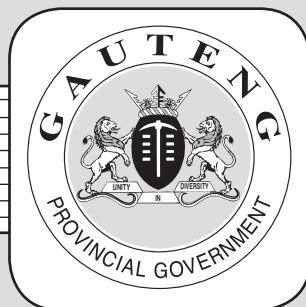


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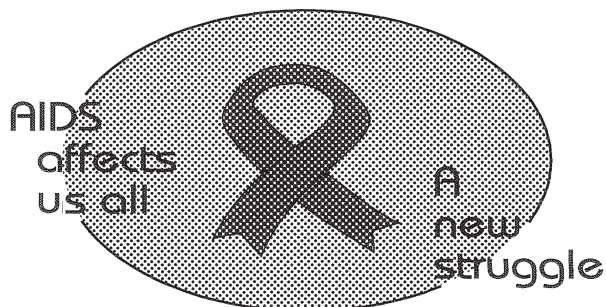
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Vol. 25

PRETORIA
18 APRIL 2019
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No. 123

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DEPARTMENT OF HEALTH

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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

NOTICE 639 OF 2019**PROVINCE OF GAUTENG****DEPARTMENT OF HEALTH****HOSPITALS ORDINANCE NO.14 OF 1958****REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO
HOSPITAL MORTUARY, 2019**

The Member of Executive Council responsible for health in the Province has, in terms of section 9 and 76 of the Hospital Ordinance No. of 1958, made Regulations in the 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 1968 (3 April 1968), as amended by Administrator's Notice No. 251 of 1993, General Notices Nos. 2585 of 2002, , 2981 of 2002, 658 of 2003, 462 of 2005, Provincial Notice No. 3009 of 2007, General Notice Nos. 3023 of 2008, 2790 of 2009, 3775 of 2009, 1501 of 2010, 1955 of 2010, 1003 of 2011, 837 of 2012, 926 of 2013, 1029 of 2014, Provincial Notice No. 159 of 2015 and General Notice Nos. 1666 of 2015, 505 of 2016, 1315 of 2017, as withdrawn and substituted by General Notice No. 369 of 2018, General Notice of 667 OF 2018.

Amendment of regulation 3 of the Regulations

2. Regulation 3 of the Regulations is hereby amended —
 - (1) by the substitution in sub regulations (1) for paragraphs (a) and (b) of the following paragraphs, respectively:
 - (a) Level 1 and level 2 hospital R205,00 (UPFS code 0710); and
 - (b) Level 3 hospital: R232, 00 (UPFS code 0710)."
 - (2) by the substitution in sub regulations (3)(a) for subparagraphs (i) and ii) of the following subparagraphs, respectively:

"(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: R205.00 (UPFS code 0710); and
- (ii) Level 3 hospital: R232.00 (UPFS code 0710)."

Amendment of regulation 4 of the Regulations

3. Regulation 4 of the Regulations is hereby amended by the substitution in sub regulation

(1) for paragraphs (a) and (b) of the following paragraphs, respectively:

"(a) Level 1 and level 2 hospital: R205.00.00 (UPFS code 0710); and

(b) Level 3 hospital: R232.00 (UPFS code 0720)."

Short title and commencement

4. These regulations are called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2019.

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2019

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

SCHEDULE

Definition

1. In these Regulations, unless the context otherwise indicates, "the Regulations" means the Classification of and Fees Payable by Patients at Provincial Hospitals Regulations, 1968, published under Administrator's Notice No. 616 of 1968 (12 June 1968), as amended by Administrator's Notices Nos. 853 of 1969, 929 of 1973, 341 of 1976, 725 of 1980, 767 of 1981, 341 of 1982, 490 of 1984, 1147 of 1984, 454 of 1985, 653 of 1985, 415 of 1986, 996 of 1987, 1979 of 1987, 646 of 1988, 502 of 1989, 44 of 1990, 344 of 1990, 171 of 1991, 71 of 1992, 250 of 1993, 551 of 1993, Government Notice No. R.25 of 1998, General Notices Nos. 7560 of 1999, 2586 of 2002, 2980 of 2002, 659 of 2003, 463 of 2005, 4860 of 2005, Provincial Notice No. 3010 of 2007, General Notices Nos. 3024 of 2008, 3696 of 2008, 2791 of 2009, 3776 of 2009, 1500 of 2010, 1953 of 2010, 1956 of 2010, 1004 of 2011, 1005 of 2011, 835 of 2012, 836 of 2012, 881 of 2013, 927 of 2013, 1030 of 2014, 1031 of 2014, Provincial Notices Nos. 160 and 256 of 2015 and General Notices No. 1667 of 2015, 503 of 2016, 1315 of 2017, as withdrawn and substituted by General Notice No. 368 of 2018. General Notice No 14 of 2018.

Substitution of Annexure 1 to Schedule B to Regulations

2. The following Annexure is substituted for Annexure 1 to Schedule B to the Regulations:

"ANNEXURE 1 TO SCHEDULE B UPFS 2019 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
*03	Dialysis					
0310	Haemo- Facility Fee	Up to 4 visits		20.00	20.00	25.00
0311	Haemo- General medical practitioner	Up to 4 visits	20.00	40.00	40.00	45.00
0312	Haemo- Specialist medical practitioner	Up to 4 visits	50.00	70.00	70.00	75.00
0313	Haemo-dialysis-Nursing practitioner	Up to 4 visit	15.00	35.00	35.00	40.00
0320	Peritoneal Dialysis- Facility Fee	Up to 4 visits		20.00	20.00	25.00
0321	Peritoneal Dialysis- General medical practitioner	Up to 4 visits	20.00	40.00	40.00	45.00
0322	Haemo- Specialist medical practitioner	Up to 4 visits	15.00	35.00	35.00	40.00
0330	Plasmapheresis- Facility Fee	Up to 4 visits		20.00	20.00	25.00
0331	Plasmapheresis- General medical practitioner	Up to 4 visits	20.00	40.00	40.00	45.00
0332	Plasmapheresis- Specialist medical practitioner	Up to 4 visits	50.00	70.00	70.00	75.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		185.00	185.00	185.00
0411	Medical Report – General medical practitioner	Report	435.00	620.00	620.00	620.00
0412	Medical Report – Specialist medical Practitioner	Report	435.00	620.00	620.00	620.00
0420	Copy of Medical Report – Facility Fee			185.00	185.00	185.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	219.00	404.00	404.00	404.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	219.00	404.00	404.00	404.00
0425	Copies of X ray, ultrasounds ect.	Copies	219.00	404.00	404.00	404.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0430	Functional Assessment Report	Report		302.00	302.00	369.00
0431	Functional Assessment Report-General medical	Report	853.00	1155.00	1155.00	1222.00
0432	Functional Assessment Report-Special Medical practitioner	Report	1742.00	2044.00	2044.00	2111.00
0434	Functional Assessment Report-Allied Health practitioner	Report	853.00	1155.00	1155.00	1222.00
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copies		1111.00	1111.00	1111.00
06	In-Patients					
0610	In-patient General ward – Facility Fee	Per 30 Days		55.00	70.00	135.00
0611	In-patient General Ward – General medical practitioner	Per 30 Days	10.00	65.00	80.00	145.00
0612	In-patient General Ward – Specialist medical practitioner	Per 30 Days	20.00	75.00	90.00	155.00
0620	In-patient High care – Facility Fee	Per 30 Days		55.00	70.00	135.00
0621	In-patient High Care – General medical practitioner	Per 30 Days	10.00	65.00	80.00	150.00
0622	In-patient High Care – Specialist medical practitioner	Per 30 Days	20.00	75.00	90.00	155.00
0630	In-patient Intensive care – Facility Fee	Per 30 Days		55.00	70.00	135.00
0631	In-patient Intensive Care – General medical practitioner	Per 30 Days	10.00	65.00	80.00	150.00
0632	In-patient Intensive Care– Specialist medical practitioner	Per 30 Days	20.00	75.00	90.00	155.00
0640	In-patient Chronic care – Facility Fee	Per 30 Days		55.00	70.00	135.00
0641	In-patient Chronic care – General medical practitioner	Per 30 Days	10.00	65.00	80.00	145.00
0642	In-patient Chronic care – Specialist medical practitioner	Per 30 Days	20.00	75.00	90.00	155.00
0643	In-patient Chronic care – Nursing practitioner	Per 30 Days	5.00	60.00	75.00	140.00
0650	Day patient – Facility Fee	Per 30 Days		55.00	70.00	135.00
0651	Day patient – General medical practitioner	Per 30 Days	10.00	65.00	80.00	145.00
0652	Day patient – Specialist medical practitioner	Per 30 Days	20.00	75.00	90.00	155.00
0653	Day patient – Nursing practitioner	Per 30 Days	5.00	60.00	75.00	140.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0660	In-patient Boarder/Patient companion – Facility Fee	Per 30 Days		30.00	30.00	30.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Per 30 Days	5.00	35.00	35.00	35.00
06100	Inpatient Specialised Intensive Care Paediatric – Facility Fee	12 hours		55.00	70.00	135.00
06101	Inpatient Specialised Intensive Care Paediatric – General medical practitioner	12 hours	10.00	65.00	80.00	145.00
06102	Inpatient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 hours	20.00	75.00	90.00	155.00
06200	Inpatient Specialised Intensive Care Neonatal – Facility Fee	12 hours		55.00	70.00	135.00
06201	Inpatient Specialised Intensive Care Neonatal – General medical practitioner	12 hours	10.00	65.00	65.00	145.00
06202	Inpatient Specialised Intensive Care Neonatal– Specialist medical practitioner	12 hours	20.00	75.00	90.00	155.00
07	Mortuary					
0710	Mortuary -Facility Fee	Day		205.00	205.00	205.00
0720	Cremation Certificate-Facility Fee	Certificate		205.00	205.00	232.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		20.00	20.00	25.00
1011	Outpatient Consultation – General medical practitioner	Visit	20.00	40.00	40.00	45.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	50.00	70.00	70.00	75.00
1013	Outpatient Consultation – Nursing practitioner	Visit	15.00	35.00	35.00	40.00
1014	Outpatient Consultation – Allied health practitioner	Visit	15.00	35.00	35.00	40.00
1020	Emergency Consultation – Facility Fee	Visit		20.00	20.00	25.00
1021	Emergency Consultation – General medical practitioner	Visit	20.00	40.00	40.00	45.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	50.00	70.00	70.00	75.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1023	Emergency Consultation – Nursing practitioner	Visit	15.00	35.00	35.00	40.00
1024	Emergency Consultation – Allied health practitioner	Visit	15.00	35.00	35.00	40.00
1030	Follow-Up Outpatient Consultation-Facility Fee			20.00	20.00	25.00
1031	Follow-Up Outpatient Consultation-General Medical practitioner		20.00	40.00	40.00	45.00
1032	Follow-Up Outpatient Consultation-Specialist Medical Practitioner		50.00	70.00	70.00	75.00
1033	Follow-Up Outpatient Consultation-Nursing Practitioner		15.00	35.00	35.00	40.00
1034	Follow-Up Outpatient Consultation-Allied Health practitioner		15.00	35.00	35.00	40.00
*13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		5.00	5.00	10.00
1313	Supplementary Health Treatment – Nursing practitioner	Contact	5.00	10.00	10.00	15.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	5.00	10.00	10.00	15.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		5.00	5.00	5.00
1324	Supplementary Health Group Treatment Allied practitioner	Contact	5.00	10.00	10.00	10.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		See Administrator's Notice No. 646 of 29 August 1958		
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				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1455	Emergency service standby – Specialist medical practitioner	Hour				
1456	Emergency service standby – Basic life support practitioner	Hour				
1457	Emergency service standby – Advanced life support practitioner	Hour				
1460	Rescue – Facility Fee	Once-Off				
1461	Rescue – General medical practitioner	Incident				
1462	Rescue – Specialist medical practitioner	Incident				
1463	Rescue – Nursing practitioner	Incident				
1464	Rescue – Allied health practitioner	Incident	N/A			
15	Assistive Devices & Prosthesis					
1510	Assistive Devices – Item Fee	Item		10% of the cost of the relevant device or prosthesis, rounded to the nearest		
1520	Prosthetic Devices – Item Fee	Item				
1530	Dental Items – Item Fee	Item		R5		
1540	Assistive Devices-Repairs to Item	Item				
1550	Assistive Devices – Optic Devices	Item				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		3204.00	3204.00	3659.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1847.00	5051.00	5051.00	5506.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2766.00	5970.00	5970.00	6425.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		7203.00	7203.00	8233.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	2188.00	9391.00	9391.00	10421.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	3283.00	10486.00	10486.00	11516.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		11634.00	11634.00	13297.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3699.00	15333.00	15333.00	16996.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	5548.00	17182.00	17182.00	18845.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		19652.00	19652.00	22458.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	4150.00	23802.00	23802.00	26608.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	6107.00	25759.00	25759.00	28565.00

