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GENERAL NOTICE

NOTICE 105 OF 2011

NOTICE IN TERMS OF SECTION 41(1) (C) OF THE NATIONAL HEALTH ACT, 2003 (ACT 61 OF 2003)

THE MPUMALANGA PROVINCE'S AMENDED HOSPITAL FEES MANUAL IN SCHEDULE HERETO, IS PUBLISHED FOR GENERAL INFORMATION IN RESPECT OF PUBLIC HEALTH FACILITIES IN THE PROVINCE.

THE AMENDMENT IS IN RESPECT OF THE HOSPITAL FEES MANUAL PUBLISHED IN PROVINCIAL GAZETTE EXTRAORDINARY NO.1733 DATED 23rd OCTOBER 2009.

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HOSPITAL FEES MANUAL

CONTENTS

CHAPTER ONE

Preamble:

The Uniform Patient Fee Schedule is covering all patients attending provincial health establishments. Fees for subsidized (hospital) patients are to be expressed in terms of the percentages of the UPFS.

PRINCIPLES

PRINCIPLE ONE:
Emergency medical treatment shall be afforded at any time to any patient, without question or delay, at any health facility, including a clinic, community health centre, or hospital.

PRINCIPLE TWO:
Every patient has the right to choose by whom s/he wishes to be treated, PROVIDED s/he is prepared to pay the tariffs applicable to full-paying patients and subject to the availability of appropriate staff and facilities. Should someone wish to be treated as a **subsidized or self funded** hospital patient, then s/he would not have a choice of medical practitioner.
The choice of facility shall be in line with prescribed service delivery guidelines as determined by the Health Authority and from time to time (e.g. Patient's Rights Charter, levels of service, PHC principles).

PRINCIPLE THREE:
All health services rendered by the state except primary health care facilities are chargeable. However, no emergency service may be refused if a patient cannot pay for it and no patient, including an externally funded patient, will be required to meet all costs of essential medical services should such costs place an excessive financial burden on her/him.

PRINCIPLE FOUR:
Some illnesses (Chapter 3, paragraphs 3(d), 3 (p)) which may affect the community as a whole if they are not contained or controlled are automatically treated free of charge.

PRINCIPLE FIVE:
Fees levied for private patients will be in terms of the Uniform Patients Fees Schedule (UPFS) being implemented nationally. The private fee tariffs are determined by the UPFS and subsidized fees are expressed as a percentage of the UPFS.

PRINCIPLE SIX:
Externally funded patients will pay the full rate prescribed by the UPFS. In cases where services are rendered by a private health care practitioner, the patient or her/his funder will be liable for the facility fee component of the UPFS tariff to the public health facility concerned. It is the responsibility of the private practitioner to render an account to the patient or his/her funder

for any professional fee to the private practitioner. In case the private practitioner did not turned up, the patient must be reclassified as a hospital patient and be billed accordingly.

PRINCIPLE SEVEN:
Patients who are not externally funded are eligible to pay reduced fees for services received. The onus rests on the patient to prove her/his eligibility to be categorized as a subsidized patient. If a patient refuses to do this, then s/he must be classified as a H3 but in a case where the patient is a first visit and did not bring along the proof he/she must be classified as a H1.

PRINCIPLE EIGHT:
The eligibility of a patient to pay reduced fees will be based on a standard means test or the membership of the patient to certain groups exempted from paying for public health services. The means test and exempted groups are described in Chapters 3 and Chapters 5 respectively.

PRINCIPLE NINE:
Patients paying reduced fees will be encouraged to pay cash. In such cases a payment receipt with an invoice will be produced. In cases where the reduced fee cannot be paid in full and the patient is not re-classified into a group exempt from payment a credit agreement must be entered into with the patient or his/her guardian.

PRINCIPLE TEN:
Patients funded by a medical scheme registered in terms of the Medical Schemes Act, 1998 (Act No 131 of 1998 as amended) are governed by the provisions of that Act with regards to the minimum benefits for which the funder is liable. For the purposes of charging services not covered by the funder, the patient will be liable for the payment of the outstanding balance.

PRINCIPLE ELEVEN:
Fees will be reviewed on an annual basis when necessary.

PRINCIPLE TWELVE
All citizens of South Africa must produce their South African Identification Documents for every visit to a health facility. Non-citizens must produce their passports or any other valid documents.

CHAPTER TWO

DEFINITIONS

The following definitions apply only in the determination of the fees structure and for the calculation and levying of fees.

ALLIED HEALTH PROFESSIONAL
is an allied health service professional who provides services to patients. This category includes, but is not necessarily limited to, clinical psychologists, social workers, physiotherapists, orthotics prosthetics, radiographer, occupational therapists, speech and hearing therapists, dietitians, paramedics and chiropractors.

AMBULANCE
means a vehicle especially equipped for the purpose of providing emergency medical care for a patient during the period of transportation.

AMBULANCE STANDBY SERVICE
means a service where a request has been made for an ambulance and crew to be made available / to be present during any event at a specific place.

BASIC ORAL HEALTH CARE SERVICES
at clinic level consist of primary prevention oral health services (oral health education, tooth-brushing programmes, and fluoride mouth rinsing programmes, fissure sealant applications) and basic treatment services (examination, emergency extractions, relief of pain and infection control, a traumatic restorative treatment (ART)).

BOARDER
is a person whose presence, in the opinion of the responsible doctor, is essential to the patient's recovery and who receives board and lodging from the hospital.

BOARDER BABY
means a new-born infant of a mother who is still a patient in hospital.

CASUALTY PATIENT
means a patient treated as an emergency case, usually at a Casualty unit of a Department hospital.

CONSULTATION VISIT
is an occasion where the healthcare professional personally takes down a patient's clinical history, performs an appropriate clinical examination and, if indicated, prescribes or administers treatment or assists the patient with advice.

DAY PATIENT
means a patient admitted and discharged on the same calendar date in a day ward.

DAY WARD
is a ward into which patients are admitted and discharged on the same calendar date.

H1 AND H2
The medication fee is included in the consultation outpatient visit fee.

DEPARTMENT (DEPARTMENTAL)
means the Mpumalanga Department of Health.

MEDICAL REPORTS
the completion of a report for legal, insurance or any other purpose.

