
GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R. 1022

16 November 2007

NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)

DETERMINATION AND PUBLICATION OF THE REFERENCE PRICE LIST FOR 2008

The Director-General: Health has, in terms of regulation 10 of the Regulations Relating to the Obtainment of Information and the Process of Determination and Publication of Reference Price List published under Notice No. R.681 of 23 July 2007, (Gazette No. 30110 of 23 July 2007), determined the Reference Price List for 2008 in the Schedule.



T. MSELEKU

DIRECTOR-GENERAL: HEALTH

**NATIONAL HEALTH
REFERENCE PRICE LIST

FOR

2008 SCHEDULES**

MEDICAL SCIENTISTS

Medical Scientists 2008

NATIONAL REFERENCE PRICE LIST FOR MEDICAL SCIENTISTS WITH EFFECT FROM 1 JANUARY 2008

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

01	Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, as amended, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars	05.03
	<ul style="list-style-type: none"> • The name and practice code number of the referring practitioner. • The name of the member. • The name of the patient. • The name of the medical scheme. • The membership number of the member. • The nature of the treatment. • The date on which the service was rendered. • The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. 	

ITEMS

Code	Description	Ver	Add	Medical Scientist : Genetic Counselling	
				RVU	Fee
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00			
200	Genetic counselling. Duration: 1-10min.	05.03		0.500	31.60 (27.70)
201	Genetic counselling. Duration: 11-20min.	05.03		1.500	94.90 (83.20)
202	Genetic counselling. Duration: 21-30min.	05.03		2.500	158.20 (138.80)
203	Genetic counselling. Duration: 31-40min.	05.03		3.500	221.40 (194.20)
204	Genetic counselling. Duration: 41-50min.	05.03		4.500	284.70 (249.70)
205	Genetic counselling. Duration: 51-60min.	05.03		5.500	348.00 (305.30)
206	Genetic counselling. Duration: 61-70min.	05.03		6.500	411.20 (360.70)
207	Genetic counselling. Duration: 71-80min.	05.03		7.500	474.50 (416.20)
208	Genetic counselling. Duration: 81-90min.	05.03		8.500	537.80 (471.80)

Sample extraction

300	DNA extraction - Blood	06.02		-	-
310	DNA extraction - Tissue (other than blood and including CVS and amniotic fluid)	06.02		-	-
320	DNA extraction - Tissue (paraffin blocks)	06.02		-	-
330	RNA extraction - Blood	06.02		-	-
340	RNA extraction - Tissue (other than blood and including CVS and amniotic fluid)	06.02		-	-
350	RNA extraction - Tissue (paraffin blocks)	06.02		-	-

PCR

400	PCR-basic (up to four PCR primer sets)	06.02		-	-
410	PCR-multiplex (five or more primer sets)	06.02		-	-
420	PCR-realtime	06.02		-	-
430	PCR-reverse transcriptase	06.02		-	-

Detection Methods

500	Diagnostic electrophoresis (agarose and polyacrylamide gel electrophoresis and capillary electrophoresis)	06.02		-	-
510	Restriction enzyme digestion (use multiples based on cost of enzyme)	06.02		-	-
520	Probe hybridisation assays	06.02		-	-
530	dHPLC	06.02		-	-
540	MLPA	06.02		-	-

Southern Blotting

610	DNA probe labelling (including hybridisation and autoradiography)	06.02		-	-
600	Southern blot (digest, gel and blotting)	06.02		-	-

Code	Description	Ver	Add	Medical Scientist : Genetic Counselling	
				RVU	Fee
Other					
700	Protein truncation test	06.02		-	-
730	Interpretation and reporting	06.02		-	-
720	DNA sequencing	06.02		-	-
710	Maternal contamination test (prenatal testing)	06.02		-	-

Medical Scientists 2008

36901							
NATIONAL REFERENCE PRICE LIST FOR MEDICAL SCIENTISTS WITH EFFECT FROM 1 JANUARY 2008							
	Version	Add	CF	Units	BF	Value	Flag
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	2004.00						
GENERAL RULES							
<p>Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, as amended, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars</p> <ul style="list-style-type: none"> • The name and practice code number of the referring practitioner. • The name of the member. • The name of the patient. • The name of the medical scheme. • The membership number of the member. • The nature of the treatment. • The date on which the service was rendered. • The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. 							
01	2005.03						
ITEMS							
107	2004.00						
Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).							
200	2005.03		370	0.500	1.0	R 31.60	
201	2005.03		370	1.500	1.0	R 94.90	
202	2005.03		370	2.500	1.0	R 158.20	
203	2005.03		370	3.500	1.0	R 221.40	
204	2005.03		370	4.500	1.0	R 284.70	
205	2005.03		370	5.500	1.0	R 348.00	
206	2005.03		370	6.500	1.0	R 411.20	
207	2005.03		370	7.500	1.0	R 474.50	
208	2005.03		370	8.500	1.0	R 537.80	
Sample extraction							
300	2006.02		370	-	1.0	R -	
DNA extraction - Blood							

Medical Scientists 2008

310	DNA extraction - Tissue (other than blood and including CVS and amniotic fluid)	2006.02	370	-	1.0	R	-	
320	DNA extraction - Tissue (paraffin blocks)	2006.02	370	-	1.0	R	-	
330	RNA extraction - Blood	2006.02	370	-	1.0	R	-	
340	RNA extraction - Tissue (other than blood and including CVS and amniotic fluid)	2006.02	370	-	1.0	R	-	
350	RNA extraction - Tissue (paraffin blocks)	2006.02	370	-	1.0	R	-	
	PCR							
400	PCR-basic (up to four PCR primer sets)	2006.02	370	-	1.0	R	-	
410	PCR-multiplex (five or more primer sets)	2006.02	370	-	1.0	R	-	
420	PCR-realtime	2006.02	370	-	1.0	R	-	
430	PCR-reverse transcriptase	2006.02	370	-	1.0	R	-	
	Detection Methods							
	Diagnostic electrophoresis (agarose and polyacrylamide gel electrophoresis and capillary electrophoresis)	2006.02	370	-	1.0	R	-	
500	Restriction enzyme digestion (use multiples based on cost of enzyme)	2006.02	370	-	1.0	R	-	
520	Probe hybridisation assays	2006.02	370	-	1.0	R	-	
530	dHPLC	2006.02	370	-	1.0	R	-	
540	MLPA	2006.02	370	-	1.0	R	-	
	Southern Blotting							
610	DNA probe labelling (including hybridisation and autoradiography)	2006.02	370	-	1.0	R	-	
600	Southern blot (digest, gel and blotting)	2006.02	370	-	1.0	R	-	
	Other							
700	Protein truncation test	2006.02	370	-	1.0	R	-	
730	Interpretation and reporting	2006.02	370	-	1.0	R	-	
720	DNA sequencing	2006.02	370	-	1.0	R	-	
710	Maternal contamination test (prenatal testing)	2006.02	370	-	1.0	R	-	

Medical Scientists 2008

Code	Description
36901	Medical Scientist : Genetic Counselling

Medical Scientists 2008

Code	Description	RCF
370	Genetic Counsellor	63.268

MEDICAL TECHNOLOGY

Medical Technology 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS, WITH EFFECT FROM 1 JANUARY 2008

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VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

Preamble

It is recommended that, when such benefits are granted, the following should be clearly specified in the scheme's rules.

- Services must only be on referral.

General Rules

001	Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered. NB: Every account shall contain the following particulars: The account or statement contemplated in section 59(1) of the Act must contain the following - (a) The surname and initials of the member; (b) the surname, first name and other initials, if any, of the patient; (c) the name of the scheme concerned; (d) the membership number of the member; (e) the practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service; (f) the relevant diagnostic and such other item code numbers that relates to such relevant health service; (g) the date on which each relevant health service was rendered; (h) the nature and cost of each relevant health service rendered, including the supply of medicine to the member concerned or to a dependant of that member; and the name, quantity and dosage of and net amount payable by the member in respect of, the medicine;	04.00
002	No "shopping list" must be distributed to doctors and no group tests will be carried out.	04.00
003	No charge to be raised in respect of services such as sample handling and after hours services.	04.00
004	Interaction with patient for collecting of specimens shall be limited to those specimens that are physiologically expelled, such as sputum and urine and taking of venous and peripheral blood.	05.02
005	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00

