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IPHONDO LEMPUMA KOLONI  
PROVINSIE OOS-KAAP

# Provincial Gazette Igazethi Yephondo Provinsiale Koerant

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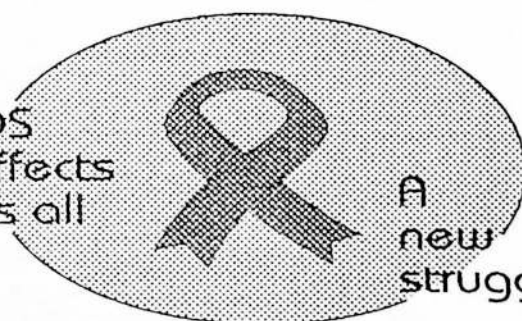
Vol. 12

BISHO/  
KING WILLIAM'S TOWN, 14 NOVEMBER 2005

**No. 1450**  
(Extraordinary)

**We all have the power to prevent AIDS**

AIDS  
affects  
us all



A  
new  
struggle

Prevention is the cure

**AIDS  
HELPLINE**

**0800 012 322**

DEPARTMENT OF HEALTH

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No.***GENERAL NOTICE**

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## GENERAL NOTICE

## NOTICE 358 OF 2005

*Uniform patient Fee Schedule User Manual (Revised October 2005 Tariffs)*

## 6.1 APPROVED UPFS 2005 FEE SCHEDULE FOR FULL PAYING PATIENTS

EFFECTIVE 01 OCTOBER 2005

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
<b>01</b>	<b>Anaesthetics</b>					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	109.00			
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	163.00			
0121	Anaesthetics Cat B – General medical practitioner	Procedure	185.00			
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	278.00			
0131	Anaesthetics Cat C – General medical practitioner	Procedure	650.00			
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	975.00			
<b>02</b>	<b>Confinement</b>					
0210	Confinement – Facility Fee	Incident		2006.00	2006.00	2335.00
0211	Confinement – General medical practitioner	Incident	1088.00			
0212	Confinement – Specialist medical practitioner	Incident	1404.00			
0213	Confinement – Nursing practitioner	Incident	1316.00			
<b>03</b>	<b>Dialysis</b>					
0310	Haemo – Facility Fee	Session		720.00	720.00	825.00
0311	Haemo-dialysis – General medical practitioner	Session	137.00			
0312	Haemo-dialysis – Specialist medical practitioner	Session	171.00			
0320	Peritoneal Dialysis – Facility Fee	Day		111.00	111.00	127.00
0321	Peritoneal Dialysis – General medical practitioner	Day	21.00			
0322	Peritoneal Dialysis – Specialist medical practitioner	Day	27.00			
<b>04</b>	<b>Medical Reports</b>					
0410	Medical Report – Facility Fee	Report		70.00	70.00	85.00
0411	Medical Report – General medical practitioner	Report	130.00			
0412	Medical Report – Specialist medical practitioner	Report	200.00			
<b>05</b>	<b>Imaging</b>					
0510	Radiology, Cat A – Facility Fee	Procedure		36.00	36.00	41.00
0511	Radiology, Cat A – General medical practitioner	Procedure	35.00			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	68.00			
0514	Radiology, Cat A – Allied health practitioner	Procedure	34.00			
0520	Radiology, Cat B – Facility Fee	Procedure		100.00	100.00	114.00
0521	Radiology, Cat B – General medical practitioner	Procedure	96.00			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	188.00			
0524	Radiology, Cat B – Allied health practitioner	Procedure	94.00			
0530	Radiology, Cat C – Facility Fee	Procedure		465.00	465.00	531.00

