



THE PROVINCE OF MPUMALANGA
DIE PROVINSIE MPUMALANGA

Provincial Gazette Provinsiale Koerant

EXTRAORDINARY • BUITENGEWOON

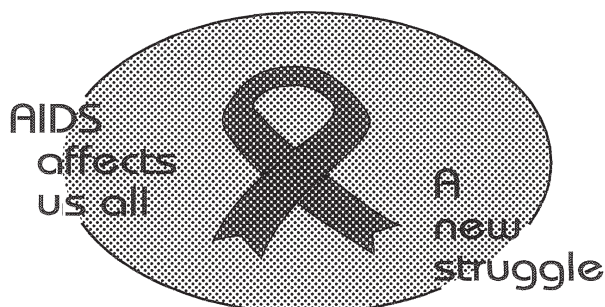
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Vol: 31

NELSPRUIT
22 March 2024
22 Maart 2024

No: 3656

We all have the power to prevent AIDS



Prevention is the cure

**AIDS
HELPLINE**

0800 012 322

DEPARTMENT OF HEALTH

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PROVINCIAL NOTICES • PROVINSIALE KENNISGEWINGS

PROVINCIAL NOTICE 435 OF 2024

NOTICE IN TERMS OF SECTION 41 (1) (C) OF THE NATIONAL HEALTH ACT, 2003 (ACT 61 OF 2003)**THE MPUMALANGA PROVINCE'S AMENDED HOSPITAL FEES MANUAL IN SCHEDULE HERETO, IS PUBLISHED FOR GENERAL INFORMATION IN RESPECT OF PUBLIC HEALTH FACILITIES IN THE PROVINCE.****THE AMENDEDMENT IS IN RESPECT OF THE HOSPITAL FEES MANUAL PUBLISHED IN PROVINCIAL GAZETTE EXTRAORDINARY NO. 3513 DATED 31MARCH 2023.**



UNIFORM PATIENT FEE SCHEDULE 2024

APPROVED UPFS 2023 FEE SCHEDULE FOR FULL PAYING USERS

EFFECTIVE 01 APRIL 2024

1-Apr-24

4,9% Increment

TARIFFS UPFS 2024

To be Rounded to R5

To be Rounded to R1

CODE	DESCRIPTION	BASIS	Professional Fee			FACILITY FEE			H1			H2			H3		
			LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
01 Anaesthetics																	
011 Anaesthetics Cat A – General medical practitioner																	
0111	Procedure	Procedure	236												89		
0112	Procedure	Procedure	446												134		
0121	Procedure	Procedure	504												151		
0122	Procedure	Procedure	759												228		
0131	Procedure	Procedure	1775												533		
0132	Procedure	Procedure	2663												799		
0141	Procedure	Procedure	2485												746		
0142	Procedure	Procedure	3731												1119		
02 Confinement																	
021 Natural Birth – Facility Fee																	
0210	Incident	Incident	5479	5479	8279												
0211	Incident	Incident	2974														
0212	Incident	Incident	3596														
0213	Incident	Incident	3594														
022 Caesarean Section – Facility Fee																	
0220	Incident	Incident	8627	8627	10039												
0221	Incident	Incident	2974														
0222	Incident	Incident	3596														
03 Dialysis																	
031 Haemo – Facility Fee																	
0311	Day	Day	1965	1965	2250				25	25	30	395	395	450	590	590	675
0312	Day	Day	373						25						112		
0313	Day	Day	468						60						140		
0320	Session	Session	303	303	345				15			60	60	70	91	91	104
0321	Session	Session	61												18		
0322	Session	Session	73												22		
0323	Session	Session	42												13		
033 Peritoneal Dialysis – Facility Fee																	
0330	Day	Day	1965	1965	2250				25	25	30	395	395	450	590	590	675
0331	Day	Day	373						25						112		
0332	Day	Day	468						65						141		
04 Medical Reports – 100%																	
0410 Medical Report – Facility Fee																	
0411	Report	Report	232	232	232				232	232	232	232	232	232	232	232	232
0412	Report	Report	546						546						545		
0420	Copy	Copy	232	232	232				232	232	232	232	232	232	232	232	232
0421	Copy	Copy	275						275						275		

