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GENERAL NOTICES

NOTICE 1954 OF 2010

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

HOSPITALS ORDINANCE, 1958 (ORDINANCE NO.14 OF 1958) as amended by HOSPITALS ORDINANCE AMENDMENT ACT, 1999 (ACT NO. 4 OF 1999)

REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2010

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

SCHEDULE

Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Amended 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 Notice 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) and 3774 of 2009 (PG 247 of 13 November 2009).

Amendment of regulation 8 of the regulations.**2.** Regulation 8 of the regulations is hereby amended by the—

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

“(1) Patient transport vehicle

Per 100 km 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.....	R256,00	1410”

(b) 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	R701,00	1420
Intermediate life support	R947,00	1430
Advanced life support	R1574,00	1440"

(c) 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
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) 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.....	R750.00		1460
Additional charge for services by-			
General medical practitioner		R1125,00	1461
Specialist medical practitioner		R1686,00	1462
Nursing practitioner		R750.00	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...	R6899.00		1470
Emergency transport air services helicopter....	R7577.00		1480
Emergency service standby-Facility Fee	R150.00		1490”

Short title

3. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2010.

NOTICE 1955 OF 2010**DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT**

HOSPITALS ORDINANCE, 1958 (ORDINANCE NO.14 OF 1958) as amended by HOSPITALS ORDINANCE AMENDMENT ACT, 1999 (ACT NO. 4 OF 1999)

**REVISION OF THE UNIFORM PATIENT FEE SCHEDULE
RELATING TO HOSPITAL MORTUARY, 2010**

The Member of Executive Council responsible for health in the Province has, in terms of section 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), made 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 No's 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) and 3775 of 2009 (PG 247 of 13 November 2009).

Amendment of regulation 3 of the Regulations

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

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

- “(a) Level 1 and level 2 hospital R124, 00 (UPFS code 0710);
and
(b) Level 3 hospital: R142, 00 (UPFS code 0710).”

(b) 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: R124.00 (UPFS code 0710); and
 - (ii) Level 3 hospital: R142.00 (UPFS code 0710).”

Amendment of regulation 4 of the Regulations

3. Regulation 4 of the Regulations is hereby amended by the —

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

- “(a) Level 1 and level 2 hospital: R124.00 (UPFS code 0720);
and
(b) Level 3 hospital: R142.00 (UPFS code 0720).”

Short title

4. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2010.

NOTICE 1956 OF 2010**DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT**

HOSPITALS ORDINANCE, 1958 (ORDINANCE NO.14 OF 1958)

as amended by HOSPITALS ORDINANCE AMENDMENT ACT, 1999 (ACT NO. 4 OF 1999)

**REVISION OF THE UNIFORM PATIENT FEE SCHEDULE
RELATING TO CLASSIFICATION OF AND FEES PAYABLE BY
PATIENTS AT PROVINCIAL HOSPITALS, 2010**

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 No. 3696 of 2008 (PG 277 of 9 October 2008 and as amended by a General Notice No. 3776 of 2009 (PG 247 of 13 November 2009).

Amendment of Annexure 1 to Schedule B of the Regulations

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

"ANNEXURE 1 TO SCHEDULE B UPFS 2010 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 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		92.00	92.00	112.00
0411	Medical Report – General medical practitioner	Report	172.00	264.00	264.00	284.00
0412	Medical Report – Specialist medical practitioner	Report	265.00	357.00	357.00	377.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	86.00	178.00	178.00	198.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	132.00	224.00	224.00	244.00
0425	Copies of X ray, ultrasounds ect.	Copies	86.00	178.00	178.00	198.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
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
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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
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	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
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		1947.00	1947.00	2224.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1123.00	3070.00	3070.00	3347.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1682.00	3629.00	3629.00	3906.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		4378.00	4378.00	5005.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1330.00	5708.00	5708.00	6335.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1995.00	6373.00	6373.00	7000.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		7071.00	7071.00	8082.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2248.00	9319.00	9319.00	10330.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3373.00	10444.00	10444.00	11455.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		11944.00	11944.00	13650.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2523.00	14467.00	14467.00	16173.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3712.00	15656.00	15656.00	17362.00
*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
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