## Full Paying Patients, Fee Schedule User Manual (Revised 2005 Tariffs)

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
0531	Radiology, Cat C – General medical practitioner	Procedure	298.00						
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	918.00						
0540	<b>Radiology, Cat D – Facility Fee</b>	Procedure		1186.00		1186.00		1355.00	
0541	Radiology, Cat D – General medical practitioner	Procedure	1097.00						
0542	Radiology, Cat D – Specialist	Procedure	2291.00						
<b>06</b>	<b>Inpatients</b>								
0610	<b>Inpatient General ward – Facility Fee</b>	Day		369.00		470.00		888.00	
0611	Inpatient General Ward – General medical practitioner	Day	76.00						
0612	Inpatient General Ward – Specialist medical practitioner	Day	133.00						
0620	<b>Inpatient High care – Facility Fee</b>	12 hours		571.00		715.00		1025.00	
0621	Inpatient High Care – General medical practitioner	12 hours	40.00						
0622	Inpatient High Care – Specialist medical practitioner	12 hours	75.00						
0630	<b>Inpatient Intensive care – Facility Fee</b>	12 hours		1878.00		1878.00		2246.00	
0631	Inpatient Intensive Care – General medical practitioner	12 hours	45.00						
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	85.00						
0640	<b>Inpatient Chronic care – Facility Fee</b>	Day		216.00		216.00		216.00	
0641	Inpatient Chronic care – General medical practitioner	Day	25.00						
0642	Inpatient Chronic care – Specialist medical practitioner	Day	58.00						
0643	Inpatient Chronic care – Nursing practitioner	Day	15.00						
0650	<b>Day patient – Facility Fee</b>	Day		307.00		387.00		568.00	
0651	Day patient – General medical practitioner	Day	76.00						
0652	Day patient – Specialist medical practitioner	Day	133.00						
0653	Day patient – Nursing practitioner	Day	45.00						
0660	<b>Inpatient Boarder/Patient companion – Facility Fee</b>	Day		177.00		177.00		177.00	
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	15.00						
<b>07</b>	<b>Mortuary</b>								
0710	<b>Mortuary – Facility Fee</b>	Day		94.00		94.00		107.00	
0720	Cremation Certificate – Facility Fee	Certificate		94.00		94.00		107.00	
<b>08</b>	<b>Pharmaceutical</b>								
0810	Medication Fee – Facility Fee	Prescription		17.00		17.00		20.00	
0815	Item Fee	Item	Varies						
<b>09</b>	<b>Oral Health (Hospitals)</b>								
0910	<b>Oral Care Cat A – Facility Fee</b>	Procedure		14.00		14.00		16.00	
0911	Oral Care Cat A – General practitioner	Procedure	24.00						
0912	Oral Care Cat A – Specialist practitioner	Procedure	20.00						



## Full Paying Patients, Fee Schedule User Manual (Revised 2005 Tariffs)

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1 R c	LEVEL 2 R c	LEVEL 3 R c
0914	Oral Care Cat A – Allied health practitioner	Procedure	19.00			
0920	Oral Care Cat B – Facility Fee	Procedure		43.00	43.00	49.00
0921	Oral Care Cat B – General practitioner	Procedure	47.00			
0922	Oral Health Cat B – Specialist practitioner	Procedure	74.00			
0924	Oral Care Cat B – Allied health practitioner	Procedure	38.00			
0930	Oral Care Cat C – Facility Fee	Procedure		260.00	260.00	297.00
0931	Oral Care Cat C – General practitioner	Procedure	288.00			
0932	Oral Care Cat C – Specialist practitioner	Procedure	494.00			
0940	Oral Care Cat D – Facility Fee	Procedure		1023.00	1023.00	1170.00
0941	Oral Care Cat D – General practitioner	Procedure	882.00			
0942	Oral Care Cat D – Specialist practitioner	Procedure	1810.00			
0950	Oral Care Cat E – Facility Fee	Procedure		3443.00	3443.00	3935.00
0951	Oral Care Cat E – General practitioner	Procedure	2967.00			
0952	Oral Care Cat E – Specialist practitioner	Procedure	6089.00			
<b>10</b>	<b>Consultations</b>					
1010	Outpatient Consultation – Facility Fee	Visit		46.00	46.00	55.00
1011	Outpatient Consultation – General medical practitioner	Visit	51.00			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	117.00			
1013	Outpatient Consultation – Nursing practitioner	Visit	30.00			
1014	Outpatient Consultation – Allied health practitioner	Visit	31.00			
1020	Emergency Consultation – Facility Fee	Visit		92.00	92.00	110.00
1021	Emergency Consultation – General medical practitioner	Visit	76.00			
1022	Emergency Consultation – Specialist medical practitioner	Visit	175.00			
1023	Emergency Consultation – Nursing practitioner	Visit	45.00			
1024	Emergency Consultation – Allied health practitioner	Visit	46.00			
<b>11</b>	<b>Ambulatory Procedures</b>					
1110	Ambulatory Procedure Cat A – Facility Fee	Procedure		216.00	216.00	259.00
1111	Ambulatory Procedure Cat A – General medical practitioner	Procedure	74.00			
1112	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	144.00			
1113	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	43.00			
1120	Ambulatory Procedure Cat B – Facility Fee	Procedure		216.00	216.00	259.00
1121	Ambulatory Procedure Cat B – General medical practitioner	Procedure	111.00			
1122	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	251.00			
1130	Ambulatory Procedure Cat C – Facility Fee	Procedure		216.00	216.00	259.00
1131	Ambulatory Procedure Cat C – General medical practitioner	Procedure	174.00			
1132	Ambulatory Procedure Cat C – Specialist medical practitioner	Procedure	392.00			
1140	Ambulatory Procedure Cat D – Facility Fee	Procedure		216.00	216.00	259.00
1141	Ambulatory Procedure Cat D – General medical practitioner	Procedure	461.00			
1142	Ambulatory Procedure Cat D – Specialist medical practitioner	Procedure	1038.00			

