

**THE PROVINCE OF
GAUTENG**



**DIE PROVINSIE
GAUTENG**

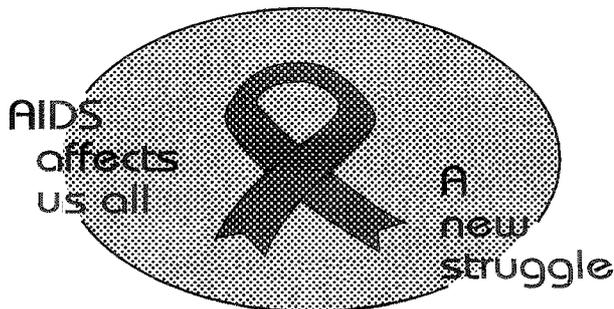
Provincial Gazette Extraordinary Buitengewone Provinsiale Koerant

Vol. 19

PRETORIA, 8 APRIL 2013

No. 86

We all have the power to prevent AIDS



Prevention is the cure

**AIDS
HELPLINE**

0800 012 322

DEPARTMENT OF HEALTH

N.B. The Government Printing Works will not be held responsible for the quality of "Hard Copies" or "Electronic Files" submitted for publication purposes



IMPORTANT NOTICE

The Government Printing Works will not be held responsible for faxed documents not received due to errors on the fax machine or faxes received which are unclear or incomplete. Please be advised that an "OK" slip, received from a fax machine, will not be accepted as proof that documents were received by the GPW for printing. If documents are faxed to the GPW it will be the sender's responsibility to phone and confirm that the documents were received in good order.

Furthermore the Government Printing Works will also not be held responsible for cancellations and amendments which have not been done on original documents received from clients.

CONTENTS • INHOUD

<i>No.</i>		<i>Page No.</i>	<i>Gazette No.</i>
GENERAL NOTICES			
925	Hospital Ordinance Act (4/1999): Revision of the uniform patient fee schedule relating to ambulances, 2013	3	86
926	do.: Revision of the uniform patient fee schedule relating to hospital mortuary, 2013.....	7	86
927	do.: Revision of the uniform patient fee schedule relating to the classification of and fees payable by patients at Provincial Hospitals, 2013	9	86

GENERAL NOTICES

NOTICE 925 OF 2013

DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO.14 OF 1958 as amended by Hospital Ordinance Act No. 4 of 1999

REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2013

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

SCHEDULE

Definition

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Amended Regulations and tariffs relating to ambulances, 1958, published under Administrator's Notice No. 646 of 29 August 1958, as amended by Administrator's Notice No. 252 of 1993 (19 June 1993) and General Notice Nos 7560 of 1999 (PG 104 of 19 November 1999), 2584 of 2002 (PG 305 of 20 September 2002), 657 of 2003 (PG 71 of 5 March 2003), 461 of 2005 (PG 47 of 7 February 2005), 4859 of 2005 (PG 526 of 6 December 2005), 3008 of 2007 (PG 188 of 16 July 2007), 3022 of 2008 (PG 217 of 22 August 2008), 3774 of 2009 (PG 247 of 13 November 2009), 1954 of 2010 (PG 142 of 15 July 2010), 1002 of 2011 (PG 63 of 01 April 2011), 838 of 2012 (PG 98 of 02 April 2012).

Amendment of regulation 8 of the regulations.

2. Regulation 8 of the regulations is hereby amended by—
 - (a) the substitution for sub-regulation (1) of the following sub-regulation:

“(1) Patient transport vehicle

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

Classification category	Facility fee	UPFS code
HG	Exempted	—
HW	R194,00	1410
H0	Free	—
H1	R10,00	1410
H2	R30,00	1410
PG	Exempted	—
H3.....	R218.00	1410
P and PH.....	R302.00	1410”

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

“(2) Ambulance transport

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

Classification category and service	Facility fee	UPFS code
HG	Exempted	—
HW : Basic life support	R530,00	1420
Intermediate life support	R716,00	1430
Advanced life support	R1 189,00	1440
H0	Free	—
H1 : Basic life support	R25,00	1420
Intermediate life support	R35,00	1430
Advanced life support	R60,00	1440
H2 : Basic life support	R80,00	1420
Intermediate life support	R105,00	1430
Advanced life support	R180,00	1440
PG	Exempted	—
H3: Basic life support	R595,00	1420
Intermediate life support	R804,00	1430
Advanced life support	R1336,00	1440
P and PH: Basic life support	R825,00	1420
Intermediate life support	R1115,00	1430
Advanced life support	R1854,00	1440”

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

“(4) **Emergency standby service**

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

Service	Facility fee	Professional fee	UPFS code
H3: Emergency standby.....	R175.00		1450
Additional charge for service provided by —			
General medical practitioner		R252,00	1451
Specialist medical practitioner		R473,00	1452
Nursing practitioner		R169,00	1453
Basic life support practitioner		R88,00	1455
Intermediate life support practitioner.....		R109.00	1456
Advanced life support practitioner.....		R233.00	1457
P and PH: Emergency standby.....	R332.00		1450
Additional charge for service provided by —			
General medical practitioner		R342.00	1451
Specialist medical practitioner		R696.00	1452
Nursing practitioner		R251.00	1453
Basic life support practitioner		R137.00	1455
Intermediate life support practitioner.....		R164.00	1456
Advanced life support practitioner.....		R373.00	1457”

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

“(5) **Medical rescue service**

Per incident.

Classification category and service	Facility fee	Professional fee	UPFS code
HG: all services.....	Exempted	Exempted	-
HW: Rescue services.....	R567, 00		1460
Additional charge for services by-			
General medical practitioner		R850,00	1461
Specialist medical practitioner		R1 275,00	1462
Nursing practitioner		R567,00	1463
Allied health practitioner		R567,00	1464
H0: All services	Free	Free	-
H1: Rescue services.....	R30.00		1460
Additional charge for services by-			
General medical practitioner		R40,00	1461
Specialist medical practitioner		R65 00	1462
Nursing practitioner		R30,00	1463
Allied health practitioner		R30,00	1464
H2: Rescue services.....	R85.00		
Additional charge for services by-			
General medical practitioner		R125,00	1461
Specialist medical practitioner		R190,00	1462
Nursing practitioner		R85,00	1463
Allied health practitioner		R85,00	1464
PG: All services	Exempted	Exempted	
H3: Rescue services.....	R299.00		1460
Additional charge for services by-			
General medical practitioner		R307,00	1461
Specialist medical practitioner		R626.00	1462
Nursing practitioner		R226.00	1463
Basic life support practitioner		R123.00	1465
Intermediate life support practitioner.....		R148.00	1466
Advanced life support practitioner.....		R336.00	1467
Emergency transport air services fixed wing...	R1336.00		1470
Emergency transport air services helicopter....	R1336.00		1480
Emergency service standby-Facility Fee.....	R120.00		1490
P and PH: Rescue services.....	R883.00		1460
Additional charge for services by-			
General medical practitioner		R1324,00	1461
Specialist medical practitioner		R1984,00	1462
Nursing practitioner		R883.00	1463
Basic life support practitioner		R135.00	1465
Intermediate life support practitioner.....		R161.00	1466
Advanced life support practitioner.....		R367.00	1467
Emergency transport air services fixed wing...	R8125.00		1470
Emergency transport air services helicopter....	R8922.00		1480
Emergency service standby-Facility Fee.....	R195.00		1490”

Short title

1. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2013.

