

***THE PROVINCE OF
GAUTENG***



***DIE PROVINSIE VAN
GAUTENG***

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No. 201

We all have the power to prevent AIDS



Prevention is the cure

**AIDS
HELPLINE**

0800 012 322

DEPARTMENT OF HEALTH

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Government Printing Works

Notice submission deadlines

Government Printing Works has over the last few months implemented rules for completing and submitting the electronic Adobe Forms when you, the customer, submit your notice request.

In line with these business rules, GPW has revised the notice submission deadlines for all gazettes. Please refer to the GPW website www.gpwonline.co.za to familiarise yourself with the new deadlines.

CANCELLATIONS

Don't forget!

Cancellation of notice submissions are accepted by GPW according to the deadlines stated in the table above.

Non-compliance to these deadlines will result in your request being failed. **Please pay special attention to the different deadlines for each gazette.**

Please note that any notices cancelled after the cancellation deadline will be published and charged at full cost.

Requests for cancellation must be sent by the original sender of the notice and must accompanied by the relevant notice reference number (N-) in the email body.

AMENDMENTS TO NOTICES

take note!

With effect from 01 October, GPW will not longer accept amendments to notices. The cancellation process will need to be followed and a new notice submitted thereafter for the next available publication date.

CUSTOMER INQUIRIES



Many of our customers request immediate feedback/confirmation of notice placement in the gazette from our Contact Centre once they have submitted their notice – While GPW deems it one of their highest priorities and responsibilities to provide customers with this requested feedback and the best service at all times, we are only able to do so once we have started processing your notice submission.

GPW has a **2-working day turnaround time for processing notices** received according to the business rules and deadline submissions.

Please keep this in mind when making inquiries about your notice submission at the Contact Centre.

PROOF OF PAYMENTS



GPW reminds you that all notice submissions **MUST** be submitted with an accompanying proof of payment (PoP) or purchase order (PO). If any PoP's or PO's are received without a notice submission, it will be failed and your notice will not be processed.

When submitting your notice request to submit.egazette@gpw.gov.za, please ensure that a purchase order (GPW Account customer) or proof of payment (non-GPW Account customer) is included with your notice submission. All documentation relating to the notice submission must be in a single email.

A reminder that documents must be attached separately in your email to GPW. (In other words, your email should have an Adobe Form plus proof of payment/purchase order – 2 separate attachments – where notice content is applicable, it should also be a 3rd separate attachment).

REMINDER OF THE GPW BUSINESS RULES

- ☐ Single notice, single email – with proof of payment or purchase order.
- ☐ All documents must be attached separately in your email to GPW.
- ☐ 1 notice = 1 form, i.e. each notice must be on a separate form
- ☐ Please submit your notice **ONLY ONCE**.
- ☐ Requests for information, quotations and inquiries must be sent to the Contact Centre **ONLY**.
- ☐ The notice information that you send us on the form is what we publish. Please do not put any instructions in the email body.



eGazette



IMPORTANT NOTICE:

THE GOVERNMENT PRINTING WORKS WILL NOT BE HELD RESPONSIBLE FOR ANY ERRORS THAT MIGHT OCCUR DUE TO THE SUBMISSION OF INCOMPLETE / INCORRECT / ILLEGIBLE COPY.

No FUTURE QUERIES WILL BE HANDLED IN CONNECTION WITH THE ABOVE.

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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

NOTICE 744 OF 2016**GAUTENG PROVINCE****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, 2016**

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), 926 of 2013 (PG 86 of 8 April 2013), 159 of 2015 (PG 397 of 9 September 2015).

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 **R173,00** (UPFS code 0710); and

- (b) Level 3 hospital: R197, 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: R173.00 (UPFS code 0710); and
- (ii) Level 3 hospital: R197.00 (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: R173.00 (UPFS code 0720); and

(b) Level 3 hospital: R197.00 (UPFS code 0720)."

Short title

4. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2016.

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 2016 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		128.00	128.00	156.00
0411	Medical Report – General medical practitioner	Report	241.00	369.00	369	397.00
0412	Medical Report – Specialist medical practitioner	Report	369.00	497.00	497.00	525.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	120.00	248.00	248.00	276.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	186.00	314.00	314.00	342.00
0425	Copies of X ray, ultrasounds ect.	Copies	120.00	248.00	248.00	276.00
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		See Administrator's Notice No. 646 of 29 August 1958			
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				

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		2718.00	2718.00	3105.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1567.00	4285	4285	4672
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2347.00	5065	5065	5452
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6111	6111	6985
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1857.00	7968	7968	8842
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2785.00	8896	8896	9770
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		9870	9870	11282
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3139.00	13009	13009	14421
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	4707.00	14577	14577	15989
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		16673	16673	19054
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	3521.00	20194	20194	22575
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	5181.00	21854	21854	24235
*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 2016 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	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		128.00	128.00	156.00
0411	Medical Report – General medical practitioner	Report	241.00	369.00	369	397.00
0412	Medical Report – Specialist medical practitioner	Report	369.00	497.00	497.00	525.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	120.00	248.00	248.00	276.00
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	186.00	314.00	314.00	342.00
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	120.00	248.00	248.00	276.00
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		415	415	470
0541	Radiology, Cat D – General medical practitioner	Procedure	350	765	765	820
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	800	1215	1215	1271
0550	Radiology, Cat E – Facility Fee	Procedure		595.00	595.00	680.00
0551	Radiology, Cat E – General Medical Practitioner	Procedure	550.00	1145.00	1145.00	1230.00
0552	Radiology, Cat E – Specialist 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

