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Notice is hereby given for general information that *Provincial Gazette (Extraordinary)* No. 58 published on 31 March 2011 was erroneously published, and is hereby substituted with the following:

## GENERAL NOTICES

### NOTICE 1002 OF 2011

#### 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, 2011

The Member of Executive Council responsible for health and social development in the Province has, in terms of section 9 and 76 of the Hospital Ordinance, 1958 (Ordinance No. 14 of 1958), made the 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 Notices 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), 2789 of 2009 (PG 196 of 28 August 2009), 3774 of 2009 (PG 247 of 13 November 2009) and 1954 of 2010 (PG 142 of 15 July 2010).

### **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.....	R271,00	1410”

(b) 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 .....	R742,00	1420
Intermediate life support .....	R1003,00	1430
Advanced life support .....	R1667,00	1440"

(c) substitution for subregulation (4) of the following sub-regulation:

**“(4) Emergency standby service**

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

Service	Facility fee	Professional fee	UPFS code
Emergency standby.....	R269.00		1450
Additional charge for service provided by —			
General medical practitioner .....		R302,00	1451
Specialist medical practitioner .....		R617,00	1452
Nursing practitioner .....		R222,00	1453
Basic life support practitioner .....		R121,00	1455
Intermediate life support practitioner.....		R145.00	1456
Advanced life support practitioner.....		R330.00	1457"

(d) 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.....	R794.00		1460
Additional charge for services by-			
General medical practitioner .....		R1191,00	1461
Specialist medical practitioner .....		R1785,00	1462
Nursing practitioner .....		R794.00	1463
Basic life support practitioner .....		R121.00	1465
Intermediate life support practitioner.....		R145.00	1466
Advanced life support practitioner.....		R330.00	1467
Emergency transport air services fixed wing...	R7306.00		1470
Emergency transport air services helicopter....	R8024.00		1480
Emergency service standby-Facility Fee	R159.00		1490"

### Short title

3. These regulations are called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2011.

**NOTICE 1003 OF 2011****DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT**

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

**REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO HOSPITAL MORTUARY, 2011**

The Member of Executive Council responsible for health and social development in the Province has, in terms of section 9 and 76 of the Hospital Ordinance, 1958 (Ordinance No. 14 of 1958), made the 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 Nos 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), 2790 of 2009 (PG 196 of 28 August 2009), 3775 of 2009 (PG 247 of 13 November 2009) and 1955 of 2010 (PG 142 of 15 July 2010).

**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 R131, 00 (UPFS code 0710); and

(b) Level 3 hospital: R150, 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: R131.00 (UPFS code 0710); and

(ii) Level 3 hospital: R150.00 (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: R131.00 (UPFS code 0720);

(b) Level 3 hospital: R150.00 (UPFS code 0720).”

**Short title**

**4.** These regulations are called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2011.



**NOTICE 1004 OF 2011****DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT**

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

**REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2011**

The Member of Executive Council responsible for health and social development in the Province has, in terms of sections 9, 36, 38 and 76 of the Hospital Ordinance, 1958 (Ordinance No. 14 of 1958), made the regulations 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 3696 of 2008 (PG 277 of 9 October

2008), 3776 of 2009 (PG 247 of 13 November 2009) as corrected by General Notice 1500 of 2010 (PG 92 of 20 May 2010) and 1953 of 2010 (PG 141 of 15 July 2010).