24	Autopsies 100%					
24210	Autopsy-Facility Fee	Per Case		99.00	99.00	119.00
2411	Autopsy-General-Medical Practitioner	Per case	110.00	209.00	209.00	229.00
2412	Autopsy-General Specialist Medical Practitioner	Per case	254.00	353.00	353.00	373.00
25	Port Health and Travel Clinics					
2510	Consultation –Facility Fee	Visit		119.00	119.00	119.00
2511	Consultation –General Practitioner	Visit	110.00	229.00	229.00	229.00
2513	Consultation –Nursing practitioner	Visit	63.00	182.00	182.00	182.00
2520	Emergency-Consultation-Facility Fee	Visit		240.00	240.00	240.00
2521	Emergency-Consultation-General medical practitioner	Visit	167.00	407.00	407.00	407.00
2523	Emergency-Consultation-Nursing practitioner	Visit	97.00	337.00	337.00	337.00
0810	Medication Fee-Facility Fee	Prescription		36.00	36.00	44.00
0837	Pharmaceutical –Travel Medicines	Item				

*** DIALYSIS**

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

NOTE:

- For the above package, 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."

Substitution of Annexure 2 to Schedule B to Regulations

3. The following Annexure is hereby substituted for Annexure 2 to Schedule B to the Regulations:

"ANNEXURE 2 TO SCHEDULE B UPFS 2019 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure		45.00	45.00	45.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure		70.00	70.00	70.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure		80.00	80.00	80.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure		120.00	120.00	120.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure		285.00	285.00	285.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure		425.00	425.00	425.00
*03	Dialysis					
0310	Haemo – Facility Fee	Up to 4 visits		315.00	315.00	360.00
0311	Haemo Dialysis – General Medical Practitioner	Up to 4 visits	60.00	375.00	375.00	420.00
0312	Haemo Dialysis – Specialist Medical Practitioner	Up to 4 visits	75.00	390.00	390.00	435.00
0313	Haemo Dialysis – Nursing Practitioner	Up to 4 visits	50.00	365.00	365.00	410.00
0320	Peritoneal Dialysis – Facility Fee	Up to 4 visits		50.00	50.00	55.00
0321	Peritoneal Dialysis – General medical practitioner	Up to 4 visits	10.00	60.00	60.00	65.00
0322	Peritoneal Dialysis – Specialist medical practitioner	Up to 4 visits	10.00	60.00	60.00	65.00
0323	Peritoneal Dialysis –Nursing Practitioner	Up to 4 visits	5.00	55.00	55.00	60.00
0330	Plasmapheresis – Facility Fee	Up to 4 visits		315.00	315.00	360.00
0331	Plasmapheresis – General Medical Practitioner	Up to 4 visits	60.00	375.00	375.00	420.00
0332	Plasmapheresis – Specialist Medical Practitioner	Up to 4 visits	75.00	390.00	390.00	435.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		185.00	185.00	185.00
0411	Medical Report – General medical practitioner	Report	435.00	620.00	620.00	620.00
0412	Medical Report – Specialist medical practitioner	Report	435.00	620.00	620.00	620.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0420	Copy of Medical Report – Facility Fee	Copy		185.00	185.00	185.00
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	219.00	404.00	404.00	404.00
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	219.00	404.00	404.00	404.00
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	219.00	293.00	293.00	327.00
0430	Functional Assessment Report- Facility Fee	Report		302.00	302.00	369.00
0431	Functional Assessment Report – General Medical practitioner	Report	853.00	1155.00	1155.00	1222.00
0432	Functional Assessment Report – Specialists Medical practitioner	Report	1742.00	2044.00	2044.00	2111.00
0434	Functional Assessment Report –Allied Health practitioner	Report	853.00	1155.00	1155.00	1222.00
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Report		1111.00	1111.00	1111.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		15.00	15.00	20.00
0511	Radiology, Cat A – General medical practitioner	Procedure	15.00	30.00	30.00	35.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	30.00	45.00	45.00	50.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	15.00	30.00	30.00	35.00
0520	Radiology, Cat B – Facility Fee	Procedure		45.00	45.00	50.00
0521	Radiology, Cat B – General medical practitioner	Procedure	40.00	85.00	85.00	90.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	80.00	125.00	125.00	130.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	40.00	85.00	85.00	90.00
0530	Radiology, Cat C – Facility Fee	Procedure		100.00	100.00	115.00
0531	Radiology, Cat C – General medical practitioner	Procedure	65.00	165.00	165.00	180.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	200.00	300.00	300.00	315.00
0540	Radiology, Cat D – Facility Fee	Procedure		205.00	205.00	230.00
0541	Radiology, Cat D – General medical practitioner	Procedure	130.00	335.00	335.00	360.00
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	400.00	605.00	605.00	630.00
0550	Radiology, Cat E – Facility Fee	Procedure		515.00	515.00	590.00
0551	Radiology, Cat E – General Medical Practitioner	Procedure	480.00	995.00	995.00	1070.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0552	Radiology, Cat E – Specialist Practitioner	Procedure	995.00	1510.00	1510.00	1585.00
06	In-Patients					
0610	In-patient General ward – Facility Fee	Day		60.00	75.00	135.00
0611	In-patient General Ward – General medical practitioner	Day	10.00	70.00	85.00	145.00
0612	In-patient General Ward – Specialist medical practitioner	Day	20.00	80.00	95.00	155.00
0620	In-patient High care – Facility Fee	12 Hours		90.00	115.00	165.00
0621	In-patient High Care – General medical practitioner	12 Hours	5.00	95.00	115.00	170.00
0622	In-patient High Care – Specialist medical practitioner	12 Hours	10.00	100.00	125.00	175.00
0630	In-patient Intensive care – Facility Fee	12 Hours		285.00	285.00	340.00
0631	In-patient Intensive Care – General medical practitioner	12 Hours	5.00	290.00	290.00	345.00
0632	In-patient Intensive Care– Specialist medical practitioner	12 Hours	10.00	295.00	295.00	350.00
0640	In-patient Chronic care – Facility Fee	Day		35.00	35.00	35.00
0641	In-patient Chronic care – General medical practitioner	Day	5.00	40.00	40.00	4.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	10.00	45.00	45.00	45.00
0643	In-patient Chronic care – Nursing practitioner	Day	5.00	40.00	40.00	40.00
0650	Day patient – Facility Fee	Day		50.00	60.00	85.00
0651	Day patient – General medical practitioner	Day	10.00	60.00	70.00	95.00
0652	Day patient – Specialist medical practitioner	Day	20.00	70.00	80.00	105.00
0653	Day patient – Nursing practitioner	Day	5.00	55.00	65.00	90.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		25.00	25.00	25.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	5.00	30.00	30.00	30.00
06100	Inpatient Specialised Intensive Care Paediatric – Facility Fee	12 hours		455.00	455.00	455.00
06101	Inpatient Specialised Intensive Care Paediatric – General medical practitioner	12 hours	10.00	465.00	465.00	465.00
06102	Inpatient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 hours	20.00	475.00	475.00	475.00
06200	Inpatient Specialised Intensive Care Neonatal – Facility Fee	12 hours		610.00	610.00	610.00
06201	Inpatient Specialised Intensive Care Neonatal – General medical practitioner	12 hours	15.00	625.00	625.00	625.00
06202	Inpatient Specialised Intensive Care Neonatal– Specialist medical practitioner	12 hours	25.00	635.00	635.00	635.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
07	Mortuary					
0710	Mortuary-Facility Fee	Day		205.00	205.00	232.00
0720	Cremation Certificate-Facility Fee	Certificate		205.00	205.00	232.00
08	Pharmaceutical					
0810	Medication Fee-Facility Fee	Prescription		5.00	5.00	10.00
0815	Item Fee	Item				
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			
0827	Pharmaceutical-Acute OPD	Item	Varies			
0828	Pharmaceutical-oncology OPD	Item	Varies			
0829	Pharmaceutical- Immune Suppressant Drugs OPD	Item	Varies			
0830	Pharmaceutical Flat Fee- Acute OPD	Item	Varies			
0835	Pharmaceutical-Chronic IP	Item	Varies			
0836	Pharmaceutical-Repeat Scripts	Item		Varies		
0837	Pharmaceutical Flat Fee- Travel Medicines	Item		Varies		
09	Oral Health					
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	5.00	10.00	10.00	15.00
0920	Oral Care Cat B – Facility Fee	Procedure		20.00	20.00	20.00
0921	Oral Care Cat B – General practitioner	Procedure	20.00	40.00	40.00	40.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	30.00	50.00	50.00	55.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	20.00	40.00	40.00	40.00
0930	Oral Care Cat C – Facility Fee	Procedure		115.00	115.00	130.00
0931	Oral Care Cat C – General practitioner	Procedure	125.00	240.00	240.00	255.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	215.00	330.00	330.00	345.00
0940	Oral Care Cat D – Facility Fee	Procedure		445.00	445.00	510.00
0941	Oral Care Cat D – General practitioner	Procedure	385.00	830.00	830.00	895.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0942	Oral Care Cat D – Specialist practitioner	Procedure	790.00	1235.00	1235.00	1300.00
0950	Oral Care Cat E – Facility Fee	Procedure		1500.00	1500.00	1715.00
0951	Oral Care Cat E – General practitioner	Procedure	1290.00	2790.00	2790.00	3005.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	2650.00	4150.00	4150.00	4365.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		20.00	20.00	25.00
1011	Outpatient Consultation – General medical practitioner	Visit	20.00	40.00	40.00	45.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	50.00	70.00	70.00	75.00
1013	Outpatient Consultation – Nursing practitioner	Visit	15.00	35.00	35.00	40.00
1014	Outpatient Consultation – Allied health practitioner	Visit	15.00	35.00	35.00	40.00
1020	Emergency Consultation – Facility Fee	Visit		40.00	40.00	50.00
1021	Emergency Consultation – General medical practitioner	Visit	35.00	75.00	75.00	85.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	75.00	115.00	115.00	125.00
1023	Emergency Consultation – Nursing practitioner	Visit	20.00	60.00	60.00	70.00
1024	Emergency Consultation – Allied health practitioner	Visit	20.00	60.00	60.00	70.00
1030	Follow –Up Outpatient Consultation-Facility Fee	Visit		20.00	20.00	25.00
1031	Follow-up Outpatient Consultation - General medical practitioner	Visit	20.00	40.00	40.00	45.00
1032	Follow-up Outpatient Consultation - Specialist medical practitioner	Visit	50.00	70.00	70.00	75.00
1033	Follow-up Outpatient Consultation - Nursing practitioner	Visit	15.00	35.00	35.00	40.00
1034	Follow-up Outpatient Consultation – Allied Health	Visit	15.00	35.00	35.00	40.00
11	Minor Theatre Procedure					
1110	Minor Procedure Cat A – Facility Fee	Procedure		95.00	95.00	115.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	35.00	130.00	130.00	150.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	65.00	160.00	160.00	180.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		95.00	95.00	115.00
1121	Minor Procedure Cat B - General Medical Practitioner	Procedure	50.00	145.00	145.00	165.00
1122	Minor Procedure Cat B - Specialist Medical Practitioner	Procedure	110.00	205.00	205.00	225.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		95.00	95.00	115.00
1131	Minor Procedure Cat C - General Medical Practitioner	Procedure	75.00	170.00	170.00	190.00
1132	Minor Procedure Cat C - Specialist Medical Practitioner	Procedure	170.00	265.00	265.00	285.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		95.00	95.00	115.00
1141	Minor Procedure Cat D - General Medical Practitioner	Procedure	200.00	295.00	295.00	314.00
1142	Minor Procedure Cat D - Specialist Medical Practitioner	Procedure	450.00	545.00	545.00	565.00
12	Major Theatre Procedure					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		305.00	445.00	515.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	35.00	340.00	480.00	550.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	65.00	370.00	510.00	580.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		460.00	675.00	780.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	50.00	510.00	725.00	830.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	110.00	570.00	785.00	890.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		790.00	1160.00	1340.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	75.00	865.00	1235.00	1415.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	170.00	960.00	1330.00	1510.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		2030.00	2980.00	3430.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	200.00	2230.00	3180.00	3630.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	450.00	2480.00	3430.00	3880.00
1250	Theatre Procedure Cat E – Facility Fee	Procedure		2840.00	4170.00	4805.00
1251	Theatre Procedure Cat E – General medical practitioner	Procedure	280.00	3120.00	4450.00	5085.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	635.00	3475.00	4805.00	5440.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		15.00	15.00	15.00
1313	Supplementary Health Treatment – Nursing Practitioner	Contact	10.00	25.00	25.00	25.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	10.00	25.00	25.00	25.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		10.00	10.00	10.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Per Contact	10.00	20.00	20.00	20.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km	See Administrator's Notice No. 646 of 29 August 1958			
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 – Emergency care practitioner	Hour				
1455	Emergency service standby – Basic life support practitioner Incident	Hour				
1456	Emergency service standby – Intermediate life support practitioner	Hour				
1457	Emergency service standby – Advanced life support practitioner	Hour				
1460	Rescue – Facility Fee	Once Off	See Administrator's Notice No. 646 of 29 August 1958			
1461	Rescue – General medical practitioner	Incident				
1462	Rescue – Specialist medical practitioner	Incident				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE		
				TOTAL FEE IN BOLD		
			LEVEL 1	LEVEL 2	LEVEL 3	
			R	R	R	
1463	Rescue – Nursing practitioner	Incident				
1464	Rescue – Allied health practitioner	Incident				
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				
1540	Assistive Devices-Repairs to item	Item				
1550	Assistive Devices – Optic Devices	Item				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		3204.00	3204.00	3659.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1847.00	5051.00	5051.00	5506.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2766.00	5970.00	5970.00	6425.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		7203.00	7203.00	8233.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	2188.00	9391.00	9391.00	10421.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	3283.00	10486.00	10486.00	11516.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		11634.00	11634.00	13297.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3699.00	15333.00	15333.00	16996.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	5548.00	17182.00	17182.00	18845.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		19652.00	19652.00	22458.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	4150.00	23802.00	23802.00	26608.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	6107.00	25759.00	25759.00	28565.00
18	Radiation Oncology(Refer to proposed list)					
1810	Radiation Oncology- Facility Fee	Contact				
1812	Radiation Oncology- Specialist medical practitioner	Contact				
19	Nuclear Medicine					
1900	Itemisation of Isotopes	Item				
1910	Nuclear Medicine Cat A- Facility Fee	Procedure		145.00	145.00	145.00
1912	Nuclear Medicine Cat A- Specialist medical practitioner		70.00	215.00	215.00	215.00
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		145.00	145.00	145.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1922	Nuclear Medicine Cat B- Specialist medical practitioner		215.00	360.00	360.00	360.00
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		145.00	145.00	145.00
1932	Nuclear Medicine Cat C- Specialist medical practitioner		430.00	575.00	575.00	575.00
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		145.00	145.00	145.00
1942	Nuclear Medicine Cat D- Specialist medical practitioner		645.00	790.00	790.00	790.00
1950	Positron Emission Tomography (PET)-Cat E-Facility Fee	Procedure		280.00	280.00	280.00
1952	Positron Emission Tomography (PET)-Cat E Specialist medical practitioner		840.00.00	1120.00	1120.00	1120.00
20	Ambulatory Procedures					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		30.00	30.00	40.00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	10.00	40.00	40.00	50.00
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	20.00	50.00	50.00	60.00
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	10.00	40.00	40.00	50.00
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	10.00	40.00	40.00	50.00
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		30.00	30.00	40.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	15.00	45.00	45.00	55.00
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	25.00	55.00	55.00	65.00
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	10.00	40.00	40.00	50.00
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	40.00	40.00	50.00
22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy-Facility Fee(Flat Fee)	Session		105.00	105.00	105.00
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		315.00	315.00	315.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	135.00	450.00	450.00	450.00
2212	Hyperbaric Oxygen Therapy-Specialist medical practitioner	Session	135.00	450.00	450.00	450.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		320.00	320.00	320.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	195.00	515.00	515.00	515.00
2222	Emergency Hyperbaric- Specialist Medical Practitioner	Session	195.00	515.00	515.00	515.00
	Consumables (Not included in the Facility Fee) Buy-Outs					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
23						
2300	Consumable not included in the Facility Fee		Varies			
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		99.00	99.00	119.00
2411	Autopsy-General-Medical Practitioner	Per case	110.00	290.00	209.00	229.00
2412	Autopsy-General Specialist Medical Practitioner	Per case	254.00	353.00	353.00	373.00
25	Port Health and Travel Clinics					
2510	Consultation –Facility Fee	Visit		119.00	119.00	119.00
2511	Consultation –General Practitioner	Visit	110.00	229.00	229.00	229.00
2513	Consultation –Nursing practitioner	Visit	63.00	182.00	182.00	182.00
2520	Emergency-Consultation-Facility Fee	Visit		240.00	240.00	240.00
2521	Emergency-Consultation-General-medical practitioner	Visit	167.00	407.00	407.00	407.00
2523	Emergency Consultation –Nursing practitioner	Visit	97.00	337.00	337.00	337.00
0810	Medication Fee-Facility Fee	Prescription		36.00	36.00	44.00
0837	Pharmaceutical Travel Medicines	Item				