NOTICE 926 OF 2013**DEPARTMENT OF HEALTH**

HOSPITALS ORDINANCE NO.14 OF 1958 as amended by Hospital Ordinance Act No. 4 of 1999

**REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO
HOSPITAL MORTUARY, 2013**

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

SCHEDULE**Definition**

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Hospital Mortuary Regulations, 1968, published under Administrator's Notice No. 372 of 3 April 1968, as amended by General Notices No's 658 of 2003 (PN 71 of 5 March 2003), 462 of 2005 (PG 47 of 7 February 2005), 3009 of 2007 (PG 188 of 16 July 2007), 3023 of 2008 (PG 217 of 22 August 2008), 3775 of 2009 (PG 247 of 13 November 2009), 1955 of 2010 (PG 142 of 15 July 2010), 1003 of 2011 (PG 63 of 1 April 2011), 837 of 2012 (PG 98 of 2 April 2012).

Amendment of regulation 3 of the Regulations

2. Regulation 3 of the Regulations is hereby amended —
 - (1) by the substitution for paragraph (a) and (b) of sub-regulation (1) of the following paragraphs:
 - (a) Level 1 and level 2 hospital R146,00 (UPFS code 0710); and
 - (b) Level 3 hospital: R167, 00 (UPFS code 0710)."

(2) by the substitution for paragraph (a) of sub-regulation (3) of the following paragraph:

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

- (i) Level 1 and level 2 hospital: R146.00 (UPFS code 0710); and
- (ii) Level 3 hospital: R167.00 (UPFS code 0710).”

Amendment of regulation 4 of the Regulations

3. Regulation 4 of the Regulations is hereby amended –

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

“(a) Level 1 and level 2 hospital: R146.00 (UPFS code 0720); and

(b) Level 3 hospital: R167.00 (UPFS code 0720).”

Short title

4. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2013.

NOTICE 927 OF 2013**DEPARTMENT OF HEALTH**

HOSPITALS ORDINANCE NO.14 OF 1958 as amended by Hospital Ordinance Act No. 4 of 1999

REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2013

The Member of Executive Council responsible for health and social development in the Province has, in terms of sections 9,36,38 and 76 of the Hospital Ordinance, 1958 (Ordinance No. 14 of 1958) , made the regulation in the Schedule.

SCHEDULE**Definition**

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Classification of and Fees payable by patients at Provincial Hospitals, Regulations, 1968, published under Administrator's Notice No. 616 of 12 June 1968, as amended by General Notices Nos 7560 of 1999 (PG 104 of 19 November 1999), 2586 of 2002 (PG 305 of 20 September 2002), 659 of 2003 (PG 71 of 5 March 2003), 461 of 2005 (PG 47 of 7 February 2005), 4860 of 2005 (PG 526 of 6 December 2005), 3010 of 2007 (PG 188 of 16 July 2007), 3024 of 2008 (PG 217 of 22 August 2008), 3776 of 2009 (PG 247 of 13 November 2009), 1956 of 2010 (PG 142 of 15 July 2010), 1004 of 2011 (PG 63 of 01 April 2011), 836 OF 2012 (PG 98 of 02 April 2012).

Amendment of Annexure 1 to Schedule B of the Regulations

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

"ANNEXURE 1 TO SCHEDULE B UPFS 2013 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 6 visits		10.00	10.00	10.00
0311	Haemo- General medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
0312	Haemo- Specialist medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
0320	Peritoneal Dialysis- Facility Fee	Up to 6 visits		10.00	10.00	10.00
0321	Peritoneal Dialysis- General medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
0322	Haemo- Specialist medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
0330	Plasmapheresis- Facility Fee	Up to 6 visits		10.00	10.00	10.00
0331	Plasmapheresis- General medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
0332	Plasmapheresis- Specialist medical practitioner	Up to 6 visits	10.00	20.00	20.00	20.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		108.00	108.00	132.00
0411	Medical Report – General medical practitioner	Report	203.00	311.00	311.00	335.00
0412	Medical Report – Specialist medical practitioner	Report	312.00	420.00	420.00	444.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	101.00	209.00	209.00	233.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	156.00	264.00	264.00	288.00
0425	Copies of X ray, ultrasounds ect.	Copies	101.00	209.00	209.00	233.00
06	In-Patients					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0610	In-patient General ward – Facility Fee	Per 30 Days		25.00	35.00	70.00
0611	In-patient General Ward – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0612	In-patient General Ward – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0620	In-patient High care – Facility Fee	Per 30 Days		25.00	35.00	70.00
0621	In-patient High Care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0622	In-patient High Care – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0630	In-patient Intensive care – Facility Fee	Per 30 Days		25.00	35.00	70.00
0631	In-patient Intensive Care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0632	In-patient Intensive Care – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0640	In-patient Chronic care – Facility Fee	Per 30 Days		25.00	35.00	70.00
0641	In-patient Chronic care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0642	In-patient Chronic care – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0643	In-patient Chronic care – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0650	Day patient – Facility Fee	Per 30 Days		25.00	35.00	70.00
0651	Day patient – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0652	Day patient – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0653	Day patient – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0660	In-patient Boarder/Patient companion – Facility Fee	Per 30 Days		25.00	35.00	70.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		10.00	10.00	15.00
1011	Outpatient Consultation – General medical practitioner	Visit	10.00	20.00	20.00	25.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	25.00	35.00	35.00	40.00
1013	Outpatient Consultation – Nursing practitioner	Visit	5.00	15.00	15.00	20.00
1014	Outpatient Consultation – Allied health practitioner	Visit	5.00	15.00	15.00	20.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1020	Emergency Consultation – Facility Fee	Visit		10.00	10.00	15.00
1021	Emergency Consultation – General medical practitioner	Visit	10.00	20.00	20.00	25.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	25.00	35.00	35.00	40.00
1023	Emergency Consultation – Nursing practitioner	Visit	5.00	15.00	15.00	20.00
1024	Emergency Consultation – Allied health practitioner	Visit	5.00	15.00	15.00	20.00
*13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Up to 5 visits		5.00	5.00	10.00
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	10.00	15.00	15.00	20.00
1320	Supplementary Health Group Treatment – Facility Fee	Up to 5 visits		5.00	5.00	10.00
1324	Supplementary Health Group Treatment Allied practitioner	Up to 5 visits	10.00	15.00	15.00	20.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km				
1420	Basic life support – Facility Fee	50km				
1430	Intermediate life support – Facility Fee	50km				
1440	Advanced life support – Facility Fee	50km				
1450	Emergency service standby – Facility Fee	Hour				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1454	Emergency service standby – Allied health practitioner	Hour				
1460	Rescue – Facility Fee	Incident				
1461	Rescue – General medical practitioner	Incident				
1462	Rescue – Specialist medical practitioner	Incident				
1463	Rescue – Nursing practitioner	Incident				
1464	Rescue – Allied health practitioner	Incident				

