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GENERAL NOTICES

NOTICE 3774 OF 2009

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT
HOSPITALS ORDINANCE, 1958 (ORDINANCE NO.14 OF 1958)

AMENDMENT REGULATIONS AND TARIFFS RELATING TO
AMBULANCES, 2009

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

SCHEDULE

Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Amendment Regulations and Tariffs relating to Ambulances, 1958, published under Administrator's Notice No. 646 of 29 August 1958, as amended by Administrator's Notice No. 252 of

1993 (19 June 1993) and General Notices Nos 7560 of 1999 (PG 104 of 19 November 1999), 2584 of 2002 (PG 305 of 20 September 2002), 657 of 2003 (PG 71 of 5 March 2003), 461 of 2005 (PG 47 of 7 February 2005), 4859 of 2005 (PG 526 of 6 December 2005), 3008 of 2007 (PG 188 of 16 July 2007), 3022 of 2008 (PG 217 of 22 August 2008).

Amendment of regulation 8 of the Regulations

2. Regulation 8 of the Regulations is hereby amended by-

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

“(1) Patient transport vehicle

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

Classification category	Facility fee	UPFS code
HG	Exempted	—
HW	R194,00	1410
H0	Free	—
H1	R10,00	1410
H2	R30,00	1410
PG	Exempted	—
P and PH	R241,00	1410”

(b) the substitution for subregulation (2) of the following subregulation:

“(2) Ambulance transport

Per 50km or part thereof, per patient, calculated from the point where the patient is collected to the destination.

Classification category and service	Facility fee	UPFS code
HG	Exempted	—
HW : Basic life support	R530,00	1420
Intermediate life support	R716,00	1430
Advanced life support	R1 189,00	1440
H0	Free	—
H1 : Basic life support	R25,00	1420
Intermediate life support	R35,00	1430
Advanced life support	R60,00	1440
H2 : Basic life support	R80,00	1420
Intermediate life support	R105,00	1430
Advanced life support	R180,00	1440
PG	Exempted	—”

(c) the substitution for subregulation (4) of the following subregulation:

“(4) Emergency standby service

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

Service	Facility fee	Professional fee	UPFS code
P and PH: Basic life support	R659.00		1420
Intermediate life support	R890.00		1430
Advanced life support	R1479.00		1440
Emergency standby.....	R254.00		1450
Additional charge for service provided by —			
General medical practitioner		R278.00	1451
Specialist medical practitioner		R521.00	1452
Nursing practitioner		R187.00	1453
Basic life support practitioner		R99.00	1455
Intermediate life support practitioner.....		R121.00	1456
Advanced life support practitioner.....		R257.00	1457”

(d) the substitution for subregulation (5) of the following subregulation:

"(5) Medical rescue service

Per incident.

Classification category and service	Facility fee	Professional fee	UPFS code
HG: all services.....	Exempted	Exempted	-
HW: Rescue services.....	R567,00		1460
Additional charge for services by-			
General medical practitioner		R850,00	1461
Specialist medical practitioner		R1 275,00	1462
Nursing practitioner		R567,00	1463
Allied health practitioner		R567,00	1464
H0: All services	Free	Free	-
H1: Rescue services.....	R30,00		1460
Additional charge for services by-			
General medical practitioner		R40,00	1461
Specialist medical practitioner		R65,00	1462
Nursing practitioner		R30,00	1463
Allied health practitioner		R30,00	1464
H2: Rescue services.....	R85,00		
Additional charge for services by-			
General medical practitioner		R125,00	1461
Specialist medical practitioner		R190,00	1462
Nursing practitioner		R85,00	1463
Allied health practitioner		R85,00	1464
PG: All services	Exempted	Exempted	
P and PH: Rescue services.....	R705,00		1460
Additional charge for services by-			
General medical practitioner		R1057,00	1461
Specialist medical practitioner		R1585,00	1462
Nursing practitioner		R705,00	1463
Basic life support practitioner		R99,00	1465
Intermediate life support practitioner.....		R121,00	1466
Advanced life support practitioner.....		R257,00	1467
Emergency transport air services fixed wing...	R6484,00		1470
Emergency transport air services helicopter....	R7121,00		1480
Emergency service standby-Facility Fee.....	R150,00		1490"

Short title and commencement

3. These regulations shall be called the Amendment Regulations and Tariffs relating to Ambulances, and shall be deemed to have come into operation on 1 July 2009.

NOTICE 3775 OF 2009
DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT
HOSPITALS ORDINANCE, 1958 (ORDINANCE NO.14 OF 1958)

HOSPITAL MORTUARY AMENDMENT REGULATIONS, 2009

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

SCHEDULE

Definition

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

Amendment of regulation 3 of the Regulations

2. Regulation 3 of the Regulations is hereby amended by-

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

“a) Level 1 and level 2 hospital R117.00 (UPFS code 0710); and

b) Level 3 hospital R 133.00 (UPFS code 0710)”; and

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

“a) for each 24 hours on part thereof that the corpse is accommodated in the Mortuary of a –

i) Level 1 and level 2 hospital: R117.00 (UPFS code 0710); and

ii) Level 3 hospital: R133.00 (UPFS code 0710).”