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

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

**“ANNEXURE 1 TO SCHEDULE B  
UPFS 2011 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	20.00	20.00	20.00
0312	Haemo- Specialist Medical Practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
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	20.00	20.00	20.00
0322	Haemo- Specialist Medical Practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
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	20.00	20.00	20.00
0332	Plasmapheresis- Specialist Medical Practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
<b>04</b>	<b>Medical Reports</b>					
0410	<b>Medical Report – Facility Fee</b>	Report		97.00	97.00	119.00
0411	Medical Report – General Medical Practitioner	Report	182.00	279.00	279.00	301.00
0412	Medical Report – Specialist Medical Practitioner	Report	281.00	378.00	378.00	400.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General Medical Practitioner	Copies	91.00	188.00	188.00	210.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist Medical Practitioner	Copies	140.00	237.00	237.00	259.00
0425	Copies of X ray, ultrasounds etc.	Copies	91.00	188.00	188.00	210.00
<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>	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	<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	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	<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	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	<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	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	<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	30.00	40.00	75.00
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	<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	30.00	40.00	75.00
<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	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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1020	<b>Emergency Consultation – Facility Fee</b>	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
<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	15.00	15.00	20.00
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	15.00	15.00	20.00
<b>14</b>	<b>Emergency Medical Services</b>					
1410	Patient transport service – Facility Fee	100km				
1420	<b>Basic life support – Facility Fee</b>	50km				
1430	<b>Intermediate life support – Facility Fee</b>	50km				
1440	<b>Advanced life support – Facility Fee</b>	50km				
1450	<b>Emergency service standby – Facility Fee</b>	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	<b>Rescue – Facility Fee</b>	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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE  R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
<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				
1540	Repairs to devices Item Fee	Item				
<b>16</b>	<b>Cosmetic Surgery</b>					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2062.00	2062.00	2355.00
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	1189.00	3251.00	3251.00	3544.00
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	1781.00	3843.00	3843.00	4136.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		4636.00	4636.00	5300.00
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	1408.00	6044.00	6044.00	6708.00
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	2113.00	6749.00	6749.00	7413.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		7488.00	7488.00	8559.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	2381.00	9869.00	9869.00	10940.00
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	3572.00	11060.00	11060.00	12131.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		12649.00	12649.00	14455.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	2672.00	15321.00	15321.00	17127.00
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	3931.00	16580.00	16580.00	18386.00
<b>*18</b>	<b>Radiation Oncology</b>					
1810	Radiation Oncology- Facility Fee	Up to 6 visits		20.00	20.00	20.00
1812	Radiation Oncology- Specialist Medical Practitioner	Up to 6 visits	20.00	40.00	40.00	40.00
<b>*19</b>	<b>Nuclear Medicine</b>					
1910	Nuclear Medicine- Facility Fee	Up to 4 visits		20.00	20.00	20.00
1912	Nuclear Medicine- Specialist Medical Practitioner	Up to 4 visits	20.00	40.00	40.00	40.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
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	40.00	40.00	40.00

**\* 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 of the Regulations is hereby amended by the substitution of the following Annexure:

#### "ANNEXURE 2 TO SCHEDULE B UPFS 2011 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	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
<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	65.00	65.00	65.00
0312	Haemo Dialysis – Specialist Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0313	Haemo Dialysis – Nursing Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
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	65.00	65.00	65.00
0322	Peritoneal Dialysis – Specialist Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0323	Peritoneal Dialysis – Nursing Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
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	65.00	65.00	65.00
0332	Plasmapheresis – Specialist Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
<b>04</b>	<b>Medical Reports</b>					
0410	<b>Medical Report – Facility Fee</b>	Report		97.00	97.00	119.00
0411	Medical Report – General Medical Practitioner	Report	182.00	279.00	279.00	301.00
0412	Medical Report – Specialist Medical Practitioner	Report	281.00	378.00	378.00	400.00



CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	91.00	188.00	188.00	210.00
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	140.00	237.00	237.00	259.00
0425	Copies of X-Ray Films, ultrasounds etc.	Copy	91.00	188.00	188.00	210.00
<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	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	<b>Radiology, Cat B – Facility Fee</b>	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	<b>Radiology, Cat C – Facility Fee</b>	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
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	1145.00	1145.00	1230.00
0542	Radiology, Cat D – Specialist Medical Practitioner	Procedure	1145.00	1740.00	1740.00	1825.00
<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	30.00	40.00	70.00
0612	In-patient General Ward – Specialist Medical Practitioner	Day	10.00	35.00	45.00	75.00
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	45.00	55.00	75.00
0622	In-patient High Care – Specialist Medical Practitioner	Day	10.00	50.00	60.00	80.00
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	135.00	135.00	165.00
0632	In-patient Intensive Care – Specialist Medical Practitioner	Day	10.00	140.00	140.00	170.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE  R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
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	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	<b>Day patient – Facility Fee</b>	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	<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	15.00	15.00	20.00
<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	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
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	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	<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	275.00	275.00	295.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	245.00	375.00	375.00	395.00
0940	<b>Oral Care Cat D – Facility Fee</b>	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	<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	3205.00	3205.00	3455.00
0952	Oral Care Cat E – Specialist Practitioner	Procedure	3045.00	4765.00	4765.00	5015.00
<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	65.00	65.00	75.00
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	80.00	110.00	110.00	120.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
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	<b>Emergency Consultation – Facility Fee</b>	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
<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	145.00	145.00	165.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	70.00	180.00	180.00	200.00
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	165.00	165.00	185.00
1122	Minor Procedure Cat B - Specialist Medical Practitioner	Procedure	125.00	235.00	235.00	255.00
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	195.00	195.00	215.00
1132	Minor Procedure Cat C - Specialist Medical Practitioner	Procedure	195.00	305.00	305.00	325.00
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	340.00	340.00	360.00
1142	Minor Procedure Cat D - Specialist Medical Practitioner	Procedure	520.00	630.00	630.00	650.00
<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	385.00	550.00	625.00
1212	Theatre Procedure Cat A – Specialist Medical Practitioner	Procedure	70.00	420.00	585.00	660.00
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	585.00	830.00	950.00
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	125.00	655.00	900.00	1020.00
1230	<b>Theatre Procedure Cat C – Facility Fee</b>	Procedure		910.00	1335.00	1540.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
	<b>Fee</b>					
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	<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	2560.00	3650.00	4170.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	520.00	2850.00	3940.00	4460.00
<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	55.00	55.00	60.00
1314	Supplementary Health Treatment – Allied Health Practitioner	Up to 5 visits	35.00	55.00	55.00	60.00
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	40.00	40.00	45.00
<b>14</b>	<b>Emergency Medical Services</b>					
1410	<b>Patient transport service – Facility Fee</b>	100km				
1420	Basic life support – Facility Fee	50km				
1430	<b>Intermediate life support – Facility Fee</b>	50km				
1440	Advanced life support – Facility Fee	50km				
1450	<b>Emergency service standby – Facility Fee</b>	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	<b>Rescue – Facility Fee (15%)</b>	Incident				
1461	Rescue – General Medical Practitioner	Incident				
1462	Rescue – Specialist Medical Practitioner	Incident				
1463	Rescue – Nursing Practitioner	Incident				
1464	Rescue – Allied Health Practitioner	Incident				
<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				
1540	Repairs to devices Item	Item				

See Administrator's Notice No. 646 of 29 August 1958

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
<b>16</b>	<b>Cosmetic Surgery</b>					
1610	<b>Cosmetic Surgery Cat A – Facility Fee</b>	Procedure		2062.00	2062.00	2355.00
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	1189.00	3251.00	3251.00	3544.00
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	1781.00	3843.00	3843.00	4136.00
1620	<b>Cosmetic Surgery Cat B – Facility Fee</b>	Procedure		4636.00	4636.00	5300.00
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	1408.00	6044.00	6044.00	6708.00
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	2113.00	6749.00	6749.00	7413.00
1630	<b>Cosmetic Surgery – Cat C – Facility Fee</b>	Procedure		7488.00	7488.00	8559.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	2381.00	9869.00	9869.00	10940.00
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	3572.00	11060.00	11060.00	12131.00
1640	<b>Cosmetic Surgery Cat D – Facility Fee</b>	Procedure		12649.00	12649.00	14455.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	2672.00	15321.00	15321.00	17127.00
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	3931.00	16580.00	16580.00	18386.00
<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	65.00	65.00	65.00
<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	65.00	65.00	65.00
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	65.00	65.00	65.00
<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	50.00	50.00	60.00
2012	Ambulatory Procedure Cat A – Specialist Medical Practitioner	Procedure	25.00	60.00	60.00	70.00
2013	Ambulatory Procedure Cat A – Nursing Practitioner	Procedure	10.00	45.00	45.00	55.00
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	10.00	45.00	45.00	55.00
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	55.00	55.00	65.00
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	30.00	65.00	65.00	75.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE  R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	10.00	45.00	45.00	55.00
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	45.00	45.00	55.00
<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 of the Regulations is hereby amended by substitution of the following Annexure:

