Western Cape, South Africa

Western Cape Health Service Fees Act

Uniform Patient Fee Schedule Regulations for Health Care Services Rendered by the Western Cape Department of Health, 2018

Provincial Notice 46 of 2018

Legislation as at 28 March 2018

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Uniform Patient Fee Schedule Regulations for Health Care Services Rendered by the Western Cape Department of Health, 2018

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Provincial Notice 46 of 2018

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[Repealed by Uniform Patient Fee Schedule Regulations for Health Care Services Rendered by the Western Cape Department of Health, 2019 (Provincial Notice 37 of 2019) on 1 April 2019]

The Provincial Minister of Health in the Western Cape has, under section 2(1)(a) of the Western Cape Health Services Fees Act, 2008 (Act 5 of 2008), made the regulations set out in the Schedule.

1. Definitions

In these regulations, a word or expression to which a meaning has been assigned in the Act has the same meaning and, unless the context indicates otherwise—

"**allied health practitioner**" means a person registered in terms of the—

(a) Health Professions Act, 1974 (Act 56 of 1974), as any of the following:

(i) clinical psychologist;

(ii) physiotherapist;

(iii) occupational therapist;

(iv) speech and hearing therapist;

(v) paramedic;

(vi) oral hygienist; or

(vii) dental therapist;

(b) Social Service Professions Act, 1978 (Act 110 of 1978), as a social worker; or

(c) Allied Health Professions Act, 1982 (Act 63 of 1982);

"**ambulance**" means a vehicle specially equipped for the purpose of providing medical care to a sick or injured patient while transporting the patient to a DOH facility for medical treatment;

"**ambulatory procedure tariff**" means the tariff charged for a procedure performed by a health care professional in a procedure room or at the patient's bedside, under local anaesthetic if required;

"**anaesthesia tariff**" means the tariff charged for the administration of a general anaesthetic or any other type of anaesthesia administered by a health care professional other than the health care professional performing the procedure for which the anaesthesia is required;

"**assistive device tariff**" means the tariff charged for any device supplied to the patient by a health care professional or an allied health care practitioner for the purpose of aiding a patient with a physical limitation, irrespective of whether such physical limitation is temporary or permanent;

"**boarder**" is a person who, with the written authority of the medical service manager or an officer whom the medical service manager has authorised to act on his or her behalf, is admitted because in the opinion of a health care professional the person's presence is essential to the patient's recovery in or at a hospital;

"**confinement tariff**" means the tariff charged for all modes of delivery of a baby from its mother, and includes the procedures listed in clause 1.2.2.1 of Schedule 1;

"**consultation tariff**" means the tariff charged for the clinical examination of a patient, or the interview and recording of a patient's clinical history, or prescribing and administering treatment to a patient, or assisting the patient with advice;

"**day patient tariff**" means the tariff to be charged if a patient is admitted and discharged before 23:00 on the same day;

"**dialysis tariff**" means the tariff charged for peritoneal dialysis, haemodialysis or continuous veno-venous haemodialysis (CVVHD) prescribed by a health care professional;

"**DOH**" means the Western Cape Government: Department of Health;

"**DOH facility**" means an institution of the Western Cape Government: Department of Health that provides access to treatment for patients of the Province of the Western Cape;

"**donor**" means a person who voluntarily presents himself or herself at a state hospital specifically to donate blood, tissue or an organ for transplant purposes, or a person who dies in a hospital and whose family have agreed to the donation of blood, tissue or an organ;

"**emergency medical services**" means a private or state institution that is solely dedicated, staffed and equipped to do any or all of the following:

(a) transport ill or injured persons;

(b) offer pre-hospital or inter-hospital medical treatment to patients;

(c) rescue a person from a medical rescue situation;

"**emergency standby service**" means an ambulance and crew available or present on request during any event at a specific place;

"**externally funded patient**" means a patient—

(a) whose health services are funded or partly funded in terms of—

(i) the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993);

(ii) the Road Accident Fund Act, 1996 (Act 56 of 1996);

(iii) a medical scheme registered in terms of the Medical Schemes Act, 1998 (Act 131 of 1998); or

(iv) another state department, local authority, foreign government, or any other employer; or

(b) who exceeds the means test as implemented by the DOH;

"**facility fee tariff**" means the tariff reflecting the cost to the DOH for the provision of health care treatment services to patients;

"**foreign national patient**" means a patient from any country outside the borders of the Republic of South Africa;

"**formally unemployed patient**" means a person supported by the Unemployment Insurance Fund (UIF) in terms of the Unemployment Insurance Act, 2001 (Act 63 of 2001);

"**full paying patient**" means an externally funded patient and includes a patient treated by his or her own private doctor and certain categories of foreign national patients;

"**health care professional**" means a medical practitioner registered as such in terms of the Health Professions Act, 1974 (Act 56 of 1974);