EXTERNALLY FUNDED PATIENT
a patient whose health services are funded or partly funded in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), by the Road Accident Fund created in terms of the Road Accident Fund Act, 1996 (Act No 56 of 1996), or by a medical scheme registered in terms of the Medical Schemes Act, 1998 (Act No. 131 of 1998 as amended), or who is treated on the account of another state department, local authority, foreign government or any other employer.

FACILITY FEE
is the component of many tariffs applied in the UPFS to reflect the overhead costs of providing the environment in which healthcare services are delivered to patients.

FOREIGN PATIENT
See under Non South African Citizen

FULL PAYING PATIENT

Any patient belonging to one of the following groups: -

Group	Description
Externally funded patients	1. Patients whose services are funded or partly funded in terms of: (a) The Compensation for Occupational Diseases Act, 1993 (Act No 130 of 1993) (b) The Road Accident Fund created in terms of the Road Accident Fund Act, 1996 (Act No 56 of 1996) (c) A medical scheme registered in terms of the Medical Schemes Act, 1998 (Act No 131 of 1998) 2. Patients treated on account of: (a) Another state department (b) Local authority (c) Foreign government (d) Any other employer
Patients treated by a private practitioner	Any patient treated by his or her own private practitioner in a public health care facility will be liable to pay the full facility fee component for services rendered by the private practitioner at the facility and the full UPFS fee for any other service received by the patient.
Non South African citizens	Non South African citizens excluding the following: (a) Immigrants permanently resident in the RSA but who have not attained citizenship; (b) Non South African citizens with temporary residence or work permits; (c) Persons from SADEC states (e.g. Mozambique, Zambia, etc.) who enter the RSA illegally.

HIGH CARE UNIT

is a specially-equipped unit which is set up for the care of patients who need close observation but at a lower level than the intensive care unit and where medical and nursing staff are available on less than a full 24-hour basis.

H0 PATIENT

Patients qualifying for full subsidization: H0

Group	Description
Social pensioners	Proven recipients of the following types of pensions / grants are classified as social pensioners: Old age pension Child support grant Veteran's pension Care dependency grant Pension for the blind Family allowance Maintenance grant Disability grant Single-care grant – persons with mental disorders in need of care discharged from hospitals from the mentally ill but has not been decertified. Should the social pensioners also belong to a medical scheme, they will be regarded as full paying patients.
Unemployed	Proof of unemployment must be produced. **Note:** (i) If proof of the pensions/grant or the unemployment insurance fund card is not produced, the patients must be assessed according to the means test. (ii) Only the recipient of the pension/grant or the formally unemployed person in whose name the card was issued, is entitled to free hospitalization.
Persons re-classified as H0	If a patient cannot afford the fees due on the basis of his or her original classification then the patient may be re-classified as H0 by the Hospital PAAB Super User.
People with disabilities.	People with temporary or permanent disabilities who have been classified by a therapist and can produce a card.

H1and H2 PATIENTS

Patients qualifying for PARTIAL subsidization: H1 and H2

Category	Means Test	Subsidization (pay as % of UPFS tariffs)
H0	As categorized on page 7	Exempted from paying all fees
H1	Individual: Income equal or less than R36 000 per annum Household: Income equal or less than R50 000 per annum.	Consultations: 20% (with no differentiation for emergency consultation). Inpatients: 1% (see notes below) Patient and Emergency Transport: 5% Assistive devices: 25% All other services: Free Calculated amounts should be rounded to the nearest R5 to facilitate cash accounting.
H2	Individual: Income between R36 001 and R72 000 per annum Household: Income between R50 001 and R100 000 per annum	Consultations: 70% (with differentiation for emergency consultations) Inpatients: 7% per day with differentiation on the basis of the bed types Patient and Emergency Transport: 15% Procedures, imaging and oral health 50% Assistive devices: 75% All other services: Free Calculated amounts should be rounded to the nearest R5 to facilitate cash accounting.
Self funded	Individual: Income between R72 001 and above per annum Household: Income between R100 001 and above.	All services listed in the UPFS for 2009 at full price

Notes:

The H1 inpatient is expressed as a percentage of 7 days of the UPFS General Ward in patient fee to approximate the average length of stay of in-patient in this category. Although the fee calculation is based on 7 days for H1 patients this fee will be applicable for each 30 days of inpatient stay or part thereof. No differentiation is made on the basis of the bed type.

HOSPITAL PATIENT

is a patient treated at or in a departmental institution with a proven income in accordance with a classification of H0,H1, H2 or H3.

INPATIENT

is a patient admitted to and treated at a departmental institution, including CHCs and hospitals.

INJURY ON DUTY PATIENT

is a patient who registers as an IOD case. Such a patient is automatically considered as a private patient until accepted by the employer that it was an Injury on Duty (WCL Form).

INTENSIVE CARE UNIT

is a specially-equipped unit which is set up for the care of patients who need close observation and where medical and nursing staff are available on a full 24-hour basis.

LONG-TERM INPATIENT
is a patient who for medical reasons has to be hospitalized for a continuous period of more than 30 days and who requires continuous nursing and medical care.

MOTOR VEHICLE ACCIDENT (MVA) PATIENT **see under ROAD ACCIDENT FUND (RAF) PATIENT**

NON-SOUTH AFRICAN CITIZEN
is a patient who comes from outside the borders of South Africa.

OCCUPATIONAL DISEASE PATIENT
Is a patient who register as a occupational disease case by providing written evidence for his/her employer (which may include a WCL1 form – employers report of occupational disease) If evidence becomes available later, the case can be reclassified.

OUTPATIENT
is a patient who is treated in an outpatient department of a departmental institution, or a non-emergency patient treated at a Casualty department of a departmental institution and is not admitted to the hospital.

PATIENT TRANSPORT VEHICLE
is a vehicle other than an ambulance utilised for the transport of patients not requiring specific care during the period of transportation.

PRIVATE PATIENT / PRIVATE HOSPITAL PATIENT
is a patient treated at or in a state institution who is a member of a medical aid scheme. Such a person will be classified private in terms of income.

IMPLANT
is a manufactured artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as intra-ocular lenses, pins, rods, screws, plates or similar items, forming an integral and necessary part of the device so implanted, and shall be charged as a single unit.

RELATIVE
is a family member of a patient who, with the written authority of the medical superintendent or such other officer as (s)he may authorize to act on her/his behalf, is admitted for examination in order to assist with the diagnosis of the condition of such patient. This accommodation would be allocated from any available non-critical patient beds. The decision on bed availability is up to hospital management.