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

"ANNEXURE 2 TO SCHEDULE B UPFS 2010 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		92.00	92.00	112.00
0411	Medical Report – General medical practitioner	Report	172.00	264.00	264.00	284.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0412	Medical Report – Specialist medical practitioner	Report	265.00	357.00	357.00	377.00
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	86.00	178.00	178.00	198.00
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	132.00	224.00	224.00	244.00
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	86.00	178.00	178.00	198.00
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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
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					
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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
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	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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
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	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
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				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1947.00	1947.00	2224.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1123.00	3070.00	3070.00	3347.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1682.00	3629.00	3629.00	3906.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		4378.00	4378.00	5005.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1330.00	5708.00	5708.00	6335.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1995.00	6373.00	6373.00	7000.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		7071.00	7071.00	8082.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2248.00	9319.00	9319.00	10330.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3373.00	10444.00	10444.00	11455.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		11944.00	11944.00	13650.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2523.00	14467.00	14467.00	16173.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3712.00	15656.00	15656.00	17362.00
*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
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."

Amendment of Annexure 3 to Schedule B of the Regulations

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

"ANNEXURE 3 TO SCHEDULE B UPFS 2010 FEE SCHEDULE FOR FULL PAYING PATIENTS (EXTERNAL FUNDED 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	144.00	144.00	144.00	144.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	216.00	216.00	216.00	216.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	245.00	245.00	245.00	245.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	368.00	368.00	368.00	368.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	860.00	860.00	860.00	860.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1291.00	1291.00	1291.00	1291.00
02	Confinement					
0210	Natural Birth- Facility Fee	Incident		2654.00	2654.00	3090.00
0211	Natural Birth – General Medical Practitioner	Incident	1440.00	4094.00	4094.00	4530.00
0212	Natural Birth – Specialist Medical Practitioner	Incident	1859.00	4513.00	4513.00	4949.00
0213	Natural Birth – Nursing Practitioner	Incident	1741.00	4395.00	4395.00	4831.00
0220	Caesarean Section – Facility Fee	Incident		4178.00	4178.00	4864.00
0221	Caesarean Section – General Medical Practitioner	Incident	1440.00	5618.00	5618.00	6304.00
0222	Caesarean Section – Specialist Medical Practitioner	Incident	1859.00	6037.00	6037.00	8163.00
03	Dialysis					
0310	Haemo – Facility Fee	Day		953.00	953.00	1091.00
0311	Haemo-dialysis – General medical practitioner	Day	181.00	1134.00	1134.00	1272.00
0312	Haemo-dialysis – Specialist medical practitioner	Day	227.00	1180.00	1180.00	1318.00
0313	Haemo-dialysis Nursing Practitioner	Day	145.00	1098.00	1098.00	1236.00
0320	Peritoneal Dialysis – Facility Fee	Session		146.00	146.00	167.00
0321	Peritoneal Dialysis – General medical practitioner	Session	29.00	175.00	175.00	196.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	35.00	181.00	181.00	202.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	20.00	166.00	166.00	187.00
0330	Plasmapheresis-Facility Fee	Session		953.00	953.00	1091.00
0331	Plasmapheresis- General medical practitioner	Session	181.00	1134.00	1134.00	1272.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	227.00	1180.00	1180.00	1318.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		92.00	92.00	112.00
0411	Medical Report – General medical practitioner	Report	172.00	264.00	264.00	284.00
0412	Medical Report – Specialist medical practitioner	Report	265.00	357.00	357.00	377.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	86.00	178.00	178.00	198.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	132.00	224.00	224.00	244.00
0425	Copies of X ray, ultrasounds ect.	Copies	86.00	178.00	178.00	198.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		48.00	48.00	54.00
0511	Radiology, Cat A – General medical practitioner	Procedure	47.00	95.00	95.00	101.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	89.00	137.00	137.00	143.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	46.00	94.00	94.00	100.00
0520	Radiology, Cat B – Facility Fee	Procedure		132.00	132.00	152.00
0521	Radiology, Cat B – General medical practitioner	Procedure	128.00	260.00	260.00	280.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	249.00	381.00	381.00	401.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	124.00	256.00	256.00	276.00
0530	Radiology, Cat C – Facility Fee	Procedure		616.00	616.00	703.00
0531	Radiology, Cat C – General medical practitioner	Procedure	395.00	1011.00	1011.00	1098.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1214.00	1830.00	1830.00	1917.00
0540	Radiology, Cat D – Facility Fee	Procedure		1569.00	1569.00	1793.00
0541	Radiology, Cat D – General medical practitioner	Procedure	1452.00	3021.00	3021.00	3245.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	3031.00	4600.00	4600.00	4824.00
06	In-patients					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0610	In-patient General ward – Facility Fee	Day		487.00	621.00	1176.00
0611	In-patient General Ward – General medical practitioner	Day	101.00	588.00	722.00	1277.00
0612	In-patient General Ward – Specialist medical practitioner	Day	177.00	664.00	798.00	1353.00
0620	In-patient High care – Facility Fee	12 hours		757.00	946.00	1356.00
0621	In-patient High Care – General medical practitioner	12 hours	53.00	810.00	999.00	1409.00
0622	In-patient High Care – Specialist medical practitioner	12 hours	100.00	857.00	1046.00	1456.00
0630	In-patient Intensive care – Facility Fee	12 hours		2486.00	2486.00	2972.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	59.00	2545.00	2545.00	3031.00
0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	112.00	2598.00	2598.00	3084.00
0640	In-patient Chronic care – Facility Fee	Day		286.00	286.00	286.00
0641	In-patient Chronic care – General medical practitioner	Day	33.00	319.00	319.00	319.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	77.00	363.00	363.00	363.00
0643	I In-patient Chronic care – Nursing practitioner	Day	20.00	306.00	306.00	306.00
0650	Day patient – Facility Fee	Day		406.00	513.00	751.00
0651	Day patient – General medical practitioner	Day	101.00	507.00	614.00	852.00
0652	Day patient – Specialist medical practitioner	Day	177.00	583.00	690.00	928.00
0653	Day patient – Nursing practitioner	Day	59.00	465.00	572.00	810.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		234.00	234.00	234.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	20.00	254.00	254.00	254.00
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		22.00	22.00	26.00
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		19.00	19.00	21.00
0911	Oral Care Cat A – General practitioner	Procedure	32.00	51.00	51.00	53.00