"**high care unit**" is a specially equipped unit where specially trained nursing practitioners are available at all times, supported by a health care professional on a standby basis;

"**H0 patient**" means the category of a patient as described in Schedule 2 of these regulations;

"**H1 patient**" means the category of a patient as described in Schedule 2 of these regulations;

"**H2 patient**" means the category of a patient as described in Schedule 2 of these regulations;

"**H3 patient**" means the category of a patient as described in Schedule 2 of these regulations;

"**imaging tariff**" means the tariff charged for any radiological procedure and intervention and imaging modality, as performed or prescribed by a health care professional to an inpatient or an outpatient, and performed while the patient is an inpatient or an outpatient;

"**income threshold**" means the assessment of a patient according to the means test;

"**inpatient**" is a patient who is admitted on the prescripts of a health care professional to an institution for treatment;

"**inpatient tariff**" means the tariff charged for services rendered while a patient occupies a bed in a DOH facility, and is calculated between the admission and discharge times and dates;

"**intensive care unit**" is a specially equipped unit which is set up for the intensive care of seriously ill patients and where health care professionals and specially trained nursing practitioners are available at all times;

"**level 1 hospital**" means a hospital where limited specialist or no specialist services are rendered, but basic diagnostic and therapeutic services are available;

"**level 2 hospital**" means a hospital that has at least two of the following specialist services: General Surgery, Orthopaedic Surgery, Internal Medicine, Paediatrics and Gynaecology and Obstetrics;

"**level 3 hospital**" means a hospital where all specialist services are continuously rendered, or those specialist services are rendered as determined by the Head of Department for the DOH;

"**live-in child**" is an infant who is admitted to a hospital but does not receive any nursing or medical care, and who is cared for and fed by the mother while she is a patient in such hospital;

"**means test**" means the assessment of a patient or a family to determine the categorisation of that patient or family for tariff purposes as contemplated in Schedule 2;

"**medical report tariff**" means the tariff charged for the completion of a report for insurance or any other purpose, completed by a health care professional within the nature and scope of his or her employment by the DOH;

"**mortuary tariff**" means the tariff charged for the storage of a deceased patient who died inside or outside of a DOH facility;

"**nursing practitioner**" means a person registered as such in terms of the Nursing Act, 2005 (Act 33 of 2005), as either of the following:

(a) a nurse; or

(b) a midwife;

"**nursing practitioner tariff**" means the tariff charged for services rendered by a nursing practitioner to a patient in a DOH facility, in the course and scope of the nursing practitioner's employment by the DOH;

"**oral health care professional**" means a person registered in terms of the Health Professions Act, 1974 (Act 56 of 1974), as any of the following:

(a) dentist;

(b) oral hygienist;

(c) dental therapist;

(d) community dentistry specialist;

(e) maxillo-facial and oral surgeon;

(f) prosthodontist;

(g) orthodontist;

(h) oral pathologist; or

(i) oral medicine and periodontist specialist;

"**oral health tariff**" means the tariff charged for the consultation and treatment prescribed and performed by an oral health care professional within the course and scope of his or her employment by the DOH;

"**outpatient**" means a patient who is treated in an outpatient section or on an outpatient basis in a DOH facility;

"**patient transport vehicle**" means a vehicle other than an ambulance used for transporting patients not requiring specific care during the period of transportation;

"**pharmacy tariff**" means the tariff charged for the dispensing of medication to a patient on the basis of a prescription written by a health care professional in the course and scope of his or her employment by the DOH;

"**private practitioner patient**" means a patient treated in or at a state institution by a private health care professional;

"**professional fee tariff**" means the tariff charged by the DOH facility for health care services rendered by a health care professional, an allied health practitioner, an oral health care professional, or a nursing practitioner, in the course and scope of his or her employment by the DOH;

"**prosthesis**" is a surgically implanted artificial substitute for a diseased or missing part of the body;

"**social grant**" means a grant paid in terms of the Social Assistance Act, 2004 (Act 13 of 2004), and includes—

(a) a care dependency grant;

(b) a child support grant;

(c) a disability grant;

(d) a foster child grant;

(e) an older persons' grant;

(f) a war veterans' grant; and

(g) social relief of distress;

"**specialised intensive care unit**" means an Intensive Care Unit (ICU), Cardio-Thoracic Intensive Care Unit (CTICU) or Neonatal Intensive Care Unit (NICU), where patients need to undergo or recover after having undergone specialised critical cardio-thoracic surgery, major vascular surgery or neuro-surgery involving the brain or spinal cord, as prescribed by a health care professional;

"**subsidised patient**" means a patient where the level of subsidisation depends on the means test;

"**surgically implanted prosthesis tariff**" means the tariff charged for a device implanted during a formal surgical procedure performed in a dedicated facility where aseptic technique is required, and the device is encapsulated within the body structure of a patient;

"**the Act**" means the Western Cape Health Services Fees Act, 2008 (Act 5 of 2008);

"**theatre procedure tariff**" means the tariff charged for all formal surgical procedures performed in a sterile operating theatre;

"**treatment tariff**" means the tariff charged for medical services rendered by an allied health practitioner in an individual or group context to a patient on an inpatient or outpatient basis;

"**UPFS**" means the Uniform Patient Fee Schedule.

