THE PROVINCE OF GAUTENG

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Provincial Gazette
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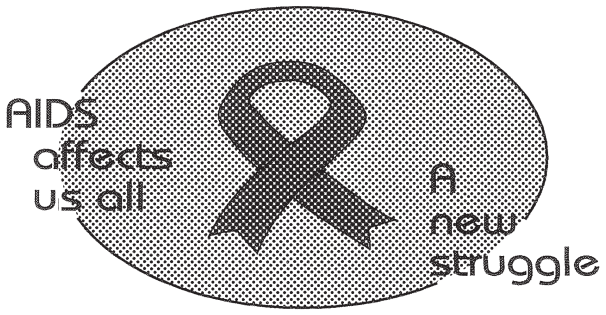
We all have the power to prevent AIDS



AIDS
HELPLINE
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DEPARTMENT OF HEALTH

Prevention is the cure

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NOTICE 367 OF 2018

CORRECTION NOTICE

PROVINCE OF GAUTENG

DEPARTMENT OF HEALTH

CORRECTION OF NOTICE NO. 1315 OF 8 SEPTEMBER 2017

Notice No. 1315 of 8 September 2017, published in Provincial *Gazette*, Extraordinary, No. 227 dated 8 September 2017, is hereby withdrawn and substituted by the following Notice:

GENERAL NOTICE

GAUTENG PROVINCE

DEPARTMENT OF HEALTH

HOSPITAL ORDINANCE NO.14 OF 1958

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2017

The Member of the Executive Council responsible for Health in the Gauteng Province has, in terms of section 9 and 76 of the Hospital Ordinance No.14 of 1958, made Regulations set out in the Schedule.

SCHEDULE

GENERAL EXPLANATORY NOTE:

[ ] Words in bold type in square brackets indicate omissions from existing enactments.

_____ Words underlined indicate insertions in existing enactments.

Definition

1. In these Regulations, unless the context otherwise indicates, "the Regulations" means the Ambulances Regulations and Tariffs, 1958 published under Administrator's Notice No. 646 of 1958, as amended by Administrator's Notice No. 252 of 1993, General Notices Nos. 7560 of 1999, 2584 of 2002, 2982 of 2002, 657 of 2003, 461 of 2005, 4859 of 2005, 3008 of 2007, 3022 of 2008,

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2789 of 2009, 3774 of 2009, 1502 of 2010, 1954 of 2010, 1002 of 2011, 838 of 2012, 925 of 2013,1028 of 2014, Provincial Notice No. 161 of 2015, General Notice Nos. 1665 of 2015 and 504 of 2016.

Amendment of regulation 8 of Regulations

2. Regulation 8 of the Regulations is hereby amended—

(a) by the substitution for subregulations (1) and (2) of the following subregulations, respectively:

"(1) Patient transport vehicle:

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

Classification category	*Facility fee*	*UPFS code*
HG	Exempted	—
[HW]	**[R194,00]**	**[1410]**
H0	Free	—
H1	**[R10.00]**R20,00	1410
H2	**[R30.00]**R40,00	1410
PG	Exempted	—
H3	**[R232.00]**R57,00	1410
P and PH	**[R358,00]**R380,00	1410

(2) Ambulance transport:

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

Classification category and service	*Facility fee*	*UPFS code*
HG	Exempted	—
[HW : Basic life support]	**[R530,00]**	**[1420]**
Intermediate life support]	**[R716,00]**	**[1430]**
Advanced life support]	**[R1189,00]**	**[1440]**
H0	Free	—
H1 : Basic life support	**[R25,00]**R50.00	1420
Intermediate life support	**[R35,00]**R70.00	1430
Advanced life support	**[R60,00]**R115.00	1440
H2 : Basic life support	**[R80,00]**R105.00	1420
Intermediate life support	**[R105,00]**R140.00	1430
Advanced life support	**[R180,00]**R235.00	1440
PG	Exempted	—
H3: Basic life support	**[R631,00]**R156,00	1420
Intermediate life support	**[R852,00]**R210,00	1430
Advanced life support	**[R1415,00]**R350,00	1440

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P and PH: Basic life support	[R977,00]R1037.00	1420
Intermediate life support	[R1321,00]R1402.00	1430
Advanced life support	[R2198,00]R2332.00	1440"; and

(b) by the substitution for subregulations (4) and (5) of the following subregulations, respectively:

"(4) Emergency standby service:

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

Service	*Facility fee*	*Professional fee*	*UPFS code*
H3: Emergency standby.....	[R186,00]R503.00		1450
Additional charge for service provided by—			
General medical practitioner		[R267,00]R1178.00	1451
Specialist medical practitioner		[R501,00]R1411.00	1452
Nursing practitioner		[R179,00]R886.00	1453
Basic life support practitioner	R158.00	[R93,00]	1455
Intermediate life support practitioner.....	R242.00	[R116,00]	1456
Advanced life support practitioner.....	R424.00	[R247,00]	1457
P and PH: Emergency standby.....	[R474,00]R503.00		1450
Additional charge for service provided by—			
General medical practitioner		[R636,00]R1178.00	1451
Specialist medical practitioner		[R857,00]R1411.00	1452
Nursing practitioner		[R362,00]R886.00	1453
Basic life support practitioner	R158.00	[R150,00]	1455
Intermediate life support practitioner.....	R242.00	[R228,00]	1456
Advanced life support practitioner.....	R424.00	[R400,00]	1457

(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 .....]		[R1275,00]	[1462]
Nursing practitioner .....]		[R567,00]	[1463]
Allied health practitioner.....]		[R567,00]	[1464]
H0: All services	Free	Free	—
H1: Rescue services.....	[R30,00]R55.00		1460
Additional charge for services by—			

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General medical practitioner		[R40,00]R85,00	1461
Specialist medical practitioner		[R65, 00]R125,00	1462
Nursing practitioner		[R30,00]R55,00	1463
Allied health practitioner		[R30,00]—	1464
H2: Rescue services.....	[R85,00]R110.00		
Additional charge for services by—			
General medical practitioner		[R125,00]R165.00	1461
Specialist medical practitioner		[R190,00]R250.00	1462
Nursing practitioner		[R85,00]R110.00	1463
Allied health practitioner		[85.00]—	1464
PG: All services	Exempted	Exempted	
H3: Rescue services.....	[R317,00] R167.00		1460
Additional charge for services by—			
General medical practitioner		[R325,00] R250,00	1461
Specialist medical practitioner		[R664,00] R374,00	1462
Nursing practitioner		[R240,00] R167,00	1463
Basic life support practitioner		[R130,00] R26,00	1465
Intermediate life support practitioner.....		[R157,00] R30,00	1466
Advanced life support practitioner.....		[R356,00] R69,00	1467
Emergency transport air services fixed wing...	[R1416,00] R1533,00		1470
Emergency transport air services helicopter....	[R1416,00] R1683.00		1480
Emergency service standby-Facility Fee.....	[R127,00] R35,00		1490
P and PH: Rescue services.....	[R1046,00] R1110,00		1460
Additional charge for services by—			
General medical practitioner		[R1569,00] R1665,00	1461
Specialist medical practitioner		[R2352,00] R2495,00	1462
Nursing practitioner		[R1046,00] R1110,00	1463
Basic life support practitioner		[R160,00] R170,00	1465
Intermediate life support practitioner.....		[R191,00] R203,00	1466
Advanced life support practitioner.....		[R436,00] R463,00	1467
Emergency transport air services fixed wing...	[R9631,00] R10218,00		1470
Emergency transport air services helicopter....	[R10577,00] R11222,00		1480
Emergency service standby-Facility Fee.....	[R231,00] R232,00		1490".

Short title and commencement

3. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2017, and come into operation on 1 July 2017.

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20/09/2017
DATE INITIAL

NOTICE 368 OF 2018

PROVINCE OF GAUTENG

DEPARTMENT OF HEALTH

CORRECTION OF NOTICE NO. 1315 OF 8 SEPTEMBER 2017

Notice No. 1315 of 8 September 2017, published in Provincial *Gazette*, Extraordinary, No. 227 dated 8 September 2017, is hereby withdrawn and substituted by the following Notice:

GENERAL NOTICE

GAUTENG PROVINCE

DEPARTMENT OF HEALTH

HOSPITAL ORDINANCE NO.14 OF 1958

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2017

The Member of the Executive Council responsible for Health in the Gauteng Province has, in terms of section 38 and 76 of the Hospital Ordinance No.14 of 1958, made Regulations set out in the Schedule.

SCHEDULE

GENERAL EXPLANATORY NOTE:

[ ] Words in bold type in square brackets indicate omissions from existing enactments.

_____ Words underlined indicate insertions in existing enactments.

Definition

1. In these Regulations, unless the context otherwise indicates, "the Regulations" means the Classification of and Fees Payable by Patients at Provincial Hospitals Regulations, 1968, published under Administrator's Notice No. 616 of 1968 (12 June 1968), as amended by Administrator's Notices Nos. 853 of 1969, 929 of 1973, 341 of 1976, 725 of 1980, 767 of 1981, 341 of 1982, 490 of 1984, 1147 of 1984, 454 of 1985, 653 of 1985, 415 of 1986, 996 of 1987, 1979 of 1987, 646 of 1988, 502 of 1989, 44 of 1990, 344 of

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1990, 171 of 1991, 71 of 1992, 250 of 1993, 551 of 1993, Government Notice No. R.25 of 1998, General Notices Nos. 7560 of 1999, 2586 of 2002, 2980 of 2002, 659 of 2003, 463 of 2005, 4860 of 2005, Provincial Notice No. 3010 of 2007, General Notices Nos. 3024 of 2008, 3696 of 2008, 2791 of 2009, 3776 of 2009, 1500 of 2010, 1953 of 2010, 1956 of 2010, 1004 of 2011, 1005 of 2011, 835 of 2012, 836 of 2012, 881 of 2013, 927 of 2013, 1030 of 2014, 1031 of 2014, Provincial Notices Nos. 160 and 256 of 2015 and General Notices No. 1667 of 2015 and 503 of 2016.

Substitution of Annexure 1 to Schedule B to Regulations

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

"ANNEXURE 1 TO SCHEDULE B

UPFS [2016]2017 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY EE TOTAL FEE IN BOLD		
			R	LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
*03	**Dialysis**					
0310	**Haemo- Facility Fee**	Up to [6]4 visits		[10.00]R20.00	[10.00]20.00	[10.00]20.00
0311	Haemo- General medical practitioner	Up to [6]4 visits	[10.00]20.00	[20.00]40.00	[20.00]40.00	[20.00]40.00
0312	Haemo- Specialist medical practitioner	Up to [6]4 visits	[10.00]20.00	[20.00]40.00	[20.00]40.00	[20.00]40.00
0313	Haemo-dialysis-Nursing practitioner	Up to 4 visits	10.00	30.00	30.00	30.00
0320	**Peritoneal Dialysis- Facility Fee**	Up to [6]4 visits		[10.00]20.00	[10.00]20.00	[10.00]20.00
0321	Peritoneal Dialysis- General medical practitioner	Up to [6]4 visits	[10.00]20.00	[20.00]40.00	[20.00]40.00	[20.00]40.00
0322	Haemo- Specialist medical practitioner	Up to [6]4 visits	[10.00]20.00	[20.00]40.00	[20.00]40.00	[20.00]40.00
0330	**Plasmapheresis- Facility Fee**	Up to [6]4 visits		[10.00]20.00	[10.00]20.00	[10.00]20.00
0331	Plasmapheresis- General medical practitioner	Up to [6]4 visits	[10.00]20.00	[20.00]40.00	[20.00]40.00	[20.00]40.00
0332	Plasmapheresis- Specialist medical practitioner	Up to [6]4 visits	[10.00]20.00	[20.00]40.00	[20.00]40.00	[20.00]40.00
04	**Medical Reports**					
0410	**Medical Report – Facility Fee**	Report		[128.00]135.00	[128.00]135.00	[156.00]165.00
0411	Medical Report – General medical practitioner	Report	[241.00]255.00	[369.00]390.00	[369.00]390.00	[397.00]420.00
0412	Medical Report – Specialist medical practitioner	Report	[369.00]390.00	[497.00]525.00	[497.00]525.00	[525.00]555.00

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0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	120.00	[248.00]255.00	[248.00]255.00	[276.00]285.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	[186.00]195.00	[314.00]330.00	[314.00]330.00	[342.00]360.00
0425	Copies of X ray, ultrasounds ect.	Copies	[120.00]125.00	[248.00]260.00	[248.00]260.00	[276.00]290.00
0430	Functional Assessment Report	Report		272.00	272.00	272.00
0431	Functional Assessment Report-General medical practitioner	Report	768.00	1040.00	1040.00	1100.00
0432	Functional Assessment Report-Special medical practitioner	Report	1568.00	1840.00	1840.00	1900.00
0434	Functional Assessment Report-Allied health practitioner	Report	768.00	1040.00	1040.00	1100.00
0440	Copies of Specialised Radiology (MRI, CT & Nuclear)	Report		1000.00	1000.00	1000.00
06	**In-Patients (7% per 30 days)**					
0610	**In-patient General ward – Facility Fee**	Per 30 Days		[25.00]50.00	[35.00]65.00	[70.00]120.00
0611	In-patient General Ward – General medical practitioner	Per 30 Days	[5.00]10.00	[30.00]60.00	[40.00]75.00	[75.00]130.00
0612	In-patient General Ward – Specialist medical practitioner	Per 30 Days	[10.00]20.00	[35.00]70.00	[45.00]85.00	[80.00]140.00
0620	**In-patient High care – Facility Fee**	Per 30 Days		[25.00]50.00	[35.00]65.00	[70.00]120.00
0621	In-patient High Care – General medical practitioner	Per 30 Days	[5.00]10.00	[30.00]60.00	[40.00]75.00	[75.00]135.00
0622	In-patient High Care – Specialist medical practitioner	Per 30 Days	[10.00]20.00	[35.00]70.00	[45.00]85.00	[80.00]140.00
0630	**In-patient Intensive care – Facility Fee**	Per 30 Days		[25.00]50.00	[35.00]65.00	[70.00]120.00
0631	In-patient Intensive Care – General medical practitioner	Per 30 Days	[5.00]10.00	[30.00]60.00	[40.00]75.00	[75.00]135.00
0632	In-patient Intensive Care– Specialist medical practitioner	Per 30 Days	[10.00]20.00	[35.00]70.00	[45.00]85.00	[80.00]140.00
0640	**In-patient Chronic care – Facility Fee**	Per 30 Days		[25.00]30.00	[35.00]30.00	[70.00]30.00
0641	In-patient Chronic care – General medical practitioner	Per 30 Days	5.00	[30.00]35.00	[40.00]35.00	[75.00]35.00
0642	In-patient Chronic care – Specialist medical practitioner	Per 30 Days	10.00	[35.00]40.00	[45.00]40.00	[80.00]40.00
0643	In-patient Chronic care – Nursing practitioner	Per 30 Days	5.00	[30.00]35.00	[40.00]35.00	[75.00]35.00
0650	**Day patient – Facility Fee**	Per 30 Days		[25.00]40.00	[35.00]55.00	[70.00]80.00
0651	Day patient – General medical practitioner	Per 30 Days	[5.00]10.00	[30.00]50.00	[40.00]55.00	[75.00]90.00
0652	Day patient – Specialist medical practitioner	Per 30 Days	[10.00]20.00	[35.00]60.00	[45.00]75.00	[80.00]100.00