## Full Paying Patients, Fee Schedule User Manual (Revised 2005 Tariffs)

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
12	Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		699.00	1025.00	1182.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	74.00			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	144.00			
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1058.00	1552.00	1788.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	111.00			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	251.00			
1230	Theatre Procedure Cat C – Facility Fee	Procedure		1818.00	2667.00	3079.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	174.00			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	392.00			
1240	Theatre Procedure Cat D – Facility Fee	Procedure		4663.00	6839.00	7882.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	461.00			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1038.00			
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		30.00	30.00	34.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	52.00			
1320	Supplementary Health Group Treatment – Facility Fee	Contact		22.00	22.00	25.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	39.00			
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		194.00		
1420	Basic life support – Facility Fee	50km		530.00		
1430	Intermediate life support – Facility Fee	50km		716.00		
1440	Advanced life support – Facility Fee	50km		1189.00		
1450	Emergency service standby – Facility Fee	Hour		56.00		
1451	Emergency service standby – General medical practitioner	Hour	227.00			
1452	Emergency service standby – Specialist medical practitioner	Hour	340.00			
1453	Emergency service standby – Nursing practitioner	Hour	151.00			
1454	Emergency service standby – Allied health practitioner	Hour	151.00			
1460	Rescue – Facility Fee	Incident		567.00		
1461	Rescue – General medical practitioner	Incident	850.00			
1462	Rescue – Specialist medical practitioner	Incident	1275.00			
1463	Rescue – Nursing practitioner	Incident	567.00			
1464	Rescue – Allied health practitioner	Incident	567.00			
15	Assistive Devices & Prosthesis					
1510	Item Fee	Item	Varies			
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1471.00	1471.00	1681.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1005.00			
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1508.00			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		3309.00	3309.00	3782.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	848.00			

## Full Paying Patients, Fee Schedule User Manual (Revised 2005 Tariffs)

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1 R c	LEVEL 2 R c	LEVEL 3 R c
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1271.00			
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		5344.00	5344.00	6108.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	1699.00			
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	2549.00			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		9027.00	9027.00	10 316.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	1907.00			
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	2806.00			

**Full Paying Patients**

This category of patients includes but is not limited to externally funded patients, patients being treated by their private practitioner and certain categories of non-South African citizens. They are liable for the full UPFS fee as listed in this document. Table 1 below gives full details of this category of patient.

Table 1: Full Paying Patients

Group	Description
Externally funded patients	<ol style="list-style-type: none"> <li>Patients whose health services are funded or partly funded in terms of: <ol style="list-style-type: none"> <li>The Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993),</li> <li>The Road Accident Fund created in terms of the Road Accident Fund Act, 1996 (Act No 56 of 1996),</li> <li>A medical scheme registered in terms of the Medical Schemes Act, 1998 (Act No 131 of 1998).</li> </ol> </li> <li>Patients treated on the account of: <ol style="list-style-type: none"> <li>Another state department,</li> <li>Local authority,</li> <li>Foreign government,</li> <li>any other employer..</li> </ol> </li> </ol>
Patients treated by a private practitioner	Any patient treated by his or her own private practitioner in a public health care facility will be liable to pay the full facility fee component for services rendered by the private practitioner at the facility and the full UPFS fee for any other service received by the patient.
Non South African citizens	Non South African citizens excluding the following: <ol style="list-style-type: none"> <li>Immigrants permanently resident in the RSA but who have not attained citizenship</li> <li>Non-South African citizens with temporary residence or work permits persons from SADEC states who enter the RSA illegally.</li> </ol>

**Self Funded patients:**

Category	Means Test	Subsidisation (% of UPFS)
Self Funded Patients	Individual: Income greater or equal to R72 000 per annum Household: Income greater or equal to R100 000 per annum	All services listed in the UPFS at full price

■ Tariffs that have been adjusted.

- Tariffs displaying the inclusive fees