2. Application

These regulations apply to—

(a) full paying patients;

(b) patients whose gross income equals or exceeds the means test; and

(c) subsidised patients.

3. Payment of tariff

(1) A full paying patient, listed and categorised in Schedule 2, who receives any medical treatment or any medical services from a DOH facility must pay the applicable tariff for such medical treatment or medical services received in accordance with the tariff of fees and charges as set out in Schedules 4, 5 and 6.

(2) A subsidised patient, listed and categorised in Schedule 2, who receives any medical treatment or any medical services from a DOH facility, must pay the applicable tariff for such medical treatment or medical services received in accordance with the tariff of fees and charges as set out in Schedules 4, 5 and 6.

4. Patient categorisation

(1) All subsidised patients must be categorised by the DOH according to the prescripts contained in Schedule 2 of these Regulations.

(2) The practice notes contained in Schedule 1 serve as a guide to explain the various categories of patients and how the patients are categorised.

5. Repeal of regulations

The Uniform Patient Fee Schedule Regulations for Health Care Services Rendered by the Western Cape Department of Health, 2017, published in *Provincial Gazette* Extraordinary 7752 of 31 March 2017 under Provincial Notice 84 of 2017, are repealed.

6. Short title and commencement

These regulations are called the Uniform Patient Fee Schedule Regulations for Health Care Services Rendered by the Western Cape Department of Health, 2018, and come into operation on 1 April 2018.

Schedule 1

Practice notes on application of UPFS tariffs

1.1 The following practice notes apply to tariffs applicable to patients:

1.1.1 The facility fee includes all consumables and ward stock pharmaceuticals, but excludes medication dispensed to a patient by a pharmacy and consumables specified as "Consumables not included in the facility fee".

1.1.2. The professional fee depends on the level of the ultimate professional responsible for the rendering of the service (ultimate responsible professional rule), and when more than one professional at different levels is involved in the rendering of services, the fee for the highest level professional is charged.

1.1.3. The tariff to be charged depends into which category a procedure falls.

1.2 Tariffs

1.2.1 Anaesthesia tariff

1.2.1.1 This tariff applies to the administration of a general - or other anaesthetic (conscious sedation, spinal- or epidural injections and anaesthetic blocks), administered by a health care professional other than the person doing the procedure.

1.2.1.2 This tariff is based on the type of procedure for which the anaesthetic is administered. The tariff is divided into three groups based on the complexity and average duration of the anaesthetic procedure.

1.2.1.3 The category of the anaesthetic is determined by applying the procedure codebook as set out in Schedule 3.2 of these regulations.

1.2.1.4 No additional charge is levied for supplies, drugs or gasses used in the course of the anaesthesia with the exception of high cost drugs or gasses that will be itemised according to pharmaceutical tariff.

1.2.1.5 There is no facility component for this tariff, since anaesthesia supplies are included in the facility component of the relevant procedure tariffs.

1.2.2 Confinement tariff

1.2.2.1 This tariff applies to the following:

1.2.2.1a 1 ll models of delivery, including caesarean section

1.2.2.1i 2 nductions of labour

1.2.2.1i 3 ntrapartum paracervical and pudendal blocks

1.2.2.1i 4 ntrapartum amnioscopy

1.2.2.1f 5 etal blood sampling

1.2.2.1a 6 pplication of scalp leads

1.2.2.1s 7 ymphysiotomy

1.2.2.1m 8 anual removal of placenta

1.2.2.1re 9 pair of cervical tears

1.2.2.1c 10 rrection of uterine intervention

1.2.2.1dr 11 ainage of vulva haematoma

1.2.2.1.12 repair of second degree tear

1.2.2.1.13 repair of third degree tear

1.2.2.1.14 repair if episiotomy

1.2.2.1.15 resuscitation of new-born by an obstetrician, and

1.2.2.1.16 tracheal intubation of neonate

1.2.2.2 The inpatient stay of the mother is charged additional to the confinement tariff according to the inpatient tariff.

1.2.2.3 No inpatient tariff may be charged for the new-born baby, unless the baby is admitted into a high care unit or intensive care unit.

1.2.2.4 The category of the health care professional with overall responsibility for the confinement determines the tariff to be charged by the professional component of this tariff.