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

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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
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 Fee	Procedure		910.00	1335.00	1540.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	85.00	995.00	1420.00	1625.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	195.00	1105.00	1530.00	1735.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		2330.00	3420.00	3940.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	230.00	2560.00	3650.00	4170.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	520.00	2850.00	3940.00	4460.00
*13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Up to 5 visits		20.00	20.00	25.00
1313	Supplementary Health Treatment – Nursing Practitioner	Up to 5 visits	35.00	55.00	55.00	60.00
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	35.00	55.00	55.00	60.00
1320	Supplementary Health Group Treatment – Facility Fee	Up to 5 visits		15.00	15.00	20.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Up to 5 visits	25.00	40.00	40.00	45.00
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km	See Administrator's Notice No. 646 of 29 August 1958			
1420	Basic life support – Facility Fee	50km				
1430	Intermediate life support – Facility Fee	50km				
1440	Advanced life support – Facility Fee	50km				
1450	Emergency service standby – Facility Fee	Hour				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1454	Emergency service standby – 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				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
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				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2718	2718	3105
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1567	4285	4285	4672
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2347	5065	5065	5452
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6111	6111	6985
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1857	7968	7968	8842
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2785	8896	8896	9770
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		9870	9870	11282
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3139	13009	13009	14421
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	4707	14577	14577	15989
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		16673	16673	19054
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	3521	20194	20194	22575
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	5181	21854	21854	24235
*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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	10.00	45.00	45.00	55.00
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		35.00	35.00	45.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	20.00	55.00	55.00	65.00
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	30.00	65.00	65.00	75.00
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	10.00	45.00	45.00	55.00
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	45.00	45.00	55.00
23	Consumables (Not included in the Facility Fee) Buy-Outs					
2300	Consumables not included in the Facility Fee	Item	Varies			

*** DIALYSIS**

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

*** TREATMENT**

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

*** RADIATION ONCOLOGY**

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

*** NUCLEAR MEDICINE**

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

NOTE:

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

Insertion of Annexure 2A to Schedule B of the Regulations

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

ANNEXURE 2A TO SCHEDULE B

UPFS 2016 FEE SCHEDULE FOR H3 (SELF FUNDED PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	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		128.00	128.00	156.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0411	Medical Report – General medical practitioner	Report	241.00	369.00	369	397.00
0412	Medical Report – Specialist medical practitioner	Report	369.00	497.00	497.00	525.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	120.00	248.00	248.00	276.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	186.00	314.00	314.00	342.00
0425	Copies of X ray, ultrasounds ect.	Copies	120.00	248.00	248.00	276.00
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		276	276	315
0531	Radiology, Cat C – General medical practitioner	Procedure	177	453	453	492
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	544	820	820	859
0540	Radiology, Cat D – Facility Fee	Procedure		553	553	629
0541	Radiology, Cat D – General medical practitioner	Procedure	353	906	906	982
0542	Radiology, Cat D – Specialist Practitioner	Procedure	1089	1642	1642	1718
0550	Radiology, Cat E – Facility Fee	Procedure		1406	1406	1608
0551	Radiology, Cat E – General medical practitioner	Procedure	1303	2709	2709	2911
0552	Radiology, Cat E – Specialist Practitioner	Procedure	2717	4123	4123	4325
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

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	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
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

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

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

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
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
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	21.00	46.00	46.00	49.00
14	Emergency Medical Services			See administrator's Notice no 646 of 29 August 1958		
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				

