THE PROVINCE OF GAUTENG

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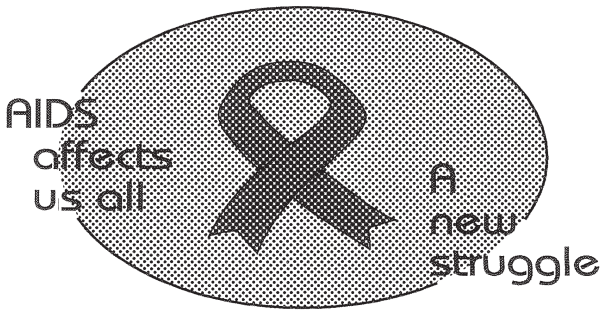
No. 61

We all have the power to prevent AIDS



AIDS
HELPLINE
0800 012 322
DEPARTMENT OF HEALTH

Prevention is the cure

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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

NOTICE 382 OF 2019

DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO. 14 OF 1958

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO MORTUARY 2019

INVITATION TO THE PUBLIC TO SUBMIT WRITTEN COMMENTS OR REPRESENTATION

The Member of the Executive Council responsible for health in the Province intends, in terms of sections 9 and 76 of the Hospitals Ordinance No. 14 of 1958, to make the Regulations in the Schedule.

Members of the public are hereby, in accordance with section 195(1)(e) of the Constitution of the Republic of South Africa, 1996, and section 3 read with 4 of the Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000), within 30 days of publication of this notice, invited to make written submissions or representations in respect of the draft Regulations for consideration by the MEC.

Written submissions or representations may be delivered or sent to the person and contact details below:

Mr Joe Tsoka
37 Pixley ka Isaka Seme Street
Bank of Lisbon Building
Marshalltown
JOHANNESBURG
2017
Email: Joe.Tsoka@gauteng.gov.za

GAUTENG PROVINCE
OFFICE OF THE PREMIER
REPUBLIC OF SOUTH AFRICA

Prof Mkhululi Lukhele
Head of Department
Gauteng Department of Health
Bank of Lisbon Building
37 Pixley Ka Isaka Seme Street
Marshalltown
JOHANNESBURG
2107

Dear Prof Lukhele

RE: PRE-CERTIFICATION OF DRAFT REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO HOSPITAL MORTUARY, 2019, FOR PURPOSES OF PUBLIC ENGAGEMENT AND COMMENT

1. Herewith attached the above-mentioned Regulations, as duly pre-certified by the State Law Advisors in the Office in terms of section 2 of the Gauteng Scrutiny of Subordinate Legislation Act, 2008 (Act No. 5 of 2008) ("the Act"), for the purposes of public engagement and comment.

2. Kindly note that no changes may be made to the certified Regulations without the prior approval of the State Law Advisors. Any changes not duly approved by the State Law Advisors will nullify the certification of the Regulations.

3. We also copied the certified Regulations on the enclosed disc. The same conditions as set out in this certificate apply to changes made to the copy on the disc.

4. Upon the completion of the public engagement and comment process, the Regulations, including any revised version thereof, must be resubmitted for final certification to the State Law Advisors for the purposes of tabling in the Gauteng Provincial Legislature for approval in terms of section 2(1) and (2) of the Act.

Enquiries may be directed to Adv. Monwabisi Nguqu
Telephone number : (011) 355 6312
Reference Number : 11/R

Adv. Geert Kuit
Chief Director: State Law Advisory Services
Date: 27/02/2019

PRE-CERTIFIED BY STATE LAW ADVISERS: GAUTENG
27/02/2019 DATE SIGNATURE

Tel: (011) 355 6000 I Fax: (011) 355 6834 I Web: www.gautengonline.gov.za
30 Simmonds Street, Marshalltown, Johannesburg, 2001 I PO Box 61, Marshalltown, 2000
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GAUTENG PROVINCIAL GOVERNMENT

DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO. 14 OF 1958

DRAFT REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO HOSPITAL MORTUARY, 2019

The Member of the Executive Council responsible for matters related to health in the Province intends, in terms of sections 9 and 76 of the Hospitals Ordinance No. of 1958, to make the 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.

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: **[R194.00]**R205.00 (UPFS code 0710); and

(b) Level 3 hospital: **[R220.00]**R232.00 (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: **[R194.00]**R205.00 (UPFS code 0710); and

(ii) Level 3 hospital: **[R220.00]**R232.00 (UPFS code 0710).".

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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: **[R194.00]**R205.00 (UPFS code 0720); and

(b) Level 3 hospital: **[R220.00]**R232.00 (UPFS code 0720).".

Short title and commencement

4. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2019, and come into operation on 1 April 2019.

PRE-CERTIFIED BY STATE LAW ADVISERS:
GAUTENG
27/2/2019
DATE SIGNATURE

NOTICE 383 OF 2019

DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO. 14 OF 1958

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES 2019

INVITATION TO THE PUBLIC TO SUBMIT WRITTEN COMMENTS OR REPRESENTATION

The Member of the Executive Council responsible for health in the Province intends, in terms of sections 9 and 76 of the Hospitals Ordinance No. 14 of 1958, to make the Regulations in the Schedule.

Members of the public are hereby, in accordance with section 195(1)(e) of the Constitution of the Republic of South Africa, 1996, and section 3 read with 4 of the Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000), within 30 days of publication of this notice, invited to make written submissions or representations in respect of the draft Regulations for consideration by the MEC.

Written submissions or representations may be delivered or sent to the person and contact details below:

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37 Pixley ka Isaka Seme Street
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GAUTENG PROVINCE
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Prof Mkhululi Lukhele
Head of Department
Gauteng Department of Health
Bank of Lisbon Building
37 Pixley Ka Isaka Seme Street
Marshalltown
JOHANNESBURG
2107

Dear Prof Lukhele

RE: PRE-CERTIFICATION OF DRAFT REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2019, FOR PURPOSES OF PUBLIC ENGAGEMENT AND COMMENT

1. Herewith attached the above-mentioned Regulations, as duly pre-certified by the State Law Advisors in the Office of the Premier in terms of section 2 of the Gauteng Scrutiny of Subordinate Legislation Act, 2008 (Act No. 5 of 2008) ("the Act"), for the purposes of public engagement and comment.

2. Kindly note that no changes may be made to the certified Regulations without the prior approval of the State Law Advisors. Any changes not duly authorised by the State Law Advisors will nullify the certification of the Regulations.

3. We also copied the certified Regulations on the enclosed disc. The same conditions as set out in this certificate apply to changes made to the copy on the disc.

4. Upon the completion of the public engagement and comment process, the Regulations, including any revised version thereof, must be resubmitted for final certification to the State Law Advisors for the purposes of tabling in the Gauteng Provincial Legislature for approval in terms of section 2(1) and (2) of the Act.

Enquiries may be directed to Adv. Monwabisi Nguqu
Telephone number : (011) 355 6312
Reference Number : 11/R

for **Adv. Geert Kuit**
Chief Director: State Law Advisory Services
Date: 27/02/2019

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GAUTENG PROVINCIAL GOVERNMENT

GAUTENG DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO. 14 OF 1958

DRAFT REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2019

The Member of the Executive Council responsible for matters related to health in the Province has, in terms of sections 9 and 76 of the Hospitals Ordinance No. 14 of 1958, made the Regulations 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.

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*

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HG	Exempted	—
H0	Free	—
H1	**[R20,00]**R21.00	1410
H2	**[R40,00]**R42.00	1410
PG	Exempted	—
H3.....	**[R60.00]**R63.00	1410
P and PH.....	**[R400,00]**R422.00	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	—
H0	Free	—
H1: Basic life support	**[R55,00]**R58.00	1420
Intermediate life support	**[R75,00]**R78.00	1430
Advanced life support	**[R125,00]**R130.00	1440
H2: Basic life support	**[R110,00]**R116.00	1420
Intermediate life support	**[R150,00]**R156.00	1430
Advanced life support	**[R245,00]**R260.00	1440
PG	Exempted	—
H3: Basic life support	**[R164,00]**R174.00	1420
Intermediate life support	**[R221,00]**R234.00	1430
Advanced life support	**[R368,00]**R389.00	1440
P and PH: Basic life support	**[R1097,00]**R1158.00	1420
Intermediate life support	**[R1415,00]**R1558.00	1430
Advanced life support	**[R2453,00]**R2590.00	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*
H1: Emergency standby.....	**[R25,00]**R28.00		1450
Additional charge for service provided by—			
General medical practitioner		**[R35,00]**R37.00	1451
Specialist medical practitioner		R50,00	1452
Nursing practitioner		**[R20,00]**R21.00	1453
Basic life support practitioner			1455
Intermediate life support practitioner.....			1456
Advanced life support practitioner.....			1457
H2: Emergency standby.....	**[R55,00]**R56.00		1450
Additional charge for service provided by—			
General medical practitioner		**[R70,00]**R75.00	1451

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Specialist medical practitioner		[R95,00]R101.00	1452
Nursing practitioner		[R40,00]R43.00	1453
Basic life support practitioner			1455
Intermediate life support practitioner.....			1456
Advanced life support practitioner.....			1457
H3: Emergency standby.....	[R79,00]R84.00		1450
Additional charge for service provided by—			
General medical practitioner		[R107,00]R112.00	1451
Specialist medical practitioner		[R143,00]R151.00	1452
Nursing practitioner		[R60,00]R64.00	1453
Basic life support practitioner			1455
Intermediate life support practitioner.....			1456
Advanced life support practitioner.....			1457
P and PH: Emergency standby.....	[R529,00]R559.00		1450
Additional charge for service provided by—			
General medical practitioner		[R710,00]R750.00	1451
Specialist medical practitioner		[R955,00]R1008.00	1452
Nursing practitioner		[R403,00]R426.00	1453
Basic life support practitioner	[R166.00]R175.00		1455
Intermediate life support practitioner.....	[R255.00]R270.00		1456
Advanced life support practitioner.....	[R466.00]R471.00		1457

(5) Medical rescue service:

Per incident.

Classification category and service	*Facility fee*	*Professional fee*	*UPFS code*
HG: all services.....	Exempted	Exempted	—
H0: All services	Free	Free	—
H1: Rescue services.....	[R60,00]R62.00		1460
Additional charge for services by—			
General medical practitioner		[R90,00]R93.00	1461
Specialist medical practitioner		[R130, 00]R139.00	1462
Nursing practitioner		[R60,00]R62.00	1463
Allied health practitioner		—	1464
H2: Rescue services.....	[R115.00]R123.00		
Additional charge for services by—			
General medical practitioner		[R175,00]R185.00	1461
Specialist medical practitioner		[R265,00]R277.00	1462
Nursing practitioner		[R115.00]R123.00	1463
Allied health practitioner		—	1464
PG: All services	Exempted	Exempted	
H3: Rescue services.....	[R175.00] R185.00		1460
Additional charge for services by—			
General medical practitioner		[R263,00]R278.00	1461
Specialist medical practitioner		[R396,00]R416.00	1462
Nursing practitioner		[R175,00]R185.00	1463
Basic life support practitioner		[R27,00]R28.00	1465
Intermediate life support practitioner.....		[R32,00]R34.00	1466
Advanced life support practitioner.....		[R73,00]R77.00	1467
Emergency transport air services fixed wing...	[R1612,00]R1703.00		1470
Emergency transport air services helicopter....	[R1771,00]R1870.00		1480
Emergency service standby-Facility Fee.....	[R37,00]R39.00		1490

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P and PH: Rescue services.....	**[R1168,00]**R1233.00		1460
Additional charge for services by—			
General medical practitioner		**[R1752,00]**R1850.00	1461
Specialist medical practitioner		**[R2625,00]**R2772.00	1462
Nursing practitioner		**[R1168,00]**R1233.00	1463
Basic life support practitioner		**[R179,00]**R189.00	1465
Intermediate life support practitioner.....		**[R214,00]**R226.00	1466
Advanced life support practitioner.....		**[R487,00]**R514.00	1467
Emergency transport air services fixed wing...	**[R10749,00]**R11351.00		1470
Emergency transport air services helicopter....	**[R11806,00]**R12467.00		1480
Emergency service standby-Facility Fee.....	**[R244,00]**R258.00		1490".

Short title and commencement

3. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2019, and come into operation on 1 April 2019.

PRE-CERTIFIED BY STATE LAW ADVISERS: GAUTENG
27/2/2019 DATE SIGNATURE

NOTICE 384 OF 2019

DEPARTMENT OF HEALTH

HOSPITAL ORDINANCE NO. 14 OF 1958

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2019

INVITATION TO THE PUBLIC TO SUBMIT WRITTEN COMMENT OR REPRESENTATION

The Member of the Executive Council responsible for health in the Province intends, in terms of section 38 read with section 76 of the Hospitals Ordinance No. 14 of 1958, to make the Regulations set out in the Schedule.

Members of the public are hereby, in accordance with section 195(1)(e) of the Constitution of the Republic of South Africa, 1996, and section 3 read with 4 of the Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000), within 30 days of publication of this notice, invited to make written submissions or representations in respect of the draft Regulations for consideration by the MEC.

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Prof Mkhululi Lukhele
Head of Department
Gauteng Department of Health
Bank of Lisbon Building
37 Pixley Ka Isaka Seme Street
Marshalltown
JOHANNESBURG
2107

Dear Prof Lukhele

RE: PRE-CERTIFICATION OF DRAFT REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2019, FOR PURPOSES OF PUBLIC ENGAGEMENT AND COMMENT

1. Herewith attached the above-mentioned Regulations, as duly pre-certified by the State Law Advisors in the Office of the Premier in terms of section 2 of the Gauteng Scrutiny of Subordinate Legislation Act, 2008 (Act No. 5 of 2008) ("the Act"), for the purposes of public engagement and comment.

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DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE NO. 14 OF 1958

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The Member of the Executive Council responsible for matters related to health in the Province has, in terms of sections 9 and 76 of the Hospitals Ordinance No. 14 of 1958, made the Regulations 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.

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 **[2018]**2019 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 4 visits]Per		20.00	20.00	25.00

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		visit				
0311	Haemo-General medical practitioner	**[Up to 4 visits]**Per visit	20.00	40.00	40.00	45.00
0312	Haemo-Specialist medical practitioner	**[Up to 4 visits]**Per visit	50.00	70.00	70.00	75.00
0313	Haemo-dialysis-Nursing practitioner	**[Up to 4 visits]**Per visit	**[10.00]**15.00	**[30.00]**35.00	**[30.00]**35.00	**[35.00]**40.00
0320	**Peritoneal Dialysis- Facility Fee**	[Up to 4 visits]Per session		20.00	20.00	25.00
0321	Peritoneal Dialysis-General medical practitioner	**[Up to 4 visits]**Per session	20.00	40.00	40.00	45.00
0322	Haemo-Specialist medical practitioner	**[Up to 4 visits]**per session	**[10.00]**15.00	**[30.00]**35.00	**[30.00]**35.00	**[35.00]**40.00
0330	**Plasmapheresis-Facility Fee**	**[Up to 4 visits]**Per session		20.00	20.00	25.00
0331	Plasmapheresis-General medical practitioner	[**Up to 4 visits**]per session	20.00	40.00	40.00	45.00
0332	Plasmapheresis-Specialist medical practitioner	**[Up to 4 visits]**Per session	50.00	70.00	70.00	75.00
04	**Medical Reports**					
0410	**Medical Report-Facility Fee**	Report		**[143.00]**151.00	**[143.00]**151.00	**[175.00]**185.00
0411	Medical Report-General medical practitioner	Report	**[269.00]**284.00	**[412.00]**435.00	**[412.00]**435.00	**[444.00]**469.00
0412	Medical Report-Specialist medical practitioner	Report	**[412.00]**435.00	**[555.00]**586.00	**[555.00]**586.00	**[587.00]**620.00
0420	Copy of Medical Report-**Facility Fee**			**[143.00]**151.00	**[143.00]**151.00	**[175.00]**185.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	**[134.00]**142.00	**[277.00]**293.00	**[277.00]**293.00	**[309.00]**327.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	**[207.00]**219.00	**[350.00]**370.00	**[350.00]**370.00	**[382.00]**404.00
0425	Copies of X ray, ultrasounds etc.	Copies	**[134.00]**142.00	**[277.00]**293.00	**[277.00]**293.00	**[309.00]**327.00
0430	**Functional Assessment Report**	Report		**[286.00]**302.00	**[286.00]**302.**00**	**[349.00]**369.00
0431	Functional Assessment Report-General medical practitioner	Report	**[808.00]**853.00	**[1094.00]**1155.00	**1094.00]**1155.00	**[1157.00]**1222.00
0432	Functional Assessment Report-Special medical practitioner	Report	**[1650.00]**1742.00	**[1936.00]**2044.00	**[1936.00]**2044.00	**[2852.00]**2111.00
	Functional Assessment Report-		**[808.00]**853.00	**[1094.00]**1155.00	**[1094.00]**1155.00	**[1157.00]**1222.00