Haematology

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
3705	Alkali resistant haemoglobin	04.00		4.500	30.40 (26.70)
3709	Antiglobulin test (Coombs' or trypsinized red cells)	04.00		3.650	24.60 (21.60)
3710	Antibody titration	04.00		7.200	48.60 (42.60)
3711	Ameth count	04.00		2.250	15.20 (13.30)
3712	Antibody identification	04.00		8.450	57.00 (50.00)
3713	Bleeding time (does not include the cost of the simplate device)	04.00		6.940	46.80 (41.10)
3714	Blood volume, dye method	04.00		7.200	48.60 (42.60)
3715	Buffy layer examination	04.00		19.900	134.20 (117.70)
3717	Bone marrow cytological examination only	04.00		19.900	134.20 (117.70)
3722	Capillary fragility: Hess	04.00		2.020	13.60 (11.90)
3723	Circulating anticoagulants	04.00		5.850	39.50 (34.60)
3724	Coagulation factor inhibitor assay	04.00		57.560	388.20 (340.50)
3726	Activated protein C resistance	04.00		26.000	175.40 (153.90)
3727	Coagulation time	04.00		3.160	21.30 (18.70)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
3729	Cold agglutinins	04.00		3.600	24.30 (21.30)
3730	Protein S: Functional	04.00		37.500	252.90 (221.80)
3731	Compatibility for blood transfusion	04.00		3.600	24.30 (21.30)
3732	Cryoglobulin	04.00		3.600	24.30 (21.30)
3734	Protein C (chromogenic)	04.00		30.290	204.30 (179.20)
3735	Anti-thrombin III (chromogenic)	04.00		22.000	148.40 (130.20)
3736	Plasminogen (chromogenic)	04.00		61.650	415.80 (364.70)
3737	Lupus Russel Viper method	04.00		17.000	114.70 (100.60)
3738	Lupus Kaolin Exner method	04.00		25.000	168.60 (147.90)
3739	Erythrocyte count	04.00		2.250	15.20 (13.30)
3740	Factors V and VII: Qualitative	04.00		7.200	48.60 (42.60)
3741	Coagulation factor assay: Functional	04.00		9.450	63.70 (55.90)
3742	Coagulation factor assay: Immunological	04.00		4.500	30.40 (26.70)
3743	Erythrocyte sedimentation rate	04.00		3.000	20.20 (17.70)
3744	Fibrin stabilizing factor (urea test)	04.00		4.500	30.40 (26.70)
3746	Fibrin monomers	04.00		2.700	18.20 (16.00)
3751	Osmotic fragility (screen)	04.00		2.250	15.20 (13.30)
3752	Osmotic fragility test: Quantitative	04.00		10.000	67.50 (59.20)
3753	Osmotic fragility (before and after incubation)	04.00		18.000	121.40 (106.50)
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	04.00		10.500	70.80 (62.10)
3756	Full cross match	04.00		7.200	48.60 (42.60)
3757	Coagulation factors: Quantitative	04.00		32.200	217.20 (190.50)
3758	Factor VIII related antigen	04.00		60.460	407.80 (357.70)
3759	Coagulation factor correction study	04.00		11.720	79.10 (69.40)
3762	Haemoglobin estimation	04.00		1.800	12.10 (10.60)
3763	Contact activated product assay	04.00		16.200	109.30 (95.90)
3764	Grouping: A B and O antigens	04.00		3.600	24.30 (21.30)
3765	Grouping: Rh antigen	04.00		3.600	24.30 (21.30)
3767	Euglobulin Lysis time	04.00		25.580	172.50 (151.30)
3768	Haemoglobin A2 (column chromatography)	04.00		15.000	101.20 (88.80)
3769	Haemoglobin electrophoresis	04.00		26.820	180.90 (158.70)
3770	Haemoglobin-S (solubility test)	04.00		3.600	24.30 (21.30)
3771	Factor III-availability test	04.00		5.850	39.50 (34.60)
3772	Haptoglobin: Quantitative	04.00		9.450	63.70 (55.90)
3773	Ham's acidified serum test	04.00		8.000	54.00 (47.40)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
3775	Heinz bodies	04.00		2.250	15.20 (13.30)
3776	Haemosiderin in urinary sediment	04.00		2.250	15.20 (13.30)
3781	Heparin tolerance	04.00		7.200	48.60 (42.60)
3783	Leucocyte differential count	04.00		6.200	41.80 (36.70)
3785	Leucocytes: Total count	04.00		1.800	12.10 (10.60)
3786	QBC malaria concentration and fluorescent staining	04.00		25.000	168.60 (147.90)
3787	LE-cells	04.00		8.300	56.00 (49.10)
3789	Neutrophil alkaline phosphatase	04.00		28.000	188.90 (165.70)
3791	Packed cell volume: Haematocrit	04.00		1.800	12.10 (10.60)
3792	Plasmodium falciparum: Monoclonal immunological identification	04.00		9.000	60.70 (53.20)
3793	Plasma haemoglobin	04.00		6.750	45.50 (39.90)
3795	Platelet aggregation per aggregant	04.00		12.140	81.90 (71.80)
3796	Platelet antibodies: Agglutination	04.00		5.400	36.40 (31.90)
3797	Platelet count	04.00		2.250	15.20 (13.30)
3799	Platelet adhesiveness	04.00		4.500	30.40 (26.70)
3801	Prothrombin consumption	04.00		5.850	39.50 (34.60)
3803	Prothrombin determination (two stages)	04.00		5.850	39.50 (34.60)
3805	Prothrombin index	04.00		6.000	40.50 (35.50)
3806	Therapeutic drug level: Dosage	04.00		4.500	30.40 (26.70)
3807	Recalcification time	04.00		2.250	15.20 (13.30)
3809	Reticulocyte count	04.00		3.000	20.20 (17.70)
3810	Schumm's test	04.00		3.600	24.30 (21.30)
3811	Sickling test	04.00		2.250	15.20 (13.30)
3814	Sucrose lysis test for PNH	04.00		3.600	24.30 (21.30)
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	04.00		21.100	142.30 (124.80)
3820	Thrombo - Elastogram	04.00		26.000	175.40 (153.90)
3825	Fibrinogen titre	04.00		3.600	24.30 (21.30)
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	04.00		8.000	54.00 (47.40)
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	04.00		16.000	107.90 (94.60)
3832	Red cell pyruvate kinase: Quantitative	04.00		16.000	107.90 (94.60)
3834	Red cell Rhesus phenotype	04.00		9.900	66.80 (58.60)
3835	Haemoglobin F in blood smear	04.00		5.850	39.50 (34.60)
3837	Partial thromboplastin time	04.00		5.850	39.50 (34.60)
3841	Thrombin time (screen)	04.00		7.160	48.30 (42.40)
3843	Thrombin time (serial)	04.00		7.650	51.60 (45.30)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
3847	Haemoglobin H	04.00		2.250	15.20 (13.30)
3851	Fibrin degeneration products (diffusion plate)	04.00		10.350	69.80 (61.20)
3853	Fibrin degeneration products (latex slide)	04.00		4.500	30.40 (26.70)
3854	XDP (Dimer test or equivalent latex slide test)	04.00		8.500	57.30 (50.30)
3855	Haemagglutination inhibition	04.00		9.900	66.80 (58.60)
Microscopic and miscellaneous tests					
3863	Autogenous vaccine	04.00		12.600	85.00 (74.60)
3864	Entomological examination	04.00		20.700	139.60 (122.50)
3865	Parasites in blood smear	04.00		5.600	37.80 (33.20)
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	04.00		4.900	33.10 (29.00)
3868	Fungus identification	04.00		8.300	56.00 (49.10)
3869	Faeces (including parasites)	04.00		4.900	33.10 (29.00)
3875	Inclusion bodies	04.00		4.500	30.40 (26.70)
3878	Crystal identification polarized light microscopy	04.00		4.500	30.40 (26.70)
3879	Campylobacter in stool: Fastidious culture	04.00		9.900	66.80 (58.60)
3880	Antigen detection with polyclonal antibodies	04.00		4.500	30.40 (26.70)
3881	Mycobacteria	04.00		3.000	20.20 (17.70)
3882	Antigen detection with monoclonal antibodies	04.00		10.800	72.80 (63.90)
3883	Concentration techniques for parasites	04.00		3.000	20.20 (17.70)
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	04.00		6.300	42.50 (37.30)
3885	Cytochemical stain	04.00		5.450	36.80 (32.30)
Bacteriology					
3887	Antibiotic susceptibility test: Per organism	04.00		8.000	54.00 (47.40)
3888	Adhesive tape preparation	04.00		2.700	18.20 (16.00)
3889	Clostridium difficile toxin: Monoclonal immunological	04.00		12.400	83.60 (73.30)
3890	Antibiotic assay of tissues and fluids	04.00		13.900	93.80 (82.30)
3891	Blood culture: Aerobic	04.00		5.850	39.50 (34.60)
3892	Blood culture: Anaerobic	04.00		5.850	39.50 (34.60)
3893	Bacteriological culture: Miscellaneous	04.00		6.300	42.50 (37.30)
3894	Radiometric blood culture	04.00		10.800	72.80 (63.90)
3895	Bacteriological culture: Fastidious organisms	04.00		9.900	66.80 (58.60)
3896	In vivo culture: Bacteria	04.00		16.000	107.90 (94.60)
3897	In vivo culture: Virus	04.00		16.000	107.90 (94.60)
3898	Bacterial exotoxin production (in vitro assay)	04.00		4.500	30.40 (26.70)
3899	Bacterial exotoxin production (in vivo assay)	04.00		20.700	139.60 (122.50)
3901	Fungal culture	04.00		4.500	30.40 (26.70)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
3962	Rebuck skin window	04.00		5.400	36.40 (31.90)
3963	Serum complement level: Each component	04.00		3.150	21.20 (18.60)
3967	Auto-antibody: Sensitized erythrocytes	04.00		4.500	30.40 (26.70)
3968	Herpes virus typing: Monoclonal immunological	04.00		20.690	139.60 (122.50)
3969	Western blot technique	04.00		74.000	499.10 (437.80)
3970	Epstein-Barr virus antibody titer	04.00		6.750	45.50 (39.90)
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	04.00		14.100	95.10 (83.40)
3933	IgE: Total: EMIT or ELISA	04.00		11.700	78.90 (69.20)
3934	Auto antibodies by labelled antibodies	04.00		16.000	107.90 (94.60)
3935	Sperm antibodies	04.00		16.000	107.90 (94.60)
3936	Virus neutralisation test: First antibody	04.00		75.000	505.90 (443.80)
3937	Virus neutralisation test: Each additional antibody	04.00		15.000	101.20 (88.80)
3938	Precipitation test per antigen	04.00		4.500	30.40 (26.70)
3939	Agglutination test per antigen	04.00		5.500	37.10 (32.50)
3940	Haemagglutination test: Per antigen	04.00		9.900	66.80 (58.60)
3941	Modified Coombs' test for brucellosis	04.00		4.500	30.40 (26.70)
3943	Antibody titer to bacterial exotoxin	04.00		3.600	24.30 (21.30)
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		12.400	83.60 (73.30)
3945	Complement fixation test	04.00		5.850	39.50 (34.60)
3946	IgM: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		14.050	94.80 (83.20)
3947	C-reactive protein	04.00		10.840	73.10 (64.10)
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		12.950	87.30 (76.60)
3949	Qualitative Kahn, VDRL or other flocculation	04.00		2.250	15.20 (13.30)
3950	Neutrophil phagocytosis	04.00		25.200	170.00 (149.10)
3951	Quantitative Kahn, VDRL or other flocculation	04.00		3.600	24.30 (21.30)
3952	Neutrophil chemotaxis	04.00		67.950	458.30 (402.00)
3953	Tube agglutination test	04.00		4.150	28.00 (24.60)
3955	Paul Bunnell: Presumptive	04.00		2.250	15.20 (13.30)
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	04.00		8.500	57.30 (50.30)
3957	Paul Bunnell: Absorption	04.00		4.500	30.40 (26.70)
3971	Immuno-diffusion test: Per antigen	04.00		3.150	21.20 (18.60)
3972	Respiratory syncytial virus (ELISA technique)	04.00		35.000	236.10 (207.10)
3973	Immuno electrophoresis: Per immune serum	04.00		9.450	63.70 (55.90)
3974	Polymerase chain reaction	04.00		75.000	505.90 (443.80)
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	04.00		12.000	80.90 (71.00)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
3902	Clostridium difficile (cytotoxicity neutralisation)	04.00		30.000	202.40 (177.50)
3903	Antibiotic level: Biological fluids	04.00		11.700	78.90 (69.20)
3904	Rotavirus latex slide test	04.00		5.620	37.90 (33.20)
3905	Identification of virus or rickettsia	04.00		20.700	139.60 (122.50)
3906	Identification: Chlamydia	04.00		16.000	107.90 (94.60)
3907	Culture for staphylococcus aureus	04.00		2.250	15.20 (13.30)
3908	Anaerobe culture: Comprehensive	04.00		9.900	66.80 (58.60)
3909	Anaerobe culture: Limited procedure	04.00		4.500	30.40 (26.70)
3911	Beta-lactamase assay	04.00		4.500	30.40 (26.70)
3914	Sterility control test: Biological method	04.00		4.500	30.40 (26.70)
3915	Mycobacterium culture	04.00		4.500	30.40 (26.70)
3916	Radiometric tuberculosis culture	04.00		10.800	72.80 (63.90)
3917	Mycoplasma culture: Limited	04.00		2.250	15.20 (13.30)
3918	Mycoplasma culture: Comprehensive	04.00		9.900	66.80 (58.60)
3919	Identification of mycobacterium	04.00		9.900	66.80 (58.60)
3920	Mycobacterium: Antibiotic sensitivity	04.00		9.900	66.80 (58.60)
3921	Antibiotic synergistic study	04.00		20.700	139.60 (122.50)
3922	Viable cell count	04.00		1.350	9.11 (7.99)
3923	Biochemical identification of bacterium: Abridged	04.00		3.150	21.20 (18.60)
3924	Biochemical identification of bacterium: Extended	04.00		12.500	84.30 (73.90)
3925	Serological identification of bacterium: Abridged	04.00		3.150	21.20 (18.60)
3926	Serological identification of bacterium: Extended	04.00		10.200	68.80 (60.40)
3927	Grouping for streptococci	04.00		7.300	49.20 (43.20)
3928	Antimicrobial substances	04.00		3.800	25.60 (22.50)
3929	Radiometric mycobacterium identification	04.00		14.000	94.40 (82.80)
3930	Radiometric mycobacterium antibiotic sensitivity	04.00		25.000	168.60 (147.90)
3931	Helicobacter: Monoclonal immunological	04.00		12.400	83.60 (73.30)
4650	Antibiotic MIC per organism per antibiotic	04.00		8.000	54.00 (47.40)
4651	Non-radiometric automated blood cultures	04.00		13.900	93.80 (82.30)
4652	Rapid automated bacterial identification per organism	04.00		15.000	101.20 (88.80)
4653	Rapid automated antibiotic susceptibility per organism	04.00		17.000	114.70 (100.60)
4654	Rapid automated MIC per organism per antibiotic	04.00		17.000	114.70 (100.60)
Serology					
3959	Rose Waaler agglutination test	04.00		4.500	30.40 (26.70)
3960	Gonococcal, listeria or echinococcus agglutination	04.00		9.500	64.10 (56.20)
3961	Slide agglutination test	04.00		2.630	17.70 (15.50)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
3977	Counter immuno-electrophoresis	04.00		6.750	45.50 (39.90)
3978	Lymphocyte transformation	04.00		51.700	348.70 (305.90)
4601	Panel typing: Antibody detection: Class I	04.00		36.000	242.80 (213.00)
4602	Panel typing: Antibody detection: Class II	04.00		44.000	296.80 (260.40)
4603	HLA test for specific locus/antigen - serology	04.00		27.000	182.10 (159.70)
4604	HLA typing: Class I - serology	04.00		52.000	350.70 (307.60)
4605	HLA typing: Class II - serology	04.00		52.000	350.70 (307.60)
4606	HLA typing: Class I & II - serology	04.00		90.000	607.10 (532.50)
4607	Cross matching T-cells (per tray)	04.00		18.000	121.40 (106.50)
4608	Cross matching B-cells	04.00		38.000	256.30 (224.80)
4609	Cross matching T- & B-cells	04.00		48.000	323.80 (284.00)
Biochemical tests: Blood					
3991	Abnormal pigments: Qualitative	04.00		4.500	30.40 (26.70)
3993	Abnormal pigments: Quantitative	04.00		9.000	60.70 (53.20)
3995	Acid phosphate	04.00		5.180	34.90 (30.60)
3997	Acid phosphatase fractionation	04.00		1.800	12.10 (10.60)
3996	Amino acids Quantitative (Post derivatisation HPLC)	04.00		78.120	526.90 (462.20)
3999	Albumin	04.00		4.800	32.40 (28.40)
4000	Alcohol	04.00		12.400	83.60 (73.30)
4001	Alkaline phosphatase	04.00		5.180	34.90 (30.60)
4002	Alkaline phosphatase-iso-enzymes	04.00		11.700	78.90 (69.20)
4003	Ammonia: Enzymatic	04.00		7.710	52.00 (45.60)
4004	Ammonia: Monitor	04.00		4.500	30.40 (26.70)
4005	Alpha-1-antitrypsin: Total	04.00		7.200	48.60 (42.60)
4006	Amylase	04.00		5.180	34.90 (30.60)
4007	Arsenic in blood, hair or nails	04.00		36.250	244.50 (214.50)
4009	Bilirubin: Total	04.00		4.770	32.20 (28.20)
4010	Bilirubin: Conjugated	04.00		3.620	24.40 (21.40)
4014	Cadmium: Atomic absorption	04.00		18.120	122.20 (107.20)
4016	Calcium: Ionized	04.00		6.750	45.50 (39.90)
4017	Calcium: Spectrophotometric	04.00		3.620	24.40 (21.40)
4018	Calcium: Atomic absorption	04.00		7.250	48.90 (42.90)
4019	Carotene	04.00		2.250	15.20 (13.30)
4020	Camitine (Total or free) in biological fluid: Each	04.00		11.690	78.80 (69.10)
4021	Camitine (Total or free) in muscle: Each	04.00		23.380	157.70 (138.30)
4022	Acyl Camitine	04.00		23.380	157.70 (138.30)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4023	Chloride	04.00		2.590	17.50 (15.40)
4026	LDL cholesterol (chemical determination)	04.00		6.900	46.50 (40.80)
4027	Cholesterol total	04.00		5.340	36.00 (31.80)
4028	HDL cholesterol	04.00		6.900	46.50 (40.80)
4029	Cholinesterase: Serum or erythrocyte: Each	04.00		7.480	50.50 (44.30)
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	04.00		9.000	60.70 (53.20)
4031	Total CO2	04.00		5.180	34.90 (30.60)
4032	Creatinine	04.00		3.620	24.40 (21.40)
4040	Homocysteine (random)	04.00		15.300	103.20 (90.50)
4041	Homocysteine (after Methionine load)	04.00		18.100	122.10 (107.10)
4042	D-Xylose absorption test: Two hours	04.00		13.150	88.70 (77.80)
4045	Fibrinogen: Quantitative	04.00		3.600	24.30 (21.30)
4047	Hollander test	04.00		24.750	166.90 (146.40)
4049	Glucose tolerance test (2 specimens)	04.00		8.970	60.50 (53.10)
4050	Glucose strip-test with photometric reading	04.00		1.800	12.10 (10.60)
4051	Galactose	04.00		11.250	75.90 (66.60)
4052	Glucose tolerance test (3 specimens)	04.00		13.170	88.80 (77.90)
4053	Glucose tolerance test (4 specimens)	04.00		17.370	117.20 (102.80)
4057	Glucose: Quantitative	04.00		3.620	24.40 (21.40)
4061	Glucose tolerance test (5 specimens)	04.00		21.560	145.40 (127.50)
4062	Galactose-1-phosphate uridyl transferase	04.00		16.000	107.90 (94.60)
4063	Fructosamine	04.00		7.200	48.60 (42.60)
4064	HbA1C	06.04		14.250	96.10 (84.30)
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.00		46.880	316.20 (277.40)
4067	Lithium: Flame ionisation	04.00		5.180	34.90 (30.60)
4068	Lithium: Atomic absorption	04.00		7.480	50.50 (44.30)
4071	Iron	04.00		6.750	45.50 (39.90)
4073	Iron-binding capacity	04.00		7.650	51.60 (45.30)
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	04.11		6.750	45.50 (39.90)
4079	Ketones in plasma: Qualitative	04.00		2.250	15.20 (13.30)
4081	Drug level-biological fluid: Quantitative	04.00		10.800	72.80 (63.90)
4083	Lysosomal enzyme assay	04.00		36.560	246.60 (216.30)
4085	Lipase	04.00		5.180	34.90 (30.60)
4091	Lipoprotein electrophoresis	04.00		9.000	60.70 (53.20)
4093	Osmolality: Serum or urine	04.00		6.750	45.50 (39.90)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4023	Chloride	04.00		2.590	17.50 (15.40)
4026	LDL cholesterol (chemical determination)	04.00		6.900	46.50 (40.80)
4027	Cholesterol total	04.00		5.340	36.00 (31.80)
4028	HDL cholesterol	04.00		6.900	46.50 (40.80)
4029	Cholinesterase: Serum or erythrocyte: Each	04.00		7.480	50.50 (44.30)
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	04.00		9.000	60.70 (53.20)
4031	Total CO2	04.00		5.180	34.90 (30.60)
4032	Creatinine	04.00		3.620	24.40 (21.40)
4040	Homocysteine (random)	04.00		15.300	103.20 (90.50)
4041	Homocysteine (after Methionine load)	04.00		18.100	122.10 (107.10)
4042	D-Xylose absorption test: Two hours	04.00		13.150	88.70 (77.80)
4045	Fibrinogen: Quantitative	04.00		3.600	24.30 (21.30)
4047	Hollander test	04.00		24.750	166.90 (146.40)
4049	Glucose tolerance test (2 specimens)	04.00		8.970	60.50 (53.10)
4050	Glucose strip-test with photometric reading	04.00		1.800	12.10 (10.60)
4051	Galactose	04.00		11.250	75.90 (66.60)
4052	Glucose tolerance test (3 specimens)	04.00		13.170	88.80 (77.90)
4053	Glucose tolerance test (4 specimens)	04.00		17.370	117.20 (102.80)
4057	Glucose: Quantitative	04.00		3.620	24.40 (21.40)
4061	Glucose tolerance test (5 specimens)	04.00		21.560	145.40 (127.50)
4062	Galactose-1-phosphate uridyl transferase	04.00		16.000	107.90 (94.60)
4063	Fructosamine	04.00		7.200	48.60 (42.60)
4064	HbA1C	06.04		14.250	96.10 (84.30)
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.00		46.880	316.20 (277.40)
4067	Lithium: Flame ionisation	04.00		5.180	34.90 (30.60)
4068	Lithium: Atomic absorption	04.00		7.480	50.50 (44.30)
4071	Iron	04.00		6.750	45.50 (39.90)
4073	Iron-binding capacity	04.00		7.650	51.60 (45.30)
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	04.11		6.750	45.50 (39.90)
4079	Ketones in plasma: Qualitative	04.00		2.250	15.20 (13.30)
4081	Drug level-biological fluid: Quantitative	04.00		10.800	72.80 (63.90)
4083	Lysosomal enzyme assay	04.00		36.560	246.60 (216.30)
4085	Lipase	04.00		5.180	34.90 (30.60)
4091	Lipoprotein electrophoresis	04.00		9.000	60.70 (53.20)
4093	Osmolality: Serum or urine	04.00		6.750	45.50 (39.90)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4094	Magnesium: Spectrophotometric	04.00		3.620	24.40 (21.40)
4095	Magnesium: Atomic absorption	04.00		7.250	48.90 (42.90)
4096	Mercury: Atomic absorption	04.00		18.120	122.20 (107.20)
4098	Copper: Atomic absorption	04.00		18.120	122.20 (107.20)
4105	Protein electrophoresis	04.00		9.000	60.70 (53.20)
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	04.00		20.000	134.90 (118.30)
4109	Phosphate	04.00		3.620	24.40 (21.40)
4111	Phospholipids	04.00		3.150	21.20 (18.60)
4113	Potassium	04.00		3.620	24.40 (21.40)
4114	Sodium	04.00		3.620	24.40 (21.40)
4117	Protein: Total	04.00		3.110	21.00 (18.40)
4121	pH, pCO ₂ or pO ₂ : Each	04.00		6.750	45.50 (39.90)
4123	Pyruvic acid	04.00		4.500	30.40 (26.70)
4125	Salicylates	04.00		4.500	30.40 (26.70)
4126	Secretin-pancreozymin response	04.00		26.100	176.00 (154.40)
4127	Caeruloplasmin	04.00		4.500	30.40 (26.70)
4128	Phenylalanine: Quantitative	04.00		11.250	75.90 (66.60)
4129	Glutamate dehydrogenase (GDH)	04.00		5.400	36.40 (31.90)
4130	Aspartate aminotransferase (AST)	04.00		5.400	36.40 (31.90)
4131	Alanine aminotransferase (ALT)	04.00		5.400	36.40 (31.90)
4132	Creatine kinase (CK)	04.00		5.400	36.40 (31.90)
4133	Lactate dehydrogenase (LD)	04.00		5.400	36.40 (31.90)
4134	Gamma glutamyl transferase (GGT)	04.00		5.400	36.40 (31.90)
4135	Aldolase	04.00		5.400	36.40 (31.90)
4136	Angiotensin converting enzyme (ACE)	04.00		9.000	60.70 (53.20)
4137	Lactate dehydrogenase isoenzyme	04.00		10.800	72.80 (63.90)
4138	CK-MB: Immunoinhibition/precipitation	04.11		10.800	72.80 (63.90)
4139	Adenosine deaminase	04.00		5.400	36.40 (31.90)
4142	Red cell enzymes: Each	04.00		7.800	52.80 (46.10)
4143	Serum/plasma enzymes	04.00		5.400	36.40 (31.90)
4144	Transferrin	04.00		11.700	78.90 (69.20)
4146	Lead: Atomic absorption	04.00		15.000	101.20 (88.80)
4147	Triglyceride	04.00		7.930	53.50 (46.90)
4149	Red cell magnesium	04.00		11.700	78.90 (69.20)
4151	Urea	04.00		3.620	24.40 (21.40)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4152	CK-MB: Mass determination: Quantitative (Automated)	04.00		12.400	83.60 (73.30)
4153	CK-MB: Mass determination: Quantitative (Not automated)	04.00		17.470	117.80 (103.30)
4154	Myoglobin quantitative: Monoclonal immunological	04.00		12.400	83.60 (73.30)
4155	Uric acid	04.00		3.780	25.50 (22.40)
4157	Vitamin A-saturation test	04.00		15.300	103.20 (90.50)
4158	Vitamin E (tocopherol)	04.00		3.600	24.30 (21.30)
4159	Vitamin A	04.00		6.300	42.50 (37.30)
4160	Vitamin C (ascorbic acid)	04.00		2.250	15.20 (13.30)
4161	Troponin isoforms: Each	04.00		20.000	134.90 (118.30)
4163	Apoprotein AI: Turbidometric method	04.00		8.280	55.80 (48.90)
4165	Apoprotein AII: Turbidometric method	04.00		8.280	55.80 (48.90)
4167	Apoprotein B: Turbidometric method	04.00		8.280	55.80 (48.90)
4170	Lipoprotein (a)(Lp(a)) assay	04.00		12.420	83.80 (73.50)
4171	Sodium + potassium + chloride + CO ₂ + urea	04.00		15.840	106.80 (93.70)
4172	ELISA/EMIT technique	04.00		12.420	83.80 (73.50)
4181	Quantitative protein estimation: Mancini method	04.00		7.760	52.30 (45.90)
4182	Quantitative protein estimation: Nephelometer or Turbidometric method	04.00		8.280	55.80 (48.90)
4183	Quantitative protein estimation: Labelled antibody	04.00		12.420	83.80 (73.50)
4185	Lactose	04.00		10.800	72.80 (63.90)
4187	Zinc: Atomic absorption	04.00		18.120	122.20 (107.20)
Biochemical tests: Urine					
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	04.00		1.500	10.10 (8.86)
4189	Abnormal pigments	04.00		4.500	30.40 (26.70)
4193	Alkapton test: Homogentisic acid	04.00		4.500	30.40 (26.70)
4194	Amino acids: Quantitative (Post derivatisation HPLC)	04.00		78.120	526.90 (462.20)
4195	Amino laevulinic acid	04.00		18.000	121.40 (106.50)
4197	Amylase	04.00		5.180	34.90 (30.60)
4198	Arsenic	04.00		18.120	122.20 (107.20)
4199	Ascorbic acid	04.00		2.250	15.20 (13.30)
4201	Bence-Jones protein	04.00		2.700	18.20 (16.00)
4203	Phenol	04.00		3.600	24.30 (21.30)
4204	Calcium: Atomic absorption	04.00		7.250	48.90 (42.90)
4205	Calcium: Spectrophotometric	04.00		3.620	24.40 (21.40)
4206	Calcium: Absorption and excretion studies	04.00		25.000	168.60 (147.90)
4209	Lead: Atomic absorption	04.00		15.000	101.20 (88.80)
4211	Bile pigments: Qualitative	04.00		2.250	15.20 (13.30)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4213	Protein: Quantitative	04.00		2.250	15.20 (13.30)
4216	Mucopolysaccharides: Qualitative	04.00		3.600	24.30 (21.30)
4217	Oxalate	04.00		9.380	63.30 (55.50)
4218	Glucose: Quantitative	04.00		2.250	15.20 (13.30)
4219	Steroids: Chromatography (each)	04.00		7.200	48.60 (42.60)
4221	Creatinine	04.00		3.620	24.40 (21.40)
4223	Creatinine clearance	04.00		7.650	51.60 (45.30)
4227	Electrophoresis: Qualitative	04.00		4.500	30.40 (26.70)
4229	Uric acid clearance	04.00		7.650	51.60 (45.30)
4237	5-Hydroxy-indole-acetic acid: Screen test	04.00		2.700	18.20 (16.00)
4239	5-Hydroxy-indole-acetic acid: Quantitative	04.00		6.750	45.50 (39.90)
4247	Ketones: Excluding dip-stick method	04.00		2.250	15.20 (13.30)
4248	Reducing substances	04.00		1.800	12.10 (10.60)
4251	Metanephrines: Column chromatography	04.00		22.050	148.70 (130.40)
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	04.00		27.000	182.10 (159.70)
4254	Nitrosonaphthol test for tyrosine	04.00		2.250	15.20 (13.30)
4263	pH: Excluding dip-stick method	04.00		0.900	6.07 (5.32)
4265	Thin layer chromatography: One way	04.00		6.750	45.50 (39.90)
4266	Thin layer chromatography: Two way	04.00		11.250	75.90 (66.60)
4267	Total organic matter screen: Infrared	04.00		31.250	210.80 (184.90)
4268	Organic acids: Quantitative: GCMS	04.00		109.380	737.80 (647.20)
4269	Phenylpyruvic acid: Ferric chloride	04.00		2.250	15.20 (13.30)
4271	Phosphate excretion index	04.00		22.050	148.70 (130.40)
4272	Porphobilinogen qualitative screen: Urine	04.00		5.000	33.70 (29.60)
4273	Porphobilinogen/ALA: Quantitative each	04.00		15.000	101.20 (88.80)
4283	Magnesium: Spectrophotometric	04.00		3.620	24.40 (21.40)
4284	Magnesium: Atomic absorption	04.00		7.250	48.90 (42.90)
4285	Identification of carbohydrate	04.00		7.650	51.60 (45.30)
4287	Identification of drug: Qualitative	04.00		4.500	30.40 (26.70)
4288	Identification of drug: Quantitative	04.00		10.800	72.80 (63.90)
4293	Urea clearance	04.00		5.400	36.40 (31.90)
4297	Copper: Spectrophotometric	04.00		3.620	24.40 (21.40)
4298	Copper: Atomic absorption	04.00		18.120	122.20 (107.20)
4300	Indican or indole: Qualitative	04.00		3.150	21.20 (18.60)
4301	Chloride	04.00		2.590	17.50 (15.40)
4307	Ammonium chloride loading test	04.00		22.050	148.70 (130.40)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4309	Urobilinogen: Quantitative	04.00		6.750	45.50 (39.90)
4313	Phosphates	04.00		3.620	24.40 (21.40)
4315	Potassium	04.00		3.620	24.40 (21.40)
4316	Sodium	04.00		3.620	24.40 (21.40)
4319	Urea	04.00		3.620	24.40 (21.40)
4321	Uric acid	04.00		3.620	24.40 (21.40)
4322	Fluoride	04.00		5.180	34.90 (30.60)
4323	Total protein and protein electrophoresis	04.00		11.250	75.90 (66.60)
4325	VMA: Quantitative	04.00		11.250	75.90 (66.60)
4326	Catecholamines (HPLC)	04.00		78.120	526.90 (462.20)
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.11		46.880	316.20 (277.40)
4335	Cystine: Quantitative	04.00		12.600	85.00 (74.60)
4336	Dinitrophenol hydrazine test: Ketoacids	04.00		2.250	15.20 (13.30)
4337	Hydroxyproline: Quantitative	04.00		18.900	127.50 (111.80)
Biochemical tests: Faeces					
4339	Chloride	04.00		2.590	17.50 (15.40)
4343	Fat: Qualitative	04.00		3.150	21.20 (18.60)
4345	Fat: Quantitative	04.00		22.050	148.70 (130.40)
4347	Ph	04.00		0.900	6.07 (5.32)
4351	Occult blood: Chemical test	04.00		2.250	15.20 (13.30)
4352	Occult blood: Monoclonal antibodies	04.00		10.000	67.50 (59.20)
4357	Potassium	04.00		3.620	24.40 (21.40)
4358	Sodium	04.00		3.620	24.40 (21.40)
4361	Stercobilin	04.00		2.250	15.20 (13.30)
4362	Elastase quantitative ELISA	04.00		47.000	317.00 (278.10)
4363	Stercobilinogen: Quantitative	04.00		6.750	45.50 (39.90)
4364	Chymotrypsin determination: Enzymatic	04.00		7.470	50.40 (44.20)
Biochemical tests: Miscellaneous					
4366	Porphyryn screen qualitative: Urine, stool, red blood cells: Each	04.00		5.000	33.70 (29.60)
4367	Porphyryn qualitative analysis by TLC: Urine, stool, red blood cells: Each	04.00		20.000	134.90 (118.30)
4368	Porphyryn: Total quantisation: Urine, stool, red blood cells: Each	04.00		20.000	134.90 (118.30)
4369	Porphyryn quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	04.00		30.000	202.40 (177.50)
4370	Drug level in biological fluid: Monoclonal immunological	04.00		12.400	83.60 (73.30)
4371	Amylase in exudate	04.00		5.180	34.90 (30.60)
4372	Fluoride in biological fluids and water	04.00		15.620	105.40 (92.50)
4373	Breast milk analysis	04.00		6.750	45.50 (39.90)
4374	Trace metals in biological fluid: Atomic absorption	04.00		18.130	122.30 (107.30)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4375	Calcium in fluid: Spectrophotometric	04.00		3.620	24.40 (21.40)
4376	Calcium in fluid: Atomic absorption	04.00		7.250	48.90 (42.90)
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	04.11		21.880	147.60 (129.50)
4380	Lecithin in amniotic fluid: L/S ratio	04.00		27.000	182.10 (159.70)
4382	Bilirubin in amniotic fluid: Spectrophotometric essay	04.00		9.450	63.70 (55.90)
4386	Oestrogen/Progesterone receptors: Fluorescent method	04.00		20.700	139.60 (122.50)
4387	Oestrogen/Progesterone receptors: Cytosol radio-isotope technique	04.00		230.000	1551.40 (1360.90)
4388	Gastric contents: Maximal stimulation test	04.00		27.000	182.10 (159.70)
4389	Gastric fluid: Total acid per specimen	04.00		2.250	15.20 (13.30)
4390	Foam test: Amniotic fluid	04.00		3.150	21.20 (18.60)
4391	Renal calculus: Chemistry	04.00		5.400	36.40 (31.90)
4392	Renal calculus: Crystallography	04.00		16.250	109.60 (96.10)
4393	Saliva: Potassium	04.00		3.620	24.40 (21.40)
4394	Saliva: Sodium	04.00		3.620	24.40 (21.40)
4395	Sweat: Sodium	04.00		3.620	24.40 (21.40)
4396	Sweat: Potassium	04.00		3.620	24.40 (21.40)
4397	Sweat: Chloride	04.00		2.590	17.50 (15.40)
4399	Sweat collection by iontophoresis (excluding collection material)	04.00		4.500	30.40 (26.70)
4400	Tryptophane loading test	04.00		22.050	148.70 (130.40)
Cerebrospinal fluid					
4401	Cell count	04.00		3.450	23.30 (20.40)
4407	Cell count, protein, glucose and chloride	04.00		7.650	51.60 (45.30)
4409	Chloride	04.00		2.590	17.50 (15.40)
4415	Potassium	04.00		3.620	24.40 (21.40)
4416	Sodium	04.00		3.620	24.40 (21.40)
4417	Protein: Qualitative	04.00		0.900	6.07 (5.32)
4419	Protein: Quantitative	04.00		3.110	21.00 (18.40)
4421	Glucose	04.00		3.620	24.40 (21.40)
4423	Urea	04.00		3.620	24.40 (21.40)
4425	Protein electrophoresis	04.00		12.600	85.00 (74.60)
RNA/DNA based tests and andrology					
RNA/DNA based tests and andrology: RNA/DNA based tests					
4430	Recombinant DNA technique	04.00		25.000	168.60 (147.90)
4431	Ribosomal RNA targeting for bacteriological identification	04.00		35.000	236.10 (207.10)
4432	Ribosomal RNA amplification for bacteriological identification	04.00		75.000	505.90 (443.80)
4433	Bacteriological DNA identification (LCR)	04.00		25.000	168.60 (147.90)
4434	Bacteriological DNA identification (PCR)	04.00		75.000	505.90 (443.80)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
RNA/DNA based tests and andrology: Andrology					
4435	Mixed antiglobulin reaction: Semen	04.00		6.600	44.50 (39.00)
4436	Friberg test: Semen	04.00		14.500	97.80 (85.80)
4437	Kremer test: Semen	04.00		3.600	24.30 (21.30)
4440	Semen analysis: Cell count	04.00		7.650	51.60 (45.30)
4441	Semen analysis: Cytology	04.00		7.200	48.60 (42.60)
4442	Semen analysis: Viability + motility - 6 hours	04.00		6.000	40.50 (35.50)
4443	Semen analysis: Supravital stain	04.00		5.440	36.70 (32.20)
4445	Seminal fluid: Alpha glucosidase	04.00		20.000	134.90 (118.30)
4446	Seminal fluid fructose	04.00		3.150	21.20 (18.60)
4447	Seminal fluid: Acid phosphatase	04.00		5.180	34.90 (30.60)
Immunology					
4448	HCG: Latex agglutination: Qualitative (side room)	04.00		4.000	27.00 (23.70)
4449	HCG: Latex agglutination: Semi-quantitative (side room)	04.00		9.310	62.80 (55.10)
4450	HCG: Monoclonal immunological: Qualitative	04.00		10.000	67.50 (59.20)
4451	HCG: Monoclonal immunological: Quantitative	04.00		12.400	83.60 (73.30)
4455	Anti IgE receptor antibody test (10 samples and dilution)	04.00		161.560	1089.70 (955.90)
4456	Eosinophil cationic protein	04.00		27.810	187.60 (164.60)
4457	Mast cell tryptase	04.00		96.870	653.40 (573.20)
4458	Micro-albuminuria: Radio-isotope method	04.00		12.420	83.80 (73.50)
4459	Acetyl choline receptor antibody	04.00		158.120	1066.50 (935.50)
4460	CA-199 tumour marker	04.00		20.000	134.90 (118.30)
4462	CA-125 tumour marker	04.00		20.000	134.90 (118.30)
4463	C6 complement functional essay	04.00		45.000	303.50 (266.20)
4464	House dust mite antigen ELIZA	04.00		20.310	137.00 (120.20)
4466	Beta-2-microglobulin	04.00		12.420	83.80 (73.50)
4468	CA-549	04.00		20.000	134.90 (118.30)
4469	Tumour markers: Monoclonal immunological (each)	04.00		20.000	134.90 (118.30)
4470	CA-195 tumour marker	04.00		20.000	134.90 (118.30)
4471	Carcino-embryonic antigen	04.00		20.000	134.90 (118.30)
4472	MCA antigen tumour marker	04.00		20.000	134.90 (118.30)
4476	Neopterin	04.00		20.000	134.90 (118.30)
4477	Neuron specific enolase	04.00		20.000	134.90 (118.30)
4479	Vitamin B12-absorption: Shilling test	04.00		11.700	78.90 (69.20)
4480	Serotonin	04.00		18.750	126.50 (111.00)
4482	Free thyroxine (FT4)	04.00		17.480	117.90 (103.40)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4485	Insulin	04.00		12.420	83.80 (73.50)
4490	Releasing hormone response	04.00		50.000	337.30 (295.90)
4491	Vitamin B12	04.00		12.420	83.80 (73.50)
4492	Vitamin D3: Calcitriol (RIA)	04.00		75.000	505.90 (443.80)
4493	Drug concentration: Quantitative	04.00		12.420	83.80 (73.50)
4494	Free hormone assay	04.00		17.480	117.90 (103.40)
4495	Growth hormone	04.00		12.420	83.80 (73.50)
4496	Hormone concentration: Quantitative	04.00		12.420	83.80 (73.50)
4497	Carbohydrate deficient transferrin	04.00		29.060	196.00 (171.90)
4499	Cortisol	04.00		12.420	83.80 (73.50)
4500	DHEA sulphate	04.00		12.420	83.80 (73.50)
4501	Testosterone	04.00		12.420	83.80 (73.50)
4502	Free testosterone	04.00		17.480	117.90 (103.40)
4503	Oestradiol	04.00		12.420	83.80 (73.50)
4505	Oestriol	04.00		10.800	72.80 (63.90)
4506	Multiple antigen specific IgE screening test for Atopy	04.00		37.260	251.30 (220.40)
4507	Thyrotropin (TSH)	04.00		19.600	132.20 (116.00)
4508	Combined antigen specific IgE	04.00		24.480	165.10 (144.80)
4509	Free tri-iodothyronine (FT3)	04.00		17.480	117.90 (103.40)
4512	Parathormone	04.00		17.080	115.20 (101.10)
4513	IgE: Total	04.00		12.420	83.80 (73.50)
4514	Antigen specific IgE	04.00		12.420	83.80 (73.50)
4515	Aldosterone	04.00		12.420	83.80 (73.50)
4516	Follitropin (FSH)	04.00		12.420	83.80 (73.50)
4517	Lutropin (LH)	04.00		12.420	83.80 (73.50)
4519	Prostate specific antigen	04.00		14.490	97.70 (85.70)
4520	17 Hydroxy progesterone	04.00		12.420	83.80 (73.50)
4521	Progesterone	04.00		12.420	83.80 (73.50)
4522	Alpha-feto protein	04.00		12.420	83.80 (73.50)
4523	ACTH	04.00		21.740	146.60 (128.60)
4526	Sex hormone binding globulin	04.00		12.420	83.80 (73.50)
4527	Gastrin	04.00		12.420	83.80 (73.50)
4528	Ferritin	04.00		12.420	83.80 (73.50)
4529	Anti-DNA antibodies	04.00		12.420	83.80 (73.50)
4530	Antiplatelet antibodies	04.00		15.300	103.20 (90.50)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4531	Hepatitis: Per antigen or antibody	04.00		14.490	97.70 (85.70)
4532	Transcobalamine	04.00		12.420	83.80 (73.50)
4533	Folic acid	04.00		12.420	83.80 (73.50)
4534	Prostatic acid phosphatase	04.00		12.420	83.80 (73.50)
4536	Erythrocyte folate	04.00		17.480	117.90 (103.40)
4537	Prolactin	04.00		12.420	83.80 (73.50)
4540	HCG: Quantitative as used for Down's screen	04.00		15.000	101.20 (88.80)
Clinical pathology: Miscellaneous					
4544	Attendance in theatre	04.00		27.000	182.10 (159.70)
Exfoliative cytology					
4561	Sputum, all body fluids and tumour aspirates: First unit	04.00		13.400	104.20 (91.40)
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	04.00		7.800	60.70 (53.20)
4564	Performance of fine-needle aspiration for cytology	04.00		15.000	116.70 (102.40)
4565	Examination of fine needle aspiration in theatre	04.00		90.000	700.10 (614.10)
4566	Vaginal or cervical smears, each	04.00		11.000	85.60 (75.10)
Human Genetics					
Cytogenetic					
4750	Cell culture: Lymphocytes, cord blood	04.00		15.000	103.60 (90.90)
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	04.00		45.000	310.80 (272.60)
4752	Cell culture: Chorionic villi	04.00		60.000	414.40 (363.50)
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	04.00		135.000	932.40 (817.90)
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukaemia bloods: Idiograms, karyotyping, one staining technique	04.00		270.000	1864.90 (1635.90)
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	04.00		70.000	483.50 (424.10)
4760	FISH procedure, including cell culture	04.00		115.000	794.30 (696.80)
4761	FISH analysis per probe system	04.00		35.000	241.70 (212.00)
DNA-testing					
4763	Blood: DNA extraction	04.00		45.000	310.80 (272.60)
4764	Blood: Genotype per person: Southern blotting	04.00		89.000	614.70 (539.20)
4765	Blood: Genotype per person: PCR	04.00		60.000	414.40 (363.50)
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	04.00		90.000	621.60 (545.30)
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	04.00		188.000	1298.50 (1139.00)
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	04.00		120.000	828.80 (727.00)