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2718.00	2718.00	3105.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1567.00	4285	4285	4672
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2347.00	5065	5065	5452
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6111.00	6111.00	6985.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1857	7968	7968	8842
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2785	3396	3396	9770
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		9870.00	9870	11282.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3139	13009	13009	14421
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	4707	14577	14577	15989
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		16673	16673	19054
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	3521	20194	20194	22575
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	5181	21854	21854	24235
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		393.00	393.00	393.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	196.00	589.00	589.00	589.00
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		393.00	393.00	393.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	588.00	981.00	981.00	981.00
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		393.00	393.00	393.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	1176.00	1569.00	1569.00	1569.00
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		393.00	393.00	393.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	1764.00	2157.00	2157.00	2157.00
1950	Positron Emission Tomography(PET) Cat E-facility Fee			3814.00	3814.00	3814.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner		1907.00	5721.00	5721.00	5721.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
20	Ambulatory Procedures					
	Ambulatory Procedures Cat A-Facility Fee					
2010	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure		78.00	78.00	95.00
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
	Ambulatory Procedures Cat B-Facility Fee					
2020	Ambulatory Procedure Cat B-General Medical Practitioner	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					
	Hyperbaric Oxygen Therapy-Facility Fee					
2210	Hyperbaric Oxygen Therapy-General Medical Practitioner	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
	Emergency Hyperbaric Oxygen Therapy-Facility Fee					
2220	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	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					
	Autopsy-Facility Fee					
2410	Autopsy-General Practitioner	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 2016 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	200	200	200	200
0112	Anaesthetics Cat A – Specialist Medical Practitioner	Procedure	301	301	301	301
0121	Anaesthetics Cat B – General Medical Practitioner	Procedure	341	341	341	341
0122	Anaesthetics Cat B – Specialist Medical Practitioner	Procedure	514	514	514	514
0131	Anaesthetics Cat C – General Medical Practitioner	Procedure	1201	1201	1201	1201
0132	Anaesthetics Cat C – Specialist Medical Practitioner	Procedure	1802	1802	1802	1802
02	Confinement					
0210	Natural Birth- Facility Fee	Incident		3706	3706	4213
0211	Natural Birth – General Medical Practitioner	Incident	2010	5716	5716	6223
0212	Natural Birth – Specialist Medical Practitioner	Incident	2095	5801	5801	6308
0213	Natural Birth – Nursing Practitioner	Incident	2432	6138	6138	6645
0220	Caesarean Section – Facility Fee	Incident		5834	5834	6790
0221	Caesarean Section – General Medical Practitioner	Incident	2010	7844	7844	8800
0222	Caesarean Section – Specialist Medical Practitioner	Incident	2095	7929	7929	8885
03	Dialysis					
0310	Haemo – Facility Fee	Day		1329	1329	1590
0311	Haemo-dialysis – General Medical Practitioner	Day	252	1581	1581	1842
0312	Haemo-dialysis – Specialist Medical Practitioner	Day	317	1646	1646	1907
0313	Haemo-dialysis Nursing Practitioner	Day	204	1533	1533	1794
0320	Peritoneal Dialysis – Facility Fee	Session		205	205	233
0321	Peritoneal Dialysis – General Medical Practitioner	Session	41	246	246	274
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	49	254	254	282
0323	Peritoneal dialysis-Nursing Practitioner	Session	27	232	232	260
0330	Plasmapheresis-Facility Fee	Session		1329	1329	1522
0331	Plasmapheresis- General Medical Practitioner	Session	252	1581	1581	1774

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	317	1846	1846	1839
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		128	128	156
0411	Medical Report – General Medical Practitioner	Report	241	369	369	397
0412	Medical Report – Specialist Medical Practitioner	Report	369	497	497	525
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General Medical Practitioner	Copies	120	248	248	276
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist Medical Practitioner	Copies	186	314	314	342
0425	Copies of X ray, ultrasounds ect.	Copies	120	248	248	276
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		68	68	75
0511	Radiology, Cat A – General Medical Practitioner	Procedure	66	134	134	141
0512	Radiology, Cat A – Specialist Medical Practitioner	Procedure	123	191	191	198
0514	Radiology, Cat A – Allied Health Practitioner	Procedure	65	133	133	140
0520	Radiology, Cat B – Facility Fee	Procedure		186	186	212
0521	Radiology, Cat B – General Medical Practitioner	Procedure	178	364	364	390
0522	Radiology, Cat B – Specialist Medical Practitioner	Procedure	347	533	533	559
0524	Radiology, Cat B – Allied Health Practitioner	Procedure	173	359	359	385
0530	Radiology, Cat C – Facility Fee	Procedure		430	430	491
0531	Radiology, Cat C – General Medical Practitioner	Procedure	277	707	707	768
0532	Radiology, Cat C – Specialist Medical Practitioner	Procedure	848	1278	1278	1339
0540	Radiology, Cat D – Facility Fee	Procedure		860	860	981
0541	Radiology, Cat D – General Medical Practitioner	Procedure	551	1411	1411	1532
0542	Radiology, Cat D – Specialist Practitioner	Procedure	1695	2555	2555	2676
0550	Radiology, Cat E – Facility Fee	Procedure		2190	2190	2504
0551	Radiology, Cat E – General Medical Practitioner	Procedure	2028	4218	4218	4532
0552	Radiology, Cat E – Specialist Practitioner	Procedure	4230	6420	6420	6734
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		681	868	1641