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0434	Allied health practitioner	Report				
0440	Copies of Specialised Radiology (MRI, CT & Nuclear)	Report		**[1052.00]**1111.00	**[1052.00]**1111.00	**[1052.00]**111.00
06	**In-Patients [(7% per 30 days)]**					
0610	**In-patient General ward-Facility Fee**	Per 30 Days		**[55.00]**60.00	**[70.00]**75.00	**[130.00]**140.00
0611	In-patient General Ward-General medical practitioner	Per 30 Days	10.00	**[65.00]**70.00	**[80.00]**85.00	**[140.00]**150.00
0612	In-patient General Ward-Specialist medical practitioner	Per 30 Days	20.00	**[75.00]**80.00	**[90.00]**95.00	**[150.00]**160.00
0620	**In-patient High care-Facility Fee**	Per 30 Days		**[55.00]**60.00	**[70.00]**75.00	**[130.00]**140.00
0621	In-patient High Care-General medical practitioner	Per 30 Days	10.00	**[65.00]**70.00	**[80.00]**85.00	**[140.00]**150.00
0622	In-patient High Care-Specialist medical practitioner	Per 30 Days	20.00	**[75.00]**80.00	**[90.00]**95.00	**[150.00]**160.00
0630	**In-patient Intensive care-Facility Fee**	Per 30 Days		**[55.00]**60.00	**[70.00]**75.00	**[130.00]**140.00
0631	In-patient Intensive Care-General medical practitioner	Per 30 Days	10.00	**[65.00]**70.00	**[80.00]**85.00	150.00
0632	In-patient Intensive Care-Specialist medical practitioner	Per 30 Days	20.00	**[75.00]**80.00	**[90.00]**95.00	**[150.00]**160.00
0640	**In-patient Chronic care-Facility Fee**	Per 30 Days		30.00	30.00	30.00
0641	In-patient Chronic care-General medical practitioner	Per 30 Days	5.00	**[35.00]**40.00	**[35.00]**40.00	**[35.00]**40.00
0642	In-patient Chronic care-Specialist medical practitioner	Per 30 Days	10.00	**[40.00]**45.00	**[40.00]**45.00	**[40.00]**45.00
0643	In-patient Chronic care-Nursing practitioner	Per 30 Days	5.00	35.00	35.00	35.00
0650	**Day patient-Facility Fee**	Per 30 Days		**[45.00]**50.00	**[60.00]**65.00	**[85.00]**90.00
0651	Day patient-General medical practitioner	Per 30 Days	10.00	**[55.00]**60.00	**[70.00]**75.00	**[95.00]**100.00
0652	Day patient-Specialist medical practitioner	Per 30 Days	20.00	**[65.00]**70.00	**[80.00]**85.00	**[105.00]**110.00
0653	Day patient-Nursing practitioner	Per 30 Days	5.00	**[50.00]**55.00	**[65.00]**70.00	**[90.00]**95.00
0660	**In-patient Boarder/Patient companion-Facility Fee**	Per 30 Days		[25.00]30.00	**[25.00]**30.00	[25.00]30.00
0663	In-patient Boarder/Patient Companion-Nursing practitioner	Per 30 Days	5.00	30.00	30.00	30.00
7	**Mortuary**					
0710	Mortuary-Facility Fee	Day		**[194.00]**205.00	**[194.00]**205.00	**[220.00]**232.00
0702	Cremation Certificate-Facility Fee	Certificate		**[194.00]**205.00	**[194.00]**205.00	**[220.00]**232.00
10	**Consultations**					
1010	**Outpatient Consultation-Facility Fee**	Visit		20.00	20.00	25.00
1011	Outpatient Consultation-General medical practitioner	Visit	20.00	40.00	40.00	45.00

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1012	Outpatient Consultation-Specialist medical practitioner	Visit	50.00	70.00	70.00	75.00
1013	Outpatient Consultation-Nursing practitioner	Visit	10.00	**[30.00]**35.00	**[30.00]**35.00	35.00
1014	Outpatient Consultation-Allied health practitioner	Visit	10.00	30.00	30.00	35.00
1020	**Emergency Consultation-Facility Fee**	Visit		40.00	40.00	**[45.00]**50.00
1021	Emergency Consultation-General medical practitioner	Visit	**[30.00]**35.00	**[70.00]**75.00	**[70.00]**75.00	**[75.00]**80.00
1022	Emergency Consultation-Specialist medical practitioner	Visit	**[70.00]**75.00	**[110.00]**115.00	**[110.00]**115.00	**[115.00]**125.00
1023	Emergency Consultation-Nursing practitioner	Visit	20.00	60.00	60.00	**[65.00]**70.00
1024	Emergency Consultation-Allied health practitioner	Visit	20.00	60.00	60.00	**[65.00]**70.00
1030	**Follow-Up Outpatient Consultation-Facility Fee**			20.00	20.00	25.00
1031	Follow-Up Outpatient Consultation-General medical Practitioner		20.00	40.00	40.00	45.00
1032	Follow-Up Outpatient Consultation-Specialist medical Practitioner		50.00	70.00	70.00	75.00
1033	Follow-Up Outpatient Consultation-Nursing Practitioner		10.00	30.00	30.00	35.00
1034	Follow-Up Outpatient Consultation-Allied health practitioner		10.00	30.00	30.00	35.00
***13**	**Treatments**					
1310	**Supplementary Health Treatment-Facility Fee**	Contact		5.00	5.00	5.00
1313	Supplementary Health Treatment-Nursing practitioner	Contact	5.00	10.00	10.00	10.00
1314	Supplementary Health Treatment-Allied health practitioner	Contact	5.00	10.00	10.00	10.00
1320	**Supplementary Health Group Treatment-Facility Fee**	Contact		5.00	5.00	5.00
1324	Supplementary Health Group Treatment Allied practitioner	Contact	5.00	10.00	10.00	10.00
14	**Emergency Medical Services**					
1410	Patient transport service-Facility Fee	100km				
1420	**Basic life support-Facility Fee**	50km				
1430	**Intermediate life support-Facility Fee**	50km				
1440	**Advanced life support-Facility Fee**	50km				
1450	**Emergency service standby-Facility Fee**	Hour	**See Administrator's Notice No. 646 of 29 August 1958**			
1451	Emergency service standby-General medical practitioner	Hour				

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1452	Emergency service standby-Specialist medical practitioner	Hour				
1453	Emergency service standby-Nursing practitioner	Hour				
1454	Emergency service standby-Allied health practitioner	Hour				
1460	**Rescue- Facility Fee**	Incident				
1461	Rescue-General medical practitioner	Incident				
1462	Rescue-Specialist medical practitioner	Incident				
1463	Rescue-Nursing practitioner	Incident				
1464	Rescue-Allied health practitioner	Incident				
[15	**Assistive Devices & Prosthesis**					
1510	**Assistive Devices-Item Fee]**	**Item**				
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A - Facility Fee**	Procedure		**[3034.00]**3204.00	**[3034.00]**3204.00	**[3456.00]**3659.00
1611	Cosmetic Surgery Cat A - General practitioner	Procedure	**[1749.00]**1847.00	**[4783.00]**5051.00	**[4783.00]**5051.00	**[5214.00]**5506.00
1612	Cosmetic Surgery Cat A - Specialist practitioner	Procedure	**[2619.00]**2766.00	**[5656.00]**5970.00	**[5656.00]**5970.00	**[6084.00]**6425.00
1620	**Cosmetic Surgery Cat B - Facility Fee**	Procedure		**[6821.00]**7203.00	**[6821.00]**7203.00	**[7796.00]**8233.00
1621	Cosmetic Surgery Cat B - General practitioner	Procedure	**[2072.00]**2188.00	**[8893.00]**9391.00	**[8893.00]**9391.00	**[9868.00]**10421.00
1622	Cosmetic Surgery Cat B - Specialist practitioner	Procedure	**[3109.00]**3283.00	**[9930.00]**10486.00	**[9930.00]**10486.00	**[10905.00]**11516.00
1630	**Cosmetic Surgery - Cat C - Facility Fee**	Procedure		**[11017.00]**11634.00	**[11017.00]**11634.00	**[12592.00]**13297.00
1631	Cosmetic Surgery Cat C - General practitioner	Procedure	**[3503.00]**3699.00	**[14520.00]**15333.00	**[14520.00]**15333.00	**[16095.00]**16996.00
1632	Cosmetic Surgery Cat C - Specialist practitioner	Procedure	**[5254.00]**5548.00	**[16271.00]**17182.00	**[16271.00]**17182.00	**[17846.00]**18845.00
1640	**Cosmetic Surgery Cat D - Facility Fee**	Procedure		**[18610.00]**19652.00	**[18610.00]**19652.00	**[21267.00]**22458.00
1641	Cosmetic Surgery Cat D - General practitioner	Procedure	**[3930.00]**4150.00	**[22540.00]**23802.00	**[22540.00]**23802.00	**[25197.00]**26608.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	**[5783.00]**6107.00	**[24393.00]**25759.00	**[24393.00]**25759.00	**[27050.00]**28565.00
24	**Autopsies**					
2410	**Autopsy- Facility Fee**	Per Case		**[94.00]**100.00	**[94.00]**100.00	**[113.00]**120.00
2411	Autopsy-General medical practitioner	Per Case	**[104.00]**110.00	**[198.00]**210.00	**[198.00]**210.00	**[217.00]**230.00

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2412	Autopsy-Specialist medical practitioner	Per Case	[241.00]255.00	[335.00]355.00	[335.00]355.00	[354.00]375.00
25	**Port Health and Travel Clinics**					
2510	Consultation-Facility Fee	Visit		[113.00]19.00	[113.00]119.00	[113.00]119.00
2511	Consultation-General practitioner	Visit	[104.00]110.00	[217.00]229.00	[217.00]229.00	[217.00]229.00
2513	Consultation-Nursing practitioner	Visit	[60.00]63.00	[173.00]182.00	[173.00]182.00	[173.00]182.00
2520	Emergency Consultation-Facility Fee	Visit		[216.00]240.00	[216.00]240.00	[216.00]240.00
2521	Emergency Consultation-General medical practitioner	Visit	[158.00]167.00	[385.00]407.00	[385.00]407.00	[385.00]407.00
2523	Emergency Consultation-Nursing practitioner	Visit	[92.00]97.00	[319.00]337.00	[319.00]337.00	[319.00]337.00
0810	**Medication Fee-Facility Fee**	Prescription		[34.00]36.00	[34.00]36.00	[42.00]44.00

[* **DIALYSIS**
Charge a maximum of 4 visits per 30 days or part thereof.]

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 [2018]2019 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	[45.00]50.00	[45.00]50.00	[45.00]50.00	[45.00]50.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	70.00	70.00	70.00	70.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	[75.00]80.00	[75.00]80.00	[75.00]80.00	[75.00]80.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	[115.00]120.00	[115.00]120.00	[115.00]120.00	[115.00]120.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	[270.00]285.00	[270.00]285.00	[270.00]285.00	[270.00]285.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	[400.00]425.00	[400.00]425.00	[400.00]425.00	[400.00]425.00
*03	**Dialysis**					

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0310	**Haemo – Facility Fee**	**[Up to 4 visits]**We ekly		**[295.00]**315.00	**[295.00]**315.00	**[340.00]**360.00
0311	Haemo Dialysis – General Medical Practitioner	**[Up to 4 visits]**We ekly	**[55.00]**60.00	**[350.00]**375.00	**[350.00]**375.00	**[395.00]**420.00
0312	Haemo Dialysis – Specialist Medical Practitioner	**[Up to 4 visits]**We elky	**[70.00]**75.00	**[365.00]**390.00	**[365.00]**390.00	**[410.00]**435.00
0313	Haemo Dialysis – Nursing Practitioner	**[Up to 4 visits]**We ekly]	**[45.00]**50.00	**[340.00]**365.00	**[340.00]**360.00	**[385.00]**410.00
0320	**Peritoneal Dialysis – Facility Fee**	**[Up to 4 visits]**We ekly		**[45.00]**50.00	[**45.00**]50.00	**[50.00]**55.00
0321	Peritoneal Dialysis – General medical practitioner	**[Up to 4 visits]**Sess ion	10.00	**[55.00]**.60.00	**[55.00]**60.00	**[60.00]**65.00
0322	Peritoneal Dialysis – Specialist medical practitioner	**[Up to 4 visits]**Sess ion	10.00	**[55.00]**60.00	**[55.00]**60.00	**[60.00]**65.00
0323	Peritoneal Dialysis –Nursing Practitioner	**[Up to 4 visits]**Sess ion	**[5.00]**10.00	**[50.00]**60.00	**[50.00]**60.00	**[55.00]**65.00
0330	**Plasmapheresis – Facility Fee**	**[Up to 4 visits]**Sess ion		**[295.00]**315.00	**[295.00]**315.00	**[340.00]**360.00
0331	Plasmapheresis – General Medical Practitioner	**[Up to 4 visits]**Sess ion	**[55.00]**60.00	**[350.00]**375.00	**[350.00]**375.00	**[395.00]**420.00
0332	Plasmapheresis – Specialist Medical Practitioner	**[Up to 4 visits]**Sess ion	**[70.00]**75.00	**[365.00]**390.00	**[365.00]**390.00	**[410.00]**435.00
04	**Medical Reports**					
0410	**Medical Report – Facility Fee**	Report		**[143.00]**151.00	**[143.00]**151.00	**[175.00]**185.00
0411	Medical Report-General medical practitioner	Report	**[269.00]**284.00	**[412.00]435.00**	**[412.00]**435.00	**[444.00]**469.00
0412	Medical Report-Specialist medical practitioner	Report	**[412.00]**435.00	**[555.00]**586.00	**[555.00]**586.**00**	**[587.00]** 620.00
0420	Copy of Medical Report-Facility Fee			**[143.00]**151.00	**[143.00]**151.00	**[175.00]**185.00
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	**[134.00]**142.00	**[277.00]**293.00	**[27700]**293.00	**[309.00]**327.00
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – Specialist Medical Practitioner	Copy	**[207.00]**219.00	**[350.00]**370.00	**[350.00]**370.00	**[382.00]**404.00
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	**[134.00]**142.00	**[277.00]**293.00	**[277.00]**293.00	**[309.00]**327.00
0430	**Functional Assessment Report-Facility Fee**	Report		[286.00]302.00	**[286.00]**302.00	**[349.00]**369.00
0431	Functional Assessment Report-General medical practitioner	Report	**[808.00]**853.00	**[1094.00]**1155.00	**[1094.00]**1155.00	**[1157.00]**1222.00
0432	Functional Assessment Report-Specialist medical practitioner	Report	**[1650.00]**1742.00	**[1936.00]**2044.00	**[1936.00]**2044.00	**[2852.00]**2111.00
0434	Functional Assessment Report-Allied health practitioner	Report	**[808.00]853.00**	**[1094.00]**1155.00	**[1094.00]**1155.00	**[1157.00]**1222.00
0440	**Copies of Specialised Radiology (MRI, CT &**	Report				

