</b>	<b>20.00</b>
1020	<b>Emergency Consultation – Facility Fee</b>	Visit		10.00	10.00	15.00
1021	Emergency Consultation – General medical practitioner	Visit	10.00	<b>20.00</b>	<b>20.00</b>	<b>25.00</b>
1022	Emergency Consultation – Specialist medical practitioner	Visit	25.00	<b>35.00</b>	<b>35.00</b>	<b>40.00</b>
1023	Emergency Consultation – Nursing practitioner	Visit	5.00	<b>15.00</b>	<b>15.00</b>	<b>20.00</b>
1024	Emergency Consultation – Allied health practitioner	Visit	5.00	<b>15.00</b>	<b>15.00</b>	<b>20.00</b>
<b>*13</b>	<b>Treatments</b>					
1310	<b>Supplementary Health Treatment – Facility Fee</b>	Up to 5 visits		5.00	5.00	10.00
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	10.00	<b>15.00</b>	<b>15.00</b>	<b>20.00</b>
1320	<b>Supplementary Health Group Treatment – Facility Fee</b>	Up to 5 visits		5.00	5.00	10.00
1324	Supplementary Health Group Treatment Allied practitioner	Up to 5 visits	10.00	<b>15.00</b>	<b>15.00</b>	<b>20.00</b>
<b>15</b>	<b>Assistive Devices &amp; Prosthesis</b>					
1510	Assistive Devices – Item Fee	Item	10 % of the cost of the relevant device or prosthesis, rounded to the nearest R5			
1520	Prosthetic Devices - Item Fee	Item				
1530	Dental Items – Item Fee	Item				
<b>16</b>	<b>Cosmetic Surgery</b>					
1610	<b>Cosmetic Surgery Cat A – Facility Fee</b>	Procedure		1947.00	1947.00	2224.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1123.00	<b>3070.00</b>	<b>3070.00</b>	<b>3347.00</b>
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1682.00	<b>3629.00</b>	<b>3629.00</b>	<b>3906.00</b>
1620	<b>Cosmetic Surgery Cat B – Facility Fee</b>	Procedure		4378.00	4378.00	5005.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1330.00	<b>5708.00</b>	<b>5708.00</b>	<b>6335.00</b>
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1995.00	<b>6373.00</b>	<b>6373.00</b>	<b>7000.00</b>
1630	<b>Cosmetic Surgery – Cat C – Facility Fee</b>	Procedure		7071.00	7071.00	8082.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2248.00	<b>9319.00</b>	<b>9319.00</b>	<b>10330.00</b>

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3373.00	<b>10444.00</b>	<b>10444.00</b>	<b>11455.00</b>
1640	<b>Cosmetic Surgery Cat D – Facility Fee</b>	Procedure		11944.00	11944.00	13650.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2523.00	<b>14467.00</b>	<b>14467.00</b>	<b>16173.00</b>
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3712.00	<b>15656.00</b>	<b>15656.00</b>	<b>17362.00</b>
<b>*18</b>	<b>Radiation Oncology</b>					
1810	<b>Radiation Oncology- Facility Fee</b>	Up to 6 visits		20.00	20.00	20.00
1812	Radiation Oncology- Specialist medical practitioner	Up to 6 visits	20.00	<b>40.00</b>	<b>40.00</b>	<b>40.00</b>
<b>*19</b>	<b>Nuclear Medicine</b>					
1910	<b>Nuclear Medicine- Facility Fee</b>	Up to 4 visits		20.00	20.00	20.00
1912	Nuclear Medicine- Specialist medical practitioner	Up to 4 visits	20.00	<b>40.00</b>	<b>40.00</b>	<b>40.00</b>
1950	<b>Positron Emission Tomography (PET)- Facility Fee</b>	Up to 4 visits		20.00	20.00	20.00
1952	Positron Emission Tomography (PET)- Specialist practitioner	Up to 4 visits	20.00	<b>40.00</b>	<b>40.00</b>	<b>40.00</b>

**\* DIALYSIS**

Charge a maximum of 6 visits per 30 days or part thereof.

**\* TREATMENT**

Charge a maximum of 5 visits per 30 days or part thereof.

**\* RADIATION ONCOLOGY**

Charge a maximum of 6 visits per 30 days or part thereof.

**\* NUCLEAR MEDICINE**

Charge a maximum of 4 visits per 30 days or part thereof. This tariff shall include the cost of radio isotopes/radiopharmaceuticals with no additional charges.

**NOTE:**

- For all of the above packages, patients who attend for less than the respective maximum visits are to be billed per visits accordingly.
- The packages are not applicable to externally funded and private-doctor patients."