Medical Technology 2008

		37600					
NATIONAL REFERENCE PRICE LIST FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS, WITH EFFECT FROM 1 JANUARY 2008		Version	Add	CF	Units	BF	Value
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. □</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded</p>		2004.00					
Preamble							
<p>It is recommended that, when such benefits are granted, the following should be clearly specified in the scheme's rules. □</p> <p>□</p> <p>- Services must only be on referral.</p>		2004.00					
General Rules							
<p>Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered. NB: Every account shall contain the following particulars :</p> <p>The account or statement contemplated in section 59(1) of the Act must contain the following -</p> <p>(a) □ The surname and initials of the member;</p> <p>(b) □ the surname, first name and other initials, if any, of the patient;</p> <p>(c) □ the name of the scheme concerned;</p> <p>(d) □ the membership number of the member;</p> <p>(e) □ the practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service;</p> <p>(f) □ the relevant diagnostic and such other item code numbers that relates to such relevant health service;</p> <p>(g) □ the date on which each relevant health service was rendered;</p> <p>(h) □ the nature and cost of each relevant health service rendered, including the supply of medicine to the member concerned or to a dependant of that member; and the name, quantity and dosage of any</p>		2004.00					
001	No "shopping list" must be distributed to doctors and no group tests will be carried out.	2004.00					
002	No charge to be raised in respect of services such as sample handling and after hours services.	2004.00					
003	Interaction with patient for collecting of specimens shall be limited to those specimens that are physiologically expelled, such as sputum and urine and taking of venous and peripheral blood.	2005.02					
004							

Medical Technology 2008

005	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	2004.00							
	Haematology								
3705	Alkali resistant haemoglobin	2004.00	350	4.500	1.0	R	30.40		
3709	Antiglobulin test (Coombs' or trypsinized red cells)	2004.00	350	3.650	1.0	R	24.60		
3710	Antibody titration	2004.00	350	7.200	1.0	R	48.60		
3711	Ameth count	2004.00	350	2.250	1.0	R	15.20		
3712	Antibody identification	2004.00	350	8.450	1.0	R	57.00		
3713	Bleeding time (does not include the cost of the simplate device)	2004.00	350	6.940	1.0	R	46.80		
3714	Blood volume, dye method	2004.00	350	7.200	1.0	R	48.60		
3715	Buffy layer examination	2004.00	350	19.900	1.0	R	134.20		
3717	Bone marrow cytological examination only	2004.00	350	19.900	1.0	R	134.20		
3722	Capillary fragility: Hess	2004.00	350	2.020	1.0	R	13.60		
3723	Circulating anticoagulants	2004.00	350	5.850	1.0	R	39.50		
3724	Coagulation factor inhibitor assay	2004.00	350	57.560	1.0	R	388.20		
3726	Activated protein C resistance	2004.00	350	28.000	1.0	R	175.40		
3727	Coagulation time	2004.00	350	3.160	1.0	R	21.30		
3729	Cold agglutinins	2004.00	350	3.600	1.0	R	24.30		
3730	Protein S: Functional	2004.00	350	37.500	1.0	R	252.90		
3731	Compatibility for blood transfusion	2004.00	350	3.600	1.0	R	24.30		
3732	Cryoglobulin	2004.00	350	3.600	1.0	R	24.30		
3734	Protein C (chromogenic)	2004.00	350	30.290	1.0	R	204.30		
3735	Anti-thrombin III (chromogenic)	2004.00	350	22.000	1.0	R	148.40		
3736	Plasminogen (chromogenic)	2004.00	350	61.650	1.0	R	415.80		
3737	Lupus Russel Viper method	2004.00	350	17.000	1.0	R	114.70		
3738	Lupus Kaolin Exner method	2004.00	350	25.000	1.0	R	168.60		
3739	Erythrocyte count	2004.00	350	2.250	1.0	R	15.20		
3740	Factors V and VII: Qualitative	2004.00	350	7.200	1.0	R	48.60		
3741	Coagulation factor assay: Functional	2004.00	350	9.450	1.0	R	63.70		
3742	Coagulation factor assay: Immunological	2004.00	350	4.500	1.0	R	30.40		
3743	Erythrocyte sedimentation rate	2004.00	350	3.000	1.0	R	20.20		
3744	Fibrin stabilizing factor (urea test)	2004.00	350	4.500	1.0	R	30.40		
3746	Fibrin monomers	2004.00	350	2.700	1.0	R	18.20		
3751	Osmotic fragility (screen)	2004.00	350	2.250	1.0	R	15.20		
3752	Osmotic fragility test: Quantitative	2004.00	350	10.000	1.0	R	67.50		
3753	Osmotic fragility (before and after incubation)	2004.00	350	18.000	1.0	R	121.40		
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	2004.00	350	10.500	1.0	R	70.80		
3756	Full cross match	2004.00	350	7.200	1.0	R	48.60		
3757	Coagulation factors: Quantitative	2004.00	350	32.200	1.0	R	217.20		
3758	Factor VIII related antigen	2004.00	350	60.460	1.0	R	407.80		
3759	Coagulation factor correction study	2004.00	350	11.720	1.0	R	79.10		
3762	Haemoglobin estimation	2004.00	350	1.800	1.0	R	12.10		
3763	Contact activated product assay	2004.00	350	16.200	1.0	R	109.30		
3764	Grouping: A B and O antigens	2004.00	350	3.600	1.0	R	24.30		