*** DIALYSIS**

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

NOTE:

- For the above package, 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."

Substitution of Annexure 2A to Schedule B of the Regulations

4. The following Annexure is hereby substituted for Annexure 2A of Schedule B to the Regulations:

ANNEXURE 2A TO SCHEDULE B

UPFS 2019 FEE SCHEDULE FOR H3 (SELF FUNDED PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	70.00	70.00	70.00	70.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	105.00	105.00	105.00	105.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	120.00	120.00	120.00	120.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	180.00	180.00	180.00	180.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	425.00	425.00	425.00	425.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	635.00	635.00	635.00	635.00
03	Dialysis					
0310	Haemo – Facility Fee	Day		470.00	470.00	538.00
0311	Haemo-dialysis – General medical practitioner	Day	89.00	559.00	559.00	627.00
0312	Haemo-dialysis – Specialist medical practitioner	Day	112.00	582.00	582.00	650.00
0313	Haemo-dialysis Nursing Practitioner	Day	72.00	542.00	542.00	610.00
0320	Peritoneal Dialysis – Facility Fee	Session		73.00	73.00	83.00
0321	Peritoneal Dialysis – General medical practitioner	Session	15.00	88.00	88.00	98.00
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	17.00	90.00	90.00	100.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	10.00	83.00	83.00	93.00
0330	Plasmapheresis-Facility Fee	Session		470.00	470.00	538.00
0331	Plasmapheresis- General medical practitioner	Session	89.00	559.00	559.00	627.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	112.00	582.00	582.00	650.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		185.00	185.00	185.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0411	Medical Report – General medical practitioner	Report	435.00	620.00	620.00	620.00
0412	Medical Report – Specialist medical practitioner	Report	435.00	620.00	620.00	620.00
0420	Copy of Medical Report – Facility Fee	Copies		185.00	185.00	185.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	219.00	404.00	404.00	404.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	219.00	404.00	404.00	404.00
0425	Copies of X ray, ultrasounds etc.	Copies	219.00	404.00	404.00	404.00
0430	Functional Assessment Report	Reports		302.00	302.00	369.00
0431	Functional Assessment Report –General medical practitioner	Reports	853.00	1155.00	1155.00	1222.00
0432	Functional Assessment Report –Specialist medical practitioner	Reports	1742.00	2044.00	2044.00	2111.00
0434	Functional Assessment Report-Allied health practitioner	Reports	853.00	1155.00	1155.00	1222.00
0440	Copies Of Specialized Radiology(MRI,CT& Nuclear)	Copy		1111.00	1111.00	1111.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		24.00	24.00	27.00
0511	Radiology, Cat A – General medical practitioner	Procedure	23.00	47.00	47.00	50.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	44.00	68.00	68.00	71.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	23.00	47.00	47.00	50.00
0520	Radiology, Cat B – Facility Fee	Procedure		66.00	66.00	75.00
0521	Radiology, Cat B – General medical practitioner	Procedure	63.00	129.00	129.00	138.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	123.00	189.00	189.00	198.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	62.00	128.00	128.00	137.00
0530	Radiology, Cat C – Facility Fee	Procedure		152.00	152.00	174.00
0531	Radiology, Cat C – General medical practitioner	Procedure	98.00	250.00	250.00	272.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	300.00	452.00	452.00	474.00
0540	Radiology, Cat D – Facility Fee	Procedure		304.00	304.00	347.00
0541	Radiology, Cat D – General medical practitioner	Procedure	195.00	499.00	499.00	542.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	599.00	903.00	903.00	946.00
0550	Radiology, Cat E – Facility Fee	Procedure		775.00	775.00	886.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0551	Radiology, Cat E – General medical practitioner	Procedure	717.00	1492.00	1492.00	1603.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	1496.00	2271.00	2271.00	2382.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		241.00	307.00	580.00
0611	In-patient General Ward – General medical practitioner	Day	50.00	291.00	357.00	630.00
0612	In-patient General Ward – Specialist medical practitioner	Day	87.00	328.00	394.00	667.00
0620	In-patient High care – Facility Fee	12 hours		374.00	467.00	669.00
0621	In-patient High Care – General medical practitioner	12 hours	26.00	400.00	493.00	695.00
0622	In-patient High Care – Specialist medical practitioner	12 hours	50.00	424.00	517.00	719.00
0630	In-patient Intensive care – Facility Fee	12 hours		615.00	615.00	733.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	15.00	630.00	630.00	748.00
0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	28.00	643.00	643.00	761.00
0640	In-patient Chronic care – Facility Fee	Day		141.00	141.00	141.00
0641	In-patient Chronic care – General medical practitioner	Day	16.00	157.00	157.00	157.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	38.00	179.00	179.00	179.00
0643	I In-patient Chronic care – Nursing practitioner	Day	10.00	151.00	151.00	151.00
0650	Day patient – Facility Fee	Day		200.00	253.00	371.00
0651	Day patient – General medical practitioner	Day	50.00	250.00	303.00	421.00
0652	Day patient – Specialist medical practitioner	Day	87.00	287.00	340.00	458.00
0653	Day patient – Nursing practitioner	Day	29.00	229.00	282.00	400.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		115.00	115.00	115.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	10.00	125.00	125.00	125.00
06100	Inpatient Specialised Intensive Care Paediatric – Facility Fee	12 hours		1956.00	1956.00	1956.00
06101	Inpatient Specialised Intensive Care Paediatric – General medical practitioner	12 hours	87.00	2043.00	2043.00	2043.00
06102	Inpatient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 hours	166.00	2122.00	2122.00	2122.00
06200	Inpatient Specialised Intensive Care Neonatal – Facility Fee	12 hours		2607.00	2607.00	2607.00
06201	Inpatient Specialised Intensive Care Neonatal – General medical practitioner	12 hours	117.00	2724.00	2724.00	2724.00
06202	Inpatient Specialised Intensive Care Neonatal– Specialist medical practitioner	12 hours	222.00	2829.00	2829.00	2829.00
07	Mortuary					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0710	Mortuary – Facility Fee	Day		205.00	205.00	232.00
0720	Cremation Certificate – Facility Fee	Certificate		205.00	205.00	232.00
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		11.00	11.00	13.00
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			
0827	Pharmaceutical-Acute OPD	Item	Varies			
0828	Pharmaceutical-oncology OPD	Item	Varies			
0829	Pharmaceutical Suppressant Drugs OPD	Item	Varies			
0830	Pharmaceutical Flat Acute OPD	Item	Varies			
0835	Pharmaceutical-Chronic IP	Item	Varies			
0836	Pharmaceutical-Repeat Scripts	Item	Varies			
0837	Pharmaceutical Travel Medicines	Item	Varies			
09	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		9.00	9.00	10.00
0911	Oral Care Cat A – General practitioner	Procedure	13.00	22.00	22.00	23.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	16.00	25.00	25.00	26.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	12.00	21.00	21.00	22.00
0920	Oral Care Cat B – Facility Fee	Procedure		27.00	27.00	32.00
0921	Oral Care Cat B – General practitioner	Procedure	31.00	58.00	58.00	63.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	49.00	76.00	76.00	81.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	25.00	52.00	52.00	57.00
0930	Oral Care Cat C – Facility Fee	Procedure		170.00	170.00	194.00
0931	Oral Care Cat C – General practitioner	Procedure	188.00	358.00	358.00	382.00
0932	Oral Care Cat C – Specialist practitioner	Procedure	323.00	493.00	493.00	517.00
0940	Oral Care Cat D – Facility Fee	Procedure		667.00	667.00	764.00
0941	Oral Care Cat D – General practitioner	Procedure	576.00	1243.00	1243.00	1340.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	1182.00	1849.00	1849.00	1946.00
0950	Oral Care Cat E – Facility Fee	Procedure		2249.00	2249.00	2570.00
0951	Oral Care Cat E – General practitioner	Procedure	1938.00	4187.00	4187.00	4508.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	3977.00	6226.00	6226.00	6547.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		30.00	30.00	36.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1011	Outpatient Consultation – General medical practitioner	Visit	33.00	63.00	63.00	69.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	76.00	106.00	106.00	112.00
1013	Outpatient Consultation – Nursing practitioner	Visit	19.00	49.00	49.00	55.00
1014	Outpatient Consultation – Allied health practitioner	Visit	20.00	50.00	50.00	56.00
1020	Emergency Consultation – Facility Fee	Visit		60.00	60.00	72.00
1021	Emergency Consultation – General medical practitioner	Visit	50.00	110.00	110.00	122.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	114.00	174.00	174.00	186.00
1023	Emergency Consultation – Nursing practitioner	Visit	29.00	89.00	89.00	101.00
1024	Emergency Consultation – Allied health practitioner	Visit	30.00	90.00	90.00	102.00
1030	Follow up Outpatient Consultation-facility Fee	Visit		30.00	30.00	36.00
1031	Follow up Outpatient Consultation-General Medical Practitioner	Visit	33.00	63.00	63.00	69.00
1032	Follow up Outpatient Consultation-Specialist Medical Practitioner	Visit	76.00	106.00	106.00	112.00
1033	Follow up Outpatient Consultation-Nursing Practitioner	Visit	19.00	49.00	49.00	55.00
1034	Follow Up-Outpatient Consultation-Allied health practitioner	Visit	20.00	50.00	50.00	56.00
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		141.00	141.00	169.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	49.00	190.00	190.00	218.00
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	94.00	235.00	235.00	263.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		141.00	141.00	169.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	73.00	214.00	213.00	242.00
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	164.00	305.00	305.00	333.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		141.00	141.00	169.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	114.00	255.00	255.00	283.00
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	256.00	397.00	397.00	425.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		141.00	141.00	169.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1141	Minor Procedure Cat D – General medical practitioner	Procedure	301.00	442.00	442.00	470.00
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	679.00	820.00	820.00	848.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		457.00	669.00	772.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	49.00	506.00	718.00	821.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	94.00	551.00	763.00	866.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		691.00	1014.00	1168.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	73.00	764.00	1087.00	1241.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	164.00	855.00	1178.00	1332.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		1188.00	1743.00	2011.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	114.00	1302.00	1857.00	2125.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	256.00	1444.00	1999.00	2267.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		3045.00	4467.00	5147.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	301.00	3346.00	4768.00	5448.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	679.00	3724.00	5146.00	5826.00
1250	Theatre Procedure Cat E – Facility Fee	Procedure		4264.00	6254.00	7206.00
1251	Theatre Procedure Cat E – General medical practitioner	Procedure	421.00	4685.00	6675.00	7627.00
1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	950.00	5214.00	7204.00	8156.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		19.00	19.00	23.00
1313	Supplementary health treatment-Nursing Practitioner	Contact	17.00	36.00	36.00	40.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	17.00	36.00	36.00	40.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		15.00	15.00	17.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	12.00	27.00	27.00	29.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km				
1420	Basic life support – Facility Fee	50km				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
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				
1455	Emergency service standby – Basic life support practitioner	Hour				
1456	Emergency services standby- Intermediate life support practitioner	Hour				
1457	Emergency services standby- Advanced life support practitioner	Hour				
1460 Rescue – Facility Fee Once off		Hour				
1461 Rescue – General medical practitioner		Hour				
1462 Rescue – Specialist medical practitioner						
1463	Rescue – Nursing practitioner	Hour				
1465	Rescue- Basic life support practitioner	Hour				
1466	Rescue – Intermediate life support practitioner	Hour				
1467	Rescue- Advanced life support practitioner	Hour				

See Administrator's Notice No. 646 of 29 August 1958

CODE	DESCRIPTION		BASIS	PROFESSIONAL FEE R	FACILITY		
					TOTAL FEE IN BOLD		
					LEVEL 1	LEVEL 2	LEVEL 3
					R	R	R
1470	Emergency transport air services fixed wing		Flying hour				
1480	Emergency transport air services helicopter		Flying hour				
1490	Emergency services standby-Facility Fee	Additional 50km					
15	Assistive Devices & Prosthesis						
1510	Assistive Devices-Item Fee		Item	30% of the cost of the relevant device or prosthesis, rounded to the nearest R5			
1520	Prosthetic Devices-Item Fee		Items				
1530	Dental Items		Items				
1540	Assistive Devices-Repairs to Item		Items				
1550	Assistive Devices-Optic devices		Varies				
16	Cosmetic Surgery						
1610	Cosmetic Surgery Cat A – Facility Fee		Procedure		3204.00	3204.00	3659.00
1611	Cosmetic Surgery Cat A – General practitioner		Procedure	1847.00	5051.00	5051.00	5506.00
1612	Cosmetic Surgery Cat A – Specialist practitioner		Procedure	2766.00	5970.00	5970.00	6425.00
1620	Cosmetic Surgery Cat B – Facility Fee		Procedure		7203.00	7203.00	8233.00
1621	Cosmetic Surgery Cat B – General practitioner		Procedure	2188.00	9391.00	9391.00	10421.00
1622	Cosmetic Surgery Cat B – Specialist practitioner		Procedure	3283.00	10486.00	10486.00	11516.00
1630	Cosmetic Surgery – Cat C – Facility Fee		Procedure		11634.00	11634.00	13297.00
1631	Cosmetic Surgery Cat C – General practitioner		Procedure	3699.00	15333.00	15333.00	16996.00
1632	Cosmetic Surgery Cat C – Specialist practitioner		Procedure	5548.00	17182.00	17182.00	18845.00
1640	Cosmetic Surgery Cat D – Facility Fee		Procedure		19652.00	19652.00	22458.00
1641	Cosmetic Surgery Cat D – General practitioner		Procedure	4150.00	23802.00	23802.00	26608.00
1642	Cosmetic Surgery Cat D – Specialist practitioner		Procedure	6107.00	25759.00	25759.00	28565.00
17	Laboratory Services						
1700	Drawing of Blood		Contact		12.00	12.00	12.00
1710	Laboratory Test		Varies				
18	Radiation Oncology						

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
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		216.00	216.00	216.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	107.00	323.00	323.00	323.00
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		216.00	216.00	216.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	323.00	539.00	539.00	539.00
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		216.00	216.00	216.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	645.00	861.00	861.00	861.00
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		216.00	216.00	216.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	968.00	1184.00	1184.00	1184.00
1950	Positron Emission Tomography(PET) Cat E-facility Fee	Procedure		2303.00	2303.00	2303.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	1257.00	3560.00	3560.00	3560.00
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		45.00	45.00	56.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	17.00	62.00	62.00	73.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	33.00	78.00	78.00	89.00
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	10.00	55.00	55.00	65.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	10.00	55.00	55.00	65.00
2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		45.00	45.00	56.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	23.00	68.00	68.00	79.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	36.00	81.00	81.00	92.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	13.00	58.00	58.00	69.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	13.00	58.00	58.00	69.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy-Facility Fee(Flat Fee)	Session		157.00	157.00	157.00
2210	Hyperbaric Oxygen Therapy -Facility Fee	Session		474.00	474.00	474.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	200.00	674.00	674.00	674.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	200.00	674.00	674.00	674.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		477.00	477.00	477.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	292.00	769.00	769.00	769.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	292.00	769.00	769.00	769.00
23	Consumables(Not included in Facility Fee)					
2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		99.00	99.00	119.00
2411	Autopsy-General Practitioner	Per Case	110.00	209.00	209.00	229.00
2412	Autopsy-Specialist Practitioner	Per Case	254.00	353.00	353.00	373.00
25	Port Health and Travel clinics					
2510	Consultation Facility Fees	Visit		119.00	119.00	119.00
2511	Consultation-General medical practitioner	Visit	110.00	229.00	229.00	229.00
2513	Consultation-Nursing practitioner	Visit	63.00	182.00	182.00	182.00
2520	Emergency Consultation-Facility Fee	Visit		240.00	240.00	240.00
2521	Emergency Consultation –General Practitioner	Visit	167.00	407.00	407.00	407.00
2523	Emergency Consultation-Nursing Practitioner	Visit	97.00	337.00	337.00	337.00
0810	Medication Fee-Facility Fee	Prescription		36.00	36.00	44.00
0837	Pharmaceutical –Travel Medicines	Item				