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
0611	In-patient General Ward – General Medical Practitioner	Day	141	822	1009	1782
0612	In-patient General Ward – Specialist Medical Practitioner	Day	247	928	1115	1888
0620	In-patient High care – Facility Fee	12 hours		1057	1320	1892
0621	In-patient High Care – General Medical Practitioner	12 hours	73	1130	1393	1965
0622	In-patient High Care – Specialist Medical Practitioner	12 hours	140	1197	1460	1892
0630	In-patient Intensive care – Facility Fee	12 hours		3470	3470	4148
0631	In-patient Intensive Care – General Medical Practitioner	12 hours	82	3552	3552	4230
0632	In-patient Intensive Care– Specialist Medical Practitioner	12 hours	156	3626	3626	4304
0640	In-patient Chronic care – Facility Fee	Day		400	400	400
0641	In-patient Chronic care – General Medical Practitioner	Day	46	446	446	446
0642	In-patient Chronic care – Specialist Medical Practitioner	Day	108	508	508	508
0643	I In-patient Chronic care – Nursing Practitioner	Day	27	427	427	427
0650	Day patient – Facility Fee	Day		567	716	1048
0651	Day patient – General Medical Practitioner	Day	141	708	857	1189
0652	Day patient – Specialist Medical Practitioner	Day	247	814	963	1295
0653	Day patient – Nursing Practitioner	Day	82	649	798	1130
0660	In-patient Boarder/Patient companion – Facility Fee	Day		325	325	325
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	27	352	352	352
07	Mortuary					
0710	Mortuary – Facility Fee	Day		173	173	197
0720	Cremation Certificate – Facility Fee	Certificate		173	173	197
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		30	30	38
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		25	25	28

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
0911	Oral Care Cat A – General Practitioner	Procedure	38	63	63	66
0912	Oral Care Cat A – Specialist Practitioner	Procedure	45	70	70	73
0914	Oral Care Cat A – Allied Health Practitioner	Procedure	33	58	58	61
0920	Oral Care Cat B – Facility Fee	Procedure		77	77	91
0921	Oral Care Cat B – General Practitioner	Procedure	88	165	165	179
0922	Oral Health Cat B – Specialist Practitioner	Procedure	139	216	216	230
0924	Oral Care Cat B – Allied Health practitioner	Procedure	71	148	148	162
0930	Oral Care Cat C – Facility Fee	Procedure		480	480	551
0931	Oral Care Cat C – General Practitioner	Procedure	531	1011	1011	1082
0932	Oral Care Cat C – Specialist Practitioner	Procedure	913	1393	1393	1464
0940	Oral Care Cat D – Facility Fee	Procedure		1888	1888	2161
0941	Oral Care Cat D – General Practitioner	Procedure	1630	3518	3518	3791
0942	Oral Care Cat D – Specialist Practitioner	Procedure	3344	6862	6862	5505
0950	Oral Care Cat E – Facility Fee	Procedure		6360	6360	7268
0951	Oral Care Cat E – General Practitioner	Procedure	5481	11841	11841	12749
0952	Oral Care Cat E – Specialist Practitioner	Procedure	11247	17607	17607	18515
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		84	84	101
1011	Outpatient Consultation – General Medical Practitioner	Visit	93	177	177	194
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	216	300	300	317
1013	Outpatient Consultation – Nursing Practitioner	Visit	54	138	138	155
1014	Outpatient Consultation – Allied Health Practitioner	Visit	56	140	140	157
1020	Emergency Consultation – Facility Fee	Visit		170	170	204
1021	Emergency Consultation – General Medical Practitioner	Visit	141	311	311	345
1022	Emergency Consultation – Specialist Medical Practitioner	Visit	323	493	493	527
1023	Emergency Consultation – Nursing Practitioner	Visit	82	252	252	286
1024	Emergency Consultation – Allied Health Practitioner	Visit	84	254	254	288
1030	Follow-Up Outpatient Consultation-Facility Fee			84.00	84.00	101.00

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1031	Follow-Up Outpatient Consultation- General Medical practitioner		93	177	177	194
1032	Follow-Up Outpatient Consultation- Specialist Medical Practitioner		216	300	300	317
1033	Follow-Up Outpatient Consultation- Nursing Practitioner		54	138	138	155
1034	Follow-Up Outpatient Consultation- Allied Health practitioner		56	140	140	157
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		400	400	479
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	139	539	539	618
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	266	666	666	745
1120	Minor Procedure Cat B – Facility Fee	Procedure		400	400	479
1121	Minor Procedure Cat B – General Medical Practitioner	Procedure	205	605	605	684
1122	Minor Procedure Cat B – Specialist Medical Practitioner	Procedure	463	863	863	942
1130	Minor Procedure Cat C – Facility Fee	Procedure		400	400	479
1131	Minor Procedure Cat C – General Medical Practitioner	Procedure	322	722	722	801
1132	Minor Procedure Cat C – Specialist Medical Practitioner	Procedure	724	1124	1124	1203
1140	Minor Procedure Cat D – Facility Fee	Procedure		400	400	479
1141	Minor Procedure Cat D – General Medical Practitioner	Procedure	851	1251	1251	1330
1142	Minor Procedure Cat D – Specialist Medical Practitioner	Procedure	1919	2319	2319	2398
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1292	1892	2183
1211	Theatre Procedure Cat A – General Medical Practitioner	Procedure	139	1431	2031	2322
1212	Theatre Procedure Cat A – Specialist Medical Practitioner	Procedure	266	1558	2158	2449
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1955	2869	3303
1221	Theatre Procedure Cat B – General Medical Practitioner	Procedure	205	2160	3074	3508
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	463	2418	3332	3766
1230	Theatre Procedure Cat C – Facility Fee	Procedure		3359	4928	5687
1231	Theatre Procedure Cat C – General Medical Practitioner	Procedure	322	3681	5250	6009