**"ANNEXURE 3 TO SCHEDULE B**

**UPFS 2011 FEE SCHEDULE FOR FULL PAYING PATIENTS (EXTERNALLY FUNDED PATIENTS)**

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
<b>01</b>	<b>Anesthetics</b>					
0111	Anaesthetics Cat A – General Medical Practitioner	Procedure	152.00	152.00	152.00	152.00
0112	Anaesthetics Cat A – Specialist Medical Practitioner	Procedure	229.00	229.00	229.00	229.00
0121	Anaesthetics Cat B – General Medical Practitioner	Procedure	259.00	259.00	259.00	259.00
0122	Anaesthetics Cat B – Specialist Medical Practitioner	Procedure	390.00	390.00	390.00	390.00
0131	Anaesthetics Cat C – General Medical Practitioner	Procedure	911.00	911.00	911.00	911.00
0132	Anaesthetics Cat C – Specialist Medical Practitioner	Procedure	1367.00	1367.00	1367.00	1367.00
<b>02</b>	<b>Confinement</b>					
0210	<b>Natural Birth- Facility Fee</b>	Incident		2811.00	2811.00	3272.00
0211	Natural Birth – General Medical Practitioner	Incident	1525.00	4336.00	4336.00	4797.00
0212	Natural Birth – Specialist Medical Practitioner	Incident	1969.00	4780.00	4780.00	5241.00
0213	Natural Birth – Nursing Practitioner	Incident	1844.00	4655.00	4655.00	5116.00
0220	<b>Caesarean Section – Facility Fee</b>	Incident		4425.00	4425.00	5151.00
0221	Caesarean Section – General Medical Practitioner	Incident	1525.00	5950.00	5950.00	6676.00
0222	Caesarean Section – Specialist Medical Practitioner	Incident	1969.00	6394.00	6394.00	7120.00
<b>03</b>	<b>Dialysis</b>					
0310	<b>Haemo – Facility Fee</b>	Day		1009.00	1009.00	1155.00
0311	Haemo-dialysis – General Medical Practitioner	Day	192.00	1201.00	1201.00	1347.00
0312	Haemo-dialysis – Specialist Medical Practitioner	Day	240.00	1249.00	1249.00	1395.00
0313	Haemo-dialysis Nursing Practitioner	Day	154.00	1163.00	1163.00	1309.00
0320	<b>Peritoneal dialysis – Facility Fee</b>	Session		155.00	155.00	177.00
0321	Peritoneal dialysis – General Medical Practitioner	Session	31.00	186.00	186.00	208.00
0322	Peritoneal dialysis-Specialist Medical Practitioner	Session	37.00	192.00	192.00	214.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0323	Peritoneal dialysis-Nursing Practitioner	Session	21.00	176.00	176.00	198.00
0330	<b>Plasmapheresis-Facility Fee</b>	Session		1009.00	1009.00	1155.00
0331	Plasmapheresis- General Medical Practitioner	Session	192.00	1201.00	1201.00	1347.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	240.00	1249.00	1249.00	1395.00
<b>04</b>	<b>Medical Reports</b>					
0410	Medical Report – Facility Fee	Report		97.00	97.00	119.00
0411	Medical Report – General Medical Practitioner	Report	182.00	279.00	279.00	301.00
0412	Medical Report – Specialist Medical Practitioner	Report	281.00	378.00	378.00	400.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General Medical Practitioner	Copies	91.00	188.00	188.00	210.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist Medical Practitioner	Copies	140.00	237.00	237.00	259.00
0425	Copies of X ray, ultrasounds etc.	Copies	91.00	188.00	188.00	210.00
<b>05</b>	<b>Imaging</b>					
0510	<b>Radiology, Cat A – Facility Fee</b>	Procedure		51.00	51.00	57.00
0511	Radiology, Cat A – General Medical Practitioner	Procedure	50.00	101.00	101.00	107.00
0512	Radiology, Cat A – Specialist Medical Practitioner	Procedure	94.00	145.00	145.00	151.00
0514	Radiology, Cat A – Allied Health Practitioner	Procedure	49.00	100.00	100.00	106.00
0520	<b>Radiology, Cat B – Facility Fee</b>	Procedure		140.00	140.00	161.00
0521	Radiology, Cat B – General Medical Practitioner	Procedure	136.00	276.00	276.00	297.00
0522	Radiology, Cat B – Specialist Medical Practitioner	Procedure	264.00	404.00	404.00	425.00
0524	Radiology, Cat B – Allied Health Practitioner	Procedure	131.00	271.00	271.00	292.00
0530	<b>Radiology, Cat C – Facility Fee</b>	Procedure		652.00	652.00	744.00
0531	Radiology, Cat C – General Medical Practitioner	Procedure	418.00	1070.00	1070.00	1162.00
0532	Radiology, Cat C – Specialist Medical Practitioner	Procedure	1286.00	1938.00	1938.00	2030.00
0540	<b>Radiology, Cat D – Facility Fee</b>	Procedure		1662.00	1662.00	1899.00
0541	Radiology, Cat D – General Medical Practitioner	Procedure	1538.00	3200.00	3200.00	3437.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	3210.00	4872.00	4872.00	5109.00



