



THE PROVINCE OF MPUMALANGA  
DIE PROVINSIE MPUMALANGA

**Provincial Gazette  
Provinsiale Koerant**

***EXTRAORDINARY • BUITENGEWOON***

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**PROVINCIAL NOTICES • PROVINSIALE KENNISGEWINGS**

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**PROVINCIAL NOTICE 126 OF 2020****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. 3055 DATED 14 JUNE 2019.**

APPROVED UPFS TARIFFS FOR 2020/2021 FINANCIAL YEAR

CODE	DESCRIPTION	BASIS	Professional Fee R	FULL UPFS TARIFFS			Professional Fee R	H1			Professional Fee R	H2			Professional Fee R	H3		
				LEVEL 1	LEVEL 2	LEVEL 3		LEVEL 1	LEVEL 2	LEVEL 3		LEVEL 1	LEVEL 2	LEVEL 3		LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R		R	R	R		R	R	R		R	R	R
<b>01</b>	<b>Anaesthetics</b>			100%							20%			30%				
0111	Anaesthetics Cat A – General medical practitioner	Procedure	247				Included in Consultation				50			74				
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	372					75				112						
0121	Anaesthetics Cat B – General medical practitioner	Procedure	422					85				127						
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	635					125				191						
0131	Anaesthetics Cat C – General medical practitioner	Procedure	1484					295				445						
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	2228					445				668						
0141	Anaesthetics Cat C – General medical practitioner	Procedure	2078					415				623						
0142	Anaesthetics Cat C – Specialist medical practitioner	Procedure	3120					625				936						
<b>02</b>	<b>Confinement</b>																	
0210	Natural Birth – Facility Fee	Incident		4582	4582	5334												
0211	Natural Birth – General medical practitioner	Incident	2486															
0212	Natural Birth – Specialist medical practitioner	Incident	3208															
0213	Natural Birth – Nursing practitioner	Incident	3006															
0220	Caesarean Section – Facility Fee	Incident		7214	7214	8395												
0221	Caesarean Section – General medical practitioner	Incident	2486															
0222	Caesarean Section – Specialist medical practitioner	Incident	3208															
<b>03</b>	<b>Dialysis</b>			equivalent to consultation							20%			30%				
0310	Haemo – Facility Fee	Day		1643	1643	1882	Equivalent to consultation					330	330	375		493	493	565
0311	Haemo-dialysis – General medical practitioner	Day	312					60	390	390	435	94	587	503	658			
0312	Haemo-dialysis – Specialist medical practitioner	Day	391					80	410	410	455	117	610	524	586			
0313	Haemo-dialysis – Nursing practitioner	Day	252					50	380	380	425	76	569	488	550			
0320	Peritoneal Dialysis – Facility Fee	Session		254	254	288			50	50	60		76	76	86			
0321	Peritoneal Dialysis – General medical practitioner	Session	51					10	60	60	70	15	92	92	102			
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	61					10	60	60	70	18	95	95	105			
0323	Peritoneal Dialysis – Nursing practitioner	Session	35					5	55	55	65	11	87	87	97			
0330	Plasmapheresis – Facility Fee	Day		1643	1643	1882			330	330	375		493	493	565			
0331	Plasmapheresis – General Medical Practitioner	Day	312					60	390	390	435	94	587	587	658			
0332	Plasmapheresis – Specialist Medical Practitioner	Day	391				80	410	410	455	117	610	610	682				
<b>04</b>	<b>Medical Reports - 100%</b>																	
0410	Medical Report – Facility Fee	Report		194	194	194												
0411	Medical Report – General medical practitioner	Report	456															
0412	Medical Report – Specialist medical practitioner	Report	456															

0420	<b>Copies of Medical Report – Facility Fee</b>	Copy		194	194	194													
0421	Copies of Medical reports/records, X-Rays, completion of certificates / – General medical practitioner	Copy	230																
0422	Copies of Medical reports/records, X-Rays, completion of certificates / – Specialist medical practitioner	Copy	230																
0425	Copies of X-Rays films, Ultrasounds etc.	Copy	230																
0430	<b>Functional Assessment Report – Facility Fee</b>	Copy		317	317	387													
0431	Functional Assessment Report – General medical practitioner	Copy	895																
0432	Functional Assessment Report – Specialist medical practitioner	Copy	1827																
0434	Functional Assessment Report - Allied health practitioner	Copy	895																
0440	<b>Copies of Specialized Radiology (MRI, CT &amp; Nuclear)</b>	Copy		1165	1165	1165													
<b>05 Imaging</b>							20%				30%								
0510	<b>Radiology, Cat A – Facility Fee</b>	Procedure		84	84	93				15	15	20		25	25	28			
0511	Radiology, Cat A – General medical practitioner	Procedure	82						15	30	30	35	25	50	50	53			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	153						30	45	45	50	46	71	71	74			
0514	Radiology, Cat A – Allied health practitioner	Procedure	81						15	30	30	35	24	50	50	52			
0520	<b>Radiology, Cat B – Facility Fee</b>	Procedure		230	230	262				45	45	52		69	69	79			
0521	Radiology, Cat B – General medical practitioner	Procedure	220						45	90	90	97	66	135	135	145			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	429						85	130	130	137	129	198	198	207			
0524	Radiology, Cat B – Allied health practitioner	Procedure	215						45	90	90	97	65	134	134	143			
0530	<b>Radiology, Cat C – Facility Fee</b>	Procedure		532	532	607				105	105	120		160	160	182			
0531	Radiology, Cat C – General medical practitioner	Procedure	342						70	175	175	190	103	262	262	285			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1049						210	315	315	330	315	474	474	497			
0540	<b>Radiology, Cat D – Facility Fee</b>	Procedure		1063	1063	1213				215	215	245		319	319	364			
0541	Radiology, Cat D – General medical practitioner	Procedure	681						135	350	350	380	204	523	523	568			
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	2095						420	635	635	665	629	947	947	992			
0560	<b>Radiology, Cat E – Facility Fee</b>	Procedure		2709	2709	3097				540	540	620		813	813	929			
0561	Radiology, Cat E – General medical practitioner	Procedure	2508						500	1040	1040	1120	752	1565	1343	1682			
0562	Radiology, Cat E – Specialist medical practitioner	Procedure	5229						1045	1585	1585	1665	1569	2043	2043	2143			
<b>06 Inpatients</b>							7%				7%				30%				
0610	<b>Inpatient General ward – Facility Fee</b>	Day		843	1073	2030		60	75	140		60	75	140		253	322	609	
0611	Inpatient General Ward – General medical practitioner	Day	175					10	70	85	150	10	70	85	150	53	305	374	662
0612	Inpatient General Ward – Specialist medical practitioner	Day	305					20	80	95	160	21	81	96	161	92	344	413	701
0620	<b>Inpatient High care – Facility Fee</b>	30Days/12 hours		1306	1633	2338						45	55	80		392	490	701	
0621	Inpatient High Care – General medical practitioner	30Days/12 hours	90						5	50	60	85	27	419	517	728			
0622	Inpatient High Care – Specialist medical practitioner	30Days/12 hours	174						10	55	65	90	52	444	542	613			