Amendment of regulation 4 of the Regulations

3. Regulation 4 of the Regulations is hereby amended by the substitution for paragraphs (a) and (b) of subregulation (1) of the following paragraphs:

“a) Level 1 and level 2 hospital: R117.00 (UPFS code 0720); and

b) Level 3 hospital: R133.00 (UPFS code 0720).”

Short title and commencement

4. These regulations shall be called the Hospital Mortuary Amendment Regulations, and shall be deemed to have come into operation on 1 July 2009.

NOTICE 3776 OF 2009
DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT
HOSPITALS ORDINANCE, 1958 (ORDINANCE NO.14 OF 1958)

**AMENDMENT REGULATIONS RELATING TO THE CLASSIFICATION OF
AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS,
2009**

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

SCHEDULE

Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Classification of and Fees Payable by Patients at Provincial Hospitals Regulations, 1968, published under Administrator's Notice No. 616 of 12 June 1968, as amended by General Notices Nos

7560 of 1999 (PG 104 of 19 November 1999), 2586 of 2002 (PG 305 of 20 September 2002), 659 of 2003 (PG 71 of 5 March 2003), 461 of 2005 (PG 47 of 7 February 2005), 4860 of 2005 (PG 526 of 6 December 2005), 3010 of 2007 (PG 188 of 16 July 2007), 3024 of 2008 (PG 217 of 22 August 2008) as corrected by General Notice 3696 of 2008 (PG 277 of 9 October 2008).

Schedule B to the Regulations

2. Schedule B to the Regulations hereby remains the same.

"SCHEDULE B

TARIFF OF FEES

CLASSIFICATION CATEGORY	ATTENDING HEALTHCARE PROFESSIONAL	IN-PATIENTS				OUTPATIENTS								OTHER SERVICES
		BED TYPE	Level 1 hospital	Level 2 hospital	Level 3 hospital	ROUTINE CONSULTATIONS				EMERGENCY CONSULTATIONS				
						Level 1 hospital	Level 2 hospital	Level 3 hospital	State health care facilities	Level 1 hospital	Level 2 hospital	Level 3 hospital	State health care facilities	
HG	All professionals	All types	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted
HW	In accordance with the tariffs agreed upon between the South African National Defence Force and Gauteng Provincial Government in terms of regulation 5(3)													
HIO	All professionals	All types	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
H1	As per Annexure 1	As per Annexure 1			As per Annexure 1				Free	As per Annexure 1			Free	As per Annexure 1
H2	As per Annexure 2	As per Annexure 2			As per Annexure 2				Free	As per Annexure 2			Free	As per Annexure 2
PG	All professionals	All types	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted
P & PH	As per Annexure 3	As per Annexure 3			As per Annexure 3				As per Annexure 3			As per Annexure 3		

NOTE:

Only South African citizens are entitled to free primary healthcare services at State healthcare facilities, except —

- (a) members of medical schemes and their registered dependants; and
- (b) persons who prefer to be treated by a medical practitioner of their choice instead of a medical practitioner in the service of that healthcare facility."