Medical Technology 2008

3765	Grouping: Rh antigen	2004.00	350	3.600	1.0	R	24.30	
3767	Euglobulin Lysis time	2004.00	350	25.580	1.0	R	172.50	
3768	Haemoglobin A2 (column chromatography)	2004.00	350	15.000	1.0	R	101.20	
3769	Haemoglobin electrophoresis	2004.00	350	26.820	1.0	R	180.90	
3770	Haemoglobin-S (solubility test)	2004.00	350	3.600	1.0	R	24.30	
3771	Factor III-availability test	2004.00	350	5.850	1.0	R	39.50	
3772	Haptoglobin: Quantitative	2004.00	350	9.450	1.0	R	63.70	
3773	Ham's acidified serum test	2004.00	350	8.000	1.0	R	54.00	
3775	Heinz bodies	2004.00	350	2.250	1.0	R	15.20	
3776	Haemosiderin in urinary sediment	2004.00	350	2.250	1.0	R	15.20	
3781	Heparin tolerance	2004.00	350	7.200	1.0	R	48.60	
3783	Leucocyte differential count	2004.00	350	6.200	1.0	R	41.80	
3785	Leucocytes: Total count	2004.00	350	1.800	1.0	R	12.10	
3786	QBC malaria concentration and fluorescent staining	2004.00	350	25.000	1.0	R	168.60	
3787	LE-cells	2004.00	350	8.300	1.0	R	56.00	
3789	Neutrophil alkaline phosphatase	2004.00	350	28.000	1.0	R	188.90	
3791	Packed cell volume: Haematocrit	2004.00	350	1.800	1.0	R	12.10	
3792	Plasmodium falciparum: Monoclonal immunological identification	2004.00	350	9.000	1.0	R	60.70	
3793	Plasma haemoglobin	2004.00	350	6.750	1.0	R	45.50	
3795	Platelet aggregation per aggregant	2004.00	350	12.140	1.0	R	81.90	
3796	Platelet antibodies: Agglutination	2004.00	350	5.400	1.0	R	36.40	
3797	Platelet count	2004.00	350	2.250	1.0	R	15.20	
3799	Platelet adhesiveness	2004.00	350	4.500	1.0	R	30.40	
3801	Prothrombin consumption	2004.00	350	5.850	1.0	R	39.50	
3803	Prothrombin determination (two stages)	2004.00	350	5.850	1.0	R	39.50	
3805	Prothrombin index	2004.00	350	6.000	1.0	R	40.50	
3806	Therapeutic drug level: Dosage	2004.00	350	4.500	1.0	R	30.40	
3807	Recalcification time	2004.00	350	2.250	1.0	R	15.20	
3809	Reticulocyte count	2004.00	350	3.000	1.0	R	20.20	
3810	Schumm's test	2004.00	350	3.600	1.0	R	24.30	
3811	Sickling test	2004.00	350	2.250	1.0	R	15.20	
3814	Sucrose lysis test for PNH	2004.00	350	3.600	1.0	R	24.30	
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	2004.00	350	21.100	1.0	R	142.30	
3820	Thrombo - Elastogram	2004.00	350	26.000	1.0	R	175.40	
3825	Fibrinogen titre	2004.00	350	3.600	1.0	R	24.30	
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	2004.00	350	8.000	1.0	R	54.00	
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	2004.00	350	16.000	1.0	R	107.90	
3832	Red cell pyruvate kinase: Quantitative	2004.00	350	16.000	1.0	R	107.90	
3834	Red cell Rhesus phenotype	2004.00	350	9.900	1.0	R	66.80	
3835	Haemoglobin F in blood smear	2004.00	350	5.850	1.0	R	39.50	
3837	Partial thromboplastin time	2004.00	350	5.850	1.0	R	39.50	
3841	Thrombin time (screen)	2004.00	350	7.160	1.0	R	48.30	
3843	Thrombin time (serial)	2004.00	350	7.650	1.0	R	51.60	
3847	Haemoglobin H	2004.00	350	2.250	1.0	R	15.20	
3851	Fibrin degeneration products (diffusion plate)	2004.00	350	10.350	1.0	R	69.80	

Medical Technology 2008

3853	Fibrin degeneration products (latex slide)	2004.00	350	4.500	1.0	R	30.40
3854	XDP (Dimer test or equivalent latex slide test)	2004.00	350	8.500	1.0	R	57.30
3855	Haemagglutination inhibition	2004.00	350	9.900	1.0	R	66.80
	Microscopic and miscellaneous tests						
3863	Autogenous vaccine	2004.00	350	12.600	1.0	R	85.00
3864	Entomological examination	2004.00	350	20.700	1.0	R	139.60
3865	Parasites in blood smear	2004.00	350	5.600	1.0	R	37.80
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	2004.00	350	4.900	1.0	R	33.10
3868	Fungus identification	2004.00	350	8.300	1.0	R	56.00
3869	Faeces (including parasites)	2004.00	350	4.900	1.0	R	33.10
3875	Inclusion bodies	2004.00	350	4.500	1.0	R	30.40
3878	Crystal identification polarized light microscopy	2004.00	350	4.500	1.0	R	30.40
3879	Campylobacter in stool: Fastidious culture	2004.00	350	9.900	1.0	R	66.80
3880	Antigen detection with polyclonal antibodies	2004.00	350	4.500	1.0	R	30.40
3881	Mycobacteria	2004.00	350	3.000	1.0	R	20.20
3882	Antigen detection with monoclonal antibodies	2004.00	350	10.800	1.0	R	72.80
3883	Concentration techniques for parasites	2004.00	350	3.000	1.0	R	20.20
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	2004.00	350	6.300	1.0	R	42.50
3885	Cytochemical stain	2004.00	350	5.450	1.0	R	36.80
	Bacteriology						
3887	Antibiotic susceptibility test: Per organism	2004.00	350	8.000	1.0	R	54.00
3888	Adhesive tape preparation	2004.00	350	2.700	1.0	R	18.20
3889	Clostridium difficile toxin: Monoclonal immunological	2004.00	350	12.400	1.0	R	83.60
3890	Antibiotic assay of tissues and fluids	2004.00	350	13.900	1.0	R	93.80
3891	Blood culture: Aerobic	2004.00	350	5.850	1.0	R	39.50
3892	Blood culture: Anaerobic	2004.00	350	5.850	1.0	R	39.50
3893	Bacteriological culture: Miscellaneous	2004.00	350	6.300	1.0	R	42.50
3894	Radiometric blood culture	2004.00	350	10.800	1.0	R	72.80
3895	Bacteriological culture: Fastidious organisms	2004.00	350	9.900	1.0	R	66.80
3896	In vivo culture: Bacteria	2004.00	350	16.000	1.0	R	107.90
3897	In vivo culture: Virus	2004.00	350	16.000	1.0	R	107.90
3898	Bacterial exotoxin production (in vitro assay)	2004.00	350	4.500	1.0	R	30.40
3899	Bacterial exotoxin production (in vivo assay)	2004.00	350	20.700	1.0	R	139.60
3901	Fungal culture	2004.00	350	4.500	1.0	R	30.40
3902	Clostridium difficile (cytotoxicity neutralisation)	2004.00	350	30.000	1.0	R	202.40
3903	Antibiotic level: Biological fluids	2004.00	350	11.700	1.0	R	78.90
3904	Rotavirus latex slide test	2004.00	350	5.620	1.0	R	37.90
3905	Identification of virus or rickettsia	2004.00	350	20.700	1.0	R	139.60
3906	Identification: Chlamydia	2004.00	350	16.000	1.0	R	107.90
3907	Culture for staphylococcus aureus	2004.00	350	2.250	1.0	R	15.20
3908	Anaerobe culture: Comprehensive	2004.00	350	9.900	1.0	R	66.80
3909	Anaerobe culture: Limited procedure	2004.00	350	4.500	1.0	R	30.40
3911	Beta-lactamase assay	2004.00	350	4.500	1.0	R	30.40
3914	Sterility control test: Biological method	2004.00	350	4.500	1.0	R	30.40
3915	Mycobacterium culture	2004.00	350	4.500	1.0	R	30.40

Medical Technology 2008

3916	Radiometric tuberculosis culture	2004.00	350	10.800	1.0	R	72.80
3917	Mycoplasma culture: Limited	2004.00	350	2.250	1.0	R	15.20
3918	Mycoplasma culture: Comprehensive	2004.00	350	9.900	1.0	R	66.80
3919	Identification of mycobacterium	2004.00	350	9.900	1.0	R	66.80
3920	Mycobacterium: Antibiotic sensitivity	2004.00	350	9.900	1.0	R	66.80
3921	Antibiotic synergistic study	2004.00	350	20.700	1.0	R	139.60
3922	Viable cell count	2004.00	350	1.350	1.0	R	9.11
3923	Biochemical identification of bacterium: Abridged	2004.00	350	3.150	1.0	R	21.20
3924	Biochemical identification of bacterium: Extended	2004.00	350	12.500	1.0	R	84.30
3925	Serological identification of bacterium: Abridged	2004.00	350	3.150	1.0	R	21.20
3926	Serological identification of bacterium: Extended	2004.00	350	10.200	1.0	R	68.80
3927	Grouping for streptococci	2004.00	350	7.300	1.0	R	49.20
3928	Antimicrobial substances	2004.00	350	3.800	1.0	R	25.60
3929	Radiometric mycobacterium identification	2004.00	350	14.000	1.0	R	94.40
3930	Radiometric mycobacterium antibiotic sensitivity	2004.00	350	25.000	1.0	R	168.60
3931	Helicobacter: Monoclonal immunological	2004.00	350	12.400	1.0	R	83.60
4650	Antibiotic MIC per organism per antibiotic	2004.00	350	8.000	1.0	R	54.00
4651	Non-radiometric automated blood cultures	2004.00	350	13.900	1.0	R	93.80
4652	Rapid automated bacterial identification per organism	2004.00	350	15.000	1.0	R	101.20
4653	Rapid automated antibiotic susceptibility per organism	2004.00	350	17.000	1.0	R	114.70
4654	Rapid automated MIC per organism per antibiotic	2004.00	350	17.000	1.0	R	114.70
	Serology						
3959	Rose Waaler agglutination test	2004.00	350	4.500	1.0	R	30.40
3960	Gonococcal, listeria or echinococcus agglutination	2004.00	350	9.500	1.0	R	64.10
3961	Slide agglutination test	2004.00	350	2.630	1.0	R	17.70
3962	Rebuck skin window	2004.00	350	5.400	1.0	R	36.40
3963	Serum complement level: Each component	2004.00	350	3.150	1.0	R	21.20
3967	Auto-antibody: Sensitized erythrocytes	2004.00	350	4.500	1.0	R	30.40
3968	Herpes virus typing: Monoclonal immunological	2004.00	350	20.690	1.0	R	139.60
3969	Western blot technique	2004.00	350	74.000	1.0	R	499.10
3970	Epstein-Barr virus antibody titer	2004.00	350	6.750	1.0	R	45.50
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	2004.00	350	14.100	1.0	R	95.10
3933	IgE: Total: EMIT or ELISA	2004.00	350	11.700	1.0	R	78.90
3934	Auto antibodies by labelled antibodies	2004.00	350	16.000	1.0	R	107.90
3935	Sperm antibodies	2004.00	350	16.000	1.0	R	107.90
3936	Virus neutralisation test: First antibody	2004.00	350	75.000	1.0	R	505.90
3937	Virus neutralisation test: Each additional antibody	2004.00	350	15.000	1.0	R	101.20
3938	Precipitation test per antigen	2004.00	350	4.500	1.0	R	30.40
3939	Agglutination test per antigen	2004.00	350	5.500	1.0	R	37.10
3940	Haemagglutination test: Per antigen	2004.00	350	9.900	1.0	R	66.80
3941	Modified Coombs' test for brucellosis	2004.00	350	4.500	1.0	R	30.40
3943	Antibody titer to bacterial exotoxin	2004.00	350	3.600	1.0	R	24.30
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	2004.00	350	12.400	1.0	R	83.60
3945	Complement fixation test	2004.00	350	5.850	1.0	R	39.50
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	2004.00	350	14.050	1.0	R	94.80

Medical Technology 2008

3947	C-reactive protein	2004.00	350	10.840	1.0	R	73.10
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	2004.00	350	12.950	1.0	R	87.30
3949	Qualitative Kahn, VDRL or other flocculation	2004.00	350	2.250	1.0	R	15.20
3950	Neutrophil phagocytosis	2004.00	350	25.200	1.0	R	170.00
3951	Quantitative Kahn, VDRL or other flocculation	2004.00	350	3.600	1.0	R	24.30
3952	Neutrophil chemotaxis	2004.00	350	67.950	1.0	R	458.30
3953	Tube agglutination test	2004.00	350	4.150	1.0	R	28.00
3955	Paul Bunnell: Presumptive	2004.00	350	2.250	1.0	R	15.20
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	2004.00	350	8.500	1.0	R	57.30
3957	Paul Bunnell: Absorption	2004.00	350	4.500	1.0	R	30.40
3971	Immuno-diffusion test: Per antigen	2004.00	350	3.150	1.0	R	21.20
3972	Respiratory syncytial virus (ELISA technique)	2004.00	350	35.000	1.0	R	236.10
3973	Immuno electrophoresis: Per immune serum	2004.00	350	9.450	1.0	R	63.70
3974	Polymerase chain reaction	2004.00	350	75.000	1.0	R	505.90
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	2004.00	350	12.000	1.0	R	80.80
3977	Counter immuno-electrophoresis	2004.00	350	6.750	1.0	R	45.50
3978	Lymphocyte transformation	2004.00	350	51.700	1.0	R	348.70
4601	Panel typing: Antibody detection: Class I	2004.00	350	36.000	1.0	R	242.80
4602	Panel typing: Antibody detection: Class II	2004.00	350	44.000	1.0	R	296.80
4603	HLA test for specific locus/antigen - serology	2004.00	350	27.000	1.0	R	182.10
4604	HLA typing: Class I - serology	2004.00	350	52.000	1.0	R	350.70
4605	HLA typing: Class II - serology	2004.00	350	52.000	1.0	R	350.70
4606	HLA typing: Class I & II - serology	2004.00	350	90.000	1.0	R	607.10
4607	Cross matching T-cells (per tray)	2004.00	350	18.000	1.0	R	121.40
4608	Cross matching B-cells	2004.00	350	38.000	1.0	R	256.30
4609	Cross matching T- & B-cells	2004.00	350	48.000	1.0	R	323.80
	Biochemical tests: Blood						
3991	Abnormal pigments: Qualitative	2004.00	350	4.500	1.0	R	30.40
3993	Abnormal pigments: Quantitative	2004.00	350	9.000	1.0	R	60.70
3995	Acid phosphate	2004.00	350	5.180	1.0	R	34.90
3997	Acid phosphatase fractionation	2004.00	350	1.800	1.0	R	12.10
3998	Amino acids Quantitative (Post derivatisation HPLC)	2004.00	350	78.120	1.0	R	526.90
3999	Albumin	2004.00	350	4.800	1.0	R	32.40
4000	Alcohol	2004.00	350	12.400	1.0	R	83.60
4001	Alkaline phosphatase	2004.00	350	5.180	1.0	R	34.90
4002	Alkaline phosphatase-Iso-enzymes	2004.00	350	11.700	1.0	R	78.90
4003	Ammonia: Enzymatic	2004.00	350	7.710	1.0	R	52.00
4004	Ammonia: Monitor	2004.00	350	4.500	1.0	R	30.40
4005	Alpha-1-antitrypsin: Total	2004.00	350	7.200	1.0	R	48.60
4006	Amylase	2004.00	350	5.180	1.0	R	34.90
4007	Arsenic in blood, hair or nails	2004.00	350	36.250	1.0	R	244.50
4009	Bilirubin: Total	2004.00	350	4.770	1.0	R	32.20
4010	Bilirubin: Conjugated	2004.00	350	3.620	1.0	R	24.40
4014	Cadmium: Atomic absorption	2004.00	350	18.120	1.0	R	122.20
4016	Calcium: Ionized	2004.00	350	6.750	1.0	R	45.50

Medical Technology 2008

4017	Calcium: Spectrophotometric	2004.00	350	3.620	1.0	R	24.40
4018	Calcium: Atomic absorption	2004.00	350	7.250	1.0	R	48.90
4019	Carotene	2004.00	350	2.250	1.0	R	15.20
4020	Carnitine (Total or free) in biological fluid: Each	2004.00	350	11.690	1.0	R	78.80
4021	Carnitine (Total or free) in muscle: Each	2004.00	350	23.380	1.0	R	157.70
4022	Acyl Carnitine	2004.00	350	23.380	1.0	R	157.70
4023	Chloride	2004.00	350	2.590	1.0	R	17.50
4026	LDL cholesterol (chemical determination)	2004.00	350	6.900	1.0	R	46.50
4027	Cholesterol total	2004.00	350	5.340	1.0	R	36.00
4028	HDL cholesterol	2004.00	350	6.900	1.0	R	46.50
4029	Cholinesterase: Serum or erythrocyte: Each	2004.00	350	7.480	1.0	R	50.50
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	2004.00	350	9.000	1.0	R	60.70
4031	Total CO2	2004.00	350	5.180	1.0	R	34.90
4032	Creatinine	2004.00	350	3.620	1.0	R	24.40
4040	Homocysteine (random)	2004.00	350	15.300	1.0	R	103.20
4041	Homocysteine (after Methionine load)	2004.00	350	18.100	1.0	R	122.10
4042	D-Xylose absorption test: Two hours	2004.00	350	13.150	1.0	R	88.70
4045	Fibrinogen: Quantitative	2004.00	350	3.600	1.0	R	24.30
4047	Hollander test	2004.00	350	24.750	1.0	R	166.90
4049	Glucose tolerance test (2 specimens)	2004.00	350	8.970	1.0	R	60.50
4050	Glucose strip-test with photometric reading	2004.00	350	1.800	1.0	R	12.10
4051	Galactose	2004.00	350	11.250	1.0	R	75.90
4052	Glucose tolerance test (3 specimens)	2004.00	350	13.170	1.0	R	88.80
4053	Glucose tolerance test (4 specimens)	2004.00	350	17.370	1.0	R	117.20
4057	Glucose: Quantitative	2004.00	350	3.620	1.0	R	24.40
4061	Glucose tolerance test (5 specimens)	2004.00	350	21.560	1.0	R	145.40
4062	Galactose-1-phosphate uridyl transferase	2004.00	350	16.000	1.0	R	107.90
4063	Fructosamine	2004.00	350	7.200	1.0	R	48.60
4064	HbA1C	2006.04	350	14.250	1.0	R	96.10
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	2004.00	350	46.880	1.0	R	316.20
4067	Lithium: Flame ionisation	2004.00	350	5.180	1.0	R	34.90
4068	Lithium: Atomic absorption	2004.00	350	7.480	1.0	R	50.50
4071	Iron	2004.00	350	6.750	1.0	R	45.50
4073	Iron-binding capacity	2004.00	350	7.650	1.0	R	51.60
4078	Oximetry analysis: MethHb, COHb, O2Hb, RHb, SulfHb	2004.11	350	6.750	1.0	R	45.50
4079	Ketones in plasma: Qualitative	2004.00	350	2.250	1.0	R	15.20
4081	Drug level-biological fluid: Quantitative	2004.00	350	10.800	1.0	R	72.80
4083	Lysosomal enzyme assay	2004.00	350	36.560	1.0	R	246.60
4085	Lipase	2004.00	350	5.180	1.0	R	34.90
4091	Lipoprotein electrophoresis	2004.00	350	9.000	1.0	R	60.70
4093	Osmolality: Serum or urine	2004.00	350	6.750	1.0	R	45.50
4094	Magnesium: Spectrophotometric	2004.00	350	3.620	1.0	R	24.40
4095	Magnesium: Atomic absorption	2004.00	350	7.250	1.0	R	48.90
4096	Mercury: Atomic absorption	2004.00	350	18.120	1.0	R	122.20
4098	Copper: Atomic absorption	2004.00	350	18.120	1.0	R	122.20

