THE PROVINCE OF GAUTENG

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GENERAL NOTICE

NOTICE 574 OF 2011

GAUTENG PROVINCIAL GOVERNMENT

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

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

CALL FOR COMMENTS ON THE FOLLOWING DRAFTS:

- **REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2011;**
- **REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO HOSPITAL MORTUARY, 2011;**
- **REVISION OF UNIFORM PATIENT FEE SCHEDULE TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2011; AND**
- **REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS (FOLATENG WARDS), 2011.**

I, Ntombi Mekgwe, member of the Executive Council responsible for health and social development, under Sections 9, 29, 36, 38 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), intend to make amendments to the Regulations as set out in the Schedule.

CERTIFIED BY STATE LAW ADVISERS
GAUTENG
21/02/11 .....
DATE SIGNATURE

Interested persons are hereby invited to submit comments on the draft amendment Regulations on or before 28 March 2011. Written comments shall be forwarded to Mr. Gift Mahlabaseletsi by:

(a) post to:

Department of Health and Social Development
Private Bag x085
Marshalltown
2107

(b) hand to:

Department of Health and Social Development
37 Sauer street
Bank of Lisbon Building
Johannesburg

(c) fax to:

011 355 3382

(d) email to:

Gift.Mahlabaseletsi@gauteng.gov.za

N. MEKGWE
MEC FOR HEALTH AND SOCIAL DEVELOPMENT
GAUTENG PROVINCIAL GOVERNMENT
DATE: 22 Feb 2011

CERTIFIED BY STATE LAW ADVISERS
GAUTENG
21/02/11
DATE SIGNATURE

SCHEDULE

GENERAL EXPLANATORY NOTE:

Amounts in bold indicate current tariffs.
Amounts underlined indicate new tariffs.

REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2011

Amendment of regulation 8 of the regulations.

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

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

"(1) **Patient transport vehicle**

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

Classification category	Facility fee	UPFS code
P and PH.....	**R256, 00** - R271, 00	1410"

b) substitution for subregulation (2) of the following subregulation:

"(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
P and PH: Basic life support	**R701,00** - R742.00	1420
Intermediate life support	**R947,00** - R1003.00	1430
Advanced life support	**R1574,00** - R1667.00	1440"

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

"(4) **Emergency standby service**

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

Service	Facility fee	Professional fee	UPFS code
Emergency standby.....	**R254**,00 - R269.00		1450
Additional charge for service provided by —			
General medical practitioner		**R278,00** - R302.00	1451
Specialist medical practitioner		**R521,00** - R617.00	1452
Nursing practitioner		**R187,00** - R222.00	1453
Basic life support practitioner		**R99,00** - R121.00	1455
Intermediate life support practitioner.....		**R121,00** - R145.00	1456
Advanced life support practitioner.....		**R257,00** - R330.00	1457"

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

"(5) **Medical rescue service**

Per incident.

Classification category and service	Facility fee	Professional fee	UPFS code
PG: All services	**R750,00** - R794,00		1460
P and PH: Rescue services.....			
Additional charge for services by-			
General medical practitioner		**R1125,00** - R1191,00	1461
Specialist medical practitioner		**R1686,00** - R1785,00	1462
Nursing practitioner		**R750,00** - R794.00	1463
Basic life support practitioner		**R99,00** - R121.00	1465
Intermediate life support practitioner.....		**R121,00** - R145.00	1466
Advanced life support practitioner.....		**R257,00** - R330.00	1467
Emergency transport air services fixed wing...	**R6899,00** - R7306.00		1470
Emergency transport air services helicopter....	**R7577,00** - R8024.00		1480
Emergency service standby-Facility Fee	**R150,00** - R159.00		1490"

Short title

2. *These regulations shall be called the Revision of Uniform Patient Fee* Schedule relating to Ambulances, 2011.

REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO HOSPITAL MORTUARY, 2011

Amendment of regulation 3 of the Regulations

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

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

"(a) Level 1 and level 2 hospital **R124,00** - R131,00 (UPFS code 0710); and

(b) Level 3 hospital: **R142,00** - R150,00 (UPFS code 0710)."

(b) substitution for paragraph (a) of subregulation (3)of the following paragraph:

"(a) For each 24 hours on part thereof that the corpse is accommodated in the mortuary of a –

(i) Level 1 and level 2 hospital: **R124,00** - R131,00 (UPFS code 0710); and

(ii) Level 3 hospital: **R142,00** - R150.00 (UPFS code 0710)."

Amendment of regulation 4 of the Regulations

2. Regulation 4 of the Regulations is hereby amended —

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

"(a) Level 1 and level 2 hospital: **R124,00** - R131,00 (UPFS code 0720);

(b) Level 3 hospital: **R142,00** - R150,00 (UPFS code 0720)."

Short title

3. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2011.

REVISION OF UNIFORM PATIENT FEE SCHEDULE TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2011

Amendment of Annexure 1 to Schedule B of the Regulations

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

"ANNEXURE 1 TO SCHEDULE B

UPFS 2011 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
04	**Medical Reports**					
0410	**Medical Report – Facility Fee**	Report		**93.00** – 97.00	**93.00** - 97.00	**113.00** – 119.00
0411	Medical Report – General medical practitioner	Report	**175.00**- 182.00	**268.00**- 279.00	**268.00** - 279.00	**288.00** – 301.00
0412	Medical Report – Specialist medical practitioner	Report	**269.00**- 281.00	**362.00** - 378.00	**362.00**- 378.00	**382.00** – 400.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	**87.00**- 91.00	**180.00**- 188.00	**180.00**- 188.00	**200.00** – 210.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	**134.00** – 140.00	**227.00**- 237.00	**227.00**- 237.00	**247.00** – 259.00
0425	Copies of X ray, ultrasounds ect.	Copies	**87.00** – 91.00	**180.00**- 188.00	**180.00**- 188.00	**200.00** – 210.00
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**1975.00**- 2062.00	**1975.00**- 2062.00	**2255.00**- 2355.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	**1138.00**- 1189.00	**3113.00**- 3251.00	**3113.00**- 3251.00	**3393.00**- 3544.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	**1706.00**- 1781.00	**3681.00**- 3843.00	**3681.00**- 3843.00	**3961.00**- 4136.00
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**4440.00**- 4636.00	**4440.00**- 4636.00	**5076.00**- 5300.00

1621	Cosmetic Surgery Cat B – General practitioner	Procedure	**1349.00-** 1408.00	**5789.00-** 6044.00	**5789.00-** 6044.00	**6425.00-** 6708.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	**2023.00-** 2113.00	**6463.00-** 6749.00	**6463.00-** 6749.00	**7099.00-** 7413.00
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**7171.00-** 7488.00	**7171.00-** 7488.00	**8196.00-** 8559.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	**2280.00-** 2381.00	**9451.00-** 9869.00	**9451.00-** 9869.00	**10476.00-** 10940.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	**3420.00-** 3572.00	**10591.00-** 11060.00	**10591.00-** 11060.00	**11616.00-** 12131.00
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**12113.00-** 12649.00	**12113.00-** 12649.00	**13842.00-** 14455.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	**2558.00-** 2672.00	**14671.00-** 15321.00	**14671.00-** 15321.00	**16400.00-** 17127.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	**3765.00-** 3931.00	**15878.00-** 16580.00	**15878.00-** 16580.00	**17607.00-** 18386.00

*** DIALYSIS**

Charge a maximum of 6 visits per 30 days or part thereof.