ROAD ACCIDENT FUND (RAF) PATIENT
is a patient who registers as a Road Accident Fund (RAF) case, and may become a charge on the Road Accident Fund.

ALLIED HEALTH SERVICES
are any of the health services provided by allied health personnel and includes though not exclusively, the oral health services, physiotherapy, occupational therapy, audiology, speech therapy, podiatry, and medical social work. Allied health services may be provided per individual, or in groups.

THEATRE
is a room where surgical intervention or procedures take place in a sterile environment, i.e. a room specially designed, built and designated as an operating theatre where strict aseptic conditions are required.

CHAPTER THREE

FREE SERVICES

1. "Free patient" means a hospital patient who proves s/he receives a social grant or is unemployed or any patient classified as H0.

2. Free examination, and free medical, hospital and related treatment (including transport related to the treatment) may be given to a person as defined in par. 1 above.

3. Free medical examination, free treatment and free services may only be given to:- *(NB: See definitions section)*
   (a) any H0 boarder, (H1,H2 and H3 will pay according to the UPFS);
   (b) any boarder baby, excluding a boarder baby of a private patient;
   (c) a relative, as per definition for diagnostic purposes;
   (d) any person suffering from a suspected or confirmed communicable, formidable or notifiable disease as follows:-
      (i) venereal diseases (excluding complications) only on an outpatient basis and including: syphilis, gonorrhoea, chancroid, LGV (lymphogranuloma venereum), non-specific urethritis, venereal warts, granuloma inguinale, ulcus molle and herpes genitalis;
      (ii) pulmonary tuberculosis;
      (iii) leprosy;
      (iv) cholera;
      (v) diphtheria;
      (vi) plague;
      (vii) typhoid and paratyphoid;
      (viii) heamorrhagic fevers;
      (ix) meningococcal meningitis;
      (x) AIDS – Patients requiring treatment as well as the initial diagnostic procedures and attendant laboratory services specifically for HIV test are free
      (xi) malaria;
      (xii) Note: When the patient is admitted to hospital for any other reason/illness and it is established that he/she also suffers from any of the above-mentioned illnesses, the patient is assessed according to the prescribed tariffs.
   (e) a person to whom services are rendered in terms of the Criminal Procedures Amendment Act 42 of 2003 as well as the following services at the request of the responsible authority

      (i) **assault**: SAPS 308 and J88 well completed must be submitted in case of examination of the alleged victim, the taking of specimens and the completion of the necessary documentation;
      (ii) **rape**: the examination of the alleged victim, the taking of specimens and the completion of the necessary documentation, including prophylactic treatment for sexually transmitted infection and prevention of pregnancy, according to the recommended national guidelines;
      (iii) **persons with mental disorders**: the examination of prisoners and detainees for medico-legal purposes with a view to their committal for observation in terms of the Mental Health Act, Act 17 of 2002;
      (iv) **post-mortem examinations**: the carrying out of autopsies and attendance at exhumations.

(f) Any officer of the Department who, in the performance of her/his official duties, handles or comes into contact with any drug, poison, gas, radio-active substances, radio-therapeutic or diagnostic equipment or other electronic equipment and is for this reason required to undergo medical examination and treatment;

(g) the following persons who are treated for family planning purposes:-
  (i) an outpatient treated at a family planning clinic;
  (ii) an inpatient in a family programme for the purpose of a sterilisation operation;
  (iii) a male or female patient after a failed family planning programme sterilisation procedure in a state hospital;
  (iv) a patient who visits a clinic or hospital on recommendation of family planning staff, including free transport to such clinic or hospital, for the specific purpose of being sterilised, notwithstanding the fact that such procedure is performed by a private doctor, however excluding sterilisation for clinical reasons; and
  (v) post vasectomy persons for scheduled sperm counts.

(h) personnel in the employ of the Department who are injured on duty, and for whom the Department accepts liability;

(i) persons to whom general health advisory services (including oral health and visits to ante-natal clinics) are provided;

(j) persons who present themselves for immunizations and other measures to combat notifiable infectious diseases;

(k) school children, excluding those children whose medical and/or dental health care might be covered by a medical aid or insurance, who are referred with a letter of authority from the school nursing services for basic primary oral health care services, for all treatment arising from such letter of authority;

(l) committed children, who in terms of the Child Care Amendment Act of 1996 are committed to the care of a children's home or foster parents;

(m) any person suffering from any of the following diseases:
  (i) kwashiorkor;
  (ii) pellagra;

(n) mentally disturbed patients admitted to psychiatric hospitals in terms of the Mental Health Act 17 of 2002.

(o) Pregnant women who are treated by medical personnel employed by the Department, for the period commencing from the time the pregnancy is diagnosed to forty-two days after the pregnancy has terminated, or if a complication has developed as a result of the pregnancy, until the patient has been cured or the conditions as a result of the complication have stabilized. CTOP (Choice on Termination of Pregnancy) is free only for rape and court cases only CTOP {Act No. 92 of 1996} may be effected on the following
conditions:
  (1) upon request of a woman during the first 12 weeks of pregnancy;
  (2) from the 13th to the 20th week of pregnancy if a medical practitioner, after consultation with the woman, is of the opinion that:-
    (a) continued pregnancy poses a risk to the woman's physical or mental health
    (b) a substantial risk exists that the foetus will suffer from a severe physical or mental abnormality
    (c) the pregnancy resulted from rape or incest
    (d) the continued pregnancy will significantly affect the social or economic circumstances of the woman
  (3) after the 20th week of pregnancy if a medical practitioner, after consultation with another medical practitioner or midwife, is of the opinion that continued pregnancy would

(a) endanger the woman's life
(b) result in severe malformation of the foetus
(c) would pose risk of injury to the foetus.

(p) Pregnant women and children under the age of 6 years. Notice 657 of 1994, dated 1 July 1994. As from 1 June 1994, free health services must be provided to:
(i) pregnant women for the period commencing from the time the pregnancy is diagnosed to forty-two (42) days after the pregnancy has terminated, or if a complication has developed as a result of the pregnancy, until the patient has been cured or the conditions as a result of the complication have stabilized;
(ii) children under the age of 6 years;
(iii) non-citizens of South Africa who are in groups mentioned in par (i) and (ii), and who incidentally develop a health problem whilst in South Africa.
Free health services include the rendering of all available health services to

the persons mentioned above, including the rendering of free health services to pregnant women for conditions not related to the pregnancy as well as people with disability.