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>	Day		516.00	658.00	1245.00
0611	In-patient General Ward – General Medical Practitioner	Day	107.00	623.00	765.00	1352.00
0612	In-patient General Ward – Specialist Medical Practitioner	Day	187.00	703.00	845.00	1432.00
0620	<b>In-patient High care – Facility Fee</b>	12 hours		802.00	1002.00	1436.00
0621	In-patient High Care – General Medical Practitioner	12 hours	56.00	858.00	1058.00	1492.00
0622	In-patient High Care – Specialist Medical Practitioner	12 hours	106.00	908.00	1108.00	1542.00
0630	<b>In-patient Intensive care – Facility Fee</b>	12 hours		2633.00	2633.00	3147.00
0631	In-patient Intensive Care – General Medical Practitioner	12 hours	62.00	2695.00	2695.00	3209.00
0632	In-patient Intensive Care – Specialist Medical Practitioner	12 hours	119.00	2752.00	2752.00	3266.00
0640	<b>In-patient Chronic Care – Facility Fee</b>	Day		303.00	303.00	303.00
0641	In-patient Chronic Care – General Medical Practitioner	Day	35.00	338.00	338.00	338.00
0642	In-patient Chronic Care – Specialist Medical Practitioner	Day	82.00	385.00	385.00	385.00
0643	I In-patient Chronic Care – Nursing Practitioner	Day	21.00	324.00	324.00	324.00
0650	<b>Day patient – Facility Fee</b>	Day		430.00	543.00	795.00
0651	Day patient – General Medical Practitioner	Day	107.00	537.00	650.00	902.00
0652	Day patient – Specialist Medical Practitioner	Day	187.00	617.00	730.00	982.00
0653	Day patient – Nursing Practitioner	Day	62.00	492.00	605.00	857.00
0660	<b>In-patient Boarder/Patient companion – Facility Fee</b>	Day		248.00	248.00	248.00
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	21.00	269.00	269.00	269.00
<b>07</b>	<b>Mortuary</b>					
0710	<b>Mortuary – Facility Fee</b>	Day	} See Administrator’s Notice No. 372 of 3 April 1968			
0720	Cremation Certificate – Facility Fee	Certificate				
<b>08</b>	<b>Pharmaceutical</b>					
0810	<b>Medication Fee – Facility Fee</b>	Prescription		23.00	23.00	28.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			
0817	Pharmaceutical- Chronic	Item	Varies			
0818	Pharmaceutical- Oncology	Item	Varies			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
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		20.00	20.00	22.00
0911	Oral Care Cat A – General Practitioner	Procedure	34.00	54.00	54.00	56.00
0912	Oral Care Cat A – Specialist Practitioner	Procedure	28.00	48.00	48.00	50.00
0914	Oral Care Cat A – Allied Health Practitioner	Procedure	25.00	45.00	45.00	47.00
0920	<b>Oral Care Cat B – Facility Fee</b>	Procedure		59.00	59.00	69.00
0921	Oral Care Cat B – General Practitioner	Procedure	66.00	125.00	125.00	135.00
0922	Oral Health Cat B – Specialist Practitioner	Procedure	105.00	164.00	164.00	174.00
0924	Oral Care Cat B – Allied Health Practitioner	Procedure	54.00	113.00	113.00	123.00
