THE PROVINCE OF GAUTENG

DIE PROVINSIE GAUTENG

Provincial Gazette Extraordinary
Buitengewone Provinsiale Koerant

Vol. 14

PRETORIA, 22 AUGUST AUGUSTUS 2008

No. 217

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GENERAL NOTICES

NOTICE 3022 OF 2008

GAUTENG PROVINCE

GENERAL EXPLANATORY NOTE:

[ ] **Words in bold type in square brackets indicate omissions from existing regulations.**

_____ **Words underlined with a solid line indicate insertions in existing regulations.**

DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO.14 OF 1958

AMENDMENT REGULATIONS AND TARIFFS RELATING TO AMBULANCES, 2008

In terms of the provisions of section 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), the member of the Executive Council for Health hereby makes the following regulations.

Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Regulations and tariffs relating to ambulances, promulgated by Administrator's Notice No. 646 of 29 August 1958, as amended by:

Administrator's Notice No. 907 of 15 December 1959;
Administrator's Notice No. 855 of 21 August 1968;
Administrator's Notice No. 790 of 14 May 1975;
Proclamation No. 113 of 30 May 1984;
Administrator's Notice No. 906 of 1 May 1985;
Administrator's Notice No. 515 of 12 July 1989;
Administrator's Notice No. 169 of 27 March 1991;
Administrator's Notice No. 69 of 6 May 1992;
Administrator's Notice No. 252 of 16 June 1993;
Notice No. 2584 of 20 September 2002;
Notice No. 2982 of 18 October 2002;
Notice No.657 of 5 March 2003;
Notice No.461 of 7 February 2005; **[and]**
Notice No.4859 of 6 December 2005; and
Notice No 3008 of 16 July 2007.

Amendment of regulation 8 of the regulations.

2. Regulation 8 of the regulations is hereby amended—

(1) by the sub-sititution for sub-regulation (1) of the following sub-regulation:

"(1) **Patient transport vehicle**

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

Classification category	Facility fee	UPFS code
HG	Exempted	—
HW	R194,00	1410
H0	Free	—
H1	R10,00	1410
H2	R30,00	1410
PG	Exempted	—
P and PH	R218,00	1410"

(2) by the substitution for sub-regulation (2) of the following sub-regulation:

"(2) **Ambulance transport**

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

Classification category and service	Facility fee	UPFS code
HG	Exempted	—
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	—
P and PH: Basic life support	R595,00	1420
Intermediate life support	R804,00	1430
Advanced life support	R1336,00	1440"

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

"(4) **Emergency standby service**

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

Service	Facility fee	Professional fee	UPFS code
Emergency standby.....	R175.00		1450
Additional charge for service provided by —			
General medical practitioner		R252.00	1451
Specialist medical practitioner		R473.00	1452
Nursing practitioner		R169.00	1453
Basic life support practitioner		R88.00	1454
Intermediate life support practitioner.....		R109.00	1455
Advanced life support practitioner.....		R233.00	1456"

(4) by the substitution for sub-regulation (5) of the following sub-regulation:

"(5) **Medical rescue service**

Per incident.

Classification category and service	Facility fee	Professional fee	UPFS code
HG: all services.....	Exempted	Exempted	-
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.....	R637.00		1460
Additional charge for services by-			
General medical practitioner		R955,00	1461
Specialist medical practitioner		R1432.00	1462
Nursing practitioner		R637..00	1463
Basic life support practitioner		R88.00	1464
Intermediate life support practitioner.....		R109.00	1465
Advanced life support practitioner.....		R233.00	1466
Emergency transport air services fixed wing...	R1336.00		1470
Emergency transport air services helicopter....	R1336.00		1480
Emergency service standby-Facility Fee	R120.00		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 2008.

NOTICE 3023 OF 2008

GAUTENG PROVINCE

GENERAL EXPLANATORY NOTE:

[ ] Words in bold type in square brackets indicate omissions from existing regulations.