(q) The following persons are excluded from the free health services:
(i) Persons and their dependents who are members of a medical scheme (if a benefit fund or sick fund does not cover a free service, eg. Pregnancy- then such service must be rendered free of charge to hospital patients – written proof thereof must be provided). If however the afore-mentioned persons and their dependants request a termination of pregnancy, such service must be rendered free of charge.
(ii) Non-citizens of South Africa who visit South Africa specifically for the purpose of obtaining health care.
(iii) Children under the age of six years and pregnant women, if the aforementioned children/women have been treated in provincial hospitals and institutions by their private doctors.
(iv) Ambulance services, and patient transport services { excluding transport between hospitals for hospital patients, as well as the transport of patients who request a termination of a pregnancy or visit a hospital/clinic on the recommendation of family planning staff/district surgeons for the specific purpose of being sterilized}.
(v) Treatment of conditions that are not specifically related to the pregnancy or to the termination of a pregnancy.
(vi) Prosthesis and other artificial aids (e.g. wheelchairs); - excluding children under the age of six as well as patients classified as H0
(vii) Optometric aids (supply of spectacles); - excluding children the age of 6 years as well as patients classified as H0
(viii) Persons injured on duty and who must receive medical treatment in terms of the provisions as set out in the Compensation for Occupational Injuries and Disease Act.
(ix) Persons injured in motor vehicle accidents and who must receive medical treatment in terms of the provisions as set out in the Road Accident Fund
(x) A patient referred from a day hospital, community health care center or clinic to a hospital, for admission as an out / in-patient, is personally liable for the account raised except for the patient classified as H0.
(xi) Persons who make use of the services of medical practitioners of their choice instead of those made available by the Health Care Facility.

CHAPTER FOUR

CATEGORIES OF HOSPITAL PATIENTS
NON-PRIVATE

1. Hospital patients are assessed according to family income (*means test*), and placed into four distinct groups based on proven income. Annexure A should be completed in this regard on the **first visit of every patient**, and reviewed timeously.

2. Dependents are not to be taken into account for establishing the groupings and persons are only to be grouped in terms of family units. Family units include a married couple, single parent or a single person with a dependent as defined in the Income Tax Act.

3. Social pensioners, other than those who may be defined as externally funded (private), who furnish proof that they receive social pensions/allowances are automatically classified as H0 patients.

4. Social pensioners include recipients of an old age pension, a war veteran's pension, pension for the blind, disability grant, maintenance allowance, child support grant, or a family allowance

CATEGORIES OF HOSPITAL PATIENTS
EXTERNALLY FUNDED (PRIVATE)

These are:-

(a) Persons/patients whose health services are funded or partly funded by in terms of the Compensation for Occupational Injuries and Diseases Act (COIDA), 1993 (Act No 130 of 1993);

(b) Persons/patients whose health services are funded or partly funded by the Road Accident Fund in terms of the Road Accident Act (RAF) 1996, (Act No 56 of 1996);

(c) Persons/patients who belong to a medical aid scheme in terms of the Medical Schemes Act, 1998 (Act No 131 of 1998);

(d) Persons/patients who are treated on the account of another department, local authority, foreign government or any other employer;

(e) Persons, regardless of income, who are treated by their own doctor at or in a Departmental hospital. In case the Private Practitioner does not turn up, the patient must be reclassified according to the means test.

CHAPTER FIVE

APPROVED UPFS 2011 FEE SCHEDULE FOR FULL PAYING PATIENTS

EFFECTIVE 01ST APRIL 2011

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
01	*Anaesthetics*					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	**152.00**			
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	**229.00**			
0121	Anaesthetics Cat B – General medical practitioner	Procedure	**259.00**			
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	**390.00**			
0131	Anaesthetics Cat C – General medical practitioner	Procedure	**911.00**			
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	**1367.00**			
02	***Confinement***					
0210	**Natural Birth – Facility Fee**	Incident		**2811.00**	**2811.00**	**3272.00**
0211	Natural Birth – General medical practitioner	Incident	**1525.00**			
0212	Natural Birth – Specialist medical practitioner	Incident	**1969.00**			
0213	Natural Birth – Nursing practitioner	Incident	**1844.00**			
0220	**Caesarean Section – Facility Fee**	Incident		**4425.00**	**4425.00**	**5151.00**
0221	Caesarean Section – General medical practitioner	Incident	**1525.00**			
0222	Caesarean Section – Specialist medical practitioner	Incident	**1969.00**			
03	***Dialysis***					
0310	**Haemo – Facility Fee**	Day		**1009.00**	**1009.00**	**1155.00**
0311	Haemo-dialysis – General medical practitioner	Day	**192.00**			
0312	Haemo-dialysis – Specialist medical practitioner	Day	**240.00**			
0313	Haemo-dialysis- Nursing Practitioner	Day	**154.00**			
0320	**Peritoneal Dialysis – Facility Fee**	Session		**155.00**	**155.00**	**177.00**
0321	Peritoneal Dialysis – General medical practitioner	Session	**31.00**			
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	**37.00**			
0323	Peritoneal Dialysis – Nursing practitioner	Session	**21.00**			
0330	Plasmapheresis - Facility Fee	Session		**1009.00**	**1009.00**	**1155.00**
0331	Plasmapheresis - General medical practitioner	Session	**192.00**			
0332	Plasmapheresis - Specialist medical practitioner	Session	**240.00**			
04	***Medical Reports***					
0410	**Medical Report – Facility Fee**	Report		**97.00**	**97.00**	**119.00**
0411	Medical Report – General medical practitioner	Report	**182.00**			
0412	Medical Report – Specialist medical practitioner	Report	**281.00**			
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	**91.00**			
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	**140.00**			