Amendment of Annexure 1 to Schedule B of the Regulations

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

“ANNEXURE 1 TO SCHEDULE B

UPFS 2009 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
03	Dialysis					
0310	Haemo- Facility Fee	Up to 6 visits		10.00	10.00	10.00
0311	Haemo- General medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
0312	Haemo- Specialist medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
0320	Peritoneal Dialysis- Facility Fee	Up to 6 visits		10.00	10.00	10.00
0321	Peritoneal Dialysis- General medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
0322	Haemo- Specialist medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
0330	Plasmapheresis- Facility Fee	Up to 6 visits		10.00	10.00	10.00
0331	Plasmapheresis- General medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
0332	Plasmapheresis- Specialist medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		86.00	86.00	105.00
0411	Medical Report – General medical practitioner	Report	162.00	248.00	248.00	267.00
0412	Medical Report – Specialist medical practitioner	Report	249.00	335.00	335.00	354.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	81.00	167.00	167.00	186.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	124.00	210.00	210.00	229.00
0425	Copies of X ray, ultrasounds ect.	Copies	81.00	167.00	167.00	186.00
06	In-Patients					
0610	In-patient General ward – Facility Fee	Per 30 Days		25.00	35.00	70.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0611	In-patient General Ward – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0612	In-patient General Ward – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0620	In-patient High care – Facility Fee	Per 30 Days		25.00	35.00	70.00
0621	In-patient High Care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0622	In-patient High Care – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0630	In-patient Intensive care – Facility Fee	Per 30 Days		25.00	35.00	70.00
0631	In-patient Intensive Care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0632	In-patient Intensive Care– Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0640	In-patient Chronic care – Facility Fee	Per 30 Days		25.00	35.00	70.00
0641	In-patient Chronic care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0642	In-patient Chronic care – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0643	In-patient Chronic care – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0650	Day patient – Facility Fee	Per 30 Days		25.00	35.00	70.00
0651	Day patient – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0652	Day patient – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0653	Day patient – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0660	In-patient Boarder/Patient companion – Facility Fee	Per 30 Days		25.00	35.00	70.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		10.00	10.00	15.00
1011	Outpatient Consultation – General medical practitioner	Visit	10.00	20.00	20.00	25.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	25.00	35.00	35.00	40.00
1013	Outpatient Consultation – Nursing practitioner	Visit	5.00	15.00	15.00	20.00
1014	Outpatient Consultation – Allied health practitioner	Visit	5.00	15.00	15.00	20.00
1020	Emergency Consultation – Facility Fee	Visit		10.00	10.00	15.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1021	Emergency Consultation – General medical practitioner	Visit	10.00	20.00	20.00	25.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	25.00	35.00	35.00	40.00
1023	Emergency Consultation – Nursing practitioner	Visit	5.00	15.00	15.00	20.00
1024	Emergency Consultation – Allied health practitioner	Visit	5.00	15.00	15.00	20.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Up to 5 visits		5.00	5.00	10.00
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	10.00	15.00	15.00	20.00
1320	Supplementary Health Group Treatment – Facility Fee	Up to 5 visits		5.00	5.00	10.00
1324	Supplementary Health Group Treatment Allied practitioner	Up to 5 visits	10.00	15.00	15.00	20.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	Contact				
1420	Basic life support – Facility Fee	Contact				
1430	Intermediate life support – Facility Fee	Contact				
1440	Advanced life support – Facility Fee	Contact				
1450	Emergency service standby – Facility Fee	Once off				
1451	Emergency service standby – General medical practitioner	Contact				
1452	Emergency service standby – Specialist medical practitioner	Contact				
1453	Emergency service standby – Nursing practitioner	Contact				
1454	Emergency service standby – Allied health practitioner	Contact				
1460	Rescue – Facility Fee (5%)	Contact				
1461	Rescue – General medical practitioner	Contact				
1462	Rescue – Specialist medical practitioner	Contact				
1463	Rescue – Nursing practitioner	Contact				
1464	Rescue – Allied health practitioner	Contact				

See administrator's Notice no 646 of 29 August 1958

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
15	Assistive Devices & Prosthesis					
1510	Assistive Devices – Item Fee	Item	10 % of the cost of the relevant device or prosthesis, rounded to the nearest R5			
1520	Prosthetic Devices - Item Fee	Item				
1530	Dental Items – Item Fee	Item				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1830.00	1830.00	2090.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1055.00	2835.00	2835.00	3145.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1581.00	3411.00	3411.00	3671.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		4115.00	4115.00	4704.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1250.00	5365.00	5365.00	5954.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1875.00	5990.00	5990.00	6579.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		6646.00	6646.00	7596.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2113.00	8759.00	8759.00	9709.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3170.00	9816.00	9816.00	10766.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		11226.00	11226.00	12829.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2371.00	13597.00	13597.00	15200.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3489.00	14715.00	14715.00	16318.00
18	Radiation Oncology					
1810	Radiation Oncology- Facility Fee	Up to 6 visits		20.00	20.00	20.00
1812	Radiation Oncology- Specialist medical practitioner	Up to 6 visits	20.00	40.00	40.00	40.00
19	Nuclear Medicine					
1910	Nuclear Medicine- Facility Fee	Up to 4 visits		20.00	20.00	20.00
1912	Nuclear Medicine- Specialist medical practitioner	Up to 4 visits	20.00	40.00	40.00	40.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1950	Positron Emission Tomography (PET)- Facility Fee	Up to 4 visits		20.00	20.00	20.00
1952	Positron Emission Tomography (PET)- Specialist practitioner	Up to 4 visits	20.00	40.00	40.00	40.00

*** DIALYSIS**

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

*** TREATMENT**

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

*** RADIATION ONCOLOGY**

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

*** NUCLEAR MEDICINE**

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

This tariff shall include the cost of radio isotopes/radiopharmaceuticals with no additional charges.