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0653	Day patient – Nursing practitioner	Per 30 Days	5.00	[30.00]45.00	[40.00]60.00	[75.00]85.00
0660	**In-patient Boarder / Patient companion – Facility Fee**	Per 30 Days		25.00	[35.00]25.00	[70.00]25.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Per 30 Days	5.00	30.00	[40.00]30.00	[75.00]30.00
7	Mortuary					
0710	Mortuary-Facility Fee	Day		184.00	184.00	209.00
0702	Cremation Certificate-Facility Fee	Certificate		184.00	184.00	209.00
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		[10.00]20.00	[10.00]20.00	[15.00]20.00
1011	Outpatient Consultation – General medical practitioner	Visit	[10.00]20.00	[20.00]40.00	[20.00]40.00	[25.00]40.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	[25.00]45.00	[35.00]65.00	[35.00]65.00	[40.00]65.00
1013	Outpatient Consultation – Nursing practitioner	Visit	[5.00]10.00	[15.00]30.00	[15.00]30.00	[20.00]30.00
1014	Outpatient Consultation – Allied health practitioner	Visit	[5.00]10.00	[15.00]30.00	[15.00]30.00	[20.00]30.00
1020	**Emergency Consultation – Facility Fee**	Visit		[10.00]20.00	[10.00]20.00	[15.00]20.00
1021	Emergency Consultation – General medical practitioner	Visit	[10.00]20.00	[20.00]40.00	[20.00]40.00	[25.00]40.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	[25.00]45.00	[35.00]65.00	[35.00]65.00	[40.00]60.00
1023	Emergency Consultation – Nursing practitioner	Visit	[5.00]10.00	[15.00]30.00	[15.00]30.00	[20.00]30.00
1024	Emergency Consultation – Allied health practitioner	Visit	[5.00]10.00	[15.00]30.00	[15.00]30.00	[20.00]30.00
***13**	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Up to 5 visits		5.00	5.00	[10.00]5.00
1313	Supplementary Health Treatment-Nursing practitioner	Up to 5 visits	5.00	10.00	10.00	10.00
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	[10.00]5.00	[15.00]10.00	[15.00]10.00	[20.00]10.00
1320	**Supplementary Health Group Treatment – Facility Fee**	Up to 5 visits		5.00	5.00	[10.00]5.00
1324	Supplementary Health Group Treatment Allied practitioner	Up to 5 visits	[10.00]5.00	[15.00]10.00	[15.00]10.00	[20.00]10.00
14	**Emergency Medical Services**					
1410	Patient transport service – Facility Fee	100km		20.00	20.00	20.00
1420	**Basic life support – Facility Fee**	50km		50.00	50.00	50.00
1430	**Intermediate life support – Facility Fee**	50km		70.00	70.00	70.00
1440	**Advanced life support – Facility Fee**	50km		115.00	115.00	115.00
1450	**Emergency service standby –**	Hour		503.00	503.00	503.00

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	Facility Fee					
1451	Emergency service standby – General medical practitioner	Hour	675.00	1178.00	1178.00	1178.00
1452	Emergency service standby – Specialist medical practitioner	Hour	908.00	1411.00	1411.00	1411.00
1453	Emergency service standby – Nursing practitioner	Hour	383.00	886.00	886.00	886.00
1454	Emergency service standby – Allied health practitioner	Hour				
1460	**Rescue – Facility Fee**	Incident		55.00	55.00	55.00
1461	Rescue – General medical practitioner	Incident	850.00	140.00	140.00	140.00
1462	Rescue – Specialist medical practitioner	Incident	125.00	80.00	180.00	180.00
1463	Rescue – Nursing practitioner	Incident	55.00	110.00	110.00	110.00
1464	Rescue – Allied health practitioner	Incident				
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]2884.00	[2718.00]2885.00	[3105.00]3294.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	[1567.00]1663.00	[4285.00]44547.00	[4285.00]44547.00	[4672.00]4957.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	[2347.00]2490.00	[5065.00]5374.00	[5065.00]5374.00	[5452.00]5784.00
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		[6111.00]6484.00	[6111.00]6484.00	[6985.00]7411.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	[1857.00] 1970.00	[7968.00]8454.00	[7968.00]8454.00	[8842.00]9381.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	[2785.00] 2955.00	[8896.00]9439.00	[8896.00]9439.00	[9770.00]10366.00
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		[9870.00]10427.00	[9870.00]10427.00	[11282.00]11970.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	[3139.00]3330.00	[13009.00]13802.00	[13009.00]13802.00	[14421.00]15300.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	[4707.00]4994.00	[14577.00]15466.00	[14577.00]15466.00	[15989.00]16964.00
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		[16673.00]17690.00	[16673.00]17690.00	[19054.00]20216.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	[3521.00]3736.00	[20194.00]21426.00	[20194.00]21426.00	[22575.00]23952.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	[5181.00]5497.00	[21854.00]23187.00	[21854.00]23187.00	[24235.00]25713.00
[*18	**Radiation Oncology**					
1810	**Radiation Oncology- Facility Fee**	Up to 6 visits		20.00	20.00	20.00

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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
1952	Positron Emission Tomography (PET)-	Up to 4 visits	20.00	40.00	40.00	40.00]
24	Autopsies (100)					
2410	Autopsy- Facility Fee	Per Case		89.00	89.00	109.00
2411	Autopsy-General medical practitioner	Per Case	99.00	188.00	188.00	206.00
2412	Autopsy- Specialist medical practitioner	Per Case	229.00	318.00	318.00	336.00
25	Port Health and Travel Clinics					
2510	Consultation – Facility Fee	Visit		107.00	107.00	107.00
2511	Consultation – General practitioner	Visit	99.00	206.00	206.00	206.00
2513	Consultation – Nursing practitioner	Visit	57.00	164.00	164.00	164.00
2520	Emergency Consultation – Facility Fee	Visit		216.00	216.00	216.00
2521	Emergency Consultation – General medical practitioner	Visit	150.00	366.00	366.00	366.00
2523	Emergency Consultation – Nursing practitioner	Visit	87.00	303.00	303.00	303.00
0810	Medication Fee – Facility Fee	Prescription		32.00	32.00	40.00

* **DIALYSIS**
Charge a maximum of [6]4 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.

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* **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.".

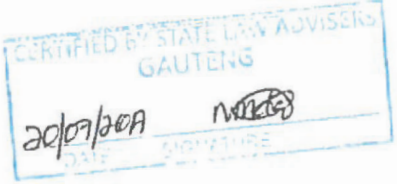
Substitution of Annexure 2 to Schedule B to Regulations

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

"ANNEXURE 2 TO SCHEDULE B

UPFS 2017 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE TOTAL FEE IN BOLD		
			R	LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	**Anaesthetics**					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	[50.00]40.00	[50.00]**40.00**	[50.00]**40.00**	[50.00]**40.00**
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	[80.00]65.00	[80.00]**65.00**	[80.00]**65.00**	[80.00]**65.00**
0121	Anaesthetics Cat B – General medical practitioner	Procedure	[95.00]70.00	[95.00]**70.00**	[95.00]**70.00**	[95.00]**70.00**
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	[140.00]110.00	[140.00]**110.00**	[140.00]**110.00**	[140.00]**110.00**
0131	Anaesthetics Cat C – General medical practitioner	Procedure	[325.00]255.00	[325.00]**225.00**	[325.00]**225.00**	[325.00]**225.00**
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	[490.00]380.00	[490.00]**380.00**	[490.00]**380.00**	[490.00]**380.00**
***03**	**Dialysis**					
0310	**Haemo – Facility Fee**	Up to [6]4 visits		[30.00]280.00	[30.00]280.00	[30.00]325.00
0311	Haemo Dialysis – General Medical Practitioner	Up to [6]4 visits	[35.00]55.00	[65.00]**335.00**	[65.00]**335.00**	[65.00]**380.00**
0312	Haemo Dialysis – Specialist Medical Practitioner	Up to [6]4 visits	[35.00]65.00	[65.00]**345.00**	[65.00]**345.00**	[65.00]**390.00**
0313	Haemo Dialysis – Nursing Practitioner	Up to [6]4 visits	[35.00]45.00	[65.00]**325.00**	[65.00]**325.00**	[65.00]**370.00**
0320	**Peritoneal Dialysis – Facility Fee**	Up to [6]4 visits		[30.00]45.00	[30.00]45.00	[30.00]50.00
0321	Peritoneal Dialysis – General medical practitioner	Up to [6]4 visits	[35.00]10.00	[65.00]**55.00**	[65.00]**55.00**	[65.00]**60.00**
0322	Peritoneal Dialysis – Specialist medical practitioner	Up to [6]4 visits	[35.00]10.00	[65.00]**55.00**	[65.00]**55.00**	[65.00]**60.00**
0323	Peritoneal Dialysis –Nursing Practitioner	Up to [6]4 visits	[35.00]5.00	[65.00]**50.00**	[65.00]**50.00**	[65.00]**55.00**
0330	**Plasmapheresis – Facility Fee**	Up to [6]4 visits		[30.00]280.00	[30.00]280.00	[30.00]325.00
0331	Plasmapheresis – General Medical Practitioner	Up to[6]4 visits	[35.00]55.00	[65.00]**335.00**	[65.00]**335.00**	[65.00]**380.00**
0332	Plasmapheresis – Specialist Medical Practitioner	Up to [6]4 visits	[35.00]65.00	[65.00]**345.00**	[65.00]**345.00**	[65.00]**390.00**



04	**Medical Reports**					
0410	**Medical Report – Facility Fee**	Report		[128.00]135.00	[128.00]135.00	[156.00]165.00
0411	Medical Report – General medical practitioner	Report	[241.00]255.00	[369.00]390.00	[369.00]390.00	[397.00] 420.00
0412	Medical Report – Specialist medical practitioner	Report	[369.00]390.00	[497.00]530.00	[497.00]530.00	[525.00] 555.00
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	[120.00]125.00	[248.00]265.00	[248.00]265.00	[276.00]295.00
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	[186.00]200.00	[314.00]335.00	[314.00]335.00	[342.00]365.00
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	[120.00]125.00	[248.00]265.00	[248.00]265.00	[276.00]295.00
0430	**Functional Assessment Report-Facility Fee**	Report		272.00	272.00	332.00
0431	Functional Assessment Report-General medical practitioner	Report	768.00	1040.00	1040.00	1100.00
0432	Functional Assessment Report-Specialist medical practitioner	Report	1568.00	1840.00	1840.00	1900.00
0434	Functional Assessment Report-Allied health practitioner	Report	768.00	1040.00	1040.00	1100.00
0440	**Copies of Specialised Radiology (MRI, CT & Nuclear)**	Report		1000.00	1000.00	1000.00
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		[20.00]15.00	[20.00]15.00	[25.00]15.00
0511	Radiology, Cat A – General medical practitioner	Procedure	[20.00]15.00	[40.00]30.00	[40.00]30.00	[45.00]30.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	[35.00]25.00	[55.00]40.00	[55.00]40.00	[60.00]40.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	15.00	[35.00]30.00	[35.00]30.00	[40.00]30.00
0520	**Radiology, Cat B – Facility Fee**	Procedure		[50.00]40.00	[50.00]40.00	[55.00]45.00
0521	Radiology, Cat B – General medical practitioner	Procedure	[50.00]40.00	[100.00]80.00	[100.00]80.00	[105.00]85.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	[95.00]75.00	[145.00]115.00	[145.00]115.00	[150.00]120.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	[45.00]35.00	[95.00]75.00	[95.00]75.00	[100.00]80.00
0530	**Radiology, Cat C – Facility Fee**	Procedure		[235.00]90.00	[235.00]90.00	[265.00]105.00
0531	Radiology, Cat C – General medical practitioner	Procedure	[150.00]60.00	[385.00]150.00	[385.00]150.00	[415.00]165.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	[460.00]180.00	[695.00]270.00	[695.00]270.00	[725.00]285.00
0540	**Radiology, Cat D – Facility Fee**	Procedure		[415.00]180.00	[415.00]180.00	[470.00]210.00
0541	Radiology, Cat D – General medical practitioner	Procedure	[350.00]115.00	[765.00]295.00	[765.00]295.00	[820.00]325.00
0542	Radiology, Cat D – Specialist	Procedure	[800.00]360.00	[1215.00]540.00	[1215.00]540.00	[1271.00]570.00

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	medical practitioner					
0550	**Radiology, Cat E – Facility Fee**	Procedure		[595.00]465.00	[595.00]465.00	[680.00]530.00
0551	Radiology, Cat E – General Medical Practitioner	Procedure	[550.00]430.00	[1145.00]895.00	[1145.00]895.00	[1230.00]960.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	[1145.00]900.00	[1740.00]1365.00	[1740.00]1365.00	[1825.00]1430.00
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		[25.00]50.00	[35.00]65.00	[65.00]120.00
0611	In-patient General Ward – General medical practitioner	Day	[5.00]10.00	[30.00]60.00	[40.00]75.00	[70.00]135.00
0612	In-patient General Ward – Specialist medical practitioner	Day	[10.00]20.00	[35.00]70.00	[45.00]85.00	[75.00]140.00
0620	**In-patient High care – Facility Fee**	Day		[40.00]80.00	[50.00]100.00	[70.00]140.00
0621	In-patient High Care – General medical practitioner	Day	5.00	[45.00]85.00	[55.00]105.00	[75.00]145.00
0622	In-patient High Care – Specialist medical practitioner	Day	10.00	[50.00]90.00	[60.00]110.00	[80.00]150.00
0630	**In-patient Intensive care – Facility Fee**	Day		[130.00]260.00	[130.00]260.00	[160.00]310.00
0631	In-patient Intensive Care – General medical practitioner	Day	5.00	[135.00]265.00	[135.00]265.00	[165.00]310.00
0632	In-patient Intensive Care– Specialist medical practitioner	Day	10.00	[140.00]270.00	[140.00]270.00	[170.00]340.00
0640	**In-patient Chronic care – Facility Fee**	Day		[10.00]30.00	[15.00]30.00	[20.00]30.00
0641	In-patient Chronic care – General medical practitioner	Day	5.00	[15.00]35.00	[20.00]35.00	[25.00]35.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	[5.00]10.00	[15.00]40.00	[20.00]40.00	[25.00]40.00
0643	In-patient Chronic care – Nursing practitioner	Day	5.00	[15.00]35.00	[20.00]35.00	[25.00]35.00
0650	**Day patient – Facility Fee**	Day		[20.00]40.00	[30.00]55.00	[40.00]80.00
0651	Day patient – General medical practitioner	Day	[5.00]10.00	[25.00]50.00	[35.00]65.00	[45.00]90.00
0652	Day patient – Specialist medical practitioner	Day	[10.00]20.00	[30.00]60.00	[40.00]75.00	[50.00]100.00
0653	Day patient – Nursing practitioner	Day	5.00	[25.00]45.00	[35.00]60.00	[45.00]80.00
0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		[10.00]25.00	[10.00]25.00	[15.00]25.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	5.00	[15.00]30.00	[15.00]30.00	[20.00]30.00
07	Mortuary	Day		184.00	184.00	209.00
0710	Mortuary-Facility Fee					
0720	Cremation Certificate-Facility Fee	Certificate		184.00	184.00	209.00
09	**Oral Health**					
0910	**Oral Care Cat A – Facility Fee**	Procedure		5.00	5.00	[10.00]5.00

