

**THE PROVINCE OF
GAUTENG**



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8 SEPTEMBER 2017

No. 227

We all have the power to prevent AIDS



**AIDS
HELPLINE**

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DEPARTMENT OF HEALTH

Prevention is the cure

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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

NOTICE 1315 OF 2017**GAUTENG PROVINCE****DEPARTMENT OF HEALTH**

HOSPITALS ORDINANCE NO.14 OF 1958 as amended by Hospital Ordinance Act No. 4 of 1999

**REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING
TO AMBULANCES, 2017**

The Member of Executive Council responsible for health in the Province has, in terms of section 9 and 76 of the Hospital 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), 3774 of 2009 (PG 247 of 13 November 2009), 1954 of 2010 (PG 142 of 15 July 2010), 1002 of 2011 (PG 63 of 01 April 2011), 838 of 2012 (PG 98 of 02 April 2012), 925 of 2013 (PG 86 of 8 April 2013), 161 of 2015 (PG 397 of 9 September 2015).

Amendment of regulation 8 of the regulations.

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

- (a) the substitution for sub-regulation (1) of the following sub-regulation:

“(1) Patient transport vehicle

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

Classification category	Facility fee	UPFS code
HG	Exempted	—
H0	Free	—
H1	R20,00	1410
H2	R40,00	1410
PG	Exempted	—
H3	R57,00	1410
P and PH	R380,00	1410”

(2) by the 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	—
H0	Free	—
H1 : Basic life support	R50,00	1420
Intermediate life support	R70,00	1430
Advanced life support	R115,00	1440
H2 : Basic life support	R105,00	1420
Intermediate life support	R140,00	1430
Advanced life support	R235,00	1440
PG	Exempted	—
H3: Basic life support	R156,00	1420
Intermediate life support	R210,00	1430
Advanced life support	R350,00	1440
P and PH: Basic life support	R1037,00	1420
Intermediate life support	R1402,00	1430
Advanced life support	R2332,00	1440

“(3) by the substitution for sub-regulation (4) of the following sub-regulation:

“(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
H1: Emergency standby.....	R503.00		1450
Additional charge for service provided by —			
General medical practitioner		R1178,00	1451
Specialist medical practitioner		R1411,00	1452
Nursing practitioner		R886,00	1453
Basic life support practitioner	R158		1455
Intermediate life support practitioner.....	R242		1456
Advanced life support practitioner.....	R424		1457
H2 Emergency standby.....	R503.00		1450
Additional charge for service provided by —			
General medical practitioner		R1178,00	1451
Specialist medical practitioner		R1411,00	1452
Nursing practitioner		R886.00	1453
Basic life support practitioner	R158		1455
Intermediate life support practitioner.....	R242		1456
Advanced life support practitioner.....	R424		1457”
H3: Emergency standby.....	R503		1450
Additional charge for service provided by —			
General medical practitioner		R1178,00	1451
Specialist medical practitioner		R1411,00	1452
Nursing practitioner		R886.00	1453
Basic life support practitioner	R158		1455
Intermediate life support practitioner.....	R242		1456
Advanced life support practitioner.....	R424		1457
P and PH: Emergency standby.....	R503		1450
Additional charge for service provided by —			
General medical practitioner		R1178,00	1451
Specialist medical practitioner		R1411,00	1452
Nursing practitioner		R886.00	1453
Basic life support practitioner	R158		1455
Intermediate life support practitioner.....	R242		1456
Advanced life support practitioner.....	R424		1457

(4) by the 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	-
H0: All services		Free	
H1: Rescue services.....	R55		1460
Additional charge for services by-			
General medical practitioner		R85,00	1461
Specialist medical practitioner		R125,00	1462
Nursing practitioner		R55,00	1463
Allied health practitioner		-	1464
H2: Rescue services.....			-
Additional charge for services by-	R110		1460
General medical practitioner		R275,00	1461
Specialist medical practitioner		R360,00	1462
Nursing practitioner		R110,00	1463
Allied health practitioner		-	1464
PG: All services		Exempted	
H3: Rescue services.....	Exempted		
Additional charge for services by-	R167,00		1460
General medical practitioner		R417,00	1461
Specialist medical practitioner		R541,00	1462
Nursing practitioner		R334,00	1463
Basic life support practitioner		R26,00	1465
Intermediate life support practitioner.....		R30,00	1466
Advanced life support practitioner.....		R69,00	1467
Emergency transport air services fixed wing...	R1533,00		1470
Emergency transport air services helicopter....	R1683,00		1480
Emergency service standby-Facility Fee.....	R35,00		1490
P and PH: Rescue services.....			1460
Additional charge for services by-	R1110,00		
General medical practitioner		R1665,00	1461
Specialist medical practitioner		R2495,00	1462
Nursing practitioner		R1110,00	1463
Basic life support practitioner		R170,00	1465
Intermediate life support practitioner.....		R203,00	1466
Advanced life support practitioner.....		R463,00	1467
Emergency transport air services fixed wing...	R10218,00		1470
Emergency transport air services helicopter....	R11222,00		1480
Emergency service standby-Facility Fee.....	R232,00		1490

Short title

5. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2016.

Amendment of Annexure 1 to Schedule B of the Regulations

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

"ANNEXURE 1 TO SCHEDULE B UPFS 2017 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
*03	Dialysis					
0310	Haemo- Facility Fee	Up to 4 visits		20.00	20.00	20.00
0311	Haemo- General medical practitioner	Up to 4 visits	20.00	40.00	40.00	40.00
0312	Haemo- Specialist medical practitioner	Up to 4 visits	45.00	65.00	65.00	65.00
0313	Haemo-dialysis-Nursing practitioner	Up to 4 visit	10.00	30.00	30.00	30.00
0320	Peritoneal Dialysis- Facility Fee	Up to 4 visits		20.00	20.00	20.00
0321	Peritoneal Dialysis- General medical practitioner	Up to 4 visits	20.00	40.00	40.00	40.00
0322	Haemo- Specialist medical practitioner	Up to 4 visits	20.00	40.00	40.00	40.00
0330	Plasmapheresis- Facility Fee	Up to 4 visits		20.00	20.00	20.00
0331	Plasmapheresis- General medical practitioner	Up to 4 visits	20.00	40.00	40.00	40.00
0332	Plasmapheresis- Specialist medical practitioner	Up to 4 visits	45.00	65.00	65.00	65.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		135.00	135.00	165.00
0411	Medical Report – General medical practitioner	Report	255.00	390.00	390	420.00
0412	Medical Report – Specialist medical practitioner	Report	390.00	525.00	525.00	555.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	120.00	255.00	255.00	285.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	195.00	330.00	330.00	360.00
0425	Copies of X ray, ultrasounds ect.	Copies	125.00	260.00	260.00	290.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0430	Functional Assessment Report	Report		272.00	272.00	272.00
0431	Functional Assessment Report-General medical	Report	768.00	1040.00	1040.00	1100.00
0432	Functional Assessment Report-Special Medical practitioner	Report	1568.00	1840.00	1840.00	1900.00
0434	Functional Assessment Report-Allied Health practitioner	Report	768.00	1040.00	1040.00	1100.00
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Report		1000.00	1000.00	1000.00
06	In-Patients (7 % per 30 days)					
0610	In-patient General ward – Facility Fee	Per 30 Days		50.00	65.00	120.00
0611	In-patient General Ward – General medical practitioner	Per 30 Days	10.00	60.00	75.00	130.00
0612	In-patient General Ward – Specialist medical practitioner	Per 30 Days	20.00	70.00	85.00	140.00
0620	In-patient High care – Facility Fee	Per 30 Days		50.00	65.00	120.00
0621	In-patient High Care – General medical practitioner	Per 30 Days	10.00	60.00	75.00	135.00
0622	In-patient High Care – Specialist medical practitioner	Per 30 Days	20.00	70.00	85.00	140.00
0630	In-patient Intensive care – Facility Fee	Per 30 Days		50.00	65.00	120.00
0631	In-patient Intensive Care – General medical practitioner	Per 30 Days	10.00	60.00	75.00	135.00
0632	In-patient Intensive Care– Specialist medical practitioner	Per 30 Days	20.00	70.00	85.00	140.00
0640	In-patient Chronic care – Facility Fee	Per 30 Days		30.00	30.00	30.00
0641	In-patient Chronic care – General medical practitioner	Per 30 Days	5.00	35.00	35.00	35.00
0642	In-patient Chronic care – Specialist medical practitioner	Per 30 Days	10.00	40.00	40.00	40.00
0643	In-patient Chronic care – Nursing practitioner	Per 30 Days	5.00	35.00	35.00	35.00
0650	Day patient – Facility Fee	Per 30 Days		40.00	55.00	80.00
0651	Day patient – General medical practitioner	Per 30 Days	10.00	50.00	55.00	90.00
0652	Day patient – Specialist medical practitioner	Per 30 Days	20.00	60.00	75.00	100.00
0653	Day patient – Nursing practitioner	Per 30 Days	5.00	45.00	60.00	85.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0660	In-patient Boarder/Patient companion – Facility Fee	Per 30 Days		25.00	25.00	25.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Per 30 Days	5.00	30.00	30.00	30.00
07	Mortuary					
0710	Mortuary -Facility Fee	Day		184.00	184.00	209.00
0702	Cremation Certificate-Facility Fee	Certificate		184.00	184.00	209.00
10	Consultations 20%					
1010	Outpatient Consultation – Facility Fee	Visit		20.00	20.00	20.00
1011	Outpatient Consultation – General medical practitioner	Visit	20.00	40.00	40.00	40.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	45.00	65.00	65.00	65.00
1013	Outpatient Consultation – Nursing practitioner	Visit	10.00	30.00	30.00	30.00
1014	Outpatient Consultation – Allied health practitioner	Visit	10.00	30.00	30.00	30.00
1020	Emergency Consultation – Facility Fee	Visit		20.00	20.00	20.00
1021	Emergency Consultation – General medical practitioner	Visit	20.00	40.00	40.00	40.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	45.00	65.00	65.00	65.00
1023	Emergency Consultation – Nursing practitioner	Visit	10.00	30.00	30.00	30.00
1024	Emergency Consultation – Allied health practitioner	Visit	10.00	30.00	30.00	30.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Per Contact		5.00	5.00	5.00
1313	Supplementary Health Treatment – Nursing practitioner	Per Contact	5.00	10.00	10.00	10.00
1314	Supplementary Health Treatment – Allied health practitioner	Per Contact	5.00	10.00	10.00	10.00
1320	Supplementary Health Group Treatment – Facility Fee	Per Contact		5.00	5.00	5.00
1324	Supplementary Health Group Treatment Allied practitioner	Per Contact	5.00	10.00	10.00	10.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		20.00	20.00	20.00
1420	Basic life support – Facility Fee	50km		50.00	50.00	50.00
1430	Intermediate life support – Facility Fee	50km		70.00	70.00	70.00
1440	Advanced life support – Facility Fee	50km		115.00	115.00	115.00
1450	Emergency service standby – Facility Fee	Hour		503.00	503.00	503.00
1451	Emergency service standby – General medical practitioner	Hour	675.00	1178.00	1178.00	1178.00
1452	Emergency service standby – Specialist medical practitioner	Hour	908.00	1411.00	1411.00	1411.00
1453	Emergency service standby – Nursing practitioner	Hour	383.00	886.00	886.00	886.00
1455	Emergency service standby – Basic life support practitioner	Hour	158.00	661.00	661.00	661.00
1456	Emergency service standby – Intermediate life support	Hour	242.00	745.00	745.00	745.00
1457	Emergency service standby – Advanced life support practitioner	Hour	424.00	927.00	927.00	927.00
1460	Rescue – Facility Fee	Once-Off		55.00	55.00	55.00
1461	Rescue – General medical practitioner	Incident		85.00	140.00	140.00
1462	Rescue – Specialist medical practitioner	Incident		125.00	180.00	180.00
1463	Rescue – Nursing practitioner	Incident		55.00	110.00	110.00
1464	Rescue – Allied health practitioner	Incident	N/A			
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2884.00	2884.00	3294.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1663.00	4547.00	4547.00	4957.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2490.00	5374.00	5374.00	5784.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6484.00	6484.00	7411.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1970.00	8454.00	8454.00	9381.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2955.00	9439.00	9439.00	10366.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		10427.00	10472.00	11970.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3330.00	13802.00	13802.00	15300.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	4994.00	15466.00	15466.00	16964.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		17690.00	17690.00	20216.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	3736.00	21426.00	21426.00	23952.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	5497.00	23187.00	23187.00	25713.00