_____ Words underlined with a solid line indicate insertions in existing regulations.

DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO.14 OF 1958

HOSPITAL MORTUARY AMENDMENT REGULATIONS, 2008

In terms of the provisions of sections 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), the Member of the Executive Council for Health hereby makes the following regulations.

Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Hospital Mortuary Regulations promulgated by Administrator's Notice No. 372 of 3 April 1968, as amended by:

Administrator's Notice No. 343 of 1 August 1990;
Administrator's Notice No. 42 of 23 January 1991;
Administrator's Notice No. 170 of 27 March 1991;
Administrator's Notice No. 70 of 6 May 1992;
Administrator's Notice No. 251 of 16 June 1993;
Notice No. 2585 of 20 September 2002;
Notice No. 2981 of 18 October 2002;
Notice No. 658 of March 2003; **[and]**
Notice No.4859 of 6 December 2005; and
Notice No 3009 of 16 July 2007.

Amendment of regulation 3 of the Regulations

2. Regulation 3 of the Regulations is hereby amended —

(1) by the substitution for paragraph (a) and (b)of sub-regulation (1) of the following paragraphs:

(a) Level 1 and level 2 hospital R106,00 (UPFS code 0710); and
(b) Level 3 hospital: R120,00 (UPFS code 0710)."

(2) by the substitution for paragraph (a) of sub-regulation (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: R106,00 (UPFS code 0710); and
(ii) Level 3 hospital: R120,00 (UPFS code 0710)."

Amendment of regulation 4 of the Regulations

3. Regulation 4 of the Regulations is hereby amended —

(1) by the substitution for paragraphs (a) and (b) of sub-regulation (1) of the following paragraphs:

"(a) Level 1 and level 2 hospital: R106,00 (UPFS code 0720); and

(b) Level 3 hospital. R120,00 (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 2008.**

NOTICE 3024 OF 2008

GAUTENG PROVINCE

GENERAL EXPLANATORY NOTE:

[ ] **Words in bold type in square brackets indicate omissions from existing regulations.**

_____ **Words underlined with a solid line indicate insertions in existing regulations.**

DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO.14 OF 1958

AMENDMENT REGULATIONS RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2008

In terms of the provisions of sections 9, 29, 36, 38 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), the Member of the Executive Council for Health hereby makes the following regulations.

Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Regulations relating to the classification of and fees payable by patients at provincial hospitals, promulgated by Administrator's Notice No. 616 of 12 June 1968, as amended by:

Administrator's Notice No. 1008 of 25 September 1968;
Administrator's Notice No. 853 of 6 August 1969;
Administrator's Notice No. 929 of 26 June 1973;
Administrator's Notice No. 341 of 17 March 1976;
Administrator's Notice No. 725 of 18 June 1980;
Administrator's Notice No. 767 of 1 July 1981;
Administrator's Notice No. 342 of 17 March 1982;
Administrator's Notice No. 490 of 21 March 1984;
Administrator's Notice No. 936 of 13 June 1984;
Administrator's Notice No. 1009 of 27 June 1984;
Administrator's Notice No. 1147 of 11 July 1984;
Administrator's Notice No. 454 of 27 February 1985;
Administrator's Notice No. 653 of 27 March 1985;
Administrator's Notice No. 415 of 26 February 1986;
Administrator's Notice No. 996 of 1 July 1987;
Administrator's Notice No. 1979 of 30 December 1987;
Administrator's Notice No. 646 of 1 June 1988;
Administrator's Notice No. 502 of 28 June 1989;
Administrator's Notice No. 44 of 31 January 1990;
Administrator's Notice No. 344 of 1 August 1990;
Administrator's Notice No. 171 of 27 March 1991;
Administrator's Notice No. 71 of 6 May 1992;
Administrator's Notice No. 250 of 16 June 1993;
Administrator's Notice No. 551 of 22 December 1993;
Notice No. 233 of 10 September 1996;

Notice No. 2586 of 20 September 2002;
Notice No. 2980 of 18 October 2002;
Notice No. 659 of 5 March 2003.; **[and]**
Notice No.463 of 7 February 2005; and
Notice No 3010 of16 July 2007.