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1232	Theatre Procedure Cat C – Specialist Medical Practitioner	Procedure	724	4083	5652	6411
1240	Theatre Procedure Cat D – Facility Fee	Procedure		8613	12632	14557
1241	Theatre Procedure Cat D – General Medical Practitioner	Procedure	851	9464	13483	15408
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	1919	10532	14551	16476
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		54	54	65
1313	Supplementary Health Treatment- Nursing Practitioner	Contact	47	101	101	112
1314	Supplementary Health Treatment – Allied Health Practitioner	Contact	47	101	101	112
1320	Supplementary Health Group Treatment – Facility Fee	Contact		42	42	46
1324	Supplementary Health Group Treatment – Allied Health Practitioner	Contact	33	75	75	79
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				

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
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		2718	2718	3105
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	1567	4285	4285	4672
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	2347	5065	5065	5452
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6111	6111	6985
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	1857	7968	7968	8842
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	2785	8896	8896	9770
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		9870	9870	11282
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	3139	13009	13009	14421
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	4707	14577	14577	15989
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		16673	16673	19054
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	3521	20194	20194	22575
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	5181	21854	21854	24235
17	Laboratory Services					
1700	Drawing of Blood	Contact		33	33	33
1710	Laboratory Test	Varies				
18	Radiation Oncology					
1800	Radiation Oncology(NHRPL less VAT)	Item	Varies			
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item	Varies			

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
1910	Nuclear Medicines Cat A-Facility Fee	Procedure		611	611	611
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	303	914	914	914
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		611	611	611
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	913	1524	1524	1524
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		611	611	611
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	1825	2436	2436	2436
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		611	611	611
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	2738	3349	3349	3349
1950	Positron Emission Tomography(PET) Cat E-facility Fee	Procedure		5921	5921	5921
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	2961	8882	8882	8882
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		128	128	156
2011	Ambulatory Procedure Cat A- General Medical Practitioner	Procedure	46	174	174	202
2012	Ambulatory Procedure Cat A- Specialist Medical Practitioner	Procedure	92	220	220	248
2013	Ambulatory Procedure Cat A- Nursing Practitioner	Procedure	27	155	155	183
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	27	155	155	183
2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		128	128	156
2021	Ambulatory Procedure Cat B- General Medical Practitioner	Procedure	66	194	194	222
2022	Ambulatory Procedure Cat B- Specialist Medical Practitioner	Procedure	101	229	229	257
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	38	166	166	194
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	38	166	166	194
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		1340	1340	1340
2211	Hyperbaric Oxygen Therapy- General Medical Practitioner	Session	566	1906	1906	1906
2212	Hyperbaric Oxygen Therapy- Specialist Medical Practitioner	Session	566	1906	1906	1906
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		1350	1350	1350
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	825	2175	2175	2175

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	825	2175	2175	2175
23	Consumables(Not included in Facility Fee)					
2300	Consumables(Not included in Facility Fee)	Item				
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		84	84	101
2411	Autopsy-General Practitioner	Per Case	93	177	177	194
2412	Autopsy-Specialist Practitioner	Per Case	216	300	300	317

Application of regulations

5. The provisions of these regulations shall not apply to a person-
- Who is an in-patient on the day that precedes the implementation of the revised tariffs; or
 - Whose admission and classification as an in-patient had been approved before the implementation of the revised tariffs.

Short title

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.

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

"ANNEXURE 4 TO SCHEDULE B

UPFS 2016 FEE SCHEDULE FOR FULL PAYING PATIENTS (FOLATENG WARDS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	Anaesthetics					
DA0111	Anaesthetics Cat A – General medical practitioner	Procedure	200.00			
DA0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	301.00			
DA0121	Anaesthetics Cat B – General medical practitioner	Procedure	341.00			
DA0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	514.00			
DA0131	Anaesthetics Cat C – General medical practitioner	Procedure	1201.00			
DA0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1802.00			
02	Confinement					
DA0210	Natural Birth- Facility Fee	Incident		4742	4742	4742
DA0211	Natural Birth – General Medical Practitioner	Incident	2010.00	6752	6752	6752
DA0212	Natural Birth – Specialist Medical Practitioner	Incident	2095.00	6837	6837	6837
DA0213	Natural Birth – Nursing Practitioner	Incident	2432.00	7174	7174	7174
DA0220	Caesarean Section – Facility Fee	Incident		7469.00	7469.00	7469.00
DA0221	Caesarean Section – General Medical Practitioner	Incident	2010.00	9479	9479	9479
DA0222	Caesarean Section – Specialist Medical Practitioner	Incident	2595.00	10064	10064	10064
03	Dialysis					
DA0310	Haemo – Facility Fee	Day		1464.00	1464.00	1676.00
DA0311	Haemo-dialysis – General medical practitioner	Day	252.00	1716	1716	1931
DA0312	Haemo-dialysis – Specialist medical practitioner	Day	317.00	1781	1781	1993
DA0313	Haemo-dialysis Nursing Practitioner	Day	204.00	1668	1668	1880
DA0320	Peritoneal Dialysis – Facility Fee	Session		225	225	258
DA0321	Peritoneal Dialysis – General medical practitioner	Session	41.00	266	266	299