24	Autopsies 100%					
24210	Autopsy-Facility Fee	Per Case		89.00	89.00	107.00
2411	Autopsy-General-Medical Practitioner	Per case	99.00	188.00	188.00	206.00
2412	Autopsy-General Specialist Medical Practitioner	Per case	229.00	318.00	318.00	336.00
25	Port Health and Travel Clinics					
2510	Consultation –Facility Fee	Visit		107.00	107.00	107.00
2511	Consultation –General Practitioner	Visit	99.00	206.00	206.00	206.00
2513	Consultation –Nursing practitioner	Visit	57.00	164.00	164.00	164.00
2520	Emergency-Consultation-Facility Fee	Visit		216.00	216.00	216.00
2521	Emergency-Consultation-General medical practitioner	Visit	150.00	366.00	366.00	366.00
2523	Emergency-Consultation-Nursing practitioner	Visit	87.00	303.00	303.00	303.00
0810	Medication Fee-Facility Fee	Prescription		32.00	32.00	40.00
0837	Pharmaceutical –Travel Medicines	Item				

*** DIALYSIS**

Charge a maximum of 4 visits per 30 days or part thereof.

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 thereof of the following Annexure:

"ANNEXURE 2 TO SCHEDULE B UPFS 2017 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
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	40.00	40.00	40.00	40.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	65.00	65.00	65.00	65.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	70.00	70.00	70.00	70.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	110.00	110.00	110.00	110.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	255.00	255.00	255.00	255.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	380.00	380.00	380.00	380.00
*03	Dialysis					
0310	Haemo – Facility Fee	Up to 4 visits		280.00	280.00	325.00
0311	Haemo Dialysis – General Medical Practitioner	Up to 4 visits	55.00	335.00	335.00	380.00
0312	Haemo Dialysis – Specialist Medical Practitioner	Up to 4 visits	65.00	345.00	345.00	390.00
0313	Haemo Dialysis – Nursing Practitioner	Up to 4 visits	45.00	325.00	325.00	370.00
0320	Peritoneal Dialysis – Facility Fee	Up to 4 visits		45.00	45.00	50.00
0321	Peritoneal Dialysis – General medical practitioner	Up to 4 visits	10.00	55.00	55.00	60.00
0322	Peritoneal Dialysis – Specialist medical practitioner	Up to 4 visits	10.00	55.00	55.00	60.00
0323	Peritoneal Dialysis –Nursing Practitioner	Up to 4 visits	5.00	50.00	50.00	55.00
0330	Plasmapheresis – Facility Fee	Up to 4 visits		280.00	280.00	325.00
0331	Plasmapheresis – General Medical Practitioner	Up to 4 visits	55.00	335.00	335.00	380.00
0332	Plasmapheresis – Specialist Medical Practitioner	Up to 4 visits	65.00	345.00	345.00	390.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		135.00	135.00	165.00
0411	Medical Report – General medical practitioner	Report	255.00	390.00	390.00	420.00
0412	Medical Report – Specialist medical practitioner	Report	390.00	530.00	530.00	555.00