Substitution of Annexure 3 to Schedule B of the Regulations

5. The following Annexure is hereby substituted for Annexure 3 of Schedule B to the Regulations:

"ANNEXURE 3 TO SCHEDULE B

UPFS 2019 FEE SCHEDULE FOR FULL PAYING PATIENTS (PRIVATE PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anesthetics					
0111	Anaesthetics Cat A – General Medical Practitioner	Procedure	235.00	235.00	235.00	235.00
0112	Anaesthetics Cat A – Specialist Medical Practitioner	Procedure	355.00	355.00	355.00	355.00
0121	Anaesthetics Cat B – General Medical Practitioner	Procedure	402.00	402.00	402.00	402.00
0122	Anaesthetics Cat B – Specialist Medical Practitioner	Procedure	605.00	605.00	605.00	605.00
0131	Anaesthetics Cat C – General Medical Practitioner	Procedure	1415.00	1415.00	1415.00	1415.00
0132	Anaesthetics Cat C – Specialist Medical Practitioner	Procedure	2124.00	2124.00	2124.00	2124.00
02	Confinement					
0210	Natural Birth-Facility Fee	Incident		4368.00	4368.00	5085.00
0211	Natural Birth – General Medical Practitioner	Incident	2370.00	6738.00	6738.00	7455.00
0212	Natural Birth – Specialist Medical Practitioner	Incident	3058.00	7426.00	7426.00	8143.00
0213	Natural Birth – Nursing Practitioner	Incident	2866.00	7234.00	7234.00	7951.00
0220	Caesarean Section – Facility Fee	Incident		6877.00	6877.00	8003.00
0221	Caesarean Section – General Medical Practitioner	Incident	2370.00	9247.00	9247.00	10373.00
0222	Caesarean Section – Specialist Medical Practitioner	Incident	3085.00	9962.00	9962.00	11088.00
03	Dialysis					
0310	Haemo – Facility Fee	Day		1566.00	1566.00	1794.00
0311	Haemo-dialysis – General Medical Practitioner	Day	297.00	1863.00	1863.00	2091.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0312	Haemo-dialysis – Specialist Medical Practitioner	Day	373.00	1939.00	1939.00	2167.00
0313	Haemo-dialysis Nursing Practitioner	Day	240.00	1806.00	1806.00	2034.00
0320	Peritoneal Dialysis – Facility Fee	Session		242.00	242.00	275.00
0321	Peritoneal Dialysis – General Medical Practitioner	Session	49.00	291.00	291.00	333.00
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	58.00	300.00	300.00	330.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	33.00	275.00	275.00	308.00
0330	Plasmapheresis-Facility Fee	Session		1566.00	1566.00	1794.00
0331	Plasmapheresis-General Medical Practitioner	Session	297.00	1863.00	1863.00	2091.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	373.00	1939.00	1939.00	2167.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		185.00	185.00	185.00
0411	Medical Report – General Medical Practitioner	Report	435.00	620.00	620.00	620.00
0412	Medical Report – Specialist Medical Practitioner	Report	435.00	620.00	620.00	620.00
0420	Copy of Medical Report – Facility Fee	Copies		185.00	185.00	185.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General Medical Practitioner	Copies	219.00	404.00	404.00	404.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist Medical Practitioner	Copies	219.00	404.00	404.00	404.00
0425	Copies of X ray, ultrasounds etc.	Copies	219.00	404.00	404.00	404.00
0430	Functional Assessment Report-Facility Fee	Report		302.00	302.00	369.00
0431	Functional Assessment Report-General medical	Report	853.00	1155.00	1155.00	1222.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0432	Functional Assessment Report-Specialist Medical Practitioner	Report	1742.00	2044.00	2044.00	2111.00
0434	Functional Assessment Report-Allied Health Practitioner	Report	853.00	1155.00	1155.00	1222.00
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copy		1111.00	1111.00	1111.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		80.00	80.00	89.00
0511	Radiology, Cat A – General Medical Practitioner	Procedure	78.00	158.00	158.00	167.00
0512	Radiology, Cat A – Specialist Medical Practitioner	Procedure	146.00	226.00	226.00	235.00
0514	Radiology, Cat A – Allied Health Practitioner	Procedure	77.00	157.00	157.00	166.00
0520	Radiology, Cat B – Facility Fee	Procedure		219.00	219.00	250.00
0521	Radiology, Cat B – General Medical Practitioner	Procedure	210.00	429.00	429.00	460.00
0522	Radiology, Cat B – Specialist Medical Practitioner	Procedure	409.00	628.00	628.00	659.00
0524	Radiology, Cat B – Allied Health Practitioner	Procedure	205.00	424.00	424.00	455.00
0530	Radiology, Cat C – Facility Fee	Procedure		507.00	507.00	579.00
0531	Radiology, Cat C – General Medical Practitioner	Procedure	326.00	833.00	833.00	905.00
0532	Radiology, Cat C – Specialist Medical Practitioner	Procedure	1000.00	1507.00	1507.00	1579.00
0540	Radiology, Cat D – Facility Fee	Procedure		1013.00	1013.00	1156.00
0541	Radiology, Cat D – General Medical Practitioner	Procedure	649.00	1662.00	1662.00	1805.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	1997.00	3010.00	3010.00	3153.00
0550	Radiology, Cat E – Facility Fee	Procedure		2582.00	2582.00	2952.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0551	Radiology, Cat E – General Medical Practitioner	Procedure	2391.00	4973.00	4973.00	5343.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	4985.00	7567.00	7567.00	7937.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		804.00	1023.00	1935.00
0611	In-patient General Ward – General Medical Practitioner	Day	167.00	971.00	1190.00	2102.00
0612	In-patient General Ward – Specialist Medical Practitioner	Day	291.00	1095.00	1314.00	2226.00
0620	In-patient High care – Facility Fee	12 hours		1245.00	1557.00	2229.00
0621	In-patient High Care – General Medical Practitioner	12 hours	86.00	1331.00	1643.00	2315.00
0622	In-patient High Care – Specialist Medical Practitioner	12 hours	166.00	1411.00	17236.00	2395.00
0630	In-patient Intensive care – Facility Fee	12 hours		4090.00	4090.00	4889.00
0631	In-patient Intensive Care – General Medical Practitioner	12 hours	97.00	4187.00	4187.00	4986.00
0632	In-patient Intensive Care – Specialist Medical Practitioner	12 hours	185.00	4275.00	4275.00	5074.00
0640	In-patient Chronic care – Facility Fee	Day		471.00	471.00	471.00
0641	In-patient Chronic care – General Medical Practitioner	Day	55.00	526.00	526.00	526.00
0642	In-patient Chronic care – Specialist Medical Practitioner	Day	128.00	599.00	599.00	599.00
0643	In-patient Chronic care – Nursing Practitioner	Day	33.00	504.00	504.00	504.00
0650	Day patient – Facility Fee	Day		668.00	845.00	1236.00
0651	Day patient – General Medical Practitioner	Day	167.00	835.00	1012.00	1403.00
0652	Day patient – Specialist Medical Practitioner	Day	291.00	959.00	1136.00	1527.00
0653	Day patient – Nursing Practitioner	Day	97.00	765.00	942.00	1333.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		383.00	383.00	383.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	33.00	416.00	416.00	416.00
06100	Inpatient Specialised Intensive Care Paediatric – Facility Fee	12 hours		6519.00	6519.00	6519.00
06101	Inpatient Specialised Intensive Care Paediatric – General medical practitioner	12 hours	291.00	6810.00	6810.00	6810.00
06102	Inpatient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 hours	554.00	7073.00	7073.00	7073.00
06200	Inpatient Specialised Intensive Care Neonatal – Facility Fee	12 hours		8690.00	8690.00	8690.00
06201	Inpatient Specialised Intensive Care Neonatal – General medical practitioner	12 hours	389.00	9079.00	9079.00	9079.00
06202	Inpatient Specialised Intensive Care Neonatal– Specialist medical practitioner	12 hours	739.00	9429.00	9429.00	9429.00
07	Mortuary					
0710	Mortuary – Facility Fee	Day		205.00	205.00	232.00
0720	Cremation Certificate – Facility Fee	Certificate		205.00	205.00	232.00
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		36.00	36.00	44.00
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			
0827	Pharmaceutical – Acute OPD	Item	Varies			
0828	Pharmaceutical-1- Oncology OPD	Item	Varies			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0829	Pharmaceutical-Immune Suppressant Drugs OPD	Item	Varies			
0830	Pharmaceutical Flat Fee Acute OPD	Item	Varies			
0835	Pharmaceutical-Chronic IP	Item	Varies			
0836	Pharmaceutical-Repeat scripts	Item	Varies			
0837	Pharmaceutical-Travel Medicines	Item	Varies			
9	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		30.00	30.00	34.00
0911	Oral Care Cat A – General Practitioner	Procedure	44.00	74.00	74.00	78.00
0912	Oral Care Cat A – Specialist Practitioner	Procedure	53.00	83.00	83.00	87.00
0914	Oral Care Cat A – Allied Health Practitioner	Procedure	39.00	69.00	39.00	73.00
0920	Oral Care Cat B – Facility Fee	Procedure		91.00	91.00	108.00
0921	Oral Care Cat B – General Practitioner	Procedure	103.00	194.00	194.00	211.00
0922	Oral Care Cat B – Specialist Practitioner	Procedure	164.00	255.00	255.00	272.00
0924	Oral Care Cat B – Allied Health practitioner	Procedure	83.00	174.00	174.00	191.00
0930	Oral Care Cat C – Facility Fee	Procedure		565.00	565.00	648.00
0931	Oral Care Cat C – General Practitioner	Procedure	625.00	1190.00	1190.00	1273.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	1075.00	1640.00	1640.00	1723.00
0940	Oral Care Cat D – Facility Fee	Procedure		2225.00	2225.00	2547.00
0941	Oral Care Cat D – General Practitioner	Procedure	1921.00	4146.00	4146.00	4468.00
0942	Oral Care Cat D – Specialist Practitioner	Procedure	3941.00	6166.00	6166.00	6488.00
0950	Oral Care Cat E – Facility Fee	Procedure		7497.00	7497.00	8566.00
0951	Oral Care Cat E – General Practitioner	Procedure	6460.00	13957.00	13957.00	15026.00
0952	Oral Care Cat E – Specialist Practitioner	Procedure	13257.00	20754.00	20754.00	21823.00
10	Consultations					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1010	Outpatient Consultation – Facility Fee	Visit		99.00	99.00	119.00
1011	Outpatient Consultation – General Medical Practitioner	Visit	110.00	209.00	209.00	229.00
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	254.00	353.00	353.00	373.00
1013	Outpatient Consultation – Nursing Practitioner	Visit	63.00	162.00	162.00	182.00