Amendment of Schedule B to the Regulations

2. Schedule B to the Regulations is hereby amended by the substitution thereof of the following schedule:

"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)													
HO	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

NOTES:

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

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

"ANNEXURE 1 TO SCHEDULE B

UPFS 2008 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
04	**Medical Reports**					
0410	**Medical Report – Facility Fee**	Report		78.00	78.00	95.00
0411	Medical Report – General medical practitioner	Report	146.00	**224.00**	**224.00**	**241.00**
0412	Medical Report – Specialist medical practitioner	Report	225.00	**303.00**	**303.00**	**320.00**
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	73.00	**151.00**	**151.00**	**168.00**
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	112.00	**191.00**	**191.00**	**208.00**
0425	Copies of X ray, ultrasounds ect.	Copies	67.00	**145.00**	**145.00**	**162.00**
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Per 30 Days		25.00	35.00	70.00
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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
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
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**	Contact		5.00	5.00	10.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	10.00	**15.00**	**15.00**	**20.00**
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		5.00	5.00	10.00
1324	Supplementary Health Group Treatment Allied practitioner	Contact	10.00	**15.00**	**15.00**	**20.00**

14	**Emergency Medical Services**					
1410	Patient transport service – Facility Fee					
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 (100%)**	Contact				
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					
15	**Assistive Devices & Prosthesis (25%)**					
1510	Assistive Devices –Item Fee	Item	Varies			
1520	Prosthetic Devices - Item Fee	Item	Varies			
1530	Dental Items – Item Fee	Item	Varies			
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		1653.00	1653.00	1888.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	953.00	**2606.00**	**2606.00**	**2841.00**
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1428.00	**3081.00**	**3081.00**	**3316.00**
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		3717.00	3717.00	4249.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1129.00	**4846.00**	**4846.00**	**5378.00**
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1694.00	**5411.00**	**5411.00**	**5943.00**
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		6004.00	6004.00	6862.00

See administrator's Notice no 646 of 29 August 1958

1631	Cosmetic Surgery Cat C – General practitioner	Procedure	1909.00	**7913.00**	**7913.00**	**8770.00**
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	2864.00	**8868.00**	**8868.00**	**9726.00**
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		10141.00	10141.00	11589.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2142.00	**12283.00**	**12283.00**	**13731.00**
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3152.00	**13293.00**	**13293.00**	**14741.00**

AMENDMENT OF ANNEXURE 2 TO SCHEDULE B

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

"ANNEXURE 2 TO SCHEDULE B

UPFS 2008 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	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**	**Session**		360.00	360.00	410.00
0311	Haemo-dialysis – General medical practitioner	Session	70.00	**430.00**	**430.00**	**480.00**
0312	Haemo-dialysis – Specialist medical practitioner	Session	85.00	**445.00**	**445.00**	**495.00**
0313	Haemo-dialysis Nursing P	Session	55.00	**415.00**	**415.00**	**465.00**
0320	**Peritoneal Dialysis – Facility Fee**	**Day**		55.00	55.00	65.00
0321	Peritoneal Dialysis – General medical practitioner	Day	10.00	**65.00**	**65.00**	**75.00**
0322	Peritoneal dialysis-Specialist Medical practitioner	Day	15.00	**70.00**	**70.00**	**80.00**
0323	Peritoneal dialysis-Nursing Practitioner	Day	10.00	**65.00**	**65.00**	**75.00**
0330	**Plasmapheresis-Facility Fee**	**Day**		360.00	360.00	410.00
0331	Plasmapheresis- General medical practitioner	Day	70.00	**430.00**	**430.00**	**480.00**
0332	Plasmapheresis-Specialist Medical Practitioner	Day	85.00	**445.00**	**445.00**	**495.00**
04	**Medical Reports**					
0410	**Medical Report – Facility Fee**	Report		78.00	78.00	95.00
0411	Medical Report – General medical practitioner	Report	146.00	**224.00**	**224.00**	**241.00**