0930	<b>Oral Care Cat C – Facility Fee</b>	Procedure		364.00	364.00	417.00
0931	Oral Care Cat C – General Practitioner	Procedure	403.00	767.00	767.00	820.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	692.00	1056.00	1056.00	1109.00
0940	<b>Oral Care Cat D – Facility Fee</b>	Procedure		1433.00	1433.00	1639.00
0941	Oral Care Cat D – General Practitioner	Procedure	1236.00	2669.00	2669.00	2875.00
0942	Oral Care Cat D – Specialist Practitioner	Procedure	2537.00	3970.00	3970.00	4176.00
0950	<b>Oral Care Cat E – Facility Fee</b>	Procedure		4825.00	4825.00	5514.00
0951	Oral Care Cat E – General Practitioner	Procedure	4158.00	8983.00	8983.00	9672.00
0952	Oral Care Cat E – Specialist Practitioner	Procedure	8532.00	13357.00	13357.00	14046.00
<b>10</b>	<b>Consultations</b>					
1010	<b>Outpatient Consultation – Facility Fee</b>	Visit		64.00	64.00	77.00
1011	Outpatient Consultation – General Medical Practitioner	Visit	71.00	135.00	135.00	148.00
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	164.00	228.00	228.00	241.00
1013	Outpatient Consultation – Nursing Practitioner	Visit	41.00	105.00	105.00	118.00
1014	Outpatient Consultation – Allied Health Practitioner	Visit	43.00	107.00	107.00	120.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1020	<b>Emergency Consultation – Facility Fee</b>	Visit		129.00	129.00	154.00
1021	Emergency Consultation – General Medical Practitioner	Visit	107.00	236.00	236.00	261.00
1022	Emergency Consultation – Specialist Medical Practitioner	Visit	246.00	375.00	375.00	400.00
1023	Emergency Consultation – Nursing Practitioner	Visit	62.00	191.00	191.00	216.00
1024	Emergency Consultation – Allied Health Practitioner	Visit	64.00	193.00	193.00	218.00
<b>11</b>	<b>Minor Theatre Procedures</b>					
1110	<b>Minor Procedure Cat A – Facility Fee</b>	Procedure		303.00	303.00	363.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	105.00	408.00	408.00	468.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	201.00	504.00	504.00	564.00
1120	<b>Minor Procedure Cat B – Facility Fee</b>	Procedure		303.00	303.00	363.00
1121	Minor Procedure Cat B – General Medical Practitioner	Procedure	155.00	458.00	458.00	518.00
1122	Minor Procedure Cat B – Specialist Medical Practitioner	Procedure	352.00	655.00	655.00	715.00
1130	<b>Minor Procedure Cat C – Facility Fee</b>	Procedure		303.00	303.00	363.00
1131	Minor Procedure Cat C – General Medical Practitioner	Procedure	245.00	548.00	548.00	608.00
1132	Minor Procedure Cat C – Specialist Medical Practitioner	Procedure	549.00	852.00	852.00	912.00
1140	<b>Minor Procedure Cat D – Facility Fee</b>	Procedure		303.00	303.00	363.00
1141	Minor Procedure Cat D – General Medical Practitioner	Procedure	646.00	949.00	949.00	1009.00