NOTE:

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

Amendment of Annexure 2 to Schedule B of the Regulations

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

“ANNEXURE 2 TO SCHEDULE B

UPFS 2009 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	50.00	50.00	50.00	50.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	80.00	80.00	80.00	80.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	95.00	95.00	95.00	95.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	140.00	140.00	140.00	140.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	325.00	325.00	325.00	325.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	490.00	490.00	490.00	490.00
03	Dialysis					
0310	Haemo – Facility Fee	Up to 6 visits		30.00	30.00	30.00
0311	Haemo Dialysis – General Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0312	Haemo Dialysis – Specialist Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0313	Haemo Dialysis – Nursing Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0320	Peritoneal Dialysis – Facility Fee	Up to 6 visits		30.00	30.00	30.00
0321	Peritoneal Dialysis – General medical practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0322	Peritoneal Dialysis – Specialist medical practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0323	Peritoneal Dialysis – Nursing Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0330	Plasmapheresis – Facility Fee	Up to 6 visits		30.00	30.00	30.00
0331	Plasmapheresis – General Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0332	Plasmapheresis – Specialist Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		86.00	86.00	105.00
0411	Medical Report – General medical practitioner	Report	162.00	248.00	248.00	267.00
0412	Medical Report – Specialist medical practitioner	Report	249.00	335.00	335.00	354.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	81.00	167.00	167.00	186.00
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	124.00	210.00	210.00	229.00
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	81.00	167.00	167.00	186.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		20.00	20.00	25.00
0511	Radiology, Cat A – General medical practitioner	Procedure	20.00	40.00	40.00	45.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	35.00	55.00	55.00	60.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	15.00	35.00	35.00	40.00
0520	Radiology, Cat B – Facility Fee	Procedure		50.00	50.00	55.00
0521	Radiology, Cat B – General medical practitioner	Procedure	50.00	100.00	100.00	105.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	95.00	145.00	145.00	150.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	45.00	95.00	95.00	100.00
0530	Radiology, Cat C – Facility Fee	Procedure		235.00	235.00	265.00
0531	Radiology, Cat C – General medical practitioner	Procedure	150.00	385.00	385.00	415.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	460.00	695.00	695.00	725.00
0540	Radiology, Cat D – Facility Fee	Procedure		595.00	595.00	680.00
0541	Radiology, Cat D – General medical practitioner	Procedure	550.00	1145.00	1145.00	1230.00
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	1145.00	1740.00	1740.00	1825.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		25.00	35.00	65.00
0611	In-patient General Ward – General medical practitioner	Day	5.00	30.00	40.00	70.00
0612	In-patient General Ward – Specialist medical practitioner	Day	10.00	35.00	45.00	75.00
0620	In-patient High care – Facility Fee	Day		40.00	50.00	70.00
0621	In-patient High Care – General medical practitioner	Day	5.00	45.00	55.00	75.00
0622	In-patient High Care – Specialist medical practitioner	Day	10.00	50.00	60.00	80.00
0630	In-patient Intensive care – Facility Fee	Day		130.00	130.00	160.00
0631	In-patient Intensive Care – General medical practitioner	Day	5.00	135.00	135.00	165.00
0632	In-patient Intensive Care – Specialist medical practitioner	Day	10.00	140.00	140.00	170.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0640	In-patient Chronic care – Facility Fee	Day		10.00	15.00	20.00
0641	In-patient Chronic care – General medical practitioner	Day	5.00	15.00	20.00	25.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	5.00	15.00	20.00	25.00
0643	In-patient Chronic care – Nursing practitioner	Day	5.00	15.00	20.00	25.00
0650	Day patient – Facility Fee	Day		20.00	30.00	40.00
0651	Day patient – General medical practitioner	Day	5.00	25.00	35.00	45.00
0652	Day patient – Specialist medical practitioner	Day	10.00	30.00	40.00	50.00
0653	Day patient – Nursing practitioner	Day	5.00	25.00	35.00	45.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		10.00	10.00	15.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	5.00	15.00	15.00	20.00
09	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		5.00	5.00	10.00
0911	Oral Care Cat A – General practitioner	Procedure	10.00	15.00	15.00	20.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	10.00	15.00	15.00	20.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	10.00	15.00	15.00	20.00
0920	Oral Care Cat B – Facility Fee	Procedure		20.00	20.00	25.00
0921	Oral Care Cat B – General practitioner	Procedure	25.00	45.00	45.00	50.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	40.00	60.00	60.00	65.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	20.00	40.00	40.00	45.00
0930	Oral Care Cat C – Facility Fee	Procedure		130.00	130.00	150.00
0931	Oral Care Cat C – General practitioner	Procedure	145.00	275.00	275.00	295.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	245.00	375.00	375.00	395.00
0940	Oral Care Cat D – Facility Fee	Procedure		510.00	510.00	585.00
0941	Oral Care Cat D – General practitioner	Procedure	440.00	950.00	950.00	1025.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	905.00	1415.00	1415.00	1490.00
0950	Oral Care Cat E – Facility Fee	Procedure		1720.00	1720.00	1970.00
0951	Oral Care Cat E – General practitioner	Procedure	1485.00	3205.00	3205.00	3455.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	3045.00	4765.00	4765.00	5015.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		30.00	30.00	40.00
1011	Outpatient Consultation – General medical practitioner	Visit	35.00	65.00	65.00	75.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	80.00	110.00	110.00	120.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1013	Outpatient Consultation – Nursing practitioner	Visit	20.00	50.00	50.00	60.00
1014	Outpatient Consultation – Allied health practitioner	Visit	20.00	50.00	50.00	60.00
1020	Emergency Consultation – Facility Fee	Visit		65.00	65.00	75.00