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12 Major Theatre Procedures									
Procedure	1911	2796	3227	20%			30%		
1210 Theatre Procedure Cat A – General medical practitioner	207			40			62		
1211 Theatre Procedure Cat A – Specialist medical practitioner	392			80			118		
1220 Theatre Procedure Cat B – Facility Fee	2891	4241	4883		580	850	975	867	1272
1221 Theatre Procedure Cat B – General medical practitioner	303			60			91		
1222 Theatre Procedure Cat B – Specialist medical practitioner	685			135			206		
1230 Theatre Procedure Cat C – Facility Fee	4957	7287	8408		995	1455	1680	1490	2186
1231 Theatre Procedure Cat C – General medical practitioner	476			95			143		
1232 Theatre Procedure Cat C – Specialist medical practitioner	1071			215			321		
1240 Theatre Procedure Cat D – Facility Fee	12735	18680	21625		2545	3735	4305	3821	5604
1241 Theatre Procedure Cat D – General medical practitioner	1288			250			377		
1242 Theatre Procedure Cat D – Specialist medical practitioner	2838			570			851		
1250 Theatre Procedure Cat E – Facility Fee	17829	26151	30135		3565	5230	6025	5349	7845
1251 Theatre Procedure Cat E – General medical practitioner	1760			350			528		
1252 Theatre Procedure Cat E – Specialist medical practitioner	3873			795			1192		
13 Treatments									
Supplementary Health Treatment – Facility									
Procedure	80	80	97	10%			20%		
1310 Contact				10	10	10	15	15	20
1313 Contact	70			5			15		21
1314 Contact	70			5			15		21
1320 Contact	62	62	68	5	5	5	10	10	15
1324 Contact	49			5			10		15
14 Emergency Medical Services									
Procedure	529	529	529	5%			10%		
1410 100km				25	25	25	55	55	79
1420 50km	1446	1446	1446	70	70	70	145	145	217
1430 30km	1953	1953	1953	100	100	100	195	195	293
1440 50km	3249	3249	3249	160	160	160	325	325	487
1450 Once-off fee	701	701	701	701	701	701	701	701	701
1451 Hour	941			941			941		
1452 Hour	1263			1263			1263		
1453 Hour	535			535			535		
1454 Hour	N/A			N/A			N/A		
1455 Hour	220			220			220		
1456 Hour	338			338			338		
1457 Hour	591			591			591		
1460 Incident	1547	1547	1547	75	75	75	155	155	232
1461 Incident	2321			115			230		348
1462 Incident	3477			175			350		522
1463 Incident	1547			75			155		232
1464 Incident	N/A			N/A			N/A		N/A
1465 Incident	237			10			25		36
1466 Incident	283			15			30		43
1467 Incident	646			30			65		97
1470 Flying hour	14240	14240	14240	710	710	710	1425	1425	2136
1480 Flying hour	15640	15640	15640	780	780	780	1565	1565	2346