1.2.2.5 The anaesthetic tariff and imaging tariff must be charged additionally, where applicable.

1.2.2.6 False labour must be charged according to the inpatient tariff. – or outpatient visit (pending on whether the patient was admitted or evaluated as an outpatient) and services recorded accordingly.

1.2.3 Dialysis tariff

1.2.3.1 This tariff must be charged per treatment session for peritoneal dialysis and includes the cost of the connection of a catheter, and all other consumables utilized but exclude dialysate

1.2.3.1 2 In the case of haemodialysis, the tariff to be charged is oer treatment day and includes the preparation of the AV shunts, treatment, dialysate and all consumables

1.2.3.2 A patient issued with dialysate or other related consumables for use at home, must be charged on an itemised basis according to the pharmaceutical tariff.

1.2.3.3 If a patient requires continuous veno-venous haemodialysis (CVVHD), the haemodialysis tariff is charged per day and the consumable utilized are itemised.

1.2.3.4 Plasmapheresis: Its blood purification procedure used to treat several autoimmune diseases. In the case of plasmapheresis, the tariff to be charged is per day and this includes the preparation of the machine and lines. The insertion of the catheter (eg CVP) must be charged separately.

1.2.4 Medical report tariff

1.2.4.1 The tariff applies for the completion of a medical report for insurance or any other purpose.

1.2.4.2 If a consultation or procedure, above that required for the purpose of the report, is performed, the relevant consultation tariff or procedure tariff must also be charged.

1.2.4.3 The tariff for copies of reports and notes are payable strictly in advance.

1.2.5 Imaging tariff

1.2.5.1 This tariff includes all radiological, gamma camera, ultrasound and nuclear imaging modalities.

1.2.5.2 The tariff includes all radiological, gamma camera, lithotripsy and ultrasound and is inclusive of all consumables, films, and medication but excludes contrast media used.

1.2.5.3 Imaging procedures are divided into categories and the tariff to be charged depends on the category into which the procedure falls.

1.2.5.4 The codebook must be applied to determine the procedure and the category of the tariff as set out in Schedule 3.3 of these regulations.

1.2.5.5 If a radiologist or general practitioner report (written or interpretation) on the image, the professional component of the tariff must be charged.

1.2.5.6 In the event of private practitioners (responsible for the treatment in his/her rooms) refer the patient for radiological procedures to the public facility, the public facility shall levy both the facility and professional fee. If reporting is required, levy against the relevant professional fee, if not, the health care therapist rate applies.

1.2.6 Inpatient tariff

1.2.6.1 The inpatient tariffs apply when a patient is admitted on prescription of a medical officer to a bed in a ward or where the patient requires inpatient treatment.

1.2.6.2 This tariff includes all medication consumables dispensed from ward stock to the patient for the duration of their stay.

1.2.6.3 The charge excludes theatre procedures, radiology and laboratory investigations, physiotherapy treatment, high cost pharmaceuticals (buy-outs) and discharge medication (TTO's) as well as consumables not included in the facility fee and blood and blood products etc.

1.2.6.4 The type of ward into which a patient is admitted and the length of stay calculated as 12-hour unit shall determine the tariff to be charged.

1.2.6.5 The inpatient boarder tariff applies to a person accompanying a patient, and receiving, accommodation and meals from the hospital.

1.2.6.6 The inpatient boarder tariffs are charged on a daily rate and are required to be settled in advance, unless prior arrangements have been made with the DOH facility.

1.2.6.7 An inpatient whos admitted and discharged on the same day before 23:00 must be charged the day patient tariff.

1.2.6.8 If an inpatient is admitted as a day patient and is discharged after 23:00 on the same day, the day patient fee must be cancelled and the applicable inpatient tariff must be charged.

1.2.6.9 If a patient is admitted before 12:00, and not discharged the same day, a tariff for the full day fee must be charged.

1.2.6.10 If a patient is admitted after 12:00, the half-day tariff must be charged for the day admission.

1.2.6.11 If the patient is transferred between different ward types during the same 24-hour period, the higher of the applicable inpatient tariff must be charged during the relevant 12-hour period in which the patient is transferred.

1.2.6.12 If a patient is discharged before 12h00, the half day tariff for the day of discharge must be charged.

1.2.6.13 If a patient is discharged after 12h00, a tariff for the full day must be charged for the day of discharge.

1.2.6.14 The intensive care tariff is charged when the unit is specially equipped and set up for the intensive care of seriously ill patients and where health care professionals and specially trained professional nursing staff are available at all times.

1.2.6.15 The specialised intensive care tariff is limited to 24hours on the prescription of the treating health care professional.

1.2.6.16 The high care is charged in a specially equipped unit where specially trained professional nursing staff is available at all times, supported by health care professionals on a standby basis.

1.2.6.17 Medication taken home by a patient must be charged as the same tariff as contemplated in the pharmacy tariff.

1.2.6.18 The professional fee depends on the level of the professional responsible for the ward to which the patient is admitted.