0425	Copies of X-rays films, ultrasounds etc.	Copy	**91.00**			
05	***Imaging***					
0510	**Radiology, Cat A – Facility Fee**	Procedure		**51.00**	**51.00**	**57.00**
0511	Radiology, Cat A – General medical practitioner	Procedure	**50.00**			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	**94.00**			
0514	Radiology, Cat A – Allied health practitioner	Procedure	**49.00**			
0520	**Radiology, Cat B – Facility Fee**	Procedure		**140.00**	**140.00**	**161.00**
0521	Radiology, Cat B – General medical practitioner	Procedure	**136.00**			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	**264.00**			
0524	Radiology, Cat B – Allied health practitioner	Procedure	**131.00**			
0530	**Radiology, Cat C – Facility Fee**	Procedure		**652.00**	**652.00**	**744.00**
0531	Radiology, Cat C – General medical practitioner	Procedure	**418.00**			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	**1286.00**			
0540	**Radiology, Cat D – Facility Fee**	Procedure		**1662.00**	**1662.00**	**1899.00**
0541	Radiology, Cat D – General medical practitioner	Procedure	**1538.00**			
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	**3210.00**			
06	***Inpatients***					
0610	**Inpatient General ward – Facility Fee**	Day		**516.00**	**658.00**	**1245.00**
0611	Inpatient General Ward – General medical practitioner	Day	**107.00**			
0612	Inpatient General Ward – Specialist medical practitioner	Day	**187.00**			
0620	**Inpatient High care – Facility Fee**	12 hours		**802.00**	**1002.00**	**1436.00**
0621	Inpatient High Care – General medical practitioner	12 hours	**56.00**			
0622	Inpatient High Care – Specialist medical practitioner	12 hours	**106.00**			
0630	**Inpatient Intensive care – Facility Fee**	12 hours		**2633.00**	**2633.00**	**3147.00**
0631	Inpatient Intensive Care – General medical practitioner	12 hours	**62.00**			
0632	Inpatient Intensive Care– Specialist medical practitioner	12 hours	**119.00**			
0640	**Inpatient Chronic care – Facility Fee**	Day		**303.00**	**303.00**	**303.00**
0641	Inpatient Chronic care – General medical practitioner	Day	**35.00**			
0642	Inpatient Chronic care – Specialist medical practitioner	Day	**82.00**			
0643	Inpatient Chronic care – Nursing practitioner	Day	**21.00**			
0650	**Day patient – Facility Fee**	Day		**430.00**	**543.00**	**795.00**
0651	Day patient – General medical practitioner	Day	**107.00**			
0652	Day patient – Specialist medical practitioner	Day	**187.00**			
0653	Day patient – Nursing practitioner	Day	**62.00**			
0660	**Inpatient Boarder/Patient companion – Facility Fee**	Day		**248.00**	**248.00**	**248.00**
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	**21.00**			
0670	Inpatient General ward – Facility Fee	12 hours		**259.00**	**330.00**	**622.00**
0671	Inpatient General Ward – General medical practitioner	12 hours	**54.00**			
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	**93.00**			
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	**35.00**			

0680	**Inpatient Chronic care – Facility Fee**	12 hours		**152.00**	**152.00**	**152.00**
0681	Inpatient Chronic care – General medical practitioner	12 hours	**17.00**			
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	**39.00**			
0683	Inpatient Chronic care – Nursing practitioner	12 hours	**12.00**			
07	***Mortuary***					
0710	**Mortuary – Facility Fee**	Day		**131.00**	**131.00**	**150.00**
0720	Cremation Certificate – Facility Fee	Certificate		**131.00**	**131.00**	**150.00**
08	***Pharmaceutical***					
0810	Medication Fee – Facility Fee	Prescription		**23.00**	**23.00**	**28.00**
0815	Item Fee	Item	Varies			
0816	Pharmaceutical –TTO	Item	Varies			
0817	Pharmaceutical - Chronic	Item	Varies			
0818	Pharmaceutical - Oncology	Item	Varies			
0819	Pharmaceutical – Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee – OPD	Item	Varies			
0825	Pharmaceutical Flat Fee – IP	Item	Varies			
09	***Oral Health***					
0910	**Oral Care Cat A – Facility Fee**	Procedure		**20.00**	**20.00**	**22.00**
0911	Oral Care Cat A – General medical practitioner	Procedure	**34.00**			
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	**28.00**			
0914	Oral Care Cat A – Allied health practitioner	Procedure	**25.00**			
0920	**Oral Care Cat B – Facility Fee**	Procedure		**59.00**	**59.00**	**69.00**
0921	Oral Care Cat B – General medical practitioner	Procedure	**66.00**			
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	**105.00**			
0924	Oral Care Cat B – Allied health practitioner	Procedure	**54.00**			
0930	**Oral Care Cat C – Facility Fee**	Procedure		**364.00**	**364.00**	**417.00**
0931	Oral Care Cat C – General medical practitioner	Procedure	**403.00**			
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	**692.00**			
0940	**Oral Care Cat D – Facility Fee**	Procedure		**1433.00**	**1433.00**	**1639.00**
0941	Oral Care Cat D – General medical practitioner	Procedure	**1236.00**			
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	**2537.00**			
0950	**Oral Care Cat E – Facility Fee**	Procedure		**4825.00**	**4825.00**	**5514.00**
0951	Oral Care Cat E – General medical practitioner	Procedure	**4158.00**			
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	**8532.00**			
10	***Consultations***					
1010	**Outpatient Consultation – Facility Fee**	Visit		**64.00**	**64.00**	**77.00**
1011	Outpatient Consultation – General medical practitioner	Visit	**71.00**			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	**164.00**			
1013	Outpatient Consultation – Nursing practitioner	Visit	**41.00**			
1014	Outpatient Consultation – Allied health practitioner	Visit	**43.00**			
1020	**Emergency Consultation – Facility Fee**	Visit		**129.00**	**129.00**	**154.00**
1021	Emergency Consultation – General medical practitioner	Visit	**107.00**			
1022	Emergency Consultation – Specialist medical practitioner	Visit	**246.00**			

1023	Emergency Consultation – Nursing practitioner	Visit	62.00			
1024	Emergency Consultation – Allied health practitioner	Visit	64.00			
11	***Minor Theatre Procedures***					
1110	Minor Procedure Cat A – Facility Fee	Procedure		303.00	303.00	363.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	105.00			
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	201.00			
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		303.00	303.00	363.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	155.00			
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	352.00			
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		303.00	303.00	363.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	245.00			
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	549.00			
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		303.00	303.00	363.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	646.00			
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1455.00			
12	***Major Theatre Procedures***					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		980.00	1436.00	1656.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	105.00			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	201.00			
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		1483.00	2176.00	2506.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	155.00			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	352.00			
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		2547.00	3738.00	4314.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	245.00			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	549.00			
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		6533.00	9583.00	11044.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	646.00			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1455.00			
13	*Treatments*					
1310	**Supplementary Health Treatment – Facility Fee**	Contact		41.00	41.00	49.00
1313	Supplementary Health Treatment- Nurse practitioner	Contact	36.00			
1314	Supplementary Health Treatment – Allied health practitioner	Contact	36.00			
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		32.00	32.00	35.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	25.00			
14	***Emergency Medical Services***					
1410	**Patient transport service – Facility Fee**	100km		271.00	271.00	271.00