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	125.00	265.00	265.00	295.00
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	200.00	335.00	335.00	365.00
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	125.00	265.00	265.00	295.00
0430	Functional Assessment Report-Facility Fee	Report		272.00	272.00	332.00
0431	Functional Assessment Report – General Medical practitioner	Report	768.00	1040.00	1040.00	1100.00
0432	Functional Assessment Report – Specialists Medical practitioner	Report	1568.00	1840.00	1840.00	1900.00
0434	Functional Assessment Report –Allied Health practitioner	Report	768.00	1040.00	1040.00	1100.00
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Report		1000.00	1000.00	1000.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		15.00	15.00	15.00
0511	Radiology, Cat A – General medical practitioner	Procedure	15.00	30.00	30.00	30.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	25.00	40.00	40.00	40.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	15.00	30.00	30.00	30.00
0520	Radiology, Cat B – Facility Fee	Procedure		40.00	40.00	45.00
0521	Radiology, Cat B – General medical practitioner	Procedure	40.00	80.00	80.00	85.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	75.00	115.00	115.00	120.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	35.00	75.00	75.00	80.00
0530	Radiology, Cat C – Facility Fee	Procedure		90.00	90.00	105.00
0531	Radiology, Cat C – General medical practitioner	Procedure	60.00	150.00	150.00	165.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	180.00	270.00	270.00	285.00
0540	Radiology, Cat D – Facility Fee	Procedure		180.00	180.00	210.00
0541	Radiology, Cat D – General medical practitioner	Procedure	115.00	295.00	295.00	325.00
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	360.00	540.00	540.00	570.00
0550	Radiology, Cat E – Facility Fee	Procedure		465.00	465.00	530.00
0551	Radiology, Cat E – General Medical Practitioner	Procedure	430.00	895.00	895.00	960.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	900.00	1365.00	1365.00	1430.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		50.00	65.00	120.00
0611	In-patient General Ward – General medical practitioner	Day	10.00	60.00	75.00	135.00
0612	In-patient General Ward – Specialist medical practitioner	Day	20.00	70.00	85.00	140.00
0620	In-patient High care – Facility Fee	12 Hours		80.00	100.00	140.00
0621	In-patient High Care – General medical practitioner	12 Hours	5.00	85.00	105.00	145.00
0622	In-patient High Care – Specialist medical practitioner	12 Hours	10.00	90.00	110.00	150.00
0630	In-patient Intensive care – Facility Fee	12 Hours		260.00	260.00	310.00
0631	In-patient Intensive Care – General medical practitioner	12 Hours	5.00	265.00	265.00	315.00
0632	In-patient Intensive Care – Specialist medical practitioner	12 Hours	10.00	270.00	270.00	340.00
0640	In-patient Chronic care – Facility Fee	Day		30.00	30.00	30.00
0641	In-patient Chronic care – General medical practitioner	Day	5.00	35.00	35.00	35.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	10.00	40.00	40.00	40.00
0643	In-patient Chronic care – Nursing practitioner	Day	5.00	35.00	35.00	35.00
0650	Day patient – Facility Fee	Day		40.00	55.00	80.00
0651	Day patient – General medical practitioner	Day	10.00	50.00	65.00	90.00
0652	Day patient – Specialist medical practitioner	Day	20.00	60.00	75.00	100.00
0653	Day patient – Nursing practitioner	Day	5.00	45.00	60.00	85.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		25.00	25.00	25.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	5.00	30.00	30.00	30.00
07	Mortuary					
0710	Mortuary-Facility Fee	Day		184.00	184.00	209.00
0720	Cremation Certificate-Facility Fee	Certificate		184.00	184.00	209.00
09	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		5.00	5.00	5.00
0911	Oral Care Cat A – General practitioner	Procedure	10.00	15.00	15.00	15.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	10.00	15.00	15.00	15.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	5.00	10.00	10.00	10.00
0920	Oral Care Cat B – Facility Fee	Procedure		15.00	15.00	20.00
0921	Oral Care Cat B – General practitioner	Procedure	20.00	35.00	35.00	40.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0922	Oral Health Cat B – Specialist practitioner	Procedure	30.00	45.00	45.00	50.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	15.00	30.00	30.00	35.00
0930	Oral Care Cat C – Facility Fee	Procedure		100.00	100.00	115.00
0931	Oral Care Cat C – General practitioner	Procedure	115.00	215.00	215.00	230.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	195.00	295.00	295.00	310.00
0940	Oral Care Cat D – Facility Fee	Procedure		400.00	400.00	460.00
0941	Oral Care Cat D – General practitioner	Procedure	345.00	745.00	745.00	805.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	710.00	1110.00	1110.00	1170.00
0950	Oral Care Cat E – Facility Fee	Procedure		1350.00	1350.00	1540.00
0951	Oral Care Cat E – General practitioner	Procedure	1165.00	2515.00	2515.00	2705.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	2385.00	3735.00	3735.00	3925.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		20.00	20.00	20.00
1011	Outpatient Consultation – General medical practitioner	Visit	20.00	40.00	40.00	40.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	45.00	65.00	65.00	65.00
1013	Outpatient Consultation – Nursing practitioner	Visit	10.00	30.00	30.00	30.00
1014	Outpatient Consultation – Allied health practitioner	Visit	10.00	30.00	30.00	30.00
1020	Emergency Consultation – Facility Fee	Visit		35.00	35.00	45.00
1021	Emergency Consultation – General medical practitioner	Visit	30.00	65.00	65.00	75.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	70.00	105.00	105.00	115.00
1023	Emergency Consultation – Nursing practitioner	Visit	15.00	50.00	50.00	60.00
1024	Emergency Consultation – Allied health practitioner	Visit	20.00	55.00	55.00	65.00
1030	Follow –Up Outpatient Consultation-Facility Fee	Visit		20.00	20.00	20.00
1031	Follow-up Outpatient Consultation - General medical practitioner	Visit	20.00	40.00	40.00	40.00
1032	Follow-up Outpatient Consultation - Specialist medical practitioner	Visit	45.00	65.00	65.00	65.00
1033	Follow-up Outpatient Consultation - Nursing practitioner	Visit	10.00	30.00	30.00	30.00
1034	Follow-up Outpatient Consultation – Allied Health	Visit	10.00	30.00	30.00	30.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
11	Minor Theatre Procedure					
1110	Minor Procedure Cat A – Facility Fee	Procedure		85.00	85.00	100.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	30.00	115.00	115.00	130.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	55.00	140.00	140.00	155.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		85.00	85.00	100.00
1121	Minor Procedure Cat B - General Medical Practitioner	Procedure	45.00	130.00	130.00	145.00
1122	Minor Procedure Cat B - Specialist Medical Practitioner	Procedure	100.00	185.00	185.00	200.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		85.00	85.00	100.00
1131	Minor Procedure Cat C - General Medical Practitioner	Procedure	70.00	155.00	155.00	170.00
1132	Minor Procedure Cat C - Specialist Medical Practitioner	Procedure	155.00	240.00	240.00	255.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		85.00	85.00	100.00
1141	Minor Procedure Cat D - General Medical Practitioner	Procedure	180.00	265.00	265.00	285.00
1142	Minor Procedure Cat D - Specialist Medical Practitioner	Procedure	405.00	490.00	490.00	505.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		275.00	400.00	465.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	30.00	305.00	430.00	495.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	55.00	330.00	455.00	520.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		415.00	610.00	700.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	45.00	459.00	655.00	745.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	100.00	515.00	710.00	800.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		715.00	1045.00	1205.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	70.00	785.00	1115.00	1275.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	155.00	870.00	1200.00	1360.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		1830.00	2680.00	3090.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	180.00	2010.00	2860.00	3270.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	405.00	2235.00	3085.00	3495.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Per Contact		10.00	100.00	15.00
1313	Supplementary Health Treatment – Nursing Practitioner	Per Contact	10.00	20.00	20.00	25.00
1314	Supplementary Health Treatment – Allied health practitioner	Per Contact	10.00	20.00	20.00	25.00
1320	Supplementary Health Group Treatment – Facility Fee	Per Contact		10.00	10.00	10.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Per Contact	5.00	15.00	15.00	15.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		40.00	40.00	40.00
1420	Basic life support – Facility Fee	50km		105.00	105.00	105.00
1430	Intermediate life support – Facility Fee	50km		140.00	140.00	140.00
1440	Advanced life support – Facility Fee	50km		235.00	235.00	235.00
1450	Emergency service standby – Facility Fee	Hour		503.00	503.00	503.00
1451	Emergency service standby – General medical practitioner	Hour	675.00	1178.00	1178.00	1178.00
1452	Emergency service standby – Specialist medical practitioner	Hour	908.00	1411.00	1411.00	1411.00
1453	Emergency service standby – Nursing practitioner	Hour	386.00	886.00	886.00	886.00
1454	Emergency service standby – Emergency care practitioner	Hour	N/A			
1455	Emergency service standby – Basic life support practitioner	Incident	158.00	661.00	661.00	661.00
1456	Emergency service standby – Intermediate life support practitioner		242.00	754.00	754.00	754.00
1457	Emergency service standby – Advanced life support practitioner		424.00	927.00	927.00	927.00
1460	Rescue – Facility Fee	Once Off		110.00	110.00	110.00
1461	Rescue – General medical practitioner	Incident	165.00	275.00	275.00	275.00
1462	Rescue – Specialist medical practitioner	Incident	250.00	360.00	360.00	360.00
1463	Rescue – Nursing practitioner	Incident	110.00	220.00	220.00	220.00
1464	Rescue – Allied health practitioner	Incident				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
15	Assistive Devices & Prosthesis					
1510	Assistive Devices & Prosthesis – Item Fee	Item	5% of the cost of the relevant device or prosthesis, rounded to the nearest			
1520	Prosthetic Devices – Item Fee	Item				
1530	Dental Items – Item Fee	Item				
1540	Assistive Devices, Prosthesis, Dental	Item				
1550	Optometry Devices	Item				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2885.00	2885.00	3295.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1665.00	4550.00	4550.00	4960.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2490.00	5375.00	5375.00	5785.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6485.00	6485.00	7410.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1970.00	8455.00	8455.00	9380.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2955.00	9440.00	9440.00	10365.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		10470.00	10470.00	11970.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3330.00	13800.00	13800.00	15300.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	4995.00	15465.00	15465.00	16965.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		17690.00	17690.00	20215.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	3735.00	21425.00	21425.00	23950.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	5495.00	23185.00	23185.00	25710.00
18	Radiation Oncology (Refer to proposed list)					
1810	Radiation Oncology- Facility Fee					
1812	Radiation Oncology- Specialist medical practitioner					
19	Nuclear Medicine					
1910	Nuclear Medicine Cat A- Facility Fee	Procedure		130.00	130.00	130.00
1912	Nuclear Medicine Cat A- Specialist medical practitioner	Procedure	65.00	195.00	195.00	195.00
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		130.00	130.00	130.00
1922	Nuclear Medicine Cat B- Specialist medical practitioner	Procedure	195.00	325.00	325.00	325.00
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		130.00	130.00	130.00
1932	Nuclear Medicine Cat C- Specialist medical practitioner	Procedure	385.00	515.00	515.00	515.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		130.00	130.00	130.00
1942	Nuclear Medicine Cat D- Specialist medical practitioner	Procedure	580.00	710.00	710.00	710.00
1950	Positron Emission Tomography (PET)-Cat E-Facility Fee	Procedure		250.00	250.00	250.00
1952	Positron Emission Tomography (PET)-Cat E Specialist medical practitioner	Procedure	755.00	1005.00	1005.00	1005.00
20	Ambulatory Procedures					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		25.00	25.00	35.00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	10.00	35.00	35.00	45.00
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	20.00	45.00	45.00	55.00
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	5.00	30.00	30.00	40.00
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	5.00	30.00	30.00	40.00
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		25.00	25.00	35.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	15.00	40.00	40.00	50.00
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	20.00	45.00	45.00	55.00
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	10.00	35.00	35.00	45.00
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	35.00	35.00	45.00
22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy-Facility Fee(Flat Fee)	Session		95.00	95.00	95.00
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		285.00	285.00	285.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	120.00	405.00	405.00	405.00
2212	Hyperbaric Oxygen Therapy-Specialist medical practitioner	Session	120.00	405.00	405.00	405.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		285.00	258.00	285.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	175.00	460.00	460.00	460.00
2222	Emergency Hyperbaric- Specialist Medical Practitioner	Session	175.00	460.00	460.00	460.00
24	Autopsies 100%					
24210	Autopsy-Facility Fee	Per Case		89.00	89.00	107.00
2411	Autopsy-General-Medical Practitioner	Per case	99.00	188.00	188.00	206.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2412	Autopsy-General Specialist Medical Practitioner	Per case	229.00	318.00	318.00	336.00
25	Port Health and Travel Clinics					
2510	Consultation –Facility Fee	Visit		107.00	107.00	107.00
2511	Consultation –General Practitioner	Visit	99.00	206.00	206.00	206.00
2513	Consultation –Nursing practitioner	Visit	57.00	164.00	164.00	164.00
2520	Emergency-Consultation-Facility Fee	Visit		216.00	216.00	216.00
2521	Emergency-Consultation-General-medical practitioner	Visit	150.00	366.00	366.00	366.00
2523	Emergency Consultation –Nursing practitioner	Visit	87.00	303.00	303.00	303.00
0810	Medication Fee-Facility Fee	Prescription		32.00	32.00	40.00
0837	Pharmaceutical-Travel Medicines	Item				

*** DIALYSIS**

Charge a maximum of 4 visits per 30 days or part thereof.

NOTE:

- For all of the above package, 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."