*** TREATMENT**

Charge a maximum of 5 visits per 30 days or part thereof.

*** RADIATION ONCOLOGY**

Charge a maximum of 6 visits per 30 days or part thereof.

*** NUCLEAR MEDICINE**

Charge a maximum of 4 visits per 30 days or part thereof. This tariff shall include the cost of radio isotopes/radiopharmaceuticals with no additional charges.

NOTE:

- For all of the above packages, patients who attend for less than the respective maximum visits are to be billed per visits accordingly.
- The packages are not applicable to externally funded and private-doctor patients."

Amendment of Annexure 2 to Schedule B of the Regulations

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

"ANNEXURE 2 TO SCHEDULE B

UPFS 2011 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
04	**Medical Reports**					
0410	Medical Report – Facility Fee	Report		**93.00-** 97.00	**93.00-** 97.00	**113.00-** 119.00
0411	Medical Report – General medical practitioner	Report	**175.00-** 182.00	**268.00-** 279.00	**268.00-** 279.00	**288.00-** 301.00
0412	Medical Report – Specialist medical practitioner	Report	**269.00-** 281.00	**362.00-** 378.00	**362.00-** 378.00	**382.00-** 400.00
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	**87.00-** 91.00	**180.00-** 188.00	**180.00-** 188.00	**200.00-** 210.00
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	**134.00-** 140.00	**227.00-** 237.00	**227.00-** 237.00	**247.00-** 259.00
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	**87.00-** 91.00	**180.00-** 188.00	**180.00-** 188.00	**200.00-** 210.00
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**1975.00-** 2062.00	**1975.00-** 2062.00	**2255.00-** 2355.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	**1138.00-** 1189.00	**3113.00-** 3251.00	**3113.00-** 3251.00	**3393.00-** 3544.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	**1706.00-** 1781.00	**3681.00-** 3843.00	**3681.00-** 3843.00	**3962.00-** 4136.00
1620	**Cosmetic Surgery Cat B –**	Procedure		**4440.00-**	**4440.00-**	**5076.00-**

	Facility Fee			4636.00	4636.00	5300.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	**1349.00-** 1408.00	**5789.00-** 6044.00	**5789.00-** 6044.00	**6425.00-** 6708.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	**2023.00-** 2113.00	**6463.00-** 6749.00	**6463.00-** 6749.00	**7099.00-** 7413.00
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**7171.00-** 7488.00	**7171.00-** 7488.00	**8196.00-** 8559.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	**2280.00-** 2381.00	**9451.00-** 9869.00	**9451.00-** 9869.00	**10476.00-** 10940.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	**3420.00-** 3572.00	**10591.00-** 11060.00	**10591.00-** 11060.00	**11616.00-** 12131.00
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**12113.00-** 12649.00	**12113.00-** 12649.00	**13842.00-** 14455.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	**2558.00-** 2672.00	**14761.00-** 15321.00	**14761.00-** 15321.00	**16400.00-** 17127.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	3765.00- 3931.00	**15878.00-** 16580.00	**15878.00-** 16580.00	**17607.00-** 18386.00

*** DIALYSIS**

Charge a maximum of 6 visits per 30 days or part thereof.

*** TREATMENT**

Charge a maximum of 5 visits per 30 days or part thereof.

*** RADIATION ONCOLOGY**

Charge a maximum of 6 visits per 30 days or part thereof.

*** NUCLEAR MEDICINE**

Charge a maximum of 4 visits per 30 days or part thereof. This tariff shall include the cost of radio isotopes/radiopharmaceuticals with no additional charges.

NOTE:

- For all of the above packages, patients who attend for less than the respective maximum visits are to be billed per visits accordingly.
- The packages are not applicable to externally funded and private-doctor patients."