1014	Outpatient Consultation – Allied Health Practitioner	Visit	65.00	164.00	164.00	184.00
1020	Emergency Consultation – Facility Fee	Visit		200.00	200.00	240.00
1021	Emergency Consultation – General Medical Practitioner	Visit	167.00	367.00	367.00	407.00
1022	Emergency Consultation – Specialist Medical Practitioner	Visit	381.00	581.00	581.00	621.00
1023	Emergency Consultation – Nursing Practitioner	Visit	97.00	297.00	297.00	337.00
1024	Emergency Consultation – Allied Health Practitioner	Visit	99.00	299.00	299.00	339.00
1030	Follow-Up Outpatient Consultation-Facility Fee			99.00	99.00	119.00
1031	Follow-Up Outpatient Consultation-General Medical practitioner		110.00	209.00	209.00	229.00
1032	Follow-Up Outpatient Consultation-Specialist Medical Practitioner		254.00	353.00	353.00	373.00
1033	Follow-Up Outpatient Consultation-Nursing Practitioner		63.00	162.00	162.00	182.00
1034	Follow-Up Outpatient Consultation-Allied Health practitioner		65.00	164.00	164.00	184.00
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		471.00	471.00	564.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	164.00	635.00	635.00	728.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	314.00	785.00	785.00	878.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		471.00	471.00	564.00
1121	Minor Procedure Cat B – General Medical Practitioner	Procedure	242.00	713.00	713.00	806.00
1122	Minor Procedure Cat B – Specialist Medical Practitioner	Procedure	546.00	1017.00	1017.00	1110.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		471.00	471.00	564.00
1131	Minor Procedure Cat C – General Medical Practitioner	Procedure	380.00	851.00	851.00	944.00
1132	Minor Procedure Cat C – Specialist Medical Practitioner	Procedure	853.00	1324.00	1324.00	1417.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		471.00	471.00	564.00
1141	Minor Procedure Cat D – General Medical Practitioner	Procedure	1003.00	1474.00	1474.00	1567.00
1142	Minor Procedure Cat D – Specialist Medical Practitioner	Procedure	2262.00	2733.00	2733.00	2826.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1523.00	2229.00	2572.00
1211	Theatre Procedure Cat A – General Medical Practitioner	Procedure	164.00	1687.00	2393.00	2736.00
1212	Theatre Procedure Cat A – Specialist Medical Practitioner	Procedure	314.00	1837.00	2543.00	2886.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		2304.00	3381.00	3892.00
1221	Theatre Procedure Cat B – General Medical Practitioner	Procedure	242.00	2546.00	3623.00	4134.00
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	546.00	2850.00	3927.00	4438.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		3959.00	5809.00	6703.00
1231	Theatre Procedure Cat C – General Medical Practitioner	Procedure	380.00	4339.00	6189.00	7083.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1232	Theatre Procedure Cat C – Specialist Medical Practitioner	Procedure	853.00	4812.00	6662.00	7556.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		10151.00	14890.00	17158.00
1241	Theatre Procedure Cat D – General Medical Practitioner	Procedure	1003.00	11154.00	15893.00	18161.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	2262.00	12413.00	17152.00	19420.00
1250	Theatre Procedure Cat E – Facility Fee	Procedure		14212.00	20845.00	24021.00
1251	Theatre Procedure Cat E – General medical practitioner	Procedure	1404.00	15616.00	22249.00	25425.00
1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	3167.00	17379.00	24012.00	27188.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		63.00	63.00	77.00
1313	Supplementary Health Treatment-Nursing Practitioner	Contact	56.00	119.00	119.00	133.00
1314	Supplementary Health Treatment – Allied Health Practitioner	Contact	56.00	119.00	119.00	133.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		50.00	50.00	55.00
1324	Supplementary Health Group Treatment – Allied Health Practitioner	Contact	39.00	89.00	89.00	94.00
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				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1440	Advanced life support – Facility Fee	50km	See Administrator’s Notice No. 646 of 29 August 1958			
1450	Emergency service standby – Facility Fee	Once off				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1455	Emergency service standby – Basic life support practitioner	Hour				
1456	Emergency services standby- Intermediate life support practitioner	Hour				
1457	Emergency services standby- Advanced life support practitioner	Hour				
1460	Rescue – Facility Fee	Hour				
1461	Rescue – General medical practitioner	Hour				
1462	Rescue – Specialist medical practitioner	Hour				
1463	Rescue – Nursing practitioner	Hour				
1465	Rescue- Basic life support practitioner	Hour				
1466	Rescue – Intermediate life support practitioner	Hour				
1467	Rescue- Advanced life support practitioner	Hour				
1470	Emergency transport air services fixed wing	Flying hour	See Administrator’s Notice No. 646 of 29 August 1958			
1480	Emergency transport air services helicopter	Flying hour				
1490	Emergency services standby-Facility Fee	Additional 50km				
15	Assistive Devices & Prosthesis					
1510	Assistive Devices-Item Fee	Item	Varies			
1520	Prosthetic Devices-Item Fee	Item	Varies			
1530	Dental Items -Item Fee	Item	Varies			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1540	Assistive Devices-Repairs to Item	Item	Varies	100% of the cost of the relevant device or prostheses.		
1550	Assistive Devices-Optic devices	Item	Varies			
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		3204.00	3204.00	3659.00
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	1847.00	5051.00	5051.00	5506.00
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	2766.00	5970.00	5970.00	6425.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		7203.00	7203.00	8233.00
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	2188.00	9391.00	9391.00	10421.00
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	3283.00	10486.00	10486.00	11516.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		11634.00	11634.00	13297.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	3699.00	15333.00	15333.00	16996.00
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	5548.00	17182.00	17182.00	18845.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		19652.00	19652.00	22458.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	4150.00	23802.00	23802.00	26608.00
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	6107.00	25759.00	25759.00	28565.00
17	Laboratory Services					
1700	Drawing of Blood	Contact		39.00	39.00	39.00
1710	Laboratory Test	Varies				
18	Radiation Oncology					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
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		720.00	720.00	720.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	357.00	1077.00	1077.00	1077.00
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		720.00	720.00	720.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	1076.00	1796.00	1796.00	1796.00
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		720.00	720.00	720.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	2151.00	2871.00	2871.00	2871.00
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		720.00	720.00	720.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	3227.00	3947.00	3947.00	3947.00
1950	Positron Emission Tomography(PET) Cat E-facility Fee	Procedure		1396.00	1396.00	1396.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	4191.00	5587.00	5587.00	5587.00
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		151.00	151.00	185.00
2011	Ambulatory Procedure Cat A- General Medical Practitioner	Procedure	55.00	206.00	206.00	240.00
2012	Ambulatory Procedure Cat A- Specialist Medical Practitioner	Procedure	109.00	260.00	260.00	294.00
2013	Ambulatory Procedure Cat A- Nursing Practitioner	Procedure	33.00	184.00	184.00	218.00
2014	Ambulatory Procedure Cat A- Allied Health Worker	Procedure	33.00	184.00	184.00	218.00
2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		151.00	151.00	185.00
2021	Ambulatory Procedure Cat B- General Medical Practitioner	Procedure	78.00	229.00	229.00	263.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	119.00	270.00	270.00	304.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	44.00	195.00	195.00	229.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	44.00	195.00	195.00	229.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy-Facility Fee(Flat Fee)	Session		523.00	523.00	523.00
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		1580.00	1580.00	1580.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	667.00	2247.00	2247.00	2247.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	667.00	2247.00	2247.00	2247.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		1590.00	1590.00	1590.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	973.00	2563.00	2563.00	2563.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	973.00	2563.00	2563.00	2563.00
23	Consumables(Not included in Facility Fee)					
2300	Consumables(Not included in Facility Fee)	Item				
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		99.00	99.00	119.00
2411	Autopsy-General Practitioner	Per Case	110.00	209.00	209.00	229.00
2412	Autopsy-Specialist Practitioner	Per Case	254.00	353.00	353.00	373.00
25	Port Health and Travel Clinics					
2510	Consultation-Facility Fee	Visit		119.00	119.00	119.00
2511	Consultation-General medical Practitioner	Visit	110.00	229.00	229.00	229.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2513	Consultation –Nursing practitioner	Visit	63.00	182.00	182.00	182.00
2520	Emergency Consultation – Facility Fee	Visit		240.00	240.00	240.00
2521	Emergency Consultation-General medical practitioner	Visit	167.00	407.00	407.00	407.00
2523	Emergency Consultation –Nursing practitioner	Visit	97.00	337.00	337.00	337.00
0810	Medication Fee-Facility Fee	Prescription		36.00	36.00	44.00
0837	Pharmaceutical – Travel Medicines	Item				