Insertion of Annexure 2A to Schedule B of the Regulations

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

ANNEXURE 2A TO SCHEDULE B

UPFS 2017 FEE SCHEDULE FOR H3 (SELF FUNDED PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	64.00	64.00	64.00	64.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	96.00	96.00	96.00	96.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	109.00	109.00	109.00	109.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	164.00	164.00	164.00	164.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	382.00	382.00	382.00	382.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	574.00	574.00	574.00	574.00
03	Dialysis					
0310	Haemo – Facility Fee	Day		423.00	423.00	506.00
0311	Haemo-dialysis – General medical practitioner	Day	80.00	503.00	503.00	586.00
0312	Haemo-dialysis – Specialist medical practitioner	Day	101.00	524.00	524.00	607.00
0313	Haemo-dialysis Nursing Practitioner	Day	65.00	488.00	488.00	571.00
0320	Peritoneal Dialysis – Facility Fee	Session		65.00	65.00	74.00
0321	Peritoneal Dialysis – General medical practitioner	Session	13.00	78.00	78.00	87.00
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	16.00	81.00	81.00	90.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	9.00	74.00	74.00	83.00
0330	Plasmapheresis-Facility Fee	Session		423.00	423.00	485.00
0331	Plasmapheresis- General medical practitioner	Session	80.00	503.00	503.00	565.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	101.00	524.00	524.00	586.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		136.00	136.00	166.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0411	Medical Report – General medical practitioner	Report	256.00	392.00	392.00	422.00
0412	Medical Report – Specialist medical practitioner	Report	392.00	528.00	528.00	558.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	127.00	263.00	263.00	293.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	197.00	333.00	333.00	363.00
0425	Copies of X ray, ultrasounds ect.	Copies	127.00	263.00	263.00	293.00
0430	Functional Assessment Report	Reports		272.00	272.00	332.00
0431	Functional Assessment Report – General medical practitioner	Reports	768.00	1040.00	1040.00	1100.00
0432	Functional Assessment Report – Specialist medical practitioner	Reports	1568.00	1840.00	1840.00	1900.00
0434	Functional Assessment Report-Allied health practitioner	Reports	768.00	1040.00	1040.00	1100.00
0440	Copies Of Specialized Radiology(MRI,CT& Nuclear)	Copy		1000.00	1000.00	1000.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		22.00	22.00	24.00
0511	Radiology, Cat A – General medical practitioner	Procedure	21.00	43.00	43.00	45.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	39.00	61.00	61.00	63.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	21.00	43.00	43.00	45.00
0520	Radiology, Cat B – Facility Fee	Procedure		59.00	59.00	68.00
0521	Radiology, Cat B – General medical practitioner	Procedure	57.00	116.00	116.00	125.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	110.00	169.00	169.00	178.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	55.00	114.00	114.00	235.00
0530	Radiology, Cat C – Facility Fee	Procedure		137.00	137.00	156.00
0531	Radiology, Cat C – General medical practitioner	Procedure	88.00	225.00	225.00	244.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	270.00	407.00	407.00	426.00
0540	Radiology, Cat D – Facility Fee	Procedure		274.00	274.00	312.00
0541	Radiology, Cat D – General medical practitioner	Procedure	175.00	449.00	449.00	487.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	539.00	813.00	813.00	851.00
0550	Radiology, Cat E – Facility Fee	Procedure		697.00	697.00	797.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0551	Radiology, Cat E – General medical practitioner	Procedure	646.00	1343.00	1343.00	1443.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	1346.00	2043.00	2043.00	2143.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		217.00	276.00	522.00
0611	In-patient General Ward – General medical practitioner	Day	45.00	262.00	321.00	567.00
0612	In-patient General Ward – Specialist medical practitioner	Day	79.00	296.00	355.00	601.00
0620	In-patient High care – Facility Fee	12 hours		317.00	396.00	568.00
0621	In-patient High Care – General medical practitioner	12 hours	23.00	340.00	419.00	591.00
0622	In-patient High Care – Specialist medical practitioner	12 hours	45.00	362.00	441.00	613.00
0630	In-patient Intensive care – Facility Fee	12 hours		552.00	552.00	660.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	13.00	565.00	565.00	673.00
0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	25.00	577.00	577.00	685.00
0640	In-patient Chronic care – Facility Fee	Day		127.00	127.00	127.00
0641	In-patient Chronic care – General medical practitioner	Day	15.00	142.00	142.00	142.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	35.00	162.00	162.00	162.00
0643	I In-patient Chronic care – Nursing practitioner	Day	9.00	136.00	136.00	136.00
0650	Day patient – Facility Fee	Day		181.00	228.00	334.00
0651	Day patient – General medical practitioner	Day	45.00	226.00	273.00	379.00
0652	Day patient – Specialist medical practitioner	Day	79.00	260.00	307.00	413.00
0653	Day patient – Nursing practitioner	Day	26.00	207.00	254.00	360.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		104.00	104.00	104.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	9.00	113.00	113.00	113.00
07	Mortuary					
0710	Mortuary – Facility Fee	Day		184.00	184.00	209.00
0720	Cremation Certificate – Facility Fee	Certificate		184.00	184.00	209.00
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		10.00	10.00	12.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
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			
0827	<i>Pharmaceutical-Acute OPD</i>	Item	Varies			
0828	<i>Pharmaceutical-oncology OPD</i>	Item	Varies			
0829	<i>Pharmaceutical Suppressant Drugs OPD</i>	Item	Varies			
0830	<i>Pharmaceutical Flat Acute OPD</i>	Item	Varies			
0835	<i>Pharmaceutical-Chronic IP</i>	Item	Varies			
0836	<i>Pharmaceutical-Repeat Scripts</i>	Item	Varies			
0837	<i>Pharmaceutical Travel Medicines</i>	Item	Varies			
09	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		8.00	8.00	9.00
0911	Oral Care Cat A – General practitioner	Procedure	12.00	20.00	20.00	21.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	14.00	22.00	22.00	23.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	11.00	19.00	19.00	20.00
0920	Oral Care Cat B – Facility Fee	Procedure		25.00	25.00	29.00
0921	Oral Care Cat B – General practitioner	Procedure	28.00	53.00	53.00	57.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	44.00	69.00	69.00	73.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	23.00	48.00	48.00	52.00
0930	Oral Care Cat C – Facility Fee	Procedure		153.00	153.00	175.00
0931	Oral Care Cat C – General practitioner	Procedure	169.00	322.00	322.00	344.00
0932	Oral Care Cat C – Specialist practitioner	Procedure	290.00	443.00	443.00	465.00
0940	Oral Care Cat D – Facility Fee	Procedure		601.00	601.00	688.00
0941	Oral Care Cat D – General practitioner	Procedure	519.00	1120.00	1120.00	1207.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	1064.00	1665.00	1665.00	1752.00
0950	Oral Care Cat E – Facility Fee	Procedure		2024.00	2024.00	2313.00
0951	Oral Care Cat E – General practitioner	Procedure	1745.00	3769.00	3769.00	4058.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	3580.00	5604.00	5604.00	5893.00
10	Consultations					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1010	Outpatient Consultation – Facility Fee	Visit		27.00	27.00	32.00
1011	Outpatient Consultation – General medical practitioner	Visit	30.00	57.00	57.00	62.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	69.00	96.00	96.00	101.00
1013	Outpatient Consultation – Nursing practitioner	Visit	17.00	44.00	44.00	49.00
1014	Outpatient Consultation – Allied health practitioner	Visit	18.00	45.00	45.00	50.00
1020	Emergency Consultation – Facility Fee	Visit		54.00	54.00	65.00
1021	Emergency Consultation – General medical practitioner	Visit	45.00	99.00	99.00	110.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	103.00	157.00	157.00	168.00
1023	Emergency Consultation – Nursing practitioner	Visit	26.00	80.00	80.00	91.00
1024	Emergency Consultation – Allied health practitioner	Visit	27.00	81.00	81.00	92.00
1030	Follow up Outpatient Consultation-facility Fee	Visit		27.00	27.00	32.00
1031	Follow up Outpatient Consultation-General Medical Practitioner	visit	30.00	57.00	57.00	62.00
1032	Follow up Outpatient Consultation-Specialist Medical Practitioner	Visit	69.00	96.00	96.00	101.00
1033	Follow up Outpatient Consultation-Nursing Practitioner	Visit	17.00	44.00	44.00	49.00
1034	Follow Up-Outpatient Consultation-Allied health practitioner	Visit	18.00	45.00	45.00	50.00
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		127.00	127.00	152.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	44.00	171.00	171.00	196.00
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	85.00	212.00	212.00	237.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		127.00	127.00	152.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	65.00	192.00	192.00	217.00
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	147.00	274.00	274.00	299.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		127.00	127.00	152.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	103.00	230.00	230.00	255.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	230.00	357.00	357.00	382.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		127.00	127.00	152.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	271.00	398.00	398.00	423.00
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	611.00	738.00	738.00	763.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		411.00	602.00	695.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	44.00	455.00	646.00	739.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	85.00	496.00	687.00	780.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		622.00	913.00	1051.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	65.00	687.00	978.00	1116.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	147.00	769.00	1060.00	1198.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		1069.00	1569.00	1810.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	103.00	1172.00	1672.00	1913.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	230.00	1299.00	1799.00	2040.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		2741.00	4021.00	4634.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	271.00	3012.00	4292.00	4905.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	611.00	3352.00	4632.00	5245.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		17.00	17.00	21.00
1313	Supplementary health treatment- Nursing Practitioner	Contact	15.00	32.00	32.00	36.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	15.00	32.00	32.00	36.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		14.00	14.00	15.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	11.00	25.00	25.00	26.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		57.00	57.00	57.00
1420	Basic life support – Facility Fee	50km		156.00	156.00	156.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1430	Intermediate life support – Facility Fee	50km		210.00	210.00	210.00
1440	Advanced life support – Facility Fee	50km		350.00	350.00	350.00
1450	Emergency service standby – Facility Fee	Hour		503.00	503.00	503.00
1451	Emergency service standby – General medical practitioner	Hour	675.00	1178.00	1178.00	1178.00
1452	Emergency service standby – Specialist medical practitioner	Hour	908.00	1411.00	1411.00	1411.00
1453	Emergency service standby – Nursing practitioner	Hour	383.00	886.00	886.00	886.00
1455	Emergency service standby – Basic life support practitioner	Hour	158.00	661.00	661.00	661.00
1456	Emergency services standby-Intermediate life support practitioner	Hour	242.00	745.00	745.00	745.00
1457	Emergency services standby-Advanced life support practitioner	Hour	424.00	927.00	927.00	927.00
1460	Rescue – Facility Fee	Once off	N/A	167.00	167.00	167.00
1461	Rescue – General medical practitioner	Hour	250.00	417.00	417.00	417.00
1462	Rescue – Specialist medical practitioner	Hour	374.00	541.00	541.00	541.00
1463	Rescue – Nursing practitioner	Hour	167.00	334.00	334.00	334.00
1465	Rescue- Basic life support practitioner	Hour	26.00	26.00	26.00	26.00
1466	Rescue – Intermediate life support practitioner	Hour	30.00	30.00	30.00	30.00
1467	Rescue- Advanced life support practitioner	Hour	69.00	69.00	69.00	69.00
1470	Emergency transport air services fixed wing	Flying hour		1533.00	1533.00	1533.00
1480	Emergency transport air services helicopter	Flying hour		1683.00	1683.00	1683.00
1490	Emergency services standby-Facility Fee	Additional 50km		232.00	232.00	232.00
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2884.00	2884.00	3294.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1663.00	4547.00	4547.00	4957.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2490.00	5374.00	5374.00	5784.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6484.00	6484.00	7411.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1970.00	8454.00	8454.00	9381.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2955.00	9439.00	9439.00	10366.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		10472.00	10472.00	11970.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3330.00	13802.00	13802.00	15300.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	4994.00	15466.00	15466.00	16964.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		17690.00	17690.00	20216.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	3736.00	21426.00	21426.00	23952.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	5497.00	23187.00	23187.00	25713.00
17	Laboratory Services					
1700	Drawing of Blood	Contact		11.00	11.00	11.00
1710	Laboratory Test	Varies				
18	Radiation Oncology					
1800	Radiation Oncology(NHRPL less VAT)	Item	Varies			
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item	Varies			
1910	Nuclear Medicines Cat A-Facility Fee	Procedure		194.00	194.00	194.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	96.00	290.00	290.00	290.00
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		194.00	194.00	194.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	291.00	485.00	485.00	485.00
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		194.00	194.00	194.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	581.00	775.00	775.00	775.00
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		194.00	194.00	194.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	872.00	1066.00	1066.00	1066.00
1950	Positron Emission Tomography(PET) Cat E-facility Fee			377.00	377.00	377.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner		1132.00	1509.00	1509.00	1509.00
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		41.00	41.00	50.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	15.00	56.00	56.00	65.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	29.00	70.00	70.00	79.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	9.00	50.00	52.00	59.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	9.00	50.00	50.00	59.00
2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		41.00	41.00	50.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	21.00	62.00	62.00	71.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	32.00	73.00	73.00	82.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	12.00	53.00	53.00	62.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	12.00	53.00	53.00	62.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy-Facility Fee(Flat Fee)	Session		141.00	141.00	141.00
2210	Hyperbaric Oxygen Therapy -Facility Fee	Session		427.00	427.00	727.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	180.00	607.00	607.00	607.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	180.00	607.00	607.00	607.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		430.00	430.00	430.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	263.00	693.00	693.00	693.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	263.00	693.00	693.00	693.00
23	Consumables(Not included in Facility Fee)					
2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		89.00	89.00	107.00
2411	Autopsy-General Practitioner	Per Case	99.00	188.00	188.00	206.00
2412	Autopsy-Specialist Practitioner	Per Case	229.00	318.00	318.00	336.00
25	Port Health and Travel clinics					
2510	Consultation Facility Fees	Visit		107.00	107.00	107.00
2511	Consultation-General medical practitioner	Visit	99.00	206.00	206.00	206.00
2513	Consultation-Nursing practitioner	Visit	57.00	164.00	164.00	164.00
2520	Emergency Consultation-Facility Fee	Visit		216.00	216.00	216.00
2521	Emergency Consultation –General Practitioner	Visit	150.00	366.00	366.00	366.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2523	Emergency Consultation-Nursing Practitioner	Visit	87.00	303.00	303.00	303.00
0810	Medication Fee-Facility Fee	Prescription		32.00	32.00	40.00
0837	Pharmaceutical Travel Medicines	Item				