1.2.7 Mortuary tariff

1.2.7.1 This tariff applies to the storage of a corpse and the tariff must be charged at a daily rate, after the first 48 hours once the post-mortem and identification process have been completed. The aforementioned in respect of the 48 hours includes weekends and public holidays.

1.2.8 Pharmacy tariff

1.2.8.1 This tariff applies when medicines are dispensed by a pharmacist / pharmacy to patients on the basis of a prescription. This implies the itemisation of medication that is generally not included in a specific facility's ward stock and or high cost pharmaceuticals.

1.2.8.2 The itemised cost of such medication and the facility fee tariff must be charged per prescription.

1.2.8.3 The facility fee tariff is determined according to the level of the facility. Only one pharmacy facility fee per 24-hour period may be levied for prescriptions.

1.2.8.4 The actual purchase price including VAT plus 50% of the total amount must be charges per item dispensed to the patient.

1.2.9 Oral health tariffs

1.2.9.1 This tariff applies to medical treatment rendered by an oral health practitioner.

1.2.9.2 Oral procedures are grouped into categories depending on the complexity and cost of the procedure.

1.2.9.3 The oral health codebook as set out in Schedule 3.1 of these regulations must be applied to determine the procedure category

1.2.9.4 Dental Prosthesis used must be charged in addition to the oral health tariff.

1.2.10 Consultation tariff

1.2.10.1 The tariff for an outpatient consultation applies when the health care professional personally takes down a patient's clinical history, performs an appropriate clinical examination or prescribes or administered treatment or assists the patient via advice.

1.2.10.2 The same tariff applies for each follow-up consultation, by a health care professional of an outpatient.

1.2.10.3 This tariff includes all consumables used during the consultation, but excludes medication dispensed to the outpatient by the pharmacy. BUT shall exclude consumables as otherwise specified as "Consumables not included in the facility fee" and also excludes medications dispensed to the patient.

1.2.10.4 An emergency consultation tariff must be charged for consultations in emergency or trauma departments.

1.2.10.5 The emergency consultation tariff must be charged for any consultation in an emergency or trauma department, irrespective of the time of day such consultation takes place.

1.2.10.6 If the procedure is performed at the time of the consultation, the consultation tariff and the procedure tariff must be charged.

1.2.10.7 Triage is the process of determining medical priority of patients with regard to treatment. This is not a chargeable service.

1.2.11 Minor theatre procedure tariff

1.2.11.1 This tariff applies to minor theatre procedures, which require limited instrumentation and drapery, and is only doctor driven.

1.2.11.2 The procedures applicable to this tariff are grouped into four categories depending on the complexity and cost of the procedure.

1.2.11.3 The tariff to be charged depends into which category a procedure falls.

1.2.11.4 The tariff to be charged depends into which category a procedure falls as set out in Schedule 3.6 in these regulations.

1.2.11.5 The level of the ultimate professional performing the procedure determines the professional fee component

1.2.12 Major theatre procedure tariff

1.2.12.1 This tariff applies to all procedure performed in an operating theatre.

1.2.12.2 The tariff includes theatre time, all consumables and medical gasses used during the procedure. The tariff excludes high cost pharmaceuticals e.g. Sevoflurane gas as well as consumables not included in the facility

1.2.12.3 The procedure applicable to this tariff is grouped into categories depending on the complexity and cost of the procedure.

1.2.12.4 The tariff to be charged depends on the category into which the procedure falls set out in Schedule 3.2 of these regulations

1.2.12.5 The level of the ultimate professional performing the procedure determines the professional fee component

1.2.12.6 In the event of more than one professional at different levels is involved in the procedure, the fee for the highest professional is charged.

1.2.12.7 Prosthesis used must be charged on an itemised basis in addition to the major theatre procedure tariff.

1.2.13 Treatment tariff

1.2.13.1 This tariff applies to all supplementary health treatment performed by an allied health practitioner.

1.2.13.2 Different charges apply depending on whether the treatment is rendered in a group or individual context.

1.2.13.3 The adaption and fitting of an assistive device must be charged according to this tariff.

1.2.13.4 The initial assessment of a patient by an allied health practitioner in respect of an assistive device must be charged as a consultation tariff, and thereafter any subsequent treatment must be charged according to the treatment tariff.

1.2.13.5 The treatment is applicable to both in-and-outpatients.

1.2.13.6 The treatment tariff is a rate per contact with the patient.

1.2.13.7 The treatment facility fee and the nurse professional fee should be charged where a patient is referred to the hospital whenever a Nurse Practitioner has overall responsibility for the treatment of the patient referred for the purpose of the episode on an outpatient basis.

1.2.14 Emergency medical services tariff

1.2.14.1 Ambulance transport tariff

1.2.14.1.1 This tariff is applied to the treatment or transportation of a patient requiring treatment prior to admission to a hospital or specific care during transportation, in an ambulance.