**Amendment of Annexure 2 to Schedule B of the Regulations**

**3.** Annexure 2 to Schedule B is hereby amended by the substitution of the following Annexure:

**"ANNEXURE 2 TO SCHEDULE B  
UPFS 2010 FEE SCHEDULE FOR H2 PATIENTS**

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
<b>01</b>	<b>Anaesthetics</b>					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	50.00	<b>50.00</b>	<b>50.00</b>	<b>50.00</b>
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	80.00	<b>80.00</b>	<b>80.00</b>	<b>80.00</b>
0121	Anaesthetics Cat B – General medical practitioner	Procedure	95.00	<b>95.00</b>	<b>95.00</b>	<b>95.00</b>
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	140.00	<b>140.00</b>	<b>140.00</b>	<b>140.00</b>
0131	Anaesthetics Cat C – General medical practitioner	Procedure	325.00	<b>325.00</b>	<b>325.00</b>	<b>325.00</b>
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	490.00	<b>490.00</b>	<b>490.00</b>	<b>490.00</b>
<b>*03</b>	<b>Dialysis</b>					
0310	<b>Haemo – Facility Fee</b>	Up to 6 visits		30.00	30.00	30.00
0311	Haemo Dialysis – General Medical Practitioner	Up to 6 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
0312	Haemo Dialysis – Specialist Medical Practitioner	Up to 6 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
0313	Haemo Dialysis – Nursing Practitioner	Up to 6 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
0320	<b>Peritoneal Dialysis – Facility Fee</b>	Up to 6 visits		30.00	30.00	30.00
0321	Peritoneal Dialysis – General medical practitioner	Up to 6 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
0322	Peritoneal Dialysis – Specialist medical practitioner	Up to 6 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
0323	Peritoneal Dialysis –Nursing Practitioner	Up to 6 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
0330	<b>Plasmapheresis – Facility Fee</b>	Up to 6 visits		30.00	30.00	30.00
0331	Plasmapheresis – General Medical Practitioner	Up to 6 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
0332	Plasmapheresis – Specialist Medical Practitioner	Up to 6 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
<b>04</b>	<b>Medical Reports</b>					
0410	<b>Medical Report – Facility Fee</b>	Report		92.00	92.00	112.00
0411	Medical Report – General medical practitioner	Report	172.00	<b>264.00</b>	<b>264.00</b>	<b>284.00</b>

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE  R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0412	Medical Report – Specialist medical practitioner	Report	265.00	<b>357.00</b>	<b>357.00</b>	<b>377.00</b>
0421	Copies of Medical Report, Records, X- Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	86.00	<b>178.00</b>	<b>178.00</b>	<b>198.00</b>
0422	Copies of Medical Report, Records, X- Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	132.00	<b>224.00</b>	<b>224.00</b>	<b>244.00</b>
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	86.00	<b>178.00</b>	<b>178.00</b>	<b>198.00</b>
<b>05</b>	<b>Imaging</b>					
0510	<b>Radiology, Cat A – Facility Fee</b>	Procedure		20.00	20.00	25.00
0511	Radiology, Cat A – General medical practitioner	Procedure	20.00	<b>40.00</b>	<b>40.00</b>	<b>45.00</b>
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	35.00	<b>55.00</b>	<b>55.00</b>	<b>60.00</b>
0514	Radiology, Cat A – Allied health practitioner	Procedure	15.00	<b>35.00</b>	<b>35.00</b>	<b>40.00</b>
0520	<b>Radiology, Cat B – Facility Fee</b>	Procedure		50.00	50.00	55.00
0521	Radiology, Cat B – General medical practitioner	Procedure	50.00	<b>100.00</b>	<b>100.00</b>	<b>105.00</b>
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	95.00	<b>145.00</b>	<b>145.00</b>	<b>150.00</b>
0524	Radiology, Cat B – Allied health practitioner	Procedure	45.00	<b>95.00</b>	<b>95.00</b>	<b>100.00</b>
0530	<b>Radiology, Cat C – Facility Fee</b>	Procedure		235.00	235.00	265.00
0531	Radiology, Cat C – General medical practitioner	Procedure	150.00	<b>385.00</b>	<b>385.00</b>	<b>415.00</b>
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	460.00	<b>695.00</b>	<b>695.00</b>	<b>725.00</b>
0540	<b>Radiology, Cat D – Facility Fee</b>	Procedure		595.00	595.00	680.00
0541	Radiology, Cat D – General medical practitioner	Procedure	550.00	<b>1145.00</b>	<b>1145.00</b>	<b>1230.00</b>
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	1145.00	<b>1740.00</b>	<b>1740.00</b>	<b>1825.00</b>
<b>06</b>	<b>In-patients</b>					
0610	<b>In-patient General ward – Facility Fee</b>	Day		25.00	35.00	65.00
0611	In-patient General Ward – General medical practitioner	Day	5.00	<b>30.00</b>	<b>40.00</b>	<b>70.00</b>
0612	In-patient General Ward – Specialist medical practitioner	Day	10.00	<b>35.00</b>	<b>45.00</b>	<b>75.00</b>
0620	<b>In-patient High care – Facility Fee</b>	Day		40.00	50.00	70.00
0621	In-patient High Care – General medical practitioner	Day	5.00	<b>45.00</b>	<b>55.00</b>	<b>75.00</b>
0622	In-patient High Care – Specialist medical practitioner	Day	10.00	<b>50.00</b>	<b>60.00</b>	<b>80.00</b>
0630	<b>In-patient Intensive care – Facility Fee</b>	Day		130.00	130.00	160.00
0631	In-patient Intensive Care – General medical practitioner	Day	5.00	<b>135.00</b>	<b>135.00</b>	<b>165.00</b>