Amendment of Annexure 3 to Schedule B of the Regulations

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

"ANNEXURE 3 TO SCHEDULE B

UPFS 2017 FEE SCHEDULE FOR FULL PAYING PATIENTS (PRIVATE PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anesthetics					
0111	Anaesthetics Cat A – General Medical Practitioner	Procedure	212.00	212.00	212.00	212.00
0112	Anaesthetics Cat A – Specialist Medical Practitioner	Procedure	319.00	319.00	319.00	319.00
0121	Anaesthetics Cat B – General Medical Practitioner	Procedure	362.00	362.00	362.00	362.00
0122	Anaesthetics Cat B – Specialist Medical Practitioner	Procedure	545.00	545.00	545.00	545.00
0131	Anaesthetics Cat C – General Medical Practitioner	Procedure	1274.00	1274.00	1274.00	1274.00
0132	Anaesthetics Cat C – Specialist Medical Practitioner	Procedure	1912.00	1912.00	1912.00	1912.00
02	Confinement					
0210	Natural Birth-Facility Fee	Incident		3932.00	3932.00	4577.00
0211	Natural Birth – General Medical Practitioner	Incident	2133.00	6065.00	6065.00	6710.00
0212	Natural Birth – Specialist Medical Practitioner	Incident	2753.00	6685.00	6685.00	7330.00
0213	Natural Birth – Nursing Practitioner	Incident	2580.00	6512.00	6512.00	7157.00
0220	Caesarean Section – Facility Fee	Incident		6190.00	6190.00	7204.00
0221	Caesarean Section – General Medical Practitioner	Incident	2133.00	8323.00	8323.00	9337.00
0222	Caesarean Section – Specialist Medical Practitioner	Incident	2753.00	8943.00	8943.00	9957.00
03	Dialysis					
0310	Haemo – Facility Fee	Day		1410.00	1410.00	1615.00
0311	Haemo-dialysis – General Medical Practitioner	Day	267.00	1677.00	1677.00	1882.00
0312	Haemo-dialysis – Specialist Medical Practitioner	Day	336.00	1746.00	1746.00	1951.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0313	Haemo-dialysis Nursing Practitioner	Day	216.00	1626.00	1626.00	1831.00
0320	Peritoneal Dialysis – Facility Fee	Session		218.00	218.00	247.00
0321	Peritoneal Dialysis – General Medical Practitioner	Session	44.00	262.00	262.00	291.00
0322	Peritoneal dialysis- Specialist Medical practitioner	Session	52.00	270.00	270.00	299.00
0323	Peritoneal dialysis- Nursing Practitioner	Session	29.00	247.00	247.00	276.00
0330	Plasmapheresis- Facility Fee	Session		1410.00	1410.00	1615.00
0331	Plasmapheresis- General Medical Practitioner	Session	267.00	1677.00	1677.00	1882.00
0332	Plasmapheresis- Specialist Medical Practitioner	Session	336.00	1746.00	1746.00	1951.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		136.00	136.00	166.00
0411	Medical Report – General Medical Practitioner	Report	256.00	392.00	392.00	422.00
0412	Medical Report – Specialist Medical Practitioner	Report	392.00	528.00	528.00	558.00
0420	Copy of Medical Report – Facility Fee			136.00	136.00	136.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form- General Medical Practitioner	Copies	127.00	263.00	263.00	293.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form- Specialist Medical Practitioner	Copies	197.00	333.00	333.00	363.00
0425	Copies of X ray, ultrasounds ect.	Copies	127.00	263.00	263.00	293.00
0430	Functional Assessment Report- Facility Fee	Report		272.00	272.00	332.00
0431	Functional Assessment Report- General medical	Report	768.00	1040.00	1040.00	1100.00
0432	Functional Assessment Report- Specialist Medical Practitioner	Report	1568.00	1840.00	1840.00	1900.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0434	Functional Assessment Report- Allied health Practitioner	Report	768.00	1040.00	1040.00	1100.00
0440	Copies of Specialized Radiology (MRI,CT & Nuclear)	Copy		1000.00	1000.00	1000.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		72.00	72.00	80.00
0511	Radiology, Cat A – General Medical Practitioner	Procedure	70.00	142.00	142.00	150.00
0512	Radiology, Cat A – Specialist Medical Practitioner	Procedure	131.00	203.00	203.00	211.00
0514	Radiology, Cat A – Allied Health Practitioner	Procedure	69.00	141.00	141.00	149.00
0520	Radiology, Cat B – Facility Fee	Procedure		197.00	197.00	225.00
0521	Radiology, Cat B – General Medical Practitioner	Procedure	189.00	386.00	386.00	414.00
0522	Radiology, Cat B – Specialist Medical Practitioner	Procedure	368.00	565.00	565.00	593.00
0524	Radiology, Cat B – Allied Health Practitioner	Procedure	184.00	381.00	381.00	409.00
0530	Radiology, Cat C – Facility Fee	Procedure		456.00	456.00	521.00
0531	Radiology, Cat C – General Medical Practitioner	Procedure	294.00	750.00	750.00	815.00
0532	Radiology, Cat C – Specialist Medical Practitioner	Procedure	900.00	1356.00	1356.00	142.001
0540	Radiology, Cat D – Facility Fee	Procedure		912.00	912.00	1041.00
0541	Radiology, Cat D – General Medical Practitioner	Procedure	585.00	1497.00	1497.00	1626.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	1798.00	2710.00	2710.00	2839.00
0550	Radiology, Cat E – Facility Fee	Procedure		2324.00	2324.00	2657.00
0551	Radiology, Cat E – General Medical Practitioner	Procedure	2152.00	4476.00	4476.00	4809.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0552	Radiology, Cat E – Specialist Practitioner	Procedure	4488.00	6812.00	6812.00	7145.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		723.00	921.00	1741.00
0611	In-patient General Ward – General Medical Practitioner	Day	150.00	873.00	1071.00	1891.00
0612	In-patient General Ward – Specialist Medical Practitioner	Day	262.00	985.00	1183.00	2003.00
0620	In-patient High care – Facility Fee	12 hours		1121.00	1401.00	2007.00
0621	In-patient High Care – General Medical Practitioner	12 hours	77.00	1198.00	1478.00	2084.00
0622	In-patient High Care – Specialist Medical Practitioner	12 hours	149.00	1270.00	1550.00	2156.00
0630	In-patient Intensive care – Facility Fee	12 hours		3682.00	3682.00	4401.00
0631	In-patient Intensive Care – General Medical Practitioner	12 hours	87.00	3769.00	3769.00	4488.00
0632	In-patient Intensive Care – Specialist Medical Practitioner	12 hours	166.00	3848.00	3848.00	4567.00
0640	In-patient Chronic care – Facility Fee	Day		424.00	424.00	424.00
0641	In-patient Chronic care – General Medical Practitioner	Day	49.00	473.00	473.00	473.00
0642	In-patient Chronic care – Specialist Medical Practitioner	Day	115.00	539.00	539.00	539.00
0643	In-patient Chronic care – Nursing Practitioner	Day	29.00	453.00	453.00	453.00
0650	Day patient – Facility Fee	Day		602.00	760.00	1112.00
0651	Day patient – General Medical Practitioner	Day	150.00	752.00	910.00	1262.00
0652	Day patient – Specialist Medical Practitioner	Day	262.00	864.00	1022.00	1374.00
0653	Day patient – Nursing Practitioner	Day	87.00	689.00	847.00	1199.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		345.00	345.00	345.00
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	29.00	374.00	374.00	374.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
07	Mortuary					
0300710	Mortuary – Facility Fee	Day		184.00	184.00	209.00
0720	Cremation Certificate – Facility Fee	Certificate		184.00	184.00	209.00
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		32.00	32.00	40.00
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			
0827	Pharmaceutical – Acute OPD	Item	Varies			
0828	Pharmaceutical- Oncology OPD	Item	Varies			
0829	Pharmaceutical- Immune Suppressant Drugs OPD	Item	Varies			
0830	Pharmaceutical Flat Fee Acute OPD	Item	Varies			
0835	Pharmaceutical- Chronic IP	Item	Varies			
0836	Pharmaceutical- Reapeat scripts	Item	Varies			
0837	Pharmaceutical- Travel Medicines	Item	Varies			
9	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		27.00	27.00	30.00
0911	Oral Care Cat A – General Practitioner	Procedure	40.00	67.00	67.00	70.00
0912	Oral Care Cat A – Specialist Practitioner	Procedure	48.00	75.00	75.00	78.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0914	Oral Care Cat A – Allied Health Practitioner	Procedure	35.00	62.00	62.00	65.00
0920	Oral Care Cat B – Facility Fee	Procedure		82.00	82.00	97.00
0921	Oral Care Cat B – General Practitioner	Procedure	93.00	175.00	175.00	190.00
0922	Oral Health Cat B – Specialist Practitioner	Procedure	147.00	229.00	229.00	244.00
0924	Oral Care Cat B – Allied Health practitioner	Procedure	75.00	157.00	157.00	172.00
0930	Oral Care Cat C – Facility Fee	Procedure		509.00	509.00	584.00
0931	Oral Care Cat C – General Practitioner	Procedure	563.00	1072.00	1072.00	1147.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	968.00	1477.00	1477.00	1552.00
0940	Oral Care Cat D – Facility Fee	Procedure		2003.00	2003.00	2293.00
0941	Oral Care Cat D – General Practitioner	Procedure	1729.00	3732.00	3732.00	4022.00
0942	Oral Care Cat D – Specialist Practitioner	Procedure	3548.00	5551.00	5551.00	5841.00
0950	Oral Care Cat E – Facility Fee	Procedure		6748.00	6748.00	7711.00
0951	Oral Care Cat E – General Practitioner	Procedure	5815.00	12563.00	12563.00	13526.00
0952	Oral Care Cat E – Specialist Practitioner	Procedure	11933.00	18681.00	18681.00	19644.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		89.00	89.00	107.00
1011	Outpatient Consultation – General Medical Practitioner	Visit	99.00	188.00	188.00	206.00
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	229.00	318.00	318.00	336.00
1013	Outpatient Consultation – Nursing Practitioner	Visit	57.00	146.00	146.00	164.00
1014	Outpatient Consultation – Allied Health Practitioner	Visit	59.00	148.00	148.00	166.00