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	Nuclear)			**[1052.00]**1111.00	**[1052.00]**1111.00	**[1052.00]**1111.00
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		15.00	15.00	20.00
0511	Radiology, Cat A – General medical practitioner	Procedure	15.00	30.00	30.00	**[30.00]**35.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	30.00	45.00	45.00	**[45.00]**50.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	15.00	30.00	30.00	[**30.00**]35.00
0520	**Radiology, Cat B – Facility Fee**	Procedure		**[40.00]**45.00	**[40.00]**45.00	[**45.00**]50.00
0521	Radiology, Cat B – General medical practitioner	Procedure	**[40.00]**45.00	**[80.00]**85.00	**[80.00]**85.00	[**85.00**]95.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	[**75.00**]80.00	**[115.00]**125.00	**[115.00]**125.00	**[120.00]**130.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	40.00	**[80.00]**85.00	**[80.00]**85.00	**[85.00]**90.00
0530	**Radiology, Cat C – Facility Fee**	Procedure		**[95.00]**100.00	**[95.00]**100.00	**[110.00]**115.00
0531	Radiology, Cat C – General medical practitioner	Procedure	[**60.00**]65.00	**[155.00]**165.00	**[155.00]**165.00	**[170.00]**180.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	**[190.00]**200.00	**[285.00]**300.00	**[285.00]**300.00	**[300.00]**315.00
0540	**Radiology, Cat D – Facility Fee**	Procedure		**[190.00]**200.00	**[190.00]**200.00	**[220.00]**230.00
0541	Radiology, Cat D – General medical practitioner	Procedure	**[125.00]**130.00	**[315.00]**330.00	**[315.00]**330.00	**[345.00]**360.00
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	**[380.00]**400.00	**[570.00]**600.00	**[570.00]**600.00	**[600.00]**630.00
0550	**Radiology, Cat E – Facility Fee**	Procedure		**[490.00]**515.00	**[490.00]**515.00	**[560.00]**590.00
0551	Radiology, Cat E – General Medical Practitioner	Procedure	**[455.00]**480.00	**[945.00]**995.00	**[945.00]**995.00	**[1015.00]**1070.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	**[945.00]**1000.00	**[1435.00]**1515.00	**[1435.00]**1515.00	**[1505.00]**1590.00
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		**[55.00]**60.00	**[70.00]**85.00	**[130.00]**165.00
0611	In-patient General Ward – General medical practitioner	Day	10.00	**[65.00]**70.00	**[80.00]**95.00	**[140.00]**1175.00
0612	In-patient General Ward – Specialist medical practitioner	Day	20.00	**[75.00]**80.00	**[90.00]**105.00	**[150.00]**185.00
0620	**In-5patient High care – Facility Fee**	Day		**[85.00]**90.00	**[105.00]**110.00	**[155.00]**165.00
0621	In-patient High Care – General medical practitioner	Day	5.00	**[90.00]**95.00	**[110.00]**115.00	**[155.00]**170.00
0622	In-patient High Care – Specialist medical practitioner	Day	10.00	**[95.00]**100.00	**[100.00]**110.00	**[160.00]**175.00
0630	**In-patient Intensive care – Facility Fee**	Day		**[270.00]**285.00	**[270.00]**285.00	**[325.00]**345.00
0631	In-patient Intensive Care – General medical practitioner	Day	5.00	**[275.00]**290.00	**[275.00]**290.00	**[330.00]**350.00

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0632	In-patient Intensive Care– Specialist medical practitioner	Day	10.00	[280.00]295.00	[280.00]295.00	[335.00]355.00
0640	**In-patient Chronic care – Facility Fee**	Day		30.00	30.00	30.00
0641	In-patient Chronic care – General medical practitioner	Day	5.00	35.00	35.00	35.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	10.00	[40.00]45.00	[40.00]45.00	[40.00]45.00
0643	In-patient Chronic care – Nursing practitioner	Day	5.00	35.00	35.00	35.00
0650	**Day patient – Facility Fee**	Day		[45.00]50.00	[55.00]50.00	[80.00]85.00
0651	Day patient – General medical practitioner	Day	10.00	[55.00]60.00	[65.00]60.00	[90.00]95.00
0652	Day patient – Specialist medical practitioner	Day	20.00	[65.00]70.00	[75.00]80.00	[100.00]105.00
0653	Day patient – Nursing practitioner	Day	5.00	[50.00]55.00	[60.00]65.00	[85.00]90.00
0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		25.00	25.00	25.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	5.00	30.00	30.00	30.00
07	**Mortuary**	Day		[194.00]205.00	[194.00]205.00	[220.00]232.00
0710	Mortuary-Facility Fee					
0720	Cremation Certificate-Facility Fee	Certificate		[194.00]205.00	[194.00]205.00	[220.00]232.00
08	**Pharmaceutical**	Procedure				
0810	Medication Fee-Facility Fee	Prescription		[5.00]7.00	[5.00]7.00	[10.00]11.00
09	**Oral Health**					
0910	**Oral Care A-Facility Fee**	Procedure		5.00	5.00	5.00
0911	Oral care Cat A –General practitioner	Procedure	10.00	[15.00]20.00	[15.00]20.00	[15.00]20.00
0912	Oral Care Cat A- Specialist practitioner	Procedure	10.00	15.00	15.00	15.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	5.00	10.00	10.00	10.00
0920	**Oral Care Cat B – Facility Fee**	Procedure		[15.00]20.00	[15.00]20.00	[20.00]25.00
0921	Oral Care Cat B – General practitioner	Procedure	20.00	[35.00]40.00	[35.00]40.00	[40.00]45.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	[30.00]35.00	[45.00]55.00	[45.00]55.00	[50.00]60.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	[15.00]20.00	[30.00]40.00	[30.00]40.00	[35.00]45.00
0930	**Oral Care Cat C – Facility Fee**	Procedure		[105.00]115.00	[105.00]115.00	[125.00]130.00
0931	Oral Care Cat C – General practitioner	Procedure	[120.00]125.00	[225.00]240.00	[225.00]245.00	[245.00]255.00
0932	Oral Care Cat C – Specialist	Procedure	[205.00]215.00	[310.00]330.00	[310.00]330.00	[330.00]345.00

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	Practitioner					
0940	**Oral Care Cat D – Facility Fee**	Procedure		**[420.00]**445.00	**[420.00]**445.00	**[485.00]**510.00
0941	Oral Care Cat D – General practitioner	Procedure	**[365.00]**385.00	**[785.00]**830.00	**[785.00]**830.00	**[850.00]**895.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	**[745.00]**790.00	**[1165.00]**1235.00	**[1165.00]**1235.00	**[1230.00]**1300.00
0950	**Oral Care Cat E – Facility Fee**	Procedure		**[1420.00]**1500.00	**[1420.00]**1500.00	**[1620.00]**1715.00
0951	Oral Care Cat E – General practitioner	Procedure	**[1225.00]**1290.00	**[2645.00]**2790.00	**[2645.00]**2790.00	**[2845.00]**3005.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	**[2510.00]**2650.00	**[3939.00]**4150.00	**[3939.00]**4150.00	**[4130.00]**4365.00
10	**Consultations**					
1010	**Outpatient Consultation-Facility Fee**	Visit		20.00	20.00	25.00
1011	Outpatient Consultation-General medical practitioner	Visit	20.00	40.00	40.00	45.00
1012	Outpatient Consultation-Specialist medical practitioner	Visit	50.00	70.00	70.00	75.00
1013	Outpatient Consultation-Nursing practitioner	Visit	**[10.00]**15.00	**[30.00]**35.00	**[30.00]**35.00	**[35.00]**40.00
1014	Outpatient Consultation-Allied health practitioner	Visit	**[10.00]**15.00	**[30.00]**35.00	**[30.00]**35.00	**[35.00]**40.00
1020	**Emergency Consultation-Facility Fee**	Visit		40.00	40.00	**[45.00]**50.00
1021	Emergency Consultation-General medical practitioner	Visit	**[30.00]**35.00	**[70.00]**75.00	**[70.00]**75.00	**[75.00]**85.00
1022	Emergency Consultation-Specialist medical practitioner	Visit	75.00	115.00	115.00	**[120.00]**125.00
1023	Emergency Consultation-Nursing practitioner	Visit	20.00	60.00	60.00	**[65.00]**70.00
1024	Emergency Consultation-Allied health practitioner	Visit	20.00	60.00	60.00	**[65.00]**70.00
1030	**Follow-Up Outpatient Consultation-Facility Fee**			20.00	20.00	25.00
1031	Follow-Up Outpatient Consultation-General medical Practitioner		20.00	40.00	40.00	45.00
1032	Follow-Up Outpatient Consultation-Specialist medical Practitioner		**[45.00]**50.00	70.00	70.00	75.00
1033	Follow-Up Outpatient Consultation-Nursing Practitioner		10.00	30.00	30.00	35.00
1034	Follow-Up Outpatient Consultation-Allied health practitioner		10.00	30.00	30.00	35.00
11	**Minor Theatre Procedure**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		**[90.00]**95.00	**[90.00]**95.00	**[105.00]**110.00
1111	Minor Procedure Cat A –	Procedure	**[30.00]**35.00	**[120.00]**130.00	**[120.00]**130.00	**[135.00]**145.00

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	General Medical Practitioner					
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	**[60.00]**65.00	**[150.00]**160.00	**[150.00]**160.00	**[165.00]**175.00
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		**[90.00]**95.00	**[90.00]**95.00	**[105.00]**115.00
1121	Minor Procedure Cat B - General Medical Practitioner	Procedure	[**45.00**]65.00	**[135.00]**160.00	**[135.00]**160.00	**[150.00]**180.00
1122	Minor Procedure Cat B - Specialist Medical Practitioner	Procedure	**[105.00]**110.00	**[195.00]**205.00	**[195.00]**205.00	**[210.00]**225.00
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		**[90.00]**95.00	**[90.00]**95.00	**[105.00]**115.00
1131	Minor Procedure Cat C - General Medical Practitioner	Procedure	[**70.00**]75.00	**[160.00]**170.00	**[160.00]**170.00	**[165.00]**190.00
1132	Minor Procedure Cat C - Specialist Medical Practitioner	Procedure	**[160.00]** 170.00	**[250.00]**265.00	**[250.00]**265.00	**[265.00]**285.00
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		**[90.00]**95.00	**[90.00]**95.00	**[105.00]**115.00
1141	Minor Procedure Cat D - General Medical Practitioner	Procedure	**[190.00]**200.00	**[180.00]**295.00	**[180.00]**295.00	**[295.00]**315.00
1142	Minor Procedure Cat D - Specialist Medical Practitioner	Procedure	**[430.00]**450.00	**[520.00]**540.00	**[520.00]**540.00	**[535.00]**565.00
12	**Major Theatre Procedures**					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		**[290.00]**305.00	**[290.00]**445.00	**[485.00]**515.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	[**30.00**]35.00	**[320.00]**340.00	**[320.00]**480.00	**[515.00]**550.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	**[60.00]**65.00	**[350.00]**370.00	**[350.00]**510.00	**[545.00]**580.00
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		**[435.00]**460.00	**[640.00]**675.00	**[735.00]**780.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	[**45.00**]50.00	**[480.00]**510.00	**[685.00]**725.00	**[780.00]**830.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	**[105.00]**110.00	**[540.00]**570.00	**[745.00]**785.00	**[840.00]**890.00
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		**[750.00]**790.00	**[1100.00]**1160.00	**[1270.00]**1345.000
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	[**70.00**]75.00	**[820.00]**865.00	**[1170.00]**1235.00	**[1340.00]**1420.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	**[160.00]**170.00	**[910.00]**960.00	**[1260.00]**1330.00	**[1430.00]**1515.00
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		**[1925.00]**2030.00	**[2820.00]**2980.00	**[3250.00]**3430.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	**[190.00]**200.00	**[2115.00]**2230.00	**[3010.00]**3180.00	**[3440.00]**3630.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	**[430.00]**670.00	**[2355.00]**2698.00	**[3250.00]**3646.00	**[3680.00]**4100.00
13	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	**[Up to 5 visits]**Contact		10.00	10.00	15.00
1313	Supplementary Health Treatment – Nursing Practitioner	**[Up to 5 visits]**Contact	10.00	20.00	20.00	25.00

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1314	Supplementary Health Treatment – Allied health practitioner	**[Up to 5 visits]**Contact	10.00	20.00	20.00	25.00
1320	**Supplementary Health Group Treatment – Facility Fee**	**[Up to 5 visits]**Contact		10.00	10.00	10.00
1324	Supplementary Health Group Treatment – Allied health practitioner		**[5.00]**10.00	**[15.00]**20.00	**[15.00]**20.00	**[15.00]**25.00
14	**Emergency Medical Services**	100km				
1410	**Patient transport service – Facility Fee**	50km				
1420	Basic life support – Facility Fee	50km				
1430	**Intermediate life support – Facility Fee**	50km				
1440	Advanced life support – Facility Fee	Once Off				
1450	**Emergency service standby – Facility Fee**	Hour	**See Administrator's Notice No. 646 of 29 August 1958**			
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1454	Emergency service standby – Allied health practitioner	Once Off				
1460	**Rescue – Facility Fee (15%)**	Incident				
1461	Rescue – General medical practitioner	Incident				
1462	Rescue – Specialist medical practitioner	Incident				
1463	Rescue – Nursing practitioner	Incident				
1464	Rescue – Allied health practitioner	Incident				
15	**Assistive Devices & Prosthesis**					
1510	Assistive Devices & Prosthesis – Item Fee	Item	**5%** 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				
	Assistive Devices, Prosthesis ,Dental and Optical-Repairs					
1550	Optical Devices-Item Fee					
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**[3034.00]**3204.00	**[3034.00]**3204.00	**[3465.00]**3659.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	**[1749.00]**1847.00	**[4783.00]**5051.00	**[4783.00]**5051.00	**[5214.00]**5506.00

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1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	[2619.00]2766.00	[5656.00]5970.00	[5656.00]5970.00	[6084.00]6425.00
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		[6821.00]7203.00	[6821.00]7203.00	[7796.00]8233.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	[2072.00]2188.00	[8893.00]9391.00	[8893.00]9391.00	[9868.00]10421.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	[3109.00]3283.00	[9930.00]10486.00	[9930.00]10486.00	[10905.00]11516.00
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		[11017.00]11634.00	[11017.00]11634.00	[12592.00]13297.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	[3503.00]3699.00	[14520.00]15333.00	[14520.00]15333.00	[16095.00]16996.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	[5254.00]5548.00	[16291.00]17182.00	[16291.00]17182.00	[17846.00]18845.00
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		[18610.00]19652.00	[18610.00]19652.00	[21267.00]22458.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	[3930.00]4150.00	[22540.00]23802.00	[22540.00]23802.00	[25197.00]26608.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	[5783.00]6107.00	[24393.00]25759.00	[24393.00]25759.00	[27050.00]28565.00
18	**Radiation Oncology**					
1800	Radiation Oncology (NHRPL less VAT)	Items				
19						
1900	**Nuclear Medicine** Itemisation of isotopes					
1910	**Nuclear Medicine Cat A- Facility Fee**			[135.00]145.00	[135.00]145.00	[135.00]145.00
1912	Nuclear Medicine Cat A- Specialist medical practitioner	Procedure	70.00	[205.00]215.00	[205.00]215.00	[205.00]215.00
1920	**Nuclear Medicine Cat B- Facility Fee**	Procedure Procedure		[135.00]145.00	[135.00]145.00	[135.00]145.00
1922	Nuclear Medicine Cat B- Specialist medical practitioner	Procedure	[205.00]215.00	[340.00]360.00	[340.00]360.00	[340.00]360.00
1930	**Nuclear Medicine Cat C- Facility Fee**	Procedure		[135.00]145.00	[135.00]145.00	[135.00]145.00
1932	Nuclear Medicine Cat C- Specialist medical practitioner	Procedure	[405.00]430.00	[540.00]575.00	[540.00]575.00	[540.00]575.00
1940	**Nuclear Medicine Cat D- Facility Fee**	Procedure		[135.00]145.00	[135.00]145.00	[135.00]145.00
1942	Nuclear Medicine Cat D- Specialist medical practitioner	Procedure	[610.00]645.00	[747.00]790.00	[747.00]790.00	[747.00]790.00
1950	**Positron Emission Tomography (PET) Cat E- Facility Fee**	Procedure		[265.00]280.00	[265.00]280.00	[265.00]280.00
1952	Positron Emission Tomography (PET) Cat E-Specialist medical practitioner	Procedure	[795.00]840.00	[1060.00]1120.00	[1060.00]1120.00	[1060.00]1120.00
20	**Ambulatory Procedures**					
2010	**Ambulatory Procedure Cat A – Facility Fee**	Procedure		30.00	30.00	[35.00]40.00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	10.00	40.00	40.00	[45.00]50.00