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
15	Assistive Devices & Prosthesis					
1510	Assistive Devices –Item Fee	Item	10 % of the cost of the relevant device or prosthesis, rounded to the nearest R5			
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2293.00	2293.00	2619.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1322.00	3615.00	3615.00	3941.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1980.00	4273.00	4273.00	4599.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		5155.00	5155.00	5893.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1566.00	6721.00	6721.00	7459.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2349.00	7504.00	7504.00	8242.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		8326.00	8326.00	9517.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2648.00	10974.00	10974.00	12165.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3972.00	12298.00	12298.00	13489.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		14065.00	14065.00	16074.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2971.00	17036.00	17036.00	19045.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	4371.00	18436.00	18436.00	20445.00
*18	Radiation Oncology					
1810	Radiation Oncology- Facility Fee	Up to 6 visits		20.00	20.00	20.00
1812	Radiation Oncology- Specialist medical practitioner	Up to 6 visits	20.00	40.00	40.00	40.00
*19	Nuclear Medicine					
1910	Nuclear Medicine- Facility Fee	Up to 4 visits		20.00	20.00	20.00
1912	Nuclear Medicine- Specialist medical practitioner	Up to 4 visits	20.00	40.00	40.00	40.00
1950	Positron Emission Tomography (PET)- Facility Fee	Up to 4 visits		20.00	20.00	20.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1952	Positron Emission Tomography (PET)- Specialist practitioner	Up to 4 visits	20.00	40.00	40.00	40.00

* **DIALYSIS**

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

* **TREATMENT**

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

* **RADIATION ONCOLOGY**

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

* **NUCLEAR MEDICINE**

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

NOTE:

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

Amendment of Annexure 2 to Schedule B of the Regulations

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

**"ANNEXURE 2 TO SCHEDULE B
UPFS 2013 FEE SCHEDULE FOR H2 PATIENTS**

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	50.00	50.00	50.00	50.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	80.00	80.00	80.00	80.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	95.00	95.00	95.00	95.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	140.00	140.00	140.00	140.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	325.00	325.00	325.00	325.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	490.00	490.00	490.00	490.00
*03	Dialysis					
0310	Haemo – Facility Fee	Up to 6 visits		30.00	30.00	30.00
0311	Haemo Dialysis – General Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0312	Haemo Dialysis – Specialist Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0313	Haemo Dialysis – Nursing Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0320	Peritoneal Dialysis – Facility Fee	Up to 6 visits		30.00	30.00	30.00
0321	Peritoneal Dialysis – General medical practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0322	Peritoneal Dialysis – Specialist medical practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0323	Peritoneal Dialysis –Nursing Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0330	Plasmapheresis – Facility Fee	Up to 6 visits		30.00	30.00	30.00
0331	Plasmapheresis – General Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
0332	Plasmapheresis – Specialist Medical Practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		108.00	108.00	132.00
0411	Medical Report – General medical practitioner	Report	203.00	311.00	311.00	335.00
0412	Medical Report – Specialist medical practitioner	Report	312.00	420.00	420.00	444.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	101.00	209.00	209.00	233.00
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	156.00	264.00	264.00	288.00
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	101.00	209.00	209.00	233.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		20.00	20.00	25.00
0511	Radiology, Cat A – General medical practitioner	Procedure	20.00	40.00	40.00	45.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	35.00	55.00	55.00	60.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	15.00	35.00	35.00	40.00
0520	Radiology, Cat B – Facility Fee	Procedure		50.00	50.00	55.00
0521	Radiology, Cat B – General medical practitioner	Procedure	50.00	100.00	100.00	105.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	95.00	145.00	145.00	150.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	45.00	95.00	95.00	100.00
0530	Radiology, Cat C – Facility Fee	Procedure		235.00	235.00	265.00
0531	Radiology, Cat C – General medical practitioner	Procedure	150.00	385.00	385.00	415.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	460.00	695.00	695.00	725.00
0540	Radiology, Cat D – Facility Fee	Procedure		595.00	595.00	680.00
0541	Radiology, Cat D – General medical practitioner	Procedure	550.00	1145.00	1145.00	1230.00
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	1145.00	1740.00	1740.00	1825.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		25.00	35.00	65.00
0611	In-patient General Ward – General medical practitioner	Day	5.00	30.00	40.00	70.00
0612	In-patient General Ward – Specialist medical practitioner	Day	10.00	35.00	45.00	75.00
0620	In-patient High care – Facility Fee	Day		40.00	50.00	70.00
0621	In-patient High Care – General medical practitioner	Day	5.00	45.00	55.00	75.00
0622	In-patient High Care – Specialist medical practitioner	Day	10.00	50.00	60.00	80.00
0630	In-patient Intensive care – Facility Fee	Day		130.00	130.00	160.00
0631	In-patient Intensive Care – General medical practitioner	Day	5.00	135.00	135.00	165.00
0632	In-patient Intensive Care – Specialist medical practitioner	Day	10.00	140.00	140.00	170.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0640	In-patient Chronic care – Facility Fee	Day		10.00	15.00	20.00
0641	In-patient Chronic care – General medical practitioner	Day	5.00	15.00	20.00	25.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	5.00	15.00	20.00	25.00
0643	In-patient Chronic care – Nursing practitioner	Day	5.00	15.00	20.00	25.00
0650	Day patient – Facility Fee	Day		20.00	30.00	40.00
0651	Day patient – General medical practitioner	Day	5.00	25.00	35.00	45.00
0652	Day patient – Specialist medical practitioner	Day	10.00	30.00	40.00	50.00
0653	Day patient – Nursing practitioner	Day	5.00	25.00	35.00	45.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		10.00	10.00	15.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	5.00	15.00	15.00	20.00
09	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		5.00	5.00	10.00
0911	Oral Care Cat A – General practitioner	Procedure	10.00	15.00	15.00	20.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	10.00	15.00	15.00	20.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	10.00	15.00	15.00	20.00
0920	Oral Care Cat B – Facility Fee	Procedure		20.00	20.00	25.00
0921	Oral Care Cat B – General practitioner	Procedure	25.00	45.00	45.00	50.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	40.00	60.00	60.00	65.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	20.00	40.00	40.00	45.00
0930	Oral Care Cat C – Facility Fee	Procedure		130.00	130.00	150.00
0931	Oral Care Cat C – General practitioner	Procedure	145.00	275.00	275.00	295.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	245.00	375.00	375.00	395.00
0940	Oral Care Cat D – Facility Fee	Procedure		510.00	510.00	585.00
0941	Oral Care Cat D – General practitioner	Procedure	440.00	950.00	950.00	1025.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	905.00	1415.00	1415.00	1490.00
0950	Oral Care Cat E – Facility Fee	Procedure		1720.00	1720.00	1970.00
0951	Oral Care Cat E – General practitioner	Procedure	1485.00	3205.00	3205.00	3455.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	3045.00	4765.00	4765.00	5015.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		30.00	30.00	40.00
1011	Outpatient Consultation – General medical practitioner	Visit	35.00	65.00	65.00	75.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	80.00	110.00	110.00	120.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
1013	Outpatient Consultation – Nursing practitioner	Visit	20.00	50.00	50.00	60.00
1014	Outpatient Consultation – Allied health practitioner	Visit	20.00	50.00	50.00	60.00
1020	Emergency Consultation – Facility Fee	Visit		65.00	65.00	75.00
1021	Emergency Consultation – General medical practitioner	Visit	55.00	120.00	120.00	130.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	120.00	185.00	185.00	195.00
1023	Emergency Consultation – Nursing practitioner	Visit	30.00	95.00	95.00	105.00
1024	Emergency Consultation – Allied health practitioner	Visit	35.00	100.00	100.00	110.00
11	Minor Theatre Procedure					
1110	Minor Procedure Cat A – Facility Fee	Procedure		110.00	110.00	130.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	35.00	145.00	145.00	165.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	70.00	180.00	180.00	200.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		110.00	110.00	130.00
1121	Minor Procedure Cat B - General Medical Practitioner	Procedure	55.00	165.00	165.00	185.00
1122	Minor Procedure Cat B - Specialist Medical Practitioner	Procedure	125.00	235.00	235.00	255.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		110.00	110.00	130.00
1131	Minor Procedure Cat C - General Medical Practitioner	Procedure	85.00	195.00	195.00	215.00
1132	Minor Procedure Cat C - Specialist Medical Practitioner	Procedure	195.00	305.00	305.00	325.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		110.00	110.00	130.00
1141	Minor Procedure Cat D - General Medical Practitioner	Procedure	230.00	340.00	340.00	360.00
1142	Minor Procedure Cat D - Specialist Medical Practitioner	Procedure	520.00	630.00	630.00	650.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		350.00	515.00	590.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	35.00	385.00	550.00	625.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	70.00	420.00	585.00	660.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		530.00	775.00	895.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	55.00	585.00	830.00	950.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	125.00	655.00	900.00	1020.00
1230	Theatre Procedure Cat C – Facility	Procedure		910.00	1335.00	1540.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
	Fee					
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	85.00	995.00	1420.00	1625.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	195.00	1105.00	1530.00	1735.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		2330.00	3420.00	3940.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	230.00	2560.00	3650.00	4170.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	520.00	2850.00	3940.00	4460.00
*13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Up to 5 visits		20.00	20.00	25.00
1313	Supplementary Health Treatment – Nursing Practitioner	Up to 5 visits	35.00	55.00	55.00	60.00
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	35.00	55.00	55.00	60.00
1320	Supplementary Health Group Treatment – Facility Fee	Up to 5 visits		15.00	15.00	20.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Up to 5 visits	25.00	40.00	40.00	45.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km				
1420	Basic life support – Facility Fee	50km				
1430	Intermediate life support – Facility Fee	50km				
1440	Advanced life support – Facility Fee	50km				
1450	Emergency service standby – Facility Fee	Hour				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1454	Emergency service standby – Allied health practitioner	Hour				
1460	Rescue – Facility Fee (15%)	Incident				
1461	Rescue – General medical practitioner	Incident				
1462	Rescue – Specialist medical practitioner	Incident				
1463	Rescue – Nursing practitioner	Incident				
1464	Rescue – Allied health practitioner	Incident				
				See Administrator's Notice No. 646 of 29 August 1958		
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	Repairs to devices Item	Item				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2293.00	2293.00	2619.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1322.00	3615.00	3615.00	3941.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1980.00	4273.00	4273.00	4599.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		5155.00	5155.00	5893.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1566.00	6721.00	6721.00	7459.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2349.00	7504.00	7504.00	8242.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		8326.00	8326.00	9517.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2648.00	10974.00	10974.00	12165.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3972.00	12298.00	12298.00	13489.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		14065.00	14065.00	16074.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2971.00	17036.00	17036.00	19045.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	4371.00	18436.00	18436.00	20445.00
*18	Radiation Oncology					
1810	Radiation Oncology- Facility Fee	Up to 6 visits		30.00	30.00	30.00
1812	Radiation Oncology- Specialist medical practitioner	Up to 6 visits	35.00	65.00	65.00	65.00
*19	Nuclear Medicine					
1910	Nuclear Medicine- Facility Fee	Up to 4 visits		30.00	30.00	30.00
1912	Nuclear Medicine- Specialist medical practitioner	Up to 4 visits	35.00	65.00	65.00	65.00
1950	Positron Emission Tomography (PET)-Facility Fee	Up to 4 visits		30.00	30.00	30.00
1952	Positron Emission Tomography (PET)-Specialist medical practitioner	Up to 4 visits	35.00	65.00	65.00	65.00
20	Ambulatory Procedures					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		35.00	35.00	45.00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	15.00	50.00	50.00	60.00
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	25.00	60.00	60.00	70.00
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	10.00	45.00	45.00	55.00
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	10.00	45.00	45.00	55.00
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		35.00	35.00	45.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	20.00	55.00	55.00	65.00
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	30.00	65.00	65.00	75.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	10.00	45.00	45.00	55.00
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	45.00	45.00	55.00
23	Consumables (Not included in the Facility Fee) Buy-Outs					
2300	Consumables not included in the Facility Fee	Item	Varies			