1420	Basic life support – Facility Fee	50km		**742.00**	**742.00**	**742.00**
1430	**Intermediate life support – Facility Fee**	50km		**1003.00**	**1003.00**	**1003.00**
1440	Advanced life support– Facility Fee	50km		**1667.00**	**1667.00**	**1667.00**
1450	**Emergency service standby – Facility Fee**	Once-Off		**299.00**	**299.00**	**299.00**
1451	Emergency service standby – General medical practitioner	Hour	**307.00**			
1452	Emergency service standby – Specialist medical practitioner	Hour	**626.00**			
1453	Emergency service standby – Nursing practitioner	Hour	**226.00**			
1454	Emergency service standby – Emergency care practitioner	Hour	**N/A**			
1455	Emergency service standby – Basic life support practitioner	Hour	**123.00**			
1456	Emergency service standby – Intermediate life support practitioner	Hour	**148.00**			
1457	Emergency service standby – Advanced life support practitioner	Hour	**336.00**			
1460	**Rescue – Facility Fee**	Hour		**794.00**	**794.00**	**794.00**
1461	Rescue – General medical practitioner	Hour	**1191.00**			
1462	Rescue – Specialist medical practitioner	Hour	**1785.00**			
1463	Rescue – Nursing practitioner	Hour	**794.00**			
1464	Rescue – Basic life support practitioner	Hour	**N/A**			
1465	Rescue – Basic life support practitioner	Hour	**121.00**			
1466	Rescue - Intermediate life support practitioner	Hour	**145.00**			
1467	Rescue – Advanced life support practitioner	Hour	**330.00**			
1470	Emergency transport air services fixed wing	Flying Hour		**7306.00**	**7306.00**	**7306.00**
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		**8024.00**	**8024.00**	**8024.00**
1490	**Emergency service standby – Facility Fee**	Additional 50km		**173.00**	**173.00**	**173.00**
15	***Assistive Devices & Prosthesis***					
1510	**Assistive Devices & Prosthesis - Item Fee**	Item	Varies			
1520	**Prosthetic Devices- Item Fee**	Item	Varies			
1530	**Dental Items – Item Fee**	Item	Varies			
16	***Cosmetic Surgery***					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**2062.00**	**2062.00**	**2355.00**
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	**1189.00**			
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	**1781.00**			
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**4636.00**	**4636.00**	**5300.00**
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	**1408.00**			
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	**2113.00**			
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**7488.00**	**7488.00**	**8559.00**
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	**2381.00**			
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	**3572.00**			
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**12649.00**	**12649.00**	**14455.00**
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	**2672.00**			

1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	**3931.00**			
17	***Laboratory Services***					
1700	Drawing of Blood	Contact		**25.00**	**25.00**	**25.00**
1710	Laboratory Test	Varies				
18	***Radiation Oncology (Refer to proposed list)***					
1800	Radiation Oncology (NHRPL less VAT)	Item	Varies			
19	***Nuclear Medicines***					
1900	Itemisation of Isotopes	Item	Varies			
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		**463.00**	**463.00**	**463.00**
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	**231.00**			
1920	**Nuclear Medicine Cat B- Facility Fee**	Procedure		**463.00**	**463.00**	**463.00**
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	**693.00**			
1930	**Nuclear Medicine Cat C- Facility Fee**	Procedure		**463.00**	**463.00**	**463.00**
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	**1385.00**			
1940	**Nuclear Medicine Cat D- Facility Fee**	Procedure		**463.00**	**463.00**	**463.00**
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	**2078.00**			
1950	Positron Emission Tomography (PET) Cat E – Facility Fee			**4492.00**	**4492.00**	**4492.00**
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner		**2246.00**			
20	***Ambulatory Procedures***					
2010	**Ambulatory Procedure Cat A – Facility Fee**	Procedure		**97.00**	**97.00**	**119.00**
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	**35.00**			
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	**70.00**			
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	**21.00**			
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	**21.00**			
2020	**Ambulatory Procedure Cat B – Facility Fee**	Procedure		**97.00**	**97.00**	**119.00**
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	**50.00**			
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	**77.00**			
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	**28.00**			
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	**28.00**			
21	***Blood and Blood Products***					
2100	**Blood and Blood Products**	Varies				
22	***Hyperbaric Oxygen Therapy***					
2200	**Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)**	Session		**337.00**	**337.00**	**337.00**
2210	**Hyperbaric Oxygen Therapy– Facility Fee**	Session		**1017.00**	**1017.00**	**1017.00**
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	**429.00**			

2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	**429.00**			
2220	**Emergency Hyperbaric Oxygen Therapy – Facility Fee**	Session		**1025.00**	**1025.00**	**1025.00**
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	**626.00**			
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	**626.00**			
23	***Consumables (Not included in Facility Fee) Buy-outs***					
2300	Consumables not included in the facility fee	Item	Varies			
24	***Autopsies***					
2410	***Autopsy– Facility Fee***	Per case		**64.00**	**64.00**	**77.00**
2411	Autopsy- General Practitioner	Per case	**71.00**			
2412	Autopsy- Specialist Practitioner	Per case	**164.00**			

CHAPTER SIX

FEES – OTHER

7.1 MORTUARY FEES

Persons who die in a departmental health facility, FREE for the first 24 hours, and thereafter charged according to the UPFS tariffs and level of the hospital. The storage of people that die outside the hospital is charged at the UPFS rate on a daily basis. This charged fee shall be liability to the next of kin or the funeral undertaker to remove the corpse at the hospital. H1 and H0 mortuaries are free of charge provided the corpse is removed by the next of kin **and not by the undertaker.**

7.2 ARTIFICIAL AIDS, ASSISTIVE DEVICES, AND ORAL HEALTH PROSTHETICS

See the schedule of prosthetic devices.

Where crutches and walking aids are supplied, they should be wooden or aluminum. They should be sold at cost-price. Glucometers if supplied should be sold at cost-price. A supplementary price will be charged for assistive devices such as spectacles, hearing aids, wheelchairs and false teeth.