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2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	20.00	50.00	50.00	**[55.00]**60.00
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	**[5.00]**10.00	**[35.00]**40.00	**[35.00]**40.00	**[45.00]**50.00
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	**[5.00]**10.00	**[35.00]**.40.00	**[35.00]**40.00	**[45.00]**50.00
2020	**Ambulatory Procedure Cat B – Facility Fee**	Procedure		30.00	30.00	**[35.00]**40.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	15.00	45.00	45.00	**[50.00]**55.00
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	25.00	55.00	55.00	**[60.00]**65.00
2023	Ambulatory Procedure Cat B – Nursing Practitioner		10.00	40.00	40.00	**[45.00]**50.00
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	40.00	40.00	**[45.00]**50.00
21	**Blood and Blood Products (SANBS)**					
2100	Blood and Blood Product	Varies				
22	**Hyperbaric Oxygen Therapy**					
2200	Hyperbaric Oxygen Therapy-Facility Fee (Flat Fee)	Session		**[100.00]**105.00	**[100.00]**105.00	**[100.00]**105.00
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		**[300.00]**315.00	**[300.00]**315.00	**[300.00]**315.00
2211	Hyperbaric Oxygen Therapy-General medical practitioner	Session	**[125.00]**135.00	**[425.00]**450.00	**[425.00]**450.00	**[425.00]**450.00
2212	Hyperbaric Oxygen Therapy-Specialist medical practitioner	Session	**[125.00]**135.00	**[425.00]**450.00	**[425.00]**450.00	**[425.00]**450.00
2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		**[300.00]**320.00	**[300.00]**320.00	**[300.00]**320.00
2221	Emergency Hyperbaric Oxygen Therapy-General medical practitioner	Session	**[185.00]**195.00	**[485.00]**515.00	**[485.00]**515.00	**[485.00]**515.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist medical practitioner	Session	**[185.00]**195.00	**[485.00]**515.00	**[485.00]**515.00	**[485.00]**515.00
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		**[94.00]**100.00	**[94.00]**100.00	**[113.00]**100.00
2411	Autopsy-General medical practitioner	Per Case	**[104.00]**110.00	**[198.00]**210.00	**[198.00]**210.00	**[217.00]**230.00
2412	Autopsy-Specialist medical practitioner	Per Case	**[241.00]**255.00	**[335.00]**355.00	**[335.00]**355.00	**[354.00]**375.00
25	**Port Health and Travel Clinics**					
2510	Consultation-Facility Fee	Visit		**[113.00]**119.00	**[113.00]**119.00	**[113.00]**119.00
2511	Consultation-General practitioner	Visit	**[104.00]**110.00	**[217.00]**229.00	**[217.00]**229.00	**[217.00]**229.00
2513	Consultation-Nursing practitioner	Visit	**[60.00]**63.00	**[173.00]**182.00	**[173.00]**182.00	**[173.00]**182.00
2520	Emergency Consultation-Facility Fee	Visit		**[227.00]**240.00	**[227.00]**240.00	**[227.00]**240.00
2521	Emergency Consultation-General medical practitioner	Visit	**[158.00]**167.00	**[385.00]**407.00	**[385.00]**407.00	**[385.00]**407.00

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2523	Emergency Consultation-Nursing practitioner	Visit	**[92.00]**97.00	**[319.00]**337.00	**[319.00]**337.00	**[319.00]**337.00
0810	Medication Fee-Facility Fee	Visit		**[34.00]**36.00	**[34.00]**36.00	**[42.00]**44.00

[* DIALYSIS
Charge a maximum of 4 visits per 30 days or part thereof.

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 **[2018]**2019 FEE SCHEDULE FOR H3 (SELF FUNDED 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	**[67.00]**71.00	**[6700]**71.00	**[67.00]**71.00	**[67.00]**71.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	**[101.00]**106.00	**[101.00]**106.00	**[101.00]**106.00	**[101.00]**106.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	**[114.00]**121.00	**[114.00]**12100	**[114.00]**121.00	**[114.00]**121.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	**[172.00]**182.00	**[172.00]**182.00	**[172.00]**182.00	**[172.00]**182.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	**[402.00]**425.00	**[402.00]**425.00	**[402.00]**425.00	**[402.00]**425.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	**[603.00]**637.00	**[603.00]**637.00	**[603.00]**637.00	**[603.00]**637.00
03	**Dialysis**					
0310	**Haemo – Facility Fee**	Day		**[445.00]**470.00	**[445.00]**470.00	**[510.00]**538.00
0311	Haemo-dialysis – General medical practitioner	Day	**[84.00]**89.00	**[529.00]**559.00	**[529.00]**559.00	**[594.00]**627.00
0312	Haemo-dialysis – Specialist medical practitioner	Day	**[106.00]**112.00	**[551.00]**582.00	**[551.00]**582.00	**[616.00]**650.00
0313	Haemo-dialysis Nursing Practitioner	Day	**[68.00]**72.00	**[513.00]**542.00	**[513.00]**542.00	**[578.00]**610.00
0320	**Peritoneal Dialysis – Facility Fee**	Session		**[69.00]**73.00	**[69.00]**73.00	**[78.00]**82.00
0321	Peritoneal Dialysis – General medical practitioner	Session	**[14.00]**15.00	**[83.00]**88.00	**[83.00]**88.00	**[92.00]**97.00
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	17.00	**[85.00]**90.00	**[85.00]**90.00	**[95.00]**99.00

0323	Peritoneal dialysis-Nursing Practitioner	Session	[9.00]10.00	[77.00]83.00	[77.00]83.00	[87.00]92.00
0330	**Plasmapheresis-Facility Fee**	Session		[445.00]470.00	[445.00]470.00	[510.00]538.00
0331	Plasmapheresis-General medical practitioner	Session	[84.00]89.00	[551.00]559.00	[551.00]559.00	[594.00]627.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	[106.00]112.00	[524.00]582.00	[524.00]582.00	[616.00]650.00
04	**Medical Reports**					
0410	Medical Report-Facility Fee	Report		[143.00]151.00	[143.00]151.00	[175.00]185.00
0411	Medical Report-General medical practitioner	Report	[269.00]284.00	[412.00]435.00	[412.00]435.00	[444.00] 469.00
0412	Medical Report – Specialist medical practitioner	Report	[412.00]435.00	[555.00]586.00	[555.00]586.00	[587.00]620.00
0420	Copy of Medical Report-**Facility Fee**			[143.00]151.00	[143.00]151.00	[175.00]185.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	[134.00]142.00	[277.00]293.00	[277.00]293.00	[309.00]327.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	[207.00]219.00	[350.00]370.00	[350.00]370.00	[382.00]404.00
0425	Copies of X ray, ultrasounds ect.	Copies	[134.00]142.00	[277.00]293.00	[277.00]293.00	[309.00]327.00
0430	**Functional Assessment Report**	Reports		[286.00]302.00	[286.00]302.00	[349.00]369.00
0431	Functional Assessment Report-General medical practitioner	Reports	[808.00]853.00	[1094.00]1155.00	[1094.00]1155.00	[1157.00]1222.00
0432	Functional Assessment Report-Specialist medical practitioner	Reports	[1650.00]1742.00	[1936.00]2044.00	[1936.00]2044.00	[2852.00]2111.00
0434	Functional assessment Report-Allied health practitioner	Reports	[808.00]853.00	[1094.00]1155.00	[1094.00]1155.00	[1157.00]1222.00
0440	**Copies of Specialised Radiology (MRI, CT & Nuclear)**	Copy		[1052.00]1111.00	[1052.00]1111.00	[1052.00]1111.00
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		[23.00]24.00	[23.00]24.00	[25.00]27.00
0511	Radiology, Cat A – General medical practitioner	Procedure	[22.00]23.00	[45.00]47.00	[45.00]47.00	[47.00]50.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	[41.00]44.00	[64.00]68.00	[64.00]68.00	[66.00]71.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	[22.00]23.00	[45.00]47.00	[45.00]47.00	[47.00]50.00
0520	**Radiology, Cat B – Facility Fee**	Procedure		[62.00]66.00	[62.00]66.00	[72.00]75.00
0521	Radiology, Cat B – General medical practitioner	Procedure	[60.00]63.00	[122.00]129.00	[122.00]129.00	[132.00]138.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	[116.00]123.00	[178.00]189.00	[178.00]189.00	[188.00]198.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	[58.00]61.00	[120.00]127.00	[120.00]127.00	[130.00]136.00
0530	**Radiology, Cat C – Facility Fee**	Procedure		[144.00]152.00	[144.00]152.00	[164.00]174.00

0531	Radiology, Cat C – General medical practitioner	Procedure	[93.00]98.00	[237.00]250.00	[237.00]250.00	[257.00]272.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	[2840.00]300.00	[428.00]452.00	[428.00]452.00	[448.00]474.00
0540	**Radiology, Cat D – Facility Fee**	Procedure		[288.00]304.00	[288.00]304.00	[328.00]347.00
0541	Radiology, Cat D – General medical practitioner	Procedure	[185.00]195.00	[473.00]499.00	[473.00]499.00	[513.00]542.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	[567.00]599.00	[855.00]903.00	[855.00]903.00	[895.00]946.00
0550	**Radiology, Cat E – Facility Fee**	Procedure		[773.00]775.00	[773.00]775.00	[838.00]882.00
0551	Radiology, Cat E – General medical practitioner	Procedure	[680.00]717.00	[1413.00]1492.00	[1413.00]1492.00	[1518.00]1599.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	[1416.00]1496.00	[2149.00]**2271.00**	[2149.00]**2271.00**	[2254.00]2378.00
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		[228.00]241.00	[290.00]307.00	[549.00]580.00
0611	In-patient General Ward – General medical practitioner	Day	[47.00]50.00	[275.00]291.00	[337.00]357.00	[596.00]630.00
0612	In-patient General Ward – Specialist medical practitioner	Day	[83.00]87.00	[311.00]328.00	[373.00]394.00	[632.00]667.00
0620	**In-patient High care – Facility Fee**	12 hours		[354.00]374.00	[442.00]467.00	[633.00]669.00
0621	In-patient High Care – General medical practitioner	12 hours	[24.00]26.00	[378.00]400.00	[443.00]493.00	[657.00]695.00
0622	In-patient High Care – Specialist medical practitioner	12 hours	[47.00]50.00	[401.00]424.00	[465.00]517.00	[680.00]719.00
0630	**In-patient Intensive care – Facility Fee**	12 hours		[581.00]615.00	[581.00]615.00	[694.00]733.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	[14.00]15.00	[595.00]630.00	[595.00]630.00	[708.00]748.00
0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	[26.00]28.00	[607.00]643.00	[607.00]643.00	[720.00]761.00
0640	**In-patient Chronic care – Facility Fee**	Day		[134.00]141.00	[134.00]141.00	[134.00]141.00
0641	In-patient Chronic care – General medical practitioner	Day	16.00	[150.00]157.00	[150.00]157.00	[150.00]157.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	[37.00]38.00	[171.00]179.00	[171.00]179.00	[171.00]179.00
0643	I In-patient Chronic care – Nursing practitioner	Day	[9.00]10.00	[143.00]151.00	[143.00]151.00	[143.00]151.00
0650	**Day patient – Facility Fee**	Day		[190.00]201.00	[240.00]253.00	[351.00]371.00
0651	Day patient – General medical practitioner	Day	[47.00]50.00	[237.00]251.00	[287.00]303.00	[398.00]421.00
0652	Day patient – Specialist medical practitioner	Day	[83.00]87.00	[273.00]288.00	[323.00]340.00	[434.00]458.00
0653	Day patient – Nursing practitioner	Day	[27.00]29.00	[217.00]230.00	[267.00]282.00	[378.00]400.00
0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		[109.00]115.00	[109.00]115.00	[109.00]115.00
0663	In-patient Boarder/Patient	Day	[9.00]10.00	[118.00]125.00	[118.00]125.00	[118.00]125.00

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	Companion – Nursing practitioner					
07	**Mortuary**			**[194.00]**205.00	**[194.00]**205.00	**[22000]**232.00
0710	**Mortuary – Facility Fee**	Day				
0720	Cremation Certificate – Facility Fee	Certification		**[194.00]**205.00	**[194.00]**205.00	**[220.00]**232.00
08	**Pharmaceutical**					
0810	**Medication Fee – Facility Fee**	Prescription		**[10.00]**11.00	**[10.00]**11.00	13.00
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		[**8.00**]9.00	[**8.00**]9.00	10.00
0911	Oral Care Cat A – General practitioner	Procedure	13.00	**[21.00]**22.00	**[21.00]**22.00	**[22.00]**23.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	**[15.00]**16.00	**[23.00]**25.00	**[23.00]**25.00	**[24.00]**26.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	12.00	**[20.00]**21.00	**[20.00]**21.00	**[21.00]**22.00
0920	**Oral Care Cat B – Facility Fee**	Procedure		**[26.00]**27.00	**[26.00]**27.00	**[31.00]**32.00
0921	Oral Care Cat B – General practitioner	Procedure	**[29.00]**31.00	**[55.00]**58.00	**[55.00]**58.00	**[60.00]**63.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	**[47.00]**49.00	**[73.00]**76.00	**[73.00]**76.00	**[78.00]**81.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	**[24.00]**25.00	**[50.00]**52.00	**[50.00]**52.00	**[55.00]**57.00
0930	**Oral Care Cat C – Facility Fee**	Procedure		**[161.00]**169.00	**[16100]**169.00	**[184.00]**195.00
0931	Oral Care Cat C – General practitioner	Procedure	**[178.00]**188.00	**[339.00]**357.00	**[339.00]**357.00	**[362.00]**383.00
0932	Oral Care Cat C – Specialist practitioner	Procedure	**[305.00]**323.00	**[466.00]**492.00	**[466.00]**492.00	**[489.00]**518.00
0940	**Oral Care Cat D – Facility Fee**	Procedure		**[632.00]**667.00	**[632.00]**667.00	**[724.00]**764.00
0941	Oral Care Cat D – General	Procedure	**[546.00]**576.00	**[1178.00]**1243.00	**[1178.00]**1243.00	**[1274.00]**1340.00

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	practitioner					
0942	Oral Care Cat D – Specialist practitioner	Procedure	[1119.00]1182.00	[1751.00]1849.00	[1751.00]1849.00	[1843.00]1946.00
0950	**Oral Care Cat E – Facility Fee**	Procedure		[2130.00]2249.00	[2130.00]2249.00	[2434.00]2570.00
0951	Oral Care Cat E – General practitioner	Procedure	[1836.00]1938.00	[3966.00]4187.00	[3966.00]4187.00	[4270.00]4508.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	[3766.00]3977.00	[5896.00]6226.00	[5896.00]6226.00	[6200.00]6547.00
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		[28.00]30.00	[28.00]30.00	[34.00]36.00
1011	Outpatient Consultation – General medical practitioner	Visit	[31.00]33.00	[59.00]63.00	[59.00]63.00	[65.00]69.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	[72.00]76.00	[100.00]106.00	[100.00]106.00	[106.00]112.00
1013	Outpatient Consultation – Nursing practitioner	Visit	[18.00]19.00	[46.00]49.00	[46.00]49.00	[52.00]55.00
1014	Outpatient Consultation – Allied health practitioner	Visit	[19.00]20.00	[47.00]50.00	[47.00]50.00	[53.00]56.00
1020	**Emergency Consultation – Facility Fee**	Visit		[57.00]60.00	[57.00]60.00	[68.00]72.00
1021	Emergency Consultation – General medical practitioner	Visit	[47.00]50.00	[104.00]110.00	[104.00]110.00	[115.00]122.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	[108.00]114.00	[165.00]174.00	[165.00]174.00	[176.00]186.00
1023	Emergency Consultation – Nursing practitioner	Visit	[28.00]29.00	[85.00]89.00	[85.00]89.00	[96.00]101.00
1024	Emergency Consultation – Allied health practitioner	Visit	[28.00]30.00	[85.00]90.00	[85.00]90.00	[96.00]102.00
1030	Follow up Outpatient Consultation-Facility Fee	Visit		[28.00]30.00	[28.00]30.00	[34.00]36.00
1031	Follow up Outpatient Consultation-General medical practitioner	Visit	[31.00]33.00	[59.00]63.00	[59.00]63.00	[65.00]69.00
1032	Follow up Outpatient Consultation-Specialist medical practitioner	Visit	[72.00]76.00	[100.00]106.00	[100.00]106.00	[106.00]112.00
1033	Follow up Outpatient Consultation-Nursing practitioner	Visit	[18.00]19.00	[46.00]49.00	[46.00]49.00	[52.00]55.00
1034	Follow up Outpatient Consultation-Allied health practitioner	Visit	[19.00]20.00	[47.00]50.00	[47.00]50.00	[53.00]56.00
11	**Minor Theatre Procedures**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		[134.00]141.00	[134.00]141.00	[160.00]169.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	[47.00]49.00	[181.00]190.00	[181.00]190.00	[207.00]**218.00**
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	[89.00]94.00	[223.00]235.00	[223.00]235.00	[249.00]263.00
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		[134.00]141.00	[134.00]141.00	[160.00]169.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	[69.00]94.00	[203.00]235.00	[203.00]235.00	[229.00]**263.00**