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0911	Oral Care Cat A – General practitioner	Procedure	10.00	15.00	15.00	[20.00]15.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	10.00	15.00	15.00	[20.00]15.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	[10.00]5.00	[15.00]10.00	[15.00]10.00	[20.00]10.00
0920	**Oral Care Cat B – Facility Fee**	Procedure		[20.00]15.00	[20.00]15.00	[25.00]20.00
0921	Oral Care Cat B – General practitioner	Procedure	[25.00]20.00	[45.00]35.00	[45.00]35.00	[50.00]40.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	[40.00]30.00	[60.00]45.00	[60.00]45.00	[65.00]50.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	[20.00]15.00	[40.00]30.00	[40.00]30.00	[45.00]35.00
0930	**Oral Care Cat C – Facility Fee**	Procedure		[130.00]100.00	[130.00]100.00	[150.00]115.00
0931	Oral Care Cat C – General practitioner	Procedure	[145.00]115.00	[275.00]215.00	[275.00]215.00	[295.00]230.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	[245.00]195.00	[375.00]295.00	[375.00]295.00	[395.00]310.00
0940	**Oral Care Cat D – Facility Fee**	Procedure		[510.00]400.00	[510.00]400.00	[585.00]460.00
0941	Oral Care Cat D – General practitioner	Procedure	[440.00]345.00	[950.00]745.00	[950.00]745.00	[1025.00]805.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	[905.00]710.00	[1415.00]1110.00	[1415.00]1110.00	[1490.00]1170.00
0950	**Oral Care Cat E – Facility Fee**	Procedure		[1720.00]1350.00	[1720.00]1350.00	[1970.00]1540.00
0951	Oral Care Cat E – General practitioner	Procedure	[1485.00]1165.00	[3205.00]2515.00	[3205.00]2515.00	[3455.00]2705.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	[3045.00]2385.00	[4765.00]3735.00	[4765.00]3735.00	[5015.00]3925.00
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		[30.00]20.00	[30.00]20.00	[40.00]20.00
1011	Outpatient Consultation – General medical practitioner	Visit	[35.00]20.00	[65.00]40.00	[65.00]40.00	[75.00]40.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	[80.00]45.00	[110.00]65.00	[110.00]65.00	[120.00]65.00
1013	Outpatient Consultation – Nursing practitioner	Visit	[20.00]10.00	[50.00]30.00	[50.00]30.00	[60.00]30.00
1014	Outpatient Consultation – Allied health practitioner	Visit	[20.00]10.00	[50.00]30.00	[50.00]30.00	[60.00]30.00
1020	**Emergency Consultation – Facility Fee**	Visit		[65.00]35.00	[65.00]35.00	[75.00]45.00
1021	Emergency Consultation – General medical practitioner	Visit	[55.00]30.00	[120.00]65.00	[120.00]65.00	[130.00]75.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	[120.00]70.00	[185.00]105.00	[185.00]105.00	[195.00]115.00
1023	Emergency Consultation – Nursing practitioner	Visit	[30.00]15.00	[95.00]50.00	[95.00]50.00	[105.00]60.00
1024	Emergency Consultation – Allied health practitioner	Visit	[35.00]20.00	[100.00]55.00	[100.00]55.00	[110.00]65.00
1030	**Follow-up Outpatient**	Visit		20.00	20.00	20.00

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	Consultation-Facility Fee					
1031	Follow-up Consultation-General medical practitioner	Visit	20.00	40.00	40.00	40.00
1032	Follow-up Consultation-Specialist medical practitioner	Visit	45.00	65.00	65.00	65.00
1033	Follow-up Consultation-Nursing practitioner	Visit	10.00	30.00	30.00	30.00
1034	Follow-up Consultation-Allied health	Visit	10.00	30.00	30.00	30.00
11	**Minor Theatre Procedure**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		[110.00]85.00	[110.00]85.00	[130.00]100.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	[35.00]30.00	[145.00]115.00	[145.00]115.00	[165.00]130.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	[70.00]55.00	[180.00]140.00	[180.00]140.00	[200.00]155.00
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		[110.00]85.00	[110.00]85.00	[130.00]100.00
1121	Minor Procedure Cat B - General Medical Practitioner	Procedure	[55.00]45.00	[165.00]130.00	[165.00]130.00	[185.00]145.00
1122	Minor Procedure Cat B - Specialist Medical Practitioner	Procedure	[125.00]100.00	[235.00]185.00	[235.00]185.00	[255.00]200.00
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		[110.00]85.00	[110.00]85.00	[130.00]100.00
1131	Minor Procedure Cat C - General Medical Practitioner	Procedure	[85.00]70.00	[195.00]155.00	[195.00]155.00	[21500]170.00
1132	Minor Procedure Cat C - Specialist Medical Practitioner	Procedure	[195.00]155.00	[305.00]240.00	[305.00]240.00	[325.00]255.00
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		[110.00]85.00	[110.00]85.00	[130.00]100.00
1141	Minor Procedure Cat D - General Medical Practitioner	Procedure	[230.00]180.00	[340.00]265.00	[340.00]265.00	[360.00]285.00
1142	Minor Procedure Cat D - Specialist Medical Practitioner	Procedure	[520.00]405.00	[630.00]490.00	[630.00]490.00	[650.00]505.00
12	**Major Theatre Procedures**					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		[350.00]275.00	[515.00]400.00	[590.00]465.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	[35.00]30.00	[385.00]305.00	[550.00]430.00	[625.00]495.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	[70.00]55.00	[420.00]330.00	[585.00]455.00	[660.00]520.00
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		[530.00]415.00	[775.00]610.00	[895.00]700.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	[55.00]45.00	[585.00]459.00	[830.00]655.00	[950.00]745.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	[125.00]100.00	[655.00]515.00	[900.00]710.00	[1020.00]800.00
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		[910.00]715.00	[1335.00]1045.00	[1540.00]1205.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	[85.00]70.00	[995.00]785.00	[1420.00]1115.00	[1625.00]1275.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	[195.00]155.00	[1105.00]870.00	[1530.00]1200.00	[1735.00]1360.00
1240	**Theatre Procedure Cat D –**	Procedure		[2330.00]1830.00	[3420.00]2680.00	[3940.00]3090.00

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	Facility Fee					
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	[230.00]180.00	[2560.00]2010.00	[3650.00]2860.00	[4170.00]3270.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	[520.00]405.00	[2850.00]2235.00	[3940.00]3085.00	[4460.00]3495.00
*13	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Up to 5 visits		[20.00]10.00	[20.00]10.00	[25.00]15.00
1313	Supplementary Health Treatment – Nursing Practitioner	Up to 5 visits	[35.00]10.00	[55.00]20.00	[55.00]20.00	[60.00]25.00
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	[35.00]10.00	[55.00]20.00	[55.00]20.00	[60.00]25.00
1320	**Supplementary Health Group Treatment – Facility Fee**	Up to 5 visits		[15.00]10.00	[15.00]10.00	[20.00]10.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Up to 5 visits	[25.00]5.00	[40.00]15.00	[40.00]15.00	[45.00]15.00
14	**Emergency Medical Services**					
1410	**Patient transport service – Facility Fee**	100km		40.00	40.00	40.00
1420	Basic life support – Facility Fee	50km		105.00	105.00	105.00
1430	**Intermediate life support – Facility Fee**	50km		140.00	140.00	140.00
1440	Advanced life support – Facility Fee	50km		235.00	235.00	235.00
1450	**Emergency service standby – Facility Fee**	Once Off		503.00	503.00	503.00
1451	Emergency service standby – General medical practitioner	Hour	675.00	1178.00	1178.00	1178.00
1452	Emergency service standby – Specialist medical practitioner	Hour	908.00	1411.00	1411.00	1411.00
1453	Emergency service standby – Nursing practitioner	Hour	383.00	886.00	886.00	886.00
1454	Emergency service standby – Allied health practitioner	Hour				
1460	**Rescue – Facility Fee (15%)**	Once Off		110.00	110.00	110.00
1461	Rescue – General medical practitioner	Incident	165.00	275.00	275.00	275.00
1462	Rescue – Specialist medical practitioner	Incident	250.00	360.00	360.00	360.00
1463	Rescue – Nursing practitioner	Incident	110.00	220.00	220.00	220.00
1464	Rescue – Allied health practitioner	Incident				
15	**Assistive Devices & Prosthesis**					
1510	Assistive Devices & Prosthesis – Item Fee	Item	20% of the cost of the relevant device or prosthesis, rounded to the nearest R5			
1520	Prosthetic Devices – Item Fee	Item				
1530	Dental Items – Item Fee	Item				
1540	Repairs to devices Item	Item				
16	**Cosmetic Surgery**					

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1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		[2718.00]2885.00	[2718.00]2885.00	[3105.00]3295.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	[1567.00]1665.00	[4285.00]4550.00	[4285.00]4550.00	[4672.00]4960.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	[2347.00]2490.00	[5065.00]5375.00	[5065.00]5375.00	[5452.00]5785.00
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		[6111.00] 6485.00	[6111.00]6485.00	[6985.00]7410.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	[1857.00]1970.00	[7968.00]8455.00	[7968.00]8455.00	[8842.00]9380.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	[2785.00]2955.00	[8896.00]9440.00	[8896.00]9440.00	[9770.00]10365.00
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		[9870.00]10470.00	[9870.00]10470.00	[11282.00]11970.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	[3139.00]3330.00	[13009.00]13800.00	[13009.00]13800.00	[14421.00]15300.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	[4707.00]4995.00	[14577.00]15465.00	[14577.00]15465.00	[15989.00]16965.00
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		[16673.00]17690.00	[16673.00]17690.00	[19054.00]20215.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	[3521.00]3735.00	[20194.00]21425.00	[20194.00]21425.00	[22575.00]23950.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	[5181.00]5495.00	[21854.00]23185.00	[21854.00]23185.00	[24235.00]25710.00
[*18	**Radiation Oncology**					
1810	**Radiation Oncology- Facility Fee**	Up to [6]4 visits		30.00	30.00	30.00
1812	**Radiation Oncology- Specialist medical practitioner**	Up to [6]4 visits	35.00	65.00	65.00	65.00]
*19	**Nuclear Medicine**					
1910	**Nuclear Medicine Cat A- Facility Fee**	[Up to 4 visits]Procedure		[30.00]130.00	[30.00]130.00	[30.00]130.00
1912	Nuclear Medicine Cat A- Specialist medical practitioner	[Up to 4 visits]Procedure	[35.00]65.00	[65.00]195.00	[65.00]195.00	[65.00]195.00
1920	**Nuclear Medicine Cat B- Facility Fee**	Procedure		130.00	130.00	130.00
1922	Nuclear Medicine Cat B- Specialist medical practitioner	Procedure	195.00	325.00	325.00	325.00
1930	**Nuclear Medicine Cat C- Facility Fee**	Procedure		130.00	130.00	130.00
1932	Nuclear Medicine Cat C- Specialist medical practitioner	Procedure	385.00	515.00	515.00	515.00
1940	**Nuclear Medicine Cat D- Facility Fee**	Procedure		130.00	130.00	130.00
1942	Nuclear Medicine Cat D- Specialist medical practitioner	Procedure	580.00	710.00	710.00	710.00
1950	**Positron Emission Tomography (PET) Cat E- Facility Fee**	[Up to 4 visits]Procedure		[30.00]250.00	[30.00]250.00	[30.00]250.00
1952	Positron Emission Tomography (PET) Cat E-Specialist medical practitioner	[Up to 4 visits]Procedure	[35.00]755.00	[65.00]1005.00	[65.00]1005.00	[65.00]1005.00
20	**Ambulatory Procedures**					
2010	**Ambulatory Procedure Cat A**	Procedure		[35.00]25.00	[35.00]25.00	[45.00]35.00

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	– Facility Fee					
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	[15.00]10.00	[50.00]35.00	[50.00]35.00	[60.00]45.00
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	[25.00]20.00	[60.00]45.00	[60.00]45.00	[70.00]55.00
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	[10.00]5.00	[45.00]30.00	[45.00]30.00	[55.00]40.00
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	[10.00]5.00	[45.00]30.00	[45.00]30.00	[55.00]40.00
2020	**Ambulatory Procedure Cat B – Facility Fee**	Procedure		[35.00]25.00	[35.00]25.00	[45.00]35.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	[20.00]15.00	[55.00]40.00	[55.00]40.00	[65.00]50.00
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	[30.00]20.00	[65.00]45.00	[65.00]45.00	[75.00]55.00
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	10.00	[45.00]35.00	[45.00]35.00	[55.00]45.00
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	[45.00]35.00	[45.00]35.00	[55.00]45.00
22	**Hyperbaric Oxygen Therapy**					
2200	Hyperbaric Oxygen Therapy-Facility Fee (Flat Fee)	Session		95.00	95.00	95.00
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		285.00	285.00	285.00
2211	Hyperbaric Oxygen Therapy-General medical practitioner	Session	120.00	405.00	405.00	405.00
2212	Hyperbaric Oxygen Therapy-Specialist medical practitioner	Session	120.00	405.00	405.00	405.00
2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		285.00	285.00	285.00
2221	Emergency Hyperbaric Oxygen Therapy-General medical practitioner	Session	175.00	460.00	460.00	460.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist medical practitioner	Session	175.00	460.00	460.00	460.00
23	**Consumables (Not included in the Facility Fee) Buy-Outs**					
2300	Consumables not included in the Facility Fee	Item	Varies			
24	**Autopsies**					
2410	Autopsy-Facility Fee	Per Case		89.00	89.00	107.00
2411	Autopsy-General medical practitioner	Per Case	99.00	188.00	188.00	206.00
2412	Autopsy-Specialist medical practitioner	Per Case	229.00	318.00	318.00	336.00
25	**Port Health and Travel Clinics**					
2510	Consultation-Facility Fee	Visit		107.00	107.00	107.00
2511	Consultation-General practitioner	Visit	99.00	206.00	206.00	206.00
2513	Consultation-Nursing practitioner	Visit	57.00	164.00	164.00	164.00
2520	Emergency Consultation-Facility Fee	Visit		216.00	216.00	216.00
2521	Emergency Consultation-General medical practitioner	Visit	150.00	366.00	366.00	366.00
	Emergency Consultation-					

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2523	Nursing practitioner	Visit	87.00	303.00	303.00	303.00
0810	Medication Fee-Facility Fee	Visit		32.00	32.00	40.00

* **DIALYSIS**
Charge a maximum of **[6]**4 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.".