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA0322	Peritoneal dialysis-Specialist Medical practitioner	Session	49.00	274	274	307
DA0323	Peritoneal dialysis-Nursing Practitioner	Session	27.00	252	252	285
DA0330	Plasmapheresis-Facility Fee	Session		1464.00	1464.00	1676.00
DA0331	Plasmapheresis- General medical practitioner	Session	252.00	1716	1716	1928
DA0332	Plasmapheresis-Specialist Medical Practitioner	Session	317.00	1781	1781	1993
04	Medical Reports					
DA0410	Medical Report – Facility Fee	Report		141	141	172
DA0411	Medical Report – General medical practitioner	Report	241.00	382	382	413
DA0412	Medical Report – Specialist medical practitioner	Report	369.00	510	510	541
DA0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	120.00			
DA0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	186.00			
DA0425	Copies of X ray, ultrasounds ect.	Copies	120.00			
05	Imaging					
DA0510	Radiology, Cat A – Facility Fee	Procedure		73.00	73.00	84.00
DA0511	Radiology, Cat A – General medical practitioner	Procedure	66.00	139	139	150
DA0512	Radiology, Cat A – Specialist medical practitioner	Procedure	123.00	196	196	207
DA0514	Radiology, Cat A – Allied health practitioner	Procedure	65.00	138	138	149
DA0520	Radiology, Cat B – Facility Fee	Procedure		204.00	204.00	233.00
DA0521	Radiology, Cat B – General medical practitioner	Procedure	178.00	382	382	411
DA0522	Radiology, Cat B – Specialist medical practitioner	Procedure	347.00	551	551	580
DA0524	Radiology, Cat B – Allied health practitioner	Procedure	173.00	377	377	406
DA0530	Radiology, Cat C – Facility Fee	Procedure		948	948	1081
DA0531	Radiology, Cat C – General medical practitioner	Procedure	551	1499	1499	1632
DA0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1695	2643	2643	2776
DA0540	Radiology, Cat D – Facility Fee	Procedure		2412	2412	2754

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA0541	Radiology, Cat D – General medical practitioner	Procedure	2028	4440	4440	4782
DA0542	Radiology, Cat D – Specialist Practitioner	Procedure	4230	6642	6642	6984
DA0550	Radiology, Cat E – Facility Fee	Procedure		2190	2190	2504
DA0551	Radiology, Cat E – General Medical Practitioner	Procedure	2028.00	4218	4218	4532
DA0552	Radiology, Cat E – Specialist Practitioner	Procedure	4230.00	6420	6420	6734
06	In-patients					
DA0610	In-patient General ward – Facility Fee	Day		1641.00	1641.00	1641.00
DA0611	In-patient General Ward – General medical practitioner	Day	141.00	1782	1782	1782
DA0612	In-patient General Ward – Specialist medical practitioner	Day	247.00	1888	1888	1888
DA0620	In-patient High care – Facility Fee	12 hours		1892.00	1892.00	1892.00
DA0621	In-patient High Care – General medical practitioner	12 hours	73.00	1965	1965	1965
DA0622	In-patient High Care – Specialist medical practitioner	12 hours	140.00	2032	2032	2032
DA0630	In-patient Intensive care – Facility Fee	12 hours		4148.00	4148.00	4148.00
DA0631	In-patient Intensive Care – General medical practitioner	12 hours	82.00	4230	4230	4230
DA0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	156.00	4304	4304	4304
DA0640	In-patient Chronic care – Facility Fee	Day		400.00	400.00	400.00
DA0641	In-patient Chronic care – General medical practitioner	Day	46.00	446	446	446
DA0642	In-patient Chronic care – Specialist medical practitioner	Day	108.00	508	508	508
DA0643	I In-patient Chronic care – Nursing practitioner	Day	27.00	427	427	427
DA0650	Day patient – Facility Fee	Day		1048.00	1048.00	1048.00
DA0651	Day patient – General medical practitioner	Day	141.00	1189	1189	1189
DA0652	Day patient – Specialist medical practitioner	Day	247.00	1295	1295	1295
DA0653	Day patient – Nursing practitioner	Day	82.00	1130	1130	1130
DA0660	In-patient Boarder/Patient companion – Facility Fee	Day		325.00	325.00	325.00
DA0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	27.00	352	352	352