*** DIALYSIS**

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

*** TREATMENT**

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

*** RADIATION ONCOLOGY**

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

*** NUCLEAR MEDICINE**

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

NOTE:

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

Amendment of Annexure 2A to Schedule B of the Regulations

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

ANNEXURE 2A TO SCHEDULE B

UPFS 2013 FEE SCHEDULE FOR H3 (SELF FUNDED PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	Anesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	122.00	122.00	122.00	122.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	183.00	183.00	183.00	183.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	208.00	208.00	208.00	208.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	313.00	313.00	313.00	313.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	730.00	730.00	730.00	730.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1096.00	1096.00	1096.00	1096.00
03	Dialysis					
0310	Haemo – Facility Fee	Day		809.00	809.00	926.00
0311	Haemo-dialysis – General medical practitioner	Day	154.00	963.00	963.00	1080.00
0312	Haemo-dialysis – Specialist medical practitioner	Day	192.00	1001.00	1001.00	1118.00
0313	Haemo-dialysis Nursing Practitioner	Day	123.00	932.00	932.00	1049.00
0320	Peritoneal Dialysis – Facility Fee	Session		124.00	124.00	142.00
0321	Peritoneal Dialysis – General medical practitioner	Session	24.00	148.00	148.00	166.00
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	30.00	154.00	154.00	172.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	17.00	141.00	141.00	159.00
0330	Plasmapheresis-Facility Fee	Session		809.00	809.00	926.00
0331	Plasmapheresis- General medical practitioner	Session	152.00	961.00	961.00	1078.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	191.00	1000.00	1000.00	1117.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		108.00	108.00	132.00

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	203.00	311.00	311.00	335.00
0412	Medical Report – Specialist medical practitioner	Report	312.00	420.00	420.00	444.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	101.00	209.00	209.00	233.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	156.00	264.00	264.00	288.00
0425	Copies of X ray, ultrasounds ect.	Copies	101.00	209.00	209.00	233.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		41.00	41.00	46.00
0511	Radiology, Cat A – General medical practitioner	Procedure	40.00	81.00	81.00	86.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	76.00	117.00	117.00	122.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	39.00	80.00	80.00	85.00
0520	Radiology, Cat B – Facility Fee	Procedure		112.00	112.00	129.00
0521	Radiology, Cat B – General medical practitioner	Procedure	108.00	220.00	220.00	237.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	211.00	323.00	323.00	340.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	106.00	218.00	218.00	235.00
0530	Radiology, Cat C – Facility Fee	Procedure		523.00	523.00	597.00
0531	Radiology, Cat C – General medical practitioner	Procedure	335.00	858.00	858.00	932.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1031.00	1554.00	1554.00	1628.00
0540	Radiology, Cat D – Facility Fee	Procedure		1332.00	1332.00	1522.00
0541	Radiology, Cat D – General medical practitioner	Procedure	1233.00	2565.00	2565.00	2755.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	2574.00	3906.00	3906.00	4096.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		414.00	528.00	998.00
0611	In-patient General Ward – General medical practitioner	Day	86.00	500.00	614.00	1084.00
0612	In-patient General Ward – Specialist medical practitioner	Day	150.00	564.00	678.00	1148.00
0620	In-patient High care – Facility Fee	12 hours		642.00	803.00	1151.00
0621	In-patient High Care – General medical practitioner	12 hours	45.00	687.00	848.00	1196.00
0622	In-patient High Care – Specialist medical practitioner	12 hours	85.00	727.00	888.00	1236.00
0630	In-patient Intensive care – Facility Fee	12 hours		2110.00	2110.00	2523.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0631	In-patient Intensive Care – General medical practitioner	12 hours	50.00	2160.00	2160.00	2573.00
0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	95.00	2205.00	2205.00	2618.00
0640	In-patient Chronic care – Facility Fee	Day		243.00	243.00	243.00
0641	In-patient Chronic care – General medical practitioner	Day	28.00	271.00	271.00	271.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	65.00	308.00	308.00	308.00
0643	I In-patient Chronic care – Nursing practitioner	Day	17.00	260.00	260.00	260.00
0650	Day patient – Facility Fee	Day		345.00	435.00	638.00
0651	Day patient – General medical practitioner	Day	86.00	431.00	521.00	724.00
0652	Day patient – Specialist medical practitioner	Day	150.00	495.00	585.00	788.00
0653	Day patient – Nursing practitioner	Day	50.00	395.00	485.00	688.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		199.00	199.00	199.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	17.00	216.00	216.00	216.00
07	Mortuary					
0710	Mortuary – Facility Fee			} See administrator's Notice no.372 of 3 April 1968		
0720	Cremation Certificate – Facility Fee					
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		19.00	19.00	22.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			
0817	Pharmaceutical- Chronic	Item	Varies			
0818	Pharmaceutical- Oncology	Item	Varies			
0819	Pharmaceutical- Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee-OPD	Item	Varies			
0825	Pharmaceutical Flat Fee-IP	Item	Varies			
09	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		16.00	16.00	18.00
0911	Oral Care Cat A – General practitioner	Procedure	27.00	43.00	43.00	45.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	22.00	38.00	38.00	40.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	21.00	37.00	37.00	39.00
0920	Oral Care Cat B – Facility Fee	Procedure		48.00	48.00	55.00
0921	Oral Care Cat B – General practitioner	Procedure	52.00	100.00	100.00	107.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0922	Oral Health Cat B – Specialist practitioner	Procedure	84.00	132.00	132.00	139.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	43.00	91.00	91.00	98.00
0930	Oral Care Cat C – Facility Fee	Procedure		292.00	292.00	334.00
0931	Oral Care Cat C – General practitioner	Procedure	323.00	615.00	615.00	657.00
0932	Oral Care Cat C – Specialist practitioner	Procedure	555.00	847.00	847.00	889.00
0940	Oral Care Cat D – Facility Fee	Procedure		1149.00	1149.00	1314.00
0941	Oral Care Cat D – General practitioner	Procedure	991.00	2140.00	2140.00	2305.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	2034.00	3183.00	3183.00	3348.00
0950	Oral Care Cat E – Facility Fee	Procedure		3868.00	3868.00	4421.00
0951	Oral Care Cat E – General practitioner	Procedure	3333.00	7201.00	7201.00	7754.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	6840.00	10708.00	10708.00	11261.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		51.00	51.00	62.00
1011	Outpatient Consultation – General medical practitioner	Visit	57.00	108.00	108.00	119.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	132.00	183.00	183.00	194.00
1013	Outpatient Consultation – Nursing practitioner	Visit	33.00	84.00	84.00	95.00
1014	Outpatient Consultation – Allied health practitioner	Visit	35.00	86.00	86.00	97.00
1020	Emergency Consultation – Facility Fee	Visit		104.00	104.00	123.00
1021	Emergency Consultation – General medical practitioner	Visit	86.00	190.00	190.00	209.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	197.00	301.00	301.00	320.00
1023	Emergency Consultation – Nursing practitioner	Visit	50.00	154.00	154.00	173.00
1024	Emergency Consultation – Allied health practitioner	Visit	51.00	155.00	155.00	174.00
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		243.00	243.00	291.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	84.00	327.00	327.00	375.00
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	162.00	405.00	405.00	453.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		243.00	243.00	291.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1121	Minor Procedure Cat B – General medical practitioner	Procedure	124.00	367.00	367.00	415.00
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	282.00	525.00	525.00	573.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		243.00	243.00	291.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	196.00	439.00	439.00	487.00
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	440.00	683.00	683.00	731.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		243.00	243.00	291.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	518.00	761.00	761.00	809.00
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1166.00	1409.00	1409.00	1457.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		785.00	1151.00	1328.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	84.00	869.00	1235.00	1412.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	162.00	947.00	1313.00	1490.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1189.00	1744.00	2009.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	124.00	1313.00	1868.00	2133.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	282.00	1471.00	2026.00	2291.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		2042.00	2997.00	3459.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	196.00	2238.00	3193.00	3655.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	440.00	2482.00	3437.00	3899.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		5238.00	7683.00	8855.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	518.00	5756.00	8201.00	9373.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1166.00	6404.00	8849.00	10021.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		33.00	33.00	39.00
1313	Supplementary health treatment- Nursing Practitioner	Contact	29.00	62.00	62.00	68.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	29.00	62.00	62.00	68.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		25.00	25.00	28.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	21.00	46.00	46.00	49.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km				
1420	Basic life support – Facility Fee	50km				
1430	Intermediate life support – Facility Fee	50km				
1440	Advanced life support – Facility Fee	50km				
1450	Emergency service standby – Facility Fee	Hour				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
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				
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		2293.00	2293.00	2619.00