1020	Emergency Consultation – Facility Fee	Visit		180.00	180.00	216.00
1021	Emergency Consultation – General Medical Practitioner	Visit	150.00	330.00	330.00	366.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1022	Emergency Consultation – Specialist Medical Practitioner	Visit	343.00	523.00	523.00	559.00
1023	Emergency Consultation – Nursing Practitioner	Visit	87.00	267.00	267.00	303.00
1024	Emergency Consultation – Allied Health Practitioner	Visit	89.00	269.00	269.00	305.00
1030	Follow-Up Outpatient Consultation-Facility Fee			89.00	89.00	107.00
1031	Follow-Up Outpatient Consultation-General Medical practitioner		99.00	188.00	188.00	206.00
1032	Follow-Up Outpatient Consultation-Specialist Medical Practitioner		229.00	318.00	318.00	336.00
1033	Follow-Up Outpatient Consultation-Nursing Practitioner		57.00	146.00	146.00	164.00
1034	Follow-Up Outpatient Consultation-Allied Health practitioner		59.00	148.00	148.00	166.00
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		424.00	424.00	508.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	147.00	571.00	571.00	655.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	282.00	706.00	706.00	790.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		424.00	424.00	508.00
1121	Minor Procedure Cat B – General Medical Practitioner	Procedure	218.00	642.00	642.00	726.00
1122	Minor Procedure Cat B – Specialist Medical Practitioner	Procedure	491.00	915.00	915.00	999.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		424.00	424.00	508.00
1131	Minor Procedure Cat C – General Medical Practitioner	Procedure	342.00	766.00	766.00	850.00
1132	Minor Procedure Cat C – Specialist Medical Practitioner	Procedure	768.00	1192.00	1192.00	1276.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		424.00	424.00	508.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1141	Minor Procedure Cat D – General Medical Practitioner	Procedure	903.00	1327.00	1327.00	1411.00
1142	Minor Procedure Cat D – Specialist Medical Practitioner	Procedure	2036.00	2460.00	2460.00	2544.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1371.00	2007.00	2316.00
1211	Theatre Procedure Cat A – General Medical Practitioner	Procedure	147.00	1518.00	2154.00	2463.00
1212	Theatre Procedure Cat A – Specialist Medical Practitioner	Procedure	282.00	1653.00	2289.00	2598.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		2074.00	3044.00	3504.00
1221	Theatre Procedure Cat B – General Medical Practitioner	Procedure	218.00	2292.00	3262.00	3722.00
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	491.00	2565.00	3535.00	3995.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		3564.00	5229.00	6034.00
1231	Theatre Procedure Cat C – General Medical Practitioner	Procedure	342.00	3906.00	5571.00	6376.00
1232	Theatre Procedure Cat C – Specialist Medical Practitioner	Procedure	768.00	4332.00	5997.00	6802.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		9138.00	13403.00	15445.00
1241	Theatre Procedure Cat D – General Medical Practitioner	Procedure	903.00	10041.00	14306.00	16348.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	2036.00	11174.00	15439.00	17481.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		57.00	57.00	69.00
1313	Supplementary Health Treatment-Nursing Practitioner	Contact	50.00	107.00	107.00	119.00
1314	Supplementary Health Treatment – Allied Health Practitioner	Contact	50.00	107.00	107.00	119.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		45.00	45.00	49.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1324	Supplementary Health Group Treatment – Allied Health Practitioner	Contact	35.00	80.00	80.00	84.00
14	Emergency Medical Services		See Administrator's Notice No. 646 of 29 August 1958			
1410	Patient transport service – Facility Fee	100km				
1420	Basic life support – Facility Fee	50km				
1430	Intermediate life support – Facility Fee	50km				
1440	Advanced life support – Facility Fee	50km				
1450	Emergency service standby – Facility Fee	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	Rescue – Facility Fee	Hour				
1461	Rescue – General medical practitioner	Hour				
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				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1480	Emergency transport air services helicopter	Flying hour				
1490	Emergency services standby-Facility Fee	Additional 50km				
15	Assistive Devices & Prosthesis					
1510	Assistive Devices- Item Fee	Item	Varies			
1520	Prosthetic Devices- Item Fee	Item	Varies			
1530	Dental Items -Item Fee	Item	Varies			
1540	Assistive Devices, Prosthesis, Dental and Optometry-Repairs	Item	Varies			
1550	Optometry Devices	Items	Varies			
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2884.00	2884.00	3294.00
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	1663.00	4547.00	4547.00	4957.00
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	2490.00	5374.00	5374.00	5784.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6484.00	6484.00	7411.00
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	1970.00	8454.00	8454.00	9381.00
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	2955.00	9439.00	9439.00	10366.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		10472.00	10472.00	11970.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	3330.00	13802.00	13802.00	15300.00
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	4994.00	15466.00	15466.00	16964.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		17690.00	17690.00	20216.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	3736.00	21426.00	21426.00	23952.00
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	5497.00	23187.00	23187.00	25713.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
17	Laboratory Services					
1700	Drawing of Blood	Contact		35.00	35.00	35.00
1710	Laboratory Test	Varies				
18	Radiation Oncology					
1800	Radiation Oncology(NHRPL less VAT)	Item	Varies			
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item	Varies			
1910	Nuclear Medicines Cat A-Facility Fee	Procedure		648.00	648.00	648.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	321.00	969.00	969.00	969.00
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		648.00	648.00	648.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	969.00	1617.00	1617.00	1617.00
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		648.00	648.00	648.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	1936.00	2584.00	2584.00	2584.00
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		648.00	648.00	648.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	2905.00	3553.00	3553.00	3553.00
1950	Positron Emission Tomography(PET) Cat E-facility Fee	Procedure		1257.00	1257.00	1257.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	3773.00	5030.00	5030.00	5030.00
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		136.00	136.00	166.00
2011	Ambulatory Procedure Cat A- General Medical Practitioner	Procedure	49.00	185.00	185.00	215.00
2012	Ambulatory Procedure Cat A- Specialist Medical Practitioner	Procedure	98.00	234.00	234.00	264.00
2013	Ambulatory Procedure Cat A- Nursing Practitioner	Procedure	29.00	165.00	165.00	195.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2014	Ambulatory Procedure Cat A- Allied Health Worker	Procedure	29.00	165.00	165.00	195.00
2020	Ambulatory Procedures Cat B- Facility Fee	Procedure		136.00	136.00	166.00
2021	Ambulatory Procedure Cat B- General Medical Practitioner	Procedure	70.00	206.00	206.00	236.00
2022	Ambulatory Procedure Cat B- Specialist Medical Practitioner	Procedure	107.00	243.00	243.00	273.00
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	40.00	176.00	176.00	206.00
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	40.00	176.00	176.00	206.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy-Facility Fee(Flat Fee)	Session		471.00	471.00	471.00
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		1422.00	1422	1422.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	601.00	2023.00	2023.00	2023.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	601.00	2023.00	2023.00	2023.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		1432.00	1432.00	1435.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	875.00	2307.00	2307.00	2307.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	875.00	2307.00	2307.00	2307.00
23	Consumables(Not included in Facility Fee)					
2300	Consumables(Not included in Facility Fee)	Item				
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		89.00	89.00	107.00
2411	Autopsy-General Practitioner	Per Case	99.00	188.00	188.00	206.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2412	Autopsy-Specialist Practitioner	Per Case	229.00	318.00	318.00	336.00
25	Port Health and Travel Clinics					
2510	Consultation-Facility Fee	Visit		107.00	107.00	107.00
2511	Consultation-General medical Practitioner	Visit	99.00	206.00	206.00	206.00
2513	Consultation –Nursing practitioner	Visit	57.00	164.00	164.00	164.00
2520	Emergency Consultation – Facility Fee	Visit		216.00	216.00	216.00
2521	Emergency Consultation-General medical practitioner	Visit	150.00	366.00	366.00	366.00
2523	Emergency Consultation –Nursing practitioner	Visit	87.00	303.00	303.00	303.00
0810	Medication Fee-Facility Fee	Visit		32.00	32.00	40.00
0837	Pharmaceutical – Travel Medicines	Visit				