1490	Emergency service standby – Facility Fee	Additional 50km	324	324	324	15	15	35	35	35	49	49	49
15 Assistive Devices & Prosthesis													
1510	Assistive Devices	Item	Varies										
1520	Prosthetic Devices	Item	Varies										
1530	Dental Laboratory	Item	Varies										
1540	Assistive Devices, Prosthesis, Dental &	Item	Varies										
1550	Optical Repairs	Item	Varies										
1560	Optical Devices	Item	Varies										
16 Cosmetic Surgery - 100%													
1610	Cosmetic Surgery Cat A - Facility Fee	Procedure		4020	4020	4589		4020	4020	4589		4020	4589
1611	Cosmetic Surgery Cat A - General medical practitioner	Procedure	2317				2317				2317		
1612	Cosmetic Surgery Cat A - Specialist	Procedure	3471				3471				3471		
1620	Cosmetic Surgery Cat B - Facility Fee	Procedure		9036	9036	10228		9036	9036	10228		9036	10228
1621	Cosmetic Surgery Cat B - General medical practitioner	Procedure	2744				2744				2744		
1622	Cosmetic Surgery Cat B - Specialist medical practitioner	Procedure	4119				4119				4119		
1630	Cosmetic Surgery - Cat C - Facility Fee	Procedure		14595	14595	16882		14595	14595	16882		14595	16882
1631	Cosmetic Surgery Cat C - General medical practitioner	Procedure	4641				4641				4641		
1632	Cosmetic Surgery Cat C - Specialist medical practitioner	Procedure	6960				6960				6960		
1640	Cosmetic Surgery Cat D - Facility Fee	Procedure		24653	24653	28173		24653	24653	28173		24653	28173
1641	Cosmetic Surgery Cat D - General medical practitioner	Procedure	5205				5205				5205		
1642	Cosmetic Surgery Cat D - Specialist medical practitioner	Procedure	7661				7661				7661		
17 Laboratory Services													
1700	Drawing of Blood	Per Contact		49	49	49		10	10	10		15	15
1710	Laboratory Tests	Varies											
18 Radiation Oncology													
1800	Radiation Oncology (NIRRL) (less VAT)	Item	Varies										
19 Nuclear Medicines													
1900	Itemisation of Isotopes	Item											
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		903	903	903		180	180	180		271	271
1911	Nuclear Medicine Cat A - Specialist medical practitioner	Procedure	447								134		
1920	Nuclear Medicine Cat B - Facility Fee	Procedure		903	903	903		180	180	180		271	271
1921	Nuclear Medicine Cat B - Specialist medical practitioner	Procedure	1349								405		
1930	Nuclear Medicine Cat C - Facility Fee	Procedure		903	903	903		180	180	180		271	271
1931	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	2698								809		
1940	Nuclear Medicine Cat D - Facility Fee	Procedure		903	903	903		180	180	180		271	271
1941	Nuclear Medicine Cat D - Specialist medical practitioner	Procedure	4048								1214		
1950	Positron Emission Tomography (PET) Cat E - Facility Fee	Procedure		9629	9629	9629		1925	1925	1925		2889	2889
1951	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	5257								1577		
20 Ambulatory Procedures													
2010	Ambulatory Procedure Cat A - Facility Fee	Procedure		189	189	232		35	35	45		57	70
2011	Ambulatory Procedure Cat A - General medical practitioner	Procedure	69								21		
2012	Ambulatory Procedure Cat A - Specialist medical practitioner	Procedure	136								41		
2013	Ambulatory Procedure Cat A - Nursing practitioner	Procedure	42								13		
2014	Ambulatory Procedure Cat A - Allied Health Worker	Procedure	42								13		
2020	Ambulatory Procedure Cat B - Facility Fee	Procedure		189	189	232		40	40	45		57	70
2021	Ambulatory Procedure Cat B - General medical practitioner	Procedure	99								30		
2022	Ambulatory Procedure Cat B - Specialist medical practitioner	Procedure	149								45		
2023	Ambulatory Procedure Cat B - Nursing practitioner	Procedure	56								17		

[illegible]



UNIFORM PATIENT FEE SCHEDULE 2024

Annexure A6

RADIATION ONCOLOGY AUTHORISATION FORM FOR FULL PAYING USERS

Hospital Name: _____
 Hospital Practice No: _____ Hospital Tel: _____
 Attending Dr: _____
 Attending Dr Practice No: _____
 Enquiries: _____ Tel: _____
 E-mail address: _____

AUTHORIZATION REQUESTED FOR RADIOTHERAPY

Name of patient: _____ Auth No: _____
 Date of Birth: _____ Stage: _____
 Diagnosis: _____
 ICD 10 code/s: _____ Gy ☐ Frac (#) ☐
 Treatment Plan ☐ Palliative improved survival ☐ Palliative improved symptoms ☐ Adjuvant ☐
 Radical/Curative ☐

DATE TO START: _____

CHEMOTHERAPY				
	Facility Fee Code	Facility Fee	Prof Code	Prof Fee
		R		R
In-Patient per day	0610	R 2 427	0612	R 365
Outpatient	1010	R 149	1012	R 319
Non Infusion	5791	R 347	5790	R 609
Chemotherapy				
Infusion	5794	R 1 122	5793	R 2 270
Chemotherapy				