Amendment of Annexure 3 to Schedule B of the Regulations

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

"ANNEXURE 3 TO SCHEDULE B

UPFS 2011 FEE SCHEDULE FOR FULL PAYING PATIENTS (EXTERNAL FUNDED PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
01	**Anesthetics**					
0111	Anaesthetics Cat A – General Medical Practitioner	Procedure	**144.00-** 152.00	**144.00-** 152.00	**144.00-** 152.00	**144.00-** 152.00
0112	Anaesthetics Cat A – Specialist Medical Practitioner	Procedure	**216.00-** 229.00	**216.00-** 229.00	**216.00-** 229.00	**216.00-** 229.00
0121	Anaesthetics Cat B – General Medical Practitioner	Procedure	**245.00-** 259.00	**245.00-** 259.00	**245.00-** 259.00	**245.00-** 259.00
0122	Anaesthetics Cat B – Specialist Medical Practitioner	Procedure	**368.00-** 390.00	**368.00-** 390.00	**368.00-** 390.00	**368.00-** 390.00
0131	Anaesthetics Cat C – General Medical Practitioner	Procedure	**860.00-** 911.00	**860.00-** 911.00	**860.00-** 911.00	**860.00-** 911.00
0132	Anaesthetics Cat C – Specialist Medical Practitioner	Procedure	**1291.00-** 1367.00	**1291.00-** 1367.00	**1291.00-** 1367.00	**1291.00-** 1367.00
02	**Confinement**					
0210	**Natural Birth- Facility Fee**	Incident		**2654.00-** 2811.00	**2654.00-** 2811.00	**3090.00-** 3272.00
0211	Natural Birth – General Medical Practitioner	Incident	**1440.00-** 1525.00	**4094.00-** 4336.00	**4094.00-** 4336.00	**4530.00-** 4797.00
0212	Natural Birth – Specialist Medical Practitioner	Incident	**1859.00-** 1969.00	**4513.00-** 4780.00	**4513.00-** 4780.00	**4949.00-** 5241.00
0213	Natural Birth – Nursing Practitioner	Incident	**1741.00-** 1844.00	**4395.00-** 4655.00	**4395.00-** 4655.00	**4831.00-** 5116.00
0220	**Caesarean Section – Facility Fee**	Incident		**4178.00-** 4425.00	**4178.00-** 4425.00	**4864.00-** 5151.00
0221	Caesarean Section – General Medical Practitioner	Incident	**1440.00-** 1525.00	**5618.00-** 5950.00	**5618.00-** 5950.00	**6304.00-** 6676.00
0222	Caesarean Section – Specialist Medical Practitioner	Incident	**1859.00-** 1969.00	**6037.00-** 6394.00	**6037.00-** 6394.00	**8163.00-** 7120.00
03	**Dialysis**					
0310	**Haemo – Facility Fee**	Day		**953.00-** 1009.00	**953.00-** 1009.00	**1091.00-** 1155.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
0311	Haemo-dialysis – General Medical Practitioner	Day	**181.00-** 192.00	**1134.00-** 1201.00	**1134.00-** 1201.00	**1272.00-** 1347.00
0312	Haemo-dialysis – Specialist Medical Practitioner	Day	**227.00-** 240.00	**1180.00-** 1249.00	**1180.00-** 1249.00	**1318.00-** 1395.00
0313	Haemo-dialysis Nursing Practitioner	Day	**145.00-** 154.00	**1098.00-** 1163.00	**1098.00-** 1163.00	**1236.00-** 1309.00
0320	**Peritoneal Dialysis – Facility Fee**	Session		**146.00-** 155.00	**146.00-** 155.00	**167.00-** 177.00
0321	Peritoneal Dialysis – General Medical Practitioner	Session	**29.00-** 31.00	**175.00-** 186.00	**175.00-** 186.00	**196.00-** 208.00
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	**35.00-** 37.00	**181.00-** 192.00	**181.00-** 192.00	**202.00-** 214.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	**20.00-** 21.00	**166.00-** 176.00	**166.00-** 176.00	**187.00-** 198.00
0330	**Plasmapheresis-Facility Fee**	Session		**953.00-** 1009.00	**953.00-** 1009.00	**1091.00-** 1155.00
0331	Plasmapheresis- General Medical Practitioner	Session	**181.00-** 192.00	**1134.00-** 1201.00	**1134.00-** 1201.00	**1272.00-** 1347.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	**227.00-** 240.00	**1180.00-** 1249.00	**1180.00-** 1249.00	**1318.00-** 1395.00
04	**Medical Reports**					
0410	Medical Report – Facility Fee	Report		**92.00-**97.00	**92.00-**97.00	**112.00-** 119.00
0411	Medical Report – General Medical Practitioner	Report	**172.00-** 182.00	**264.00-** 279.00	**264.00-** 279.00	**284.00-** 301.00
0412	Medical Report – Specialist Medical Practitioner	Report	**265.00-** 281.00	**357.00-** 378.00	**357.00-** 378.00	**377.00-** 400.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General Medical Practitioner	Copies	**86.00-** 91.00	**178.00-** 188.00	**178.00-** 188.00	**198.00-** 210.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist Medical Practitioner	Copies	**132.00-** 140.00	**224.00-** **237.00**	**224.00-** **237.00**	**244.00-** **259.00**
0425	Copies of X ray, ultrasounds etc.	Copies	**86.00-** 91.00	**178.00-** 188.00	**178.00-** 188.00	**198.00-** 210.00
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		**48.00-**51.00	48.00-51.00	**54.00-**57.00
0511	Radiology, Cat A – General Medical Practitioner	Procedure	**47.00-** 50.00	**95.00-** 101.00	**95.00-** 101.00	**101.00-** 107.00
0512	Radiology, Cat A – Specialist Medical Practitioner	Procedure	**101.00-** 94.00	**137.00-** 145.00	**137.00-** 145.00	**143.00-** 151.00
0514	Radiology, Cat A – Allied Health Practitioner	Procedure	**46.00-** 49.00	**94.00-** 100.00	**94.00-** 100.00	**100.00-** 106.00
0520	**Radiology, Cat B – Facility Fee**	Procedure		**132.00-** 140.00	**132.00-** 140.00	**152.00-** 161.00
0521	Radiology, Cat B – General Medical Practitioner	Procedure	**128.00-** 136.00	**260.00-** 276.00	**260.00-** 276.00	**280.00-** 297.00
0522	Radiology, Cat B – Specialist Medical Practitioner	Procedure	**249.00-** 264.00	**249.00-** 404.00	**249.00-** 404.00	**401.00-** 425.00
0524	Radiology, Cat B – Allied Health Practitioner	Procedure	**124.00-** 131.00	**256.00-** 271.00	**256.00-** 271.00	**256.00-** 292.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
0530	**Radiology, Cat C – Facility Fee**	Procedure		**616.00-** 652.00	**616.00-** 652.00	**703.00-** 744.00
0531	Radiology, Cat C – General Medical Practitioner	Procedure	**395.00-** 418.00	**1011.00-** 1070.00	**1011.00-** 1070.00	**1098.00-** 1162.00