Substitution of Annexure 2A of Schedule B to Regulations

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

"ANNEXURE 2A TO SCHEDULE B

UPFS **[2016]**2017 FEE SCHEDULE FOR H3 (SELF FUNDED PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
			R	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]**64.00	**[122.00]64.00**	**[122.00]64.00**	**[122.00]64.00**
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	**[183.00]**96.00	**[183.00]96.00**	**[183.00]96.00**	**[183.00]96.00**
0121	Anaesthetics Cat B – General medical practitioner	Procedure	**[208.00]**109.00	**[208.00]109.00**	**[208.00]109.00**	**[208.00]109.00**
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	**[313.00]**164.00	**[313.00]164.00**	**[313.00]164.00**	**[313.00]164.00**
0131	Anaesthetics Cat C – General medical practitioner	Procedure	**[730.00]**382.00	**[730.00]382.00**	**[730.00]382.00**	**[730.00]382.00**
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	**[1096.00]**574.00	**[1096.00]574.00**	**[1096.00]574.00**	**[1096.00]574.00**
03	**Dialysis**					
0310	**Haemo – Facility Fee**	Day		**[809.00]**423.00	**[809.00]**423.00	**[926.00]**506.00
0311	Haemo-dialysis – General medical practitioner	Day	**[154.00]**80.00	**[963.00]503.00**	**[963.00]503.00**	**[1080.00]586.00**
0312	Haemo-dialysis – Specialist medical practitioner	Day	**[192.00]**101.00	**[1001.00]524.00**	**[1001.00]524.00**	**[1118.00]607.00**
0313	Haemo-dialysis Nursing Practitioner	Day	**[123.00]**65.00	**[932.00]488.00**	**[932.00]488.00**	**[1049.00]571.00**
0320	**Peritoneal Dialysis – Facility Fee**	Session		**[124.00]**65.00	**[124.00]**65.00	**[142.00]**74.00
0321	Peritoneal Dialysis – General	Session	**[24.00]**13.00	**[148.00]78.00**	**[148.00]78.00**	**[166.00]87.00**

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	medical practitioner					
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	[30.00]16.00	[154.00]81.00	[154.00]81.00	[172.00]90.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	[17.00]9.00	[141.00]74.00	[141.00]74.00	[159.00]83.00
0330	**Plasmapheresis-Facility Fee**	Session		[809.00]423.00	[809.00]423.00	[926.00]485.00
0331	Plasmapheresis- General medical practitioner	Session	[152.00]80.00	[961.00]503.00	[961.00]503.00	[1078.00]565.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	[191.00]101.00	[1000.00]524.00	[1000.00]524.00	[1117.00]586.00
04	**Medical Reports**					
0410	Medical Report – Facility Fee	Report		[128.00]136.00	[128.00]136.00	[156.00]166.00
0411	Medical Report – General medical practitioner	Report	[241.00] 256.00	[369.00]392.00	[369.00]392.00	[397.00] 422.00
0412	Medical Report – Specialist medical practitioner	Report	[369.00] 392.00	[497.00]528.00	[497.00]528.00	[525.00]558.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	[120.00]127.00	[248.00]263.00	[248.00]263.00	[276.00]293.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	[186.00]197.00	[314.00]333.00	[314.00]333.00	[342.00]363.00
0425	Copies of X ray, ultrasounds ect.	Copies	[120.00]127.00	[248.00]263.00	[248.00]263.00	[276.00]293.00
0430	**Functional Assessment Report**	Reports		272.00	272.00	332.00
0431	Functional Assessment Report-General medical practitioner	Reports	768.00	1040.00	1040.00	1100.00
0432	Functional Assessment Report-Specialist medical practitioner	Reports	1568.00	1840.00	1840.00	1900.00
0434	Functional assessment Report-Allied health practitioner	Reports	768.00	1040.00	1040.00	1100.00
0440	**Copies of Specialised Radiology (MRI, CT & Nuclear)**	Copy		1000.00	1000.00	1000.00
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		[41.00]22.00	[41.00]22.00	[46.00]24.00
0511	Radiology, Cat A – General medical practitioner	Procedure	[40.00]21.00	[81.00]43.00	[81.00]43.00	[86.00]45.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	[76.00]39.00	[117.00]61.00	[117.00]61.00	[122.00]63.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	[39.00]21.00	[80.00]43.00	[80.00]43.00	[85.00]45.00
0520	**Radiology, Cat B – Facility Fee**	Procedure		[112.00]59.00	[112.00]59.00	[129.00]68.00
0521	Radiology, Cat B – General medical practitioner	Procedure	[108.00]57.00	[220.00]116.00	[220.00]116.00	[237.00]125.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	[211.00]110.00	[323.00]169.00	[323.00]169.00	[340.00]178.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	[106.00]55.00	[218.00]114.00	[218.00]114.00	235.00

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0530	**Radiology, Cat C – Facility Fee**	Procedure		[276.00]137.00	[276.00]137.00	[315.00]156.00
0531	Radiology, Cat C – General medical practitioner	Procedure	[177.00]88.00	[453.00]225.00	[453.00]225.00	[492.00]244.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	[544.00]270.00	[820.00]407.00	[820.00]407.00	[859.00]426.00
0540	**Radiology, Cat D – Facility Fee**	Procedure		[553.00]274.00	[553.00]274.00	[629.00]312.00
0541	Radiology, Cat D – General medical practitioner	Procedure	[353.00]175.00	[906.00]449.00	[906.00]449.00	[982.00]487.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	[1089.00]539.00	[1642.00]813.00	[1642.00]813.00	[1718.00]851.00
0550	**Radiology, Cat E – Facility Fee**	Procedure		[1406.00]697.00	[1406.00]697.00	[1608.00]797.00
0551	Radiology, Cat E – General medical practitioner	Procedure	[1303.00]646.00	[2709.00]1343.00	[2709.00]1343.00	[2911.00]1443.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	[2717.00]1346.00	[4123.00]2043.00	[4123.00]2043.00	[4325.00]2143.00
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		[414.00]217.00	[528.00]276.00	[998.00]522.00
0611	In-patient General Ward – General medical practitioner	Day	[86.00]45.00	[500.00]262.00	[614.00]321.00	[1084.00]567.00
0612	In-patient General Ward – Specialist medical practitioner	Day	[150.00]79.00	[564.00]296.00	[678.00]355.00	[1148.00]601.00
0620	**In-patient High care – Facility Fee**	12 hours		[642.00]336.00	[803.00]420.00	[1151.00]602.00
0621	In-patient High Care – General medical practitioner	12 hours	[45.00]23.00	[687.00]359.00	[848.00]443.00	[1196.00]625.00
0622	In-patient High Care – Specialist medical practitioner	12 hours	[85.00]45.00	[727.00]381.00	[888.00]465.00	[1236.00]647.00
0630	**In-patient Intensive care – Facility Fee**	12 hours		[2110.00]552.00	[2110.00]552.00	[2523.00]660.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	[50.00]13.00	[2160.00]565.00	[2160.00]565.00	[2573.00]673.00
0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	[95.00]25.00	[2205.00]577.00	[2205.00]577.00	[2618.00]685.00
0640	**In-patient Chronic care – Facility Fee**	Day		[243.00]127.00	[243.00]127.00	[243.00]127.00
0641	In-patient Chronic care – General medical practitioner	Day	[28.00]15.00	[271.00]142.00	[271.00]142.00	[271.00]142.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	[65.00]35.00	[308.00]162.00	[308.00]162.00	[308.00]162.00
0643	I In-patient Chronic care – Nursing practitioner	Day	[17.00]9.00	[260.00]136.00	[260.00]136.00	[260.00]136.00
0650	**Day patient – Facility Fee**	Day		[345.00]181.00	[435.00]228.00	[638.00]334.00
0651	Day patient – General medical practitioner	Day	[86.00]45.00	[431.00]226.00	[521.00]273.00	[724.00]379.00
0652	Day patient – Specialist medical practitioner	Day	[150.00]79.00	[495.00]260.00	[585.00]307.00	[788.00]413.00
0653	Day patient – Nursing practitioner	Day	[50.00]26.00	[395.00]207.00	[485.00]254.00	[688.00]360.00
0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		[199.00]104.00	[199.00]104.00	[199.00]104.00

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0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	[17.00]9.00	[216.00]113.00	[216.00]113.00	[216.00]113.00
07	**Mortuary**			185.00	185.00	210.00
0710	**Mortuary – Facility Fee**	Day		185.00	210.00	210.00
0720	Cremation Certificate – Facility Fee	Certification				
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			
0827	Pharmaceutical-Acute OPD	Item	Varies			
0828	Pharmaceutical-Oncology OPD	Item	Varies			
0829	Pharmaceutical Suppressant Drugs OPD	Item	Varies			
0830	Pharmaceutical Flat Acute OPD	Item	Varies			
0835	Pharmaceutical-Chronic IP	Item	Varies			
0836	Pharmaceutical-Repeat Scripts	Item	Varies			
0837	Pharmaceutical Travel Medicines	Item	Varies			
09	**Oral Health**					
0910	**Oral Care Cat A – Facility Fee**	Procedure		[16.00]8.00	[16.00]8.00	[18.00]9.00
0911	Oral Care Cat A – General practitioner	Procedure	[27.00]12.00	[43.00]20.00	[43.00]20.00	[45.00]21.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	[22.00]14.00	[38.00]22.00	[38.00]22.00	[40.00]23.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	[21.00]11.00	[37.00]19.00	[37.00]19.00	[39.00]20.00
0920	**Oral Care Cat B – Facility Fee**	Procedure		[48.00]25.00	[48.00]25.00	[55.00]29.00
0921	Oral Care Cat B – General practitioner	Procedure	[52.00]28.00	[100.00]53.00	[100.00]53.00	[107.00]57.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	[84.00]44.00	[132.00]69.00	[132.00]69.00	[139.00]73.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	[43.00]23.00	[91.00]48.00	[91.00]48.00	[98.00]52.00
0930	**Oral Care Cat C – Facility Fee**	Procedure		[292.00]153.00	[292.00]153.00	[334.00]175.00
0931	Oral Care Cat C – General practitioner	Procedure	[323.00]169.00	[615.00]322.00	[615.00]322.00	[657.00]344.00
0932	Oral Care Cat C – Specialist practitioner	Procedure	[555.00]290.00	[847.00]443.00	[847.00]443.00	[889.00]465.00
0940	**Oral Care Cat D – Facility Fee**	Procedure		[1149.00]601.00	[1149.00]601.00	[1314.00]688.00

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0941	Oral Care Cat D – General practitioner	Procedure	[991.00]519.00	[2140.00]1120.00	[2140.00]1120.00	[2305.00]1207.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	[2034.00]1064.00	[3183.00]1665.00	[3183.00]1665.00	[3348.00]1752.00
0950	**Oral Care Cat E – Facility Fee**	Procedure		[3868.00]2024.00	[3868.00]2024.00	[4421.00]2313.00
0951	Oral Care Cat E – General practitioner	Procedure	[3333.00]1745.00	[7201.00]3769.00	[7201.00]3769.00	[7754.00]4058.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	[6840.00]3580.00	[10708.00]5604.00	[10708.00]5604.00	[11261.00]5893.00
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		[51.00]27.00	[51.00]27.00	[62.00]32.00
1011	Outpatient Consultation – General medical practitioner	Visit	[57.00]30.00	[108.00]57.00	[108.00]57.00	[119.00]62.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	[132.00]69.00	[183.00]96.00	[183.00]96.00	[194.00]101.00
1013	Outpatient Consultation – Nursing practitioner	Visit	[33.00]17.00	[84.00]44.00	[84.00]44.00	[95.00]49.00
1014	Outpatient Consultation – Allied health practitioner	Visit	[35.00]18.00	[86.00]45.00	[86.00]45.00	[97.00]50.00
1020	**Emergency Consultation – Facility Fee**	Visit		[104.00]54.00	[104.00]54.00	[123.00]65.00
1021	Emergency Consultation – General medical practitioner	Visit	[86.00]45.00	[190.00]99.00	[190.00]99.00	[209.00]110.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	[197.00]103.00	[301.00]157.00	[301.00]157.00	[320.00]168.00
1023	Emergency Consultation – Nursing practitioner	Visit	[50.00]26.00	[154.00]80.00	[154.00]80.00	[173.00]91.00
1024	Emergency Consultation – Allied health practitioner	Visit	[51.00]27.00	[155.00]81.00	[155.00]81.00	[174.00]92.00
1030	Follow up Outpatient Consultation-Facility Fee	Visit		27.00	27.00	32.00
1031	Follow up Outpatient Consultation-General medical practitioner	Visit	30.00	57.00	57.00	62.00
1032	Follow up Outpatient Consultation-Specialist medical practitioner	Visit	69.00	96.00	96.00	101.00
1033	Follow up Outpatient Consultation-Nursing practitioner	Visit	17.00	44.00	44.00	49.00
1034	Follow up Outpatient Consultation-Allied health practitioner	Visit	18.00	45.00	45.00	50.00
11	**Minor Theatre Procedures**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		[243.00]127.00	[243.00]127.00	[291.00]152.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	[84.00]44.00	[327.00]171.00	[327.00]171.00	[375.00]196.00
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	[162.00]85.00	[405.00]212.00	[405.00]212.00	[453.00]237.00
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		[243.00]127.00	[243.00]127.00	[291.00]152.00
1121	Minor Procedure Cat B –	Procedure	[124.00]65.00	[367.00]192.00	[367.00]192.00	[415.00]217.00

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	General medical practitioner					
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	[282.00]147.00	[525.00]274.00	[525.00]274.00	[573.00]299.00
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		[243.00]127.00	[243.00]127.00	[291.00]152.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	[196.00]103.00	[439.00]230.00	[439.00]230.00	[487.00]255.00
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	[440.00]230.00	[683.00]357.00	[683.00]357.00	[731.00]382.00
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		[243.00]127.00	[243.00]127.00	[291.00]152.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	[518.00]271.00	[761.00]398.00	[761.00]398.00	[809.00]423.00
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	[1166.00]611.00	[1409.00]738.00	[1409.00]738.00	[1457.00]763.00
12	**Major Theatre Procedures**					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		[785.00]411.00	[1151.00]602.00	[1328.00]695.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	[84.00]44.00	[869.00]455.00	[1235.00]646.00	[1412.00]739.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	[162.00]85.00	[947.00]496.00	[1313.00]687.00	[1490.00]780.00
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		[1189.00]622.00	[1744.00]913.00	[2009.00]1051.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	[124.00]65.00	[1313.00]687.00	[1868.00]978.00	[2133.00]1116.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	[282.00]147.00	[1471.00]769.00	[2026.00]1060.00	[2291.00]1198.00
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		[2042.00]1069.00	[2997.00]1569.00	[3459.00]1810.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	[196.00]103.00	[2238.00]1172.00	[3193.00]1672.00	[3655.00]1913.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	[440.00]230.00	[2482.00]1299.00	[3437.00]1799.00	[3899.00]2040.00
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		[5238.00]2741.00	[7683.00]4021.00	[8855.00]4634.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	[518.00]271.00	[5756.00]3012.00	[8201.00]4292.00	[9373.00]4905.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	[1166.00]611.00	[6404.00]3352.00	[8849.00]4632.00	[10021.00]5245.00
13	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Contact		[33.00]17.00	[33.00]17.00	[39.00]21.00
1313	Supplementary health treatment-Nursing Practitioner	Contact	[29.00]15.00	[62.00]32.00	[62.00]32.00	[68.00]36.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	[29.00]15.00	[62.00]32.00	[62.00]32.00	[68.00]36.00
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		[25.00]14.00	[25.00]14.00	[28.00]15.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	[21.00]11.00	[46.00]25.00	[46.00]25.00	[49.00]26.00
14	**Emergency Medical Services**					

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1410	**Patient transport service – Facility Fee**	100km		57.00	57.00	57.00
1420	**Basic life support – Facility Fee**	50km		156.00	156.00	156.00
1430	**Intermediate life support – Facility Fee**	50km		210.00	210.00	210.00
1440	**Advanced life support – Facility Fee**	50km		350.00	350.00	350.00
1450	**Emergency service standby – Facility Fee**	Hour		503.00	503.00	503.00
1451	Emergency service standby – General medical practitioner	Hour	675.00	1178.00	1178.00	1178.00
1452	Emergency service standby – Specialist medical practitioner	Hour	908.00	1411.00	1411.00	1411.00
1453	Emergency service standby – Nursing practitioner	Hour	383.00	886.00	886.00	886.00
1455	Emergency service standby – Basic life support practitioner	Hour	158.00			
1456	Emergency services standby- Intermediate life support practitioner	hour	242.00			
1457	Emergency services standby- Advanced life support practitioner	hour	424.00			
1460	**Rescue – Facility Fee**	hour		167.00	167.00	167.00
1461	Rescue – General medical practitioner	hour	250.00	417.00	417.00	417.00
1462	Rescue – Specialist medical practitioner	Hour	374.00	541.00	541.00	541.00
1463	Rescue – Nursing practitioner	hour	167.00	334.00	334.00	334.00
1465	Rescue- Basic life support practitioner	Incident	26.00	26.00	26.00	26.00
1466	Rescue – Intermediate life support practitioner	Hour	30.00	30.00	30.00	30.00
1467	Rescue- Advanced life support practitioner	hour	69.00	69.00	69.00	69.00
1470	Emergency transport air services fixed wing	Flying hour		1533.00	1533.00	1533.00
1480	Emergency transport air services helicopter	Flying hour		1683.00	1683.00	1683.00
1490	Emergency services standby- Facility Fee	Additional 50km		35.00	35.00	35.00
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		[2718.00]2884.00	[2718.00]2884.00	[3105.00]3294.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	[1567.00]1663.00	[4285.00]4547.00	[4285.00]4547.00	[4672.00]4957.00