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0632	In-patient Intensive Care– Specialist medical practitioner	Day	10.00	<b>140.00</b>	<b>140.00</b>	<b>170.00</b>
0640	<b>In-patient Chronic care – Facility Fee</b>	Day		10.00	15.00	20.00
0641	In-patient Chronic care – General medical practitioner	Day	5.00	<b>15.00</b>	<b>20.00</b>	<b>25.00</b>
0642	In-patient Chronic care – Specialist medical practitioner	Day	5.00	<b>15.00</b>	<b>20.00</b>	<b>25.00</b>
0643	In-patient Chronic care – Nursing practitioner	Day	5.00	<b>15.00</b>	<b>20.00</b>	<b>25.00</b>
0650	<b>Day patient – Facility Fee</b>	Day		20.00	30.00	40.00
0651	Day patient – General medical practitioner	Day	5.00	<b>25.00</b>	<b>35.00</b>	<b>45.00</b>
0652	Day patient – Specialist medical practitioner	Day	10.00	<b>30.00</b>	<b>40.00</b>	<b>50.00</b>
0653	Day patient – Nursing practitioner	Day	5.00	<b>25.00</b>	<b>35.00</b>	<b>45.00</b>
0660	<b>In-patient Boarder/Patient companion – Facility Fee</b>	Day		10.00	10.00	15.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	5.00	<b>15.00</b>	<b>15.00</b>	<b>20.00</b>
<b>09</b>	<b>Oral Health</b>					
0910	<b>Oral Care Cat A – Facility Fee</b>	Procedure		5.00	5.00	10.00
0911	Oral Care Cat A – General practitioner	Procedure	10.00	<b>15.00</b>	<b>15.00</b>	<b>20.00</b>
0912	Oral Care Cat A – Specialist practitioner	Procedure	10.00	<b>15.00</b>	<b>15.00</b>	<b>20.00</b>
0914	Oral Care Cat A – Allied health practitioner	Procedure	10.00	<b>15.00</b>	<b>15.00</b>	<b>20.00</b>
0920	<b>Oral Care Cat B – Facility Fee</b>	Procedure		20.00	20.00	25.00
0921	Oral Care Cat B – General practitioner	Procedure	25.00	<b>45.00</b>	<b>45.00</b>	<b>50.00</b>
0922	Oral Health Cat B – Specialist practitioner	Procedure	40.00	<b>60.00</b>	<b>60.00</b>	<b>65.00</b>
0924	Oral Care Cat B – Allied health practitioner	Procedure	20.00	<b>40.00</b>	<b>40.00</b>	<b>45.00</b>
0930	<b>Oral Care Cat C – Facility Fee</b>	Procedure		130.00	130.00	150.00
0931	Oral Care Cat C – General practitioner	Procedure	145.00	<b>275.00</b>	<b>275.00</b>	<b>295.00</b>
0932	Oral Care Cat C – Specialist Practitioner	Procedure	245.00	<b>375.00</b>	<b>375.00</b>	<b>395.00</b>
0940	<b>Oral Care Cat D – Facility Fee</b>	Proccdure		510.00	510.00	585.00
0941	Oral Care Cat D – General practitioner	Procedure	440.00	<b>950.00</b>	<b>950.00</b>	<b>1025.00</b>
0942	Oral Care Cat D – Specialist practitioner	Procedure	905.00	<b>1415.00</b>	<b>1415.00</b>	<b>1490.00</b>
0950	<b>Oral Care Cat E – Facility Fee</b>	Procedure		1720.00	1720.00	1970.00
0951	Oral Care Cat E – General practitioner	Procedure	1485.00	<b>3205.00</b>	<b>3205.00</b>	<b>3455.00</b>
0952	Oral Care Cat E – Specialist practitioner	Procedure	3045.00	<b>4765.00</b>	<b>4765.00</b>	<b>5015.00</b>
<b>10</b>	<b>Consultations</b>					
1010	<b>Outpatient Consultation – Facility Fee</b>	Visit		30.00	30.00	40.00
1011	Outpatient Consultation – General medical practitioner	Visit	35.00	<b>65.00</b>	<b>65.00</b>	<b>75.00</b>

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1012	Outpatient Consultation – Specialist medical practitioner	Visit	80.00	<b>110.00</b>	<b>110.00</b>	<b>120.00</b>
1013	Outpatient Consultation – Nursing practitioner	Visit	20.00	<b>50.00</b>	<b>50.00</b>	<b>60.00</b>
1014	Outpatient Consultation – Allied health practitioner	Visit	20.00	<b>50.00</b>	<b>50.00</b>	<b>60.00</b>
1020	<b>Emergency Consultation – Facility Fee</b>	Visit		65.00	65.00	75.00
1021	Emergency Consultation – General medical practitioner	Visit	55.00	<b>120.00</b>	<b>120.00</b>	<b>130.00</b>
1022	Emergency Consultation – Specialist medical practitioner	Visit	120.00	<b>185.00</b>	<b>185.00</b>	<b>195.00</b>
1023	Emergency Consultation – Nursing practitioner	Visit	30.00	<b>95.00</b>	<b>95.00</b>	<b>105.00</b>
1024	Emergency Consultation – Allied health practitioner	Visit	35.00	<b>100.00</b>	<b>100.00</b>	<b>110.00</b>
<b>11</b>	<b>Minor Theatre Procedure</b>					
1110	<b>Minor Procedure Cat A – Facility Fee</b>	Procedure		110.00	110.00	130.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	35.00	<b>145.00</b>	<b>145.00</b>	<b>165.00</b>
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	70.00	<b>180.00</b>	<b>180.00</b>	<b>200.00</b>
1120	<b>Minor Procedure Cat B – Facility Fee</b>	Procedure		110.00	110.00	130.00
1121	Minor Procedure Cat B - General Medical Practitioner	Procedure	55.00	<b>165.00</b>	<b>165.00</b>	<b>185.00</b>
1122	Minor Procedure Cat B - Specialist Medical Practitioner	Procedure	125.00	<b>235.00</b>	<b>235.00</b>	<b>255.00</b>
1130	<b>Minor Procedure Cat C – Facility Fee</b>	Procedure		110.00	110.00	130.00
1131	Minor Procedure Cat C - General Medical Practitioner	Procedure	85.00	<b>195.00</b>	<b>195.00</b>	<b>215.00</b>
1132	Minor Procedure Cat C - Specialist Medical Practitioner	Procedure	195.00	<b>305.00</b>	<b>305.00</b>	<b>325.00</b>
1140	<b>Minor Procedure Cat D – Facility Fee</b>	Procedure		110.00	110.00	130.00
1141	Minor Procedure Cat D - General Medical Practitioner	Procedure	230.00	<b>340.00</b>	<b>340.00</b>	<b>360.00</b>
1142	Minor Procedure Cat D - Specialist Medical Practitioner	Procedure	520.00	<b>630.00</b>	<b>630.00</b>	<b>650.00</b>
<b>12</b>	<b>Major Theatre Procedures</b>					
1210	<b>Theatre Procedure Cat A – Facility Fee</b>	Procedure		350.00	515.00	590.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	35.00	<b>385.00</b>	<b>550.00</b>	<b>625.00</b>
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	70.00	<b>420.00</b>	<b>585.00</b>	<b>660.00</b>
1220	<b>Theatre Procedure Cat B – Facility Fee</b>	Procedure		530.00	775.00	895.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	55.00	<b>585.00</b>	<b>830.00</b>	<b>950.00</b>