CODE	DESCRIPTION	BASIS	PROFESSIONAL	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
0412	Medical Report – Specialist medical practitioner	Report	225.00	**303.00**	**303.00**	**320.00**
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	73.00	**151.00**	**151.00**	**168.00**
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	112.00	**191.00**	**191.00**	**208.00**
0425	Copies of X ray, ultrasounds ect.	Copies	67.00	**145.00**	**145.00**	**162.00**
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	**1,145.00**	**1,145.00**	**1,230.00**
0542	Radiology, Cat D – Specialist	Procedure	1,145.00	**1,740.00**	**1,740.00**	**1,825.00**
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**

CODE	DESCRIPTION	BASIS	PROFESSIONAL	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
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**
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 (Hospitals)**					
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**

CODE	DESCRIPTION	BASIS	PROFESSIONAL	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
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**
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	**Ambulatory Procedures**					
1110	**Ambulatory Procedure Cat A – Facility Fee**	Procedure		110.00	110.00	130.00
1111	Ambulatory Procedure Cat A – General medical practitioner	Procedure	40.00	**150.00**	**150.00**	**170.00**
1112	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	70.00	**180.00**	**180.00**	**200.00**
1113	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	20.00	**130.00**	**130.00**	**150.00**
1120	**Ambulatory Procedure Cat B – Facility Fee**	Procedure		110.00	110.00	130.00
1121	Ambulatory Procedure Cat B – General medical practitioner	Procedure	55.00	**165.00**	**165.00**	**185.00**
1122	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	125.00	**235.00**	**235.00**	**255.00**
1130	**Ambulatory Procedure Cat C – Facility Fee**	Procedure		110.00	110.00	130.00
1131	Ambulatory Procedure Cat C – General medical practitioner	Procedure	90.00	**200.00**	**200.00**	**220.00**

CODE	DESCRIPTION	BASIS	PROFESSIONAL	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
1132	Ambulatory Procedure Cat C – Specialist medical practitioner	Procedure	195.00	**305.00**	**305.00**	**325.00**
1140	**Ambulatory Procedure Cat D – Facility Fee**	Procedure		110.00	110.00	130.00
1141	Ambulatory Procedure Cat D – General medical practitioner	Procedure	230.00	**340.00**	**340.00**	**360.00**
1142	Ambulatory Procedure Cat D – Specialist medical practitioner	Procedure	520.00	**630.00**	**630.00**	**650.00**
12	**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 Fee**	Procedure		910.00	1335.00	1540.00
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**	Contact		20.00	20.00	25.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	35.00	**55.00**	**55.00**	**60.00**
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		15.00	15.00	20.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	30.00	**45.00**	**45.00**	**50.00**

CODE	DESCRIPTION	BASIS	PROFESSIONAL	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
14	**Emergency Medical Services**	Contact	**See administrator's Notice no 646 of 29 August 1958**			
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 (100%)**	Contact				
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				
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			
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		1653.00	1653.00	1888.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	953.00	**2606.00**	**2606.00**	**2841.00**
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1428.00	**3081.00**	**3081.00**	**3316.00**
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		3717.00	3717.00	4249.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1129.00	**4846.00**	**4846.00**	**5378.00**
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1694.00	**5411.00**	**5411.00**	**5943.00**
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		6004.00	6004.00	6862.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	1909.00	**7913.00**	**7913.00**	**8770.00**

CODE	DESCRIPTION	BASIS	PROFESSIONAL	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	2864.00	**8868.00**	**8868.00**	**9726.00**
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		10141.00	10141.00	11589.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2142.00	**12283.00**	**12283.00**	**13731.00**
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3152.00	**13293.00**	**13293.00**	**14741.00**