Equivalent to consultation

0630	<b>Inpatient Intensive care – Facility Fee</b>	<b>30Days/12 hours</b>		4290	4290	5129					150	150	180		1287	1287	1539
0631	Inpatient Intensive Care – General medical practitioner	30Days/12 hours	102							5	155	155	185	31	1318	1318	1569
0632	Inpatient Intensive Care– Specialist medical practitioner	30Days/12 hours	194							15	165	165	195	58	1345	1345	1597
0640	<b>Inpatient Chronic care – Facility Fee</b>	<b>Day</b>		494	494	494					35	35	35		148	148	148
0641	Inpatient Chronic care – General medical practitioner	Day	58							5	40	40	40	17	166	166	166
0642	Inpatient Chronic care – Specialist medical practitioner	Day	134							10	45	45	45	40	188	188	188
0643	Inpatient Chronic care – Nursing practitioner	Day	35							5	40	40	40	11	159	159	159
0650	<b>Day patient – Facility Fee</b>	<b>Day</b>		701	866	1297					50	60	90		210	266	389
0651	Day patient – General medical practitioner	Day	175							10	60	70	100	53	263	318	442
0652	Day patient – Specialist medical practitioner	Day	305							20	70	80	110	92	260	357	413
0653	Day patient – Nursing practitioner	Day	102							5	55	65	95	31	241	296	420
0660	<b>Inpatient Boarder/Patient companion – Facility Fee</b>	<b>Day</b>		402	402	402					30	30	30		121	121	121
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	35							5	35	35	35	11	131	131	131
0670	<b>Inpatient General ward – Facility Fee</b>	<b>30Days/12 hours</b>		422	539	1013					15	20	35		127	162	304
0671	Inpatient General Ward – General medical practitioner	30Days/12 hours	87							5	20	25	40	26	153	188	330
0672	Inpatient General Ward – Specialist medical practitioner	30Days/12 hours	151							10	25	30	45	45	172	207	349
0673	Inpatient General Ward – Nursing medical practitioner (MOU)	30Days/12 hours	58							5	20	25	40	17	144	179	321
0680	<b>Inpatient Chronic care – Facility Fee</b>	<b>30Days/12 hours</b>		247	247	247					10	10	10		74	74	74
0681	Inpatient Chronic care – General medical practitioner	30Days/12 hours	26							5	15	15	15	8	82	82	82
0682	Inpatient Chronic care – Specialist medical practitioner	30Days/12 hours	63							5	15	15	15	19	93	93	93
0683	Inpatient Chronic care – Nursing practitioner	30Days/12 hours	21							5	15	15	15	6	80	80	80
0690	<b>Inpatient Specialised Intensive care – Facility Fee</b>	<b>12 hours</b>		6838	6838	6838					480	480	480		2051	2051	2051
0691	Inpatient Specialised Intensive Care – General medical practitioner	12 hours	305							20	500	500	500	92	2143	2143	2143
0692	Inpatient Specialised Intensive Care– Specialist medical practitioner	12 hours	581							40	520	520	520	174	2225	2225	2225
06100	<b>Inpatient Specialised Intensive Care Paediatric – Facility Fee</b>	<b>30Days/12 hours</b>		6838	6838	6838					480	480	480		2051	2051	2051
06101	Inpatient Specialised Intensive Care Paediatric – General medical practitioner	30Days/12 hours	305							20	500	500	500	92	2143	2143	2143
06102	Inpatient Specialised Intensive Care Paediatric– Specialist medical practitioner	30Days/12 hours	581							40	520	520	520	174	2225	2225	2225
06200	<b>Inpatient Specialised Intensive Care Neonatal – Facility Fee</b>	<b>30Days/12 hours</b>		9116	9116	9116					640	640	640		2735	2735	2735
06201	Inpatient Specialised Intensive Care Neonatal – General medical practitioner	30Days/12 hours	408							30	670	670	670	122	2857	2857	2857
06202	Inpatient Specialised Intensive Care Neonatal– Specialist medical practitioner	30Days/12 hours	775							55	695	695	695	233	2968	2968	2968