Application of regulations

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

Short title

6. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to the classification of and fees payable by patients at Provincial Hospitals.

2. Schedule B of the Regulations is hereby amended by the addition of the following Annexure:

"ANNEXURE 4 TO SCHEDULE B

UPFS 2017 FEE SCHEDULE FOR FULL PAYING PATIENTS (FOLATENG WARDS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anaesthetics					
DA0111	Anaesthetics Cat A – General medical practitioner	Procedure	212.00			
DA0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	319.00			
DA0121	Anaesthetics Cat B – General medical practitioner	Procedure	362.00			
DA0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	545.00			
DA0131	Anaesthetics Cat C – General medical practitioner	Procedure	1274.00			
DA0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1912.00			
02	Confinement					
DA0210	Natural Birth- Facility Fee	Incident		5031.00	5031.00	5031.00
DA0211	Natural Birth – General Medical Practitioner	Incident	2133.00	7164.00	7164.00	7164.00
DA0212	Natural Birth – Specialist Medical Practitioner	Incident	2223.00	7254.00	7254.00	7254.00
DA0213	Natural Birth – Nursing Practitioner	Incident	2580.00	7611.00	7611.00	7611.00
DA0220	Caesarean Section – Facility Fee	Incident		7925.00	7925.00	7925.00
DA0221	Caesarean Section – General Medical Practitioner	Incident	2133.00	10058.00	10058.00	10058.00
DA0222	Caesarean Section – Specialist Medical Practitioner	Incident	2223.00	10148.00	10148.00	10148.00
03	Dialysis					
DA0310	Haemo – Facility Fee	Day		1553.00	1553.00	1778.00
DA0311	Haemo-dialysis – General medical practitioner	Day	267.00	1820.00	1820.00	2045.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
DA0312	Haemo-dialysis – Specialist medical practitioner	Day	336.00	1889.00	1889.00	2114.00
DA0313	Haemo-dialysis Nursing Practitioner	Day	216.00	1769.00	1769.00	1994.00
DA0320	Peritoneal Dialysis – Facility Fee	Session		239.00	239.00	274.00
DA0321	Peritoneal Dialysis – General medical practitioner	Session	44.00	283.00	283.00	318.00
DA0322	Peritoneal dialysis- Specialist Medical practitioner	Session	52.00	291.00	291.00	326.00
DA0323	Peritoneal dialysis- Nursing Practitioner	Session	29.00	268.00	268.00	303.00
DA0330	Plasmapheresis- Facility Fee	Session		1553.00	1553.00	1778.00
DA0331	Plasmapheresis- General medical practitioner	Session	267.00	1820.00	1820.00	2045.00
DA0332	Plasmapheresis- Specialist Medical Practitioner	Session	336.00	1889.00	1889.00	2114.00
04	Medical Reports					
DA0410	Medical Report – Facility Fee	Report		150.00	150.00	182.00
DA0411	Medical Report – General medical practitioner	Report	256.00	406.00	406.00	438.00
DA0412	Medical Report – Specialist medical practitioner	Report	392.00	542.00	542.00	574.00
DA0420	Copies of Medical Report – Facility Fee	copy		150.00	150.00	150.00
DA0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form- General medical practitioner	Copies	127.00	277.00	277.00	277.00
DA0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form- Specialist medical practitioner	Copies	197.00	347.00	347.00	347.00
DA0425	Copies of X ray, ultrasounds ect.	Copies	127.00	277.00	277.00	277.00
DA0430	Functional Assessment Report-Facility Fees	Report		299.00	299.00	365.00
DA0431	Functional Assessment Report-General medical practitioner	Report	768.00	1067.00	1067.00	1133.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
DA0432	Functional Assessment Report-Specialist medical practitioner	Report	1568.00	1867.00	1867.00	1933.00
DA0434	Functional Assessment Report-Allied health practitioner	Report	768.00	1067.00	1067.00	1133.00
DA0440	Copies of Specialized Radiology(MRI, CT & Nuclear)	Copy		1100.00	1100.00	1100.00
05	Imaging					
DA0510	Radiology, Cat A – Facility Fee	Procedure		77.00	77.00	89.00
DA0511	Radiology, Cat A – General medical practitioner	Procedure	70.00	147.00	147.00	159.00
DA0512	Radiology, Cat A – Specialist medical practitioner	Procedure	131.00	208.00	208.00	220.00
DA0514	Radiology, Cat A – Allied health practitioner	Procedure	69.00	146.00	146.00	158.00
DA0520	Radiology, Cat B – Facility Fee	Procedure		216.00	216.00	247.00
DA0521	Radiology, Cat B – General medical practitioner	Procedure	189.00	405.00	405.00	436.00
DA0522	Radiology, Cat B – Specialist medical practitioner	Procedure	368.00	584.00	584.00	615.00
DA0524	Radiology, Cat B – Allied health practitioner	Procedure	184.00	400.00	400.00	431.00
DA0530	Radiology, Cat C – Facility Fee	Procedure		503.00	503.00	574.00
DA0531	Radiology, Cat C – General medical practitioner	Procedure	294.00	797.00	797.00	868.00
DA0532	Radiology, Cat C – Specialist medical practitioner	Procedure	900.00	1403.00	1403.00	1474.00
DA0540	Radiology, Cat D – Facility Fee	Procedure		1006.00	1006.00	1147.00
DA0541	Radiology, Cat D – General medical practitioner	Procedure	585.00	1591.00	1591.00	1732.00
DA0542	Radiology, Cat D – Specialist Practitioner	Procedure	1798.00	2804.00	2804.00	2945.00
0550	Radiology, Cat E – Facility Fee	Procedure		2559.00	2559.00	2922.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0551	Radiology, Cat E – General Medical Practitioner	Procedure	2152.00	4711.00	4711.00	5074.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	4488.00	7047.00	7047.00	7410.00
06	In-patients					
DA0610	In-patient General ward – Facility Fee	Day		1741.00	1741.00	1741.00
DA0611	In-patient General Ward – General medical practitioner	Day	150.00	1891.00	1891.00	1891.00
DA0612	In-patient General Ward – Specialist medical practitioner	Day	262.00	2003.00	2003.00	2003.00
DA0620	In-patient High care – Facility Fee	12 hours		2007.00	2007.00	2007.00
DA0621	In-patient High Care – General medical practitioner	12 hours	77.00	2084.00	2084.00	2084.00
DA0622	In-patient High Care – Specialist medical practitioner	12 hours	149.00	2156.00	2156.00	2156.00
DA0630	In-patient Intensive care – Facility Fee	12 hours		4401.00	4401.00	4401.00
DA0631	In-patient Intensive Care – General medical practitioner	12 hours	87.00	4488.00	4488.00	4488.00
DA0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	166.00	4567.00	4567.00	4567.00
DA0640	In-patient Chronic care – Facility Fee	Day		424.00	424.00	424.00
DA0641	In-patient Chronic care – General medical practitioner	Day	49.00	473.00	473.00	473.00
DA0642	In-patient Chronic care – Specialist medical practitioner	Day	115.00	539.00	539.00	539.00
DA0643	I In-patient Chronic care – Nursing practitioner	Day	29.00	453.00	453.00	453.00
DA0650	Day patient – Facility Fee	Day		1112.00	1112.00	1112.00
DA0651	Day patient – General medical practitioner	Day	150.00	1262.00	1262.00	1262.00
DA0652	Day patient – Specialist medical practitioner	Day	262.00	1374.00	1374.00	1374.00
DA0653	Day patient – Nursing practitioner	Day	87.00	1199.00	1199.00	1199.00
DA0660	In-patient Boarder/Patient companion – Facility Fee	Day		345.00	345.00	345.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
DA0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	29.00	374.00	374.00	374.00
07	Mortuary					
DA0710	Mortuary-Facility Fee	Day		184.00	184.00	209.00
DA0720	Cremation Certificate- Facility Fee	Certificate		184.00	184.00	209.00
08	Pharmaceutical					
DA0810	Medication Fee – Facility Fee	Prescription		35.00	35.00	42.00
DA0815	Item Fee	Item	Varies			
DA0816	Pharmaceutical-TTO	Item	Varies			
DA0817	Pharmaceutical- Chronic	Item	Varies			
DA0818	Pharmaceutical- Oncology	Item	Varies			
DA0819	Pharmaceutical- Immune Suppressant Drugs	Item	Varies			
DA0820	Pharmaceutical Flat Fee- OPD	Item	Varies			
DA0825	Pharmaceutical Flat Fee- IP	Item	Varies			
09	Oral Health					
DA0910	Oral Care Cat A – Facility Fee	Procedure		30.00	30.00	35.00
DA0911	Oral Care Cat A – General practitioner	Procedure	40.00	70.00	70.00	75.00
DA0912	Oral Care Cat A – Specialist practitioner	Procedure	48.00	78.00	78.00	83.00
DA0914	Oral Care Cat A – Allied health practitioner	Procedure	35.00	65.00	65.00	70.00
DA0920	Oral Care Cat B – Facility Fee	Procedure		93.00	93.00	105.00
DA0921	Oral Care Cat B – General practitioner	Procedure	93.00	186.00	186.00	198.00
DA0922	Oral Health Cat B – Specialist practitioner	Procedure	147.00	245.00	240.00	258.00
DA0924	Oral Care Cat B – Allied health practitioner	Procedure	75.00	173.00	168.00	180.00
DA0930	Oral Care Cat C – Facility Fee	Procedure		560.00	560.00	643.00
DA0931	Oral Care Cat C – General practitioner	Procedure	563.00	1123.00	1123.00	1206.00
DA0932	Oral Care Cat C – Specialist practitioner	Procedure	969.00	1529.00	1529.00	1612.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
DA0940	Oral Care Cat D – Facility Fee	Procedure		2209.00	2205.00	2522.00
DA0941	Oral Care Cat D – General practitioner	Procedure	1729.00	3938.00	3934.00	4251.00
DA0942	Oral Care Cat D – Specialist practitioner	Procedure	3548.00	5757.00	5753.00	6070.00