1021	Emergency Consultation – General medical practitioner	Visit	55.00	120.00	120.00	130.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	120.00	185.00	185.00	195.00
1023	Emergency Consultation – Nursing practitioner	Visit	30.00	95.00	95.00	105.00
1024	Emergency Consultation – Allied health practitioner	Visit	35.00	100.00	100.00	110.00
11	Minor Theatre Procedure					
1110	Minor Procedure Cat A – Facility Fee	Procedure		110.00	110.00	130.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	35.00	145.00	145.00	165.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	70.00	180.00	180.00	200.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		110.00	110.00	130.00
1121	Minor Procedure Cat B - General Medical Practitioner	Procedure	55.00	165.00	165.00	185.00
1122	Minor Procedure Cat B - Specialist Medical Practitioner	Procedure	125.00	235.00	235.00	255.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		110.00	110.00	130.00
1131	Minor Procedure Cat C - General Medical Practitioner	Procedure	85.00	195.00	195.00	215.00
1132	Minor Procedure Cat C - Specialist Medical Practitioner	Procedure	195.00	305.00	305.00	325.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		110.00	110.00	130.00
1141	Minor Procedure Cat D - General Medical Practitioner	Procedure	230.00	340.00	340.00	360.00
1142	Minor Procedure Cat D - Specialist Medical Practitioner	Procedure	520.00	630.00	630.00	650.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		350.00	515.00	590.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	35.00	385.00	550.00	625.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	70.00	420.00	585.00	660.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		530.00	775.00	895.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	55.00	585.00	830.00	950.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	125.00	655.00	900.00	1020.00
1230	Theatre Procedure Cat C – Facility	Procedure		910.00	1335.00	1540.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
	Fee					
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	85.00	995.00	1420.00	1625.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	195.00	1105.00	1530.00	1735.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		2330.00	3420.00	3940.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	230.00	2560.00	3650.00	4170.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	520.00	2850.00	3940.00	4460.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Up to 5 visits		20.00	20.00	25.00
1313	Supplementary Health Treatment – Nursing Practitioner	Up to 5 visits	35.00	55.00	55.00	60.00
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	35.00	55.00	55.00	60.00
1320	Supplementary Health Group Treatment – Facility Fee	Up to 5 visits		15.00	15.00	20.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Up to 5 visits	25.00	40.00	40.00	45.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	Contact				
1420	Basic life support – Facility Fee	Contact				
1430	Intermediate life support – Facility Fee	Contact				
1440	Advanced life support – Facility Fee	Contact				
1450	Emergency service standby – Facility Fee	Once off				
1451	Emergency service standby – General medical practitioner	Contact				
1452	Emergency service standby – Specialist medical practitioner	Contact				
1453	Emergency service standby – Nursing practitioner	Contact				
1454	Emergency service standby – Allied health practitioner	Contact				
1460	Rescue – Facility Fee (15%)	Contact				
1461	Rescue – General medical practitioner	Contact				
1462	Rescue – Specialist medical practitioner	Contact				
1463	Rescue – Nursing practitioner	Contact				
1464	Rescue – Allied health practitioner	Contact				
				See Administrator's Notice No. 646 of 29 August 1958		
15	Assistive Devices & Prosthesis					
1510	Assistive Devices & Prosthesis – Item Fee	Item		20% of the cost of the relevant device or prosthesis, rounded to the nearest R5		
1520	Prosthetic Devices – Item Fee	Item				
1530	Dental Items – Item Fee	Item				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1830.00	1830.00	2090.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1055.00	2885.00	2885.00	3145.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1581.00	3411.00	3411.00	3671.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		4115.00	4115.00	4704.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1250.00	5365.00	5365.00	5954.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1875.00	5990.00	5990.00	6579.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		6646.00	6646.00	7596.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2113.00	8759.00	8759.00	9709.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3170.00	9816.00	9816.00	10766.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		11226.00	11226.00	12829.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2371.00	13597.00	13597.00	15200.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3489.00	14715.00	14715.00	16318.00
18	Radiation Oncology					
1810	Radiation Oncology- Facility Fee	Up to 6 visits		30.00	30.00	30.00
1812	Radiation Oncology- Specialist medical practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
19	Nuclear Medicine					
1910	Nuclear Medicine- Facility Fee	Up to 4 visits		30.00	30.00	30.00
1912	Nuclear Medicine- Specialist medical practitioner	Up to 4 visits	35.00	65.00	65.00	65.00
1950	Positron Emission Tomography (PET)-Facility Fee	Up to 4 visits		30.00	30.00	30.00
1952	Positron Emission Tomography (PET)-Specialist medical practitioner	Up to 4 visits	35.00	65.00	65.00	65.00
20	Ambulatory Procedures					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		35.00	35.00	45.00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	15.00	50.00	50.00	60.00
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	25.00	60.00	60.00	70.00
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	10.00	45.00	45.00	55.00
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	10.00	45.00	45.00	55.00
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		35.00	35.00	45.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	20.00	55.00	55.00	65.00
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	30.00	65.00	65.00	75.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	10.00	45.00	45.00	55.00
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	45.00	45.00	55.00
23	Consumables (Not included in the Facility Fee) Buy-Outs					
2300	Consumables not included in the Facility Fee	Item	Varies			