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1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	[155.00]164.00	[289.00]305.00	[289.00]305.00	[315.00]333.00
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		[134.00]141.00	[134.00]141.00	[160.00]169.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	[108.00]114.00	[242.00]255.00	[242.00]255.00	[268.00]**283.00**
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	[242.00]256.00	[376.00]397.00	[376.00]397.00	[402.00]**425.00**
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		[134.00]141.00	[134.00]141.00	[160.00]169.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	[285.00]301.00	[419.00]**442.00**	[419.00]**442.00**	[730.00]**470.00**
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	[643.00]679.00	[777.00]**820.00**	[777.00]**820.00**	[803.00]**848.00**
12	**Major Theatre Procedures**					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		[433.00]457.00	[633.00]669.00	[731.00]772.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	[47.00]49.00	[480.00]506.00	[680.00]718.00	[778.00]821.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	[89.00]94.00	[522.00]551.00	[722.00]763.00	[820.00]866.00
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		[655.00]691.00	[961.00]1014.00	[1106.00]1168.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	[69.00]73.00	[724.00]764.00	[1030.00]1087.00	[1175.00]1241.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	[155.00]164.00	[810.00]855.00	[1116.00]1178.00	[1261.00]1332.00
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		[1125.00]1188.00	[1650.00]1743.00	[1904.00]2011.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	[108.00]114.00	[1333.00]1302.00	[1758.00]1857.00	[2012.00]2125.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	[242.00]256.00	[1367.00]1444.00	[1892.00]1999.00	[2146.00]2267.00
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		[2884.00]3045.00	[4230.00]4467.00	[4874.00]5147.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	[285.00]301.00	[3169.00]3346.00	[4515.00]4768.00	[5159.00]5448.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	[643.00]1002.00	[3527.00]4047.00	[4873.00]5469.00	[5517.00]6149.00
13	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Contact		[18.00]19.00	[18.00]19.00	[22.00]23.00
1313	Supplementary health treatment-Nursing Practitioner	Contact	[16.00]17.00	[34.00]36.00	[34.00]36.00	[38.00]40.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	[16.00]17.00	[34.00]36.00	[34.00]36.00	[38.00]40.00
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		[14.00]15.00	[14.00]15.00	[16.00]17.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	[11.00]12.00	[25.00]27.00	[25.00]27.00	[27.00]28.00
14	**Emergency Medical Services**					
1410	**Patient transport service –**	100km				

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	Facility Fee		
1420	**Basic life support – Facility Fee**	50km	
1430	**Intermediate life support – Facility Fee**	50km	
1440	**Advanced life support – Facility Fee**	50km	
1450	**Emergency service standby – Facility Fee**	Hour	
1451	Emergency service standby – General medical practitioner	Hour	
1452	Emergency service standby – Specialist medical practitioner	Hour	
1453	Emergency service standby – Nursing practitioner	Hour	
1455	Emergency service standby – Basic life support practitioner	Hour	
1456	Emergency services standby- Intermediate life support practitioner	hour	
1457	Emergency services standby- Advanced life support practitioner	hour	**See Administrator's Notice No. 646 of 29 August 1958**
1460	**Rescue – Facility Fee**	hour	
1461	Rescue – General medical practitioner	hour	
1462	Rescue – Specialist medical practitioner	Hour	
1463	Rescue – Nursing practitioner	hour	
1465	Rescue- Basic life support practitioner	Incident	
1466	Rescue – Intermediate life support practitioner	Hour	
1467	Rescue- Advanced life support practitioner	hour	
1470	Emergency transport air services fixed wing	Flying hour	
1480	Emergency transport air services helicopter	Flying hour	
1490	Emergency services standby- Facility Fee	Additional 50km	
15	**Assistive Devices & Prosthesis**		
1510	Assistive Devices-Item Fee	Item	10% 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 of devices items**] Assistive Devices, Prosthesis, Dental and Optical Repairs	Item	

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1550	Optical Devices-Item fee	Item				
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**[3034.00]**3204.00	**[3034.00]**3204.00	**[3465.00]**3659.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	**[1749.00]**1847.00	**[4783.00]**5051.00	**[4783.00]**5051.00	**[5214.00]**5506.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	**[2619.00]**2766.00	**[5656.00]**5970.00	**[5656.00]**5970.00	**[6084.00]**6425.00
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**[6821.00]**7203.00	**[6821.00]**7203.00	**[7796.00]**8233.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	**[2072.00]**2188.00	**[8893.00]**9391.00	**[8893.00]**9391.00	**[9868.00]**10421.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	**[3109.00]**3283.00	**[9930.00]**10486.00	**[9930.00]**10486.00	**[10905.00]**11516.00
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**[11017.00]**11634.00	**[11017.00]**11634.00	**[12592.00]**13297.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	**[3503.00]**3699.00	**[14520.00]**15333.00	**[14520.00]**15333.00	**[16095.00]**16996.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	**[5254.00]**5548.00	**[16271.00]**17182.00	**[16271.00]**17182.00	**[17846.00]**18845.00
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**[18610.00]**19652.00	**[18610.00]**19652.00	**[21267.00]**22458.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	**[3930.00]**4150.00	**[22540.00]**23802.00	**[22540.00]**23802.00	**[25197.00]**26608.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	**[5783.00]**6107.00	**[24393.00]**25759.00	**[24393.00]**25759.00	**[27050.00]**28565.00
17	**Laboratory Services**					
1700	Drawing of Blood	Contact		**[11.00]**12.00	[11.00]12.00	**[11.00]**12.00
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		**[205.00]**216.00	**[205.00]**216.00	**[205.00]**216.00
1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	**[101.00]**107.00	**[306.00]**323.00	**[306.00]**323.00	**[306.00]**323.00
1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		**[205.00]**216.00	**[205.00]**216.00	**[205.00]**216.00
1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	**[306.00]**323.00	**[511.00]**539.00	**[511.00]**539.00	**[511.00]**539.00
1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		**[205.00]**216.00	**[205.00]**216.00	**[205.00]**216.00
1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	**[611.00]**645.00	**[816.00]861.00**	**[816.00]861.00**	**[816.00]861.00**
1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		**[205.00]**216.00	**[205.00]**216.00	**[205.00]**216.00
1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	**[917.00]**968.00	**[1122.00]1184.00**	**[1122.00]1184.00**	**[1122.00]1184.00**
1950	**Positron Emission Tomography(PET) Cat E-facility Fee**			**[397.00]**419.00	**[397.00]**419.00	**[397.00]**419.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner		**[1191.00]**1257.00	**[1588.00]1676.00**	**[1588.00]1676.00**	**[1588.00]**1676.00

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20	**Ambulatory Procedures**					
2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		**[43.00]**45.00	**[43.00]**45.00	**[53.00]**55.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	16.00	**[59.00]**61.00	**[59.00]**61.00	**[69.00]**71.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	**[31.00]**33.00	**[74.00]**78.00	**[74.00]**78.00	**[84.00]**88.00
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	[9.00]10.00	**[52.00]**55.00	**[52.00]**55.00	**[62.99]**65.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	[9.00]10.00	**[52.00]**55.00	**[52.00]**55.00	**[62.00]**65.00
2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		**[43.00]**45.00	**[43.00]**45.00	**[53.00]**55.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	**[22.00]**23.00	**[65.00]**68.00	**[65.00]**68.00	**[75.00]**78.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	**[34.00]**36.00	**[77.00]**81.00	**[77.00]**81.00	**[87.00]**91.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	13.00	**[56.00]**58.00	**[56.00]**58.00	**[66.00]**68.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	13.00	**[56.00]**58.00	**[56.00]**58.00	**[66.00]**68.00
21	**Blood and Blood Products**					
2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
2200	**Hyperbaric Oxygen Therapy-Facility Fee (Flat Fee)**			**[149.00]**157.00	**[149.00]**157.00	**[149.00]**157.00
2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		**[449.00]**474.00	**[449.00]**474.00	**[449.00]**474.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**[190.00]**200.00	**[639.00]**674.00	**[639.00]**674.00	**[639.00]**674.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	**[190.00]**200.00	**[639.00]**674.00	**[639.00]**674.00	**[639.00]**674.00
2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		**[452.00]**477.00	**[452.00]**477.00	**[452.00]**477.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**[276.00]**292.00	**[728.00]**769.00	**[728.00]**769.00	**[728.00]**769.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	**[276.00]**292.00	**[728.00]**769.00	**[728.00]**769.00	**[728.00]**769.00
23	**Consumables (Not included in Facility Fee)**					
2300	Consumables (Not included in Facility Fee)	Item	Varies			
24	**Autopsies**					
2410	**Autopsy-Facility Fee**	Per Case		**[94.00]**99.00	**[94.00]**99.00	**[113.00]**119.00
2411	Autopsy-General Practitioner	Per Case	**[104.00]**110.00	**[198.00]**209.00	**[198.00]**209.00	**[217.00]**229.00
2412	Autopsy-Specialist Practitioner	Per Case	**[241.00]**254.00	**[308.00]**353.00	**[308.00]**353.00	**[354.00]**373.00
25	**Port Health and Travel Clinics**					
2510	**Consultation-Facility Fee**	Visit		**[113.00]**119.00	**[113.00]**119.00	**[113.00]**119.00
2511	Consultation-General medical practitioner	Visit	**[104.00]**110.00	**[217.00]**229.00	**[217.00]**229.00	**[217.00]**229.00
2513	Consultation-Specialised medical practitioner	Visit	**[60.00]**63.00	**[173.00]**182.00	**[173.00]**182.00	**[173.00]**183.00
2520	**Emergency Consultation-Facility Fee**	Visit		**[227.00]**240.00	**[227.00]**240.00	**[227.00]**240.00
2521	Emergency Consultation-General practitioner	Visit	**[158.00]**167.00	**[385.00]**407.00	**[385.00]**407.00	**[385.00]**407.00
2523	Emergency Consultation-	Visit	**[92.00]**97.00	**[477.00]**504.00	**[477.00]**504.00	**[477.00]**504.00

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0810	Nursing practitioner Medication Fee-Facility Fee	Prescription		[32.00]34.00	[32.00]34.00	[40.00]42.00

Substitution of Annexure 3 to Schedule B to Regulations

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

"ANNEXURE 3 TO SCHEDULE B

UPFS [2018]2019 FEE SCHEDULE FOR FULL-PAYING PATIENTS

(PRIVATE PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY TOTALFEEINBOLD		
			R	LEVEL 1	LEVEL 2	LEVEL
				R	R	R
01	**Anesthetics**					
0111	Anaesthetics Cat A – General Medical Practitioner	Procedure	[223.00]235.00	[223.00]235.00	[223.00]235.00	[223.00]235.00
0112	Anaesthetics Cat A – Specialist Medical Practitioner	Procedure	[336.00]355.00	[336.00]355.00	[336.00]355.00	[336.00]355.00
0121	Anaesthetics Cat B – General Medical Practitioner	Procedure	[381.00]402.00	[381.00]402.00	[381.00]402.00	[381.00]402.00
0122	Anaesthetics Cat B – Specialist Medical Practitioner	Procedure	[573.00]605.00	[573.00]605.00	[573.00]605.00	[573.00]605.00
0131	Anaesthetics Cat C – General Medical Practitioner	Procedure	[1340.00]1415.00	[1340.00]1415.00	[1340.00]1415.00	[1340.00]1415.00
0132	Anaesthetics Cat C – Specialist Medical Practitioner	Procedure	[2011.00]2124.00	[2011.00]2124.00	[2011.00]2124.00	[2011.00]2124.00
02	**Confinement**					
0210	**Natural Birth- Facility Fee**	Incident		[4136.00]4368.00	[4136.00]4368.00	[4815.00]5085.00
0211	Natural Birth – General Medical Practitioner	Incident	[2244.00]2244.00	[6380.00]6738.00	[6380.00]6738.00	[7059.00]7455.00
0212	Natural Birth – Specialist Medical Practitioner	Incident	[2896.00]6058.00.	[7032.00]7426.00	[7032.00]7426.00	[7711.00]8143.00
0213	Natural Birth – Nursing Practitioner	Incident	[2714.00]2866.00	[6850.00]7234.00	[6850.00]7234.00	[7529.00]7951.00
0220	**Caesarean Section – Facility Fee**	Incident		[6512.00]6877.00	[6512.00]6877.00	[7579.00]8018.00
0221	Caesarean Section – General Medical Practitioner	Incident	[2244.00]2370.00	[8756.00]9247.00	[8756.00]9247.00	[9823.00]10388.00
0222	Caesarean Section – Specialist Medical Practitioner	Incident	[2896.00]3085.00	[9408.00]9962.00	[9408.00]9962.00	[10475.00]11103.00
03	**Dialysis**					
0310	**Haemo – Facility Fee**	Day		[1483.00]1566.00	[1483.00]1566.00	[1699.00]1794.00
0311	Haemo-dialysis – General Medical Practitioner	Day	[281.00]297.00	[1764.00]1863.00	[1764.00]1863.00	[1980.00]2091.00

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0312	Haemo-dialysis – Specialist Medical Practitioner	Day	[353.00]373.00	[1836.00]1939.00	[1836.00]1939.	[2052.00]2167.00
0313	Haemo-dialysis Nursing Practitioner	Day	[227.00]240.00	[1710.00]1863.00	[1710.00]1863.00	[1926.00]2091.00
0320	**Peritoneal Dialysis – Facility Fee**	Session		[229.00]242.00	[229.00]242.00	[260.00]275.00
0321	Peritoneal Dialysis – General Medical Practitioner	Session	[46.00]49.00	[275.00]291.00	[275.00]291.00	[306.00]324.00
		Session	[55.00]58.00	[330.00]300.00	[330.00]300.00	[361.00]333.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	[31.00]33.00	[306.00]275.00	[306.00]275.00	[291.00]308.00
0330	**Plasmapheresis-Facility Fee**	Session		[1483.00]1566.00	[1483.00]1566.00	[1699.00]1794.00
0331	Plasmapheresis- General Medical Practitioner	Session	[281.00]297.00	[1764.00]1863.00	[1764.00]1863.00	[1980.00]2091.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	[353.00]373.00	[1836.00]1939.00	[1836.00]1939.00	[2052.00]2167.00
04	**Medical Reports**					
0410	Medical Report – **Facility Fee**	Report		[143.00]151.00	[143.00]151.00	[175.00]185.00
0411	Medical Report – General Medical Practitioner	Report	[269.00]284.00	[412.00]435.00	[412.00]435.00	[444.00]469.00
0412	Medical Report – Specialist Medical Practitioner	Report	[412.00]435.00	[555.00]586.00	[555.00]586.00	[587.00]620.00
0420	Copy of Medical Report – **Facility Fee**			[143.00]151.00	[143.00]151.00	[175.00]185.00
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-GeneralMedical Practitioner	Copies	[134.00]142.00	[277.00]293.00	[277.00]293.00	[309.00]327.00
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist Medical Practitioner	Copies	[207.00]219.00	[350.00]370.00	[350.00]370.00	[382.00]404.00
0425	Copies of X ray, ultrasounds ect.	Copies	[134.00]142.00	[277.00]293.00	[277.00]293.00	[309.00]327.00
0430	**Functional Assessment Report-Facility Fee**	**Report**		[286.00]302.00	[286.00]302.00	[349.00]369.00
0431	Functional Assessment Report-General medical	Report	[808.00]853.00	[1094.00]1155.00	[1094.]1155.00	[1157.00]1222.00
0432	Functional Assessment Report-Specialist Medical Practitioner	Report	[1650.00]1742.00	[1936.00]2045.00	[1936.]2045.00	[2852.00]1222.00
0434	Functional Assessment Report-Allied health Practitioner	Report	[808.00]853.00	[1094.00]1155.00	[1094.]1155.00	[1157.00]1222.00
0440	**Copies of Specialized Radiology (MRI,CT & Nuclear)**	Copies		[1052.00]1111.00	[1052.0]1111.0	[1052.00]1111.00
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		[76.00]80.00	[76.00]80.00	[84.00]89.00