7.3 COSMETIC SURGERY

A patient who presents at a departmental hospital for the purpose of undergoing **elective** cosmetic surgery must be billed at **private** rates, in cash, prior to admission (UPFS fees apply).

7.5 NOTES ON CHARGES FOR HOSPITAL PATIENTS (i.e. NON-PRIVATE)

(a) OUTPATIENT VISIT: When an outpatient is admitted as an inpatient during an outpatient visit, **the basic outpatient tariff falls away**. This should be electronically done through PAAB.

(b) ALLIED HEALTH SERVICES: A comprehensive package is applicable where:-

- (i) A SERIES of therapeutic or rehabilitation treatment regimes is given;
- (ii) TRAINING OR COUNSELLING is given to patients with impairments or disabilities in any way; and
- (iii) GROUP THERAPY (i.e. where one person trains/counsels/rehabilitates two or more individuals) is practiced preceding or following acute stage of individual treatment e.g. coronary thrombosis, diseases of lifestyle such as diabetes and hypertension, psychiatry and pre- and post-natal exercise sessions.

The fee for these comprehensive services is payable **per contact, in cases of each private patient – see the UPFS schedule**.

(c) LONG TERM PATIENTS: Patients who for medical reasons have to be hospitalized for a continuous period of more than 30 days and who require continuous nursing and medical care are to pay the applicable tariff per 30 days or part thereof.

See the schedule of prosthetic devices.

Where crutches are supplied, they should be sold as per the percentages of assistive devices of the cost-price considering the classification of the patient. Glucometers if supplied should be sold at cost-price.

7.6 PATIENT TRANSPORT AND AMBULANCE SERVICES FEE:

A patient making use of patient transport or ambulance services (EMS) should pay a tariff according to the patient classification. Patients to be charged are the one collected from home to the hospital or from the scene of the accident to the hospital. Patients transported from one hospital to another should be **free. The charging of the transport should be calculated from 1km distance at a minimum rate.**

- Where an ambulance is requested for deployment on a standby basis, a charge of **facility fee once off is levied plus the professional fee charged on an hourly rate**. The Head of Department or such other person duly authorized by her/him may authorize the conveyance by **air-ambulance** of a patient who requires emergency, casualty or inpatient treatment. A charge for such conveyance will be levied.
- The Head of the Department or such other person duly authorized by her/him may authorize the use of a **private ambulance service**, for a patient that requires emergency life saving transport where no departmental transport is available within a reasonable period. The normal departmental rate will be levied to the patient in such circumstances.

7.7 REPORTS AND CERTIFICATES:

7.7.1 FREE REPORTS AND CERTIFICATES

The following medical reports/certificates should be completed **FREE:**

(1) medico-legal services in respect of:-

(i) assault
(ii) rape
(iii) driving a motor vehicle while under the influence of alcohol or drugs having a narcotic effect;
(iv) mentally ill persons for the purposes of observation in terms of the Mental Health Act, 1973;
(v) certification/confirmation of death;
(vi) post mortem examinations;
(vii) court cases

(2) Medical reports for private practitioners in respect of Compensation for Occupational Injuries and Diseases (COIDA) {formerly Workmen's' Compensation Act (WCA)} cases treated by medical personnel in the employ of the Department

(3) Medical reports for review of disability for social support grants.

7.7.2 OTHER REPORTS AND CERTIFICATES

All other reports and certificates may be completed and issued on request and only with the written permission of the patient to any authorized person. All patients to be charged at full UPFS tariffs. Tariff to be charged will include the **Facility fee as per the level of the hospital plus the professional fee.**

Where copies only are made of reports, a tariff of **professional fee plus the facility fee** is charged.

7.8 BOARDER CHARGES

An application for a boarder to be admitted must be written by the doctor who treated the patient and approved by the Superintendent.

(i) Boarders, boarder baby: PRIVATE	As per the UPFS tariffs.

(ii) Boarders: HOSPITAL PATIENTS	+ plus nursing fee (if utilised) to pay the H1, H2 or H3 tariffs applicable to the patient.

7.9 CREMATION CERTIFICATE

UPFS tariffs to be charged for the completion of a cremation certificate according to the level of the hospital

CHAPTER SEVEN

PROCEDURES

8.1 DIAGNOSTIC SERVICES RENDERED IN TERMS OF THE COMPENSATION FOR OCCUPATIONAL DISEASES IN MINING AND WORKS AMENDMENT ACT 208 OF1993.

8.1.1 Where the director of the Medical Bureau for Occupational Disease (MBOD) refers ex mineworkers or other clients for X Ray and / or other examinations, an account is sent from the institutions for the prescribed diagnostic service to the Director, MBOD, at BOX 995 PRETORIA 0001.

8.2 LONG TERM PATIENTS

8.2.1 Long term hospital patients, including social pensioners, who are still accommodated in curative or psychiatric hospitals after a maximum of 90 days, become the responsibility of the relevant department which administers the person's pension benefits or is legally responsible for the person, and those departments should be charged the maximum daily fees applicable to a general ward in a regional hospital.

8.2.2 The Department of Population and Development will be responsible for those in need of care who do not require continual medical attention and trained nursing. Such patients should therefore be discharged.

8.2.3 When long-term hospital patients are brought to the attention of the medical superintendent, s/he should investigate the person's circumstances to determine whether the person satisfies the requirements that the Department of Social Services, Population and Development should meet the person's financial obligation to the Department for her/his further accommodation.

8.2.4 A committee comprising the medical superintendent, the hospital matron, the hospital manager / chief executive officer and a **medical social** worker and/or social worker from the Department of Social Services, Population and Development should conduct the investigation. The absence of the social worker shall not influence the decision of the committee.

8.2.5 Should the committee decide that the person no longer requires continual medical attention and trained nursing care; the hospital should treat the person concerned in terms of the above recommendations.

8.2.6 **LONG-TERM PATIENTS LEAVE OF ABSENCE**

The patient or her/his guardian must apply for leave. The application (Annexure D) must be supported by the attending medical practitioner. The patient must indemnify the department and the Hospital in respect of any claims that may arise due to complications during her/his absence. The patient remains liable for hospital fees during her/his absence.