0532	Radiology, Cat C – Specialist Medical Practitioner	Procedure	**1214.00-** 1286.00	**1830.00-** 1938.00	**1830.00-** 1938.00	**1917.00-** 2030.00
0540	**Radiology, Cat D – Facility Fee**	Procedure		**1569.00-** 1662.00	**1569.00-** 1662.00	**1793.00-** 1899.00
0541	Radiology, Cat D – General Medical Practitioner	Procedure	**1452.00-** 1538.00	**3021.00-** 3200.00	**3021.00-** 3200.00	**3245.00-** 3437.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	**3031.00-** 3210.00	**4600.00-** 4872.00	**4600.00-** 4872.00	**4824.00-** 5109.00
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		**487.00-** 516.00	**621.00-** 658.00	**1176.00-** 1245.00
0611	In-patient General Ward – General Medical Practitioner	Day	**101.00-** 107.00	**588.00-** 623.00	**722.00-** 765.00	**1277.00-** 1352.00
0612	In-patient General Ward – Specialist Medical Practitioner	Day	**177.00-** 187.00	**664.00-** 703.00	**798.00-** 845.00	**1353.00-** 1432.00
0620	**In-patient High care – Facility Fee**	12 hours		**757.00-** 802.00	**946.00-** 1002.00	**1356.00-** 1436.00
0621	In-patient High Care – General Medical Practitioner	12 hours	**53.00-** 56.00	**810.00-** 858.00	**999.00-** 1058.00	**1409.00-** 1492.00
0622	In-patient High Care – Specialist Medical Practitioner	12 hours	**100.00-** 106.00	**857.00-** 908.00	**1046.00-** 1108.00	**1456.00-** 1542.00
0630	**In-patient Intensive care – Facility Fee**	12 hours		**2486.00-** 2633.00	**2486.00-** 2633.00	**2972.00-** 3147.00
0631	In-patient Intensive Care – General Medical Practitioner	12 hours	**59.00-** 62.00	**2545.00-** 2695.00	**2545.00-** 2695.00	**3031.00-** 3209.00
0632	In-patient Intensive Care– Specialist Medical Practitioner	12 hours	**112.00-** 119.00	**2598.00-** 2752.00	**2598.00-** 2752.00	**3084.00-** 3266.00
0640	**In-patient Chronic care – Facility Fee**	Day		**286.00-** 303.00	**286.00-** 303.00	**286.00-** 303.00
0641	In-patient Chronic care – General Medical Practitioner	Day	**33.00-** 35.00	**319.00-** 338.00	**319.00-** 338.00	**319.00-** 338.00
0642	In-patient Chronic care – Specialist Medical Practitioner	Day	**77.00-** 82.00	**363.00-** 385.00	**363.00-** 385.00	**363.00-** 385.00
0643	I In-patient Chronic care – Nursing Practitioner	Day	**20.00-** 21.00	**306.00-** 324.00	**306.00-** 324.00	**306.00-** 324.00
0650	**Day patient – Facility Fee**	Day		**406.00-** 430.00	**513.00-** 543.00	**751.00-** 795.00
0651	Day patient – General Medical Practitioner	Day	**101.00-** 107.00	**507.00-** 537.00	**614.00-** 650.00	**852.00-** 902.00
0652	Day patient – Specialist Medical Practitioner	Day	**177.00-** 187.00	**583.00-** 617.00	**690.00-** 730.00	**928.00-** 982.00
0653	Day patient – Nursing Practitioner	Day	**59.00-** 62.00	**465.00-** 492.00	**572.00-** 605.00	**810.00-** 857.00
0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		**234.00-** 248.00	**234.00-** 248.00	**234.00-** 248.00
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	**20.00-** 21.00	**254.00-** 269.00	**254.00-** 269.00	**254.00-** 269.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
07	**Mortuary**					
0710	**Mortuary – Facility Fee**	Day	**See Administrator's Notice No. 372 of 3 April 1968**			
0720	Cremation Certificate – Facility Fee	Certificate				
08	**Pharmaceutical**					
0810	**Medication Fee – Facility Fee**	Prescription		**22.00-** 23.00	**22.00-** 23.00	**26.00-** 28.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			
0817	Pharmaceutical- Chronic	Item	Varies			
0818	Pharmaceutical- Oncology	Item	Varies			
0819	Pharmaceutical- Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee-OPD	Item	Varies			
0825	Pharmaceutical Flat Fee-IP	Item	Varies			
09	**Oral Health**					
0910	**Oral Care Cat A – Facility Fee**	Procedure		**19.00-** 20.00	**19.00-** 20.00	**21.00-** 22.00
0911	Oral Care Cat A – General Practitioner	Procedure	**32.00-** 34.00	**51.00-** 54.00	**51.00-** 54.00	**53.00-** 56.00
0912	Oral Care Cat A – Specialist Practitioner	Procedure	**26.00-** 28.00	**45.00-** 48.00	**45.00-** 48.00	**47.00-** 50.00
0914	Oral Care Cat A – Allied Health Practitioner	Procedure	**24.00-** 25.00	**43.00-** 45.00	**43.00-** 45.00	**45.00-** 47.00
0920	**Oral Care Cat B – Facility Fee**	Procedure		**56.00-** 59.00	**56.00-** 59.00	**65.00-** 69.00
0921	Oral Care Cat B – General Practitioner	Procedure	**65.00-** 66.00	**118.00-** 125.00	**118.00-** 125.00	**127.00-** 135.00
0922	Oral Health Cat B – Specialist Practitioner	Procedure	**99.00-** 105.00	**155.00-** 164.00	**155.00-** 164.00	**164.00-** 174.00
0924	Oral Care Cat B – Allied Health practitioner	Procedure	**51.00-** 54.00	**107.00-** 113.00	**107.00-** 113.00	**116.00-** 123.00
0930	**Oral Care Cat C – Facility Fee**	Procedure		**344.00-** 364.00	**344.00-** 364.00	**394.00-** 417.00
0931	Oral Care Cat C – General Practitioner	Procedure	**381.00-** 403.00	**725.00-** 767.00	**725.00-** 767.00	**775.00-** 820.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	**653.00-** 692.00	**997.00-** 1056.00	**997.00-** 1056.00	**1047.00-** 1109.00
0940	**Oral Care Cat D – Facility Fee**	Procedure		**1353.00-** 1433.00	**1353.00-** 1433.00	**1548.00-** 1639.00
0941	Oral Care Cat D – General Practitioner	Procedure	**1167.00-** 1236.00	**2520.00-** 2669.00	**2520.00-** 2669.00	**2715.00-** 2875.00
0942	Oral Care Cat D – Specialist Practitioner	Procedure	**2396.00-** 2537.00	**3749.00-** 3970.00	**3749.00-** 3970.00	**3944.00-** 4176.00
0950	**Oral Care Cat E – Facility Fee**	Procedure		**4556.00-** 4825.00	**4556.00-** 4825.00	**5207.00-** 5514.00
0951	Oral Care Cat E – General Practitioner	Procedure	**3926.00-** 4158.00	**8482.00-** 8983.00	**8482.00-** 8983.00	**9133.00-** 9672.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