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
08	Pharmaceutical					
DA0810	Medication Fee – Facility Fee	Prescription		33.00	33.00	40.00
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		28.00	28.00	33.00
DA0911	Oral Care Cat A – General practitioner	Procedure	38.00	66	66	71
DA0912	Oral Care Cat A – Specialist practitioner	Procedure	45.00	73	73	78
DA0914	Oral Care Cat A – Allied health practitioner	Procedure	33.00	61	61	66
DA0920	Oral Care Cat B – Facility Fee	Procedure		92.00	88	99.00
DA0921	Oral Care Cat B – General practitioner	Procedure	88.00	180	176	187
DA0922	Oral Health Cat B – Specialist practitioner	Procedure	139.00	231	227	238
DA0924	Oral Care Cat B – Allied health practitioner	Procedure	71.00	163	159	170
DA0930	Oral Care Cat C – Facility Fee	Procedure		528.00	528.00	606.00
DA0931	Oral Care Cat C – General practitioner	Procedure	531.00	1059	1059	1137
DA0932	Oral Care Cat C – Specialist practitioner	Procedure	913.00	1441	1441	1519
DA0940	Oral Care Cat D – Facility Fee	Procedure		2082.00	2078.00	2377.00
DA0941	Oral Care Cat D – General practitioner	Procedure	1630.00	3712	3708	4007
DA0942	Oral Care Cat D – Specialist practitioner	Procedure	3344.00	5426	5422	5721
DA0950	Oral Care Cat E – Facility Fee	Procedure		6997	6997	7997
DA0951	Oral Care Cat E – General practitioner	Procedure	5481.00	12478	12478	13478
DA0952	Oral Care Cat E – Specialist practitioner	Procedure	11247.00	18244	18244	19244
10	Consultations					

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA1010	Outpatient Consultation – Facility Fee	Visit		92.00	92.00	113.00
DA1011	Outpatient Consultation – General medical practitioner	Visit	93.00	185	185	206
DA1012	Outpatient Consultation – Specialist medical practitioner	Visit	216.00	308	308	329
DA1013	Outpatient Consultation – Nursing practitioner	Visit	54.00	146	146	167
DA1014	Outpatient Consultation – Allied health practitioner	Visit	56.00			
DA1020	Emergency Consultation – Facility Fee	Visit		189.00	189.00	224.00
DA1021	Emergency Consultation – General medical practitioner	Visit	141.00	330	330	365
DA1022	Emergency Consultation – Specialist medical practitioner	Visit	324.00	513	513	548
DA1023	Emergency Consultation – Nursing practitioner	Visit	82.00	271	271	306
DA1024	Emergency Consultation – Allied health practitioner	Visit	84.00	273	273	308
11	Minor Theatre Procedures					
DA1110	Minor Procedure Cat A – Facility Fee	Procedure		440	440	527
DA1111	Minor Procedure Cat A – General medical practitioner	Procedure	139	579	579	666
DA1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	266	706	706	793
DA1120	Minor Procedure Cat B – Facility Fee	Procedure		440	440	527
DA1121	Minor Procedure Cat B – General medical practitioner	Procedure	205	645	645	732
DA1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	463	903	903	990
DA1130	Minor Procedure Cat C – Facility Fee	Procedure		440	440	527
DA1131	Minor Procedure Cat C – General medical practitioner	Procedure	322	762	762	849
DA1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	724	1164	1164	1251
DA1140	Minor Procedure Cat D – Facility Fee	Procedure		440	440	527
DA1141	Minor Procedure Cat D – General medical practitioner	Procedure	851	1291	1291	1378
DA1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1919	2359	2359	2446
12						
DA1210	Theatre Procedure Cat A – Facility Fee	Procedure		1419	2081	2400

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA1211	Theatre Procedure Cat A – General medical practitioner	Procedure	139	1558	2220	2539
DA1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	266	1685	2347	2666
DA1220	Theatre Procedure Cat B – Facility Fee	Procedure		2152	3155	3835
DA1221	Theatre Procedure Cat B – General medical practitioner	Procedure	205	2357	3360	4040
DA1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	463	2615	3618	4298
DA1230	Theatre Procedure Cat C – Facility Fee	Procedure		3691	5421	6256
DA1231	Theatre Procedure Cat C – General medical practitioner	Procedure	322	4013	5743	6578
DA1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	724	4415	6145	6980
DA1240	Theatre Procedure Cat D – Facility Fee	Procedure		9472	13894	16014
DA1241	Theatre Procedure Cat D – General medical practitioner	Procedure	851			
DA1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1919	10323	14745	16865
13						
DA1310	Supplementary Health Treatment – Facility Fee	Contact		63	63	70
DA1313	Supplementary health treatment-Nursing Practitioner	Contact	47	110	110	117
DA1314	Supplementary Health Treatment – Allied health practitioner	Contact	47	110	110	117
DA1320	Supplementary Health Group Treatment – Facility Fee	Contact		46	46	50
DA1324	Supplementary Health Group Treatment – Allied practitioner	Contact	33	79	79	83
15						
DA1510	Assistive Devices-Item Fee	Item				
DA1520	Prosthetic Devices-Item Fee	Item				
DA1530	Dental Items -Item Fee	Item				
DA1540	Repairs of devices items	Item				
16						
DA1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2988	2988	3413
DA1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1567	4555	4555	4980
DA1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2347	5335	5335	5760