1.2.14.1.2 This tariff charged must be calculated from the point of collection to a hospital, and must be charged for every 50 (fifty) kilometres travelled, and are further determined by the level of medical treatment rendered by the emergency medical service to the patient.

1.2.14.1.3 Three levels of care have been identified;

(i) Basic Life Support

(ii) Intermediate Life Support

(iii) Advance Life Support

1.2.14.2 Patient transport tariff

1.2.14.2.1 This tariff applies to the transport of patients in a vehicle other than an ambulance where the patient does not require specific care prior to or during transportation.

1.2.14.2.2 This tariff must be charged for every 100 kilometres travelled and calculated from the point of collecting the patient.

1.2.14.3 Rescue tariff

1.2.14.3.1 This tariff applies to the medical rescue of a person

1.2.14.3.2 A specialised vehicle with appropriately trained rescue staff and specialised equipment that is dispatched to assist with the treatment, disentanglement, recovery and / or extraction of patients. Rescue services are based on a per incident charge, inclusive of all equipment utilised for the said purpose e.g. "Jaws-of-life".

1.2.14.3.3 This tariff must be charged per incident or rescue

1.2.14.4 Standby tariff

1.2.14.4.1 This tariff must be charged for medical standby at special events and is charged at an hourly rate.

1.2.14.4.2 An additional standby hourly rate must be charged for services provided for by health care professionals, allied health practitioners and nursing practitioners.

1.2.14.5 Air transport tariff

1.2.14.5.1 This tariff charged must be calculated by taking the flying hours the patient was transported in the aircraft.

1.2.14.5.2 Air Treatment and transportation refers to the treatment and transportation of a medical / trauma patient via Air ambulance; (Rotary or fixed wing).

1.2.15 Assistive device tariff or surgical implanted prosthesis tariff

1.2.15.1 The assistive device tariff applies when an assistive device is issued to a patient.

1.2.15.2 The itemised cost of the assistive device forms the facility fee component of the assistive device tariff.

1.2.15.3 The initial assessment of the patient’s needs in respect of the assistive device must be charges at the outpatient consultation tariff.

1.2.15.8 Subsequent adaptations and fitting of the assistive device must be charged at the treatment tariff.

1.2.15.9 The surgically implanted prosthesis tariff applies when prosthesis is surgically implanted into a patient during a formal surgical procedure. The device is encapsulated within the body structure of a patient and includes fixatives such as pins, screws, K-wires, cement (palacos) and plates, as well as joint replacements, and pacemakers.

1.2.15.10 An assistive device must be charged on an itemised basis. In respect of the surgically implanted prosthesis, the actual purchasing price including VAT plus 15% on the total amount must be charged per item.

1.2.15.11 Dental laboratory devices/items are charges when dental laboratory items are issued to patients e.g. crowns, bridges and dentures.

1.2.16 Surgery for non-medical reasons (cosmetic surgery) tariff

1.2.16.1 This tariff applies to cosmetic surgery procedures on an elective basis for non-medical reasons.

1.2.16.2 The tariff to be charged depends on the category into which the procedure falls.

1.2.16.3 The codebooks set out the procedures and category of tariff that must be charged.

1.2.16.4 A deposit that covers 100% expected cost of such surgery must be paid to the DOH before the patient is admitted

1.2.17 Labaratory tariff

1.2.17.1 This tariff applies to laboratory services rendered by the National Health Laboratory Services (NHLS) and the entity shall bill for these services.

1.2.17.2 The tariff for drawing of blood are set out in Schedule 4.

1.2.18 Radiation oncology

1.2.18.1 The tariffs in respect of the above are set out in Schedule 5.

1.2.19 Nuclear medicine

1.2.19.1 The tariffs is charged for nuclear procedures and radio isotopes and shall include radiological, gamma camera, and ultrasound – intervention, as well as imaging modalities prescribed and rendered to an inpatient or an outpatient

1.2.19.2 The tariff and procedures are set out in Schedule 6.1 of these regulations.

1.2.20 Ambulatory procedure tariff

1.2.20.1 This tariff applies to simple procedures performed in a procedure room or at the patient's bedside regardless of the facility available and the tariff shall include consumables used during the procedure except those consumables not included in the facility fee

1.2.20.2 The tariff may require local anaesthetic (infiltration or topical), but shall exclude general anaesthetic and conscious sedation

1.2.20.3 The procedures applicable to this tariff are grouped into two categories depending on the complexity and cost of the procedure.

1.2.20.4 The tariff to be charged depends into which category of the procedure.

1.2.20.5 The category of the procedure is determined by applying the procedure codebook and Ambulatory Procedure Guideline as set out in Schedule 3.5 of these regulations.