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0511	Radiology, Cat A – General Medical Practitioner	Procedure	[74.00]78.00	[150.00]158.00	[150.00]158.00	[158.00]167.00
0512	Radiology, Cat A – Specialist Medical Practitioner	Procedure	[138.00]146.00	[214.00]226.00	[214.00]226.00	[222.00]235.00
0514	Radiology, Cat A – Allied Health Practitioner	Procedure	[73.00]77.00	[149.00]157.00	[149.00]157.00	[157.00]166.00
0520	**Radiology, Cat B – Facility Fee**	Procedure		[207.00]219.00	[207.00]219.00	[237.00]250.00
0521	Radiology, Cat B – General Medical Practitioner	Procedure	[199.00]210.00	[406.00]429.00	[406.00]429.00	[436.00]460.00
0522	Radiology, Cat B – Specialist Medical Practitioner	Procedure	[387.0]409.00	[594.00]628.00	[594.00]628.00	[624.00]659.00
0524	Radiology, Cat B – Allied Health Practitioner	Procedure	[194.00]205.00	[401.00]424.00	[401.00]424.0	[431.00]455.00
0530	**Radiology, Cat C – Facility Fee**	Procedure		[480.00]507.00	[480.00]507.00	[548.00]579.00
0531	Radiology, Cat C – General Medical Practitioner	Procedure	[309.00]326.00	[789.00]833.00	[789.00]833.00	[857.00]905.00
0532	Radiology, Cat C – Specialist Medical Practitioner	Procedure	[947.00]1000.00	[1427.00]1507.00	[1427.00]1507.00	[1495.00]1579.00
0540	**Radiology, Cat D – Facility Fee**	Procedure		[959.00]1013.00	[959.00]1013.00	[1095.00]1156.00
0541	Radiology, Cat D – General Medical Practitioner	Procedure	[615.00]649.00	[1574.00]1662.00	[1574.00]1662.0	[1710.00]1805.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	[1891.00]1997.00	[2850.00]3010.00	[2850.00]3010.00.	[2986.00]3153.00
0550	**Radiology, Cat E – Facility Fee**	Procedure		[2445.00]2582.00	[2445.00]2582.00	[2795.00]2940.00
0551	Radiology, Cat E – General Medical Practitioner	Procedure	[2264.00]2391.00	[4709.00]4973.00	[4709.00]4973.00	[5059.00]5331.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	[4721.00]4985.00	[7166.00]7567.00	[7166.00]7567.00.	[7516.00]7925.00
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		[761.00]804.00	[969.00]1023.00	[1832.00]1935.00
0611	In-patient General Ward – General Medical Practitioner	Day	[158.00]167.00	[919.00]971.00	[1127.00]1190.00	[1990.00]2102.00
0612	In-patient General Ward – Specialist Medical Practitioner	Day	[276.00]291.00	[1037.00]1095.00	[1245.00]1314.00	[2108.00]2226.00
0620	**In-patient High care – Facility Fee**	12 hours		[1179.00]1245.00	[1474.00]1557.00	[2111.00]2229.00
0621	In-patient High Care – General Medical Practitioner	12 hours	[81.00]86.00	[1260.00]11331.00	[1555.00]1643.00	[2192.00]2315.00
0622	In-patient High Care – Specialist Medical Practitioner	12 hours	[157.00]166.00	[1336.00]1411.00	[1631.00]17236.00	[2268.00]2395.00
0630	**In-patient Intensive care – Facility Fee**	12 hours		[3873.00]4090.00	[3873.00]4090.00	[4630.00]4889.00
0631	In-patient Intensive Care – General Medical Practitioner	12 hours	[92.00]97.00	[3965.00]4187.00	[3965.00]4187.0	[4722.00]4986.00
0632	In-patient Intensive Care– Specialist Medical Practitioner	12 hours	[175.00]185.00	[4048.00]4275.00	[4048.00]4275.00	[4805.00]5074.00
0640	**In-patient Chronic care –**	Day		[446.00]471.00	[446.00]471.00	[446.00]471.00

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	Facility Fee					
0641	In-patient Chronic care – General Medical Practitioner	Day	**[52.00]**55.00	**[498.00]**526.00	**[498.00]**526.00	**[498.00]**526.00
0642	In-patient Chronic care – Specialist Medical Practitioner	Day	[**121.00**]128.00	**[567.00]**599.00	**[567.00]**599.00	**[567.00]**599.00
0643	I In-patient Chronic care – Nursing Practitioner	Day	[**31.00**]33.00	[**477.00**]504.00	[**477.00**]504.00	**[477.00]**504.00
0650	**Day patient – Facility Fee**	Day		**[633.00]**668.00	[**800.00**]845.00	[**1170.00**]11236.00
0651	Day patient – General Medical Practitioner	Day	[**158.00**]167.00	**[791.00]**835.00	**[958.00]**1012.00	**[1328.00]**1403.00
0652	Day patient – Specialist Medical Practitioner	Day	[**276.00**]291.00	**[909.00]**959.00	**[1076.00]**1136.00	**[1446.00]**1527.00
0653	Day patient – Nursing Practitioner	Day	[**92.00**]97.00	**[725.00]**765.00	**[892.00]**942.00	**[1262.00]**1333.00
0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		**[363.00]**383.00	[**363.00**]383.00	[**363.00**]383.00
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	[**31.00**]33.00	**[394.00]**416.00	**[394.00]**416.00	**[394.00]**416.00
07	**Mortuary**					
0710	**Mortuary – Facility Fee**	Day		**[194.00]**205.00	**[194.00]**205.00	**[220.00]**232.00
0720	**Cremation Certificate – Facility Fee**	Certificate		**[194.00]**205.00	**[194.00]**205.00	**[220.00]**232.00
08	**Pharmaceutical**					
0810	**Medication Fee – Facility Fee**	Prescription		[**34.00**]36.00	[**34.00**]36.00	[**42.00**]44.00
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-Reapeat scripts	Item	Varies			
0837	Pharmaceutical-Travel	Item	Varies			

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9	**Oral Health**					
0910	**Oral Care Cat A – Facility Fee**	Procedure		[**28.00**]30.00	[**28.00**]30.00	[**32.00**]34.00
0911	Oral Care Cat A – General Practitioner	Procedure	[**42.00**]44.00	[**70.00**]74.00	[**70.00**]74.00	[**74.00**]78.00
0912	Oral Care Cat A – Specialist Practitioner	Procedure	[**50.00**]53.00	[**78.00**]83.00	[**78.00**]83.00	[**82.00**]87.00
0914	Oral Care Cat A – Allied Health Practitioner	Procedure	[**37.00**]39.00	[**65.00**]69.00	[**65.00**]69.00	[**69.00**]73.00
0920	**Oral Care Cat B – Facility Fee**	Procedure		[**86.00**]91.00	[**86.00**]91.00	[**102.00**]108.00
0921	Oral Care Cat B – General Practitioner	Procedure	[**98.00**]103.00	[**184.00**]194.00	[**184.00**]194.00	[**200.00**]211.00
0922	Oral Health Cat B – Specialist Practitioner	Procedure	[**155.00**]164.00	[**241.00**]255.00	[**241.00**]255.00	[**257.00**]272.00
0924	Oral Care Cat B – Allied Health practitioner	Procedure	[**79.00**]83.00	[**165.00**]174.00	[**165.00**]174.00	[**181.00**]191.00
0930	**Oral Care Cat C – Facility Fee**	Procedure		[**535.00**]565.00	[**535.00**]565.00	[**614.00**]648.00
0931	Oral Care Cat C – General Practitioner	Procedure	[**592.00**]625.00	[**1127.00**]1190.00	[**1127.00**]1190.00	[**1206.00**]1273.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	[**1018.00**]1075.00	[**1554.00**]1640.00	[**1554.00**]1640.00	[**1632.00**]1723.00
0940	**Oral Care Cat D – Facility Fee**	Procedure		[**2107.00**]2225.00	[**2107.00**]2225.00	[**2412.00**]2547.00
0941	Oral Care Cat D – General Practitioner	Procedure	[**1819.00**]1921.00	[**3926.00**]4146.00	[**3926.00**]4146.00	[**4231.00**]4468.00
0942	Oral Care Cat D – Specialist Practitioner	Procedure	[**3732.00**]3941.00	[**5839.00**]6166.00	[**5839.00**]6166.00	[**6144.00**]6488.00
0950	**Oral Care Cat E – Facility Fee**	Procedure		[**7099.00**]7497.00	[**7099.00**]7497.00	[**8112.00**]8566.00
0951	Oral Care Cat E – General Practitioner	Procedure	[**6117.00**]6460.00	[**13216.00**]13957.00	[**13216.00**]13957.00	[**14229.00**]15026
0952	Oral Care Cat E – Specialist Practitioner	Procedure	[**12554.00**]13257.00	[**19653.00**]20754.00	[**19653.00**]20754.00	[**20666.00**]21823
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		[**94.00**]99.00	[**94.00**]99.00	[**113.00**]119.00
1011	Outpatient Consultation – General Medical Practitioner	Visit	[**104.00**]110.00	[**198.00**]209.00	[**198.00**]209.00	[**217.00**]229.00
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	[**241.00**]254.00	[**335.00**]353.00	[**335.00**]353.00	[**354.00**]373.00
1013	Outpatient Consultation – Nursing Practitioner	Visit	[**60.00**]63.00	[**154.00**]162.00	[**154.00**]162.00	[**173.00**]182.00
1014	Outpatient Consultation – Allied Health Practitioner	Visit	[**62.00**]65.00	[**156.00**]164.00	[**156.00**]164.00	[**175.00**]184.00
1020	**Emergency Consultation – Facility Fee**	Visit		[**189.00**]200.00	[**189.00**]200.00	[**227.00**]240.00
1021	Emergency Consultation – General Medical Practitioner	Visit	[**158.00**]167.00	[**347.00**]367.00	[**347.00**]367.00	[**385.00**]407.00
1022	Emergency Consultation – Specialist Medical	Visit	[**361.00**]381.00	[**550.00**]581.00	[**550.00**]581.00	[**588.00**]621.00

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	Practitioner					
1023	Emergency Consultation – Nursing Practitioner	Visit	[92.00]97.00	[281.00]297.00	[281.00]297.00	[319.00]337.00
1024	Emergency Consultation – Allied Health Practitioner	Visit	[94.00]99.00	[283.00]299.00	[283.00]299.00	[321.00]339.00
1030	**Follow-Up Outpatient Consultation-Facility Fee**			[94.00]99.00	[94.00]99.00	[113.00]119.00
1031	Follow-Up Outpatient Consultation-General Medical practitioner		[104.00]110.00	[198.00]209.00	[198.00]209.00	[217.00]229.00
1032	Follow-Up Outpatient Consultation-Specialist Medical Practitioner		[241.00]254.00	[335.00]353.00	[335.00]353.00	[354.00]373.00
1033	Follow-Up Outpatient Consultation-Nursing Practitioner		[60.00]63.00	[154.00]162.00	[154.00]162.00	[173.00]182.00
1034	Follow-Up Outpatient Consultation-Allied Health practitioner		[62.00]65.00	[156.00]164.00	[156.00]164.00	[175.00]184.00
11	**MinorTheatre Procedures**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		[446.00]471.00	[446.00]471.00	[534.00]564.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	[155.00]164.00	[601.00]635.00	[601.00]635.00	[689.00]728.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	[297.00]314.00	[743.00]785.00	[743.00]785.00	[831.00]878.00
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		[446.00]471.00	[446.00]471.00	[534.00]564.00
1121	Minor Procedure Cat B – General Medical Practitioner	Procedure	[229.00]314.00	[675.00]785.00	[675.00]785.00	[763.00]878.00
1122	Minor Procedure Cat B – Specialist Medical Practitioner	Procedure	[517.00]546.00	[963.00]1017.00	[963.00]1017.00	[1051.00]1110.00
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		[446.00]471.00	[446.00]471.00	[534.00]564.00
1131	Minor Procedure Cat C – General Medical Practitioner	Procedure	[360.00]380.00	[806.00]851.00	[806.00]851.00	[894.00]944.00
1132	Minor Procedure Cat C – Specialist Medical Practitioner	Procedure	[808.00]853.00	[1254.00]1324.00	[1254.00]1324.00	[1342.00]1417.00
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		[446.00]471.00	[446.00]471.00	[534.00]564.00
1141	Minor Procedure Cat D – General Medical Practitioner	Procedure	[950.00]1003.00	[1396.00]1474.00	[1396.00]1474.00	[1484.00]1567.00
1142	Minor Procedure Cat D – Specialist Medical Practitioner	Procedure	[2142.00]2262.00	[2588.00]2733.00	[2588.00]2733.00	[2676.00]2826.00
12	**Major Theatre Procedures**					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		[1442.00]1523.00	[2111.00]2229.00	[2436.00]2572.00
1211	Theatre Procedure Cat A – General Medical Practitioner	Procedure	[155.00]164.00	[1597.00]1687.00	[2266.00]2393.00	[2591.00]2736.00

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1212	Theatre Procedure Cat A – Specialist Medical Practitioner	Procedure	[297.00]314.00	[1739.00]1837.00	[2408.00]2543.00	[2733.00]2886.00
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		[2182.00]2304.00	[3202.00]3381.00	[3686.00]3892.00
1221	Theatre Procedure Cat B – General Medical Practitioner	Procedure	[229.00]242.00	[2411.00]2546.00	[3431.00]3623.00	[3915.00]4134.00
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	[517.00]546.00	[2699.00]2850.00	[3719.00]3927.00	[4203.00]4438.00
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		[3749.00]3959.00	[5501.00]5809.00	[6348.00]6703.00
1231	Theatre Procedure Cat C – General Medical Practitioner	Procedure	[360.00]380.00	[4109.00]4339.00	[5861.00]6189.00	[6708.00]7083.00
1232	Theatre Procedure Cat C – Specialist Medical Practitioner	Procedure	[808.00]853.00	[4557.00]4812.00	[6309.00]6662.00	[7156.00]7556.00
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		[9613.00]10151.00	[14100.00]14890.00	[16248.00]17158
1241	Theatre Procedure Cat D – General Medical Practitioner	Procedure	[950.00]1003.00	[10563.00]11154.00	[15050.00]15893.00	[17198.00]11816
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	[2142.00]2262.00	[11755.00]3277.00	[16242.00]17152.00	[18390.00]19420
13	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Contact		[60.00]63.00	[60.00]63.00	[73.00]77.00
1313	Supplementary Health Treatment-Nursing Practitioner	Contact	[53.00]56.00	[113.00]119.00	[113.00]119.00	[126.00]133.00
1314	Supplementary Health Treatment – Allied Health Practitioner	Contact	[53.00]56.00	[113.00]119.00	[113.00]119.00	[126.00]133.00
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		[47.00]50.00	[47.00]50.00	[52.00]55.00
1324	Supplementary Health Group Treatment – Allied Health Practitioner	Contact	[37.00]39.00	[84.00]89.00	[84.00]89.00	[89.00]94.00
14	**Emergency Medical Services**					
1410	**Patient transport service – Facility Fee**	100km				
1420	**Basic life support – Facility Fee**	50km				
1430	**Intermediate life support – Facility Fee**	50km				
1440	**Advanced life support – Facility Fee**	50km				
1450	**Emergency service standby – Facility Fee**	Once off				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby –	Hour				

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	Nursing practitioner					
1455	Emergency service standby – Basic life support practitioner	Hour				
1456	Emergency services standby- Intermediate life support practitioner	Hour				
1457	Emergency services standby- Advanced life support practitioner	Hour				
			See Administrator's Notice No. 646 of 29 August 1958			
1460	**Rescue – Facility Fee**	Hour				
1461	Rescue – General medical practitioner	Hour				
1462	Rescue – Specialist medical practitioner	Hour				
1463	Rescue – Nursing practitioner	Hour				
1465	Rescue- Basic life support practitioner	Hour				
1466	Rescue – Intermediate life support practitioner	Hour				
1467	Rescue- Advanced life support practitioner	Hour				
1470	Emergency transport air services fixed wing	Flying hour				
1480	Emergency transport air services helicopter	Flying hour				
1490	**Emergency services standby-Facility Fee**	Additional 50km				
15	**Assistive Devices & Prosthesis**					
1510	Assistive Devices-Item Fee	Item	Varies			
1520	Prosthetic Devices-Item Fee	Item	Varies			
1530	Dental Items -Item Fee	Item	Varies			
1540	Assistive Devices, Prosthesis, Dental and Optometry-Repairs	Item	Varies			
1550	Optometry Devices	Items	Varies			
	Cosmetic Surgery					
16						
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**[3034.00]**3204.00	**[3034.00]**3204.00	[3465.00]3659.00
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	**[1749.00]**1847.00	**[4783.00]**5051.00	**[4783.00]**5051.00	**[5214.00]**5506.00
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	**[2619.00]**2766.00	**[5656.00]**5970.00	**[5656.00]**5970.00	**[6084.00]**6425.00
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**[6821.00]**7203.00	**[6821.00]**7203.00	[7796.00]8233.00
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	**[2072.00]**2188.00	**[8893.00]**9391.00	**[8893.00]**9391.00	**[9868.00]**10421.00
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	**[3109.00]**3283.00	**[9930.00]**10486.00	**[9930.00]**10486.00	**[10905.00]**11516.00
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**[11017.00]**11634.00	[11017.00]11634.00	[12592.00]13297.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	**[3503.00]**3699.00	**[14520.00]**15333.00	**[14520.00]**15333.00	**[16095.00]**16996.00