See administrator's Notice no 646 of 29 August 1958

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1322.00	3615.00	3615.00	3941.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1980.00	4273.00	4273.00	4599.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		5155.00	5155.00	5893.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1566.00	6721.00	6721.00	7459.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2349.00	7504.00	7504.00	8242.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		8326.00	8326.00	9517.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	2648.00	10974.00	10974.00	12165.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	3972.00	12298.00	12298.00	13489.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		14065.00	14065.00	16074.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	2971.00	17036.00	17036.00	19045.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	4371.00	18436.00	18436.00	20445.00
17	Laboratory Services					
1700	Drawing of Blood	Contact		19.00	19.00	19.00
1710	Laboratory Test	Varies				
18	Radiation Oncology					
1800	Radiation Oncology(NHRPL less VAT)	Item	Varies			
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item	Varies			
1910	Nuclear Medicines Cat A-Facility Fee	Procedure		465.00	465.00	465.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	232.00	697.00	697.00	697.00
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		1025.00	1025.00	1025.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	509.00	1534.00	1534.00	1534.00
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		1661.00	1661.00	1661.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	831.00	2492.00	2492.00	2492.00
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		2314.00	2314.00	2314.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	1157.00	3471.00	3471.00	3471.00
1950	Positron Emission Tomography(PET) Cat E-facility Fee			4242.00	4242.00	4242.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner		2121.00	6363.00	6363.00	6363.00
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		78.00	78.00	95.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	28.00	106.00	106.00	123.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	56.00	134.00	134.00	151.00
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	17.00	95.00	95.00	112.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	17.00	95.00	95.00	112.00
2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		78.00	78.00	95.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	40.00	118.00	118.00	135.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	62.00	140.00	140.00	157.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	22.00	100.00	100.00	117.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	22.00	100.00	100.00	117.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		815.00	815.00	815.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	344.00	1159.00	1159.00	1159.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	344.00	1159.00	1159.00	1159.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		822.00	822.00	822.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	501.00	1323.00	1323.00	1323.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	501.00	1323.00	1323.00	1323.00
23	Consumables(Not included in Facility Fee)					
2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		51.00	51.00	62.00
2411	Autopsy-General Practitioner	Per Case	57.00	108.00	108.00	119.00
2412	Autopsy-Specialist Practitioner	Per Case	132.00	183.00	183.00	194.00