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	125.00	<b>655.00</b>	<b>900.00</b>	<b>1020.00</b>
1230	<b>Theatre Procedure Cat C – Facility Fee</b>	Procedure		910.00	1335.00	1540.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	85.00	<b>995.00</b>	<b>1420.00</b>	<b>1625.00</b>
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	195.00	<b>1105.00</b>	<b>1530.00</b>	<b>1735.00</b>
1240	<b>Theatre Procedure Cat D – Facility Fee</b>	Procedure		2330.00	3420.00	3940.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	230.00	<b>2560.00</b>	<b>3650.00</b>	<b>4170.00</b>
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	520.00	<b>2850.00</b>	<b>3940.00</b>	<b>4460.00</b>
<b>*13</b>	<b>Treatments</b>					
1310	<b>Supplementary Health Treatment – Facility Fee</b>	Up to 5 visits		20.00	20.00	25.00
1313	Supplementary Health Treatment – Nursing Practitioner	Up to 5 visits	35.00	<b>55.00</b>	<b>55.00</b>	<b>60.00</b>
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	35.00	<b>55.00</b>	<b>55.00</b>	<b>60.00</b>
1320	<b>Supplementary Health Group Treatment – Facility Fee</b>	Up to 5 visits		15.00	15.00	20.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Up to 5 visits	25.00	<b>40.00</b>	<b>40.00</b>	<b>45.00</b>
<b>15</b>	<b>Assistive Devices &amp; Prosthesis</b>					
1510	Assistive Devices & Prosthesis – Item Fee	Item	20% of the cost of the relevant device or prosthesis, rounded to the nearest R5			
1520	Prosthetic Devices – Item Fee	Item				
1530	Dental Items – Item Fee	Item				
<b>16</b>	<b>Cosmetic Surgery</b>					
1610	<b>Cosmetic Surgery Cat A – Facility Fee</b>	Procedure		1947.00	1947.00	2224.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1123.00	<b>3070.00</b>	<b>3070.00</b>	<b>3347.00</b>
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1682.00	<b>3629.00</b>	<b>3629.00</b>	<b>3906.00</b>
1620	<b>Cosmetic Surgery Cat B – Facility Fee</b>	Procedure		4378.00	4378.00	5005.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1330.00	<b>5708.00</b>	<b>5708.00</b>	<b>6335.00</b>
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1995.00	<b>6373.00</b>	<b>6373.00</b>	<b>7000.00</b>
1630	<b>Cosmetic Surgery – Cat C – Facility Fee</b>	Procedure		7071.00	7071.00	8082.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2248.00	<b>9319.00</b>	<b>9319.00</b>	<b>10330.00</b>
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3373.00	<b>10444.00</b>	<b>10444.00</b>	<b>11455.00</b>
1640	<b>Cosmetic Surgery Cat D – Facility Fee</b>	Procedure		11944.00	11944.00	13650.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2523.00	<b>14467.00</b>	<b>14467.00</b>	<b>16173.00</b>
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3712.00	<b>15656.00</b>	<b>15656.00</b>	<b>17362.00</b>
<b>*18</b>	<b>Radiation Oncology</b>					
1810	<b>Radiation Oncology- Facility Fee</b>	Up to 6 visits		30.00	30.00	30.00
1812	Radiation Oncology- Specialist medical practitioner	Up to 6 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
<b>*19</b>	<b>Nuclear Medicine</b>					
1910	<b>Nuclear Medicine- Facility Fee</b>	Up to 4 visits		30.00	30.00	30.00
1912	Nuclear Medicine- Specialist medical practitioner	Up to 4 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
1950	<b>Positron Emission Tomography (PET)-Facility Fee</b>	Up to 4 visits		30.00	30.00	30.00
1952	Positron Emission Tomography (PET)-Specialist medical practitioner	Up to 4 visits	35.00	<b>65.00</b>	<b>65.00</b>	<b>65.00</b>
<b>20</b>	<b>Ambulatory Procedures</b>					
2010	<b>Ambulatory Procedure Cat A – Facility Fee</b>	Procedure		35.00	35.00	45.00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	15.00	<b>50.00</b>	<b>50.00</b>	<b>60.00</b>
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	25.00	<b>60.00</b>	<b>60.00</b>	<b>70.00</b>
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	10.00	<b>45.00</b>	<b>45.00</b>	<b>55.00</b>
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	10.00	<b>45.00</b>	<b>45.00</b>	<b>55.00</b>
2020	<b>Ambulatory Procedure Cat B – Facility Fee</b>	Procedure		35.00	35.00	45.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	20.00	<b>55.00</b>	<b>55.00</b>	<b>65.00</b>
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	30.00	<b>65.00</b>	<b>65.00</b>	<b>75.00</b>
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	10.00	<b>45.00</b>	<b>45.00</b>	<b>55.00</b>
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	<b>45.00</b>	<b>45.00</b>	<b>55.00</b>
<b>23</b>	<b>Consumables (Not included in the Facility Fee) Buy-Outs</b>					
2300	Consumables not included in the Facility Fee	Item	Varies			

**\* DIALYSIS**

Charge a maximum of 6 visits per 30 days or part thereof.