Substitution of Annexure 4 to Schedule B to Regulations

6. The following Annexure is hereby substitute for Annexure 4 to Schedule B to the Regulations:

"ANNEXURE 4 TO SCHEDULE B

UPFS 2019 FEE SCHEDULE FOR FULL PAYING PATIENTS (FOLATENG WARDS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anaesthetics					
DA0111	Anaesthetics Cat A – General medical practitioner	Procedure	235.00			
DA0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	355.00			
DA0121	Anaesthetics Cat B – General medical practitioner	Procedure	402.00			
DA0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	605.00			
DA0131	Anaesthetics Cat C – General medical practitioner	Procedure	1415.00			
DA0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	2124.00			
02	Confinement					
DA0210	Natural Birth-Facility Fee	Incident		5589.00	5589.00	5589.00
DA0211	Natural Birth – General Medical Practitioner	Incident	2370.00	7959.00	7959.00	7959.00
DA0212	Natural Birth – Specialist Medical Practitioner	Incident	3058.00	8647.00	8647.00	8647.00
DA0213	Natural Birth – Nursing Practitioner	Incident	2866.00	8455.00	8455.00	8455.00
DA0220	Caesarean Section – Facility Fee	Incident		8804.00	8804.00	8804.00
DA0221	Caesarean Section – General Medical Practitioner	Incident	2370.00	11174.00	11174.00	11174.00
DA0222	Caesarean Section – Specialist Medical Practitioner	Incident	3058.00	11862.00	11862.00	11862.00
03	Dialysis					
DA0310	Haemo – Facility Fee	Day		1726.00	1726.00	1975.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA0311	Haemo-dialysis – General medical practitioner	Day	297.00	2023.00	2023.00	2272.00
DA0312	Haemo-dialysis – Specialist medical practitioner	Day	373.00	2099.00	2099.00	2348.00
DA0313	Haemo-dialysis Nursing Practitioner	Day	240.00	1966.00	1966.00	2215.00
DA0320	Peritoneal Dialysis – Facility Fee	Session		265.00	265.00	304.00
DA0321	Peritoneal Dialysis – General medical practitioner	Session	49.00	314.00	314.00	353.00
DA0322	Peritoneal dialysis-Specialist Medical practitioner	Session	58.00	323.00	323.00	362.00
DA0323	Peritoneal dialysis-Nursing Practitioner	Session	33.00	298.00	298.00	337.00
DA0330	Plasmapheresis-Facility Fee	Session		1726.00	1726.00	1975.00
DA0331	Plasmapheresis-General medical practitioner	Session	297.00	2023.00	2023.00	2272.00
DA0332	Plasmapheresis-Specialist Medical Practitioner	Session	373.00	2099.00	2099.00	2348.00
04	Medical Reports					
DA0410	Medical Report – Facility Fee	Report		185.00	185.00	185.00
DA0411	Medical Report – General medical practitioner	Report	435.00	620.00	620.00	620.00
DA0412	Medical Report – Specialist medical practitioner	Report	435.00	620.00	620.00	620.00
DA0420	Copies of Medical Report – Facility Fee	copy		185.00	185.00	185.00
DA0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	219.00	404.00	404.00	404.00
DA0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	219.00	404.00	404.00	404.00
DA0425	Copies of X ray, ultrasounds etc.	Copies	219.00	404.00	404.00	404.00
DA0430	Functional Assessment Report-	Report		333.00	333.00	406.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
	Facility Fees					
DA0431	Functional Assessment Report-General medical practitioner	Report	853.00	1186.00	1186.00	1259.00
DA0432	Functional Assessment Report-Specialist medical practitioner	Report	1742.00	2075.00	2075.00	2148.00
DA0434	Functional Assessment Report-Allied health practitioner	Report	853.00	1186.00	1186.00	1259.00
DA0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copy		1222.00	1222.00	1222.00
05	Imaging					
DA0510	Radiology, Cat A – Facility Fee	Procedure		86.00	86.00	99.00
DA0511	Radiology, Cat A – General medical practitioner	Procedure	78.00	164.00	164.00	177.00
DA0512	Radiology, Cat A – Specialist medical practitioner	Procedure	146.00	232.00	232.00	245.00
DA0514	Radiology, Cat A – Allied health practitioner	Procedure	77.00	163.00	163.00	176.00
DA0520	Radiology, Cat B – Facility Fee	Procedure		240.00	240.00	275.00
DA0521	Radiology, Cat B – General medical practitioner	Procedure	210.00	450.00	450.00	485.00
DA0522	Radiology, Cat B – Specialist medical practitioner	Procedure	409.00	649.00	649.00	684.00
DA0524	Radiology, Cat B – Allied health practitioner	Procedure	205.00	445.00	445.00	480.00
DA0530	Radiology, Cat C – Facility Fee	Procedure		559.00	559.00	638.00
DA0531	Radiology, Cat C – General medical practitioner	Procedure	326.00	885.00	885.00	964.00
DA0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1000.00	1559.00	1559.00	1638.00
DA0540	Radiology, Cat D – Facility Fee	Procedure		1117.00	1117.00	1275.00
DA0541	Radiology, Cat D – General medical practitioner	Procedure	649.00	1766.00	1766.00	1924.00
DA0542	Radiology, Cat D – Specialist Practitioner	Procedure	1997.00	3114.00	3114.00	3272.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA0550	Radiology, Cat E – Facility Fee	Procedure		2843.00	2843.00	3246.00
DA0551	Radiology, Cat E – General Medical Practitioner	Procedure	2391.00	5234.00	5234.00	5637.00
DA0552	Radiology, Cat E – Specialist Practitioner	Procedure	4985.00	7828.00	7828.00	8231.00
06	In-patients					
DA0610	In-patient General ward – Facility Fee	Day		1935.00	1935.00	1935.00
DA0611	In-patient General Ward – General medical practitioner	Day	167.00	2102.00	2102.00	2102.00
DA0612	In-patient General Ward – Specialist medical practitioner	Day	291.00	2226.00	2226.00	2226.00
DA0620	In-patient High care – Facility Fee	12 hours		2229.00	2229.00	2229.00
DA0621	In-patient High Care – General medical practitioner	12 hours	86.00	2315.00	2315.00	2315.00
DA0622	In-patient High Care – Specialist medical practitioner	12 hours	166.00	2395.00	2359.00	2359.00
DA0630	In-patient Intensive care – Facility Fee	12 hours		4889.00	4889.00	4889.00
DA0631	In-patient Intensive Care – General medical practitioner	12 hours	97.00	4986.00	4986.00	4986.00
DA0632	In-patient Intensive Care – Specialist medical practitioner	12 hours	185.00	5074.00	5074.00	5074.00
DA0640	In-patient Chronic care – Facility Fee	Day		471.00	471.00	471.00
DA0641	In-patient Chronic care – General medical practitioner	Day	55.00	526.00	526.00	526.00
DA0642	In-patient Chronic care – Specialist medical practitioner	Day	128.00	599.00	599.00	599.00
DA0643	I In-patient Chronic care – Nursing practitioner	Day	33.00	504.00	504.00	504.00
DA0650	Day patient – Facility Fee	Day		1236.00	1236.00	1236.00
DA0651	Day patient – General medical practitioner	Day	167.00	1403.00	1403.00	1403.00
DA0652	Day patient – Specialist medical practitioner	Day	291.00	1527.00	1527.00	1527.00
DA0653	Day patient – Nursing practitioner	Day	97.00	1333.00	1333.00	1333.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA0660	In-patient Boarder/Patient companion – Facility Fee	Day		383.00	383.00	383.00
DA0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	33.00	416.00	416.00	416.00
DA06100	Inpatient Specialised Intensive Care Paediatric – Facility Fee	12 hours		6519.00	6519.00	6519.00
DA06101	Inpatient Specialised Intensive Care Paediatric – General medical practitioner	12 hours	291.00	6810.00	6810.00	6810.00
DA06102	Inpatient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 hours	554.00	7073.00	7073.00	7073.00
DA06200	Inpatient Specialised Intensive Care Neonatal – Facility Fee	12 hours		8690.00	8690.00	8690.00
DA06201	Inpatient Specialised Intensive Care Neonatal – General medical practitioner	12 hours	389.00	9079.00	9079.00	9079.00
DA06202	Inpatient Specialised Intensive Care Neonatal– Specialist medical practitioner	12 hours	739.00	9429.00	9429.00	9429.00
07	Mortuary					
DA0710	Mortuary-Facility Fee	Day		205.00	205.00	232.00
DA0720	Cremation Certificate-Facility Fee	Certificate		205.00	205.00	232.00
08	Pharmaceutical					
DA0810	Medication Fee – Facility Fee	Prescription		39.00	39.00	46.00
DA0815	Item Fee	Item	Varies			
DA0816	Pharmaceutical-TTO	Item	Varies			
DA0817	Pharmaceutical-Chronic	Item	Varies			
DA0818	Pharmaceutical-Oncology	Item	Varies			
DA0819	Pharmaceutical-Immune Suppressant Drugs	Item	Varies			
DA0820	Pharmaceutical Flat Fee-OPD	Item	Varies			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA0825	Pharmaceutical Flat Fee-IP	Item	Varies			
09	Oral Health					
DA0910	Oral Care Cat A – Facility Fee	Procedure		34.00	34.00	39.00
DA0911	Oral Care Cat A – General practitioner	Procedure	44.00	78.00	78.00	83.00
DA0912	Oral Care Cat A – Specialist practitioner	Procedure	53.00	87.00	87.00	92.00
DA0914	Oral Care Cat A – Allied health practitioner	Procedure	39.00	73.00	73.00	78.00
DA0920	Oral Care Cat B – Facility Fee	Procedure		103.00	103.00	116.00
DA0921	Oral Care Cat B – General practitioner	Procedure	103.00	206.00	206.00	219.00
DA0922	Oral Health Cat B – Specialist practitioner	Procedure	164.00	267.00	267.00	280.00
DA0924	Oral Care Cat B – Allied health practitioner	Procedure	83.00	186.00	186.00	199.00
DA0930	Oral Care Cat C – Facility Fee	Procedure		622.00	622.00	714.00
DA0931	Oral Care Cat C – General practitioner	Procedure	625.00	1247.00	1247.00	1339.00
DA0932	Oral Care Cat C – Specialist practitioner	Procedure	1075.00	1697.00	1697.00	1789.00
DA0940	Oral Care Cat D – Facility Fee	Procedure		2454.00	2454.00	2802.00
DA0941	Oral Care Cat D – General practitioner	Procedure	1921.00	4375.00	4375.00	4723.00
DA0942	Oral Care Cat D – Specialist practitioner	Procedure	3941.00	6395.00	6395.00	6743.00
DA0950	Oral Care Cat E – Facility Fee	Procedure		8247.00	8247.00	9426.00