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	26.00	45.00	45.00	47.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	24.00	43.00	43.00	45.00
0920	Oral Care Cat B – Facility Fee	Procedure		56.00	56.00	65.00
0921	Oral Care Cat B – General practitioner	Procedure	62.00	118.00	118.00	127.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	99.00	155.00	155.00	164.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	51.00	107.00	107.00	116.00
0930	Oral Care Cat C – Facility Fee	Procedure		344.00	344.00	394.00
0931	Oral Care Cat C – General practitioner	Procedure	381.00	725.00	725.00	775.00
0932	Oral Care Cat C – Specialist practitioner	Procedure	653.00	997.00	997.00	1047.00
0940	Oral Care Cat D – Facility Fee	Procedure		1353.00	1353.00	1548.00
0941	Oral Care Cat D – General practitioner	Procedure	1167.00	2520.00	2520.00	2715.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	2396.00	3749.00	3749.00	3944.00
0950	Oral Care Cat E – Facility Fee	Procedure		4556.00	4556.00	5207.00
0951	Oral Care Cat E – General practitioner	Procedure	3926.00	8482.00	8482.00	9133.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	8057.00	12613.00	12613.00	13264.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		60.00	60.00	73.00
1011	Outpatient Consultation – General medical practitioner	Visit	67.00	127.00	127.00	140.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	155.00	215.00	215.00	228.00
1013	Outpatient Consultation – Nursing practitioner	Visit	39.00	99.00	99.00	112.00
1014	Outpatient Consultation – Allied health practitioner	Visit	41.00	101.00	101.00	114.00
1020	Emergency Consultation – Facility Fee	Visit		122.00	122.00	145.00
1021	Emergency Consultation – General medical practitioner	Visit	101.00	223.00	223.00	246.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	232.00	354.00	354.00	377.00
1023	Emergency Consultation – Nursing practitioner	Visit	59.00	181.00	181.00	204.00
1024	Emergency Consultation – Allied health practitioner	Visit	60.00	182.00	182.00	205.00
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		286.00	286.00	343.00