INSERTION OF ANNEXURE 3 TO SCHEDULE B

5. Annexure 3 to Schedule B is hereby inserted after Annexure 2 to Schedule B

"ANNEXURE 3 TO SCHEDULE B

UPFS 2008 FEE SCHEDULE FOR FULL PAYING PATIENTS (PRIVATE PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
01	**Anesthetics**					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	122.00	**122.00**	**122.00**	**122.00**
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	183.00	**183.00**	**183.00**	**183.00**
0121	Anaesthetics Cat B – General medical practitioner	Procedure	208.00	**208.00**	**208.00**	**208.00**
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	313.00	**313.00**	**313.00**	**313.00**
0131	Anaesthetics Cat C – General medical practitioner	Procedure	730.00	**730.00**	**730.00**	**730.00**
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1096.00	**1096.00**	**1096.00**	**1096.00**
02	**Confinement**					
0210	**Confinement – Facility Fee**	Incident		2253.00	2253.00	2623.00
0211	Confinement – General medical practitioner	Incident	1222.00	**3475.00**	**3475.00**	**3845.00**
0212	Confinement – Specialist medical practitioner	Incident	1578.00	**3831.00**	**3831.00**	**4200.00**
0213	Confinement – Nursing practitioner	Incident	1478.00	**3731.00**	**3731.00**	**4101.00**
03	**Dialysis**					
0310	**Haemo – Facility Fee**	Day		809.00	809.00	926.00
0311	Haemo-dialysis – General medical practitioner	Day	154.00	**963.00**	**963.00**	**1081.00**
0312	Haemo-dialysis – Specialist medical practitioner	Day	192.00	**1000.00**	**1000.00**	**1118.00**
0313	Haemo-dialysis Nursing P	Day	123.00	**932.00**	**932.00**	**1050.00**
0320	**Peritoneal Dialysis – Facility Fee**	Session		124.00	124.00	142.00
0321	Peritoneal Dialysis – General medical practitioner	Session	24.00	**148.00**	**148.00**	**166.00**
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	30.00	**154.00**	**154.00**	**172.00**
0323	Peritoneal dialysis-Nursing Practitioner	Session	17.00	**141.00**	**141.00**	**160.00**
0330	**Plasmapheresis-Facility Fee**	Session		809.00	809.00	926.00
0331	Plasmapheresis- General medical practitioner	Session	152.00	**961.00**	**961.00**	**1078.00**
332	Plasmapheresis-Specialist Medical Practitioner	Session	191.00	**999.00**	**999.00**	**1117.00**

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
04	**Medical Reports**					
0410	**Medical Report – Facility Fee**	Report		78.00	78.00	95.00
0411	Medical Report – General medical practitioner	Report	146.00	**224.00**	**224.00**	**241.00**
0412	Medical Report – Specialist medical practitioner	Report	225.00	**303.00**	**303.00**	**320.00**
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	73.00	**151.00**	**151.00**	**168.00**
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	112.00	**191.00**	**191.00**	**208.00**
0425	Copies of X ray, ultrasounds ect	Copies	67.00	**145.00**	**145.00**	**162.00**
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		41.00	41.00	46.00
0511	Radiology, Cat A – General medical practitioner	Procedure	40.00	**80.00**	**80.00**	**86.00**
0512	Radiology, Cat A - Specialist medical practitioner	Procedure	76.00	**117.00**	**117.00**	122.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	39.00	**79.00**	**79.00**	**85.00**
0520	**Radiology, Cat B - Facility Fee**	Procedure		112.00	112.00	129.00
0521	Radiology, Cat B General medical practitioner	Procedure	108.00	**221.00**	**221.00**	**237.00**
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	211.00	**323.00**	**323.00**	**340.00**
0524	Radiology, Cat B – Allied health practitioner	Procedure	106.00	**218.00**	**218.00**	**235.00**
0530	**Radiology, Cat C – Facility Fee**	Procedure		523.00	523.00	597.00
0531	Radiology, Cat C – General medical practitioner	Procedure	335.00	**858.00**	**858.00**	**932.00**
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1031.00	**1554.00**	**1554.00**	**1628.00**
0540	**Radiology, Cat D – Facility Fee**	Procedure		1332.00	1332.00	1522.00
0541	Radiology, Cat D – General medical practitioner	Procedure	1233.00	**2565.00**	**2565.00**	**2755.00**
0542	Radiology, Cat D – Specialist	Procedure	2574.00	**3906.00**	**3906.00**	**4096.00**
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		414.00	528.00	998.00
0611	In-patient General Ward – General medical practitioner	Day	86.00	**500.00**	614.00	**1084.00**