07 Mortuary 100%																									
0710	Mortuary – Facility Fee	Day		215	215	243																			
0720	Cremation Certificate – Facility Fee	Certificate		215	215	243																			
08 Pharmaceutical							20%						30%												
0810	Medication Fee – Facility Fee	Prescription		38	38	46							10	10	10							11	11	14	
0815	Pharmaceutical - IP	Item	Varies																						
0816	Pharmaceutical - TIO	Item	Varies																						
0817	Pharmaceutical - Chronic OPD	Item	Varies																						
0818	Pharmaceutical - Oncology IP	Item	Varies																						
0819	Pharmaceutical - Immune suppressant drugs IP	Item	Varies																						
0820	Pharmaceutical Flat Fee - Chronic 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 – Repeat scripts	Item	Varies																						
0837	Pharmaceutical Flat Fee - Travel Medicines	Item	Varies																						
09 Oral Health (Hospitals)							20%						30%												
0910	Oral Care Cat A – Facility Fee	Procedure		31	31	36							5	5	5							9	9	11	
0911	Oral Care Cat A – General medical practitioner	Procedure	46										10	15	15	15						14	23	23	25
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	56										10	15	15	15						17	26	26	28
0914	Oral Care Cat A – Allied health practitioner	Procedure	41										10	15	15	15						12	22	22	23
0920	Oral Care Cat B – Facility Fee	Procedure		95	95	113							20	20	25							29	29	34	
0921	Oral Care Cat B – General medical practitioner	Procedure	108										20	40	40	45						32	61	61	66
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	172										35	45	45	60						52	80	80	86
0924	Oral Care Cat B – Allied health practitioner	Procedure	87										15	35	35	40						26	55	55	60
0930	Oral Care Cat C – Facility Fee	Procedure		593	593	680							120	120	135							178	178	204	
0931	Oral Care Cat C – General medical practitioner	Procedure	656										130	250	250	265						197	375	375	401
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	1128										225	345	345	360						338	516	516	542
0940	Oral Care Cat D – Facility Fee	Procedure		2334	2334	2672							465	465	535							700	700	802	
0941	Oral Care Cat D – General medical practitioner	Procedure	2015										405	870	870	940						605	1305	1305	1406
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	4134										825	1290	1290	1360						1240	1940	1940	2042
0950	Oral Care Cat E – Facility Fee	Procedure		7864	7864	8986							1575	1575	1795							2359	2359	2696	
0951	Oral Care Cat E – General medical practitioner	Procedure	6777										1355	2930	2930	3150						2033	4392	4392	4729
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	13907										2780	4355	4355	4575						4172	6531	6531	6868

Included in Consultation

10 Consultations			20% of full paying			20%			20%			30%						
1010	Outpatient Consultation – Facility Fee	Visit		104	104	125		20	20	25		20	20	25		31	31	38
1011	Outpatient Consultation – General medical practitioner	Visit	115				25	45	45	50	25	45	45	50	35	66	66	72
1012	Outpatient Consultation – Specialist medical practitioner	Visit	266				55	75	75	80	55	75	75	80	80	111	111	117
1013	Outpatient Consultation – Nursing practitioner	Visit	66				15	35	35	40	15	35	35	40	20	51	51	57
1014	Outpatient Consultation – Allied Health practitioner	Visit	68				15	35	35	40	15	35	35	40	20	52	52	58
1020	Emergency Consultation – Facility Fee	Visit		210	210	252		20	20	25		40	40	50		63	63	76
1021	Emergency Consultation – General medical practitioner	Visit	175				20	40	40	45	35	75	75	85	53	116	116	128
1022	Emergency Consultation – Specialist medical practitioner	Visit	400				50	70	70	75	80	120	120	130	120	183	183	196
1023	Emergency Consultation – Nursing practitioner	Visit	102				15	35	35	40	20	60	60	70	31	94	94	106
1024	Emergency Consultation – Allied Health practitioner	Visit	104				15	35	35	40	20	60	60	70	31	94	94	107
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		104	104	125		20	20	25		20	20	25		31	31	38
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	115				20	40	40	45	25	45	45	50	35	66	66	72
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	266				50	70	70	75	55	75	75	80	80	111	111	117
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	66				15	35	35	40	15	35	35	40	20	51	51	57
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	68				15	35	35	40	15	35	35	40	20	52	52	58
1040	Telephonic Consultation – Facility Fee	Telephonic		104	104	125		20	20	25		20	20	25		31	31	38
1041	Telephonic Consultation – General medical practitioner	Telephonic	115				20	40	40	45	25	45	45	50	35	66	66	72
1042	Telephonic Consultation – Specialist medical practitioner	Telephonic	266				50	70	70	75	55	75	75	80	80	111	111	117
1043	Telephonic Consultation – Nursing practitioner	Telephonic	66				15	35	35	40	15	35	35	40	20	51	51	57
1044	Telephonic Consultation – Allied Health practitioner	Telephonic	68				15	35	35	40	15	35	35	40	20	52	52	58
11 Minor Theatre Procedures									20%			30%						
1110	Minor Procedure Cat A – Facility Fee	Procedure		494	494	592	Included in Consultation				100	100	120		148	148	178	
1111	Minor Procedure Cat A – General medical practitioner	Procedure	172			35				135	135	155	52	200	200	229		
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	329			65				165	165	185	99	247	247	276		
1120	Minor Procedure Cat B – Facility Fee	Procedure		494	494	592					100	100	120		148	148	178	
1121	Minor Procedure Cat B – General medical practitioner	Procedure	254			50				150	150	170	76	224	224	254		
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	573			115				215	215	235	172	320	320	350		
1130	Minor Procedure Cat C – Facility Fee	Procedure		494	494	592					100	100	120		148	148	178	
1131	Minor Procedure Cat C – General medical practitioner	Procedure	399			80				180	180	200	120	268	268	297		
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	895			180				280	280	300	269	417	417	446		
1140	Minor Procedure Cat D – Facility Fee	Procedure		494	494	592					100	100	120		148	148	178	
1141	Minor Procedure Cat D – General medical practitioner	Procedure	1052			210				310	310	330	316	464	464	493		
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	2373			475				575	575	595	712	860	860	890		