0952	Oral Care Cat E – Specialist Practitioner	Procedure	**8057.00-** 8532.00	**12613.00-** 13357.00	**12613.00-** 13357.00	**13264.00-** 14046.00
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		**60.00-** 64.00	**60.00-** 64.00	**73.00-** 77.00
1011	Outpatient Consultation – General Medical Practitioner	Visit	**67.00-** 71.00	**127.00-** 135.00	**127.00-** 135.00	**140.00-** 148.00
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	**155.00-** 164.00	**215.00-** 228.00	**215.00-** 228.00	**228.00-** 241.00
1013	Outpatient Consultation – Nursing Practitioner	Visit	**39.00-** 41.00	**99.00-** 105.00	**99.00-** 105.00	**112.00-** 118.00
1014	Outpatient Consultation – Allied Health Practitioner	Visit	**41.00-** 43.00	**101.00-** 107.00	**101.00-** 107.00	**114.00-** 120.00
1020	**Emergency Consultation – Facility Fee**	Visit		**122.00-** 129.00	**122.00-** 129.00	**145.00-** 154.00
1021	Emergency Consultation – General Medical Practitioner	Visit	**101.00-** 107.00	**223.00-** 236.00	**223.00-** 236.00	**377.00-** 261.00
1022	Emergency Consultation – Specialist Medical Practitioner	Visit	**232.00-** 246.00	**354.00-** 375.00	**354.00-** 375.00	**377.00-** 400.00
1023	Emergency Consultation – Nursing Practitioner	Visit	**59.00-** 62.00	**181.00-** 191.00	**181.00-** 191.00	**204.00-** 216.00
1024	Emergency Consultation – Allied Health Practitioner	Visit	**60.00-** 64.00	**182.00-** 193.00	**182.00-** 193.00	**205.00-** 218.00
11	**Minor Theatre Procedures**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		**286.00-** 303.00	**286.00-** 303.00	**343.00-** 363.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	**99.00-** 105.00	**385.00-** 408.00	**385.00-** 408.00	**442.00-** 468.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	**190.00-** 201.00	**476.00-** 504.00	**476.00-** 504.00	**533.00-** 564.00
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		**286.00-** 303.00	**286.00-** 303.00	**343.00-** 363.00
1121	Minor Procedure Cat B – General Medical Practitioner	Procedure	**146.00-** 155.00	**432.00-** 458.00	**432.00-** 458.00	**489.00-** 518.00
1122	Minor Procedure Cat B – Specialist Medical Practitioner	Procedure	**332.00-** 352.00	**618.00-** 655.00	**618.00-** 655.00	**675.00-** 715.00
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		**286.00-** 303.00	**286.00-** 303.00	**343.00-** 363.00
1131	Minor Procedure Cat C – General Medical Practitioner	Procedure	**231.00-** 245.00	**517.00-** 548.00	**517.00-** 548.00	**574.00-** 608.00
1132	Minor Procedure Cat C – Specialist Medical Practitioner	Procedure	**518.00-** 549.00	**804.00-** 852.00	**804.00-** 852.00	**861.00-** 912.00
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		**286.00-** 303.00	**286.00-** 303.00	**343.00-** 363.00
1141	Minor Procedure Cat D – General Medical Practitioner	Procedure	**610.00-** 646.00	**896.00-** 949.00	**896.00-** 949.00	**953.00-** 1009.00
1142	Minor Procedure Cat D – Specialist Medical Practitioner	Procedure	**1374.00-** 1455.00	**1660.00-** 1758.00	**1660.00-** 1758.00	**1717.00-** 1818.00
12	**Major Theatre Procedures**					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		**925.00-** 980.00	**1356.00-** 1436.00	**1564.00-** 1656.00
1211	Theatre Procedure Cat A – General Medical Practitioner	Procedure	**99.00-** 105.00	**1024.00-** 1085.00	**1455.00-** 1541.00	**1663.00-** 1761.00
1212	Theatre Procedure Cat A – Specialist Medical Practitioner	Procedure	**190.00-** 201.00	**1115.00-** 1181.00	**1546.00-** 1637.00	**1754.00-** 1857.00
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		**1400.00-** 1483.00	**2055.00-** 2176.00	**2366.00-** 2506.00
1221	Theatre Procedure Cat B – General Medical Practitioner	Procedure	**146.00-** 155.00	**1546.00-** 1638.00	**2201.00-** 2331.00	**2512.00-** 2661.00
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	**332.00** -352.00	**1732.00-** 1835.00	**2387.00-** 2528.00	**2698.00-** 2858.00
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		**2405.00-** 2547.00	**3530.00-** 3738.00	**4074.00-** 4314.00
1231	Theatre Procedure Cat C – General Medical Practitioner	Procedure	**231.00-** 245.00	**2636.00-** 2792.00	**3761.00-** 3983.00	**4305.00-** 4559.00
1232	Theatre Procedure Cat C – Specialist Medical Practitioner	Procedure	**518.00-** 549.00	**2923.00-** 3096.00	**4048.00-** 4287.00	**4592.00-** 4863.00
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		**6169.00-** 6533.00	**9049.00-** 9583.00	**10429.00-** 11044.00
1241	Theatre Procedure Cat D – General Medical Practitioner	Procedure	**610.00-** 646.00	**6779.00-** 7179.00	**9659.00-** 10229.00	**11039.00-** 11690.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	**1374.00-** 1455.00	**7543.00-** 7988.00	**10423.00-** 11038.00	**11803.00-** 12499.00
13	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Contact		**39.00-** 41.00	**39.00-** 41.00	**46.00-** 49.00
1313	Supplementary Health Treatment- Nursing Practitioner	Contact	**34.00-** 36.00	**73.00-** 77.00	**73.00-** 77.00	**80.00-** 85.00
1314	Supplementary Health Treatment – Allied Health Practitioner	Contact	**34.00-** 36.00	**73.00-** 77.00	**73.00-** 77.00	**80.00-** 85.00
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		**30.00-** 32.00	**30.00-** 32.00	**33.00-** 35.00
1324	Supplementary Health Group Treatment – Allied Health Practitioner	Contact	**24.00-** 25.00	**54.00-** 57.00	**54.00-** 57.00	**57.00-** 60.00
14	**Emergency Medical Services**					
1410	**Patient transport service – Facility Fee**	100km				
1420	**Basic life support – Facility Fee**	50km				
1430	**Intermediate life support – Facility Fee**	50km				
1440	**Advanced life support – Facility Fee**	50km				
1450	**Emergency service standby – Facility Fee**	Once off				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