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1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	[2347.00]2490.00	[5065.00]5374.00	[5065.00]5374.00	[5452.00]5784.00
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		[6111.00]6484.00	[6111.00]6484.00	[6985.00]7411.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	[1857.00] 1970.00	[7968.00]8454.00	[7968.00]8454.00	[8842.00]9381.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	[2785.00]2955.00	[3396.00]9439.00	[3396.00]9439.00	[9770.00]10366.00
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		[9870.00]10472.00	[9870.00]10472.00	[11282.00]11970.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	[3139.00]3330.00	[13009.00]13802.00	[13009.00]13802.00	[14421.00]15300.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	[4707.00]4994.00	[14577.00]15466.00	[14577.00]15466.00	[15989.00]16964.00
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		[16673.00]17690.00	[16673.00]17690.00	[19054.00]20216.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	[3521.00]3736.00	[20194.00]21426.00	[20194.00]21426.00	[22575.00]23952.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	[5181.00]5497.00	[21854.00]23187.00	[21854.00]23187.00	[24235.00]25713.00
17	**Laboratory Services**					
1700	Drawing of Blood	Contact		[19.00]11.00	[19.00]11.00	[19.00]11.00
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]194.00	[393.00]194.00	[393.00]194.00
1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	[196.00]96.00	[589.00]290.00	[589.00]290.00	[589.00]290.00
1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		[393.00]194.00	[393.00]194.00	[393.00]194.00
1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	[588.00]291.00	[981.00]485.00	[981.00]485.00	[981.00]485.00
1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		[393.00]194.00	[393.00]194.00	[393.00]194.00
1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	[1176.00]581.00	[1569.00]775.00	[1569.00]775.00	[1569.00]775.00
1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		[393.00]194.00	[393.00]194.00	[393.00]194.00
1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	[1764.00]872.00	[2157.00]1066.00	[2157.00]1066.00	[2157.00]1066.00
1950	**Positron Emission Tomography(PET) Cat E-facility Fee**			[3814.00]377.00	[3814.00]377.00	[3814.00]377.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner		[1907.00]1132.00	[5721.00]1509.00	[5721.00]1509.00	[5721.00]1509.00
20	**Ambulatory Procedures**					
2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		[78.00]41.00	[78.00]41.00	[95.00]50.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	[28.00]15.00	[106.00]56.00	[106.00]56.00	[123.00]65.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	[56.00]29.00	[134.00]70.00	[134.00]70.00	[151.00]79.00
2013	Ambulatory Procedure Cat A-	Procedure	[17.00]9.00	[95.00]50.00	[95.00]50.00	[112.00]59.99

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	Nursing Practitioner					
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	[17.00]9.00	[95.00]50.00	[95.00]50.00	[112.00]59.00
2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		[78.00]41.00	[78.00]41.00	[95.00]50.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	[40.00]21.00	[118.00]62.00	[118.00]62.00	[135.00]71.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	[62.00]32.00	[140.00]73.00	[140.00]73.00	[157.00]82.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	[22.00]12.00	[100.00]53.00	[100.00]53.00	[117.00]62.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	[22.00]12.00	[100.00]53.00	[100.00]53.00	[117.00]62.00
21	**Blood and Blood Products**					
2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
2200	**Hyperbaric Oxygen Therapy-Facility Fee (Flat Fee)**			141.00	141.00	141.00
2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		[815.00]427.00	[815.00]427.00	[815.00]427.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[344.00]180.00	[1159.00]607.00	[1159.00]607.00	[1159.00]607.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	[344.00]180.00	[1159.00]607.00	[1159.00]607.00	[1159.00]607.00
2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		[822.00]430.00	[822.00]430.00	[822.00]430.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[501.00]263.00	[1323.00]693.00	[1323.00]693.00	[1323.00]693.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[501.00]263.00	[1323.00]693.00	[1323.00]693.00	[1323.00]693.00
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]89.00	[51.00]89.00	[62.00]107.00
2411	Autopsy-General Practitioner	Per Case	[57.00]99.00	[108.00]188.00	[108.00]188.00	[119.00]206.00
2412	Autopsy-Specialist Practitioner	Per Case	[132.00]229.00	[183.00]318.00	[183.00]318.00	[194.00]336.00
25	**Port Health and Travel Clinics**					
2510	**Consultation-Facility Fee**	Visit		107.00	107.00	107.00
2511	Consultation-General medical practitioner	Visit	99.00	206.00	206.00	206.00
2513	Consultation-Specialised medical practitioner	Visit	57.00	164.00	164.00	164.00
2520	**Emergency Consultation-Facility Fee**	Visit		216.00	216.00	216.00
2521	Emergency Consultation-General practitioner	Visit	150.00	366.00	366.00	366.00
2523	Emergency Consultation-Nursing practitioner	Visit	87.00	303.00	303.00	303.00
0810	Medication Fee-Facility Fee	Prescription		32.00	32.00	40.00

Substitution of Annexure 3 to Schedule B to Regulations

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

"ANNEXURE 3 TO SCHEDULE B

UPFS [2016]2017 FEE SCHEDULE FOR FULL-PAYING PATIENTS

(PRIVATE PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
			R	LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	**Anesthetics**					
0111	Anaesthetics Cat A – General Medical Practitioner	Procedure	[200.00]212.00	**[200.00]212.00**	**[200.00]212.00**	**[200.00]212.00**
0112	Anaesthetics Cat A – Specialist Medical Practitioner	Procedure	[301.00]319.00	**[301.00]319.00**	**[301.00]319.00**	**[301.00]319.00**
0121	Anaesthetics Cat B – General Medical Practitioner	Procedure	[341.00]362.00	**[341.00]362.00**	**[341.00]362.00**	**[341.00]362.00**
0122	Anaesthetics Cat B – Specialist Medical Practitioner	Procedure	[514.00]545.00	**[514.00]545.00**	**[514.00]545.00**	**[514.00]545.00**
0131	Anaesthetics Cat C – General Medical Practitioner	Procedure	[1201.00]1274.00	**[1201.00]1274.00**	**[1201.00]1274.00**	**[1201.00]1274.00**
0132	Anaesthetics Cat C – Specialist Medical Practitioner	Procedure	[1802.00]1912.00	**[1802.00]1912.00**	**[1802.00]1912.00**	**[1802.00]1912.00**
02	**Confinement**					
0210	**Natural Birth- Facility Fee**	Incident		**[3706.00]3932.00**	**[3706.00]3932.00**	**[4213.00]4577.00**
0211	Natural Birth – General Medical Practitioner	Incident	[2010.00]2133.00	**[5716.00]6065.00**	**[5716.00]6065.00**	**[6223.00]6710.00**
0212	Natural Birth – Specialist Medical Practitioner	Incident	[2095.00]2753.00	**[5801.00]6685.00**	**[5801.00]6685.00**	**[6308.00]7330.00**
0213	Natural Birth – Nursing Practitioner	Incident	[2432.00]2580.00	**[6138.00]6512.00**	**[6138.00]6512.00**	**[6645.00]7157.00**
0220	**Caesarean Section – Facility Fee**	Incident		**[5834.00]6190.00**	**[5834.00]6190.00**	**[6790.00]7204.00**
0221	Caesarean Section – General Medical Practitioner	Incident	[2010.00]2133.00	**[7844.00]8323.00**	**[7844.00]8323.00**	**[8800.00]9337.00**
0222	Caesarean Section – Specialist Medical Practitioner	Incident	[2095.00]2753.00	**[7929.00]8943.00**	**[7929.00]8943.00**	**[8885.00]9957.00**
03	**Dialysis**					
0310	**Haemo – Facility Fee**	Day		**[1329.00]1410.00**	**[1329.00]1410.00**	**[1590.00]1615.00**
0311	Haemo-dialysis – General Medical Practitioner	Day	[252.00]267.00	**[1581.00]1677.00**	**[1581.00]1677.00**	**[1842.00]1882.00**
0312	Haemo-dialysis – Specialist Medical Practitioner	Day	[317.00]336.00	**[1646.00]1746.00**	**[1646.00]1746.00**	**[1907.00]1951.00**
0313	Haemo-dialysis Nursing Practitioner	Day	[204.00]216.00	**[1533.00]1626.00**	**[1533.00]1626.00**	**[1794.00]1831.00**
0320	**Peritoneal Dialysis – Facility Fee**	Session		**[205.00]218.00**	**[205.00]218.00**	**[233.00]247.00**
0321	Peritoneal Dialysis – General Medical Practitioner	Session	[41.00]44.00	**[246.00]262.00**	**[246.00]262.00**	**[274.00]291.00**
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	[49.00]52.00	**[254.00]270.00**	**[254.00]270.00**	**[282.00]299.00**
0323	Peritoneal dialysis-Nursing	Session	[27.00]29.00	**[232.00]247.00**	**[232.00]247.00**	**[260.00]276.00**

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	Practitioner					
0330	**Plasmapheresis-Facility Fee**	Session		[1329.00]1410.00	[1329.00]1410.00	[1522.00]1615.00
0331	Plasmapheresis- General Medical Practitioner	Session	[252.00]267.00	[1581.00]1677.00	[1581.00]1677.00	[1774.00]1882.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	[317.00]336.00	[1846.00]1746.00	[1846.00]1746.00	[1839.00]1951.00
04	**Medical Reports**					
0410	Medical Report – Facility Fee	Report		[128.00]136.00	[128.00]136.00	[156.00]166.00
0411	Medical Report – General Medical Practitioner	Report	[241.00]256.00	[369.00]392.00	[369.00]392.00	[397.00]422.00
0412	Medical Report – Specialist Medical Practitioner	Report	[369.00]392.00	[497.00]528.00	[497.00]528.00	[525.00]558.00
0420	**Copy of Medical Report-Facility Fee**			136.00	136.00	136.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General Medical Practitioner	Copies	[120.00]127.00	[248.00]263.00	[248.00]263.00	[276.00]293.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist Medical Practitioner	Copies	[186.00]197.00	[314.00]333.00	[314.00]333.00	[342.00]363.00
0425	Copies of X ray, ultrasounds ect.	Copies	[120.00]127.00	[248.00]263.00	[248.00]263.00	[276.00]293.00
0430	**Functional Assessment Report-Facility Fee**	Report		272.00	272.00	332.00
0431	Functional Assessment Report-General medical practitioner	Report	768.00	1040.00	1040.00	1100.00
0432	Functional Assessment Report-Specialist medical practitioner	Report	1568.00	1840.00	1840.00	1900.00
0434	Functional Assessment Report-Allied health practitioner	Report	768.00	1040.00	1040.00	1100.00
0440	**Copies of Specialised Radiology (MRI, CT & Nuclear)**	Copy		1000.00	1000.00	1000.00
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		[68.00]72.00	[68.00]72.00	[75.00]80.00
0511	Radiology, Cat A – General Medical Practitioner	Procedure	[66.00]70.00	[134.00]142.00	[134.00]142.00	[141.00]150.00
0512	Radiology, Cat A – Specialist Medical Practitioner	Procedure	[123.00]131.00	[191.00]203.00	[191.00]203.00	[198.00]211.00
0514	Radiology, Cat A – Allied Health Practitioner	Procedure	[65.00]69.00	[133.00]141.00	[133.00]141.00	[140.00]149.00
0520	**Radiology, Cat B – Facility Fee**	Procedure		[186.00]197.00	[186.00]197.00	[212.00]225.00
0521	Radiology, Cat B – General Medical Practitioner	Procedure	[178.00]189.00	[364.00]386.00	[364.00]386.00	[390.00]414.00
0522	Radiology, Cat B – Specialist Medical Practitioner	Procedure	[347.00]368.00	[533.00]565.00	[533.00]565.00	[559.00]593.00
0524	Radiology, Cat B – Allied Health Practitioner	Procedure	[173.00]184.00	[359.00]381.00	[359.00]381.00	[385.00]409.00
0530	**Radiology, Cat C – Facility Fee**	Procedure		[430.00]456.00	[430.00]456.00	[491.00]521.00
0531	Radiology, Cat C – General	Procedure	[277.00]294.00	[707.00]750.00	[707.00]750.00	[768.00]815.00

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	Medical Practitioner					
0532	Radiology, Cat C – Specialist Medical Practitioner	Procedure	[848.00]900.00	[1278.00]1356.00	[1278.00]1356.00	[1339.00]1421.00
0540	**Radiology, Cat D – Facility Fee**	Procedure		[860.00]912.00	[860.00]912.00	[981.00]1041.00
0541	Radiology, Cat D – General Medical Practitioner	Procedure	[551.00]585.00	[1411.00]1497.00	[1411.00]1497.00	[1532.00]1626.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	[1695.00]1798.00	[2555.00]2710.00	[2555.00]2710.00	[2676.00]2839.00
0550	**Radiology, Cat E – Facility Fee**	Procedure		[2190.00]2324.00	[2190.00]2324.00	[2504.00]2657.00
0551	Radiology, Cat E – General Medical Practitioner	Procedure	[2028.00]2152.00	[4218.00]4476.00	[4218.00]4476.00	[4532.00]4809.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	[4230.00]4488.00	[6420.00]6812.00	[6420.00]6812.00	[6734.00]7145.00
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		[681.00]723.00	[868.00]921.00	[1641.00]1741.00
0611	In-patient General Ward – General Medical Practitioner	Day	[141.00]150.00	[822.00]873.00	[1009.00]1071.00	[1782.00]1891.00
0612	In-patient General Ward – Specialist Medical Practitioner	Day	[247.00]262.00	[928.00]985.00	[1115.00]1183.00	[1888.00]2003.00
0620	**In-patient High care – Facility Fee**	12 hours		[1057.00]1121.00	[1320.00]1401.00	[1892.00]2007.00
0621	In-patient High Care – General Medical Practitioner	12 hours	[73.00]77.00	[1130.00]1198.00	[1393.00]1478.00	[1965.00]2084.00
0622	In-patient High Care – Specialist Medical Practitioner	12 hours	[140.00]149.00	[1197.00]1270.00	[1460.00]1550.00	[1892.00]2156.00
0630	**In-patient Intensive care – Facility Fee**	12 hours		[3470.00]3682.00	[3470.00]3682.00	[4148.00]4401.00
0631	In-patient Intensive Care – General Medical Practitioner	12 hours	[82.00]87.00	[3552.00]3769.00	[3552.00]3769.00	[4230.00]4488.00
0632	In-patient Intensive Care– Specialist Medical Practitioner	12 hours	[156.00]166.00	[3626.00]3848.00	[3626.00]3848.00	[4304.00]4567.00
0640	**In-patient Chronic care – Facility Fee**	Day		[400.00]424.00	[400.00]424.00	[400.00]424.00
0641	In-patient Chronic care – General Medical Practitioner	Day	[46.00]49.00	[446.00]473.00	[446.00]473.00	[446.00]473.00
0642	In-patient Chronic care – Specialist Medical Practitioner	Day	[108.00]115.00	[508.00]539.00	[508.00]539.00	[508.00]539.00
0643	I In-patient Chronic care – Nursing Practitioner	Day	[27.00]29.00	[427.00]453.00	[427.00]453.00	[427.00]453.00
0650	**Day patient – Facility Fee**	Day		[567.00]602.00	[716.00]760.00	[1048.00]1112.00
0651	Day patient – General Medical Practitioner	Day	[141.00]150.00	[708.00]752.00	[857.00]910.00	[1189.00]1262.00
0652	Day patient – Specialist Medical Practitioner	Day	[247.00]262.00	[814.00]864.00	[963.00]1022.00	[1295.00]1374.00
0653	Day patient – Nursing Practitioner	Day	[82.00]87.00	[649.00]689.00	[798.00]847.00	[1130.00]1199.00
0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		[325.00]345.00	[325.00]345.00	[325.00]345.00
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	[27.00]29.00	[352.00]374.00	[352.00]374.00	[352.00]374.00