12 Major Theatre Procedures							20%			30%								
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1598	2338	2698	Included in Consultation		320	470	540		479	701	809			
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	172					35	355	505	575	52	531	753	861			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	329					65	385	535	605	99	578	800	908			
1220	Theatre Procedure Cat B – Facility Fee	Procedure		2417	3547	4083			485	710	815		725	1064	1225			
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	254					50	535	760	865	76	801	1140	1301			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	573					115	600	825	930	172	897	1236	1397			
1230	Theatre Procedure Cat C – Facility Fee	Procedure		4153	6094	7031			830	1220	1405		1246	1828	2109			
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	399					80	910	1300	1485	120	1366	1948	2229			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	895					180	1010	1400	1585	269	1514	2097	2378			
1240	Theatre Procedure Cat D – Facility Fee	Procedure		10648	15620	17999			2130	3125	3600		3194	4686	5400			
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	1052					210	2340	3335	3810	316	3510	5002	5715			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	2373					475	2605	3600	4075	712	3906	5398	6112			
1250	Theatre Procedure Cat E – Facility Fee	Procedure		14908	21866	25198			2980	4375	5040		4472	6560	7559			
1251	Theatre Procedure Cat E – General medical practitioner	Procedure	1473					295	3275	4670	5335	442	4914	7002	8001			
1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	3322					665	3645	5040	5705	997	5469	7556	8556			
13 Treatments							10%			20%			30%					
1310	Supplementary Health Treatment – Facility Fee	Contact		66	66	81		5	5	10		15	15	15	20	20	24	
1313	Supplementary Health Treatment – Nursing practitioner	Contact	59				5	10	10	15	10	25	25	25	18	38	38	42
1314	Supplementary Health Treatment – Allied health practitioner	Contact	59				5	10	10	15	10	25	25	25	18	38	38	42
1320	Supplementary Health Group Treatment – Facility Fee	Contact		52	52	58		5	5	5		10	10	10	16	16	17	
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	41				5	10	10	10	10	20	20	20	12	28	28	30
14 Emergency Medical Services							5%			10%			15%					
1410	Patient transport service – Facility Fee	100km		443	443	443		20	20	20		45	45	45	66	66	66	
1420	Basic life support – Facility Fee	50km		1208	1208	1208		60	60	60		120	120	120	181	181	181	
1430	Intermediate life support – Facility Fee	50km		1634	1634	1634		80	80	80		165	165	165	245	245	245	
1440	Advanced life support – Facility Fee	50km		2717	2717	2717		135	135	135		270	270	270	408	408	408	
1450	Emergency service standby – Facility Fee	Once-off fee		586	586	586		100%				100%				100%		
1451	Emergency service standby – General medical practitioner	Hour	787															
1452	Emergency service standby – Specialist medical practitioner	Hour	1057															
1453	Emergency service standby – Nursing practitioner	Hour	447															
1454	Emergency service standby – Emergency care practitioner	Hour	N/A															
1455	Emergency service standby – Basic life support practitioner	Hour	184															
1456	Emergency service standby – Intermediate life support practitioner	Hour	282															
1457	Emergency service standby – Advanced life support practitioner	Hour	494															



19 Nuclear Medicines						10%			20%			30%			
1900	Itemisation of Isotopes	Item													
1910	<b>Nuclear Medicine Cat A - Facility Fee</b>	<b>Procedure</b>		755	755	755			150	150	150		227	227	227
1912	Nuclear Medicine Cat A - Specialist medical practitioner	Procedure	374					75	225	225	225	112	339	339	339
1920	<b>Nuclear Medicine Cat B - Facility Fee</b>	<b>Procedure</b>		755	755	755			150	150	150		227	227	227
1922	Nuclear Medicine Cat B - Specialist medical practitioner	Procedure	1129					225	375	375	375	339	565	565	565
1930	<b>Nuclear Medicine Cat C - Facility Fee</b>	<b>Procedure</b>		755	755	755			150	150	150		227	227	227
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	2256					450	600	600	600	677	903	903	903
1940	<b>Nuclear Medicine Cat D - Facility Fee</b>	<b>Procedure</b>		755	755	755			150	150	150		227	227	227
1942	Nuclear Medicine Cat D - Specialist medical practitioner	Procedure	3385					675	825	825	825	1016	1242	1242	1242
1950	<b>Positron Emission Tomography (PET) Cat E - Facility Fee</b>	<b>Procedure</b>		8052	8052	8052			1610	1610	1610		2416	2416	2416
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	4396					880	2490	2490	2490	1319	3734	3734	3734
<b>20 Ambulatory Procedures</b>									20%			30%			
2010	<b>Ambulatory Procedure Cat A - Facility Fee</b>	<b>Procedure</b>		158	158	194			30	30	40		47	47	58
2011	Ambulatory Procedure Cat A - General Medical Practitioner	Procedure	58					10	40	40	50	17	56	56	65
2012	Ambulatory Procedure Cat A - Specialist Medical Practitioner	Procedure	114					25	55	55	65	34	70	70	79
2013	Ambulatory Procedure Cat A - Nursing Practitioner	Procedure	35					5	35	35	45	11	50	50	59
2014	Ambulatory Procedure Cat A - Allied Health Worker	Procedure	35					5	35	35	45	11	50	50	59
2020	<b>Ambulatory Procedure Cat B - Facility Fee</b>	<b>Procedure</b>		158	158	194			30	30	40		47	47	58
2021	Ambulatory Procedure Cat B - General medical practitioner	Procedure	82					15	45	45	55	25	72	72	83
2022	Ambulatory Procedure Cat B - Specialist Medical Practitioner	Procedure	125					25	55	55	65	38	85	85	96
2023	Ambulatory Procedure Cat B - Nursing Practitioner	Procedure	46					10	40	40	50	14	61	61	72
2024	Ambulatory Procedure Cat B - Allied Health Worker	Procedure	46					10	40	40	50	14	61	61	72
<b>21 Blood and Blood Products</b>															
2100	Blood and Blood Products	Itemisation	Varies												
<b>22 Hyperbaric oxygen Therapy</b>									20%			30%			
2200	Hyperbaric Oxygen Therapy - Facility Fee (Flat Fee)	Session		549	549	549			110	110	110		165	165	165
2210	<b>Hyperbaric Oxygen Therapy - Facility Fee</b>	<b>Session</b>		1657	1657	1657			330	330	330		497	497	497
2211	Hyperbaric Oxygen Therapy - General medical practitioner	Session	700					140	470	470	470	210	707	707	707
2212	Hyperbaric Oxygen Therapy - Specialist medical practitioner	Session	700					140	470	470	470	210	707	707	707
2220	<b>Emergency Hyperbaric Oxygen Therapy - Facility Fee</b>	<b>Session</b>		1668	1668	1668			335	335	335		500	500	500
2221	Emergency Hyperbaric Oxygen Therapy - General medical practitioner	Session	1021					205	540	540	540	306	807	807	807
2222	Emergency Hyperbaric Oxygen Therapy - Specialist medical practitioner	Session	1021					205	540	540	540	306	807	807	807