Amendment of Annexure 3 to Schedule B of the Regulations

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

"ANNEXURE 3 TO SCHEDULE B

UPFS 2013 FEE SCHEDULE FOR FULL PAYING PATIENTS (PRIVATE PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	Anesthetics					
0111	Anaesthetics Cat A – General Medical Practitioner	Procedure	169.00	169.00	169.00	169.00
0112	Anaesthetics Cat A – Specialist Medical Practitioner	Procedure	254.00	254.00	254.00	254.00
0121	Anaesthetics Cat B – General Medical Practitioner	Procedure	288.00	288.00	288.00	288.00
0122	Anaesthetics Cat B – Specialist Medical Practitioner	Procedure	434.00	434.00	434.00	434.00
0131	Anaesthetics Cat C – General Medical Practitioner	Procedure	1013.00	1013.00	1013.00	1013.00
0132	Anaesthetics Cat C – Specialist Medical Practitioner	Procedure	1520.00	1520.00	1520.00	1520.00
02	Confinement					
0210	Natural Birth- Facility Fee	Incident		3126.00	3126.00	3639.00
0211	Natural Birth – General Medical Practitioner	Incident	1695.00	4821.00	4821.00	5334.00
0212	Natural Birth – Specialist Medical Practitioner	Incident	2189.00	5315.00	5315.00	5828.00
0213	Natural Birth – Nursing Practitioner	Incident	2051.00	5177.00	5177.00	5690.00
0220	Caesarean Section – Facility Fee	Incident		4921.00	4921.00	5728.00
0221	Caesarean Section – General Medical Practitioner	Incident	1695.00	6616.00	6616.00	7423.00
0222	Caesarean Section – Specialist Medical Practitioner	Incident	2189.00	7110.00	7110.00	7917.00
03	Dialysis					
0310	Haemo – Facility Fee	Day		1121.00	1121.00	1284.00
0311	Haemo-dialysis – General Medical Practitioner	Day	213.00	1334.00	1334.00	1497.00
0312	Haemo-dialysis – Specialist Medical Practitioner	Day	267.00	1388.00	1388.00	1551.00
0313	Haemo-dialysis Nursing Practitioner	Day	171.00	1292.00	1292.00	1455.00
0320	Peritoneal Dialysis – Facility Fee	Session		172.00	172.00	197.00
0321	Peritoneal Dialysis – General Medical Practitioner	Session	35.00	207.00	207.00	232.00
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	41.00	213.00	213.00	238.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	23.00	195.00	195.00	220.00
0330	Plasmapheresis-Facility Fee	Session		1121.00	1121.00	1284.00
0331	Plasmapheresis- General Medical Practitioner	Session	213.00	1334.00	1334.00	1497.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0332	Plasmapheresis-Specialist Medical Practitioner	Session	267.00	1388.00	1388.00	1551.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		108.00	108.00	132.00
0411	Medical Report – General Medical Practitioner	Report	203.00	311.00	311.00	335.00
0412	Medical Report – Specialist Medical Practitioner	Report	312.00	420.00	420.00	444.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General Medical Practitioner	Copies	101.00	209.00	209.00	233.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist Medical Practitioner	Copies	156.00	264.00	264.00	288.00
0425	Copies of X ray, ultrasounds ect.	Copies	101.00	209.00	209.00	233.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		57.00	57.00	63.00
0511	Radiology, Cat A – General Medical Practitioner	Procedure	56.00	113.00	113.00	119.00
0512	Radiology, Cat A – Specialist Medical Practitioner	Procedure	104.00	161.00	161.00	167.00
0514	Radiology, Cat A – Allied Health Practitioner	Procedure	55.00	112.00	112.00	118.00
0520	Radiology, Cat B – Facility Fee	Procedure		156.00	156.00	179.00
0521	Radiology, Cat B – General Medical Practitioner	Procedure	151.00	307.00	307.00	330.00
0522	Radiology, Cat B – Specialist Medical Practitioner	Procedure	293.00	449.00	449.00	472.00
0524	Radiology, Cat B – Allied Health Practitioner	Procedure	146.00	302.00	302.00	325.00
0530	Radiology, Cat C – Facility Fee	Procedure		725.00	725.00	827.00
0531	Radiology, Cat C – General Medical Practitioner	Procedure	465.00	1190.00	1190.00	1292.00
0532	Radiology, Cat C – Specialist Medical Practitioner	Procedure	1430.00	2155.00	2155.00	2257.00
0540	Radiology, Cat D – Facility Fee	Procedure		1848.00	1848.00	2112.00
0541	Radiology, Cat D – General Medical Practitioner	Procedure	1710.00	3558.00	3558.00	3822.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	3569.00	5417.00	5417.00	5681.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		574.00	732.00	1384.00
0611	In-patient General Ward – General Medical Practitioner	Day	119.00	693.00	851.00	1503.00
0612	In-patient General Ward – Specialist Medical Practitioner	Day	208.00	782.00	940.00	1592.00
0620	In-patient High care – Facility Fee	12 hours		891.00	1114.00	1597.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0621	In-patient High Care – General Medical Practitioner	12 hours	62.00	953.00	1176.00	1659.00
0622	In-patient High Care – Specialist Medical Practitioner	12 hours	118.00	1009.00	1232.00	1715.00
0630	In-patient Intensive care – Facility Fee	12 hours		2928.00	2928.00	3499.00
0631	In-patient Intensive Care – General Medical Practitioner	12 hours	69.00	2997.00	2997.00	3568.00
0632	In-patient Intensive Care– Specialist Medical Practitioner	12 hours	132.00	3060.00	3060.00	3631.00
0640	In-patient Chronic care – Facility Fee	Day		337.00	337.00	337.00
0641	In-patient Chronic care – General Medical Practitioner	Day	39.00	376.00	376.00	376.00
0642	In-patient Chronic care – Specialist Medical Practitioner	Day	91.00	428.00	428.00	428.00
0643	I In-patient Chronic care – Nursing Practitioner	Day	23.00	360.00	360.00	360.00
0650	Day patient – Facility Fee	Day		478.00	603.00	884.00
0651	Day patient – General Medical Practitioner	Day	119.00	597.00	722.00	1003.00
0652	Day patient – Specialist Medical Practitioner	Day	208.00	686.00	811.00	1092.00
0653	Day patient – Nursing Practitioner	Day	69.00	547.00	672.00	953.00
0660	In-patient Boarder/Patient companion – Facility Fee	Day		275.00	275.00	275.00
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	23.00	298.00	298.00	298.00
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		25.00	25.00	32.00
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		22.00	22.00	24.00
0911	Oral Care Cat A – General Practitioner	Procedure	38.00	60.00	60.00	62.00
0912	Oral Care Cat A – Specialist Practitioner	Procedure	32.00	54.00	54.00	56.00
0914	Oral Care Cat A – Allied Health Practitioner	Procedure	27.00	49.00	49.00	51.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0920	Oral Care Cat B – Facility Fee	Procedure		65.00	65.00	77.00
0921	Oral Care Cat B – General Practitioner	Procedure	74.00	139.00	139.00	151.00
0922	Oral Health Cat B – Specialist Practitioner	Procedure	117.00	182.00	182.00	194.00
0924	Oral Care Cat B – Allied Health practitioner	Procedure	60.00	125.00	125.00	137.00
0930	Oral Care Cat C – Facility Fee	Procedure		405.00	405.00	464.00
0931	Oral Care Cat C – General Practitioner	Procedure	448.00	853.00	853.00	912.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	769.00	1174.00	1174.00	1233.00
0940	Oral Care Cat D – Facility Fee	Procedure		1593.00	1593.00	1823.00
0941	Oral Care Cat D – General Practitioner	Procedure	1375.00	2968.00	2968.00	3198.00
0942	Oral Care Cat D – Specialist Practitioner	Procedure	2821.00	4414.00	4414.00	4644.00
0950	Oral Care Cat E – Facility Fee	Procedure		5366.00	5366.00	6132.00
0951	Oral Care Cat E – General Practitioner	Procedure	4624.00	9990.00	9990.00	10756.00
0952	Oral Care Cat E – Specialist Practitioner	Procedure	9488.00	14854.00	14854.00	15620.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		71.00	71.00	85.00
1011	Outpatient Consultation – General Medical Practitioner	Visit	79.00	150.00	150.00	164.00
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	183.00	254.00	254.00	268.00
1013	Outpatient Consultation – Nursing Practitioner	Visit	45.00	116.00	116.00	130.00
1014	Outpatient Consultation – Allied Health Practitioner	Visit	47.00	118.00	118.00	132.00
1020	Emergency Consultation – Facility Fee	Visit		143.00	143.00	171.00
1021	Emergency Consultation – General Medical Practitioner	Visit	119.00	262.00	262.00	290.00
1022	Emergency Consultation – Specialist Medical Practitioner	Visit	273.00	416.00	416.00	444.00
1023	Emergency Consultation – Nursing Practitioner	Visit	69.00	212.00	212.00	240.00
1024	Emergency Consultation – Allied Health Practitioner	Visit	71.00	214.00	214.00	242.00
1030	Follow-Up Outpatient Consultation-Facility Fee			71.00	71.00	85.00
1031	Follow-Up Outpatient Consultation-General Medical practitioner		79.00	150.00	150.00	164.00
1032	Follow-Up Outpatient Consultation-Specialist Medical Practitioner		183.00	254.00	254.00	268.00
1033	Follow-Up Outpatient Consultation-Nursing Practitioner		45.00	116.00	116.00	130.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1034	Follow-Up Outpatient Consultation- Allied Health practitioner		47.00	118.00	118.00	132.00
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		337.00	337.00	404.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	117.00	454.00	454.00	521.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	224.00	561.00	561.00	628.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		337.00	337.00	404.00
1121	Minor Procedure Cat B – General Medical Practitioner	Procedure	172.00	509.00	509.00	576.00
1122	Minor Procedure Cat B – Specialist Medical Practitioner	Procedure	391.00	728.00	728.00	795.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		337.00	337.00	404.00
1131	Minor Procedure Cat C – General Medical Practitioner	Procedure	272.00	609.00	609.00	676.00
1132	Minor Procedure Cat C – Specialist Medical Practitioner	Procedure	611.00	948.00	948.00	1015.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		337.00	337.00	404.00
1141	Minor Procedure Cat D – General Medical Practitioner	Procedure	718.00	1055.00	1055.00	1122.00
1142	Minor Procedure Cat D – Specialist Medical Practitioner	Procedure	1618.00	1955.00	1955.00	2022.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1090.00	1597.00	1841.00
1211	Theatre Procedure Cat A – General Medical Practitioner	Procedure	117.00	1207.00	1714.00	1958.00
1212	Theatre Procedure Cat A – Specialist Medical Practitioner	Procedure	224.00	1314.00	1821.00	2065.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1649.00	2420.00	2786.00
1221	Theatre Procedure Cat B – General Medical Practitioner	Procedure	172.00	1821.00	2592.00	2958.00
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	391.00	2040.00	2811.00	3177.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		2833.00	4157.00	4797.00
1231	Theatre Procedure Cat C – General Medical Practitioner	Procedure	272.00	3105.00	4429.00	5069.00
1232	Theatre Procedure Cat C – Specialist Medical Practitioner	Procedure	611.00	3444.00	4768.00	5408.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		7265.00	10656.00	12280.00
1241	Theatre Procedure Cat D – General Medical Practitioner	Procedure	718.00	7983.00	11374.00	12998.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	1618.00	8883.00	12274.00	13898.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		45.00	45.00	55.00
1313	Supplementary Health Treatment- Nursing Practitioner	Contact	40.00	85.00	85.00	95.00
1314	Supplementary Health Treatment – Allied Health Practitioner	Contact	40.00	85.00	85.00	95.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		36.00	36.00	39.00
1324	Supplementary Health Group Treatment – Allied Health Practitioner	Contact	27.00	63.00	63.00	66.00
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				
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				
1480	Emergency transport air services helicopter	Flying hour				
1490	Emergency services standby- Facility Fee	Additional 50km				