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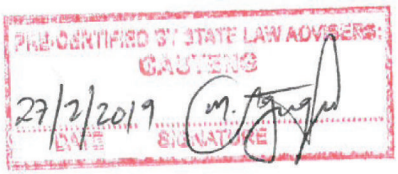
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	[5254.00]5548.00	[16271.00]17182.00	[16271.00]17182.00	[17846.00]18845.00
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		[18610.00]19652.00	[18610.00]19652.00	[21267.00]22458.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	[3930.]4150.00	[22540.00]23802.00	[22540]23802.00	[25197.00]26608.00
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	[5783.]6107.00	[24393.00]25759.00	[24393]25759.00	[27050.00]28565.00
	Laboratory Services					
17						
1700	Drawing of Blood	Contact		[37.00]39.00	[37.00]39.00	[37.00]39.00
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		[682.00]720.00	[682.00]720.00	[682.00]720.00
1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	[338.00]357.00	[1020.00]1077.00	[1020.00]1077.00	[1020.00]1077.00
1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		[682.00]720.00	[682.00]720.00	[682.00]720.00
1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	[1019.00]1076.00	[1617.00]1796.00	[1617.00]1796.00	[1617.00]1796.00
1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		[682.00]720.00	[682.00]720.00	[682.00]720.00
1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	[2037.00]2151.00	[2719.00]2871.00	[2719.00]2871.00	[2719.00]2871.00
1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		[682.00]720.00	[682.00]720.00	[682.00]72000
1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	[3056.00]3227.00	[3738.00]3947.00	[3738.00]3947.00	[3738.00]3947.00
1950	**Positron Emission Tomography(PET) Cat E-facility Fee**	Procedure		[1322.00]1396.00	[1322.00]1396.00	[1322.00]1396.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	[3969.00]4191.00	[5291.00]5587.00	[5291.00]5587.00	[5291.00]5587.00
20	**Ambulatory Procedures**					
2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		[143.00]151.00	[143.00]151.00	[175.00]185.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	[52.00]55.00	[195.00]206.00	[195.00]206.00	[227.00]240.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	[103.00]109.00	[246.00]260.00	[246.00]260.00	[278.00]294.00
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	[31.00]33.00	[174.00]184.00	[174.00]184.00	[206.00]218.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	[31.00]33.00	[174.00]184.00	[174.00]184.00	[206.00]218.00
2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		[143.00]151.00	[143.00]151.00	[175.00]185.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	[74.00]78.00	[217.00]229.00	[217.00]229.00	[249.00]263.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	[113.00]119.00	[256.00]270.00	[256.00]270.00	[288.00]304.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	[42.00]44.00	[185.00]195.00	[185.00]195.00	[217.00]229.00



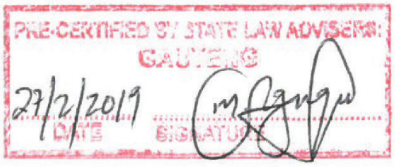
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	[**42.00**]44.00	[**185.00**]195.00	[**185.00**]195.00	[**217.00**]229.00
21	**Blood and Blood Products**					
2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
2200	**Hyperbaric Oxygen Therapy-Facility Fee(Flat Fee)**	Session		[**495.00**]523.00	[**495.00**]523.00	[**495.00**]523.00
2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		[**1496.00**]1580.00	[**1496.00**]1580.00	[**1496.00**]1580.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[**632.00**]667.00	[**2128.00**]2247.00	[**2023.00**]2247.00	[**2128.00**]2247.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[**632.00**]667.00	[**2128.00**]2247.00	[**2128.00**]2247.00	[**2128.00**]2247.00
2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		[**1506.00**]1590.00	[**1506.00**]1590.00	[**1506.00**]1590.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[**921.00**]973.00	[**2427.00**]2563.00	[**2427.00**]2563.00	[**2427.00**]2563.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[**921.00**]973.00	[**2427.00**]2563.00	[**2427.00**]2563.00	[**2427.00**]2563.00
23	**Consumables(Not included in Facility Fee)**					
2300	Consumables(Not included in Facility Fee)	Item				
24	**Autopsies**					
2410	**Autopsy-Facility Fee**	Per Case		[**94.00**]99.00	[**94.00**]99.00	[**113.00**]119.00
2411	Autopsy-General Practitioner	Per Case	[**104.00**]110.00	[**198.00**]209.00	[**198.00**]209.00	[**217.00**]229.00
2412	Autopsy-Specialist Practitioner	Per Case	[**241.00**]254.00	[**335.00**]**353.00**	[**335.00**]353.00	[**354.00**]373.00
25	**Port Health and Travel Clinics**					
2510	**Consultation-Facility Fee**	Visit		[**113.00**]119.00	[**113.00**]119.00	[113.00]119.00
2511	Consultation-General medical Practitioner	Visit	[**104.00**]110.00	[**217.00**]229.00	[**217.00**]229.00	[**217.00**]229.**00**
2513	Consultation –Nursing practitioner	Visit	[**60.00**]63.00	[**173.00**]182.00	[**173.00**]182.00	[**173.00**]182.00
2520	**Emergency Consultation – Facility Fee**	Visit		[**227.00**]240.00	[**227.00**]240.00	[**227.00**]240.00
2521	Emergency Consultation-General medical practitioner	Visit	[**158.00**]167.00	[**385.00**]407.**00**	[**385.00**]407.00	[**385.00**]407.00
2523	Emergency Consultation – Nursing practitioner	Visit	[**92.00**]97.00	[**319.00**]337.00	[**319.00**]337.00	[**319.00**]337.00
0810	**Medication Fee-Facility Fee**	Visit		[**34.00**]36.00	[**34.00**]36.00	[**42.00**]44.00

Substitution of Annexure 4 to Schedule B to Regulations

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

"ANNEXURE 4 TO SCHEDULE B

0UPFS [**2018**]2019 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	**[223.00]**235.00			
DA0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	**[336.00]**355.00			
DA0121	Anaesthetics Cat B – General medical practitioner	Procedure	**[381.00]**402.00			
DA0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	**[576.00]**605.00			
DA0131	Anaesthetics Cat C – General medical practitioner	Procedure	**[1340.00]**1415.00			
DA0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	**[2011.00]**2124.00			
02	**Confinement**					
DA0210	**Natural Birth- Facility Fee**	Incident		**[5293.00]**5589.00	**[5293.00]**52589.00	**[5293.00]**5589.00
DA0211	Natural Birth – General Medical Practitioner	Incident	**[2244.00]**2370.00	**[7537.00]**7959.00	**[7537.00]**7959.00	**[7537.00]**7959.00
DA0212	Natural Birth – Specialist Medical Practitioner	Incident	**[2896.00]**3058.00	**[8189.00]**8647.00	**[8189.00]**8647.00	**[8189.00]**8647.00
DA0213	Natural Birth – Nursing Practitioner	Incident	**[2714.00]**2866.00	**[8007.00]**8455.**00**	**[8007.00]**8455.00	**[8007.00]**8455.00
DA0220	**Caesarean Section – Facility Fee**	Incident		**[8337.00]**8804.00	**[8337.00]**8804.00	**[8337.00]**8804.00
DA0221	Caesarean Section – General Medical Practitioner	Incident	**[2244.00]**2370.00	**[10581.00]**11174.00	**[10581.00]**11174.00	**[10581.00]**11174.00
DA0222	Caesarean Section – Specialist Medical Practitioner	Incident	**[2896.00]**3058.00	**[11233.00]**11862.00	**[11233.00]**11862.00	**[11233.00]**11862.00
03	**Dialysis**					
DA0310	**Haemo – Facility Fee**	Day		**[1634.00]**1726.00	**[1634.00]**1726.00	**[1870.00]**1975.00
DA0311	Haemo-dialysis – General medical practitioner	Day	**[281.00]**297.00	**[1915.00]**2023.**00**	**[1915.00]**2023.00	**[2151.00]**2272.00
DA0312	Haemo-dialysis – Specialist medical practitioner	Day	**[353.00]**373.00	**[1987.00]**2099.00	**[1987.00]**2099.00	**[2223.00]**2348.00
DA0313	Haemo-dialysis Nursing Practitioner	Day	**[227.00]**240.00	**[1861.00]**1966.00	**[1816.00]**1966.00	**[2097.00]**2215.00
DA0320	**Peritoneal Dialysis – Facility Fee**	Session		**[251.00]**265.00	**[251.00]**265.00	**[288.00]**304.00
DA0321	Peritoneal Dialysis – General medical practitioner	Session	**[46.00]**49.00	**[297.00]**314.00	**[297.00]**314.00	**[334.00]**353.00
DA0322	Peritoneal dialysis-Specialist Medical practitioner	Session	**[55.00]**58.00	**[306.00]**323.00	**[306.00]**323.00	**[389.00]**362.00
DA0323	Peritoneal dialysis-Nursing Practitioner	Session	**[31.00]**33.00	**[282.00]**298.00	**[282.00]**298.00	**[319.00]**337.00
DA0330	**Plasmapheresis-Facility Fee**	Session		**[1634.00]**1726.00	**[1634.00]**1726.00	**[1870.00]**1975.00

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DA0331	Plasmapheresis- General medical practitioner	Session	[281.00]297.00	[1915.00]2023.00	[1915.00]2023.00	[2151.00]2272.00
DA0332	Plasmapheresis-Specialist Medical Practitioner	Session	[353.00]373.00	[1987.00]2099.00	[1987.00]2099.00	[2223.00]2348.00
04	**Medical Reports**					
DA0410	**Medical Report – Facility Fee**	Report		[158.00]167.00	[158.00]167.00	[191.00]202.00
DA0411	Medical Report – General medical practitioner	Report	[269.00]284.00	[427.00]451.00	[427.00]451.00	[460.00]486.00
DA0412	Medical Report – Specialist medical practitioner	Report	[412.00]43500	[570.00]602.00	[570.00]602.00	[603.00]637.00
DA0420	**Copies of Medical Report-Facility Fee**	Copy		[158.00]167.00	[158.00]167.00	[158.00]202.00
DA0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	[134.00]142.00	[292.00]309.00	[292.00]309.00	[292.00]344.00
DA0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	[207.00]219.00	[365.00]386.00	[365.00]386.00	[398.00]421.00
DA0425	Copies of X ray, ultrasounds ect.	Copies	[134.00]142.00	[292.00]309.00	[292.00]309.00	[325.00]344.00
DA0430	**Functional Assessment Report-Facility Fee**	Report		[315.00]333.00	[315.00]333.00	[384.00]406.00
DA0431	Functional Assessment Report-General medical practitioner	Report	[808.00]853.00	[1123.00]1186.00	[1123.00]1186.00	[1192.00]1259.00
DA0432	Functional Assessment Report-Specialist medical practitioner	Report	[1650.00]1742.00	[1965.00]2075.00	[1965.00]2075.00	[2034.00]2148.00
DA0434	Functional Assessment Report-Allied health practitioner	Report	[808.00]853.00	[1123.00]1186.00	[1123.00]1186.00	[1192.00]1259.00
DA440	Copies of Specialised Radiology (MRI, CT & Nuclear)	Copy		[1157.00]1222.00	[1157.00]1222.00	[1157.00]1222.00
05	**Imaging**					
DA0510	**Radiology, Cat A – Facility Fee**	Procedure		[81.00]86.00	[81.00]86.00	[94.00]99.00
DA0511	Radiology, Cat A – General medical practitioner	Procedure	[74.00]78.00	[155.00]164.00	[155.00]164.00	[168.00]177.00
DA0512	Radiology, Cat A – Specialist medical practitioner	Procedure	[138.00]146.00	[219.00]232.00	[219.00]232.00	[232.00]245.00
DA0514	Radiology, Cat A – Allied health practitioner	Procedure	[73.00]77.00	[154.00]163.00	[154.00]163.00	[167.00]176.00
DA0520	**Radiology, Cat B – Facility Fee**	Procedure		[227.00]240.00	[227.00]240.00	[260.00]275.00
DA0521	Radiology, Cat B – General medical practitioner	Procedure	[199.00]210.00	[426.00]450.00	[426.00]450.00	[379.00]485.00
DA0522	Radiology, Cat B – Specialist medical practitioner	Procedure	[387.00]409.00	[614.00]649.00	[614.00]649.00	[647.00]684.00
DA0524	Radiology, Cat B – Allied health practitioner	Procedure	[194.00]205.00	[421.00]445.00	[421.00]445.00	[454.00]480.00
DA0530	**Radiology, Cat C – Facility Fee**	Procedure		[529.00]559.00	[529.00]559.00	[604.00]638.00
DA0531	Radiology, Cat C – General	Procedure	[309.00]326.00	[838.00]885.00	[838.00]885.00	[913.00]964.00

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	medical practitioner					
DA0532	Radiology, Cat C – Specialist medical practitioner	Procedure	[947.00]1000.00	[1476.00]1559.00	[1476.00]1559.00	[1551.00]1638.00
DA0540	**Radiology, Cat D – Facility Fee**	Procedure		[1058.00]1117.00	[1058.00]1117.00	[1207.00]1275.00
DA0541	Radiology, Cat D – General medical practitioner	Procedure	[615.00]649.00	[1637.00]1766.00	[1637.00]1766.00	[1822.00]1924.00
DA0542	Radiology, Cat D – Specialist Practitioner	Procedure	[1891.00]1997.00	[2949.00]3114.00]	[2949.00]3114.00]	[3098.00]3272.00
DA0550	**Radiology, Cat E – Facility Fee**	Procedure		[2692.00]2843.00	[2692.00]2692.00	[3074.00]3246.00
DA0551	Radiology, Cat E – General Medical Practitioner	Procedure	[2264.00]2391.00	[4956.00]5234.00	[4956.00]5234.00	[5338.00]5637.00
DA0552	Radiology, Cat E – Specialist Practitioner	Procedure	[4721.00]4985.00	[7413.00]7828.00	[7413.00]7828.00	[7795.00]8231 00
06	**In-patients**					
DA0610	**In-patient General ward – Facility Fee**	Day		[1832.00]1935.00	[1832.00]1935.00	[1832.00]1935.00
DA0611	In-patient General Ward – General medical practitioner	Day	[158.00]167.00	[1990.00]2102.00	[1990.00]2102.00	[1990.00]2102.00
DA0612	In-patient General Ward – Specialist medical practitioner	Day	[276.00]291.00	[2108.00]2226.00	[2108.00]2226.00	[2108.00]2226.00
DA0620	**In-patient High care – Facility Fee**	12 hours		[2111.00]2229.00	[2111.00]2229.00	[2111.00]2229.00
DA0621	In-patient High Care – General medical practitioner	12 hours	[81.00]86.00	[2192.00]2315.00	[2192.00]2315.00	[2192.00]2315.00
DA0622	In-patient High Care – Specialist medical practitioner	12 hours	[157.00]166.00	[2268.00]2395.00	[2268.00]2395.00	[2268.00]2359.00
DA0630	**In-patient Intensive care – Facility Fee**	12 hours		[4630.00]4889.00	[4630.00]4889.00	[4630.00]4889.00
DA0631	In-patient Intensive Care – General medical practitioner	12 hours	[92.00]97.00	[4722.00]4986.00	[4722.00]4986.00	[4722.00]4986.00
DA0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	[175.00]185.00	[4805.00]5074.00	[4805.00]5074.00	[4805.00]5074.00
DA0640	**In-patient Chronic care – Facility Fee**	Day		[446.00]471.00	[446.00]471.00	[446.00]471.00
DA0641	In-patient Chronic care – General medical practitioner	Day	[52.00]55.00	[498.00]526.00	[498.00]526.00	[498.00]526.00
DA0642	In-patient Chronic care – Specialist medical practitioner	Day	[121.00]128.00	[567.00]599.00	[567.00]599.00	[567.00]599.00
DA0643	I In-patient Chronic care – Nursing practitioner	Day	[31.00]33.00	[477.00]504.00	[477.00]504.00	[477.00]504.00
DA0650	**Day patient – Facility Fee**	Day		[1170.00]1236.00	[1170.00]1236.00	[1170.00]1236.00
DA0651	Day patient – General medical practitioner	Day	[158.00]167.00	[1328.00]1403.00	[1328.00]1403.00	[1328.00]1403.00
DA0652	Day patient – Specialist medical practitioner	Day	[276.00]291.00	[1446.00]1527.00	[1446.00]1527.00	[1446.00]1527.00
DA0653	Day patient – Nursing practitioner	Day	[92.00]97.00	[1262.00]1333.00	[1262.00]1333.00	[1262.00]1333.00
DA0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		[363.00]383.00	[363.00]383.00	[363.00]383.00
DA0663	In-patient Boarder/Patient	Day	[31.00]33.00	[394.00]416.00	[394.00]416.00	[394.00]416.00