DA0951	Oral Care Cat E – General practitioner	Procedure	6460.00	14707.00	14707.00	15886.00
DA0952	Oral Care Cat E – Specialist practitioner	Procedure	13257.00	21504.00	21504.00	22683.00
10	Consultations					
DA1010	Outpatient Consultation – Facility Fee	Visit		109.00	109.00	133.00
DA1011	Outpatient Consultation – General medical practitioner	Visit	110.00	219.00	219.00	243.00
DA1012	Outpatient Consultation – Specialist medical practitioner	Visit	254.00	363.00	363.00	387.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA1013	Outpatient Consultation – Nursing practitioner	Visit	63.00	172.00	172.00	196.00
DA1014	Outpatient Consultation – Allied health practitioner	Visit	65.00	174.00	174.00	198.00
DA1020	Emergency Consultation – Facility Fee	Visit		223.00	223.00	264.00
DA1021	Emergency Consultation – General medical practitioner	Visit	167.00	390.00	390.00	431.00
DA1022	Emergency Consultation – Specialist medical practitioner	Visit	381.00	604.00	604.00	645.00
DA1023	Emergency Consultation – Nursing practitioner	Visit	97.00	320.00	320.00	361.00
DA1024	Emergency Consultation – Allied health practitioner	Visit	99.00	322.00	322.00	363.00
DA1030	Follow-Up Outpatient Consultation-Facility Fee			109.00	109.00	133.00
DA1031	Follow-Up Outpatient Consultation-General Medical practitioner		110.00	219.00	219.00	243.00
DA1032	Follow-Up Outpatient Consultation-Specialist Medical Practitioner		254.00	363.00	363.00	387.00
DA1033	Follow-Up Outpatient Consultation-Nursing Practitioner		63.00	172.00	172.00	196.00
DA1034	Follow-Up Outpatient Consultation-Allied Health practitioner		65.00	174.00	174.00	198.00
11	Minor Theatre Procedures					
DA1110	Minor Procedure Cat A – Facility Fee	Procedure		518.00	518.00	621.00
DA1111	Minor Procedure Cat A – General medical practitioner	Procedure	164.00	682.00	682.00	785.00
DA1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	314.00	832.00	832.00	935.00
DA1120	Minor Procedure Cat B – Facility Fee	Procedure		518.00	518.00	621.00
DA1121	Minor Procedure Cat B – General medical practitioner	Procedure	242.00	760.00	760.00	863.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	546.00	1064.00	1064.00	1167.00
DA1130	Minor Procedure Cat C – Facility Fee	Procedure		518.00	518.00	621.00
DA1131	Minor Procedure Cat C – General medical practitioner	Procedure	380.00	898.00	898.00	1001.00
DA1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	853.00	1371.00	1371.00	1474.00
DA1140	Minor Procedure Cat D – Facility Fee	Procedure		518.00	518.00	621.00
DA1141	Minor Procedure Cat D – General medical practitioner	Procedure	1003.00	1521.00	1521.00	1624.00
DA1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	2262.00	2780.00	2780.00	2883.00
12	Major Theatre Procedures					
DA1210	Theatre Procedure Cat A – Facility Fee	Procedure		1673.00	2453.00	2828.00
DA1211	Theatre Procedure Cat A – General medical practitioner	Procedure	164.00	1837.00	2617.00	2992.00
DA1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	318.00	1991.00	2771.00	3146.00
DA1220	Theatre Procedure Cat B – Facility Fee	Procedure		2537.00	3718.00	4521.00
DA1221	Theatre Procedure Cat B – General medical practitioner	Procedure	242.00	2779.00	3960.00	4763.00
DA1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	546.00	3083.00	4264.00	5067.00
DA1230	Theatre Procedure Cat C – Facility Fee	Procedure		4351.00	6390.00	7374.00
DA1231	Theatre Procedure Cat C – General medical practitioner	Procedure	380.00	4731.00	6770.00	7754.00
DA1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	853.00	5204.00	7243.00	8227.00
DA1240	Theatre Procedure Cat D – Facility Fee	Procedure		11165.00	16378.00	18876.00
DA1241	Theatre Procedure Cat D – General medical practitioner	Procedure	1003.00	12168.00	17381.00	19879.00
DA1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	2262.00	13427.00	18640.00	21138.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA1250	Theatre Procedure Cat E – Facility Fee	Procedure		14212.00	20845.00	24021.00
DA1251	Theatre Procedure Cat E – General medical practitioner	Procedure	1404.00	15616.00	22249.00	25425.00
DA1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	3167.00	17379.00	24012.00	27188.00
13	Treatments					
DA1310	Supplementary Health Treatment – Facility Fee	Contact		74.00	74.00	82.00
DA1313	Supplementary health treatment-Nursing Practitioner	Contact	56.00	130.00	130.00	138.00
DA1314	Supplementary Health Treatment – Allied health practitioner	Contact	56.00	130.00	130.00	138.00
DA1320	Supplementary Health Group Treatment – Facility Fee	Contact		55.00	55.00	59.00
DA1324	Supplementary Health Group Treatment – Allied practitioner	Contact	39.00	94.00	94.00	98.00
15	Assistive Devices & Prosthesis					
DA1510	Assistive Devices& Prosthesis-Item Fee	Item	Varies			
DA1520	Prosthetic Devices- Item Fee	Item	Varies			
DA1530	Dental Items -Item Fee	Item	Varies			
DA1540	Assistive Devices- Repairs to item	Item	Varies			
16	Cosmetic Surgery					
DA1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		3522.00	3522.00	4022.00
DA1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1847.00	5369.00	5369.00	5869.00
DA1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2766.00	6288.00	6288.00	6788.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		7925.00	7925.00	9058.00
DA1621	Cosmetic Surgery Cat B – General practitioner	Procedure	2188.00	10113.00	10113.00	11246.00
DA1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	3283.00	11208.00	11208.00	12341.00
DA1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		12800.00	12800.00	14628.00
DA1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3699.00	16499.00	16499.00	18327.00
DA1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	5548.00	18348.00	18348.00	20176.00
DA1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		21617.00	21617.00	24705.00
DA1641	Cosmetic Surgery Cat D – General practitioner	Procedure	4150.00	25767.00	25767.00	28855.00
DA1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	6107.00	27727.00	27724.00	30812.00
17	Laboratory Services (NHLS)					
DA1700	Drawing of Blood	Contact		44.00	44.00	44.00
DA1710	Laboratory Test	Varies				
18	Radiation Oncology (Refer to Proposed list)					
DA1800	Radiation Oncology(NHRPL less VAT)	Item				
19	Nuclear Medicines					
DA1900	Itemisation of Isotopes	Item				
DA1910	Nuclear Medicines Cat A-Facility Fee	Procedure		790.00	790.00	790.00
DA1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	357.00	1147.00	1147.00	1147.00
DA1920	Nuclear Medicines Cat B-Facility Fee	Procedure		790.00	790.00	790.00
DA1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	1076.00	1866.00	1866.00	1866.00
DA1930	Nuclear Medicines Cat C-Facility Fee	Procedure		790.00	790.00	790.00
DA1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	2151.00	2941.00	2941.00	2941.00
DA1940	Nuclear Medicines Cat D-Facility Fee	Procedure		790.00	790.00	790.00
DA1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	3227.00	4017.00	4017.00	4017.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA1950	Positron Emission Tomography(PET) Cat E-facility Fee	Procedure		7676.00	7676.00	7676.00
DA1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	4191.00	11867.00	11867.00	11867.00
20	Ambulatory Procedures					
DA2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		167.00	167.00	202.00
DA2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	55.00	222.00	222.00	257.00
DA2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	109.00	276.00	276.00	311.00
DA2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	33.00	200.00	200.00	235.00
DA2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	33.00	200.00	200.00	235.00
DA2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		167.00	167.00	202.00
DA2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	78.00	245.00	245.00	280.00
DA2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	119.00	286.00	286.00	321.00
DA2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	44.00	211.00	211.00	246.00
DA2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	44.00	211.00	211.00	246.00
21	Blood and Blood Products					
DA2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
DA2200	Hyperbaric Oxygen Therapy-Facility Fee(Flat Fee)			523.00	523.00	523.00
DA2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		1735.00	1735.00	1735.00
DA2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	667.00	2402.00	2402.00	2402.00
DA2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	667.00	2402.00	2402.00	2402.00
DA2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		1752.00	1752.00	1752.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	973.00	2725.00	2725.00	2725.00
DA2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	973.00	2725.00	2725.00	2725.00
23	Consumables(Not included in Facility Fee)					
DA2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	Autopsies					
DA2410	Autopsy-Facility Fee	Per Case		109.00	109.00	133.00
DA2411	Autopsy-General Practitioner	Per Case	110.00	219.00	219.00	243.00
DA2412	Autopsy-Specialist Practitioner	Per Case	254.00	363.00	363.00	387.00
25	Port Health and Travel Clinics					
DA2510	Consultation-Facility Fee	Visit		119.00	119.00	119.00
DA2511	Consultation-General medical Practitioner	Visit	110.00	229.00	229.00	229.00
DA2513	Consultation –Nursing practitioner	Visit	63.00	182.00	182.00	182.00