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6724	6724	7685
DA1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1857	8581	8581	9542
DA1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	2785	9509	9509	10470
DA1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		10860	10860	12410
DA1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3139	13999	13999	15549
DA1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	4707	15567	15567	17117
DA1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		18340	18340	20960
DA1641	Cosmetic Surgery Cat D – General practitioner	Procedure	3521	21861	21861	24481
DA1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	5181	23521	23521	26141
17						
DA1700	Drawing of Blood	Contact		38	38	38
DA1710	Laboratory Test	Varies				
18						
DA1800	Radiation Oncology(NHRPL less VAT)	Item				
19						
DA1900	Itemisation of Isotopes	Item				
DA1910	Nuclear Medicines Cat A- Facility Fee	Procedure		670	670	670
DA1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	303	973	973	973
DA1920	Nuclear Medicines Cat B- Facility Fee	Procedure		670	670	670
DA1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	913	1583	1583	1583
DA1930	Nuclear Medicines Cat C- Facility Fee	Procedure		670	670	670
DA1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	1825	2495	2495	2495
DA1940	Nuclear Medicines Cat D- Facility Fee	Procedure		670	670	670
DA1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	2738	3408	3408	3408
DA1950	Positron Emission Tomography(PET) Cat E- facility Fee	Procedure		6513	6513	6513
DA1952	Positron Emission Tomography(PET) Cat E- Specialist Practitioner	Procedure	2961	9474	9474	9474
20						
DA2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		141	141	172
DA2011	Ambulatory Procedure Cat A- General Medical Practitioner	Procedure	46	187	187	218

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
DA2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	92	233	233	264
DA2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	27	168	168	199
DA2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	27	168	168	199
DA2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		141	141	172
DA2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	66	207	207	238
DA2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	101	242	242	273
DA2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	38	179	179	210
DA2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	38	179	179	210
21	Blood and Blood Products					
DA2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
DA2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		1472	1472	1472
DA2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	566	2038	2038	2038
DA2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	566	2038	2038	2038
DA2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		1486	1486	1486
DA2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	825	2311	2311	2311
DA2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	825	2311	2311	2311
23	Consumables(Not included in Facility Fee)					
DA2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	Autopsies					
DA2410	Autopsy-Facility Fee	Per Case		92	92	113
IDA2411	Autopsy-General Practitioner	Per Case	93	185	185	206
DA2412	Autopsy-Specialist Practitioner	Per Case	216	308	308	329

Application of regulations

3. The provisions of these regulations shall not apply to a person-
- Who is an in-patient on the day that precedes the implementation of the revised tariffs; or
 - Whose admission and classification as an in-patient had been approved before the implementation of the revised tariffs.

Short title

4. These regulations are called the Revision of Uniform Patient Fee Schedule relating to the classification of and fees payable by patients at Provincial Hospitals (Folateng wards).
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NOTICE 745 OF 2016
GAUTENG PROVINCE

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, 2016**

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), 925 of 2013 (PG 86 of 8 April 2013), 161 of 2015 (PG 397 of 9 September 2015).

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	R232,00	1410
P and PH	R358,00	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	R631,00	1420
Intermediate life support	R852,00	1430
Advanced life support	R1415,00	1440
P and PH: Basic life support	R977,00	1420
Intermediate life support	R1321,00	1430
Advanced life support	R2198,00	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.....	R186.00		1450
Additional charge for service provided by —			
General medical practitioner		R267,00	1451
Specialist medical practitioner		R501,00	1452
Nursing practitioner		R179,00	1453
Basic life support practitioner		R93,00	1455
Intermediate life support practitioner.....		R116.00	1456
Advanced life support practitioner.....		R247.00	1457
P and PH: Emergency standby.....	R474.00		1450
Additional charge for service provided by —			
General medical practitioner		R636,00	1451
Specialist medical practitioner		R857,00	1452
Nursing practitioner		R362,00	1453
Basic life support practitioner		R150,00	1455
Intermediate life support practitioner.....		R228.00	1456
Advanced life support practitioner.....		R400.00	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.....	R317.00		1460
Additional charge for services by-			
General medical practitioner		R325,00	1461
Specialist medical practitioner		R664,00	1462
Nursing practitioner		R240.00	1463
Basic life support practitioner		R130.00	1465
Intermediate life support practitioner.....		R157.00	1466
Advanced life support practitioner.....		R356.00	1467
Emergency transport air services fixed wing...	R1416.00		1470
Emergency transport air services helicopter....	R1416.00		1480
Emergency service standby-Facility Fee.....	R127.00		1490
P and PH: Rescue services.....	R1046.00		1460
Additional charge for services by-			
General medical practitioner		R1569 .00	1461
Specialist medical practitioner		R2352,00	1462
Nursing practitioner		R1046.00	1463
Basic life support practitioner		R160.00	1465
Intermediate life support practitioner.....		R191.00	1466
Advanced life support practitioner.....		R436.00	1467
Emergency transport air services fixed wing...	R9631.00		1470
Emergency transport air services helicopter....	R10577.00		1480
Emergency service standby-Facility Fee.....	R231.00		1490”

Short title

5. These regulations shall be called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2016.

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