1453	Emergency service standby – Nursing practitioner	Hour				
1455	Emergency service standby – Basic life support practitioner	Hour				
			See Administrator's Notice No. 646 of 29 August 1958			
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					
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	Varies			
1520	Prosthetic Devices-Item Fee	Item	Varies			
1530	Dental Items -Item Fee	Item	Varies			
1540	Repairs of devices items	Item				
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**1947.00-** 2062.00	**1947.00-** 2062.00	**2224.00-** 2355.00
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	**1123.00-** 1189.00	**3070.00-** 3251.00	**3070.00-** 3251.00	**3347.00-** 3544.00
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	**1682.00-** 1781.00	**3629.00-** 3843.00	**3629.00-** 3843.00	**3906.00- 4136.00**
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**4378.00-** 4636.00	**4378.00-** 4636.00	**5005.00-** 5300.00
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	**1330.00-** 1408.00	**5708.00-** 6044.00	**5708.00-** 6044.00	**6335.00-** 6708.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	**1995.00-** 2113.00	**6373.00-** 6749.00	**6373.00-** 6749.00	**7000.00-** 7413.00
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**7071.00-** 7488.00	**7071.00-** 7488.00	**8082.00-** 8559.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	**2248.00-** 2381.00	**9319.00-** 9869.00	**9319.00-** 9869.00	**10330.00-** 10940.00
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	**3373.00-** 3572.00	**10444.00-** 11060.00	**10444.00-** 11060.00	**11455.00-** 12131.00
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**11944.00-** 12649.00	**11944.00-** 12649.00	**13650.00-** 14455.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	**2523.00-** 2672.00	**14467.00-** **15321.00**	**14467.00-** 15321.00	**16173.00-** 17127.00
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	**3712.00-** 3931.00	**15656.00-** 16580.00	**15656.00-** 16580.00	**17362.00-** 18386.00
17	**Laboratory Services**					
1700	Drawing of Blood	Contact		**24.00-** 25.00	**24.00-** 25.00	**24.00-** 25.00
1710	Laboratory Test	Varies				
18	**Radiation Oncology**					
1800	Radiation Oncology(NHRPL less VAT)	Item	Varies			
19	**Nuclear Medicines**					
1900	Itemisation of Isotopes	Item	Varies			
1910	**Nuclear Medicines Cat A-Facility Fee**	Procedure		**629.00-** 463.00	**629.00-** 463.00	**629.00-** 463.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	**416.00-** 231.00	**1045.00-** 694.00	**1045.00-** 694.00	**1045.00-** 694.00
1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		**1350.00-** 463.00	**1350.00-** 463.00	**1350.00-** 463.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	**902.00-** 693.00	**2252.00-** 1156.00	**2252.00-** 1156.00	**2252.00-** 1156.00
1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		**2441.00-** 463.00	**2441.00-** 463.00	**2441.00-** 463.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	**1628.00-** 1385.00	**4069.00-** 1848.00	**4069.00-** 1848.00	**4069.00-** **1848.00**
1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		**3879.00-** 463.00	**3879.00-** 463.00	**3879.00-** 463.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	**2587.00-** 2078.00	**6466.00-** 2541.00	**6466.00-** 2541.00	**6466.00-** 2541.00
1950	**Positron Emission Tomography(PET) Cat E-facility Fee**	Procedure		**11455.00-** 4492.00	**11455.00-** 4492.00	**11455.00-** 4492.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	**66.00-** 70.00	**158.00-** 167.00	**158.00-** 167.00	**178.00-** 189.00
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	**20.00-** 21.00	**112.00-** 118.00	**112.00-** 118.00	**132.00-** 140.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	**20.00-** 21.00	**112.00-** 118.00	**112.00-** 118.00	**132.00-** 140.00
2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		**92.00-** 97.00	**92.00-** 97.00	**112.00-** 119.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	**47.00-** 50.00	**139.00-** 147.00	**139.00-** 147.00	**159.00-** 169.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	**73.00-** 77.00	**165.00-** 174.00	**165.00-** 174.00	**185.00-** 196.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	**26.00-** 28.00	**118.00-** 125.00	**118.00-** 125.00	**138.00-** 147.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	**26.00-** 28.00	**118.00-** 125.00	**118.00-** 125.00	**138.00-** 147.00
21	**Blood and Blood Products**					
2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		**960.00-** 1017.00	**960.00-** 1017.00	**960.00-** 1017.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**405.00-** 429.00	**1365.00-** 1446.00	**1365.00-** 1446.00	**1365.00-** 1446.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	**405.00-** 429.00	**1365.00-** 1446.00	**1365.00-** 1446.00	**1365.00-** 1446.00
2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		**968.00-** 1025.00	**968.00-** 1025.00	**968.00-** 1025.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**591.00-** 626.00	**1559.00-** 1651.00	**1559.00-** 1651.00	**1559.00-** 1651.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	**591.00-** 626.00	**1559.00-** 1651.00	**1559.00-** 1651.00	**1559.00-** 1651.00
23	**Consumables(Not included in Facility Fee)**					
2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	**Autopsies**					
2410	**Autopsy-Facility Fee**	Per Case		**60.00-** 64.00	**60.00-** 64.00	**73.00-** 77.00
2411	Autopsy-General Practitioner	Per Case	**67.00-** 71.00	**127.00-** 135.00	**127.00-** 135.00	**140.00-** 148.00
2412	Autopsy-Specialist Practitioner	Per Case	**155.00-** 164.00	**215.00-** 228.00	**215.00-** 228.00	**228.00-** 241.00