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
0612	In-patient General Ward – Specialist medical practitioner	Day	150.00	**564.00**	**678.00**	**1148.00**
0620	**In-patient High care – Facility Fee**	12 hours		642.00	803.00	1151.00
0621	In-patient High Care – General medical practitioner	12 hours	45.00	**687.00**	**848.00**	**1196.00**
0622	In-patient High Care – Specialist medical practitioner	12 hours	85.00	**727.00**	**888.00**	**1236.00**
0630	**In-patient Intensive care – Facility Fee**	12 hours		2110.00	2110.00	2523.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	50.00	**2160.00**	**2160.00**	**2573.00**
0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	95.00	**2205.00**	**2205.00**	**2618.00**
0640	**In-patient Chronic care – Facility Fee**	Day		243.00	243.00	243.00
0641	**In-patient** Chronic care – General medical practitioner	Day	28.00	**271.00**	**271.00**	**271.00**
0642	In-patient Chronic care – Specialist medical practitioner	Day	65.00	**308.00**	**308.00**	**308.00**
0643	I In-patient Chronic care – Nursing practitioner	Day	17.00	**260.00**	**260.00**	**260.00**
0650	**Day patient – Facility Fee**	Day		345.00	435.00	638.00
0651	Day patient – General medical practitioner	Day	86.00	**431.00**	**521.00**	**724.00**
0652	Day patient – Specialist medical practitioner	Day	150.00	**495.00**	**585.00**	**788.00**
0653	Day patient – Nursing practitioner	Day	50.00	**395.00**	**485.00**	**689.00**
0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		199.00	199.00	199.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	17.00	**216.00**	**216.00**	**216.00**
07	**Mortuary**					
0710	**Mortuary – Facility Fee**		**See administrator's Notice no.372 of 3 April 1968**			
0720	Cremation Certificate – Facility Fee					
08	**Pharmaceutical**					
0810	Medication Fee – Facility Fee	Prescription		19.00	19.00	22.00
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 (Hospitals)**					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
0910	**Oral Care Cat A – Facility Fee**	Procedure		16.00	16.00	18.00
0911	Oral Care Cat A – General practitioner	Procedure	27.00	**43.00**	**43.00**	**45.00**
0912	Oral Care Cat A – Specialist practitioner	Procedure	22.00	**39.00**	**39.00**	**41.00**
0914	Oral Care Cat A – Allied health practitioner	Procedure	21.00	**37.00**	**37.00**	**40.00**
0920	**Oral Care Cat B – Facility Fee**	Procedure		48.00	48.00	55.00
0921	Oral Care Cat B – General practitioner	Procedure	52.00	**101.00**	**101.00**	**107.00**
0922	Oral Health Cat B – Specialist practitioner	Procedure	84.00	**132.00**	**132.00**	**138.00**
0924	Oral Care Cat B – Allied health practitioner	Procedure	43.00	**91.00**	**91.00**	**97.00**
0930	**Oral Care Cat C – Facility Fee**	Procedure		292.00	292.00	334.00
0931	Oral Care Cat C – General practitioner	Procedure	323.00	**616.00**	**616.00**	**658.00**
0932	Oral Care Cat C – Specialist practitioner	Procedure	555.00	**847.00**	**847.00**	**889.00**
0940	**Oral Care Cat D – Facility Fee**	Procedure		1149.00	1149.00	1314.00
0941	Oral Care Cat D – General practitioner	Procedure	991.00	**2140.00**	**2140.00**	**2305.00**
0942	Oral Care Cat D – Specialist practitioner	Procedure	2034.00	**3183.00**	**3183.00**	**3348.00**
0950	**Oral Care Cat E – Facility Fee**	Procedure		3868.00	3868.00	4421.00
0951	Oral Care Cat E – General practitioner	Procedure	3333.00	**7201.00**	**7201.00**	**7754.00**
0952	Oral Care Cat E – Specialist practitioner	Procedure	6840.00	**10709.00**	**10709.00**	**11262.00**
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		51.00	51.00	62.00
1011	Outpatient Consultation – General medical practitioner	Visit	57.00	**108.00**	**108.00**	**119.00**
1012	Outpatient Consultation – Specialist medical practitioner	Visit	132.00	**183.00**	**183.00**	**194.00**
1013	Outpatient Consultation – Nursing practitioner	Visit	33.00	**85.00**	**85.00**	**95.00**
1014	Outpatient Consultation – Allied health practitioner	Visit	35.00	**87.00**	**87.00**	**97.00**
1020	**Emergency Consultation Facility Fee**	Visit		104.00	104.00	123.00
1021	Emergency Consultation – General medical practitioner	Visit	86.00	**190.00**	**190.00**	**209.00**