Medical Technology 2008

4105	Protein electrophoresis	2004.00	350	9.000	1.0	R	60.70	
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	2004.00	350	20.000	1.0	R	134.90	
4109	Phosphate	2004.00	350	3.620	1.0	R	24.40	
4111	Phospholipids	2004.00	350	3.150	1.0	R	21.20	
4113	Potassium	2004.00	350	3.620	1.0	R	24.40	
4114	Sodium	2004.00	350	3.620	1.0	R	24.40	
4117	Protein: Total	2004.00	350	3.110	1.0	R	21.00	
4121	pH, pCO2 or pO2: Each	2004.00	350	6.750	1.0	R	45.50	
4123	Pyruvic acid	2004.00	350	4.500	1.0	R	30.40	
4125	Salicylates	2004.00	350	4.500	1.0	R	30.40	
4126	Secretin-pancreozymin response	2004.00	350	26.100	1.0	R	176.00	
4127	Caeruloplasmin	2004.00	350	4.500	1.0	R	30.40	
4128	Phenylalanine: Quantitative	2004.00	350	11.250	1.0	R	75.90	
4129	Glutamate dehydrogenase (GDH)	2004.00	350	5.400	1.0	R	36.40	
4130	Aspartate aminotransferase (AST)	2004.00	350	5.400	1.0	R	36.40	
4131	Alanine aminotransferase (ALT)	2004.00	350	5.400	1.0	R	36.40	
4132	Creatine kinase (CK)	2004.00	350	5.400	1.0	R	36.40	
4133	Lactate dehydrogenase (LD)	2004.00	350	5.400	1.0	R	36.40	
4134	Gamma glutamyl transferase (GGT)	2004.00	350	5.400	1.0	R	36.40	
4135	Aldolase	2004.00	350	5.400	1.0	R	36.40	
4136	Angiotensin converting enzyme (ACE)	2004.00	350	9.000	1.0	R	60.70	
4137	Lactate dehydrogenase isoenzyme	2004.00	350	10.800	1.0	R	72.80	
4138	CK-MB: Immunoinhibition/precipitation	2004.11	350	10.800	1.0	R	72.80	
4139	Adenosine deaminase	2004.00	350	5.400	1.0	R	36.40	
4142	Red cell enzymes: Each	2004.00	350	7.800	1.0	R	52.60	
4143	Serum/plasma enzymes	2004.00	350	5.400	1.0	R	36.40	
4144	Transferrin	2004.00	350	11.700	1.0	R	78.90	
4146	Lead: Atomic absorption	2004.00	350	15.000	1.0	R	101.20	
4147	Triglyceride	2004.00	350	7.930	1.0	R	53.50	
4149	Red cell magnesium	2004.00	350	11.700	1.0	R	78.90	
4151	Urea	2004.00	350	3.620	1.0	R	24.40	
4152	CK-MB: Mass determination: Quantitative (Automated)	2004.00	350	12.400	1.0	R	83.60	
4153	CK-MB: Mass determination: Quantitative (Not automated)	2004.00	350	17.470	1.0	R	117.80	
4154	Myoglobin quantitative: Monoclonal immunological	2004.00	350	12.400	1.0	R	83.60	
4155	Uric acid	2004.00	350	3.780	1.0	R	25.50	
4157	Vitamin A-saturation test	2004.00	350	15.300	1.0	R	103.20	
4158	Vitamin E (tocopherol)	2004.00	350	3.600	1.0	R	24.30	
4159	Vitamin A	2004.00	350	6.300	1.0	R	42.50	
4160	Vitamin C (ascorbic acid)	2004.00	350	2.250	1.0	R	15.20	
4161	Troponin isoforms: Each	2004.00	350	20.000	1.0	R	134.90	
4163	Apoprotein AI: Turbidometric method	2004.00	350	8.280	1.0	R	55.80	
4165	Apoprotein AII: Turbidometric method	2004.00	350	8.280	1.0	R	55.80	
4167	Apoprotein B: Turbidometric method	2004.00	350	8.280	1.0	R	55.80	
4170	Lipoprotein (a)(Lp(a)) assay	2004.00	350	12.420	1.0	R	83.80	
4171	Sodium + potassium + chloride + CO2 + urea	2004.00	350	15.840	1.0	R	106.80	

Medical Technology 2008

4172	ELISA/EMIT technique	2004.00	350	12.420	1.0	R	83.80
4181	Quantitative protein estimation: Mancini method	2004.00	350	7.760	1.0	R	52.30
4182	Quantitative protein estimation: Nephelometer or Turbidometric method	2004.00	350	8.280	1.0	R	55.80
4183	Quantitative protein estimation: Labelled antibody	2004.00	350	12.420	1.0	R	83.80
4185	Lactose	2004.00	350	10.800	1.0	R	72.80
4187	Zinc: Atomic absorption	2004.00	350	18.120	1.0	R	122.20
	Biochemical tests: Urine						
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	2004.00	350	1.500	1.0	R	10.10
4189	Abnormal pigments	2004.00	350	4.500	1.0	R	30.40
4193	Alkapton test: Homogentisic acid	2004.00	350	4.500	1.0	R	30.40
4194	Amino acids: Quantitative (Post derivatisation HPLC)	2004.00	350	78.120	1.0	R	526.90
4195	Amino laevulinic acid	2004.00	350	18.000	1.0	R	121.40
4197	Amylase	2004.00	350	5.180	1.0	R	34.90
4198	Arsenic	2004.00	350	18.120	1.0	R	122.20
4199	Ascorbic acid	2004.00	350	2.250	1.0	R	15.20
4201	Bence-Jones protein	2004.00	350	2.700	1.0	R	18.20
4203	Phenol	2004.00	350	3.600	1.0	R	24.30
4204	Calcium: Atomic absorption	2004.00	350	7.250	1.0	R	48.90
4205	Calcium: Spectrophotometric	2004.00	350	3.620	1.0	R	24.40
4206	Calcium: Absorption and excretion studies	2004.00	350	25.000	1.0	R	168.60
4209	Lead: Atomic absorption	2004.00	350	15.000	1.0	R	101.20
4211	Bile pigments: Qualitative	2004.00	350	2.250	1.0	R	15.20
4213	Protein: Quantitative	2004.00	350	2.250	1.0	R	15.20
4216	Mucopolysaccharides: Qualitative	2004.00	350	3.600	1.0	R	24.30
4217	Oxalate	2004.00	350	9.380	1.0	R	63.30
4218	Glucose: Quantitative	2004.00	350	2.250	1.0	R	15.20
4219	Steroids: Chromatography (each)	2004.00	350	7.200	1.0	R	48.60
4221	Creatinine	2004.00	350	3.620	1.0	R	24.40
4223	Creatinine clearance	2004.00	350	7.650	1.0	R	51.60
4227	Electrophoresis: Qualitative	2004.00	350	4.500	1.0	R	30.40
4229	Uric acid clearance	2004.00	350	7.650	1.0	R	51.60
4237	5-Hydroxy-indole-acetic acid: Screen test	2004.00	350	2.700	1.0	R	18.20
4239	5-Hydroxy-indole-acetic acid: Quantitative	2004.00	350	6.750	1.0	R	45.50
4247	Ketones: Excluding dip-stick method	2004.00	350	2.250	1.0	R	15.20
4248	Reducing substances	2004.00	350	1.800	1.0	R	12.10
4251	Metanephrines: Column chromatography	2004.00	350	22.050	1.0	R	148.70
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	2004.00	350	27.000	1.0	R	182.10
4254	Nitrosonaphtol test for tyrosine	2004.00	350	2.250	1.0	R	15.20
4263	pH: Excluding dip-stick method	2004.00	350	0.900	1.0	R	6.07
4265	Thin layer chromatography: One way	2004.00	350	6.750	1.0	R	45.50
4266	Thin layer chromatography: Two way	2004.00	350	11.250	1.0	R	75.90
4267	Total organic matter screen: Infrared	2004.00	350	31.250	1.0	R	210.80
4268	Organic acids: Quantitative: GCMS	2004.00	350	109.380	1.0	R	737.80
4269	Phenylpyruvic acid: Ferric chloride	2004.00	350	2.250	1.0	R	15.20
4271	Phosphate excretion index	2004.00	350	22.050	1.0	R	148.70

Medical Technology 2008

4272	Porphobilinogen qualitative screen: Urine	2004.00	350	5.000	1.0	R	33.70	
4273	Porphobilinogen/ALA: Quantitative each	2004.00	350	15.000	1.0	R	101.20	
4283	Magnesium: Spectrophotometric	2004.00	350	3.620	1.0	R	24.40	
4284	Magnesium: Atomic absorption	2004.00	350	7.250	1.0	R	48.90	
4285	Identification of carbohydrate	2004.00	350	7.650	1.0	R	51.80	
4287	Identification of drug: Qualitative	2004.00	350	4.500	1.0	R	30.40	
4288	Identification of drug: Quantitative	2004.00	350	10.800	1.0	R	72.80	
4293	Urea clearance	2004.00	350	5.400	1.0	R	36.40	
4297	Copper: Spectrophotometric	2004.00	350	3.620	1.0	R	24.40	
4298	Copper: Atomic absorption	2004.00	350	18.120	1.0	R	122.20	
4300	Indican or indole: Qualitative	2004.00	350	3.150	1.0	R	21.20	
4301	Chloride	2004.00	350	2.590	1.0	R	17.50	
4307	Ammonium chloride loading test	2004.00	350	22.050	1.0	R	148.70	
4309	Urobilinogen: Quantitative	2004.00	350	6.750	1.0	R	45.50	
4313	Phosphates	2004.00	350	3.620	1.0	R	24.40	
4315	Potassium	2004.00	350	3.620	1.0	R	24.40	
4316	Sodium	2004.00	350	3.620	1.0	R	24.40	
4319	Urea	2004.00	350	3.620	1.0	R	24.40	
4321	Uric acid	2004.00	350	3.620	1.0	R	24.40	
4322	Fluoride	2004.00	350	5.180	1.0	R	34.90	
4323	Total protein and protein electrophoresis	2004.00	350	11.250	1.0	R	75.90	
4325	VMA: Quantitative	2004.00	350	11.250	1.0	R	75.90	
4326	Catecholamines (HPLC)	2004.00	350	78.120	1.0	R	526.90	
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	2004.11	350	46.880	1.0	R	316.20	
4335	Cystine: Quantitative	2004.00	350	12.600	1.0	R	85.00	
4336	Dinitrophenol hydrazine test: Ketoacids	2004.00	350	2.250	1.0	R	15.20	
4337	Hydroxyproline: Quantitative	2004.00	350	18.900	1.0	R	127.50	
	Biochemical tests: Faeces							
4339	Chloride	2004.00	350	2.590	1.0	R	17.50	
4343	Fat: Qualitative	2004.00	350	3.150	1.0	R	21.20	
4345	Fat: Quantitative	2004.00	350	22.050	1.0	R	148.70	
4347	Ph	2004.00	350	0.900	1.0	R	6.07	
4351	Occult blood: Chemical test	2004.00	350	2.250	1.0	R	15.20	
4352	Occult blood: Monoclonal antibodies	2004.00	350	10.000	1.0	R	67.50	
4357	Potassium	2004.00	350	3.620	1.0	R	24.40	
4358	Sodium	2004.00	350	3.620	1.0	R	24.40	
4361	Stercobilin	2004.00	350	2.250	1.0	R	15.20	
4362	Elastase quantitative ELISA	2004.00	350	47.000	1.0	R	317.00	
4363	Stercobilinogen: Quantitative	2004.00	350	6.750	1.0	R	45.50	
4364	Chymotrypsin determination: Enzymatic	2004.00	350	7.470	1.0	R	50.40	
	Biochemical tests: Miscellaneous							
4366	Porphyrin screen qualitative: Urine, stool, red blood cells: Each	2004.00	350	5.000	1.0	R	33.70	
4367	Porphyrin qualitative analysis by TLC: Urine, stool, red blood cells: Each	2004.00	350	20.000	1.0	R	134.90	
4368	Porphyrin: Total quantisation: Urine, stool, red blood cells: Each	2004.00	350	20.000	1.0	R	134.90	
4369	Porphyrin quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	2004.00	350	30.000	1.0	R	202.40	

Medical Technology 2008

4370	Drug level in biological fluid: Monoclonal immunological	2004.00	350	12.400	1.0	R	83.60
4371	Amylase in exudate	2004.00	350	5.180	1.0	R	34.90
4372	Fluoride in biological fluids and water	2004.00	350	15.620	1.0	R	105.40
4373	Breast milk analysis	2004.00	350	6.750	1.0	R	45.50
4374	Trace metals in biological fluid: Atomic absorption	2004.00	350	18.130	1.0	R	122.30
4375	Calcium in fluid: Spectrophotometric	2004.00	350	3.620	1.0	R	24.40
4376	Calcium in fluid: Atomic absorption	2004.00	350	7.250	1.0	R	48.90
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	2004.11	350	21.880	1.0	R	147.60
4380	Lecithin in amniotic fluid: L/S ratio	2004.00	350	27.000	1.0	R	182.10
4382	Bilirubin in amniotic fluid: Spectrophotometric assay	2004.00	350	9.450	1.0	R	63.70
4386	Oestrogen/Progesterone receptors: Fluorescent method	2004.00	350	20.700	1.0	R	139.60
4387	Oestrogen/Progesterone receptors: Cytosol radio-isotope technique	2004.00	350	230.000	1.0	R	1 551.40
4388	Gastric contents: Maximal stimulation test	2004.00	350	27.000	1.0	R	182.10
4389	Gastric fluid: Total acid per specimen	2004.00	350	2.250	1.0	R	15.20
4390	Foam test: Amniotic fluid	2004.00	350	3.150	1.0	R	21.20
4391	Renal calculus: Chemistry	2004.00	350	5.400	1.0	R	36.40
4392	Renal calculus: Crystallography	2004.00	350	16.250	1.0	R	109.60
4393	Saliva: Potassium	2004.00	350	3.620	1.0	R	24.40
4394	Saliva: Sodium	2004.00	350	3.620	1.0	R	24.40
4395	Sweat: Sodium	2004.00	350	3.620	1.0	R	24.40
4396	Sweat: Potassium	2004.00	350	3.620	1.0	R	24.40
4397	Sweat: Chloride	2004.00	350	2.590	1.0	R	17.50
4399	Sweat collection by Iontophoresis (excluding collection material)	2004.00	350	4.500	1.0	R	30.40
4400	Tryptophane loading test	2004.00	350	22.050	1.0	R	148.70
	Cerebrospinal fluid						
4401	Cell count	2004.00	350	3.450	1.0	R	23.30
4407	Cell count, protein, glucose and chloride	2004.00	350	7.650	1.0	R	51.60
4409	Chloride	2004.00	350	2.590	1.0	R	17.50
4415	Potassium	2004.00	350	3.620	1.0	R	24.40
4416	Sodium	2004.00	350	3.620	1.0	R	24.40
4417	Protein: Qualitative	2004.00	350	0.900	1.0	R	6.07
4419	Protein: Quantitative	2004.00	350	3.110	1.0	R	21.00
4421	Glucose	2004.00	350	3.620	1.0	R	24.40
4423	Urea	2004.00	350	3.620	1.0	R	24.40
4425	Protein electrophoresis	2004.00	350	12.600	1.0	R	85.00
	RNA/DNA based tests and andrology						
	RNA/DNA based tests and andrology: RNA/DNA based tests						
4430	Recombinant DNA technique	2004.00	350	25.000	1.0	R	168.60
4431	Ribosomal RNA targeting for bacteriological identification	2004.00	350	35.000	1.0	R	236.10
4432	Ribosomal RNA amplification for bacteriological identification	2004.00	350	75.000	1.0	R	505.90
4433	Bacteriological DNA identification (LCR)	2004.00	350	25.000	1.0	R	168.60
4434	Bacteriological DNA identification (PCR)	2004.00	350	75.000	1.0	R	505.90
	RNA/DNA based tests and andrology: Andrology						
4435	Mixed antiglobulin reaction: Semen	2004.00	350	6.600	1.0	R	44.50
4436	Friberg test: Semen	2004.00	350	14.500	1.0	R	97.80

Medical Technology 2008

4437	Kremer test: Semen	2004.00	350	3.600	1.0	R	24.30	
4440	Semen analysis: Cell count	2004.00	350	7.650	1.0	R	51.60	
4441	Semen analysis: Cytology	2004.00	350	7.200	1.0	R	48.60	
4442	Semen analysis: Viability + motility - 6 hours	2004.00	350	6.000	1.0	R	40.50	
4443	Semen analysis: Supravital stain	2004.00	350	5.440	1.0	R	36.70	
4445	Seminal fluid: Alpha glucosidase	2004.00	350	20.000	1.0	R	134.90	
4446	Seminal fluid fructose	2004.00	350	3.150	1.0	R	21.20	
4447	Seminal fluid: Acid phosphatase	2004.00	350	5.180	1.0	R	34.90	
	Immunology							
4448	HCG: Latex agglutination: Qualitative (side room)	2004.00	350	4.000	1.0	R	27.00	
4449	HCG: Latex agglutination: Semi-quantitative (side room)	2004.00	350	9.310	1.0	R	62.80	
4450	HCG: Monoclonal immunological: Qualitative	2004.00	350	10.000	1.0	R	67.50	
4451	HCG: Monoclonal immunological: Quantitative	2004.00	350	12.400	1.0	R	83.60	
4455	Anti IgE receptor antibody test (10 samples and dilution)	2004.00	350	161.560	1.0	R	1 089.70	
4456	Eosinophil cationic protein	2004.00	350	27.810	1.0	R	187.60	
4457	Mast cell tryptase	2004.00	350	96.870	1.0	R	653.40	
4458	Micro-albuminuria: Radio-isotope method	2004.00	350	12.420	1.0	R	83.80	
4459	Acetyl choline receptor antibody	2004.00	350	158.120	1.0	R	1 066.50	
4460	CA-199 tumour marker	2004.00	350	20.000	1.0	R	134.90	
4462	CA-125 tumour marker	2004.00	350	20.000	1.0	R	134.90	
4463	C6 complement functional essay	2004.00	350	45.000	1.0	R	303.50	
4464	House dust mite antigen ELIZA	2004.00	350	20.310	1.0	R	137.00	
4466	Beta-2-microglobulin	2004.00	350	12.420	1.0	R	83.80	
4468	CA-549	2004.00	350	20.000	1.0	R	134.90	
4469	Tumour markers: Monoclonal immunological (each)	2004.00	350	20.000	1.0	R	134.90	
4470	CA-195 tumour marker	2004.00	350	20.000	1.0	R	134.90	
4471	Carcino-embryonic antigen	2004.00	350	20.000	1.0	R	134.90	
4472	MCA antigen tumour marker	2004.00	350	20.000	1.0	R	134.90	
4476	Neopterin	2004.00	350	20.000	1.0	R	134.90	
4477	Neuron specific enolase	2004.00	350	20.000	1.0	R	134.90	
4479	Vitamin B12-absorption: Shilling test	2004.00	350	11.700	1.0	R	78.90	
4480	Serotonin	2004.00	350	18.750	1.0	R	126.50	
4482	Free thyroxine (FT4)	2004.00	350	17.480	1.0	R	117.90	
4485	Insulin	2004.00	350	12.420	1.0	R	83.80	
4490	Releasing hormone response	2004.00	350	50.000	1.0	R	337.30	
4491	Vitamin B12	2004.00	350	12.420	1.0	R	83.80	
4492	Vitamin D3: Calcitriol (RIA)	2004.00	350	75.000	1.0	R	505.90	
4493	Drug concentration: Quantitative	2004.00	350	12.420	1.0	R	83.80	
4494	Free hormone assay	2004.00	350	17.480	1.0	R	117.90	
4495	Growth hormone	2004.00	350	12.420	1.0	R	83.80	
4496	Hormone concentration: Quantitative	2004.00	350	12.420	1.0	R	83.80	
4497	Carbohydrate deficient transferrin	2004.00	350	29.060	1.0	R	196.00	
4499	Cortisol	2004.00	350	12.420	1.0	R	83.80	
4500	DHEA sulphate	2004.00	350	12.420	1.0	R	83.80	
4501	Testosterone	2004.00	350	12.420	1.0	R	83.80	