Application of regulations

5. The provisions of these regulations shall not apply to a person-

a) Who is an in-patient on the day that precedes the implementation of the revised tariffs; or

b) Whose admission and classification as an in-patient had been approved before the implementation of the revised tariffs.

Short title

6. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to the classification of and fees payable by patients at Provincial Hospitals, 2011.

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS (FOLATENG WARDS), 2011.

Amendment of Schedule B of the Regulations

2. Schedule B of the Regulations is hereby amended by the addition of the following Annexure:

"ANNEXURE 4 TO SCHEDULE B

UPFS 2011 FEE SCHEDULE FOR FULL PAYING PATIENTS (FOLATENG WARDS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
01	**Anesthetics**					
DA0111	Anaesthetics Cat A – General medical practitioner	Procedure	**144.00-** 152.00			
DA0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	**216.00-** 229.00			
DA0121	Anaesthetics Cat B – General medical practitioner	Procedure	**245.00-** 259.00			
DA0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	**368.00-** 390.00			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA0131	Anaesthetics Cat C – General medical practitioner	Procedure	**860.00-** 911.00			
DA0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	**1291.00-** 1367.00			
02	**Confinement**					
DA0210	**Natural Birth-Facility Fee**	Incident		**3398.00-** 3598.00	**3398.00-** 3598.00	**3398.00-** 3598.00
DA0211	Natural Birth – General Medical Practitioner	Incident	**1440.00-** 1525.00			
DA0212	Natural Birth – Specialist Medical Practitioner	Incident	**1859.00-** 1969.00			
DA0213	Natural Birth – Nursing Practitioner	Incident	**1741.00-** 1844.00			
DA0220	**Caesarean Section – Facility Fee**	Incident		**5350-** 5666.00	**5350-** 5666.00	**5350-** 5666.00
DA0221	Caesarean Section – General Medical Practitioner	Incident	**1440.00-** 1525.00			
DA0222	Caesarean Section – Specialist Medical Practitioner	Incident	1969.00			
03	**Dialysis**					
DA0310	**Haemo – Facility Fee**	Day		**1049-** 1111.00	**1049-** 1111.00	**1200-** 1271.00
DA0311	Haemo-dialysis – General medical practitioner	Day	**181.00-** 192.00			
DA0312	Haemo-dialysis – Specialist medical practitioner	Day	**227.00-** 240.00			
DA0313	Haemo-dialysis Nursing Practitioner	Day	**145.00-** 154.00			
DA0320	**Peritoneal Dialysis – Facility Fee**	Session		**161.00-** 170.00	**161.00-** 170.00	**184.00-** 195.00
DA0321	Peritoneal Dialysis – General medical practitioner	Session	**29.00-** 31.00			
DA0322	Peritoneal dialysis-Specialist Medical practitioner	Session	**35.00-** 37.00			
DA0323	Peritoneal dialysis-Nursing Practitioner	Session	**20.00-** 21.00			
DA0330	**Plasmapheresis-Facility Fee**	Session		**1049.00-** 1111.00	**1049.00-** 1111.00	**1200.00-** 1271.00
DA0331	Plasmapheresis-General medical practitioner	Session	**181.00-** 192.00			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA0332	Plasmapheresis-Specialist Medical Practitioner	Session	**227.00-** 240.00			
04	**Medical Reports**					
DA0410	Medical Report – Facility Fee	Report		**101.00-** 107.00	**101.00-** 107.00	**123.00-** 130.00
DA0411	Medical Report – General medical practitioner	Report	**172.00-** 182.00			
DA0412	Medical Report – Specialist medical practitioner	Report	**265.00-** 281.00			
DA0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	**86.00-** 91.00			
DA0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	**132.00-** 140.00			
DA0425	Copies of X ray, ultrasounds ect.	Copies	**86.00-** 91.00			
05	**Imaging**					
DA0510	**Radiology, Cat A – Facility Fee**	Procedure		**53.00-** 56.00	**53.00-** 56.00	**60.00-** 64.00
DA0511	Radiology, Cat A – General medical practitioner	Procedure	**47.00-** 50.00			
DA0512	Radiology, Cat A – Specialist medical practitioner	Procedure	**89.00-** 94.00			
DA0514	Radiology, Cat A – Allied health practitioner	Procedure	**46.00-** 49.00			
DA0520	**Radiology, Cat B – Facility Fee**	Procedure		**145.00-** 154.00	**145.00-** 154.00	**167.00-** 177.00
DA0521	Radiology, Cat B – General medical practitioner	Procedure	**128.00-** 136.00			
DA0522	Radiology, Cat B – Specialist medical practitioner	Procedure	**249.00-** 264.00			
DA0524	Radiology, Cat B – Allied health practitioner	Procedure	**124.00-** 131.00			
DA0530	**Radiology, Cat C – Facility Fee**	Procedure		**678.00-** 718.00	**678.00-** 718.00	**774.00-** 820.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA0531	Radiology, Cat C – General medical practitioner	Procedure	**395.00-** 418.00			
DA0532	Radiology, Cat C – Specialist medical practitioner	Procedure	**1214.00-** 1286.00			
DA0540	**Radiology, Cat D – Facility Fee**	Procedure		**1727.00-** 1829.00	**1727.00-** 1829.00	**1973.00-** 2089.00
DA0541	Radiology, Cat D – General medical practitioner	Procedure	**1452.00-** 1538.00			
DA0542	Radiology, Cat D – Specialist Practitioner	Procedure	**3031.00-** 3210.00			
06	**In-patients**					
DA0610	**In-patient General ward – Facility Fee**	Day		**1176.00-** 1245.00	**1176.00-** 1245.00	**1176.00-** 1245.00
DA0611	In-patient General Ward – General medical practitioner	Day	**101.00-** 107.00			
DA0612	In-patient General Ward – Specialist medical practitioner	Day	**177.00** -187.00			
DA0620	**In-patient High care – Facility Fee**	12 hours		**1356.00-** 1436.00	**1356.00-** 1436.00	**1356.00-** 1436.00
DA0621	In-patient High Care – General medical practitioner	12 hours	**53.00** -56.00			
DA0622	In-patient High Care – Specialist medical practitioner	12 hours	**100.00-** 106.00			
DA0630	**In-patient Intensive care – Facility Fee**	12 hours		**2972.00** -3147.00	**2972.00-** 3147.00	**2972.00-** 3147.00
DA0631	In-patient Intensive Care – General medical practitioner	12 hours	**59.00** -62.00			
DA0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	**112.00-** 119.00			
DA0640	**In-patient Chronic care – Facility Fee**	Day		**286.00-** 303.00	**286.00-** 303.00	**286.00-** 303.00
DA0641	In-patient Chronic care – General medical practitioner	Day	**33.00-** 35.00			
DA0642	In-patient Chronic care – Specialist medical practitioner	Day	**477.00-** 82.00			
DA0643	I In-patient Chronic care – Nursing practitioner	Day	**20.00** -21.00			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA0650	**Day patient – Facility Fee**	Day		**751.00-** 795.00	**751.00-** 795.00	**751.00-** 795.00
DA0651	Day patient – General medical practitioner	Day	**101.00-** 107.00			
DA0652	Day patient – Specialist medical practitioner	Day	**177.00-** 187.00			
DA0653	Day patient – Nursing practitioner	Day	**59.00-** 62.00			
DA0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		**234.00-** 248.00	**234.00-** 248.00	**234.00-** 248.00
DA0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	**20.00-** 21.00			
08	**Pharmaceutical**					
DA0810	**Medication Fee – Facility Fee**	Prescription		**24.00-** 25.00	**24.00-** 25.00	**28.00-** 30.00
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			
DA0825	Pharmaceutical Flat Fee-IP	Item	Varies			
09	**Oral Health**					
DA0910	**Oral Care Cat A – Facility Fee**	Procedure		**21.00-** 22.00	**21.00-** 22.00	**23.00-** 24.00
DA0911	Oral Care Cat A – General practitioner	Procedure	**32.00-** 34.00			
DA0912	Oral Care Cat A – Specialist practitioner	Procedure	**26.00-** 28.00			
DA0914	Oral Care Cat A – Allied health practitioner	Procedure	**24.00-** 25.00			
DA0920	**Oral Care Cat B – Facility Fee**	Procedure		**62.00-** 66.00	**62.00-** 66.00	**71.00-** 75.00
DA0921	Oral Care Cat B – General practitioner	Procedure	**62.00-** 66.00			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA0922	Oral Health Cat B – Specialist practitioner	Procedure	**99.00-** 105.00			
DA0924	Oral Care Cat B – Allied health practitioner	Procedure	**51.00-** 54.00			
DA0930	**Oral Care Cat C – Facility Fee**	Procedure		**378.00-** 400.00	**378.00-** 400.00	**433.00-** 459.00
DA0931	Oral Care Cat C – General practitioner	Procedure	**381.00-** 403.00			
DA0932	Oral Care Cat C – Specialist practitioner	Procedure	**653.00-** 692.00			
DA0940	**Oral Care Cat D – Facility Fee**	Procedure		**1489.00-** 1577.00	**1489.00-** 1577.00	**1703.00-** 1803.00
DA0941	Oral Care Cat D – General practitioner	Procedure	**1167.00-** 1236.00			
DA0942	Oral Care Cat D – Specialist practitioner	Procedure	**2396.00-** 2537.00			
DA0950	**Oral Care Cat E – Facility Fee**	Procedure		**5011.00-** 5307.00	**5011.00-** 5307.00	**5728.00-** 6066.00
DA0951	Oral Care Cat E – General practitioner	Procedure	**3926.00-** 4158.00			
DA0952	Oral Care Cat E – Specialist practitioner	Procedure	**8057.00-** 8532.00			
10	**Consultations**					
DA1010	**Outpatient Consultation – Facility Fee**	Visit		**66.00-** 70.00	**66.00-** 70.00	**81.00** 86.00
DA1011	Outpatient Consultation – General medical practitioner	Visit	**67.00-** 71.00			
DA1012	Outpatient Consultation – Specialist medical practitioner	Visit	**155.00-** 164.00			