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	Companion – Nursing practitioner					
07	**Mortuary**					
DA0710	Mortuary-Facility Fee			**[194.00]**205.00	**[194.00]**205.00	**[220.00]**232.00
DA0720	Cremation Certificate-Facility Fee			**[194.00]**205.00	**[194.00]**205.00	**[220.00]**232.00
08	**Pharmaceutical**					
DA0810	**Medication Fee – Facility Fee**	Prescription		**[37.00]**39.00	**[37.00]**39.00	**[44.00]**46.00
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		**[32.00]**34.00	**[32.00]**34.00	37.00
DA0911	Oral Care Cat A – General practitioner	Procedure	**[42.00]**44.00	**[74.00]**78.00	**[74.00]**78.00	**[79.00]**83.00
DA0912	Oral Care Cat A – Specialist practitioner	Procedure	**[50.00]**53.00	**[82.00]**87.00	**[82.00]**87.00	**[87.00]**92.00
DA0914	Oral Care Cat A – Allied health practitioner	Procedure	**[37.00]**39.00	**[69.00]**73.00	**[69.00]**73.00	**[74.00]**78.00
DA0920	**Oral Care Cat B – Facility Fee**	Procedure		**[98.00]**103.00	**[98.00]**103.00	**[110.00]**1106.00
DA0921	Oral Care Cat B – General practitioner	Procedure	**[98.00]**103.00	**[196.00]**206.00	**[196.00]**206.00	**[208.00]**219.00
DA0922	Oral Health Cat B – Specialist practitioner]	Procedure	**[155.00]**164.00	**[253.00]**267.00	**[253.00]**267.00	**[265.00]**280.00
DA0924	Oral Care Cat B – Allied health practitioner	Procedure	**[79.00]**83.00	**[177.00]**186.00	**[177.00]**186.00	**[189.00]**199.00
DA0930	**Oral Care Cat C – Facility Fee**	Procedure		**[589.00]**622.00	**[589.00]**622.00	**[676.00]**714.00
DA0931	Oral Care Cat C – General practitioner	Procedure	**[592.00]**625.00	**[1189.00]**1247.00	**[1189.00]**1247.00	**[1268.00]**1339.00
DA0932	Oral Care Cat C – Specialist practitioner	Procedure	**[1019.00]**1075.00	**[1608.00]**1697.00	**[1608.00]**1697.00	**[1695.00]**1789.00
DA0940	**Oral Care Cat D – Facility Fee**	Procedure		**[2324.00]**2454.00	**[2324.00]**2454.00	**[2653.00]**2802.00
DA0941	Oral Care Cat D – General practitioner	Procedure	**[1819.00]**1921.00	**[4143.00]**4375.00	**[4143.00]**4375.00	**[4472.00]**4723.00
DA0942	Oral Care Cat D – Specialist practitioner	Procedure	**[3732.00]**3941.00	**[6056.00]**6395.00	**[6056.00]**6395.00	**[6385.00]**6743.00
DA0950	**Oral Care Cat E – Facility Fee**	Procedure		**[7810.00]**8247.00	**[7810.00]**8247.00	**[8926.00]**9426.00
DA0951	Oral Care Cat E – General practitioner	Procedure	**[6117.00]**6460.00	**[13927.00]**14707.00	**[13927.00]**14707.00	**[15043.00]**15886.00
DA0952	Oral Care Cat E – Specialist	Procedure	**[12554.00]**13257.00	**[20364.00]**21504.00	**[20364.00]**21504.00	**[21480.00]**22683.00

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	practitioner					
10	**Consultations**					
DA1010	**Outpatient Consultation – Facility Fee**	Visit		**[103.00]**109.00	**[103.00]**109.00	**[126.00]**133.00
DA1011	Outpatient Consultation – General medical practitioner	Visit	**[104.00]**110.00	**[207.00]**219.00	**[207.00]**219.00	**[230.00]**243.00
DA1012	Outpatient Consultation – Specialist medical practitioner	Visit	**[241.00]**254.00	**[344.00]**363.00	**[344.00]**363.00	**[367.00]**387.00
DA1013	Outpatient Consultation – Nursing practitioner	Visit	**[60.00]**64.00	**[163.00]**173.00	**[163.00]**173.00	**[186.00]**197.00
DA1014	Outpatient Consultation – Allied health practitioner	Visit	**[62.00]**66.00	**[163.00]**175.00	**[163.00]**175.00	**[185.00]**199.00
DA1020	**Emergency Consultation – Facility Fee**	Visit		**[211.00]**223.00	**[211.00]**223.00	**[250.00]**264.00
DA1021	Emergency Consultation – General medical practitioner	Visit	**[158.00]**167.00	**[369.00]**390.00	**[369.00]**390.00	**[408.00]**431.00
DA1022	Emergency Consultation – Specialist medical practitioner	Visit	**[361.00]**381.00	**[572.00]**604.00	**[572.00]**604.00	**[611.00]**645.00
DA1023	Emergency Consultation – Nursing practitioner	Visit	**[92.00]**97.00	**[303.00]**320.00	**[303.00]**320.00	**[342.00]**361.00
DA1024	Emergency Consultation – Allied health practitioner	Visit	**[94.00]**99.00	**[305.00]**322.00	**[305.00]**322.00	**[344.00]**363.00
11	**Minor Theatre Procedures**					
DA1110	**Minor Procedure Cat A – Facility Fee**	Procedure		**[491.00]**518.00	**[491.00]**518.00	**[588.00]**621.00
DA1111	Minor Procedure Cat A – General medical practitioner	Procedure	**[155.00]**164.00	**[646.00]**682.00	**[646.00]**682.00	**[743.00]**785.00
DA1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	**[297.00]**314.00	**[788.00]**832.00	**[788.00]**832.00	**[885.00]**935.00
DA1120	**Minor Procedure Cat B – Facility Fee**	Procedure		**[491.00]**518.00	**[491.00]**518.00	**[588.00]**621.00
DA1121	Minor Procedure Cat B – General medical practitioner	Procedure	**[229.00]**242.00	**[720.00]**760.00	**[720.00]**760.00	**[817.00]**863.00
DA1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	**[517.00]**546.00	**[1008.00]**1064.00	**[1008.00]**1064.00	**[1105.00]**1167.00
DA1130	**Minor Procedure Cat C – Facility Fee**	Procedure		**[491.00]**518.00	**[491.00]**518.00	**[588.00]**621.00
DA1131	Minor Procedure Cat C – General medical practitioner	Procedure	**[360.00]**380.00	**[851.00]**898.00	**[851.00]**898.00	**[948.00]**1001.00
DA1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	**[808.00]**853.00	**[1299.00]**1371.00	**[1299.00]**1371.00	**[1396.00]**1474.00
DA1140	**Minor Procedure Cat D – Facility Fee**	Procedure		**[491.00]**518.00	**[491.00]**518.00	**[588.00]**621.00
DA1141	Minor Procedure Cat D – General medical practitioner	Procedure	**[950.00]**1003.00	**[1441.00]**1521.00	**[1441.00]**1521.00	**[1538.00]**1624.00
DA1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	**[2142.00]**2262.00	**[2633.00]**2780.00	**[2633.00]**2780.00	**[2730.00]**2883.00
12	**Major Theatre Procedures**					
DA1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		**[1584.00]**1673.00	**[2323.00]**2453.00	**[2678.00]**2828.00
DA1211	Theatre Procedure Cat A –	Procedure	**[155.00]**164.00	**[1739.00]**1837.00	**[2478.00]**2617.00	**[2833.00]**2992.00

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	General medical practitioner					
DA1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	[297.00]318.00	[1881.00]1991.00	[2620.00]2771.00	[2975.00]3146.00
DA1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		[2402.00]2537.00	[3521.00]3718.00	[4281.00]4525.00
DA1221	Theatre Procedure Cat B – General medical practitioner	Procedure	[229.00]242.00	[2631.00]2779.00	[3750.00]3960.00	[4510.00]4767.00
DA1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	[517.00]546.00	[2919.00]3083.00	[4038.00]4264.00	[4798.00]5071.00
DA1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		[4120.00]4351.00	[6051.00]6390.00	[6983.00]7374.00
DA1231	Theatre Procedure Cat C – General medical practitioner	Procedure	[360.00]380.00	[4480.00]4731.00	[6411.00]6770.00	[7343.00]7754.00
DA1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	[808.00]853.00	[4928.00]5204.00	[6859.00]7243.00	[7791.00]8227.00
DA1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		[10573.00]11165.00	[15509.00]16378.00	[17875.00]18876.00
DA1241	Theatre Procedure Cat D – General medical practitioner	Procedure	[950.00]1003.00	[11573.00]12168.00	[16459.00]17381.00	[18825.00]19879.00
DA1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	[2142.00]2262.00	[12715.00]13427.00	[17651.00]1860.00	[20017.00]21138.00
13	**Treatments**					
DA1310	**Supplementary Health Treatment – Facility Fee**	Contact		[70.00]74.00	[70.00]74.00	[78.00]82.00
DA1313	Supplementary health treatment-Nursing Practitioner	Contact	[53.00]56.00	[123.00]130.00	[123.00]130.00	[131.00]138.00
DA1314	Supplementary Health Treatment – Allied health practitioner	Contact	[53.00]56.00	[123.00]130.00	[12300]130.00	[131.00]138.00
DA1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		[52.00]55.00	[52.00]55.00	[56.00]59.00
DA1324	Supplementary Health Group Treatment – Allied practitioner	Contact	[37.00]39.00	[89.00]94.00	[89.00]94.00	[93.00]98.00
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		[3335.00]3522.00	[3335.00]3522.00	[3809.00]4022.00
DA1611	Cosmetic Surgery Cat A – General practitioner	Procedure	[1740.00]1847.00	[5084.00]5369.00	[5084.00]5369.00	[5558.00]5869.00
DA1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	[2619.00]2766.00	[5954.00]6141.00	[5954.00]6146.00	[6428.00]6641.00
DA1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		[7505.00]7925.00	[7505.00]7925.00	[8578.00]9058.00
DA1621	Cosmetic Surgery Cat B – General practitioner	Procedure	[2072.00]2188.00	[9577.00]10113.00	[9577.00]10113.00	[10650.00]11246.00
DA1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	[3109.00]3283.00	[10614.00]11208.00	[10614.00]11208.00	[11687.00]12341.00

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DA1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**[12121.00]**12800.00	**[12121.00]**12800.00	**[13852.00]**14628.00
DA1631	Cosmetic Surgery Cat C – General practitioner	Procedure	**[3503.00]**3699.00	**[15624.00]**16499.00	**[15624.00]**16499.00	**[17355.00]**18327.00
DA1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	**[5254.00]**5548.00	**[17375.00]**18348.00	**[17375.00]**18348.00	**[19106.00]**20176.00
DA1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**[20471.00]**21617.00	**[20471.00]**21617.00	**[23395.00]**24705.00
DA1641	Cosmetic Surgery Cat D – General practitioner	Procedure	**[3930.00]**4150.00	**[24401.00]**25767.00	**[24401.00]**25767.00	**[27325.00]**30812.00
DA1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	**[5783.00]**6107.00	**[26254.00]**27727.00	**[26254.00]**27727.00	**[29178.00]**30812.00
17	**Laboratory Services**					
DA1700	Drawing of Blood	Contact		**[42.00]**44.00	**[42.00]**44.00	**[42.00]**44.00
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		**[748.00]**790.00	**[748.00]**790.00	**[748.00]**790.00
DA1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	**[338.00]**357.00	**[1086.00]**1147.00	**[1086.00]**1147.00	**[1086.00]**1147.00
DA1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		**[748.00]**790.00	**[748.00]**790.00	**[748.00]**790.00
DA1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	**[1019.00]**1076.00	**[1767.00]**1866.00	**[1767.00]**1866.00	**[1767.00]**1866.00
DA1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		**[748.00]**790.00	**[748.00]**790.00	**[748.00]**790.00
DA1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	**[2037.00]**2151.00	**[2785.00]**2941.00	**[2785.00]**2941.00	**[2785.00]**2941.00
DA1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		**[748.00]**790.00	**[748.00]**790.00	**[748.00]**790.00
DA1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	**[3056.00]**3227.00	**[3804.00]**4017.00	**[3804.00]**4017.00	**[3804.00]**4017.00
DA1950	**Positron Emission Tomography(PET) Cat E-facility Fee**	Procedure		**[6269.00]**7676.00	**[6269.00]**7676.00	**[6269.00]**7676.00
DA1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	**[3305.00]**4191.00	**[10574.00]**11867.00	**[10574.00]**11867.00	**[10574.00]**11867.00
20	**Ambulatory Procedures**					
DA2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		**[158.00]**167.00	**[158.00]**167.00	**[191.00]**202.00
DA2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	**[52.00]**55.00	**[210.00]**222.00	**[210.00]**222.00	**[243.00]**257.00
DA2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	**[103.00]**109.00	**[261.00]**276.00	**[261.00]**276.00	**[294.00]**311.00
DA2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	**[31.00]**33.00	**[189.00]**200.00	**[189.00]**200.00	**[222.00]**235.00
DA2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	**[31.00]**33.00	**[189.00]**200.00	**[189.00]**200.00	**[222.00]**235.00
DA2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		**[158.00]**167.00	**[158.00]**167.00	**[191.00]**202.00
DA2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	**[74.00]**78.00	**[232.00]**245.00	**[232.00]**245.00	**[265.00]**280.00
DA2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	**[113.00]**119.00	**[271.00]**286.00	**[271.00]**286.00	**[304.00]**321.00
DA2023	Ambulatory Procedure Cat B-	Procedure	**[42.00]**44.00	**[200.00]**211.00	**[200.00]**211.00	**[233.00]**246.00

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	Nursing Practitioner					
DA2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	**[42.00]**44.00	**[200.00]**211.00	**[200.00]**211.00	**[233.00]**246.00
21	**Blood and Blood Products**					
DA2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
DA2200	**Hyperbaric Oxygen Therapy-Fee (Flat Fee)**			**[495.00]**523.00	**[495.00]**523.00	**[495.00]**523.00
DA2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		**[1643.00]**1735.00	**[1643.00]**1735.00	**[1643.00]**1735.00
DA2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**[632.00]**667.00	**[2275.00]**2403.00	**[2275.00]**2403.00	**[2275.00]**2403.00
DA2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	**[632.00]**667.00	**[2275.00]**2403.00	**[2275.00]**2403.00	**[2275.00]**2403.00
DA2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		**[1659.00]**1752.00	**[1659.00]**1752.00	**[1659.00]**1752.00
DA2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**[921.00]**973.00	**[2580.00]**2725.00	**[2580.00]**2725.00	**[2580.00]**2725.00
DA2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	**[921.00]**973.00	**[2580.00]**2725.00	**[2580.00]**2725.00	**[2580.00]**2725.00
23	**Consumables (Not included in Facility Fee)**					
DA2300	Consumables (Not included in Facility Fee)	Item	Varies			
24	**Autopsies**					
DA2410	**Autopsy-Facility Fee**	Per Case		**[103.00]**109.00	**[103.00]**109.00	**[126.00]**133.00
DA2411	Autopsy-General Practitioner	Per Case	**[104.00]**110.00	**[207.00]**219.00	**[207.00]**219.00	**[230.00]**243.00
DA2412	Autopsy-Specialist Practitioner	Per Case	**[241.00]**254.00	**[344.00]**363.00	**[344.00]**363.00	**[367.00]**387.00

Application of Regulations

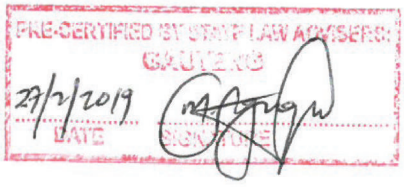
7. The provisions of these Regulations **[shall]**do not apply to a person—

(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

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, 2019, and comes in operation on 1 April 2019.



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