1142	Minor Procedure Cat D – Specialist Medical Practitioner	Procedure	1455.00	1758.00	1758.00	1818.00
<b>12</b>	<b>Major Theatre Procedures</b>					
1210	<b>Theatre Procedure Cat A – Facility Fee</b>	Procedure		980.00	1436.00	1656.00
1211	Theatre Procedure Cat A – General Medical Practitioner	Procedure	105.00	1085.00	1541.00	1761.00
1212	Theatre Procedure Cat A – Specialist Medical Practitioner	Procedure	201.00	1181.00	1637.00	1857.00
1220	<b>Theatre Procedure Cat B – Facility Fee</b>	Procedure		1483.00	2176.00	2506.00
1221	Theatre Procedure Cat B – General Medical Practitioner	Procedure	155.00	1638.00	2331.00	2661.00
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	352.00	1835.00	2528.00	2858.00
1230	<b>Theatre Procedure Cat C – Facility Fee</b>	Procedure		2547.00	3738.00	4314.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE  R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1231	Theatre Procedure Cat C – General Medical Practitioner	Procedure	245.00	2792.00	3983.00	4559.00
1232	Theatre Procedure Cat C – Specialist Medical Practitioner	Procedure	549.00	3096.00	4287.00	4863.00
1240	<b>Theatre Procedure Cat D – Facility Fee</b>	Procedure		6533.00	9583.00	11044.00
1241	Theatre Procedure Cat D – General Medical Practitioner	Procedure	646.00	7179.00	10229.00	11690.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	1455.00	7988.00	11038.00	12499.00
<b>13</b>	<b>Treatments</b>					
1310	<b>Supplementary Health Treatment – Facility Fee</b>	Contact		41.00	41.00	49.00
1313	Supplementary Health Treatment-Nursing Practitioner	Contact	36.00	77.00	77.00	85.00
1314	Supplementary Health Treatment – Allied Health Practitioner	Contact	36.00	77.00	77.00	85.00
1320	<b>Supplementary Health Group Treatment – Facility Fee</b>	Contact		32.00	32.00	35.00
1324	Supplementary Health Group Treatment – Allied Health Practitioner	Contact	25.00	57.00	57.00	60.00
<b>14</b>	<b>Emergency Medical Services</b>					
1410	<b>Patient transport service – Facility Fee</b>	100km				
1420	<b>Basic life support – Facility Fee</b>	50km				
1430	<b>Intermediate life support – Facility Fee</b>	50km				
1440	<b>Advanced life support – Facility Fee</b>	50km				
1450	<b>Emergency service standby – Facility Fee</b>	Once off				
1451	Emergency service standby – General Medical Practitioner	Hour				
1452	Emergency service standby – Specialist Medical Practitioner	Hour				
1453	Emergency service standby – Nursing Practitioner	Hour				
1455	Emergency service standby – Basic Life Support Practitioner	Hour				
1456	Emergency services standby- Intermediate Life Support Practitioner	Hour				
1457	Emergency services standby- Advanced Life Support Practitioner	Hour				
1460	<b>Rescue – Facility Fee</b>	Hour				
1461	Rescue – General Medical Practitioner	Hour				