Included in Consultation

Included in Consultation

Included in Consultation

23 Consumables (Not included in Facility Fee) Buy-outs																		
2300	Consumables not included in the facility fee	Item	Varies				Included in consultation			20%			30%					
<b>24 Autopsies 100%</b>							100%			100%			100%					
2410	Autopsy - Facility Fee	Per case		104	104	125		104	104	125		104	104	125		104	104	125
2411	Autopsy - General Medical Practitioner	Per case	115				115				115				115			
2412	Autopsy - Specialist Medical Practitioner	Per case	266				266				266				266			
<b>25 Port Health and Travel Clinics</b>																		
2510	Outpatient Consultation – Facility Fee	Visit		125	125	125		125	125	125		125	125	125		125	125	125
2511	Outpatient Consultation – General medical practitioner	Visit	115				115				115				115			
2513	Outpatient Consultation – Nursing practitioner	Visit	66				66				66				66			
2520	Emergency Consultation – Facility Fee	Visit		252	252	252		252	252	252		252	252	252		252	252	252
2521	Emergency Consultation – General medical practitioner	Visit	175				175				175				175			
2523	Emergency Consultation – Nursing practitioner	Visit	102				102				102				102			
0810	Medication Fee – Facility Fee	Prescription		38	38	46		38	38	46		38	38	46		38	38	46
0837	Pharmaceutical - Travel Medicine	Item	Varies				Varies				Varies				Varies			

**UNIFORM PATIENT FEE SCHEDULE 2020**

**Annexure A6**

**RADIATION ONCOLOGY AUTHORISATION FORM FOR FULL PAYING USERS**

Hospital Name: \_\_\_\_\_  
 Hospital Practice No: \_\_\_\_\_ Hospital Tel: \_\_\_\_\_  
 Attending Dr: \_\_\_\_\_  
 Attending Dr Practice No: \_\_\_\_\_  
 Enquiries: \_\_\_\_\_ Tel: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**AUTHORIZATION REQUESTED FOR RADIOTHERAPY**

Name of patient: \_\_\_\_\_ Auth No: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Stage: \_\_\_\_\_  
 ICD 10 code/s: \_\_\_\_\_  
 Treatment Plan  Gy  Frac (#)   
 Radical/Curative  Palliative improved survival  Palliative Improved symptoms  Adjuvant

**DATE TO START:** \_\_\_\_\_

**CHEMOTHERAPY**

	<b>Facility Fee Code</b>	<b>Facility Fee</b>	<b>Prof Code</b>	<b>Prof Fee</b>
		<b>R</b>		<b>R</b>
In-Patient per day	<b>0610</b>	R 2 012	<b>0612</b>	R 305
Outpatient	<b>1010</b>	R 125	<b>1012</b>	R 266
Non Infusion Chemotherapy	<b>5791</b>	R 290	<b>5790</b>	R 510
Infusion Chemotherapy	<b>5794</b>	R 939	<b>5793</b>	R 1 898

DRUG CODE	NAPPI	DRUG DESCRIPTION, NUMBER OF DAYS & ROUTE OF ADMINISTRATION AND CYCLE DAYS	TOTAL DOSE	NUMBER OF CYCLES				
		<b>Rules: Medical Scheme patients</b>						
The treating hospital is not compelled to provide Inpatients and Outpatients with chemotherapy drugs, supportive care drugs, solubles and administration sets.								
Medical schemes will be requested to appoint a designated Chronic Medicine								
Dispenser (CMD) such as Optipharm, Clinix, CMD or QuestMed to supply the prescribed drugs to the hospital.								
State hospitals shall only provide treatments as per State Hospital Protocols equivalent to Tier 1 of South African Oncology Consortium (SAOC).								
All drugs shall be according to the Base Line Prescribed Minimum Benefit (PMB) formulary.								
Where a patient is treated by a private practitioner, the private practitioner will bill the Medical Scheme directly while the Facility Fee will be charged by the relevant hospital.								
Prescription Drugs: Code 0818 – these Items may vary in price.								