DA0950	Oral Care Cat E – Facility Fee	Procedure		7424.00	7424.00	8485.00
DA0951	Oral Care Cat E – General practitioner	Procedure	5815.00	13239.00	13239.00	14300.00
DA0952	Oral Care Cat E – Specialist practitioner	Procedure	11933.00	19357.00	19357.00	20418.00
10	Consultations					
DA1010	Outpatient Consultation – Facility Fee	Visit		98.00	98.00	120.00
DA1011	Outpatient Consultation – General medical practitioner	Visit	99.00	197.00	197.00	219.00
DA1012	Outpatient Consultation – Specialist medical practitioner	Visit	229.00	327.00	327.00	349.00
DA1013	Outpatient Consultation – Nursing practitioner	Visit	57.00	155.00	155.00	177.00
DA1014	Outpatient Consultation – Allied health practitioner	Visit	59.00	157.00	157.00	179.00
DA1020	Emergency Consultation – Facility Fee	Visit		201.00	201.00	238.00
DA1021	Emergency Consultation – General medical practitioner	Visit	150.00	351.00	351.00	388.00
DA1022	Emergency Consultation – Specialist medical practitioner	Visit	344.00	545.00	545.00	582.00
DA1023	Emergency Consultation – Nursing practitioner	Visit	87.00	288.00	288.00	325.00
DA1024	Emergency Consultation – Allied health practitioner	Visit	89.00	290.00	290.00	327.00
11	Minor Theatre Procedures					
DA1110	Minor Procedure Cat A – Facility Fee	Procedure		467.00	467.00	559.00
DA1111	Minor Procedure Cat A – General medical practitioner	Procedure	147.00	614.00	614.00	706.00
DA1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	282.00	749.00	749.00	841.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA1120	Minor Procedure Cat B – Facility Fee	Procedure		467.00	467.00	559.00
DA1121	Minor Procedure Cat B – General medical practitioner	Procedure	218.00	685.00	685.00	777.00
DA1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	491.00	961.00	961.00	1050.00
DA1130	Minor Procedure Cat C – Facility Fee	Procedure		467.00	467.00	559.00
DA1131	Minor Procedure Cat C – General medical practitioner	Procedure	342.00	809.00	809.00	901.00
DA1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	768.00	1235.00	1235.00	1327.00
DA1140	Minor Procedure Cat D – Facility Fee	Procedure		467.00	467.00	559.00
DA1141	Minor Procedure Cat D – General medical practitioner	Procedure	903.00	1370.00	1370.00	1462.00
DA1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	2036.00	2503.00	2503.00	2595.00
12	Major Theatre Procedures					
DA1210	Theatre Procedure Cat A – Facility Fee	Procedure		1506.00	2208.00	2546.00
DA1211	Theatre Procedure Cat A – General medical practitioner	Procedure	147.00	1653.00	2355.00	2693.00
DA1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	282.00	1788.00	2490.00	2828.00
DA1220	Theatre Procedure Cat B – Facility Fee	Procedure		2283.00	3347.00	4069.00
DA1221	Theatre Procedure Cat B – General medical practitioner	Procedure	218.00	2501.00	3565.00	4287.00
DA1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	491.00	2774.00	3838.00	4560.00
DA1230	Theatre Procedure Cat C – Facility Fee	Procedure		3916.00	5752.00	6638.00
DA1231	Theatre Procedure Cat C – General medical practitioner	Procedure	342.00	4258.00	6094.00	6980.00
DA1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	768.00	4684.00	6520.00	7406.00
DA1240	Theatre Procedure Cat D – Facility Fee	Procedure		1050.00	14742.00	16991.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
DA1241	Theatre Procedure Cat D – General medical practitioner	Procedure	903.00	10953.00	15645.00	17894.00
DA1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	2036.00	3086.00	16778.00	19027.00
13						
DA1310	Supplementary Health Treatment – Facility Fee	Contact		67.00	67.00	74.00
DA1313	Supplementary health treatment-Nursing Practitioner	Contact	50.00	117.00	117.00	124.00
DA1314	Supplementary Health Treatment – Allied health practitioner	Contact	50.00	117.00	117.00	124.00
DA1320	Supplementary Health Group Treatment – Facility Fee	Contact		49.00	49.00	53.00
DA1324	Supplementary Health Group Treatment – Allied practitioner	Contact	35.00	84.00	84.00	109.00
15	Assistive Devices & Prosthesis					
DA1510	Assistive Devices-Item Fee	Item	Varies			
DA1520	Prosthetic Devices-Item Fee	Item	Varies			
DA1530	Dental Items -Item Fee	Item	Varies			
DA1540	Assistive Devices, Prosthesis, Dental and Optometry-Repairs	Item	Varies			
DA1550	Optometry Devices	Item	Varies			
16	Cosmetic Surgery					
DA1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		3170.00	3170.00	3621.00
DA1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1663.00	4833.00	4833.00	5284.00
DA1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2490.00	5660.00	5660.00	6111.00
DA1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		7134.00	7134.00	8154.00
DA1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1970.00	9104.00	9104.00	10124.00
DA1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2955.00	10089.00	10089.00	11109.00
DA1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		11522.00	11522.00	13167.00
DA1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3330.00	14852.00	14852.00	16497.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	4994.00	16516.00	16516.00	18161.00
DA1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		19459.00	19459.00	22239.00
DA1641	Cosmetic Surgery Cat D – General practitioner	Procedure	3736.00	23195.00	23195.00	25975.00
DA1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	5497.00	24956.00	24956.00	27736.00
17	Laboratory Services (NHLS)					
DA1700	Drawing of Blood	Contact		40.00	40.00	40.00
DA1710	Laboratory Test	Varies				
18	Radiation Oncology (Refer to Proposed list)					
DA1800	Radiation Oncology(NHRPL less VAT)	Item				
19	Nuclear Medicines					
DA1900	Itemisation of Isotopes	Item				
DA1910	Nuclear Medicines Cat A-Facility Fee	Procedure		711.00	711.00	711.00
DA1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	321.00	1032.00	1032.00	1032.00
DA1920	Nuclear Medicines Cat B-Facility Fee	Procedure		711.00	711.00	711.00
DA1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	969.00	1680.00	1680.00	1680.00
DA1930	Nuclear Medicines Cat C-Facility Fee	Procedure		711.00	711.00	711.00
DA1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	1936.00	2647.00	2647.00	2647.00
DA1940	Nuclear Medicines Cat D-Facility Fee	Procedure		711.00	711.00	711.00
DA1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	2905.00	3616.00	3616.00	3616.00
DA1950	Positron Emission Tomography(PET) Cat E-facility Fee	Procedure		6910.00	6910.00	6910.00
DA1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	3142.00	10052.00	10052.00	10052.00
20	Ambulatory Procedures					
DA2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		150.00	150.00	182.00
DA2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	49.00	199.00	199.00	231.00
DA2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	98.00	248.00	248.00	280.00
DA2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	29.00	179.00	179.00	211.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
DA2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	29.00	179.00	179.00	211.00
DA2020	Ambulatory Procedures Cat B- Facility Fee	Procedure		150.00	150.00	182.00
DA2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	70.00	220.00	220.00	252.00
DA2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	107.00	257.00	257.00	289.00
DA2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	40.00	190.00	190.00	222.00
DA2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	40.00	190.00	190.00	222.00
21	Blood and Blood Products					
DA2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
DA2200	Hyperbaric Oxygen Therapy-Facility Fee(Flat Fee)			471.00	471.00	471.00
DA2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		1562.00	1562.00	1562.00
DA2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	601.00	2163.00	2163.00	2163.00
DA2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	601.00	2163.00	2163.00	2163.00
DA2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		1577.00	1577.00	1577.00
DA2221	Emergency Hyperbaric Oxygen Therapy- General Medical Practitioner	Session	875.00	2452.00	2452.00	2452.00
DA2222	Emergency Hyperbaric Oxygen Therapy- Specialist Medical Practitioner	Session	875.00	2452.00	2452.00	2452.00
23	Consumables(Not included in Facility Fee)					
DA2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	Autopsies					
DA2410	Autopsy-Facility Fee	Per Case		98.00	98.00	120.00
IDA2411	Autopsy-General Practitioner	Per Case	99.00	197.00	197.00	219.00
DA2412	Autopsy-Specialist Practitioner	Per Case	229.00	327.00	327.00	349.00

Application of regulations

- 3.** 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

- 4.** These regulations are called the Revision of Uniform Patient Fee Schedule relating to the classification of and fees payable by patients at Provincial Hospitals (Folateng wards).

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