Medical Technology 2008

4502	Free testosterone	2004.00	350	17.480	1.0	R	117.90
4503	Oestradiol	2004.00	350	12.420	1.0	R	83.80
4505	Oestriol	2004.00	350	10.800	1.0	R	72.80
4506	Multiple antigen specific IgE screening test for Atopy	2004.00	350	37.260	1.0	R	251.30
4507	Thyrotropin (TSH)	2004.00	350	19.600	1.0	R	132.20
4508	Combined antigen specific IgE	2004.00	350	24.480	1.0	R	165.10
4509	Free tri-iodothyronine (FT3)	2004.00	350	17.480	1.0	R	117.90
4512	Parathormone	2004.00	350	17.080	1.0	R	115.20
4513	IgE: Total	2004.00	350	12.420	1.0	R	83.80
4514	Antigen specific IgE	2004.00	350	12.420	1.0	R	83.80
4515	Aldosterone	2004.00	350	12.420	1.0	R	83.80
4516	Follitropin (FSH)	2004.00	350	12.420	1.0	R	83.80
4517	Lutropin (LH)	2004.00	350	12.420	1.0	R	83.80
4519	Prostate specific antigen	2004.00	350	14.490	1.0	R	97.70
4520	17 Hydroxy progesterone	2004.00	350	12.420	1.0	R	83.80
4521	Progesterone	2004.00	350	12.420	1.0	R	83.80
4522	Alpha-feto protein	2004.00	350	12.420	1.0	R	83.80
4523	ACTH	2004.00	350	21.740	1.0	R	146.60
4526	Sex hormone binding globulin	2004.00	350	12.420	1.0	R	83.80
4527	Gastrin	2004.00	350	12.420	1.0	R	83.80
4528	Ferritin	2004.00	350	12.420	1.0	R	83.80
4529	Anti-DNA antibodies	2004.00	350	12.420	1.0	R	83.80
4530	Antiplatelet antibodies	2004.00	350	15.300	1.0	R	103.20
4531	Hepatitis: Per antigen or antibody	2004.00	350	14.490	1.0	R	97.70
4532	Transcobalamine	2004.00	350	12.420	1.0	R	83.80
4533	Folic acid	2004.00	350	12.420	1.0	R	83.80
4534	Prostatic acid phosphatase	2004.00	350	12.420	1.0	R	83.80
4536	Erythrocyte folate	2004.00	350	17.480	1.0	R	117.90
4537	Prolactin	2004.00	350	12.420	1.0	R	83.80
4540	HCG: Quantitative as used for Down's screen	2004.00	350	15.000	1.0	R	101.20
	Clinical pathology: Miscellaneous						
4544	Attendance in theatre	2004.00	350	27.000	1.0	R	182.10
	Exfoliative cytology						
4561	Sputum, all body fluids and tumour aspirates: First unit	2004.00	351	13.400	1.0	R	104.20
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	2004.00	351	7.800	1.0	R	60.70
4564	Performance of fine-needle aspiration for cytology	2004.00	351	15.000	1.0	R	116.70
4565	Examination of fine needle aspiration in theatre	2004.00	351	90.000	1.0	R	700.10
4566	Vaginal or cervical smears, each	2004.00	351	11.000	1.0	R	85.60
	Human Genetics						
	Cytogenetic						
4750	Cell culture: Lymphocytes, cord blood	2004.00	352	15.000	1.0	R	103.60
	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures						
4751		2004.00	352	45.000	1.0	R	310.80
4752	Cell culture: Chorionic villi	2004.00	352	60.000	1.0	R	414.40
4754	Cytogenetic analysis: Lymphocytes: Idlograms, karyotyping, one staining technique	2004.00	352	135.000	1.0	R	932.40

Medical Technology 2008

4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukemia bloods: Idograms, karyotyping, one staining technique	2004.00	352	270.000	1.0	R	1 864.90	
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	2004.00	352	70.000	1.0	R	483.50	
4760	FISH procedure, including cell culture	2004.00	352	115.000	1.0	R	794.30	
4761	FISH analysis per probe system	2004.00	352	35.000	1.0	R	241.70	
	DNA-testing							
4763	Blood: DNA extraction	2004.00	352	45.000	1.0	R	310.80	
4764	Blood: Genotype per person: Southern blotting	2004.00	352	89.000	1.0	R	614.70	
4765	Blood: Genotype per person: PCR	2004.00	352	60.000	1.0	R	414.40	
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	2004.00	352	90.000	1.0	R	621.60	
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	2004.00	352	188.000	1.0	R	1 298.50	
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	2004.00	352	120.000	1.0	R	828.80	

Medical Technology 2008

Code	Description
37600	Medical Technology

Medical Technology 2008

Code	Description	RCF
350	Medical Technology - Clinical Pathology	6.745
351	Medical Technology - Cytology	7.779
352	Medical Technology - Genetics	6.907

MENTAL HEALTH INSTITUTIONS

Mental Health Institutions 2008

55500							
NATIONAL REFERENCE PRICE LIST IN RESPECT OF MENTAL HEALTH CARE FACILITIES WITH EFFECT FROM 1 JANUARY 2008							
	Version	Add	CF	Units	BF	Value	Flag
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. □ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded	2004.00						
GENERAL RULES							
A It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	2004.00						
C All accounts submitted by mental health institutions shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.	2004.00						
D All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the rehabilitation hospital concerned.	2004.00						
E All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.	2004.00						
E.3.3 Mental Institutions refers to all institutions registered with the Department of Health in terms of the Mental Health Care Act 17 of 2002 having practice code numbers commencing with the digits 55.	2006.04						

Mental Health Institutions 2008

	Accommodation fees includes the services listed below:								
	A. <input type="checkbox"/> The minimum services that are required are items 3, 5 and 6.								
	B. <input type="checkbox"/> If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital.								
	1 <input type="checkbox"/> Pre-authorisation (up to the date of admission) of:								
	· length of stay								
	· level of care								
	· theatre procedures								
	2 <input type="checkbox"/> Provision of ICD-10 and CPT-4 codes when requesting pre-authorisation								
	3 <input type="checkbox"/> Notification of admission								
	4 <input type="checkbox"/> Immediate notification of changes to:								
	· length of stay								
	· level of care								
	· theatre procedures								
	5 <input type="checkbox"/> Reporting of length of stay and level of care								
	· In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.								
	6 <input type="checkbox"/> Discharge ICD-10 and CPT-4 coding								
	· In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.								
F	· Including coding of complications and co-morbidity. To be done as accurately as practically	2004.00							
	SCHEDULE								
8	INSTITUTIONS REGISTERED IN TERMS OF THE MENTAL HEALTH ACT 1973 WITH A PRACTICE NUMBER COMMENCING WITH "55"								
004	General ward fee: with overnight stay	2004.00	470	10.000	1.0	R	838.60		
005	General ward fee: without overnight stay	2004.00	470	7.355	1.0	R	616.80		
006	General ward fee: under 5 hours stay	2004.00	470	3.808	1.0	R	319.40		
	Ward and dispensary drugs. The amount charged in respect of dispensed medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965).								
	In relation to other ward stock (materials and/or medicines), the amount charged shall not exceed the net acquisition price (inclusive of VAT) or the exit price as determined in terms of Act No 101 of 1965.								
045		2005.03	470	-	1.0	R	-		
055	Electroconvulsive therapy (ECT) (No theatre fee chargeable)	2004.00	470	4.997	1.0	R	419.10		
231	Monitors	2006.04	470	1.463	1.0	R	122.70	Z	

Mental Health Institutions 2008

273	To take out. Dispensed items including ampoules, over the counter and proprietary items issued to patients. All items must be shown on accounts. Dispensed items including ampoules, over the counter and proprietary items issued to patients. The same principles as in code 045 apply.	2004.00	470	-	1.0	R	-	
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Mental Health Institutions 2008

Code	Description
55500	Mental Health Institutions

Mental Health Institutions 2008

55500							
NATIONAL REFERENCE PRICE LIST IN RESPECT OF MENTAL HEALTH CARE FACILITIES WITH EFFECT FROM 1 JANUARY 2008							
	Version	Add	CF	Units	BF	Value	Flag
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. □ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.	2004.00						
GENERAL RULES							
A It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	2004.00						
C All accounts submitted by mental health institutions shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.	2004.00						
D All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the rehabilitation hospital concerned.	2004.00						
E All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.	2004.00						
E.3.3 Mental Institutions refers to all institutions registered with the Department of Health in terms of the Mental Health Care Act 17 of 2002 having practice code numbers commencing with the digits 55.	2006.04						

Mental Health Institutions 2008

	Accommodation fees includes the services listed below:							
	A. <input type="checkbox"/> The minimum services that are required are items 3, 5 and 6.							
	B. <input type="checkbox"/> If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital.							
	1 <input type="checkbox"/> Pre-authorisation (up to the date of admission) of:							
	· length of stay							
	· level of care							
	· theatre procedures							
	2 <input type="checkbox"/> Provision of ICD-10 and CPT-4 codes when requesting pre-authorisation							
	3 <input type="checkbox"/> Notification of admission							
	4 <input type="checkbox"/> Immediate notification of changes to:							
	· length of stay							
	· level of care							
	· theatre procedures							
	5 <input type="checkbox"/> Reporting of length of stay and level of care							
	· In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.							
	6 <input type="checkbox"/> Discharge ICD-10 and CPT-4 coding							
	· In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.							
F	· Including coding of complications and co-morbidity. To be done as accurately as practically	2004.00						
	SCHEDULE							
8	INSTITUTIONS REGISTERED IN TERMS OF THE MENTAL HEALTH ACT 1973 WITH A PRACTICE NUMBER COMMENCING WITH "55"							
004	General ward fee: with overnight stay	2004.00	470	10.000	1.0	R	838.60	
005	General ward fee: without overnight stay	2004.00	470	7.355	1.0	R	616.80	
006	General ward fee: under 5 hours stay	2004.00	470	3.808	1.0	R	319.40	
	Ward and dispensary drugs. The amount charged in respect of dispensed medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965).							
	In relation to other ward stock (materials and/or medicines), the amount charged shall not exceed the net acquisition price (inclusive of VAT) or the exit price as determined in terms of Act No 101 of 1965.							
045		2005.03	470	-	1.0	R	-	
055	Electroconvulsive therapy (ECT) (No theatre fee chargeable)	2004.00	470	4.997	1.0	R	419.10	
231	Monitors	2006.04	470	1.463	1.0	R	122.70	Z

Mental Health Institutions 2008

273	To take out. Dispensed items including ampoules, over the counter and proprietary items issued to patients. All items must be shown on accounts. Dispensed items including ampoules, over the counter and proprietary items issued to patients. The same principles as in code 045 apply.	2004.00	470	-	1.0	R	-
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Mental Health Institutions 2008

Code	Description
55500	Mental Health Institutions

Mental Health Institutions 2008

Code	Description	RCF
470	Mental Health Institutions	83,864

OPTOMETRISTS

Optometrists 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY OPTOMETRISTS EFFECTIVE FROM 1 JANUARY 2008				
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>				
RULES				
MODIFIERS				
ITEMS				
Consultations:				
Code	Description	Var	Add	Optometry
				RVU Fee
11001	Optometric Examination (incl Tonometry)	06.02		30.000 195.90 (171.80)
11081	Optometric Examination & Visual Fields	06.02		35.000 228.60 (200.50)
11021	Optometric-Re-examination	06.02		20.000 130.60 (114.60)
11041	Consultation :15 min. without performing Optometric Exam.	06.02		15.000 98.00 (86.00)
Diagnostic Procedures:				
11303	Cycloplegic Refraction	06.02		15.000 98.00 (86.00)
11323	Preferential Looking (Infants < Two Years)	06.02		15.000 98.00 (86.00)
11346	Corneal Topography	06.02		20.000 130.60 (114.60)
11356	Gonioscopy	06.02		10.000 65.30 (57.30)
11366	Dilated Fundus Examination / BIO	06.02		10.000 65.30 (57.30)
11423	Visual Field	06.02		15.000 98.00 (86.00)
11443	Threshold Visual Fields	06.02		25.000 163.30 (143.20)
11246	Revaluation of Colour Vision	06.02		15.000 98.00 (86.00)
11265	Evaluation of Contrast Sensitivity	06.02		10.000 65.30 (57.30)
11283	Evaluation of Lacrimal System	06.02		10.000 65.30 (57.30)
11604	Photography of Anterior Segment	06.02		10.000 65.30 (57.30)
11624	Photography of Fundus	06.02		10.000 65.30 (57.30)
11644	Photographic Materials	06.02		- -
Procedures done in isolation				
11141	Evaluation of Refractive Status	06.02		20.000 130.60 (114.60)
11161	Screening for Pathology	06.02		15.000 98.00 (86.00)
11183	Keratometry	06.02		10.000 65.30 (57.30)
11202	Tonometry (Non-contact)	06.02		10.000 65.30 (57.30)
11212	Tonometry (Aplanation)	06.02		10.000 65.30 (57.30)
11221	Screening of Colour Vision	06.02		5.000 32.70 (28.70)
11402	Screening of Visual Fields	06.02		10.000 65.30 (57.30)
12503	Assessment of CL Related Problems - Monocular	06.02		10.000 65.30 (57.30)
12523	Assessment of CL Related Problems - Binocular	06.02		15.000 98.00 (86.00)

Code	Description	Ver	Add	Optometry	
				RVU	Fee
12533	CL Instruction	06.02		15.000	98.00 (86.00)
Dispensing Fees					
11501	Dispensing Fee - Single Vision	06.02		5.000	32.70 (28.70)
11521	Dispensing Fee - Bifocals	06.02		10.000	65.30 (57.30)
11541	Dispensing Fee - Varifocals	06.02		10.000	65.30 (57.30)
11707	Night/Weekend/Public Holiday Visit	06.02		15.000	98.00 (86.00)
11729	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	06.02		-	-
11809	Screening School (per hour)	06.02		60.000	391.90 (343.80)
11829	Screening Industrial (per hour)	06.02		60.000	391.90 (343.80)
Contact Lens Procedures					
12012	Basic - per visit	06.02		30.000	195.90 (171.80)
12032	Complex - per visit	06.02		30.000	195.90 (171.80)
12052	Advanced - per visit	06.02		30.000	195.90 (171.80)
12072	CL Dispensing and/or Assessment	06.02		15.000	98.00 (86.00)
Binocular Vision/Orthoptics					
13003	Evaluation of Binocular Instability Simple Case	06.02		30.000	195.90 (171.80)
13023	Evaluation of Binocular Instability Complex Case	06.02		60.000	391.90 (343.80)
Visually Related Disorders					
13105	Evaluation of Visually Related Learning Disorders	06.02		90.000	587.80 (515.60)
13125	Evaluation of Eye Movements (e.g. Visigraph)	06.02		30.000	195.90 (171.80)
Colorimetry Codes					
13509	Screening - Rate of Reading Test	06.02		15.000	98.00 (86.00)
13529	Evaluation - Ortho-Didactical Reading Skills	06.02		45.000	293.90 (257.80)
13549	Evaluation - Intuitive Colorimetry	06.02		60.000	391.90 (343.80)
Visual Therapy/Orthoptics Training					
13403	Training Home Therapy Instruction	06.02		10.000	65.30 (57.30)
13423	Training Individual (per 15 minutes)	06.02		15.000	98.00 (86.00)
13445	Training Individual (per 30minutes)	06.02		30.000	195.90 (171.80)
13463	Training Group per Patient (per 15 minutes)	06.02		3.750	24.50 (21.50)
13489	Training Away from Practice	06.02		30.000	195.90 (171.80)
Low Vision Assessment & Training (per Half hour)					
16013	Simple LV Assessment	06.02		30.000	195.90 (171.80)
16033	Complex LV Assessment	06.02		30.000	195.90 (171.80)
16053	Advanced LV Assessment	06.02		30.000	195.90 (171.80)
16073	Simple LV Training	06.02		30.000	195.90 (171.80)
16093	Complex LV Training	06.02		30.000	195.90 (171.80)
16113	Advanced LV Training	06.02		30.000	195.90 (171.80)
Sports Vision - In Office Procedures					
14008	Screening Sports Vision Individual	06.02		20.000	130.60 (114.60)

Code	Description	Ver	Add	Optometry	
				RVU	Fee
14218	Evaluation Sports Vision Individual	06.02		45.000	293.90 (257.80)
14238	Training Sports Vision Individual (per 15 minutes)	06.02		15.000	98.00 (86.00)
	Group fees are per individual member of the group	06.02			
14268	Screening Sports Vision Group	06.02		3.750	24.50 (21.50)
14278	Evaluation Sports Vision Group	06.02		8.750	57.10 (50.10)
14288	Training Sports Vision Group (per 15 minutes)	06.02		3.750	24.50 (21.50)
Sports Vision - Procedures done in the Field					
14309	Screening Sports Vision Individual	06.02		30.000	195.90 (171.80)
14319	Evaluation Sports Vision Individual	06.02		60.000	391.90 (343.80)
14329	Training Sports Vision Individual (per 15 minutes)	06.02		15.000	98.00 (86.00)
	Group fees are per individual member of the group	06.02			
14369	Screening Sports Vision Group	06.02		6.250	40.80 (35.80)
14379	Evaluation Sports Vision Group	06.02		12.500	81.60 (71.60)
14389	Training Sports Vision Group (per 15 minutes)	06.02		3.750	24.50 (21.50)
Reports etc					
19001	Report at request of Medical Aid	06.02		15.000	98.00 (86.00)
19021	Report at Patient's request	06.02		25.000	163.30 (143.20)
19081	Confirming Med. Aid Benefit by tel. or fax (per 10 minutes)	06.02		5.000	32.70 (28.70)
Generic Lenses					
40501	Frames	06.02		-	-
70011	Single Vision lens (up to 6.00Sph)	06.02		2.374	176.90 (155.20)
70021	Special Vision High Powers	06.02		5.786	431.20 (378.20)
70712	Bifocal-Round/flat/top Seg 68*28 Seg	06.02		7.567	563.90 (494.60)
75012	Varifocal Distance to near	06.02		11.869	884.50 (775.90)
80011	Single Vision lens	06.02		2.374	176.90 (155.20)
80021	Special Vision High Powers	06.02		5.104	380.40 (333.70)
80812	Bifocal-Round/flat/top Seg 74*28 Seg	06.02		5.727	426.80 (374.40)
85012	Varifocal Distance to near	06.02		11.128	829.30 (727.50)
84000	Varifocal Intermediate to Near	06.05		11.128	829.30 (727.50)
99999	All other codes	06.02		-	-

Optometrists 2008

37000										
NATIONAL REFERENCE PRICE LIST FOR SERVICES BY OPTOMETRISTS EFFECTIVE FROM 1 JANUARY 2008				Version	Add	CF	Units	BF	Value	Flag
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.				2006.02						
RULES										
MODIFIERS										
ITEMS										
Consultations:										
11001	Optometric Examination (incl Tonometry)			2006.02		490	30.000	1.0	R	195.90
11081	Optometric Examination & Visual Fields			2006.02		490	35.000	1.0	R	228.60
11021	Optometric-Re-examination			2006.02		490	20.000	1.0	R	130.60
11041	Consultation :15 min. without performing Optometric Exam.			2006.02		490	15.000	1.0	R	98.00
Diagnostic Procedures:										
11303	Cycloplegic Refraction			2006.02		490	15.000	1.0	R	98.00
11323	Preferential Looking (Infants < Two Years)			2006.02		490	15.000	1.0	R	98.00
11346	Corneal Topography			2006.02		490	20.000	1.0	R	130.60
11356	Gonioscopy			2006.02		490	10.000	1.0	R	65.30
11366	Dilated Fundus Examination / BIO			2006.02		490	10.000	1.0	R	65.30
11423	Visual Field			2006.02		490	15.000	1.0	R	98.00
11443	Threshold Visual Fields			2006.02		490	25.000	1.0	R	163.30
11246	Revaluation of Colour Vision			2006.02		490	15.000	1.0	R	98.00
11265	Evaluation of Contrast Sensitivity			2006.02		490	10.000	1.0	R	65.30
11283	Evaluation of Lacrimal System			2006.02		490	10.000	1.0	R	65.30
11604	Photography of Anterior Segment			2006.02		490	10.000	1.0	R	65.30
11624	Photography of Fundus			2006.02		490	10.000	1.0	R	65.30
11644	Photographic Materials			2006.02		490	-	1.0	R	-
Procedures done in isolation										
11141	Evaluation of Refractive Status			2006.02		490	20.000	1.0	R	130.60
11161	Screening for Pathology			2006.02		490	15.000	1.0	R	98.00
11183	Keratometry			2006.02		490	10.000	1.0	R	65.30
11202	Tonometry (Non-contact)			2006.02		490	10.000	1.0	R	65.30
11212	Tonometry (Aplanation)			2006.02		490	10.000	1.0	R	65.30
11221	Screening of Colour Vision			2006.02		490	5.000	1.0	R	32.70