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
1022	Emergency Consultation – Specialist medical practitioner	Visit	197.00	**301.00**	**301.00**	**320.00**
1023	Emergency Consultation – Nursing practitioner	Visit	50.00	**154.00**	**154.00**	**174.00**
1024	Emergency Consultation – Allied health practitioner	Visit	51.00	**155.00**	**155.00**	**175.00**
11	**Minor Theatre Procedures**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		243.00	243.00	291.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	84.00	**327.00**	**327.00**	**375.00**
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	162.00	**405.00**	**405.00**	**453.00**
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		243.00	243.00	291.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	124.00	**367.00**	**367.00**	**416.00**
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	282.00	**525.00**	**525.00**	**573.00**
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		243.00	243.00	291.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	196.00	**439.00**	**439.00**	**487.00**
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	440.00	**683.00**	**683.00**	**731.00**
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		243.00	243.00	291.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	518.00	**761.00**	**761.00**	**810.00**
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1166.00	**1409.00**	**1409.00**	**1458.00**
12	**Major Theatre Procedures**					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		785.00	1151.00	1328.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	84.00	**869.00**	**1235.00**	**1412.00**
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	162.00	**947.00**	**1313.00**	**1490.00**
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		1189.00	1744.00	2009.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	124.00	**1313.00**	**1868.00**	**2133.00**
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	282.00	**1470.00**	**2025.00**	**2291.00**
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		2042.00	2997.00	3459.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	196.00	**2238.00**	**3193.00**	**3655.00**
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	440.00	**2483.00**	**3437.00**	**3900.00**
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		5238.00	7683.00	8855.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	518.00	**5757.00**	**8202.00**	**9373.00**
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1166.00	**6405.00**	**8850.00**	**10021.00**
13	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Contact		33.00	33.00	39.00
1313	Supplementary health treatment-Nursing Practitioner	Contact	29.00	**62.00**	**62.00**	**68.00**
1314	Supplementary Health Treatment – Allied health practitioner	Contact	29.00	**62.00**	**62.00**	**68.00**
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		25.00	25.00	28.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	21.00	**46.00**	**46.00**	**49.00**
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**	Hour				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1454	Emergency service standby – Basic life support practitioner	Hour				
1455	Emergency services standby - Intermediate life support practitioner	hour				
1456	Emergency services standby - Advanced life support practitioner	hour				
1460	**Rescue – Facility Fee**	Incident				
1461	Rescue – General medical practitioner	Incident				
1462	Rescue – Specialist medical practitioner	Incident				
1463	Rescue – Nursing practitioner	Incident				