* **DIALYSIS**

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

* **TREATMENT**

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

* **RADIATION ONCOLOGY**

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

* **NUCLEAR MEDICINE**

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

This tariff shall include the cost of radio isotopes/radiopharmaceuticals with no additional charges.

NOTE:

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

* **Total figures in bold**

Amendment of Annexure 3 to Schedule B of the Regulations

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

***ANNEXURE 3 TO SCHEDULE B**

UPFS 2009 FEE SCHEDULE FOR FULL PAYING PATIENTS (PRIVATE PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	Anesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	135.00	135.00	135.00	135.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	203.00	203.00	203.00	203.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	230.00	230.00	230.00	230.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	346.00	346.00	346.00	346.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	808.00	808.00	808.00	808.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1213.00	1213.00	1213.00	1213.00
02	Confinement					
0210	Natural Birth- Facility Fee	Incident		2494.00	2494.00	2904.00
0211	Natural Birth – General Medical Practitioner	Incident	1353.00	3847.00	3847.00	4257.00
0212	Natural Birth – Specialist Medical Practitioner	Incident	1747.00	4241.00	4241.00	4651.00
0213	Natural Birth – Nursing Practitioner	Incident	1636.00	4130.00	4130.00	4540.00
0220	Caesarean Section – Facility Fee	Incident		3927.00	3927.00	4571.00
0221	Caesarean Section – General Medical Practitioner	Incident	1353.00	5280.00	5280.00	5924.00
0222	Caesarean Section – Specialist Medical Practitioner	Incident	1747.00	5674.00	5674.00	6318.00
03	Dialysis					
0310	Haemo – Facility Fee	Day		896.00	896.00	1025.00
0311	Haemo-dialysis – General medical practitioner	Day	170.00	1066.00	1066.00	1195.00
0312	Haemo-dialysis – Specialist medical practitioner	Day	213.00	1109.00	1109.00	1238.00
0313	Haemo-dialysis Nursing Practitioner	Day	136.00	1032.00	1032.00	1161.00
0320	Peritoneal Dialysis – Facility Fee	Session		137.00	137.00	157.00
0321	Peritoneal Dialysis – General medical practitioner	Session	27.00	164.00	164.00	184.00
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	33.00	170.00	170.00	190.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	19.00	156.00	156.00	176.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0330	Plasmapheresis-Facility Fee	Session		896.00	896.00	1025.00
0331	Plasmapheresis- General medical practitioner	Session	170.00	1066.00	1066.00	1195.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	213.00	1109.00	1109.00	1238.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		86.00	86.00	105.00
0411	Medical Report – General medical practitioner	Report	162.00	248.00	248.00	267.00
0412	Medical Report – Specialist medical practitioner	Report	249.00	335.00	335.00	354.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	81.00	167.00	167.00	186.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	124.00	210.00	210.00	229.00
0425	Copies of X ray, ultrasounds ect.	Copies	81.00	167.00	167.00	186.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		45.00	45.00	51.00
0511	Radiology, Cat A – General medical practitioner	Procedure	44.00	89.00	89.00	95.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	84.00	129.00	129.00	135.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	43.00	88.00	88.00	94.00
0520	Radiology, Cat B – Facility Fee	Procedure		124.00	124.00	143.00
0521	Radiology, Cat B – General medical practitioner	Procedure	120.00	244.00	244.00	263.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	234.00	358.00	358.00	377.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	117.00	241.00	241.00	260.00
0530	Radiology, Cat C – Facility Fee	Procedure		579.00	579.00	661.00
0531	Radiology, Cat C – General medical practitioner	Procedure	371.00	950.00	950.00	1032.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1141.00	1720.00	1720.00	1802.00
0540	Radiology, Cat D – Facility Fee	Procedure		1475.00	1475.00	1685.00
0541	Radiology, Cat D – General medical practitioner	Procedure	1365.00	2840.00	2840.00	3050.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	2849.00	4324.00	4324.00	4534.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		458.00	584.00	1105.00
0611	In-patient General Ward – General medical practitioner	Day	95.00	553.00	679.00	1200.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0612	In-patient General Ward – Specialist medical practitioner	Day	166.00	624.00	750.00	1271.00
0620	In-patient High care – Facility Fee	12 hours		711.00	889.00	1274.00
0621	In-patient High Care – General medical practitioner	12 hours	50.00	761.00	939.00	1324.00
0622	In-patient High Care – Specialist medical practitioner	12 hours	94.00	805.00	983.00	1368.00
0630	In-patient Intensive care – Facility Fee	12 hours		2336.00	2336.00	2793.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	55.00	2391.00	2391.00	2848.00
0632	In-patient Intensive Care- Specialist medical practitioner	12 hours	105.00	2441.00	2441.00	2898.00
0640	In-patient Chronic care – Facility Fee	Day		269.00	269.00	269.00
0641	In-patient Chronic care – General medical practitioner	Day	31.00	300.00	300.00	300.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	72.00	341.00	341.00	341.00
0643	I In-patient Chronic care – Nursing practitioner	Day	19.00	288.00	288.00	288.00
0650	Day patient – Facility Fee	Day		382.00	482.00	706.00
0651	Day patient – General medical practitioner	Day	95.00	477.00	577.00	801.00
0652	Day patient – Specialist medical practitioner	Day	166.00	548.00	648.00	872.00
0653	Day patient – Nursing practitioner	Day	55.00	437.00	537.00	761.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		220.00	220.00	220.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	19.00	239.00	239.00	239.00
07	Mortuary					
0710	Mortuary – Facility Fee					