RADIOTHERAPY	Date	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
<b>Radiation Oncology – Radio pharmacology drugs</b>			<b>0810</b>	R 46	<b>0818</b>	<b>Varies</b>		
<b>Planning</b>								
<i>Manual Planning:</i>								
-Single volume			5601	R 1 435	5801	R 604	R	R
-Multiple volumes			5602	R 1 891	5802	R 810	R	R
-Special Technique			5603	R 2 584	5803	R 1 107	R	R
<i>Conventional(Sim only):</i>								
-Single volume			5608	R 5 738	5808	R 2 458	R	R
-Multiple volume			5609	R 8 035	5809	R 3 394	R	R
-Special Technique			5610	R 10 045	5810	R 4 303	R	R
<i>3D Planning (with CT):</i>								
-Single volume			5620	R 14 116	5820	R 3 470	R	R
-Multiple volumes			5621	R 19 765	5821	R 5 891	R	R
-Special Technique (+MLC)			5622	R 24 706	5822	R 8 008	R	R
<i>IMRT Planning procedure:</i>								
-Radical course (excl CT+MRI)			5623	R 27 695	5823	R 9 114	R	R
-Booster (excl CT + MRI)			5625	R 13 848	5825	R 3 355	R	R
-CT Scan with MRI or similar imaging fusion			5626	R 31 415	5826	R 10 884	R	R
-CT scan planning			0540	R 1 213	0542	R 2 095	R	R
		<b>Qty</b>	<b>Facil code</b>	<b>Facil Fee</b>	<b>Prof Code</b>	<b>Hosp. Prof Fee</b>	<b>Private. Prof Fee</b>	<b>TOTAL</b>
<b>Kilovoltage Treatment:</b>								
Weekly/part thereof			5634	R 1 654	5834	R 708	R	R

<b>Megavoltage Radiation:</b>								
<i>Short course (3# or less) :</i>								
Single Volume			5635	R 3 565	5835	R 1 428	R	R
Multiple Volumes			5636	R 4 990	5836	R 2 139	R	R
Special Technique			5637	R 6 416	5837	R 2 749	R	R
<i>Conventional Radiation Weekly (4# or more):</i>								
Single Volume			5639	R 5 697	5839	R 2 439	R	R
Multiple Volume			5640	R 8 319	5840	R 3 565	R	R
Special Technique			5641	R 9 321	5841	R 3 999	R	R
<i>Advanced Techniques Weekly:</i>								
MLC Single Volume			5649	R 7 963	5849	R 3 410	R	R
MLC Multiple Volumes			5650	R 11 149	5850	R 4 779	R	R
MLC Special Technique			5651	R 14 335	5851	R 6 143	R	R
IMRT			5654	R 11 759	5854	R 5 041	R	R
Total Body/similar			5655	R 27 874	5855	R 11 945	R	R
		<b>Qty</b>	<b>Facil code</b>	<b>Facil</b>	<b>Prof</b>	<b>Hosp.</b>	<b>Private.</b>	<b>TOTAL</b>
<b>Brachytherapy</b>				<b>Fee</b>	<b>Code</b>	<b>Prof Fee</b>	<b>Prof Fee</b>	
Isotope/Applicator:								
-Low Complexity			5670	R 1 066	5870	R 532	R	R
-Intermediate Complexity			5672	R 2 127	5872	R 1 066	R	R
-High Complexity			5673	R 5 900	5873	R 2 951	R	R
Implants:								
-Low Complexity(Single guide tube, <8 dwell points)			5682	R 2 114	5882	R 1 055	R	R



-Intermediate Complexity (>1guide tube or >8dwell points, or <8 points but general anesthetics)			5683	R 7 724	5883	R 3 862	R	R
-High Complexity (Inclusive for implant under local or general anesthetics)			5685	R 10 297	5885	R 5 150	R	R
<b>Brachytherapy Treatment:</b>								
Global fee: Manual after loading			5690	R 6 019	5890	R 3 009	R	R
Global fee: Remote afterloading			5893	R 14 334	5892	R 6 113	R	R
Brachytherapy Imaging (add to any code other than 5883 or 5885)			5695	R 1 539	5895	R 769	R	R
<b>Stereotactic Radiation:</b>								
Single/ up to 4#: Prof Fee			5660	R 125 391	5860	R 53 738	R	R
5/more #:			5661	R 144 203	5861	R 61 800	R	R
EXPECTED GRAND TOTAL: R								

**UNIFORM PATIENT FEE SCHEDULE 2020**

*Annexure L*

**20%**

**RADIATION ONCOLOGY AUTHORISATION FORM FOR EXTERNALLY FUNDED PATIENT**

Hospital \_\_\_\_\_ Name: \_\_\_\_\_

Hospital Practice No: \_\_\_\_\_ Hospital Tel: \_\_\_\_\_

Attending \_\_\_\_\_ Dr: \_\_\_\_\_

Attending Dr Practice No: \_\_\_\_\_

Enquiries: \_\_\_\_\_ Tel: \_\_\_\_\_

E-mail \_\_\_\_\_ address: \_\_\_\_\_

**AUTHORIZATION REQUESTED FOR RADIOTHERAPY**

Name of patient: \_\_\_\_\_ Auth No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Stage: \_\_\_\_\_

ICD 10 code/s: \_\_\_\_\_

Treatment Plan ð Gy ð Frac (#) ð

Radical/Curative ð Palliative improved survival ð Palliative Improved symptoms ð Adjuvant ð