1.2.20.3 The professional fee tariff to be charged must be determined by the category of the health care professional responsible for the service In the case of more than one professional responsible for rendering the service, the rule of the ultimate professional fee will still apply.

1.2.21 Blood and blood products tariff

1.2.21.1 This tariff applies for blood and blood products administered to patients.

1.2.21.2 This tariff applies to blood screening, autogeneous transfusion etc.

1.2.21.3 This tariff shall exclude the specialised administered sets provided by Westen Province Blood Tranfusion Services(WPBTS) and the National Blood Institute(NBI).

1.2.22 Hyperbaric oxygen therapy

1.2.22.1 The tariff is defined for the treatment mode in which the patient is entirely enclosed in a pressure chamber of increased atmosphere pressure for medical treatment.

1.2.23 Consumables

1.2.23.1 This tariff is for consumables not covered in the facility fee.

1.2.23.2 This tariff applies to high cost theatre, ward consumables and buy-outs.

1.2.23.3 This item must be charged on an itemised basis, the actual purchasing price including VAT plus 15% on the total amount must be charged per item.

1.2.24 Autopsie tariff

1.2.24.1 This tariff must be charged for the undertaking of a post mortem on a patient that has died in or outside the hospital, if the request is specifically received from the family or another third party.

1.2.25 Cremation Certificate Tariff

1.2.25.1 This tariff applies to the completion of a cremation certificate by the DOH/Forensic Pathology and is payable before the issuing of such certificate.

1.2.25.2 A tariff per certificate for the completion of a cremation certificate must be charged.

Schedule 2

Tariff category, income threshold and notes in respect of subsidised and full paying patients

Patients are categorized into the following groups for the purpose of service fee determination and their ability to pay for health services. Patients are classified as a single or family unit. A Family unit includes a couple, a single parent or person with a dependant. A widow or widower with dependants is regarded as a family unit and without dependants a single person.

1. Subsidised patients

1.1 Fully subsidised patients (H0 tarriff category)

Group	Description
Social Pensioners	Recipients of the following types of pension/grants are classified as social pensioners: Grant for Older Persons (OASP) Child support grant (CSG) War Veteran's Pension(WV) Care dependency grant(CD) Social Relief of Distress grant (SRD) Disability grant (DG) Foster Child care grant (FC)
Formally Unemployed	Persons supported by the Unemployment Insurance Fund (UIF). Proof of unemployment from Department of Labour must be produced.

1.1.1 Notes on H0 patients

• Patients classified in the abovementioned group receive all services free of charge, except for certain exclusions as set out below. Free services are only applicable to the recipient of the pension/grant and the formally unemployed person.

• Patients may only be placed in the H0 tariff category if they provide proof that they:

- are recipients of one of the social grants mentioned above and have provided written proof from social services indicating the recipient and the period of the social grant, and

- are formally unemployed and have produced written proof from the the Department of Labour.

• Patients with no written proof:

- formally unemployed persons who cannot produce the above-mentioned documents should be assessed according to the means test. A Sworn affidavit is not excepted as proof for formally unemployed persons.

- Social pensioners in receipt of a grant other than an Old Age Grant who only present a SASSA card and proof of identification (ID) shall be assessed as H0 for 3 visits and thereafter according to the means test.

• Where a spouse of a formally unemployed person has an income, the means test must be applied, however where both spouses are formally unemployed the H0 tariff is applicable.

1.2 Partially subsidised patients (H1, H2, and H3 tariff categories)

Tariff Category	Individual/Single Gross Income per annum	Household/Family Unit Gross Income per Annum	Level 1, 2 and 3 Tariffs
H1	Less than R70 000	Less than R100 000	As per schedules 4, 5, 6 and 7
H2	Equal to or more than R70 000 but less than R250 000	Equal to or more than R100 000 but less than R350 000	As per schedules 4, 5, 6 and 7
H3	Equal to or more than R250 000	Equal to or more than R350 000	As per schedules 4, 5, 6 and 7

To determine the patient classification, patients are assessed according to their combined monthly gross income irrespective if they are married in or out of community fo property.

1.2.1 Notes on H1, H2 and H3 patients

• H1 patient tariffs are all inclusive, except for certain exclusions as indicated in Schedule 4 (UPFS for subsidized patients).

• Where H1 patients receive services/ procedures the equivalent of a consultation or inpatient fee must at least be raised.

• There is no differentiation on the type of consultation or type of bed in respect of H1 patients.

• The tariff applicable to H1 inpatients is for each 30 days or part thereof.

• H1 outpatients admitted after outpatient treatment are liable for the outpatient fee and the inpatient fee.

• H1 patients, who attend two or more clinics on the same day, are assessed for only one visit, irrespective of the number of clinics attended but only the most expensive clinic to be charged.

• H2 and H3 patients are charged per tariff grouping related to various health service activities (activity based costing).