Application of Regulations

7. The provisions of these Regulations shall not apply to a person—

- who is an in-patient on the day that precedes the implementation of the revised tariffs; or
- Whose admission and classification as an in-patient had been approved before the implementation of the revised tariffs.

Short title and commencement

8. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to the Classification of and Fees Payable by Patients at Provincial Hospitals, 2019, and comes in operation on 1 May 2019.

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2019

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

SCHEDULE

Definition

1. In these Regulations, unless the context otherwise indicates, "the Regulations" means the Ambulances Regulations and Tariffs, 1958 published under Administrator's Notice No. 646 of 1958, as amended by Administrator's Notice No. 252 of 1993, General Notices Nos. 7560 of 1999, 2584 of 2002, 2982 of 2002, 657 of 2003, 461 of 2005, 4859 of 2005, 3008 of 2007, 3022 of 2008, 2789 of 2009, 3774 of 2009, 1502 of 2010, 1954 of 2010, 1002 of 2011, 838 of 2012, 925 of 2013, 1028 of 2014, Provincial Notice No. 161 of 2015, General Notice Nos. 1665 of 2015 and 504 of 2016, 1315 of 2017, as withdrawn and substituted by General Notice No. 367 of 2018, General Notice of 667 of 2018.

Amendment of regulation 8 of the regulations.

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

(a) By the substitution for sub-regulation (1) and (2) of the following sub-regulations, respectively:

"(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	—
H0	Free	—
H1	R20,00	1410
H2	R45,00	1410
PG	Exempted	—
H3	R63,00	1410
P and PH	R422,00	1410"

"(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	—
H0	Free	—
H1 : Basic life support	R60,00	1420
Intermediate life support	R80,00	1430
Advanced life support	R130,00	1440
H2 : Basic life support	R115,00	1420
Intermediate life support	R155,00	1430
Advanced life support	R260,00	1440
PG	Exempted	—
H3: Basic life support	R174,00	1420
Intermediate life support	R234,00	1430
Advanced life support	R389,00	1440
P and PH: Basic life support	R1158,00	1420
Intermediate life support	R1558,00	1430
Advanced life support	R2590,00	1440

"(b) By the substitution for sub-regulation (4) and (5) of the following sub-regulations, respectively:

"(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
H1: Emergency standby.....	R30.00		1450
Additional charge for service provided by —			
General medical practitioner		R40,00	1451
Specialist medical practitioner		R50,00	1452
Nursing practitioner		R20,00	1453
Basic life support practitioner			1455
Intermediate life support practitioner.....			1456
Advanced life support practitioner.....			1457
H2 Emergency standby.....	R55.00		1450
Additional charge for service provided by —			
General medical practitioner		R75,00	1451
Specialist medical practitioner		R100,00	1452
Nursing practitioner		R45,00	1453
Basic life support practitioner			1455
Intermediate life support practitioner.....			1456
Advanced life support practitioner.....			1457"
H3: Emergency standby.....	R84.00		1450
Additional charge for service provided by —			
General medical practitioner		R112,00	1451
Specialist medical practitioner		R151,00	1452
Nursing practitioner		R64,00	1453
Basic life support practitioner			1455
Intermediate life support practitioner.....			1456
Advanced life support practitioner.....			1457
P and PH: Emergency standby.....	R559.00		1450
Additional charge for service provided by —			
General medical practitioner		R750,00	1451
Specialist medical practitioner		R1008,00	1452
Nursing practitioner		R426,00	1453
Basic life support practitioner	R175.00		1455
Intermediate life support practitioner.....	R270.00		1456
Advanced life support practitioner.....	R471.00		1457

“(5) Medical rescue service

Per incident.

Classification category and service	Facility fee	Professional fee	UPFS code
HG: all services.....	Exempted	Exempted	-
H0: All services		Free	
H1: Rescue services.....	R60.00		1460
Additional charge for services by-			
General medical practitioner		R95,00	1461
Specialist medical practitioner		R140,00	1462
Nursing practitioner		R60,00	1463
Allied health practitioner		-	1464
H2: Rescue services.....			-
Additional charge for services by-	R125.00		1460
General medical practitioner		R185,00	1461
Specialist medical practitioner		R277,00	1462
Nursing practitioner		R125,00	1463
Allied health practitioner		-	1464
PG: All services		Exempted	
H3: Rescue services.....	Exempted		
Additional charge for services by-	R185.00		1460
General medical practitioner		R278,00	1461
Specialist medical practitioner		416,00	1462
Nursing practitioner		R185,00	1463
Basic life support practitioner		R28,00	1465
Intermediate life support practitioner.....		R34,00	1466
Advanced life support practitioner.....		R77,00	1467
Emergency transport air services fixed wing...	R1612.00		1470
Emergency transport air services helicopter....	R1771.00		1480
Emergency service standby-Facility Fee.....	R37,00		1490
P and PH: Rescue services.....			1460
Additional charge for services by-	R1703,00		
General medical practitioner		R1850 .00	1461
Specialist medical practitioner		R2772,00	1462
Nursing practitioner		R1233.00	1463
Basic life support practitioner		R189,00	1465
Intermediate life support practitioner.....		R226.00	1466
Advanced life support practitioner.....		R514.00	1467
Emergency transport air services fixed wing...	R11351.00		1470
Emergency transport air services helicopter....	R12467.00		1480
Emergency service standby-Facility Fee.....	R258.00		1490

Short title and commencement

3. These regulations are called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2019.

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