**DATE TO START:** \_\_\_\_\_

**CHEMOTHERAPY**

	Facility Fee Code	Facility Fee R	Prof Fee Code	Prof Fee R																	
In-Patient per day	0610	R 400	0612	R 60																	
Outpatient	1010	R 25	1012	R 55																	
Non Infusion Chemotherapy	5791	R 60	5790	R 100																	
Infusion Chemotherapy	5794	R 190	5793	R 380	Name of patient: _____ Auth No: _____																
					Date of Birth: _____																
<b>DRUG CODE</b>	<b>NAPPI</b>	<b>DRUG DESCRIPTION, NUMBER OF DAYS &amp; ROUTE OF ADMINISTRATION AND CYCLE DAYS</b>		<b>TOTAL DOSE</b>	<b>NUMBER OF CYCLES</b>	Diagnosis: _____ Stage: _____															
						ICD 10 code/s: _____															
						Treatment Plan ð Gy ð			Frac (#) ð												
						Radical/Curative ð Palliative improved survival ð Palliative Improved symptoms ð Adjuvant ð															
		<b>Rules: Medical Scheme patients</b>																			
The treating hospital is not compelled to provide Inpatients and Outpatients with chemotherapy drugs, supportive care drugs, solubles and administration sets.																					
Medical schemes will be requested to appoint a designated Chronic Medicine																					
Dispenser (CMD) such as Optipharm, Clinix, CMD or QuestMed to supply the prescribed drugs to the hospital.																					
State hospitals shall only provide treatments as per State Hospital Protocols equivalent to Tier 1 of South African Oncology Consortium (SAOC).																					
All drugs shall be according to the Base Line Prescribed Minimum Benefit (PMB) formulary.																					
Where a patient is treated by a private practitioner, the private practitioner will bill the Medical Scheme directly while the Facility Fee will be charged by the relevant hospital.																					
Prescription Drugs: Code 0818 – these Items may vary in price.																					

RADIOTHERAPY	Date	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Radiation Oncology – Radio pharmacology drugs			0810	R 10	0818	Varies		
<b>Planning</b>								
<i>Manual Planning:</i>								
-Single volume			5601	R 285	5801	R 120	R	R
-Multiple volumes			5602	R 380	5802	R 160	R	R
-Special Technique			5603	R 515	5803	R 220	R	R
<i>Conventional(Sim only):</i>								
-Single volume			5608	R 1 150	5808	R 490	R	R
-Multiple volume			5609	R 1 605	5809	R 680	R	R
-Special Technique			5610	R 2 010	5810	R 860	R	R
<i>3D Planning (with CT):</i>								
-Single volume			5620	R 2 825	5820	R 695	R	R
-Multiple volumes			5621	R 3 955	5821	R 1 180	R	R
-Special Technique (+MLC)			5622	R 4 940	5822	R 1 600	R	R
<i>IMRT Planning procedure:</i>								
-Radical course (excl CT+MRI)			5623	R 5 540	5823	R 1 825	R	R
-Booster (excl CT + MRI)			5625	R 2 770	5825	R 670	R	R
-CT Scan with MRI or similar imaging fusion			5626	R 6 285	5826	R 2 175	R	R
-CT scan planning			0540	R 245	0542	R 420	R	R
		<b>Qty</b>	<b>Facil code</b>	<b>Facil Fee</b>	<b>Prof Code</b>	<b>Hosp. Prof Fee</b>	<b>Private. Prof Fee</b>	<b>TOTAL</b>

<b>Kilovoltage Treatment:</b>								
Weekly/part thereof			5634	R 330	5834	R 140	R	R
<b>Megavoltage Radiation:</b>								
<i>Short course (3# or less) :</i>								
Single Volume			5635	R 715	5835	R 285	R	R
Multiple Volumes			5636	R 1 000	5836	R 430	R	R
Special Technique			5637	R 1 285	5837	R 550	R	R
<i>Conventional Radiation Weekly (4# or more):</i>								
Single Volume			5639	R 1 140	5839	R 490	R	R
Multiple Volume			5640	R 1 665	5840	R 715	R	R
Special Technique			5641	R 1 865	5841	R 800	R	R
<i>Advanced Techniques Weekly:</i>								
MLC Single Volume			5649	R 1 595	5849	R 680	R	R
MLC Multiple Volumes			5650	R 2 230	5850	R 955	R	R
MLC Special Technique			5651	R 2 865	5851	R 1 230	R	R
IMRT			5654	R 2 350	5854	R 1 010	R	R
Total Body/similar			5655	R 5 575	5855	R 2 390	R	R
<b>Brachytherapy</b>		<b>Qty</b>	<b>Facil code</b>	<b>Facil Fee</b>	<b>Prof Code</b>	<b>Hosp. Prof Fee</b>	<b>Private. Prof Fee</b>	<b>TOTAL</b>
<i>Isotope/Applicator:</i>								
-Low Complexity			5670	R 215	5870	R 105	R	R
-Intermediate Complexity			5672	R 425	5872	R 215	R	R
-High Complexity			5673	R 1 180	5873	R 590	R	R

Implants:								
-Low Complexity(Single guide tube, <8 dwell points)			5682	R 425	5882	R 210	R	R
-Intermediate Complexity (>1guide tube or >8dwell points, or <8 points but general anesthetics)			5683	R 1 545	5883	R 770	R	R
-High Complexity (Inclusive for implant under local or general anesthetics)			5685	R 2 060	5885	R 1 030	R	R
<b>Brachytherapy Treatment:</b>								
Global fee: Manual after loading			5690	R 1 205	5890	R 600	R	R
Global fee: Remote afterloading			5893	R 2 865	5892	R 1 225	R	R
Brachytherapy Imaging (add to any code other than 5883 or 5885)			5695	R 310	5895	R 155	R	R
<b>Stereotactic Radiation:</b>								
Single/ up to 4#: Prof Fee			5660	R 25 080	5860	R 10 750	R	R
5/more #:			5661	R 28 840	5861	R 12 360	R	R
EXPECTED GRAND TOTAL: R								

**UNIFORM PATIENT FEE SCHEDULE 2020**

**Annexure L5**

**RADIATION ONCOLOGY AUTHORISATION FORM FOR EXTERNALLY FUNDED PATIENT**

Hospital Name: \_\_\_\_\_  
 Hospital Practice No: \_\_\_\_\_ Hospital Tel: \_\_\_\_\_  
 Attending Dr: \_\_\_\_\_  
 Attending Dr Practice No: \_\_\_\_\_  
 Enquiries: \_\_\_\_\_ Tel: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**AUTHORIZATION REQUESTED FOR RADIOTHERAPY**