0720	Cremation Certificate – Facility Fee			} See administrator's Notice no.372 of 3 April 1968		
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		21.00	21.00	24.00
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		18.00	18.00	20.00
0911	Oral Care Cat A – General practitioner	Procedure	30.00	48.00	48.00	50.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0912	Oral Care Cat A – Specialist practitioner	Procedure	24.00	42.00	42.00	44.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	23.00	41.00	41.00	43.00
0920	Oral Care Cat B – Facility Fee	Procedure		53.00	53.00	61.00
0921	Oral Care Cat B – General practitioner	Procedure	58.00	111.00	111.00	119.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	93.00	146.00	146.00	154.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	48.00	101.00	101.00	109.00
0930	Oral Care Cat C – Facility Fee	Procedure		323.00	323.00	370.00
0931	Oral Care Cat C – General practitioner	Procedure	358.00	681.00	681.00	728.00
0932	Oral Care Cat C – Specialist practitioner	Procedure	614.00	937.00	937.00	984.00
0940	Oral Care Cat D – Facility Fee	Procedure		1272.00	1272.00	1455.00
0941	Oral Care Cat D – General practitioner	Procedure	1097.00	2369.00	2369.00	2552.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	2252.00	3524.00	3524.00	3707.00
0950	Oral Care Cat E – Facility Fee	Procedure		4282.00	4282.00	4894.00
0951	Oral Care Cat E – General practitioner	Procedure	3690.00	7972.00	7972.00	8584.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	7572.00	11854.00	11854.00	12466.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		56.00	56.00	69.00
1011	Outpatient Consultation – General medical practitioner	Visit	63.00	119.00	119.00	132.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	146.00	202.00	202.00	215.00
1013	Outpatient Consultation – Nursing practitioner	Visit	37.00	93.00	93.00	106.00
1014	Outpatient Consultation – Allied health practitioner	Visit	39.00	95.00	95.00	108.00
1020	Emergency Consultation – Facility Fee	Visit		115.00	115.00	136.00
1021	Emergency Consultation – General medical practitioner	Visit	95.00	210.00	210.00	231.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	218.00	333.00	333.00	354.00
1023	Emergency Consultation – Nursing practitioner	Visit	55.00	170.00	170.00	191.00
1024	Emergency Consultation – Allied health practitioner	Visit	56.00	171.00	171.00	192.00
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		269.00	269.00	322.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1111	Minor Procedure Cat A – General medical practitioner	Procedure	93.00	362.00	362.00	415.00
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	179.00	448.00	448.00	501.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		269.00	269.00	322.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	137.00	406.00	406.00	459.00
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	312.00	581.00	581.00	634.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		269.00	269.00	322.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	217.00	486.00	486.00	539.00
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	487.00	756.00	756.00	809.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		269.00	269.00	322.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	573.00	842.00	842.00	895.00
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1291.00	1560.00	1560.00	1613.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		869.00	1274.00	1470.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	93.00	962.00	1367.00	1563.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	179.00	1048.00	1453.00	1649.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1316.00	1931.00	2224.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	137.00	1453.00	2068.00	2361.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	312.00	1628.00	2243.00	2536.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		2260.00	3318.00	3829.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	217.00	2477.00	3535.00	4046.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	487.00	2747.00	3805.00	4316.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		5798.00	8505.00	9802.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	573.00	6371.00	9078.00	10375.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1291.00	7089.00	9796.00	11093.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		37.00	37.00	43.00
1313	Supplementary health treatment- Nursing Practitioner	Contact	32.00	69.00	69.00	75.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1314	Supplementary Health Treatment – Allied health practitioner	Contact	32.00	69.00	69.00	75.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		28.00	28.00	31.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	23.00	51.00	51.00	54.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km				
1420	Basic life support – Facility Fee	50km				
1430	Intermediate life support – Facility Fee	50km				
1440	Advanced life support – Facility Fee	50km				
1450	Emergency service standby – Facility Fee	Once off				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1455	Emergency service standby – Basic life support practitioner	Hour				
1456	Emergency services standby- Intermediate life support practitioner	Hour				
1457	Emergency services standby- Advanced life support practitioner	Hour				
1460	Rescue – Facility Fee	Hour				
1461	Rescue – General medical practitioner	Hour				
1462	Rescue – Specialist medical practitioner	Hour				
1463	Rescue – Nursing practitioner	Hour				
1465	Rescue- Basic life support practitioner	Hour				
1466	Rescue – Intermediate life support practitioner	Hour				
1467	Rescue- Advanced life support practitioner	Hour				
1470	Emergency transport air services fixed wing	Flying hour				
1480	Emergency transport air services helicopter	Flying hour				
1490	Emergency services standby- Facility Fee	Additional 50km				
15	Assistive Devices & Prosthesis					
1510	Assistive Devices-Item Fee	Item	Varies			
1520	Prosthetic Devices-Item Fee	Item	Varies			
1530	Dental Items -Item Fee	Item	Varies			