Optometrists 2008

11402	Screening of Visual Fields	2006.02	490	10.000	1.0	R	65.30	
12503	Assessment of CL Related Problems - Monocular	2006.02	490	10.000	1.0	R	65.30	
12523	Assessment of CL Related Problems - Binocular	2006.02	490	15.000	1.0	R	98.00	
12533	CL Instruction	2006.02	490	15.000	1.0	R	98.00	
	Dispensing Fees							
11501	Dispensing Fee - Single Vision	2006.02	490	5.000	1.0	R	32.70	
11521	Dispensing Fee - Bifocals	2006.02	490	10.000	1.0	R	65.30	
11541	Dispensing Fee - Varifocals	2006.02	490	10.000	1.0	R	65.30	
11707	Night/Weekend/Public Holiday Visit	2006.02	490	15.000	1.0	R	98.00	
	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	2006.02	490	-	1.0	R	-	
11729		2006.02	490	60.000	1.0	R	391.90	
11809	Screening School (per hour)	2006.02	490	60.000	1.0	R	391.90	
11829	Screening Industrial (per hour)	2006.02	490	60.000	1.0	R	391.90	
	Contact Lens Procedures							
12012	Basic - per visit	2006.02	490	30.000	1.0	R	195.90	
12032	Complex - per visit	2006.02	490	30.000	1.0	R	195.90	
12052	Advanced - per visit	2006.02	490	30.000	1.0	R	195.90	
12072	CL Dispensing and/or Assessment	2006.02	490	15.000	1.0	R	98.00	
	Binocular Vision/Orthoptics							
13003	Evaluation of Binocular Instability Simple Case	2006.02	490	30.000	1.0	R	195.90	
13023	Evaluation of Binocular Instability Complex Case	2006.02	490	60.000	1.0	R	391.90	
	Visually Related Disorders							
13105	Evaluation of Visually Related Learning Disorders	2006.02	490	90.000	1.0	R	587.80	
13125	Evaluation of Eye Movements (e.g. Visigraph)	2006.02	490	30.000	1.0	R	195.90	
	Colorimetry Codes							
13509	Screening - Rate of Reading Test	2006.02	490	15.000	1.0	R	98.00	
13529	Evaluation - Ortho-Didactical Reading Skills	2006.02	490	45.000	1.0	R	293.90	
13549	Evaluation - Intuitive Colorimetry	2006.02	490	60.000	1.0	R	391.90	
	Visual Therapy/Orthoptics Training							
13403	Training Home Therapy Instruction	2006.02	490	10.000	1.0	R	65.30	
13423	Training Individual (per 15 minutes)	2006.02	490	15.000	1.0	R	98.00	
13445	Training Individual (per 30minutes)	2006.02	490	30.000	1.0	R	195.90	
13463	Training Group per Patient (per 15 minutes)	2006.02	490	3.750	1.0	R	24.50	
13489	Training Away from Practice	2006.02	490	30.000	1.0	R	195.90	
	Low Vision Assessment & Training (per Half hour)							
16013	Simple LV Assessment	2006.02	490	30.000	1.0	R	195.90	
16033	Complex LV Assessment	2006.02	490	30.000	1.0	R	195.90	
16053	Advanced LV Assessment	2006.02	490	30.000	1.0	R	195.90	
16073	Simple LV Training	2006.02	490	30.000	1.0	R	195.90	
16093	Complex LV Training	2006.02	490	30.000	1.0	R	195.90	
16113	Advanced LV Training	2006.02	490	30.000	1.0	R	195.90	
	Sports Vision - in Office Procedures							
14008	Screening Sports Vision Individual	2006.02	490	20.000	1.0	R	130.60	
14218	Evaluation Sports Vision Individual	2006.02	490	45.000	1.0	R	293.90	
14238	Training Sports Vision Individual (per 15 minutes)	2006.02	490	15.000	1.0	R	98.00	

Optometrists 2008

	Group fees are per individual member of the group	2006.02						
14268	Screening Sports Vision Group	2006.02	490	3.750	1.0	R	24.50	
14278	Evaluation Sports Vision Group	2006.02	490	8.750	1.0	R	57.10	
14288	Training Sports Vision Group (per 15 minutes)	2006.02	490	3.750	1.0	R	24.50	
	Sports Vision - Procedures done in the Field							
14309	Screening Sports Vision Individual	2006.02	490	30.000	1.0	R	195.90	
14319	Evaluation Sports Vision Individual	2006.02	490	60.000	1.0	R	391.90	
14329	Training Sports Vision Individual (per 15 minutes)	2006.02	490	15.000	1.0	R	98.00	
	Group fees are per individual member of the group	2006.02						
14369	Screening Sports Vision Group	2006.02	490	6.250	1.0	R	40.80	
14379	Evaluation Sports Vision Group	2006.02	490	12.500	1.0	R	81.60	
14389	Training Sports Vision Group (per 15 minutes)	2006.02	490	3.750	1.0	R	24.50	
	Reports etc							
19001	Report at request of Medical Aid	2006.02	490	15.000	1.0	R	98.00	
19021	Report at Patient's request	2006.02	490	25.000	1.0	R	163.30	
19081	Confirming Med. Aid Benefit by tel. or fax (per 10 minutes)	2006.02	490	5.000	1.0	R	32.70	
	Generic Lenses							
40501	Frames	2006.02	491	-	1.0	R	-	
70011	Single Vision lens (up to 6.00Sph)	2006.02	491	2.374	1.0	R	176.90	
70021	Special Vision High Powers	2006.02	491	5.786	1.0	R	431.20	
70712	Bifocal-Round/flat/top Seg 68*28 Seg	2006.02	491	7.587	1.0	R	563.90	
75012	Varifocal Distance to near	2006.02	491	11.869	1.0	R	884.50	
80011	Single Vision lens	2006.02	491	2.374	1.0	R	176.90	
80021	Special Vision High Powers	2006.02	491	5.104	1.0	R	380.40	
80812	Bifocal-Round/flat/top Seg 74*28 Seg	2006.02	491	5.727	1.0	R	426.80	
85012	Varifocal Distance to near	2006.02	491	11.128	1.0	R	829.30	
84000	Varifocal Intermediate to Near	2006.05	491	11.128	1.0	R	829.30	
99999	All other codes	2006.02	491	-	1.0	R	-	

Optometrists 2008

Code	Description
37000	Optometry

Optometrists 2008

Code	Description	RCF
490	Optometry	6.531
491	Optometry Goods	74.521

ORTHOPTIST

Orthoptists 2008

NATIONAL REFERENCE PRICE LIST IN RESPECT OF ORTHOPTISTS WITH EFFECT FROM 1 JANUARY 2008

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

ITEMS

Code	Description	Ver	Add	Orthoptists	
				RVU	Fee
001	Orthoptic consultation (Ocular motility assessment, comprehensive examination)	04.00		10.000	86.00 (75.40)
003	Orthoptic treatment (Ocular motility imbalance)	04.00		8.700	74.80 (65.60)
005	Orthoptic consultation (Hess chart)	04.00		11.100	95.50 (83.80)
007	Orthoptic visual fields charting or field of binocular single vision	04.00		21.700	186.70 (163.80)
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-

Orthoptists 2008

		37400						
NATIONAL REFERENCE PRICE LIST IN RESPECT OF ORTHOPTISTS WITH EFFECT FROM 1 JANUARY 2008		Version	Ad	CF	Units	BF	Value	Flag
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded		2004.00						
ITEMS								
001	Orthoptic consultation (Ocular motility assessment, comprehensive examination)	2004.00		330	10	1	86	
003	Orthoptic treatment (Ocular motility imbalance)	2004.00		330	8.7	1	74.8	
005	Orthoptic consultation (Hess chart)	2004.00		330	11.1	1	95.5	
007	Orthoptic visual fields charting or field of binocular single vision	2004.00		330	21.7	1	186.7	
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	2004.00		330	0	0	0	

Orthoptists 2008

Code	Description
37400	Orthoptists

Orthoptists 2008

Code	Description	RCF
330	Orthoptists	8.602

OSTEOPATHY

Osteopathy 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY OSTEOPATHS EFFECTIVE FROM 1 JANUARY 2008				
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.				
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.				
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.				
RULES				
01	All accounts must be presented with the following information clearly stated: - name of osteopath - qualifications of the osteopath - BHF practice number - Postal address and telephone number - Date on which the service(s) were provided - Applicable item codes - The nature of the treatment - The surname and initials of the member - The first name of the patient - The name of the medical scheme - The membership number of the patient - The name and practice number of the referring practitioner			06.02
02	The fee of more than one procedure performed at the same consultation or visit, shall be the fee for the major procedure plus the fee in respect of each additional procedure, but under no circumstances will additional fees be charged for more than three additional procedures carried out in the treatment of any one condition.			06.02
03	After a series of 10 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatment in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such treatment.			06.02
04	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed if the correct NAPPI code is supplied on the account.			06.02
ITEMS				
1:	Consultation, Spinal or Joint Manipulation			
Code	Description	Ver	Add	
001	Initial consultation/manipulation (fee covering history, examination and treatment)	06.02		
	COIDS - Full case history, physical exam & use of diagnostic equipment, but excluding remedies, immobilisation, and manipulative procedure	06.02		
002	Subsequent manipulation/examination (fee covering subsequent examination and treatment / manipulation for the same condition)	06.02		
	COIDS - Subsequent consultation & examination not requiring treatment	06.02		
003	Consultation/examination where not treatment is required	06.02		
	COIDS - Spinal or extra-spinal joint manipulation ONLY.	06.02		
2:	Modalities/Adjunctive Therapy			
Soft Tissue Manipulation				
101	Massage	06.02		
103	Myofascial pain therapy	06.02		
Deep Heating Radiation				
111	Short wave diathermy	08.02		
113	Microwave diathermy	08.02		
Superficial Heating Therapy				
121	Hydrocollator/Ice pack - Hot or cold packs	06.02		
123	Infra-red	06.02		
125	Ultra-violet	06.02		
127	Paraffin bath/wax unit	06.02		
129	Whirlpool/Hubbard tank immersion	06.02		
131	Fluidotherapy	06.02		
133	Sitz bath	06.02		
Non-heating Modalities				
141	Galvanism/Faradic & Sine wave	06.02		
143	Low voltage galvanic iontophoresis	06.02		
145	Ultrasound	06.02		
147	Combined ultrasound & electric stimulation	06.02		
149	Interferential	06.02		
151	Vacutron/Vasopneumatic devices	06.02		
153	Vacutron plus interferential	06.02		

Code	Description	Ver.	Add
155	Vibration therapy	06.02	
157	High voltage pulse direct current	06.02	
159	Electro-Stim 180	06.02	
161	TENS	06.02	
163	Micro current modalities	06.02	
165	Traction: Mechanical/Static, etc.	06.02	
167	Laser therapy	06.02	
Cold Applications			
171	Cryomatic/Cryotherapy	06.02	
173	Cold packs	06.02	
Therapeutic Exercise			
187	Proprioceptive neuromuscular facilitation	06.02	
189	Gait training	06.02	
191	Prosthetic fitting and training	06.02	
Immobilisation			
201	Hard and soft immobilisation	06.02	
203	Supportive strapping, bracing, splinting and taping	06.02	
205	Supportive devices	06.02	

Osteopathy 2008

Code	Description	Practice Type	2007
001	Initial consultation/manipulation (fee covering history, examination and treatment)	Osteopathy	0.000
002	Subsequent manipulation/examination (fee covering subsequent examination and treatment / manipulation for the same condition)	Osteopathy	0.000
003	Consultation/examination where not treatment is required	Osteopathy	0.000
101	Massage	Osteopathy	0.000
103	Myofascial pain therapy	Osteopathy	0.000
111	Short wave diathermy	Osteopathy	0.000
113	Microwave diathermy	Osteopathy	0.000
121	Hydrocollator/Ice pack - Hot or cold packs	Osteopathy	0.000
123	Infra-red	Osteopathy	0.000
125	Ultra-violet	Osteopathy	0.000
127	Paraffin bath/wax unit	Osteopathy	0.000
129	Whirlpool/Hubbard tank immersion	Osteopathy	0.000
131	Fluidotherapy	Osteopathy	0.000
133	Sitz bath	Osteopathy	0.000
141	Galvanism/Faradic & Sine wave	Osteopathy	0.000
143	Low voltage galvanic iontophoresis	Osteopathy	0.000
145	Ultrasound	Osteopathy	0.000
147	Combined ultrasound & electric stimulation	Osteopathy	0.000
149	Interferential	Osteopathy	0.000
151	Vacutron/Vasopneumatic devices	Osteopathy	0.000
153	Vacutron plus interferential	Osteopathy	0.000
155	Vibration therapy	Osteopathy	0.000
157	High voltage pulse direct current	Osteopathy	0.000
159	Electro-Stim 180	Osteopathy	0.000
161	TENS	Osteopathy	0.000
163	Micro current modalities	Osteopathy	0.000
165	Traction: Mechanical/Static, etc.	Osteopathy	0.000
167	Laser therapy	Osteopathy	0.000
171	Cryomatic/Cryotherapy	Osteopathy	0.000
173	Cold packs	Osteopathy	0.000
187	Proprioceptive neuromuscular facilitation	Osteopathy	0.000
189	Gait training	Osteopathy	0.000
191	Prosthetic fitting and training	Osteopathy	0.000
201	Hard and soft immobilisation	Osteopathy	0.000
203	Supportive strapping, bracing, splinting and taping	Osteopathy	0.000
205	Supportive devices	Osteopathy	0.000

Osteopathy 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY OSTEOPATHS EFFECTIVE FROM 1 JANUARY 2008		Version	Add
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. □</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded</p>		2006.02	
RULES			
01	<p>All accounts must be presented with the following information clearly stated:</p> <ul style="list-style-type: none"> - name of osteopath - qualifications of the osteopath - BHF practice number - Postal address and telephone number - Date on which the service(s) were provided - Applicable item codes - The nature of the treatment - The surname and initials of the member - The first name of the patient - The name of the medical scheme - The membership number of the patient - The name and practice number of the referring practitioner 	2006.02	
02	The fee of more than one procedure performed at the same consultation or visit, shall be the fee for the major procedure plus the fee in respect of each additional procedure, but under no circumstances will additional fees be charged for more than three additional procedures carried out in the treatment of any one condition.	2006.02	
03	After a series of 10 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatment in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such treatment.	2006.02	
04	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed if the correct NAPPI code is supplied on the account.	2006.02	
ITEMS			
1.	Consultation, Spinal or Joint Manipulation		
001	Initial consultation/manipulation (fee covering history, examination and treatment)	2006.02	

Osteopathy 2008

	COIDS - Full case history, physical exam & use of diagnostic equipment, but excluding remedies, immobilisation, and manipulative procedure	2006.0 2		
002	Subsequent manipulation/examination (fee covering subsequent examination and treatment / manipulation for the same condition)	2006.0 2		
	COIDS - Subsequent consultation & examination not requiring treatment	2006.0 2		
003	Consultation/examination where not treatment is required	2006.0 2		
	COIDS - Spinal or extra-spinal joint manipulation ONLY.	2006.0 2		
2.	Modalities/Adjunctive Therapy			
	Soft Tissue Manipulation			
	Massage	2006.0 2		
101	Myofascial pain therapy	2006.0 2		
103	Deep Heating Radiation			
	Short wave diathermy	2006.0 2		
111	Microwave diathermy	2006.0 2		
113	Superficial Heating Therapy			
	Hydrocollator/Ice pack - Hot or cold packs	2006.0 2		
121	Infra-red	2006.0 2		
123	Ultra-violet	2006.0 2		
125	Paraffin bath/wax unit	2006.0 2		
127	Whirlpool/Hubbard tank immersion	2006.0 2		
129	Fluidotherapy	2006.0 2		
131	Sitz bath	2006.0 2		
133	Non-heating Modalities			
	Galvanism/Faradic & Sine wave	2006.0 2		
141	Low voltage galvanic iontophoresis	2006.0 2		
143	Ultrasound	2006.0 2		
145	Combined ultrasound & electric stimulation	2006.0 2		
147				

Osteopathy 2008

149	Inteferential	2006.0 2		
151	Vacutron/Vasopneumatic devices	2006.0 2		
153	Vacutron plus Inteferential	2006.0 2		
155	Vibration therapy	2006.0 2		
157	High voltage pulse direct current	2006.0 2		
159	Electro-Stim 180	2006.0 2		
161	TENS	2006.0 2		
163	Micro current modalities	2006.0 2		
165	Traction: Mechanical/Static, etc.	2006.0 2		
167	Laser therapy	2006.0 2		
	Cold Applications			
171	Cryomatic/Cryotherapy	2006.0 2		
173	Cold packs	2006.0 2		
	Therapeutic Exercise			
187	Proprioceptive neuromuscular facilitation	2006.0 2		
189	Gait training	2006.0 2		
191	Prosthetic fitting and training	2006.0 2		
	Immobilisation			
201	Hard and soft immobilisation	2006.0 2		
203	Supportive strapping, bracing, splinting and taping	2006.0 2		
205	Supportive devices	2006.0 2		

PHYSICAL REHABILITATION

Physical Rehabilitation Hospitals 2008

NATIONAL REFERENCE PRICE LIST IN RESPECT OF REHABILITATION HOSPITALS WITH A PRACTICE NUMBER COMMENCING WITH "59" WITH EFFECT FROM 1 JANUARY 2008

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

A	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
B.1	Procedure for the classification of hospitals:	04.00
B.1.1	Inspections of sub-acute facilities, private hospitals, rehabilitation hospitals or sub-acute facilities having practice code numbers commencing with the digits 059 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	04.00
C	All accounts submitted by rehabilitation hospitals shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.	04.00
D	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the rehabilitation hospital concerned.	04.00
E	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.	04.00
F	Accommodation fees includes the services listed below: A. The minimum services that are required are items 3, 5 and 6. B. If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital. 1 Pre-authorisation (up to the date of admission) of: · length of stay · level of care · theatre procedures 2 Provision of ICD-10 and CPT-4 codes when requesting pre-authorisation 3 Notification of admission 4 Immediate notification of changes to: · length of stay · level of care · theatre procedures 5 Reporting of length of stay and level of care · In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. 6 Discharge ICD-10 and CPT-4 coding · In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. · Including coding of complications and co-morbidity. To be done as accurately as practically possible by the hospital. 7 Case management by means of standard documentation and liaison between scheme and hospital appointed case managers · Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital.	04.00

SCHEDULE

7	GLOBAL FEE FOR REHABILITATION WITH A PRACTICE NUMBER COMMENCING WITH "59"	
	The following rehabilitation categories will be treated in recognised and accredited rehabilitation hospitals: Stroke, Brain dysfunction (traumatic and non-traumatic), Spinal cord dysfunction (traumatic and non-traumatic), Orthopaedic (lower joint replacements), Amputation (lower extremity), Cardiac, Pulmonary, Major multiple trauma. Other neurological or orthopaedic impairments will require specific letters of motivation.	04.00
	This section is only applicable to facilities registered as Physical Rehabilitation Hospitals and not Sub-acute facilities.	04.00

Rehabilitation

Code	Description	Ver	Add	Physical Rehabilitation Hospitals
				RVU Fee

Code	Description	Ver	Add	Physical Rehabilitation Hospitals	
				RVU	Fee
100	Out patients, 3 hours per day (maximum 18 days)	04.00		10.000	409.90 (359.60)
101	Out patients, 6 hours per day (maximum 18 days)	04.00		21.103	865.00 (756.80)
105	General care (maximum 27 days)	04.00		42.013	1722.10 (1510.60)
107	High care (maximum 36 days)	04.00		49.522	2029.90 (1780.60)
109	Rehabilitation ICU (maximum 7 days)	04.00		89.005	3648.30 (3200.30)

Physical Rehabilitation Hospitals 2008

		55900						
NATIONAL REFERENCE PRICE LIST IN RESPECT OF REHABILITATION HOSPITALS WITH A PRACTICE NUMBER COMMENCING WITH "59" WITH EFFECT FROM 1 JANUARY 2008		Version	Ad	CF	Units	BF	Value	Flag
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. □ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded		2004.00						
GENERAL RULES								
A	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	2004.00						
B.1	Procedure for the classification of hospitals:	2004.00						
B.1.1	Inspections of sub-acute facilities, private hospitals, rehabilitation hospitals or sub-acute facilities having practice code numbers commencing with the digits 059 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	2004.00						
C	All accounts submitted by rehabilitation hospitals shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.	2004.00						
D	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the rehabilitation hospital concerned.	2004.00						
E	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.	2004.00						