Name of patient: \_\_\_\_\_ Auth No: \_\_\_\_\_  
 Medical Aid: \_\_\_\_\_ No: \_\_\_\_\_ (OPTION) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Stage: \_\_\_\_\_  
 ICD 10 code/s: \_\_\_\_\_  
 Treatment Plan  Gy  Frac (#)   
 Radical/Curative  Palliative improved survival  Palliative Improved symptoms  Adjuvant

**DATE TO START:** \_\_\_\_\_

**CHEMOTHERAPY**

	<b>Facility Fee Code</b>	<b>Facility Fee R</b>	<b>Prof Fee Code</b>	<b>Prof Fee</b>
		<b>R</b>		<b>R</b>
In-Patient per day	<b>0610</b>	R 604	<b>0612</b>	R 92
Outpatient	<b>1010</b>	R 38	<b>1012</b>	R 80
Non Infusion Chemotherapy	<b>5791</b>	R 87	<b>5790</b>	R 153

Infusion Chemotherapy	5794	R 282	5793	R 569				
<b>DRUG CODE</b>	<b>NAPPI</b>	<b>DRUG DESCRIPTION, NUMBER OF DAYS &amp; ROUTE OF ADMINISTRATION AND CYCLE DAYS</b>	<b>TOTAL DOSE</b>	<b>NUMBER OF CYCLES</b>				
		<b><u>Rules: Medical Scheme patients</u></b>						
The treating hospital is not compelled to provide Inpatients and Outpatients with chemotherapy drugs, supportive care drugs, solubles and administration sets.								
Medical schemes will be requested to appoint a designated Chronic Medicine								
Dispenser (CMD) such as Optipharm, Clinix, CMD or QuestMed to supply the prescribed drugs to the hospital.								
State hospitals shall only provide treatments as per State Hospital Protocols equivalent to Tier 1 of South African Oncology Consortium (SAOC).								
All drugs shall be according to the Base Line Prescribed Minimum Benefit (PMB) formulary.								
Where a patient is treated by a private practitioner, the private practitioner will bill the Medical Scheme directly while the Facility Fee will be charged by the relevant hospital.								
Prescription Drugs: Code 0818 – these Items may vary in price.								



RADIOTHERAPY	Date	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Radiation Oncology – Radio pharmacology drugs			0810	R 14	0818	Varies		
<b>Planning</b>								
<i>Manual Planning:</i>								
-Single volume			5601	R 431	5801	R 181	R	R
-Multiple volumes			5602	R 567	5802	R 243	R	R
-Special Technique			5603	R 775	5803	R 332	R	R
<i>Conventional(Sim only):</i>								
-Single volume			5608	R 1 721	5808	R 737	R	R
-Multiple volume			5609	R 2 411	5809	R 1 018	R	R
-Special Technique			5610	R 3 014	5810	R 1 291	R	R
<i>3D Planning (with CT):</i>								
-Single volume			5620	R 4 235	5820	R 1 041	R	R
-Multiple volumes			5621	R 5 930	5821	R 1 767	R	R
-Special Technique (+MLC)			5622	R 7 412	5822	R 2 402	R	R
<i>IMRT Planning procedure:</i>								
-Radical course (excl CT+MRI)			5623	R 8 309	5823	R 2 734	R	R
-Booster (excl CT + MRI)			5625	R 4 154	5825	R 1 007	R	R
-CT Scan with MRI or similar imaging fusion			5626	R 9 425	5826	R 3 265	R	R
-CT scan planning			0540	R 364	0542	R 629	R	R

		Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
<b>Kilovoltage Treatment:</b>								
Weekly/part thereof			5634	R 496	5834	R 212	R	R
<b>Megavoltage Radiation:</b>								
<i>Short course (3# or less) :</i>								
Single Volume			5635	R 1 070	5835	R 428	R	R
Multiple Volumes			5636	R 1 497	5836	R 642	R	R
Special Technique			5637	R 1 925	5837	R 825	R	R
<i>Conventional Radiation Weekly (4# or more):</i>								
Single Volume			5639	R 1 709	5839	R 732	R	R
Multiple Volume			5640	R 2 496	5840	R 1 070	R	R
Special Technique			5641	R 2 796	5841	R 1 200	R	R
<i>Advanced Techniques Weekly:</i>								
MLC Single Volume			5649	R 2 389	5849	R 1 023	R	R
MLC Multiple Volumes			5650	R 3 345	5850	R 1 434	R	R
MLC Special Technique			5651	R 4 301	5851	R 1 843	R	R
IMRT			5654	R 3 528	5854	R 1 512	R	R
Total Body/similar			5655	R 8 362	5855	R 3 584	R	R
<b>Brachytherapy</b>								
		Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Isotope/Applicator:								
-Low Complexity			5670	R 320	5870	R 160	R	R
-Intermediate Complexity			5672	R 638	5872	R 320	R	R
-High Complexity			5673	R 1 770	5873	R 885	R	R

Implants:								
-Low Complexity(Single guide tube, <8 dwell points)			5682	R 634	5882	R 317	R	R
-Intermediate Complexity (>1guide tube or >8dwell points, or <8 points but general anesthetics)			5683	R 2 317	5883	R 1 159	R	R
-High Complexity (Inclusive for implant under local or general anesthetics)			5685	R 3 089	5885	R 1 545	R	R
<b>Brachytherapy Treatment:</b>								
Global fee: Manual after loading			5690	R 1 806	5890	R 903	R	R
Global fee: Remote afterloading			5893	R 4 300	5892	R 1 834	R	R
Brachytherapy Imaging (add to any code other than 5883 or 5885)			5695	R 462	5895	R 231	R	R
<b>Stereotactic Radiation:</b>								
Single/ up to 4#: Prof Fee			5660	R 37 617	5860	R 16 121	R	R
5/more #:			5661	R 43 261	5861	R 18 540	R	R
EXPECTED GRAND TOTAL: R								