DRUG NAPPI CODE	DRUG DESCRIPTION, NUMBER OF DAYS & ROUTE OF ADMINISTRATION AND CYCLE	TOTAL DOSE	NUMBER OF CYCLES
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Rules: Medical Scheme patients

The treating hospital is not compelled to provide Inpatients and Outpatients with chemotherapy drugs, supportive care drugs, solubles and administration sets. Medical schemes will be requested to appoint a designated Chronic Medicine Dispenser (CMD) such as Optipharm, Clinix, CMD or QuestMed to supply the prescribed drugs to the hospital. State hospitals shall only provide treatments as per State Hospital Protocols equivalent to Tier 1 of South African Oncology Consortium (SAOC). All drugs shall be according to the Base Line Prescribed Minimum Benefit (PMB) formulary. Where a patient is treated by a private practitioner, the private practitioner will bill the Medical Scheme directly while the Facility Fee will be charged by the relevant hospital. Prescription Drugs: Code 0818 – these items may vary in price.

RADIOTHERAPY	Date	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Radiation Oncology			0810	R 56	0818	Varies		
-Radio pharmacology drugs								
Planning								
Manual Planning:								
-Single volume			5601	R 1 716	5801	R 722	R	R
-Multiple volumes			5602	R 2 263	5802	R 968	R	R
-Special Technique			5603	R 3 090	5803	R 1 323	R	R
Conventional(Sim only):								
-Single volume			5608	R 6 862	5808	R 2 939	R	R
-Multiple volume			5609	R 9 608	5809	R 4 059	R	R
-Special Technique			5610	R 12 013	5810	R 5 145	R	R
3D Planning (with CT):								
-Single volume			5620	R 16 882	5820	R 4 150	R	R
-Multiple volumes			5621	R 23 636	5821	R 7 046	R	R
-Special Technique (+MLC)			5622	R 29 546	5822	R 9 576	R	R
IMRT Planning procedure:								

-Radical course (excl CT+MRI)				5623	R 33 120	5823	R 10 899	R	
-Booster (excl CT + MRI)				5625	R 16 561	5825	R 4 013	R	
-CT Scan with MRI or similar imaging fusion				5626	R 37 570	5826	R 13 016	R	
-CT scan planning				0540	R 1 451	0542	R 2 506	R	

	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Kilovoltage Treatment:							
Weekly/part thereof			5634	R 1 977	5834	R 847	R
Megavoltage Radiation:							
Short course (3# or less) :							
Single Volume			5635	R 4 263	5835	R 1 708	R
Multiple Volumes			5636	R 5 968	5836	R 2 559	R
Special Technique			5637	R 7 673	5837	R 3 288	R
Conventional Radiation Weekly (4# or more):							
Single Volume			5639	R 6 813	5839	R 2 917	R
Multiple Volume			5640	R 9 949	5840	R 4 263	R
Special Technique			5641	R 11 148	5841	R 4 782	R
Advanced Techniques Weekly:							
MLC Single Volume			5649	R 9 522	5849	R 4 079	R
MLC Multiple Volumes			5650	R 13 333	5850	R 5 715	R
MLC Special Technique			5651	R 17 144	5851	R 7 347	R
IMRT			5654	R 14 063	5854	R 6 029	R
Total Body/similar			5655	R 33 335	5855	R 14 285	R

Brachytherapy	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Isotope/Applicator:							
-Low Complexity			5670	R 1 276	5870	R 636 R	R
-Intermediate Complexity			5672	R 2 544	5872	R 1 276 R	R
-High Complexity			5673	R 7 056	5873	R 3 529 R	R
Implants:							
-Low Complexity (Single guide tube, <8 dwell points)			5682	R 2 528	5882	R 1 261 R	R
-Intermediate Complexity (>1 guide tube or >8 dwell points, or <8 points but general anesthetics)			5683	R 9 237	5883	R 4 619 R	R
-High Complexity (Inclusive for implant under local or general anesthetics)			5685	R 12 314	5885	R 6 159 R	R
Brachytherapy Treatment:							
Global fee: Manual after loading			5690	R 7 198	5890	R 3 598 R	R
Global fee: Remote afterloading			5893	R 17 143	5892	R 7 310 R	R
Brachytherapy Imaging (add to any code other than 5883 or 5885)			5695	R 1 840	5895	R 921 R	R
Stereotactic Radiation:							
Single/ up to 4#:			5660	R 149 956	5860	R 64 266 R	R
Prof Fee							
5/more #:			5661	R 172 452	5861	R 73 907 R	R