• There is a differentiation between routine and emergency consultation and also with the bed type in respect of H2 and H3 patients.

• H2 and H3 patients, who attend two or more clinics on the same day, are assessed for each visit at each clinic.

• The inpatient tariffs for H2 and H3 patients are raised for every 12-hour period (day admission excluded)

• H2 and H3 outpatients admitted after outpatient treatment are liable for the outpatient fee and the admission.

• Where H2 and H3 patients are referred from one type of ward to another within the same 12-hour period, the higher tariff is applicable.

• An account must be raised for every 30-day period or part thereof in respect of long term patients (irrespective of their patient category)

1.3 In the following instances subsidised patients are classified as full paying patients:

- Members and dependants of a medical scheme;

- Patients treated by their private practitioner in a provincial institution;

- Patients receiving treatment in terms of the provision set out in the COIDA Act;

- Patients receiving treatment in terms of the provision set out in the RAF Act, and

- Patients treated on behalf of another State Department.

1.4 The following services are non-subsidised services and are excluded from subsidisation and should be paid in terms of the prescribe full paying tariffs:

- Issuing of medical reports and copies of x-rays, as well as the completion of certificates/forms;

- Accommodation for persons who accompany patients (patient companions);

- Cosmetic surgery;

- Contest fatherhood test (HLA and DNA typing);

- Immunisation for foreign travel purposes;

- Work evaluations;

- Autopsies, and

- Mortuary fees

2 Full paying patients

The following categories of patients are classified as full paying patients:

2.1 Externally funded patients

A patient whose health services are funded or partly funded by a third party in terms of –

- The Medical Schemes Act, 1998 (Act 131 of 1998);

- The Road Accident Fund Act, 1996 (Act 56 of 1996);

- Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993);

- Another state department, local authority, foreign government, or any other funder, and

- Project research trail.

2.2 Self-funded patients

A patient whose is liable for the full upfs tariffs:

- A patient who chooses to be treated by a private practitioner in a state facility;

- Revenue Generation Projects;

- Foreign nationals not assessed according the prescribed means test.

2.3 Non-subsidised services

- The full paying tariff must be charged irrespective of the patient's financial classification as indicated in section 1.4 above.

2.4 Notes on full paying patients

• Full paying patients are charged per tariff grouping related to various health service activities (activity based costing);

- There is a differentiation between routine and emergency consultation and also with the bed type;
- Patients, who attend two or more clinics on the same day, are assessed for each visit at each clinic;
- The inpatient tariffs are raised for every 12-hour period (day admission excluded);
- Outpatients admitted after outpatient treatment are liable for the outpatient fee and the admission;
- Where patients are referred from one type of ward to another within the same 12-hour period, the higher tariff is applicable;
- An account must be raised for every 30-day period or part thereof in respect of long term patients.

Schedule 3.1

Oral health Code Book

[Please see the original gazette for the Oral health Code Book]

Schedule 3.2

UPFS procedure Code Book

[Please see the original gazette for the UPFS procedure Code Book]

Schedule 3.3

Radiology Code Book

[Please see the original gazette for the Radiology Code Book]

Schedule 3.4

Cosmetic surgery Code Book

[Please see the original gazette for the Cosmetic surgery Code Book]

Schedule 3.5

UPFS Code Book Ambulatory procedures guideline

[Please see the original gazette for the UPFS Code Book Ambulatory procedures guideline]

Schedule 3.6

UPFS Code Book Minor theatre procedures

[Please see the original gazette for the UPFS Code Book Minor theatre procedures]

Schedule 3.7

Nuclear medicine procedure Code Book

[Please see the original gazette for the Nuclear medicine procedure Code Book]

Schedule 4.1

Billing tariffs

UPFS fee schedule for full paying patients (externally funded, foreigners, RGP and patients with private doctor incl): 1 April 2018

[Please see the original gazette for the Billing tariffs]

Schedule 4.2

UPFS tariffs

UPFS fee schedule for H3 patients: 1 April 2018

[Please see the original gazette for the UPFS tariffs]

Schedule 4.3

UPFS tariffs

UPFS fee schedule for subsidised patients (H0, H1 and H2 patients): 1 April 2018

[Please see the original gazette for the UPFS tariffs]

Schedule 5.1

Full paying (externally funded. Foreigners, RGP and patients with private doctor incl.), and H3 patients: radiation oncology 2018

[Please see the original gazette for Schedule 5.1]

Schedule 5.2

H2 patients: radiation oncology 2018

[Please see the original gazette for Schedule 5.2]

Schedule 6.1

Full paying (externally funded, foreigners, RGP and patients with private doctor incl.), H3, H2 and H1 patients

[Please see the original gazette for Schedule 6.1]

Schedule 7.1

Orthotic aids: full paying and subsidised patients

[Please see the original gazette for Schedule 7.1]