**\* TREATMENT**

Charge a maximum of 5 visits per 30 days or part thereof.

**\* RADIATION ONCOLOGY**

Charge a maximum of 6 visits per 30 days or part thereof.

**\* NUCLEAR MEDICINE**

Charge a maximum of 4 visits per 30 days or part thereof. This tariff shall include the cost of radio isotopes/radiopharmaceuticals with no additional charges.

**NOTE:**

- For all of the above packages, patients who attend for less than the respective maximum visits are to be billed per visits accordingly.
- The packages are not applicable to externally funded and private-doctor patients."

## Amendment of Annexure 3 to Schedule B of the Regulations

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

### "ANNEXURE 3 TO SCHEDULE B UPFS 2010 FEE SCHEDULE FOR FULL PAYING PATIENTS (EXTERNAL FUNDED PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
<b>01</b>	<b>Anesthetics</b>					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	<b>144.00</b>	144.00	144.00	144.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	<b>216.00</b>	216.00	216.00	216.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	<b>245.00</b>	245.00	245.00	245.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	<b>368.00</b>	368.00	368.00	368.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	<b>860.00</b>	860.00	860.00	860.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	<b>1291.00</b>	1291.00	1291.00	1291.00
<b>02</b>	<b>Confinement</b>					
0210	<b>Natural Birth- Facility Fee</b>	Incident		2654.00	2654.00	3090.00
0211	Natural Birth – General Medical Practitioner	Incident	1440.00	<b>4094.00</b>	<b>4094.00</b>	<b>4530.00</b>
0212	Natural Birth – Specialist Medical Practitioner	Incident	1859.00	<b>4513.00</b>	<b>4513.00</b>	<b>4949.00</b>
0213	Natural Birth – Nursing Practitioner	Incident	1741.00	<b>4395.00</b>	<b>4395.00</b>	<b>4831.00</b>
0220	<b>Caesarean Section – Facility Fee</b>	Incident		4178.00	4178.00	4864.00
0221	Caesarean Section – General Medical Practitioner	Incident	1440.00	<b>5618.00</b>	<b>5618.00</b>	<b>6304.00</b>
0222	Caesarean Section – Specialist Medical Practitioner	Incident	1859.00	<b>6037.00</b>	<b>6037.00</b>	<b>8163.00</b>
<b>03</b>	<b>Dialysis</b>					
0310	<b>Haemo – Facility Fee</b>	Day		953.00	953.00	1091.00
0311	Haemo-dialysis – General medical practitioner	Day	181.00	<b>1134.00</b>	<b>1134.00</b>	<b>1272.00</b>
0312	Haemo-dialysis – Specialist medical practitioner	Day	227.00	<b>1180.00</b>	<b>1180.00</b>	<b>1318.00</b>
0313	Haemo-dialysis Nursing Practitioner	Day	145.00	<b>1098.00</b>	<b>1098.00</b>	<b>1236.00</b>
0320	<b>Peritoneal Dialysis – Facility Fee</b>	Session		146.00	146.00	167.00
0321	Peritoneal Dialysis – General medical practitioner	Session	29.00	<b>175.00</b>	<b>175.00</b>	<b>196.00</b>



CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	35.00	<b>181.00</b>	<b>181.00</b>	<b>202.00</b>
0323	Peritoneal dialysis-Nursing Practitioner	Session	20.00	<b>166.00</b>	<b>166.00</b>	<b>187.00</b>
0330	<b>Plasmapheresis-Facility Fee</b>	Session		953.00	953.00	1091.00
0331	Plasmapheresis- General medical practitioner	Session	181.00	<b>1134.00</b>	<b>1134.00</b>	<b>1272.00</b>
0332	Plasmapheresis-Specialist Medical Practitioner	Session	227.00	<b>1180.00</b>	<b>1180.00</b>	<b>1318.00</b>
<b>04</b>	<b>Medical Reports</b>					
0410	Medical Report – Facility Fee	Report		92.00	92.00	112.00
0411	Medical Report – General medical practitioner	Report	172.00	<b>264.00</b>	<b>264.00</b>	<b>284.00</b>
0412	Medical Report – Specialist medical practitioner	Report	265.00	<b>357.00</b>	<b>357.00</b>	<b>377.00</b>
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	86.00	<b>178.00</b>	<b>178.00</b>	<b>198.00</b>
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	132.00	<b>224.00</b>	<b>224.00</b>	<b>244.00</b>
0425	Copies of X ray, ultrasounds ect.	Copies	86.00	<b>178.00</b>	<b>178.00</b>	<b>198.00</b>
<b>05</b>	<b>Imaging</b>					
0510	<b>Radiology, Cat A – Facility Fee</b>	Procedure		48.00	48.00	54.00
0511	Radiology, Cat A – General medical practitioner	Procedure	47.00	<b>95.00</b>	<b>95.00</b>	<b>101.00</b>
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	89.00	<b>137.00</b>	<b>137.00</b>	<b>143.00</b>
0514	Radiology, Cat A – Allied health practitioner	Procedure	46.00	<b>94.00</b>	<b>94.00</b>	<b>100.00</b>
0520	<b>Radiology, Cat B – Facility Fee</b>	Procedure		132.00	132.00	152.00
0521	Radiology, Cat B – General medical practitioner	Procedure	128.00	<b>260.00</b>	<b>260.00</b>	<b>280.00</b>
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	249.00	<b>381.00</b>	<b>381.00</b>	<b>401.00</b>
0524	Radiology, Cat B – Allied health practitioner	Procedure	124.00	<b>256.00</b>	<b>256.00</b>	<b>276.00</b>
0530	<b>Radiology, Cat C – Facility Fee</b>	Procedure		616.00	616.00	703.00
0531	Radiology, Cat C – General medical practitioner	Procedure	395.00	<b>1011.00</b>	<b>1011.00</b>	<b>1098.00</b>
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1214.00	<b>1830.00</b>	<b>1830.00</b>	<b>1917.00</b>
0540	<b>Radiology, Cat D – Facility Fee</b>	Procedure		1569.00	1569.00	1793.00
0541	Radiology, Cat D – General medical practitioner	Procedure	1452.00	<b>3021.00</b>	<b>3021.00</b>	<b>3245.00</b>
0542	Radiology, Cat D – Specialist Practitioner	Procedure	3031.00	<b>4600.00</b>	<b>4600.00</b>	<b>4824.00</b>
<b>06</b>	<b>In-patients</b>					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0610	<b>In-patient General ward – Facility Fee</b>	Day		487.00	621.00	1176.00
0611	In-patient General Ward – General medical practitioner	Day	101.00	<b>588.00</b>	<b>722.00</b>	<b>1277.00</b>
0612	In-patient General Ward – Specialist medical practitioner	Day	177.00	<b>664.00</b>	<b>798.00</b>	<b>1353.00</b>
0620	<b>In-patient High care – Facility Fee</b>	12 hours		757.00	946.00	1356.00
0621	In-patient High Care – General medical practitioner	12 hours	53.00	<b>810.00</b>	<b>999.00</b>	<b>1409.00</b>
0622	In-patient High Care – Specialist medical practitioner	12 hours	100.00	<b>857.00</b>	<b>1046.00</b>	<b>1456.00</b>
0630	<b>In-patient Intensive care – Facility Fee</b>	12 hours		2486.00	2486.00	2972.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	59.00	<b>2545.00</b>	<b>2545.00</b>	<b>3031.00</b>
0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	112.00	<b>2598.00</b>	<b>2598.00</b>	<b>3084.00</b>
0640	<b>In-patient Chronic care – Facility Fee</b>	Day		286.00	286.00	286.00
0641	In-patient Chronic care – General medical practitioner	Day	33.00	<b>319.00</b>	<b>319.00</b>	<b>319.00</b>
0642	In-patient Chronic care – Specialist medical practitioner	Day	77.00	<b>363.00</b>	<b>363.00</b>	<b>363.00</b>
0643	I In-patient Chronic care – Nursing practitioner	Day	20.00	<b>306.00</b>	<b>306.00</b>	<b>306.00</b>
0650	<b>Day patient – Facility Fee</b>	Day		406.00	513.00	751.00
0651	Day patient – General medical practitioner	Day	101.00	<b>507.00</b>	<b>614.00</b>	<b>852.00</b>
0652	Day patient – Specialist medical practitioner	Day	177.00	<b>583.00</b>	<b>690.00</b>	<b>928.00</b>
0653	Day patient – Nursing practitioner	Day	59.00	<b>465.00</b>	<b>572.00</b>	<b>810.00</b>
0660	<b>In-patient Boarder/Patient companion – Facility Fee</b>	Day		234.00	234.00	234.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	20.00	<b>254.00</b>	<b>254.00</b>	<b>254.00</b>
<b>08</b>	<b>Pharmaceutical</b>					
0810	<b>Medication Fee – Facility Fee</b>	Prescription		22.00	22.00	26.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			
0817	Pharmaceutical- Chronic	Item	Varies			
0818	Pharmaceutical- Oncology	Item	Varies			
0819	Pharmaceutical- Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee-OPD	Item	Varies			
0825	Pharmaceutical Flat Fee-IP	Item	Varies			
<b>09</b>	<b>Oral Health</b>					
0910	<b>Oral Care Cat A – Facility Fee</b>	Procedure		19.00	19.00	21.00
0911	Oral Care Cat A – General practitioner	Procedure	32.00	<b>51.00</b>	<b>51.00</b>	<b>53.00</b>