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07	**Mortuary**					
0710	**Mortuary – Facility Fee**	Day		[173.00]184.00	[173.00]184.00	[197.00]209.00
0720	Cremation Certificate – Facility Fee	Certificate		[173.00]184.00	[173.00]184.00	[197.00]209.00
08	**Pharmaceutical**					
0810	**Medication Fee – Facility Fee**	Prescription		[30.00]32.00	[30.00]32.00	[38.00]40.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			
0817	Pharmaceutical- Chronic	Item	Varies			
0818	Pharmaceutical- Oncology	Item	Varies			
0819	Pharmaceutical- Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee-OPD	Item	Varies			
0825	Pharmaceutical Flat Fee-IP	Item	Varies			
0827	Pharmaceutical-Acute OPD	Item	Varies			
0828	Pharmaceutical-Oncology OPD	Item	Varies			
0829	Pharmaceutical-Immune Suppressant Drugs OPD	Item	Varies			
0830	Pharmaceutical Flat Fee-Acute OPD	Item	Varies			
0835	Pharmaceutical-Chronic IP	Item	Varies			
0836	Pharmaceutical-Repeat scripts	Item	Varies			
0837	Pharmaceutical-Travel Medicines	Item	Varies			
09	**Oral Health**					
0910	**Oral Care Cat A – Facility Fee**	Procedure		[25.00]27.00	[25.00]27.00	[28.00]30.00
0911	Oral Care Cat A – General Practitioner	Procedure	[38.00]40.00	[63.00]67.00	[63.00]67.00	[66.00]70.00
0912	Oral Care Cat A – Specialist Practitioner	Procedure	[45.00]48.00	[70.00]75.00	[70.00]75.00	[73.00]78.00
0914	Oral Care Cat A – Allied Health Practitioner	Procedure	[33.00]35.00	[58.00]62.00	[58.00]62.00	[61.00]65.00
0920	**Oral Care Cat B – Facility Fee**	Procedure		[77.00]82.00	[77.00]82.00	[91.00]97.00
0921	Oral Care Cat B – General Practitioner	Procedure	[88.00]93.00	[165.00]175.00	[165.00]175.00	[179.00]190.00
0922	Oral Health Cat B – Specialist Practitioner	Procedure	[139.00]147.00	[216.00]229.00	[216.00]229.00	[230.00]244.00
0924	Oral Care Cat B – Allied Health practitioner	Procedure	[71.00]75.00	[148.00]157.00	[148.00]157.00	[162.00]172.00
0930	**Oral Care Cat C – Facility Fee**	Procedure		[480.00]509.00	[480.00]509.00	[551.00]584.00
0931	Oral Care Cat C – General Practitioner	Procedure	[531.00]563.00	[1011.00]1072.00	[1011.00]1072.00	[1082.00]1147.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	[913.00]968.00	[1393.00]1477.00	[1393.00]1477.00	[1464.00]1552.00
0940	**Oral Care Cat D – Facility Fee**	Procedure		[1888.00]2003.00	[1888.00]2003.00	[2161.00]2293.00
0941	Oral Care Cat D – General Practitioner	Procedure	[1630.00]1729.00	[3518.00]3732.00	[3518.00]3732.00	[3791.00]4022.00

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0942	Oral Care Cat D – Specialist Practitioner	Procedure	[3344.00]3548.00	[6862.00]5551.00	[6862.00]5551.00	[5505.00]5841.00
0950	**Oral Care Cat E – Facility Fee**	Procedure		[6360.00]6748.00	[6360.00]6748.00	[7268.00]7711.00
0951	Oral Care Cat E – General Practitioner	Procedure	[5481.00]5815.00	[11841.00]12563.00	[11841.00]12563.00	[12749.00]13526.00
0952	Oral Care Cat E – Specialist Practitioner	Procedure	[11247.00]11933.00	[17607.00]18681.00	[17607.00]18681.00	[18515.00]19644.00
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		[84.00]89.00	[84.00]89.00	[101.00]107.00
1011	Outpatient Consultation – General Medical Practitioner	Visit	[93.00]99.00	[177.00]188.00	[177.00]188.00	[194.00]206.00
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	[216.00]229.00	[300.00]318.00	[300.00]318.00	[317.00]336.00
1013	Outpatient Consultation – Nursing Practitioner	Visit	[54.00]57.00	[138.00]146.00	[138.00]146.00	[155.00]164.00
1014	Outpatient Consultation – Allied Health Practitioner	Visit	[56.00]59.00	[140.00]148.00	[140.00]148.00	[157.00]166.00
1020	**Emergency Consultation – Facility Fee**	Visit		[170.00]180.00	[170.00]180.00	[204.00]216.00
1021	Emergency Consultation – General Medical Practitioner	Visit	[141.00]150.00	[311.00]330.00	[311.00]330.00	[345.00]366.00
1022	Emergency Consultation – Specialist Medical Practitioner	Visit	[323.00]343.00	[493.00]523.00	[493.00]523.00	[527.00]559.00
1023	Emergency Consultation – Nursing Practitioner	Visit	[82.00]87.00	[252.00]267.00	[252.00]267.00	[286.00]303.00
1024	Emergency Consultation – Allied Health Practitioner	Visit	[84.00]89.00	[254.00]269.00	[254.00]269.00	[288.00]305.00
1030	**Follow-Up Outpatient Consultation-Facility Fee**			[84.00]89.00	[84.00]89.00	[101.00]107.00
1031	Follow-Up Outpatient Consultation-General Medical practitioner		[93.00]99.00	[177.00]188.00	[177.00]188.00	[194.00]206.00
1032	Follow-Up Outpatient Consultation-Specialist Medical Practitioner		[216.00]229.00	[300.00]318.00	[300.00]318.00	[317.00]336.00
1033	Follow-Up Outpatient Consultation-Nursing Practitioner		[54.00]57.00	[138.00]146.00	[138.00]146.00	[155.00]164.00
1034	Follow-Up Outpatient Consultation-Allied Health practitioner		[56.00]59.00	[140.00]148.00	[140.00]148.00	[157.00]166.00
11	**Minor Theatre Procedures**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		[400.00]429.00	[400.00]429.00	[479.00]508.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	[139.00]147.00	[539.00]571.00	[539.00]571.00	[618.00]655.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	[266.00]282.00	[666.00]706.00	[666.00]706.00	[745.00]790.00
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		[400.00]424.00	[400.00]424.00	[479.00]508.00
1121	Minor Procedure Cat B – General Medical Practitioner	Procedure	[205.00]218.00	[605.00]642.00	[605.00]642.00	[684.00]726.00

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1122	Minor Procedure Cat B – Specialist Medical Practitioner	Procedure	[463.00]491.00	[863.00]915.00	[863.00]915.00	[942.00]999.00
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		[400.00]424.00	[400.00]424.00	[479.00]508.00
1131	Minor Procedure Cat C – General Medical Practitioner	Procedure	[322.00]342.00	[722.00]766.00	[722.00]766.00	[801.00]850.00
1132	Minor Procedure Cat C – Specialist Medical Practitioner	Procedure	[724.00]768.00	[1124.00]1492.00	[1124.00]1492.00	[1203.00]1276.00
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		[400.00]424.00	[400.00]424.00	[479.00]508.00
1141	Minor Procedure Cat D – General Medical Practitioner	Procedure	[851.00]903.00	[1251.00]1327.00	[1251.00]1327.00	[1330.00]1411.00
1142	Minor Procedure Cat D – Specialist Medical Practitioner	Procedure	[1919.00]2036.00	[2319.00]2460.00	[2319.00]2460.00	[2398.00]2544.00
12	**Major Theatre Procedures**					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		[1292.00]1371.00	[1892.00]2007.00	[2183.00]2316.00
1211	Theatre Procedure Cat A – General Medical Practitioner	Procedure	[139.00]147.00	[1431.00]1518.00	[2031.00]2154.00	[2322.00]2463.00
1212	Theatre Procedure Cat A – Specialist Medical Practitioner	Procedure	[266.00]282.00	[1558.00]1653.00	[2158.00]2289.00	[2449.00]2598.00
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		[1955.00]2074.00	[2869.00]3044.00	[3303.00]3504.00
1221	Theatre Procedure Cat B – General Medical Practitioner	Procedure	[205.00]218.00	[2160.00]2292.00	[3074.00]3262.00	[3508.00]3722.00
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	[463.00]491.00	[2418.00]2565.00	[3332.00]3535.00	[3766.00]3995.00
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		[3359.00]3564.00	[4928.00]5229.00	[5687.00]6034.00
1231	Theatre Procedure Cat C – General Medical Practitioner	Procedure	[322.00]342.00	[3681.00]3906.00	[5250.00]5571.00	[6009.00]6376.00
1232	Theatre Procedure Cat C – Specialist Medical Practitioner	Procedure	[724.00]768.00	[4083.00]4332.00	[5652.00]5997.00	[6411.00]6802.00
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		[8613.00]9138.00	[12632.00]13403.00	[14557.00]15445.00
1241	Theatre Procedure Cat D – General Medical Practitioner	Procedure	[851.00]903.00	[9464.00]10041.00	[13483.00]14306.00	[15408.00]16348.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	[1919.00]2036.00	[10532.00]11174.00	[14551.00]15439.00	[16476.00]17481.00
13	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Contact		[54.00]57.00	[54.00]57.00	[65.00]69.00
1313	Supplementary Health Treatment-Nursing Practitioner	Contact	[47.00]50.00	[101.00]107.00	[101.00]107.00	[112.00]119.00
1314	Supplementary Health Treatment – Allied Health Practitioner	Contact	[47.00]50.00	[101.00]107.00	[101.00]107.00	[112.00]119.00
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		[42.00]45.00	[42.00]45.00	[46.00]49.00
1324	Supplementary Health Group Treatment – Allied Health Practitioner	Contact	[33.00]35.00	[75.00]80.00	[75.00]80.00	[79.00]84.00
14	**Emergency Medical Services**					
1410	**Patient transport service –**	100km		380.00	380.00	380.00

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	Facility Fee					
1420	**Basic life support – Facility Fee**	50km		1037.00	1037.00	1037.00
1430	**Intermediate life support – Facility Fee**	50km		1402.00	1402.00	1402.00
1440	**Advanced life support – Facility Fee**	50km		2332.00	2332.00	2332.00
1450	**Emergency service standby – Facility Fee**	Once off		503.00	503.00	503.00
1451	Emergency service standby – General medical practitioner	Hour	675.00	1178.00	1178.00	1178.00
1452	Emergency service standby – Specialist medical practitioner	Hour	908.00	1411.00	1411.00	1411.00
1453	Emergency service standby – Nursing practitioner	Hour	383.00	886.00	886.00	886.00
1455	Emergency service standby – Basic life support practitioner	Hour	158.00	661.00	661.00	661.00
1456	Emergency services standby- Intermediate life support practitioner	Hour	242.00	745.00	745.00	745.00
1457	Emergency services standby- Advanced life support practitioner	Hour	424.00	927.00	927.00	927.00
1460	**Rescue – Facility Fee**	Hour		1110.00	1110.00	1110.00
1461	Rescue – General medical practitioner	Hour	1665.00	2775.00	2775.00	2775.00
1462	Rescue – Specialist medical practitioner	Hour	2495.00	3605.00	3605.00	3605.00
1463	Rescue – Nursing practitioner	Hour	1110.00	2220.00	2220.00	2220.00
1465	Rescue- Basic life support practitioner	Hour	170.00	1270.00	1270.00	1270.00
1466	Rescue – Intermediate life support practitioner	Hour	203.00	1303.00	1303.00	1303.00
1467	Rescue- Advanced life support practitioner	Hour	463.00			
1470	Emergency transport air services fixed wing	Flying hour		10218.00	10218.00	10218.00
1480	Emergency transport air services helicopter	Flying hour		11222.00	11222.00	11222.00
1490	**Emergency services standby- Facility Fee**	Additional 50km		232.00	232.00	232.00
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		[2718.00]2884.00	[2718.00]2884.00	[3105.00]3294.00
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	[1567.00]1663.00	[4285.00]4547.00	[4285.00]4547.00	[4672.00]4927.00

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1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	[2347.00]2490.00	[5065.00]5374.00	[5065.00]5374.00	[5452.00]5784.00
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		[6111.00]6484.00	[6111.00]6484.00	[6985.00]7411.00
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	[1857.00]1970.00	[7968.00]8454.00	[7968.00]8454.00	[8842.00]9381.00
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	[2785.00]2955.00	[8896.00]9439.00	[8896.00]9439.00	[9770.00]10366.00
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		[9870.00]10472.00	[9870.00]10472.00	[11282.00]11970.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	[3139.00]3330.00	[13009.00]13802.00	[13009.00]13802.00	[14421.00]15300.00
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	[4707.00]4994.00	[14577.00]15466.00	[14577.00]15466.00	[15989.00]16964.00
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		[16673.00]17690.00	[16673.00]17690.00	[19054.00]20216.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	[3521.00]3736.00	[20194.00]21426.00	[20194.00]21426.00	[22575.00]23952.00
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	[5181.00]5497.00	[21854.00]23187.00	[21854.00]23187.00	[24235.00]25713.00
17	**Laboratory Services**					
1700	Drawing of Blood	Contact		[33.00]35.00	[33.00]35.00	[33.00]35.00
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		[611.00]648.00	[611.00]648.00	[611.00]648.00
1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	[303.00]321.00	[914.00]969.00	[914.00]969.00	[914.00]969.00
1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		[611.00]648.00	[611.00]648.00	[611.00]648.00
1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	[913.00]969.00	[1524.00]1617.00	[1524.00]1617.00	[1524.00]1617.00
1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		[611.00]648.00	[611.00]648.00	[611.00]648.00
1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	[1825.00]1936.00	[2436.00]2584.00	[2436.00]2584.00	[2436.00]2584.00
1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		[611.00]648.00	[611.00]648.00	[611.00]648.00
1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	[2738.00]2905.00	[3349.00]3553.00	[3349.00]3553.00	[3349.00]3553.00
1950	**Positron Emission Tomography(PET) Cat E-facility Fee**	Procedure		[5921.00]1257.00	[5921.00]1257.00	[5921.00]1257.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	[2961.00]3773.00	[8882.00]5030.00	[8882.00]5030.00	[8882.00]5030.00
20	**Ambulatory Procedures**					
2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		[128.00]136.00	[128.00]136.00	[156.00]166.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	[46.00]49.00	[174.00]185.00	[174.00]185.00	[202.00]215.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	[92.00]98.00	[220.00]234.00	[220.00]234.00	[248.00]264.00
2013	Ambulatory Procedure Cat A-	Procedure	[27.00]29.00	[155.00]165.00	[155.00]165.00	[183.00]195.00