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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
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		2293.00	2293.00	2619.00
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	1322.00	3615.00	3615.00	3941.00
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	1980.00	4273.00	4273.00	4599.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		5155.00	5155.00	5893.00
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	1566.00	6721.00	6721.00	7459.00
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	2349.00	7504.00	7504.00	8242.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		8326.00	8326.00	9517.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	2648.00	10974.00	10974.00	12165.00
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	3972.00	12298.00	12298.00	13489.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		14065.00	14065.00	16074.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	2971.00	17036.00	17036.00	19045.00
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	4371.00	18436.00	18436.00	20445.00
17	Laboratory Services					
1700	Drawing of Blood	Contact		27.00	27.00	27.00
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		515.00	515.00	515.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	256.00	771.00	771.00	771.00
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		515.00	515.00	515.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	770.00	1285.00	1285.00	1285.00
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		515.00	515.00	515.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	1540.00	2055.00	2055.00	2055.00
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		515.00	515.00	515.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	2310.00	2825.00	2825.00	2825.00
1950	Positron Emission Tomography(PET) Cat E-facility Fee	Procedure		4995.00	4995.00	4995.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	2497.00	7492.00	7492.00	7492.00
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		108.00	108.00	132.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	39.00	147.00	147.00	171.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	78.00	186.00	186.00	210.00
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	23.00	131.00	131.00	155.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	23.00	131.00	131.00	155.00
2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		108.00	108.00	132.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	56.00	164.00	164.00	188.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	85.00	193.00	193.00	217.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	32.00	140.00	140.00	164.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	32.00	140.00	140.00	164.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		1131.00	1131.00	1131.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	477.00	1608.00	1608.00	1608.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	477.00	1608.00	1608.00	1608.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		1139.00	1139.00	1139.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	696.00	1835.00	1835.00	1835.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	696.00	1835.00	1835.00	1835.00
23	Consumables(Not included in Facility Fee)					
2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		71.00	71.00	85.00
2411	Autopsy-General Practitioner	Per Case	79.00	150.00	150.00	164.00
2412	Autopsy-Specialist Practitioner	Per Case	183.00	254.00	254.00	268.00

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, 2013.
-