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0912	Oral Care Cat A – Specialist practitioner	Procedure	26.00	<b>45.00</b>	<b>45.00</b>	<b>47.00</b>
0914	Oral Care Cat A – Allied health practitioner	Procedure	24.00	<b>43.00</b>	<b>43.00</b>	<b>45.00</b>
0920	<b>Oral Care Cat B – Facility Fee</b>	Procedure		56.00	56.00	65.00
0921	Oral Care Cat B – General practitioner	Procedure	62.00	<b>118.00</b>	<b>118.00</b>	<b>127.00</b>
0922	Oral Health Cat B – Specialist practitioner	Procedure	99.00	<b>155.00</b>	<b>155.00</b>	<b>164.00</b>
0924	Oral Care Cat B – Allied health practitioner	Procedure	51.00	<b>107.00</b>	<b>107.00</b>	<b>116.00</b>
0930	<b>Oral Care Cat C – Facility Fee</b>	Procedure		344.00	344.00	394.00
0931	Oral Care Cat C – General practitioner	Procedure	381.00	<b>725.00</b>	<b>725.00</b>	<b>775.00</b>
0932	Oral Care Cat C – Specialist practitioner	Procedure	653.00	<b>997.00</b>	<b>997.00</b>	<b>1047.00</b>
0940	<b>Oral Care Cat D – Facility Fee</b>	Procedure		1353.00	1353.00	1548.00
0941	Oral Care Cat D – General practitioner	Procedure	1167.00	<b>2520.00</b>	<b>2520.00</b>	<b>2715.00</b>
0942	Oral Care Cat D – Specialist practitioner	Procedure	2396.00	<b>3749.00</b>	<b>3749.00</b>	<b>3944.00</b>
0950	<b>Oral Care Cat E – Facility Fee</b>	Procedure		4556.00	4556.00	5207.00
0951	Oral Care Cat E – General practitioner	Procedure	3926.00	<b>8482.00</b>	<b>8482.00</b>	<b>9133.00</b>
0952	Oral Care Cat E – Specialist practitioner	Procedure	8057.00	<b>12613.00</b>	<b>12613.00</b>	<b>13264.00</b>
<b>10</b>	<b>Consultations</b>					
1010	<b>Outpatient Consultation – Facility Fee</b>	Visit		60.00	60.00	73.00
1011	Outpatient Consultation – General medical practitioner	Visit	67.00	<b>127.00</b>	<b>127.00</b>	<b>140.00</b>
1012	Outpatient Consultation – Specialist medical practitioner	Visit	155.00	<b>215.00</b>	<b>215.00</b>	<b>228.00</b>
1013	Outpatient Consultation – Nursing practitioner	Visit	39.00	<b>99.00</b>	<b>99.00</b>	<b>112.00</b>
1014	Outpatient Consultation – Allied health practitioner	Visit	41.00	<b>101.00</b>	<b>101.00</b>	<b>114.00</b>
1020	<b>Emergency Consultation – Facility Fee</b>	Visit		122.00	122.00	145.00
1021	Emergency Consultation – General medical practitioner	Visit	101.00	<b>223.00</b>	<b>223.00</b>	<b>246.00</b>
1022	Emergency Consultation – Specialist medical practitioner	Visit	232.00	<b>354.00</b>	<b>354.00</b>	<b>377.00</b>
1023	Emergency Consultation – Nursing practitioner	Visit	59.00	<b>181.00</b>	<b>181.00</b>	<b>204.00</b>
1024	Emergency Consultation – Allied health practitioner	Visit	60.00	<b>182.00</b>	<b>182.00</b>	<b>205.00</b>
<b>11</b>	<b>Minor Theatre Procedures</b>					
1110	<b>Minor Procedure Cat A – Facility Fee</b>	Procedure		286.00	286.00	343.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1111	Minor Procedure Cat A – General medical practitioner	Procedure	99.00	<b>385.00</b>	<b>385.00</b>	<b>442.00</b>
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	190.00	<b>476.00</b>	<b>476.00</b>	<b>533.00</b>
1120	<b>Minor Procedure Cat B – Facility Fee</b>	Procedure		286.00	286.00	343.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	146.00	<b>432.00</b>	<b>432.00</b>	<b>489.00</b>
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	332.00	<b>618.00</b>	<b>618.00</b>	<b>675.00</b>
1130	<b>Minor Procedure Cat C – Facility Fee</b>	Procedure		286.00	286.00	343.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	231.00	<b>517.00</b>	<b>517.00</b>	<b>574.00</b>
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	518.00	<b>804.00</b>	<b>804.00</b>	<b>861.00</b>
1140	<b>Minor Procedure Cat D – Facility Fee</b>	Procedure		286.00	286.00	343.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	610.00	<b>896.00</b>	<b>896.00</b>	<b>953.00</b>
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1374.00	<b>1660.00</b>	<b>1660.00</b>	<b>1717.00</b>
<b>12</b>	<b>Major Theatre Procedures</b>					
1210	<b>Theatre Procedure Cat A – Facility Fee</b>	Procedure		925.00	1356.00	1564.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	99.00	<b>1024.00</b>	<b>1455.00</b>	<b>1663.00</b>
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	190.00	<b>1115.00</b>	<b>1546.00</b>	<b>1754.00</b>
1220	<b>Theatre Procedure Cat B – Facility Fee</b>	Procedure		1400.00	2055.00	2366.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	146.00	<b>1546.00</b>	<b>2201.00</b>	<b>2512.00</b>
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	332.00	<b>1732.00</b>	<b>2387.00</b>	<b>2698.00</b>
1230	<b>Theatre Procedure Cat C – Facility Fee</b>	Procedure		2405.00	3530.00	4074.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	231.00	<b>2636.00</b>	<b>3761.00</b>	<b>4305.00</b>
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	518.00	<b>2923.00</b>	<b>4048.00</b>	<b>4592.00</b>
1240	<b>Theatre Procedure Cat D – Facility Fee</b>	Procedure		6169.00	9049.00	10429.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	610.00	<b>6779.00</b>	<b>9659.00</b>	<b>11039.00</b>
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1374.00	<b>7543.00</b>	<b>10423.00</b>	<b>11803.00</b>
<b>13</b>	<b>Treatments</b>					
1310	<b>Supplementary Health Treatment – Facility Fee</b>	Contact		39.00	39.00	46.00
1313	Supplementary health treatment- Nursing Practitioner	Contact	34.00	<b>73.00</b>	<b>73.00</b>	<b>80.00</b>