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	Nursing Practitioner					
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	[27.00]29.00	[155.00]165.00	[155.00]165.00	[183.00]195.00
2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		[128.00]136.00	[128.00]136.00	[156.00]166.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	[66.00]70.00	[194.00]206.00	[194.00]206.00	[222.00]236.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	[101.00]107.00	[229.00]243.00	[229.00]243.00	[257.00]273.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	[38.00]40.00	[166.00]176.00	[166.00]176.00	[194.00]206.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	[38.00]40.00	[166.00]176.00	[166.00]176.00	[194.00]206.00
21	**Blood and Blood Products**					
2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
2200	**Hyperbaric Oxygen Therapy-Facility Fee (Flat Fee)**	Session		471.00	471.00	471.00
2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		[1340.00]1422.00	[1340.00]1422.00	[1340.00]1422.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[566.00]601.00	[1906.00]2023.00	[1906.00]2023.00	[1906.00]2023.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[566.00]601.00	[1906.00]2023.00	[1906.00]2023.00	[1906.00]2023.00
2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		[1350.00]1432.00	[1350.00]1432.00	[1350.00]1435.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[825.00]875.00	[2175.00]2307.00	[2175.00]2307.00	[2175.00]2307.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[825.00]875.00	[2175.00]2307.00	[2175.00]2307.00	[2175.00]2307.00
23	**Consumables(Not included in Facility Fee)**					
2300	Consumables(Not included in Facility Fee)	Item	**Varies**			
24	**Autopsies**					
2410	**Autopsy-Facility Fee**	Per Case		[84.00]89.00	[84.00]89.00	[101.00]107.00
2411	Autopsy-General Practitioner	Per Case	[93.00]99.00	[177.00]188.00	[177.00]188.00	[194.00]206.00
2412	Autopsy-Specialist Practitioner	Per Case	[216.00]229.00	[300.00]318.00	[300.00]318.00	[317.00]336.00
25	**Port Health and Travel Clinics**	Visit				
2510	**Consultation-Facility Fee**	Visit		107.00	107.00	107.00
2511	Consultation-General medical practitioner	Visit	99.00	206.00	206.00	206.00
2513	Consultation-Nursing practitioner	Visit	57.00	164.00	164.00	164.00
2520	**Emergency Consultation-Facility Fee**	Visit		216.00	216.00	216.00
2521	Emergency Consultation-General medical practitioner	Visit	150.00	366.00	366.00	366.00
2523	Emergency Consultation-Nursing practitioner	Visit	87.00	303.00	303.00	303.00
0810	Medication Fee-Facility Fee	Visit		32.00	32.00	40.00".

Substitution of Annexure 4 to Schedule B to Regulations

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

"ANNEXURE 4 TO SCHEDULE B

UPFS [2016]2017 FEE SCHEDULE FOR FULL-PAYING PATIENTS

(FOLATENG WARDS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
			R	LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	**Anaesthetics**					
DA0111	Anaesthetics Cat A – General medical practitioner	Procedure	[200.00]212.00			
DA0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	[301.00]319.00			
DA0121	Anaesthetics Cat B – General medical practitioner	Procedure	[341.00]362.00			
DA0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	[514.00]545.00			
DA0131	Anaesthetics Cat C – General medical practitioner	Procedure	[1201.00]1274.00			
DA0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	[1802.00]1912.00			
02	**Confinement**					
DA0210	**Natural Birth- Facility Fee**	Incident		[4742.00]5031.00	[4742.00]5031.00	[4742.00]5031.00
DA0211	Natural Birth – General Medical Practitioner	Incident	[2010.00]2133.00	[6752.00]7164.00	[6752.00]7164.00	[6752.00]7164.00
DA0212	Natural Birth – Specialist Medical Practitioner	Incident	[2095.00]2223.00	[6837.00]7254.00	[6837.00]7254.00	[6837.00]7254.00
DA0213	Natural Birth – Nursing Practitioner	Incident	[2432.00]2580.00	[7174.00]7611.00	[7174.00]7611.00	[7174.00]7611.00
DA0220	**Caesarean Section – Facility Fee**	Incident		[7469.00]7925.00	[7469.00]7925.00	[7469.00]7925.00
DA0221	Caesarean Section – General Medical Practitioner	Incident	[2010.00]2133.00	[9479.00]10058.00	[9479.00]10058.00	[9479.00]10058.00
DA0222	Caesarean Section – Specialist Medical Practitioner	Incident	[2595.00]2223.00	[10064.00]10148.00	[10064.00]10148.00	[10064.00]10148.00
03	**Dialysis**					
DA0310	**Haemo – Facility Fee**	Day		[1464.00]1553.00	[1464.00]1553.00	[1676.00]1778.00
DA0311	Haemo-dialysis – General medical practitioner	Day	[252.00]267.00	[1716.00]1820.00	[1716.00]1820.00	[1928.00]2045.00
DA0312	Haemo-dialysis – Specialist medical practitioner	Day	[317.00]336.00	[1781.00]1889.00	[1781.00]1889.00	[1993.00]2114.00
DA0313	Haemo-dialysis Nursing Practitioner	Day	[204.00]216.00	[1668.00]1769.00	[1668.00]1769.00	[1880.00]1994.00
DA0320	**Peritoneal Dialysis – Facility Fee**	Session		[225.00]239.00	[225.00]239.00	[258.00]274.00
DA0321	Peritoneal Dialysis – General medical practitioner	Session	[41.00]44.00	[266.00]283.00	[266.00]283.00	[299.00]318.00

DA0322	Peritoneal dialysis-Specialist Medical practitioner	Session	[49.00]52.00	[274.00]291.00	[274.00]291.00	[307.00]326.00
DA0323	Peritoneal dialysis-Nursing Practitioner	Session	[27.00]29.00	[252.00]268.00	[252.00]268.00	[285.00]303.00
DA0330	**Plasmapheresis-Facility Fee**	Session		[1464.00]1553.00	[1464.00]1553.00	[1676.00]1778.00
DA0331	Plasmapheresis- General medical practitioner	Session	[252.00]267.00	[1716.00]1820.00	[1716.00]1820.00	[1928.00]2045.00
DA0332	Plasmapheresis-Specialist Medical Practitioner	Session	[317.00]336.00	[1781.00]1889.00	[1781.00]1889.00	[1993.00]2114.00
04	**Medical Reports**					
DA0410	**Medical Report – Facility Fee**	Report		[141.00]150.00	[141.00]150.00	[172.00]182.00
DA0411	Medical Report – General medical practitioner	Report	[241.00]256.00	[382.00]406.00	[382.00]406.00	[413.00]438.00
DA0412	Medical Report – Specialist medical practitioner	Report	[369.00]392.00	[510.00]542.00	[510.00]542.00	[541.00]574.00
DA0420	**Copies of Medical Report-Facility Fee**	Copy		150.00	150.00	150.00
DA0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	[120.00]127.00	277.00	277.00	277.00
DA0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	[186.00]197.00	347.00	347.00	347.00
DA0425	Copies of X ray, ultrasounds ect.	Copies	[120.00]127.00	277.00	277.00	277.00
DA0430	**Functional Assessment Report-Facility Fee**	Report		299.00	299.00	365.00
DA0431	Functional Assessment Report-General medical practitioner	Report	768.00	1067.00	1067.00	1133.00
DA0432	Functional Assessment Report-Specialist medical practitioner	Report	1568.00	1867.00	1867.00	1933.00
DA0434	Functional Assessment Report-Allied health practitioner	Report	768.00	1067.00	1067.00	1133.00
DA440	Copies of Specialised Radiology (MRI, CT & Nuclear)	Copy		1100.00	1100.00	1100.00
05	**Imaging**					
DA0510	**Radiology, Cat A – Facility Fee**	Procedure		[73.00]77.00	[73.00]77.00	[84.00]89.00
DA0511	Radiology, Cat A – General medical practitioner	Procedure	[66.00]70.00	[139.00]147.00	[139.00]147.00	[150.00]159.00
DA0512	Radiology, Cat A – Specialist medical practitioner	Procedure	[123.00]131.00	[196.00]208.00	[196.00]208.00	[207.00]220.00
DA0514	Radiology, Cat A – Allied health practitioner	Procedure	[65.00]69.00	[138.00]146.00	[138.00]146.00	[149.00]158.00
DA0520	**Radiology, Cat B – Facility Fee**	Procedure		[204.00]216.00	[204.00]216.00	[233.00]247.00
DA0521	Radiology, Cat B – General medical practitioner	Procedure	[178.00]189.00	[382.00]405.00	[382.00]405.00	[411.00]436.00
DA0522	Radiology, Cat B – Specialist	Procedure	[347.00]368.00	[551.00]584.00	[551.00]584.00	[580.00]615.00

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	medical practitioner					
DA0524	Radiology, Cat B – Allied health practitioner	Procedure	[173.00]184.00	[377.00]400.00	[377.00]400.00	[406.00]431.00
DA0530	**Radiology, Cat C – Facility Fee**	Procedure		[474.00]503.00	[474.00]503.00	[541.00]574.00
DA0531	Radiology, Cat C – General medical practitioner	Procedure	[277.00]294.00	[751.00]797.00	[751.00]797.00	[818.00]868.00
DA0532	Radiology, Cat C – Specialist medical practitioner	Procedure	[848.00]900.00	[2643.00]1403.00	[2643.00]1403.00	[2776.00]1474.00
DA0540	**Radiology, Cat D – Facility Fee**	Procedure		[948.00]1006.00	[948.00]1006.00	[1081.00]1147.00
DA0541	Radiology, Cat D – General medical practitioner	Procedure	[551.00]585.00	[1499.00]1591.00	[1499.00]1591.00	[1632.00]1732.00
DA0542	Radiology, Cat D – Specialist Practitioner	Procedure	[1695.00]1798.00	[2643.00]2804.00]	[2643.00]2804.00]	[2776.00]2945.00
DA0550	**Radiology, Cat E – Facility Fee**	Procedure		[2412.00]2559.00	[2412.00]2559.00	[2754.00]2922.00
DA0551	Radiology, Cat E – General Medical Practitioner	Procedure	[2028.00]2152.00	[4440.00]4711.00	[4440.00]4711.00	[4782.00]5074.00
DA0552	Radiology, Cat E – Specialist Practitioner	Procedure	[4230.00]4488.00	[6642.00]7047.00	[6642.00]7047.00	[6984.00]7410.00
06	**In-patients**					
DA0610	**In-patient General ward – Facility Fee**	Day		[1641.00]1741.00	[1641.00]1741.00	[1641.00]1741.00
DA0611	In-patient General Ward – General medical practitioner	Day	[141.00]150.00	[1782.00]1891.00	[1782.00]1891.00	[1782.00]1891.00
DA0612	In-patient General Ward – Specialist medical practitioner	Day	[247.00]262.00	[1888.00]2003.00	[1888.00]2003.00	[1888.00]2003.00
DA0620	**In-patient High care – Facility Fee**	12 hours		[1892.00]2007.00	[1892.00]2007.00	[1892.00]2007.00
DA0621	In-patient High Care – General medical practitioner	12 hours	[73.00]77.00	[1965.00]2084.00	[1965.00]2084.00	[1965.00]2084.00
DA0622	In-patient High Care – Specialist medical practitioner	12 hours	[140.00]149.00	[2032.00]2156.00	[2032.00]2156.00	[2032.00]2156.00
DA0630	**In-patient Intensive care – Facility Fee**	12 hours		[4148.00]4401.00	[4148.00]4401.00	[4148.00]4401.00
DA0631	In-patient Intensive Care – General medical practitioner	12 hours	[82.00]87.00	[4230.00]4488.00	[4230.00]4488.00	[4230.00]4488.00
DA0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	[156.00]166.00	[4304.00]4567.00	[4304.00]4567.00	[4304.00]4567.00
DA0640	**In-patient Chronic care – Facility Fee**	Day		[400.00]424.00	[400.00]424.00	[400.00]424.00
DA0641	In-patient Chronic care – General medical practitioner	Day	[46.00]49.00	[446.00]473.00	[446.00]473.00	[446.00]473.00
DA0642	In-patient Chronic care – Specialist medical practitioner	Day	[108.00]115.00	[508.00]539.00	[508.00]539.00	[508.00]539.00
DA0643	I In-patient Chronic care – Nursing practitioner	Day	[27.00]29.00	[427.00]453.00	[427.00]453.00	[427.00]453.00
DA0650	**Day patient – Facility Fee**	Day		[1048.00]1112.00	[1048.00]1112.00	[1048.00]1112.00
DA0651	Day patient – General medical practitioner	Day	[141.00]150.00	[1189.00]1262.00	[1189.00]1262.00	[1189.00]1262.00
DA0652	Day patient – Specialist medical	Day	[247.00]262.00	[1295.00]1374.00	[1295.00]1374.00	[1295.00]1374.00

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	practitioner					
DA0653	Day patient – Nursing practitioner	Day	[82.00]87.00	[1130.00]1199.00	[1130.00]1199.00	[1130.00]1199.00
DA0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		[325.00]345.00	[325.00]345.00	[325.00]345.00
DA0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	[27.00]29.00	[352.00]374.00	[352.00]374.00	[352.00]374.00
07	**Mortuary**					
DA0710	Mortuary-Facility Fee			184.00	184.00	209.00
DA0720	Cremation Certificate-Facility Fee			184.00	184.00	209.00
08	**Pharmaceutical**					
DA0810	**Medication Fee – Facility Fee**	Prescription		[33.00]35.00	[33.00]35.00	[40.00]42.00
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]30.00	[28.00]30.00	[33.00]35.00
DA0911	Oral Care Cat A – General practitioner	Procedure	[38.00]40.00	[66.00]70.00	[66.00]70.00	[71.00]75.00
DA0912	Oral Care Cat A – Specialist practitioner	Procedure	[45.00]48.00	[73.00]78.00	[73.00]78.00	[78.00]83.00
DA0914	Oral Care Cat A – Allied health practitioner	Procedure	[33.00]35.00	[61.00]65.00	[61.00]65.00	[66.00]70.00
DA0920	**Oral Care Cat B – Facility Fee**	Procedure		[92.00]93.00	[88.00]93.00	[99.00]105.00
DA0921	Oral Care Cat B – General practitioner	Procedure	[88.00]93.00	[180.00]186.00	[176.00]186.00	[187.00]198.00
DA0922	Oral Health Cat B – Specialist practitioner]	Procedure	[139.00]147.00	[231.00]245.00	[227.00]240.00	[238.00]258.00
DA0924	Oral Care Cat B – Allied health practitioner	Procedure	[71.00]75.00	[163.00]173.00	[159.00]168.00	[170.00]180.00
DA0930	**Oral Care Cat C – Facility Fee**	Procedure		[528.00]560.00	[528.00]560.00	[606.00]643.00
DA0931	Oral Care Cat C – General practitioner	Procedure	[531.00]563.00	[1059.00]1123.00	[1059.00]1123.00	[1137.00]1206.00
DA0932	Oral Care Cat C – Specialist practitioner	Procedure	[913.00]969.00	[1441.00]1529.00	[1441.00]1529.00	[1519.00]1612.00
DA0940	**Oral Care Cat D – Facility Fee**	Procedure		[2078.00]2209.00	[2078.00]2205.00	[2377.00]2522.00
DA0941	Oral Care Cat D – General practitioner	Procedure	[1630.00]1729.00	[3712.00]3938.00	[3708.00]3934.00	[4007.00]4251.00
DA0942	Oral Care Cat D – Specialist	Procedure	[3344.00]3548.00	[5426.00]5757.00	[5422.00]5753.00	[5721.00]6070.00