See Administrator's Notice No. 646 of 29 August 1958

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1462	Rescue – Specialist Medical Practitioner	Hour				
1463	Rescue – Nursing Practitioner	Hour				
1465	Rescue- Basic Life Support Practitioner	Hour				
1466	Rescue – Intermediate Life Support Practitioner	Hour				
1467	Rescue- Advanced Life Support Practitioner	Hour				
1470	Emergency transport air services fixed wing	Flying hour				
1480	Emergency transport air services helicopter	Flying hour				
1490	<b>Emergency services standby-Facility Fee</b>	Additional 50km				
<b>15</b>	<b>Assistive Devices &amp; Prosthesis</b>					
1510	<b>Assistive Devices-Item Fee</b>	Item	Varies			
1520	<b>Prosthetic Devices-Item Fee</b>	Item	Varies			
1530	<b>Dental Items -Item Fee</b>	Item	Varies			
1540	Repairs of devices items	Item				
<b>16</b>	<b>Cosmetic Surgery</b>					
1610	<b>Cosmetic Surgery Cat A – Facility Fee</b>	Procedure		2062.00	2062.00	2355.00
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	1189.00	3251.00	3251.00	3544.00
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	1781.00	3843.00	3843.00	4136.00
1620	<b>Cosmetic Surgery Cat B – Facility Fee</b>	Procedure		4636.00	4636.00	5300.00
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	1408.00	6044.00	6044.00	6708.00
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	2113.00	6749.00	6749.00	7413.00
1630	<b>Cosmetic Surgery – Cat C – Facility Fee</b>	Procedure		7488.00	7488.00	8559.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	2381.00	9869.00	9869.00	10940.00
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	3572.00	11060.00	11060.00	12131.00
1640	<b>Cosmetic Surgery Cat D – Facility Fee</b>	Procedure		12649.00	12649.00	14455.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	2672.00	15321.00	15321.00	17127.00
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	3931.00	16580.00	16580.00	18386.00
<b>17</b>	<b>Laboratory Services</b>					
1700	Drawing of Blood	Contact		25.00	25.00	25.00
1710	Laboratory Test	Varies				
<b>18</b>	<b>Radiation Oncology</b>					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
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		463.00	463.00	463.00
1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	231.00	694.00	694.00	694.00
1920	<b>Nuclear Medicines Cat B-Facility Fee</b>	Procedure		463.00	463.00	463.00
1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	693.00	1156.00	1156.00	1156.00
1930	<b>Nuclear Medicines Cat C-Facility Fee</b>	Procedure		463.00	463.00	463.00
1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	1385.00	1848.00	1848.00	1848.00
1940	<b>Nuclear Medicines Cat D-Facility Fee</b>	Procedure		463.00	463.00	463.00
1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	2078.00	2541.00	2541.00	2541.00
1950	<b>Positron Emission Tomography(PET) Cat E-facility Fee</b>	Procedure		4492.00	4492.00	4492.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	2246.00	6738.00	6738.00	6738.00
<b>20</b>	<b>Ambulatory Procedures</b>					
2010	<b>Ambulatory Procedures Cat A-Facility Fee</b>	Procedure		97.00	97.00	119.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	35.00	132.00	132.00	154.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	70.00	167.00	167.00	189.00
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	21.00	118.00	118.00	140.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	21.00	118.00	118.00	140.00
2020	<b>Ambulatory Procedures Cat B-Facility Fee</b>	Procedure		97.00	97.00	119.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	50.00	147.00	147.00	169.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	77.00	174.00	174.00	196.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	28.00	125.00	125.00	147.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	28.00	125.00	125.00	147.00
<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		1017.00	1017.00	1017.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	429.00	1446.00	1446.00	1446.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	429.00	1446.00	1446.00	1446.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
2220	<b>Emergency Hyperbaric Oxygen Therapy-Facility Fee</b>	Session		1025.00	1025.00	1025.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	626.00	1651.00	1651.00	1651.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	626.00	1651.00	1651.00	1651.00
<b>23</b>	<b>Consumables(Not included in Facility Fee)</b>					
2300	Consumables(Not included in Facility Fee)	Item	Varies			
<b>24</b>	<b>Autopsies</b>					
2410	<b>Autopsy-Facility Fee</b>	Per Case		64.00	64.00	77.00
2411	Autopsy-General Practitioner	Per Case	71.00	135.00	135.00	148.00
2412	Autopsy-Specialist Practitioner	Per Case	164.00	228.00	228.00	241.00"

**Application of regulations**

- 5.** The provisions of these regulations shall not apply to a person-
- a) who is an in-patient on the day that precedes the implementation of the revised tariffs; or
  - b) whose admission and classification as an in-patient had been approved before the implementation of the revised tariffs.

**Short title**

- 6.** These regulations are called the Revision of Uniform Patient Fee Schedule relating to the Classification of and Fees payable by Patients at Provincial Hospitals, 2011.