[illegible]



UNIFORM PATIENT FEE SCHEDULE 2024

Annexure A7

RADIATION ONCOLOGY AUTHORISATION FORM FOR H2 USERS

Hospital Name: _____ Hospital Tel: _____
 Hospital Practice No: _____
 Attending Dr: _____
 Attending Dr Practice No: _____
 Enquiries: _____ Tel: _____
 E-mail address: _____

AUTHORIZATION REQUESTED FOR RADIOTHERAPY

Name of patient: _____ Auth No: _____
 Date of Birth: _____ Stage: _____
 Diagnosis: _____
 ICD 10 code/s: _____ Gy
 Treatment Plan _____ Palliative improved survival Palliative Improved symptoms Adjuvant
 Radical/Curative _____ Frac (#) _____

DATE TO START: _____

20%

CHEMOTHERAPY

	Facility Fee Code	Facility Fee	Prof Code	Prof Fee
	R			R
In-Patient per day	0610	R 485	0612	R 75
Outpatient	1010	R 30	1012	R 65
Non Infusion	5791	R 70	5790	R 120
Chemotherapy				
Infusion	5794	R 225	5793	R 455
Chemotherapy				

DRUG NAPPI CODE	DRUG DESCRIPTION, NUMBER OF DAYS & ROUTE OF ADMINISTRATION AND CYCLE	TOTAL DOSE	NUMBER OF CYCLES

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-Intermediate Complexity (>1guide tube or >8cwell points, or <8 points but general anesthetics)	5883	R 1,845	5883	R 925 R	R
-High Complexity (Inclusive for implant under local or general)	5885	R 2,465	5885	R 1,230 R	R
Brachytherapy					
Treatment:					
Global fee: Manual after loading	5690	R 1,440	5890	R 720 R	R
Global fee: Remote afterloading	5893	R 3,430	5892	R 1,460 R	R
Brachytherapy Imaging (add to any code other than 5883 or 5885)	5695	R 370	5895	R 185 R	R
Stereotactic					
Radiation:					
Single/ up to 4#:	5660	R 29,990	5860	R 12,855 R	R
Prof Fee					
5/more #:	5661	R 34,490	5861	R 14,780 R	R
EXPECTED					



UNIFORM PATIENT FEE SCHEDULE 2024

Annexure A6

RADIATION ONCOLOGY AUTHORISATION FORM FOR H3 USERS

Hospital Name: _____ Hospital Tel: _____
 Hospital Practice No: _____
 Attending Dr: _____
 Attending Dr Practice No: _____
 Enquiries: _____ Tel: _____
 E-mail address: _____

AUTHORIZATION REQUESTED FOR RADIOTHERAPY

Name of patient: _____ Auth No: _____
 Date of Birth: _____ Stage: _____
 Diagnosis: _____
 ICD 10 code/s: _____
 Treatment Plan _____ Gy
 Radical/Curative Palliative improved survival Palliative Improved symptoms Adjuvant
 Frac (#)

DATE TO START: _____ 30%

CHEMOTHERAPY				
	Facility Fee Code	Facility Fee	Prof Code	Prof Fee
In-Patient per day	0610	R 728	0612	R 110
Outpatient	1010	R 45	1012	R 96
Non infusion Chemotherapy	5791	R 104	5790	R 183
Infusion Chemotherapy	5794	R 337	5793	R 681

DRUG NAPPI CODE	DRUG DESCRIPTION, NUMBER OF DAYS & ROUTE OF ADMINISTRATION AND CYCLE DAYS	TOTAL DOSE	NUMBER OF CYCLES

Rules: Medical Scheme patients

The treating hospital is not compelled to provide Inpatients and Outpatients with chemotherapy drugs, supportive care drugs, solubles and administration sets. Medical schemes will be requested to appoint a designated Chronic Medicine Dispenser (CMD) such as Optipharm, Clinix, CMD or QuestMed to supply the prescribed drugs to the hospital. State hospitals shall only provide treatments as per State Hospital Protocols equivalent to Tier 1 of South African Oncology Consortium (SAOC). All drugs shall be according to the Base Line Prescribed Minimum Benefit (PMB) formulary. Where a patient is treated by a private practitioner, the private practitioner will bill the Medical Scheme directly while the Facility Fee will be charged by the relevant hospital. Prescription Drugs: Code 0818 – these items may vary in price.