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1314	Supplementary Health Treatment – Allied health practitioner	Contact	34.00	<b>73.00</b>	<b>73.00</b>	<b>80.00</b>
1320	<b>Supplementary Health Group Treatment – Facility Fee</b>	Contact		30.00	30.00	33.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	24.00	<b>54.00</b>	<b>54.00</b>	<b>57.00</b>
<b>15</b>	<b>Assistive Devices &amp; Prosthesis</b>					
1510	Assistive Devices-Item Fee	Item	Varies			
1520	Prosthetic Devices-Item Fee	Item	Varies			
1530	Dental Items -Item Fee	Item	Varies			
<b>16</b>	<b>Cosmetic Surgery</b>					
1610	<b>Cosmetic Surgery Cat A – Facility Fee</b>	Procedure		1947.00	1947.00	2224.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1123.00	<b>3070.00</b>	<b>3070.00</b>	<b>3347.00</b>
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1682.00	<b>3629.00</b>	<b>3629.00</b>	<b>3906.00</b>
1620	<b>Cosmetic Surgery Cat B – Facility Fee</b>	Procedure		4378.00	4378.00	5005.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1330.00	<b>5708.00</b>	<b>5708.00</b>	<b>6335.00</b>
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1995.00	<b>6373.00</b>	<b>6373.00</b>	<b>7000.00</b>
1630	<b>Cosmetic Surgery – Cat C – Facility Fee</b>	Procedure		7071.00	7071.00	8082.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2248.00	<b>9319.00</b>	<b>9319.00</b>	<b>10330.00</b>
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3373.00	<b>10444.00</b>	<b>10444.00</b>	<b>11455.00</b>
1640	<b>Cosmetic Surgery Cat D – Facility Fee</b>	Procedure		11944.00	11944.00	13650.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2523.00	<b>14467.00</b>	<b>14467.00</b>	<b>16173.00</b>
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3712.00	<b>15656.00</b>	<b>15656.00</b>	<b>17362.00</b>
<b>17</b>	<b>Laboratory Services</b>					
1700	Drawing of Blood	Contact		24.00	24.00	24.00
1710	Laboratory Test	Varies				
<b>18</b>	<b>Radiation Oncology</b>					
1800	Radiation Oncology(NHRPL less VAT)	Item	Varies			
<b>19</b>	<b>Nuclear Medicines</b>					
1900	Itemisation of Isotopes	Item	Varies			
1910	<b>Nuclear Medicines Cat A-Facility Fee</b>	Procedure		629.00	629.00	629.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	416.00	<b>1045.00</b>	<b>1045.00</b>	<b>1045.00</b>
1920	<b>Nuclear Medicines Cat B-Facility Fee</b>	Procedure		1350.00	1350.00	1350.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	902.00	<b>2252.00</b>	<b>2252.00</b>	<b>2252.00</b>

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1930	<b>Nuclear Medicines Cat C-Facility Fee</b>	Procedure		2441.00	2441.00	24441.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	1628.00	<b>4069.00</b>	<b>4069.00</b>	<b>4069.00</b>
1940	<b>Nuclear Medicines Cat D-Facility Fee</b>	Procedure		3879.00	3879.00	3879.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	2587.00	<b>6466.00</b>	<b>6466.00</b>	<b>6466.00</b>
1950	<b>Positron Emission Tomography(PET) Cat E-facility Fee</b>	Procedure		11455.00	11455.00	11455.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	416.00	<b>11871.00</b>	<b>11871.00</b>	<b>11871.00</b>
<b>20</b>	<b>Ambulatory Procedures</b>					
2010	<b>Ambulatory Procedures Cat A-Facility Fee</b>	Procedure		92.00	92.00	112.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	33.00	<b>125.00</b>	<b>125.00</b>	<b>145.00</b>
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	66.00	<b>158.00</b>	<b>158.00</b>	<b>178.00</b>
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	20.00	<b>112.00</b>	<b>112.00</b>	<b>132.00</b>
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	20.00	<b>112.00</b>	<b>112.00</b>	<b>132.00</b>
2020	<b>Ambulatory Procedures Cat B-Facility Fee</b>	Procedure		92.00	92.00	112.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	47.00	<b>139.00</b>	<b>139.00</b>	<b>159.00</b>
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	73.00	<b>165.00</b>	<b>165.00</b>	<b>185.00</b>
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	26.00	<b>118.00</b>	<b>118.00</b>	<b>138.00</b>
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	26.00	<b>118.00</b>	<b>118.00</b>	<b>138.00</b>
<b>21</b>	<b>Blood and Blood Products</b>					
2100	Blood and Blood Products	Varies				
<b>22</b>	<b>Hyperbaric Oxygen Therapy</b>					
2210	<b>Hyperbaric Oxygen Therapy-Facility Fee</b>	Session		960.00	960.00	960.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	405.00	<b>1365.00</b>	<b>1365.00</b>	<b>1365.00</b>
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	405.00	<b>1365.00</b>	<b>1365.00</b>	<b>1365.00</b>
2220	<b>Emergency Hyperbaric Oxygen Therapy-Facility Fee</b>	Session		968.00	968.00	968.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	591.00	<b>1559.00</b>	<b>1559.00</b>	<b>1559.00</b>
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	591.00	<b>1559.00</b>	<b>1559.00</b>	<b>1559.00</b>
<b>23</b>	<b>Consumables(Not included in Facility Fee)</b>					
2300	Consumables(Not included in Facility Fee)	Item	Varies			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	
<b>24</b>	<b>Autopsies</b>					
2410	<b>Autopsy-Facility Fee</b>	Per Case		60.00	60.00	73.00
2411	Autopsy-General Practitioner	Per Case	67.00	<b>127.00</b>	<b>127.00</b>	<b>140.00</b>
2412	Autopsy-Specialist Practitioner	Per Case	155.00	<b>215.00</b>	<b>215.00</b>	<b>228.00</b>

**Short title**

**5.** These regulations shall be called the Revision of Uniform Patient Fee Schedule to the Classification of and Fees Payable by Patients at Provincial Hospitals, 2010.