See administrator's Notice no 646 of 29 August 1953

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1830.00	1830.00	2090.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1055.00	2885.00	2885.00	3145.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1581.00	3411.00	3411.00	3671.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		4115.00	4115.00	4704.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1250.00	5365.00	5365.00	5954.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1875.00	5990.00	5990.00	6579.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		6646.00	6646.00	7596.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2113.00	8759.00	8759.00	9709.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3170.00	9816.00	9816.00	10766.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		11226.00	11226.00	12829.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2371.00	13597.00	13597.00	15200.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3489.00	14715.00	14715.00	16318.00
17	Laboratory Services					
1700	Drawing of Blood	Contact		22.00	22.00	22.00
1710	Laboratory Test	Varies				
18	Radiation Oncology					
1800	Radiation Oncology(NHRPL less VAT)	Item	Varies			
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item	Varies			
1910	Nuclear Medicines Cat A-Facility Fee	Procedure		437.00	437.00	437.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	218.00	655.00	655.00	655.00
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		963.00	963.00	963.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	478.00	1441.00	1441.00	1441.00
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		1561.00	1561.00	1561.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	781.00	2342.00	2342.00	2342.00
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		2175.00	2175.00	2175.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	1087.00	3262.00	3262.00	3262.00
1950	Positron Emission Tomography(PET) Cat E-facility Fee	Procedure		3987.00	3987.00	3987.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	1993.00	5980.00	5980.00	5980.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		86.00	86.00	105.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	31.00	117.00	117.00	136.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	62.00	143.00	143.00	167.00
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	19.00	105.00	105.00	124.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	19.00	105.00	105.00	124.00
2020	Ambulatory Procedures Cat B-Facility Fee					
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	44.00	130.00	130.00	149.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	69.00	155.00	155.00	174.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	24.00	110.00	110.00	129.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	24.00	110.00	110.00	129.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		902.00	902.00	902.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	381.00	1283.00	1283.00	1283.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	381.00	1283.00	1283.00	1283.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		910.00	910.00	910.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	555.00	1465.00	1465.00	1465.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	555.00	1465.00	1465.00	1465.00
23	Consumables(Not included in Facility Fee)					
2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		56.00	56.00	69.00
2411	Autopsy-General Practitioner	Per Case	63.00	119.00	119.00	132.00
2412	Autopsy-Specialist Practitioner	Per Case	146.00	202.00	202.00	215.00

Application of regulations

6. The provisions of these regulations shall not apply to a person-

- a) who is an in-patient on the day immediately preceding 1 July 2009; or

- b) whose admission and classification as an in-patient had been approved before 1 July 2009, and for the period ending on the date upon which he or she is discharged from the hospital concerned.

Short title and commencement

6. These regulations shall be called the Amendment Regulations relating to the classification of and fees payable by patients at provincial hospitals, and shall be deemed to have come into operation on 1 July 2009.
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