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	practitioner					
DA0950	**Oral Care Cat E – Facility Fee**	Procedure		[6997.00]7424.00	[6997.00]7424.00	[7997.00]8485.00
DA0951	Oral Care Cat E – General practitioner	Procedure	[5481.00]5815.00	[12478.00]13239.00	[12478.00]13239.00	[13478.00]14300.00
DA0952	Oral Care Cat E – Specialist practitioner	Procedure	[11247.00]11933.00	[18244.00]19357.00	[18244.00]19357.00	[19244.00]20418.00
10	**Consultations**					
DA1010	**Outpatient Consultation – Facility Fee**	Visit		[92.00]98.00	[92.00]98.00	[113.00]120.00
DA1011	Outpatient Consultation – General medical practitioner	Visit	[93.00]99.00	[185.00]197.00	[185.00]197.00	[206.00]219.00
DA1012	Outpatient Consultation – Specialist medical practitioner	Visit	[216.00]229.00	[308.00]327.00	[308.00]327.00	[329.00]349.00
DA1013	Outpatient Consultation – Nursing practitioner	Visit	[54.00]57.00	[146.00]155.00	[146.00]155.00	[167.00]177.00
DA1014	Outpatient Consultation – Allied health practitioner	Visit	[56.00]59.00	157.00	157.00	179.00
DA1020	**Emergency Consultation – Facility Fee**	Visit		[189.00]201.00	[189.00]201.00	[224.00]238.00
DA1021	Emergency Consultation – General medical practitioner	Visit	[141.00]150.00	[330.00]351.00	[330.00]351.00	[365.00]388.00
DA1022	Emergency Consultation – Specialist medical practitioner	Visit	[324.00]344.00	[513.00]545.00	[513.00]545.00	[548.00]582.00
DA1023	Emergency Consultation – Nursing practitioner	Visit	[82.00]87.00	[271.00]288.00	[271.00]288.00	[306.00]325.00
DA1024	Emergency Consultation – Allied health practitioner	Visit	[84.00]89.00	[273.00]290.00	[273.00]290.00	[308.00]327.00
11	**Minor Theatre Procedures**					
DA1110	**Minor Procedure Cat A – Facility Fee**	Procedure		[440.00]467.00	[440.00]467.00	[527.00]559.00
DA1111	Minor Procedure Cat A – General medical practitioner	Procedure	[139.00]147.00	[579.00]614.00	[579.00]614.00	[666.00]706.00
DA1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	[266.00]282.00	[706.00]749.00	[706.00]749.00	[793.00]841.00
DA1120	**Minor Procedure Cat B – Facility Fee**	Procedure		[440.00]467.00	[440.00]467.00	[527.00]559.00
DA1121	Minor Procedure Cat B – General medical practitioner	Procedure	[205.00]218.00	[645.00]685.00	[645.00]685.00	[732.00]777.00
DA1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	[463.00]491.00	[903.00]961.00	[903.00]961.00	[990.00]1050.00
DA1130	**Minor Procedure Cat C – Facility Fee**	Procedure		[440.00]467.00	[440.00]467.00	[527.00]559.00
DA1131	Minor Procedure Cat C – General medical practitioner	Procedure	[322.00]342.00	[762.00]809.00	[762.00]809.00	[849.00]901.00
DA1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	[724.00]768.00	[1164.00]1235.00	[1164.00]1235.00	[1251.00]1327.00
DA1140	**Minor Procedure Cat D – Facility Fee**	Procedure		[440.00]467.00	[440.00]467.00	[527.00]559.00
DA1141	Minor Procedure Cat D – General medical practitioner	Procedure	[851.00]903.00	[1291.00]1370.00	[1291.00]1370.00	[1378.00]1462.00
DA1142	Minor Procedure Cat D –	Procedure	[1919.00]2036.00	[2359.00]2503.00	[2359.00]2503.00	[2446.00]2595.00

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	Specialist medical practitioner					
12	**Major Theatre Procedures**					
DA1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		[1419.00]1506.00	[2081.00]2208.00	[2400.00]2546.00
DA1211	Theatre Procedure Cat A – General medical practitioner	Procedure	[139.00]147.00	[1558.00]1653.00	[2220.00]2355.00	[2539.00]2693.00
DA1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	[266.00]282.00	[1685.00]1788.00	[2347.00]2490.00	[2666.00]2828.00
DA1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		[2152.00]2283.00	[3155.00]3347.00	[3835.00]4069.00
DA1221	Theatre Procedure Cat B – General medical practitioner	Procedure	[205.00]218.00	[2357.00]2501.00	[3360.00]3565.00	[4040.00]4287.00
DA1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	[463.00]491.00	[2615.00]2774.00	[3618.00]3838.00	[4298.00]4560.00
DA1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		[3691.00]3916.00	[5421.00]5752.00	[6256.00]6638.00
DA1231	Theatre Procedure Cat C – General medical practitioner	Procedure	[322.00]342.00	[4013.00]4258.00	[5743.00]6094.00	[6578.00]6980.00
DA1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	[724.00]768.00	[4415.00]4684.00	[6145.00]6520.00	[6980.00]7406.00
DA1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		[9472.00]1050.00	[13894.00]14742.00	[16014.00]16991.00
DA1241	Theatre Procedure Cat D – General medical practitioner	Procedure	[851.00]903.00	10953.00	15645.00	17894.00
DA1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	[1919.00]2036.00	[10323.00]3068.00	[14745.00]16778.00	[16865.00]19027.00
13	**Treatments**					
DA1310	**Supplementary Health Treatment – Facility Fee**	Contact		[63.00]67.00	[63.00]67.00	[70.00]74.00
DA1313	Supplementary health treatment-Nursing Practitioner	Contact	[47.00]50.00	[110.00]117.00	[110.00]117.00	[117.00]124.00
DA1314	Supplementary Health Treatment – Allied health practitioner	Contact	[47.00]50.00	[110.00]117.00	[110.00]117.00	[117.00]124.00
DA1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		[46.00]49.00	[46.00]49.00	[50.00]53.00
DA1324	Supplementary Health Group Treatment – Allied practitioner	Contact	[33.00]35.00	[79.00]84.00	[79.00]84.00	[83.00]109.00
15	**Assistive Devices & Prosthesis**					
DA1510	Assistive Devices-Item Fee	Item	Varies			
DA1520	Prosthetic Devices-Item Fee	Item	Varies			
DA1530	Dental Items -Item Fee	Item	Varies			
DA1540	Repairs of devices items	Item	Varies			
16	**Cosmetic Surgery**					
DA1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		[2988.00]3170.00	[2988.00]3170.00	[3413.00]3621.00
DA1611	Cosmetic Surgery Cat A – General practitioner	Procedure	[1567.00]1663.00	[4555.00]4833.00	[4555.00]4833.00	[4980.00]5284.00
DA1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	[2347.00]2490.00	[5335.00]5660.00	[5335.00]5660.00	[5760.00]6111.00

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DA1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		[6724.00]7134.00	[6724.00]7134.00	[7685.00]8154.00
DA1621	Cosmetic Surgery Cat B – General practitioner	Procedure	[1857.00]1970.00	[8581.00]9104.00	[8581.00]9104.00	[9542.00]10124.00
DA1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	[2785.00]2955.00	[9509.00]10089.00	[9509.00]10089.00	[10470.00]11109.00
DA1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		[10860.00]11522.00	[10860.00]11522.00	[12410.00]13167.00
DA1631	Cosmetic Surgery Cat C – General practitioner	Procedure	[3139.00]3330.00	[13999.00]14852.00	[13999.00]14852.00	[15549.00]16497.00
DA1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	[4707.00]4994.00	[15567.00]16516.00	[15567.00]16516.00	[17117.00]18161.00
DA1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		[18340.00]19459.00	[18340.00]19459.00	[20960.00]22239.00
DA1641	Cosmetic Surgery Cat D – General practitioner	Procedure	[3521.00]3736.00	[21861.00]23195.00	[21861.00]23195.00	[24481.00]25975.00
DA1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	[5181.00]5497.00	[23521.00]24956.00	[23521.00]24956.00	[26141.00]27736.00
17	**Laboratory Services**					
DA1700	Drawing of Blood	Contact		[38.00]40.00	[38.00]40.00	[38.00]40.00
DA1710	Laboratory Test	Varies				
18	**Radiation Oncology**					
DA1800	Radiation Oncology(NHRPL less VAT)	Item				
19	**Nuclear Medicines**					
DA1900	Itemisation of Isotopes	Item				
DA1910	**Nuclear Medicines Cat A-Facility Fee**	Procedure		[670.00]711.00	[670.00]711.00	[670.00]711.00
DA1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	[303.00]321.00	[973.00]1032.00	[973.00]1032.00	[973.00]1032.00
DA1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		[670.00]711.00	[670.00]711.00	[670.00]711.00
DA1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	[913.00]969.00	[1583.00]1680.00	[1583.00]1680.00	[1583.00]1680.00
DA1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		[670.00]711.00	[670.00]711.00	[670.00]711.00
DA1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	[1825.00]1936.00	[2495.00]2647.00	[2495.00]2647.00	[2495.00]2647.00
DA1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		[670.00]711.00	[670.00]711.00	[670.00]711.00
DA1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	[2738.00]2905.00	[3408.00]3616.00	[3408.00]3616.00	[3408.00]3616.00
DA1950	**Positron Emission Tomography(PET) Cat E-facility Fee**	Procedure		[6513.00]6910.00	[6513.00]6910.00	[6513.00]6910.00
DA1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	[2961.00]3142.00	[9474.00]10052.00	[9474.00]10052.00	[9474.00]10052.00
20	**Ambulatory Procedures**					
DA2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		[141.00]150.00	[141.00]150.00	[172.00]182.00
DA2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	[46.00]49.00	[187.00]199.00	[187.00]199.00	[218.00]231.00
DA2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	[92.00]98.00	[233.00]248.00	[233.00]248.00	[264.00]280.00
DA2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	[27.00]29.00	[168.00]179.00	[168.00]179.00	[199.00]211.00
DA2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	[27.00]29.00	[168.00]197.00	[168.00]197.00	[199.00]211.00

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DA2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		[141.00]150.00	[141.00]150.00	[172.00]182.00
DA2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	[66.00]70.00	[207.00]220.00	[207.00]220.00	[238.00]252.00
DA2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	[101.00]107.00	[242.00]257.00	[242.00]257.00	[273.00]289.00
DA2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	[38.00]40.00	[179.99]190.00	[179.99]190.00	[210.00]222.00
DA2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	[38.00]40.00	[179.99]190.00	[179.99]190.00	[210.00]222.00
21	**Blood and Blood Products**					
DA2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
DA2200	**Hyperbaric Oxygen Therapy-Fee (Flat Fee)**			471.00	471.00	471.00
DA2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		[1472.00]1562.00	[1472.00]1562.00	[1472.00]1562.00
DA2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[566.00]601.00	[2038.00]2163.00	[2038.00]2163.00	[2038.00]2163.00
DA2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	[566.00]601.00	[2038.00]2163.00	[2038.00]2163.00	[2038.00]2163.00
DA2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		[1486.00]1577.00	[1486.00]1577.00	[1486.00]1577.00
DA2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[825.00]875.00	[2311.00]2452.00	[2311.00]2452.00	[2311.00]2452.00
DA2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[825.00]875.00	[2311.00]2452.00	[2311.00]2452.00	[2311.00]2452.00
23	**Consumables (Not included in Facility Fee)**					
DA2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	**Autopsies**					
DA2410	**Autopsy-Facility Fee**	Per Case		[92.00]98.00	[92.00]98.00	[113.00]120.00
DA2411	Autopsy-General Practitioner	Per Case	[93.00]99.00	[185.00]197.00	[185.00]197.00	[206.00]219.00
DA2412	Autopsy-Specialist Practitioner	Per Case	[216.00]229.00	[308.00]327.00	[308.00]327.00	[329.00]349.00".

Application of Regulations

7. 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 and commencement

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8. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to the Classification of and Fees Payable by Patients at Provincial Hospitals, 2017, and comes in operation on 1 July 2017.

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NOTICE 369 OF 2018

CORRECTION NOTICE

PROVINCE OF GAUTENG

DEPARTMENT OF HEALTH

CORRECTION OF NOTICE NO. 1315 OF 8 SEPTEMBER 2017

Notice No. 1315 of 8 September 2017, published in Provincial *Gazette*, Extraordinary, No. 227 dated 8 September 2017, is hereby withdrawn and substituted by the following Notice:

GENERAL NOTICE

GAUTENG PROVINCE

DEPARTMENT OF HEALTH

HOSPITAL ORDINANCE NO.14 OF 1958

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO HOSPITAL MORTUARY, 2017

The Member of the Executive Council responsible for Health in the Gauteng Province has, in terms of section 9 and 76 of the Hospital Ordinance No.14 of 1958, made Regulations set out in the Schedule.

SCHEDULE

GENERAL EXPLANATORY NOTE:

[ ] Words in bold type in square brackets indicate omissions from existing enactments.

_____ Words underlined indicate insertions in existing enactments.

Definition

1. In these Regulations, unless the context otherwise indicates, "the Regulations" means the Hospital Mortuary Regulations, 1968, published under Administrator's Notice No. 372 of 1968 (3 April 1968), as amended by Administrator's Notice No. 251 of 1993, General Notices Nos. 2585 of 2002,

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2981 of 2002, 658 of 2003, 462 of 2005, Provincial Notice No. 3009 of 2007, General Notices Nos. 3023 of 2008, 2790 of 2009, 3775 of 2009, 1501 of 2010, 1955 of 2010, 1003 of 2011, 837 of 2012, 926 of 2013, 1029 of 2014, Provincial Notice No. 159 of 2015 and General Notice Nos. 1666 of 2015 and 505 of 2016.

Amendment of regulation 3 of Regulations

2. Regulation 3 of the Regulations is hereby amended—

(a) by the substitution in subregulation **(1)** for paragraphs *(a)* and *(b)* of the following paragraphs, respectively:

"*(a)* Level 1 and level 2 hospital: **[R173.00]**R184.00 (UPFS code 0710); and

(b) Level 3 hospital: **[R197.00]**R209.00 (UPFS code 0710)."; and

(b) by the substitution in subregulation (3)(*a*) for subparagraphs (i) and (ii) of the following subparagraphs, respectively:

"(i) Level 1 and level 2 hospitals: **[R173.00]**R184.00 (UPFS code 0710); and

(ii) Level 3 hospital: **[R197.00]**R209.00 (UPFS code 0710).".

Amendment of regulation 4 of Regulations

3. Regulation 4 of the Regulations is hereby amended by the substitution in subregulation (1) for paragraphs *(a)* and *(b)* of the following paragraphs, respectively:

"*(a)* Level 1 and level 2 hospital: **[R173.00]**R184.00 (UPFS code 0720); and

(b) Level 3 hospital: **[R197.00]**R209.00 (UPFS code 0720).".

Short title and commencement

4. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2017, and come into operation on 1 July 2017.

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