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	99.00	385.00	385.00	442.00
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	190.00	476.00	476.00	533.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		286.00	286.00	343.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	146.00	432.00	432.00	489.00
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	332.00	618.00	618.00	675.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		286.00	286.00	343.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	231.00	517.00	517.00	574.00
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	518.00	804.00	804.00	861.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		286.00	286.00	343.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	610.00	896.00	896.00	953.00
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1374.00	1660.00	1660.00	1717.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		925.00	1356.00	1564.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	99.00	1024.00	1455.00	1663.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	190.00	1115.00	1546.00	1754.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1400.00	2055.00	2366.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	146.00	1546.00	2201.00	2512.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	332.00	1732.00	2387.00	2698.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		2405.00	3530.00	4074.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	231.00	2636.00	3761.00	4305.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	518.00	2923.00	4048.00	4592.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		6169.00	9049.00	10429.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	610.00	6779.00	9659.00	11039.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1374.00	7543.00	10423.00	11803.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		39.00	39.00	46.00
1313	Supplementary health treatment-Nursing Practitioner	Contact	34.00	73.00	73.00	80.00

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	34.00	73.00	73.00	80.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		30.00	30.00	33.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	24.00	54.00	54.00	57.00
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		1947.00	1947.00	2224.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1123.00	3070.00	3070.00	3347.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1682.00	3629.00	3629.00	3906.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		4378.00	4378.00	5005.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1330.00	5708.00	5708.00	6335.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1995.00	6373.00	6373.00	7000.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		7071.00	7071.00	8082.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2248.00	9319.00	9319.00	10330.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3373.00	10444.00	10444.00	11455.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		11944.00	11944.00	13650.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2523.00	14467.00	14467.00	16173.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3712.00	15656.00	15656.00	17362.00
17	Laboratory Services					
1700	Drawing of Blood	Contact		24.00	24.00	24.00
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		629.00	629.00	629.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	416.00	1045.00	1045.00	1045.00
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		1350.00	1350.00	1350.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	902.00	2252.00	2252.00	2252.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		2441.00	2441.00	24441.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	1628.00	4069.00	4069.00	4069.00
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		3879.00	3879.00	3879.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	2587.00	6466.00	6466.00	6466.00
1950	Positron Emission Tomography(PET) Cat E-facility Fee	Procedure		11455.00	11455.00	11455.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	416.00	11871.00	11871.00	11871.00
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		92.00	92.00	112.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	33.00	125.00	125.00	145.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	66.00	158.00	158.00	178.00
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	20.00	112.00	112.00	132.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	20.00	112.00	112.00	132.00
2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		92.00	92.00	112.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	47.00	139.00	139.00	159.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	73.00	165.00	165.00	185.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	26.00	118.00	118.00	138.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	26.00	118.00	118.00	138.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		960.00	960.00	960.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	405.00	1365.00	1365.00	1365.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	405.00	1365.00	1365.00	1365.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		968.00	968.00	968.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	591.00	1559.00	1559.00	1559.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	591.00	1559.00	1559.00	1559.00
23	Consumables(Not included in Facility Fee)					
2300	Consumables(Not included in Facility Fee)	Item	Varies			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		60.00	60.00	73.00
2411	Autopsy-General Practitioner	Per Case	67.00	127.00	127.00	140.00
2412	Autopsy-Specialist Practitioner	Per Case	155.00	215.00	215.00	228.00

Short title

5. These regulations shall be called the Revision of Uniform Patient Fee Schedule to the Classification of and Fees Payable by Patients at Provincial Hospitals, 2010.