DA1013	Outpatient Consultation – Nursing practitioner	Visit	**39.00-** 41.00			
DA1014	Outpatient Consultation – Allied health practitioner	Visit	**41.00-** 43.00			
DA1020	**Emergency Consultation – Facility Fee**	Visit		**135.00-** 143.00	**135.00-** 143.00	**160.00-** 169.00
DA1021	Emergency Consultation – General medical practitioner	Visit	**101.00-** 107.00			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA1022	Emergency Consultation – Specialist medical practitioner	Visit	**232.00-** 246.00			
DA1023	Emergency Consultation – Nursing practitioner	Visit	**59.00-** 62.00			
DA1024	Emergency Consultation – Allied health practitioner	Visit	**60.00-** 64.00			
11	**Minor Theatre Procedures**					
DA1110	**Minor Procedure Cat A – Facility Fee**	Procedure		**315.00-** 334.00	**315.00-** 334.00	**377.00-** 399.00
DA1111	Minor Procedure Cat A – General medical practitioner	Procedure	**99.00-** 105.00			
DA1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	**190.00-** 201.00			
DA1120	**Minor Procedure Cat B – Facility Fee**	Procedure		**315.00-** 334.00	**315.00-** 334.00	**377.00-** 399.00
DA1121	Minor Procedure Cat B – General medical practitioner	Procedure	**146.00-** 155.00			
DA1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	**332.00-** 352.00			
DA1130	**Minor Procedure Cat C – Facility Fee**	Procedure		**315.00-** 334.00	**315.00-** 334.00	**377.00-** 399.00
DA1131	Minor Procedure Cat C – General medical practitioner	Procedure	**231.00-** 245.00			
DA1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	**518.00-** 549.00			
DA1140	**Minor Procedure Cat D – Facility Fee**	Procedure		**315.00-** 334.00	**315.00-** 334.00	**377.00-** 399.00
DA1141	Minor Procedure Cat D – General medical practitioner	Procedure	**610.00-** 646.00			
DA1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	**1374.00-** 1455.00			
12	**Major Theatre Procedures**					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		**1017.00-** 1077.00	**1491.00-** 1579.00	**1720.00-** 1821.00
DA1211	Theatre Procedure Cat A – General medical practitioner	Procedure	**99.00-** 105.00			
DA1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	**190.00-** 201.00			
DA1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		**1541.00-** 1632.00	**2260.00-** 2393.00	**2603.00-** 2757.00
DA1221	Theatre Procedure Cat B – General medical practitioner	Procedure	**146.00-** 155.00			
DA1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	**332.00-** 352.00			
DA1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		**2645.00-** 2801.00	**3884.00-** 4113.00	**4482.00-** 4746.00
DA1231	Theatre Procedure Cat C – General medical practitioner	Procedure	**231.00-** 245.00			
DA1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	**518.00-** 549.00			
DA1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		**6786.00-** 7186.00	**9955.00-** 10542.00	**11472.00-** 12149.00
DA1241	Theatre Procedure Cat D – General medical practitioner	Procedure	**610.00-** 646.00			
DA1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	**1374.00-** 1455.00			
13	**Treatments**					
DA1310	**Supplementary Health Treatment – Facility Fee**	Contact		**44.00-** 47.00	**44.00-** 47.00	**50.00-** 53.00
DA1313	Supplementary health treatment- Nursing Practitioner	Contact	**34.00-** 36.00			
DA1314	Supplementary Health Treatment – Allied health practitioner	Contact	**34.00-** 36.00			
DA1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		**33.00-** 35.00	**33.00-** 35.00	**36.00-** 38.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA1324	Supplementary Health Group Treatment – Allied practitioner	Contact	**24.00-** 25.00			
15	**Assistive Devices & Prosthesis**					
DA1510	Assistive Devices-Item Fee	Item	Varies			
DA1520	Prosthetic Devices-Item Fee	Item	Varies			
DA1530	Dental Items -Item Fee	Item	Varies			
DA1540	Repairs of devices items	Item	Varies			
16	**Cosmetic Surgery**					
DA1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**2142.00-** 2268.00	**2142.00-** 2268.00	**2446.00-** 2590.00
DA1611	Cosmetic Surgery Cat A – General practitioner	Procedure	**1123.00-** 1189.00			
DA1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	**1682.00-** 1781.00			
DA1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**4817.00-** 5101.00	**4817.00-** 5101.00	**5505.00-** 5830.00
DA1621	Cosmetic Surgery Cat B – General practitioner	Procedure	**1330.00-** 1408.00			
DA1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	**1995.00-** 2113.00			
DA1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**7779.00-** 8238.00	**7779.00-** 8238.00	**8891.00-** 9416.00
DA1631	Cosmetic Surgery Cat C – General practitioner	Procedure	**2248.00-** 2381.00			
DA1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	**3373.00-** 3572.00			
DA1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**13139.00-** 13914.00	**13139.00-** 13914.00	**15015.00-** 15901.00
DA1641	Cosmetic Surgery Cat D – General practitioner	Procedure	**2523.00-** 2672.00			
DA1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	**2712.00-** 3931.00			
17	**Laboratory Services**					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA1700	Drawing of Blood	Contact		**26.00-** 28.00	**26.00-** 28.00	**26.00-** 28.00
DA1710	Laboratory Test	Varies				
18	**Radiation Oncology**					
DA1800	Radiation Oncology(NHRPL less VAT)	Item	Varies			
19	**Nuclear Medicines**					
DA1900	Itemisation of Isotopes	Item	Varies			
DA1910	**Nuclear Medicines Cat A-Facility Fee**	Procedure		**669.00-** 708.00	**669.00-** 708.00	**669.00-** 708.00
DA1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	**416.00-** 231.00			
DA1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		**1436.00-** 1521.00	**1436.00-** 1521.00	**1436.00-** 1521.00
DA1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	**902.00-** 693.00			
DA1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		**2957.00-** 2750.00	**2957.00-** 2750.00	**2957.00-** 2750.00
DA1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	**1628.00-** 1385.00			
DA1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		**4127.00-** 4370.00	**4127.00-** 4370.00	**4127.00-** 4370.00
DA1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	**2578.00-** 2078.00			
DA1950	**Positron Emission Tomography(PET) Cat E-facility Fee**	Procedure		**12188.00-** 12907.00	**12188.00-** 12907.00	**12188.00-** 12907.00
DA1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	**416.00-** 2246.00			
20	**Ambulatory Procedures**					
DA2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		**101.00-** 107.00	**101.00-** 107.00	**123.00-** 130.00
DA2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	**33.00-** 35.00			
DA2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	**66.00-** 70.00			
DA2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	**20.00-** 21.00			
DA2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	**20.00-** 21.00			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		**101.00-** 107.00	**101.00-** 107.00	**123.00-** 130.00
DA2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	**47.00-** 50.00			
DA2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	**73.00-** 77.00			
DA2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	**26.00-** 28.00			
DA2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	**26.00-** 28.00			
21	**Blood and Blood Products**					
DA2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
DA2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		**1055.00-** 1117.00	**1055.00-** 1117.00	**1055.00-** 1117.00
DA2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**405.00-** 429.00			
DA2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	**405.00-** 429.00			
DA2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		**1065.00-** 1128.00	**1065.00-** 1128.00	**1065.00-** 1128.00
DA2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**591.00-** 626.00			
DA2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	**591.00-** 626.00			
23	**Consumables(Not included in Facility Fee)**					
DA2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	**Autopsies**					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R	R	R
DA2410	**Autopsy-Facility Fee**	Per Case		**66.00-** 70.00	**66.00-** 70.00	**81.00-** 86.00
DA2411	Autopsy-General Practitioner	Per Case	**67.00-** 71.00			
DA2412	Autopsy-Specialist Practitioner	Per Case	**155.00** -164.00			

Application of regulations

3. The provisions of these regulations shall not apply to a person-

a) Who is an in-patient on the day that precedes the implementation of the revised tariffs; or

b) Whose admission and classification as an in-patient had been approved before the implementation of the revised tariffs. and for the period ending on the date upon which he or she is discharged from the Differentiated amenity (Folateng wards) concerned.

Short title

4. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to the classification of and fees payable by patients at Provincial Hospitals (Folateng wards), 2011.