See administrator's Notice no 646 of 29 August 1958

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
1464	Rescue- Basic life support practitioner	Incident				
1465	Rescue – Intermediate life support practitioner	Incident				
1466	Rescue- Advanced life support practitioner	Incident				
1470	Emergency transport air services fixed wing	50km				
1480	Emergency transport air services helicopter	50km				
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			
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		1653.00	1653.00	1888.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	953.00	**2606.00**	**2606.00**	**2841.00**
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1428.00	**3081.00**	**3081.00**	**3316.00**
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		3717.00	3717.00	4249.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1129.00	**4846.00**	**4846.00**	**5378.00**
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1694.00	**5411.00**	**5411.00**	**5943.00**
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		6004.00	6004.00	6862.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	1909.00	**7913.00**	**7913.00**	**8770.00**
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	2864.00	**8868.00**	**8868.00**	**9726.00**
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		10141.00	10141.00	11589.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2142.00	**12283.00**	**12283.00**	**13731.00**
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3152.00	**13293.00**	**13293.00**	**14741.00**
17	**Laboratory Services**					
1700	Drawing of Blood	Contact		19.00	19.00	19.00
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		534.00	534.00	534.00
1912	Nuclear medicine Cat A- Specialist P	Procedure	356.00	**890.00**	**890.00**	**890.00**

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		1146.00	1146.00	1146.00
1922	Nuclear medicine Cat B- Specialist P	Procedure	766.00	**1912.00**	**1912.00**	**1912.00**
1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		2072.00	2072.00	2072.00
1932	Nuclear medicine Cat C- Specialist P	Procedure	1382.00	**3454.00**	**3454.00**	**3454.00**
1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		3294.00	3294.00	3294.00
1942	Nuclear medicine Cat D- Specialist P	Procedure	2196.00	**5490.00**	**5490.00**	**5490.00**
1950	**Positron Emission Tomography(PET) Cat E-facility Fee**			9725.00	9725.00	9725.00
1952	Positron Emission Tomography(PET) Cat E-Specialist		3534.00	**13259.00**	**13259.00**	**13259.00**
20	**Ambulatory Procedures**					
2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		78.00	78.00	95.00
2011	Ambulatory Procedure Cat A General Medical Practitioner	Procedure	28.00	**106.00**	**106.00**	**123.00**
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	56.00	**134.00**	**134.00**	**151.00**
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	17.00	**95.00**	**95.00**	**112.00**
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	17.00	**95.00**	**95.00**	**112.00**
2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		78.00	78.00	95.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	40.00	**118.00**	**118.00**	**135.00**
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	62.00	**140.00**	**140.00**	**157.00**
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	22.00	**101.00**	**101.00**	**118.00**
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	22.00	**101.00**	**101.00**	**118.00**
21	**Blood and Blood Products**					
2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		815.00	815.00	815.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	344.00	**1159.00**	**1159.00**	**1159.00**
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	344.00	**1159.00**	**1159.00**	**1159.00**
2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		822.00	822.00	822.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	501.00	**1323.00**	**1323.00**	**1323.00**
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	501.00	**1323.00**	**1323.00**	**1323.00**
23	**Consumables(Not included in Facility Fee)**					
2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	**Autopsies**					
2410	**Autopsy-Facility Fee**	Per Case		51.00	51.00	62.00
2411	Autopsy-General Practitioner	Per Case	57.00	**108.00**	**108.00**	**119.00**
2412	Autopsy-Specialist Practitioner	Per Case	132.00	**183.00**	**183.00**	**194.00**

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 01 July 2008 ; or

(b) whose admission and classification as an in-patient had been approved before 01 July 2008 ,

and for the period ending on the date upon which he or she is discharged from the hospital concerned.

Short title and commencement

7. 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 2008