RADIOTHERAPY	Date	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Radiation Oncology –Radio pharmacology drugs			0810	R 17	0818	Varies		
Planning								
<i>Manual Planning:</i>								
-Single volume			5601	R 515	5801	R 217	R	R
-Multiple volumes			5602	R 679	5802	R 290	R	R
-Special Technique			5603	R 927	5803	R 397	R	R
<i>Conventional(Sim only):</i>								
-Single volume			5608	R 2,059	5808	R 882	R	R
-Multiple volume			5609	R 2,882	5809	R 1,218	R	R
-Special Technique			5610	R 3,604	5810	R 1,544	R	R
3D Planning (with CT):								
-Single volume			5620	R 5,065	5820	R 1,245	R	R
-Multiple volumes			5621	R 7,091	5821	R 2,114	R	R
-Special Technique (+MLC)			5622	R 8,864	5822	R 2,873	R	R
IMRT Planning procedure:								
-Radical course (excl CT+MRI)			5623	R 9,936	5823	R 3,270	R	R
-Booster (excl CT + MRI)			5625	R 4,968	5825	R 1,204	R	R
-CT Scan with MRI or similar imaging fusion			5626	R 11,271	5826	R 3,905	R	R
-CT scan planning			0540	R 435	0542	R 752	R	R

Kilovoltage Treatment:	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Weekly/part thereof		5634	R 593	5834	R 254	R	R
Megavoltage Radiation:							
Short course (3# or less) :							
Single Volume		5635	R 1,279	5835	R 512	R	R
Multiple Volumes		5636	R 1,790	5836	R 768	R	R
Special Technique		5637	R 2,302	5837	R 986	R	R
Conventional Radiation Weekly (4# or more):							
Single Volume		5639	R 2,044	5839	R 875	R	R
Multiple Volume		5640	R 2,985	5840	R 1,279	R	R
Special Technique		5641	R 3,344	5841	R 1,435	R	R
Advanced Techniques Weekly:							
MLC Single Volume		5649	R 2,857	5849	R 1,224	R	R
MLC Multiple Volumes		5650	R 4,000	5850	R 1,715	R	R
MLC Special Technique		5651	R 5,143	5851	R 2,204	R	R
IMRT		5654	R 4,219	5854	R 1,809	R	R
Total Body/similar		5655	R 10,001	5855	R 4,286	R	R
Brachytherapy	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Isotope/Applicator:							
-Low Complexity		5670	R 383	5870	R 191	R	R
-Intermediate Complexity		5672	R 763	5872	R 383	R	R
-High Complexity		5673	R 2,117	5873	R 1,059	R	R
Implants:							
-Low Complexity(Single guide tube, <8 dwell points)		5682	R 758	5882	R 378	R	R

-Intermediate Complexity (>1 guide tube or >8 dwell points, or <8 points but general anesthetics)	5683	R 2,771	5883	R 1,386	R
-High Complexity (Inclusive for implant under local or general anesthetics)	5685	R 3,694	5885	R 1,848	R
Brachytherapy					
Treatment:					
Global fee: Manual after loading	5690	R 2,159	5890	R 1,079	R
Global fee: Remote afterloading	5893	R 5,143	5892	R 2,193	R
Brachytherapy Imaging (add to any code other than 5883 or 5885)	5695	R 552	5895	R 276	R
Stereotactic					
Radiation:					
Single/ up to 4#:	5660	R 44,987	5860	R 19,280	R
Prof Fee					
5/more #:	5661	R 51,736	5861	R 22,172	R
EXPECTED					

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