8.3. INJURY ON DUTY – COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 1993

8.3.1 Whereas employees can be encourage to be treated at a public hospital, they may not be restricted to these public hospitals according to the COID Act, the exempted employer must pay all reasonable medical expenses consistent with the tariffs prescribed by the Compensation Commissioner. The employer may not demand or receive any contribution from an employee in the form of payment for medical costs in terms of section 77 of the COID Act. If the services are not available in the public hospital, the patient can be referred to a Private Hospital, in which case, the account will be paid by the public hospital.

8.3.2 The employer or delegate should fill in the relevant forms and send an account to the **Commissioner** for Occupational Injuries and Diseases as soon as possible (not less than 48 hours). The Department of Public Service and Administration (DPSA) guidelines prescribe that all medical expenses must be paid by the exempted employers who must budget for such costs.

8.3.3 Provincial Administrations are registered as exempted employers in terms of section 84 of the COID Act and are as such liable for the payment of compensation including reasonable medical expenses for their employees.

8.4 FUNCTIONAL EVALUATION – OCCUPATIONAL THERAPY

8.4.1 Where patients are referred to hospitals which render this specialized service in order to evaluate the patient's functional ability in relation to employment and development **private outpatient tariff** should be levied for <u>every</u> visit to the occupational therapy section. An estimate of the number of visits required is made beforehand and the firm of attorneys/institution concerned should then pay IN ADVANCE for the number of visits multiplied by the prescribed outpatient tariff, plus the tariff for medical report for the completion of the evaluation report. In cases where actual visits are less or more than the estimated visits, adjustments should be made.

8.5 PATIENTS WHO ARE HOSPITALISED IN DIFFERENT WARDS ON THE SAME DAY

8.5.1 The daily tariff is calculated in accordance with the tariff for the relevant ward where the patient is at midnight.

8.6 FOREIGN PATIENTS

8.6.1 The following procedures and regulations concern the treatment of foreign patients:-

(a) Private hospital tariffs should be charged in cases where emergency medical services are needed.

(b) Visitors who visit the Republic <u>exclusively for medical treatment</u>, as well as tourists who require <u>elective procedures</u> should furnish a **cash full amount for the full cover** of the costs for health services at the prescribed maximum rates. This rule applies in cases where prior arrangements have been made for such a service and the patient's passport has been endorsed accordingly.

(c) An immigrant who lives in the country permanently, but has not yet acquired Soutn African citizenship, foreigners with temporary work permits, as well as persons from neighboring states (e.g. Mozambique, Zambia, etc.) who enter RSA legally, are treated as South African citizens in terms of the appropriate tariffs and procedures.

(d) Refugees and illegal immigrants pay the same tariff as private patients.

(e) The existing agreements between the health authorities of South Africa and various other countries remain unchanged.

8.7 SCHOOL CHILDREN

8.7.1 School children who can be classified as **HO**, H1, H2, or H3 patients and who are referred with a letter of authority from the school nursing services or oral health services are treated **FREE** for all treatment arising from such letter of authority.

8.7.2 School children who are **private** patients may be treated at a Departmental hospital / dental clinic and pay the private patient tariff accordingly.

8.7.3 The school nurse or oral health services official should write a letter of referral to the parent(s) advising that the child needs treatment. On production of that letter at a Departmental hospital, the treatment of the **HO**, H1, H2 or H3 school-child-patient would be free.

8.8 PATIENTS WITH MENTAL DISORDERS

8.8.1 Patients with mental disorders who undergo a hysterectomy as a sterilisation procedure, should be treated **FREE**.

8.9 ISSUING OF ACCOUNTS

8.9.1 Hospital **manager and/or management** has more powers in deciding whether or not an account should be set up, and must consider the following actions:-

(a) Use of the delegation for free treatment or treatment at a reduced rate, where payments cannot be obtained on admission or attendance.

(b) This delegation may only be exercised where insufficient information exists regarding the debtor details or where financial and family circumstances are such that there is sufficient reason to believe that no payment will be received upon setting up an account.

8.9.2 Hospital Management should consider the following steps in the collection of revenue:-

(a) Obtain cash payments as far as possible from patients not on medical aid.

(b) Obtain deposits of at least the prescribed outpatients and one day's inpatient fees, from patients who cannot supply a satisfactory guarantee.

(c) Place hospital patients on a lower group, on merit, where insufficient cash is on hand at attendance/admission.

(d) Allow H1 and H2 hospital patients free treatment on merit where no cash is available, and debtors are suspect.

(e) Set up ordinary accounts for all patients who:-

- (i) are on an acceptable medical aid scheme; or
- (ii) have provided an acceptable guarantee for the payment of the account; or
- (iii) are private patients; or
- (iv) are hospital patients who did not pay cash and could not satisfy hospital **manager and/or** management that relief should be granted in terms of the recommended delegations.

(f) Arrange a strategy for salary deductions, where possible.

8.10 TRANSFERS AND REFERRALS

8.10.1 The policy in regard to the charging of patients transferred between or referred to Departmental or state subsidized institutions are as follows:-

(a) Charges must be raised at the prescribed rates, against all subsidized or private patients transferred or referred, by BOTH the transferring and receiving hospitals, as applicable.

(b) The appropriate charge must be raised by the receiving hospital against hospital patients from a clinic or an outpatient department admitted as an inpatient at the receiving hospital.

(c) The appropriate charge must be raised by the receiving hospital/institution where the referral is for the specific purpose of obtaining orthopaedic appliances or artificial aids.

(d) No further charges must be raised against a hospital patient at the receiving hospital, if the patient is an inpatient at the referring hospital and is admitted or treated as an outpatient at the referred hospital. A patient **discharged** at the referring hospital and at a later date admitted at the receiving hospital, is NOT on transfer and must be **charged** accordingly.

(e) A patient returned to the referring hospital admitted as an inpatient will NOT be charged again. A patient **discharged** from the receiving hospital, which at a later date presents for admission should be charged for that **(new) admission**.

(f) Charges must be raised at the receiving hospital for all subsequent outpatient visits prescribed by the receiving hospital.

(g) Referring institutions must ensure that the **appropriate revenue documentation** accompanies the patient, especially where accounts have to be set up for a hospital patient, or where a treatment at a reduced rate has been allowed in terms of the delegations.

(h) An inpatient referral to a Regional Hospital will **NOT** create a new admission charge for that patient.

(i) A patient, not previously admitted into another hospital, but referred to a Regional Hospital, even if then referred on to another hospital, will be charged for any admission to a Regional Hospital. This includes follow-up cases.

(j) The referral hospital must arrange for the return of the deceased patient from the receiving hospital.