Physical Rehabilitation Hospitals 2008

F	Accommodation fees includes the services listed below:	2004.0						
	<p>A. <input type="checkbox"/> The minimum services that are required are items 3, 5 and 6.</p> <p>B. <input type="checkbox"/> If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital.</p> <p>1 <input type="checkbox"/> Pre-authorisation (up to the date of admission) of:</p> <ul style="list-style-type: none"> length of stay level of care theatre procedures <p>2 <input type="checkbox"/> Provision of ICD-10 and CPT-4 codes when requesting pre-authorisation</p> <p>3 <input type="checkbox"/> Notification of admission</p> <p>4 <input type="checkbox"/> Immediate notification of changes to:</p> <ul style="list-style-type: none"> length of stay level of care theatre procedures <p>5 <input type="checkbox"/> Reporting of length of stay and level of care</p> <ul style="list-style-type: none"> In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. <p>6 <input type="checkbox"/> Discharge ICD-10 and CPT-4 coding</p> <ul style="list-style-type: none"> In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. Including coding of complications and co-morbidity. To be done as accurately as practically 	0						
	SCHEDULE							
7	GLOBAL FEE FOR REHABILITATION WITH A PRACTICE NUMBER COMMENCING WITH							
	The following rehabilitation categories will be treated in recognised and accredited rehabilitation hospitals: Stroke, Brain dysfunction (traumatic and non-traumatic), Spinal cord dysfunction (traumatic and non-traumatic), Orthopaedic (lower joint replacements), Amputation (lower extremity), Cardiac, Pulmonary, Major multiple trauma. Other neurological or orthopaedic impairments will require specific letters of motivation.	2004.0						
	This section is only applicable to facilities registered as Physical Rehabilitation Hospitals and not Sub-acute facilities.	2004.0						
	Rehabilitation							
100	Out patients, 3 hours per day (maximum 18 days)	2004.0	530	10.000	1.0	R	409.90	
101	Out patients, 6 hours per day (maximum 18 days)	2004.0	530	21.103	1.0	R	865.00	
105	General care (maximum 27 days)	2004.0	530	42.013	1.0	R	1 722.10	

Physical Rehabilitation Hospitals 2008

107	High care (maximum 36 days)	2004.0 0		530	49.522	1.0	R	2 029.90	
109	Rehabilitation ICU (maximum 7 days)	2004.0 0		530	89.005	1.0	R	3 648.30	

Physical Rehabilitation Hospitals 2008

Code	Description
55900	Physical Rehabilitation Hospitals

Physical Rehabilitation Hospitals 2008

Code	Description	RCF
530	Physical Rehabilitation Hospitals	40.990

PHYSIOTHERAPY

Physiotherapy 2008

NATIONAL REFERENCE PRICE LIST IN RESPECT OF PHYSIOTHERAPISTS WITH EFFECT FROM 1 JANUARY 2008		
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>		
REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF PHYSIOTHERAPY (R2301 - 3 December 1976)		
SCHEDULE		
General rules governing the scale of benefits		
001	Unless timely steps (i.e. 24 hours prior to the appointment) are taken to cancel an appointment the relevant fee may be charged, but shall not be payable by medical schemes. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. Modifier 0001 to be quoted	04.00
002	In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, the practitioner shall provide motivation for a higher fee and such higher fee as may be agreed upon between the practitioner and the scheme may be charged	04.00
003	Where a practitioner uses equipment which is not owned by that practitioner, a reduction of 15% of the relevant rate will be applicable. Modifier 0003 must be quoted when this rule is applied	04.00
004	In the case of prolonged or costly treatment, the practitioner should first ascertain from the scheme concerned whether it will accept financial responsibility in respect of such treatment, since the member may be subject to maximum annual benefits	04.00
005	After a series of 20 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatments in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such treatment	04.00
006	<p>Where emergency treatment is provided:</p> <p>a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient in hospital; or</p> <p>b. after working hours</p> <p>the fee for such visits shall be the total fee plus 50%.</p> <p>For purposes of this rule:</p> <p>a. "emergency treatment" means a bona fide, justifiable emergency physiotherapy procedure, where failure to provide the procedure immediately would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy; and</p> <p>b. "working hours" means 8h00 to 17h00, Monday to Friday.</p> <p>Modifier 0006 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.</p>	04.00
007	Practitioners are reminded that a lower fee than that appearing in the scale of benefits shall be charged if the customary fee in the area is less than that charged. Reduced fees shall also be charged where the practitioner would have reduced his/her fee in private practice in particular cases. Prolonged treatment or exceptional cases should also receive special consideration in accordance with the usual medical practice	04.00
008	The fee in respect of more than one procedure (excluding evaluation and visiting items 407, 501, 502, 503, 507, 509, 701, 702, 703, 704, 705, 706, 707, 708, 801, 803, 901 and 903) performed at the same consultation or visit, shall be the fee for the major procedure plus half the fee in respect of each additional procedure, but under no circumstances may fees be charged for more than three procedures carried out in the treatment of any one condition. Modifier 0008 must then be quoted after the appropriate code numbers for the additional code numbers for the additional procedures to indicate that this rule is applicable.	05.05
009	When more than one condition requires treatment and each of these conditions necessitates an individual treatment, they shall be charged as individual treatments. Full details of the nature of the treatments and the diagnosis or diagnostic codes shall be stated. Modifier 0009 must then be quoted after the appropriate code number to indicate that this rule is applicable.	04.00
010	When the treatment times of two completely separate and different conditions overlap, the fee shall be the full fee for one condition and 50% of the fee for the other condition. Both conditions must be specified. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.	04.00
011	<p>Every physiotherapist must acquaint himself with the provisions of the Medical Schemes Act, 1998 and the regulations promulgated under the Act in connection with the rendering of accounts.</p> <p>Every account shall contain the following particulars :</p> <ul style="list-style-type: none"> • The name and practice code number of the referring practitioner (where applicable). • The name of the member. • The name of the patient. • The name of the medical scheme. • The membership number of the member. • The practice code number and name of practitioner • The nature and cost of the treatment. • The date on which the service was rendered. • The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. 	04.00
012	NB: Rounding off does not apply to amounts occurring once the modifiers are used.	04.00

Code	Description	Ver.	Add.	Physiotherapy	
				RVU	Fee
013	Where the physiotherapist performs treatment away from the treatment rooms, travelling costs being more than 16 kilometres in total) to be charged according to the AA-rate. Modifier 0013 must be quoted after the appropriate code numbers to show that this rule is applicable. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.				04.00
014	Physiotherapy services rendered in a nursing home or hospital. Modifier 0014 must be quoted after each code.				04.00
016	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.				04.00
Modifiers					
0001	Appointment not kept				04.00
0003	15% of the relevant rate to be deducted where equipment used is not owned by the practitioner				04.00
0006	Add 50% of the total fee for the treatment				04.00
0008	Only 50% of the fee for these additional procedures may be charged				04.00
0009	The full fee for the additional condition may be charged				04.00
0010	Only 50% of the fee for the second condition may be charged				04.00
0013	Travelling costs (being more than 16 kilometres in total) according to AA-rate. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.				04.00
0014	Physiotherapy services rendered to an in-patient in a nursing home or hospital.				04.00
1 RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY					
Code	Description	Ver.	Add.	Physiotherapy	
				RVU	Fee
001	Infra-red, Radiant heat, Wax therapy Hot packs	04.00		5.000	26.70 (23.40)
005	Ultraviolet light	04.00		10.000	53.30 (46.80)
006	Laser beam	04.00		15.000	80.00 (70.20)
007	Cryotherapy	04.00		5.000	26.70 (23.40)
2 LOW FREQUENCY CURRENTS					
103	Galvanism, Diodynamic current, Tens.	04.00		10.000	53.30 (46.80)
105	Muscle and nerve stimulating currents.	04.00		12.000	64.00 (56.10)
107	Interferential Therapy.	04.00		10.000	53.30 (46.80)
3 HIGH FREQUENCY CURRENTS					
201	Shortwave diathermy.	04.00		5.000	26.70 (23.40)
203	Ultrasound.	04.00		10.000	53.30 (46.80)
205	Microwave.	04.00		5.000	26.70 (23.40)
4 PHYSICAL MODALITIES					
300	Vibration	04.00		10.000	53.30 (46.80)
301	Percussion	04.00		16.100	85.80 (75.30)
302	Massage	04.00		10.000	53.30 (46.80)
303	Myofascial release/soft tissue mobilisation, one or more body parts	04.00		20.090	107.10 (93.90)
304	Acupuncture	04.00		15.000	80.00 (70.20)
305	Re-education of movement/Exercises (excluding ante- and post-natal exercises)	04.00		10.000	53.30 (46.80)
307	Pre- and post-operative exercises and/or breathing exercises	04.00		10.000	53.30 (46.80)
308	Group exercises (excluding ante- and post-natal exercises - maximum of 10 in a group)	04.00		10.000	53.30 (46.80)
309	Isokinetic treatment.	04.00		10.000	53.30 (46.80)
310	Neural tissue mobilisation	04.00		20.000	106.60 (93.50)
313	Ante and post natal exercises/counselling	04.00		10.000	53.30 (46.80)
314	Lymph drainage	04.00		5.000	26.70 (23.40)
315	Postural drainage.	04.00		10.000	53.30 (46.80)

Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
317	Traction.	04.00		10.000	53.30 (46.80)
318	Upper respiratory nebulisation and/or lavage	04.00		10.000	53.30 (46.80)
319	Nebulisation	04.00		10.000	53.30 (46.80)
321	Intermittent positive pressure ventilation.	04.00		10.000	53.30 (46.80)
323	Suction: Level 1 (including sputum specimen taken by suction)	04.00		5.000	26.70 (23.40)
325	Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient)	04.00		20.090	107.10 (93.90)
327	Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient).	04.00		5.000	26.70 (23.40)
328	Dry needling	04.00		15.000	80.00 (70.20)
5	MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION				
401	Spinal.	04.00		15.000	80.00 (70.20)
402	Pre meditated manipulation	04.00		10.000	53.30 (46.80)
405	All other joints.	04.00		15.000	80.00 (70.20)
407	Immobilisation (excluding materials). Rule 008 does not apply.	04.00		15.000	80.00 (70.20)
6	REHABILITATION				
501	Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	04.00		25.000	133.30 (116.90)
502	Hydrotherapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	04.00		25.000	133.30 (116.90)
503	Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented (No other treatment modality may be charged in conjunction with this). Duration: 60min.	04.00		55.000	293.20 (257.20)
504	EMG Biofeedback treatment	04.00		15.000	80.00 (70.20)
505	Group rehabilitation. Treatment of a patient with disabling pathology in an appropriate facility requiring specific equipment and supervision, without individual attention for the whole treatment session, no charge may be levied by facility	05.05		12.000	64.00 (56.10)
506	Stress management	04.00		20.000	106.60 (93.50)
507	Respiratory Re-education and Training. Duration: 30min.	04.00		15.000	80.00 (70.20)
509	Rehabilitation. Each additional full 15 mins. Where the pathology requires the undivided attention of the physiotherapist. (Rule 0008 does not apply.) Can only be used with codes 501, 502, 507 or 503 to indicate the completion of an additional 15 minutes. A maximum of two instances of this code may be charged per session.	06.02		15.000	80.00 (70.20)
7	EVALUATION				
701	Evaluation/counselling at the first visit only (to be fully documented)	04.00		15.000	80.00 (70.20)
702	Complex evaluation/counselling at the first visit only (to be fully documented).	04.00		30.000	159.90 (140.30)
703	One complete re-assessment of a patient's condition during the course of treatment. To be used only once per episode of care.	04.00		15.000	80.00 (70.20)
704	Lung function: Peak flow (once per treatment).	04.00		5.000	26.70 (23.40)
705	Computerised/Electronic test for lung pathology	04.00		15.000	80.00 (70.20)
706	Reports. To be used to motivate for therapy and/or give a progress report and/or a pre-authorisation report, where such a report is specifically required by the medical scheme.	05.03		15.000	80.00 (70.20)
707	Physical Performance test. Must be fully documented.	04.00		20.000	106.60 (93.50)
708	Interview, guidance or consultation with the patient or his family. To be used only once per episode of care.	05.02		15.000	80.00 (70.20)
801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for a specific medical condition	04.00		35.000	186.60 (163.70)
803	Effort test - multistage treadmill.	04.00		35.000	186.60 (163.70)
8	VISITING CODES				
901	Treatment at a nursing home : Relevant fee plus (to be charged only once per day and not with every hospital visit	04.00		10.000	53.30 (46.80)

Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
903	Domiciliary treatments : Relevant fee plus.	04.00		20.000	106.60 (93.50)
10	OTHER				
117	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-
937	Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day.	04.00		10.000	53.30 (46.80)
938	Bird or equivalent freestanding nebuliser excluding oxygen domiciliary per day.	04.00		10.000	53.30 (46.80)
939	Cost of material: Items to be charged (exclusive of VAT) at net acquisition price plus - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	04.00		-	-
940	Cost of appliances: Items to be charged (exclusive of VAT) at net acquisition price plus- 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands.	04.00		-	-
941	Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied.	04.00			
	Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme.	05.03			

Physiotherapy 2008

		37200						
NATIONAL REFERENCE PRICE LIST IN RESPECT OF PHYSIOTHERAPISTS WITH EFFECT FROM 1 JANUARY 2008		Version	Ad	CF	Units	BF	Value	Flag
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded		2004.00						
REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF PHYSIOTHERAPY (R2301 - 3 December 1976)								
SCHEDULE								
General rules governing the scale of benefits								
001	Unless timely steps (i.e. 24 hours prior to the appointment) are taken to cancel an appointment the relevant fee may be charged, but shall not be payable by medical schemes. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. Modifier 0001 to be quoted	2004.00						
002	In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, the practitioner shall provide motivation for a higher fee and such higher fee as may be agreed upon between the practitioner and the scheme may be charged	2004.00						
003	Where a practitioner uses equipment which is not owned by that practitioner, a reduction of 15% of the relevant rate will be applicable. Modifier 0003 must be quoted when this rule is applied	2004.00						
004	In the case of prolonged or costly treatment, the practitioner should first ascertain from the scheme concerned whether it will accept financial responsibility in respect of such treatment, since the member may be subject to maximum annual benefits	2004.00						
005	After a series of 20 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatments in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such treatment	2004.00						

Physiotherapy 2008

006	Where emergency treatment is provided: a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient in hospital; or b. after working hours the fee for such visits shall be the total fee plus 50%. For purposes of this rule: a. "emergency treatment" means a bona fide, justifiable emergency physiotherapy procedure, where failure to provide the procedure immediately would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy; and b. "working hours" means 8h00 to 17h00, Monday to Friday. Modifier 0006 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.	2004.0 0						
007	Practitioners are reminded that a lower fee than that appearing in the scale of benefits shall be charged if the customary fee in the area is less than that charged. Reduced fees shall also be charged where the practitioner would have reduced his/her fee in private practice in particular cases. Prolonged treatment or exceptional cases should also receive special consideration in accordance with the usual medical practice	2004.0 0						
008	The fee in respect of more than one procedure (excluding evaluation and visiting items 407, 501, 502, 503, 507, 509, 701, 702, 703, 704, 705, 706, 707, 708, 801, 803, 901 and 903) performed at the same consultation or visit, shall be the fee for the major procedure plus half the fee in respect of each additional procedure, but under no circumstances may fees be charged for more than three procedures carried out in the treatment of any one condition. Modifier 0008 must then be quoted after the appropriate code numbers for the additional code numbers for the additional procedures to indicate that this rule is applicable.	2005.0 5						
009	When more than one condition requires treatment and each of these conditions necessitates an individual treatment, they shall be charged as individual treatments. Full details of the nature of the treatments and the diagnosis or diagnostic codes shall be stated. Modifier 0009 must then be quoted after the appropriate code number to indicate that this rule is applicable.	2004.0 0						
010	When the treatment times of two completely separate and different conditions overlap, the fee shall be the full fee for one condition and 50% of the fee for the other condition. Both conditions must be specified. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.	2004.0 0						

Physiotherapy 2008

011	Every physiotherapist must acquaint himself with the provisions of the Medical Schemes Act, 1998 and the regulations promulgated under the Act in connection with the rendering of accounts. Every account shall contain the following particulars : · The name and practice code number of the referring practitioner (where applicable). · The name of the member. · The name of the patient. · The name of the medical scheme. · The membership number of the member. · The practice code number and name of practitioner · The nature and cost of the treatment. · The date on which the service was rendered. · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.	2004.0 0						
012	NB: Rounding off does not apply to amounts occurring once the modifiers are used.	2004.0 0						
013	Where the physiotherapist performs treatment away from the treatment rooms, travelling costs being more than 16 kilometres in total) to be charged according to the AA-rate. Modifier 0013 must be quoted after the appropriate code numbers to show that this rule is applicable. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.	2004.0 0						
014	Physiotherapy services rendered in a nursing home or hospital. Modifier 0014 must be quoted after each code.	2004.0 0						
016	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	2004.0 0						
	Modifiers							
0001	Appointment not kept	2004.0 0						
0003	15% of the relevant rate to be deducted where equipment used is not owned by the practitioner	2004.0 0						
0006	Add 50% of the total fee for the treatment	2004.0 0						
0008	Only 50% of the fee for these additional procedures may be charged	2004.0 0						
0009	The full fee for the additional condition may be charged	2004.0 0						
0010	Only 50% of the fee for the second condition may be charged	2004.0 0						
0013	Travelling costs (being more than 16 kilometres in total) according to AA-rate. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.	2004.0 0						

Physiotherapy 2008

0014	Physiotherapy services rendered to an in-patient in a nursing home or hospital.	2004.0 0						
1	RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY							
001	Infra-red, Radiant heat, Wax therapy Hot packs	2004.0 0	260	5.000	1.0	R	26.70	
005	Ultraviolet light	2004.0 0	260	10.000	1.0	R	53.30	
006	Laser beam	2004.0 0	260	15.000	1.0	R	80.00	
007	Cryotherapy	2004.0 0	260	5.000	1.0	R	26.70	
2	LOW FREQUENCY CURRENTS							
103	Galvanism, Diodynamic current, Tens.	2004.0 0	260	10.000	1.0	R	53.30	
105	Muscle and nerve stimulating currents.	2004.0 0	260	12.000	1.0	R	64.00	
107	Interferential Therapy.	2004.0 0	260	10.000	1.0	R	53.30	
3	HIGH FREQUENCY CURRENTS							
201	Shortwave diathermy.	2004.0 0	260	5.000	1.0	R	26.70	
203	Ultrasound.	2004.0 0	260	10.000	1.0	R	53.30	
205	Microwave.	2004.0 0	260	5.000	1.0	R	26.70	
4	PHYSICAL MODALITIES							
300	Vibration	2004.0 0	260	10.000	1.0	R	53.30	
301	Percussion	2004.0 0	260	16.100	1.0	R	85.80	
302	Massage	2004.0 0	260	10.000	1.0	R	53.30	
303	Myofascial release/soft tissue mobilisation, one or more body parts	2004.0 0	260	20.090	1.0	R	107.10	
304	Acupuncture	2004.0 0	260	15.000	1.0	R	80.00	
305	Re-education of movement/Exercises (excluding ante- and post-natal exercises)	2004.0 0	260	10.000	1.0	R	53.30	
307	Pre- and post-operative exercises and/or breathing exercises	2004.0 0	260	10.000	1.0	R	53.30	
308	Group exercises (excluding ante- and post-natal exercises - maximum of 10 in a group)	2004.0 0	260	10.000	1.0	R	53.30	
309	Isokinetic treatment.	2004.0 0	260	10.000	1.0	R	53.30	

Physiotherapy 2008

310	Neural tissue mobilisation	2004.0 0	260	20.000	1.0	R	106.60	
313	Ante and post natal exercises/counselling	2004.0 0	260	10.000	1.0	R	53.30	
314	Lymph drainage	2004.0 0	260	5.000	1.0	R	26.70	
315	Postural drainage.	2004.0 0	260	10.000	1.0	R	53.30	
317	Traction.	2004.0 0	260	10.000	1.0	R	53.30	
318	Upper respiratory nebulisation and/or lavage	2004.0 0	260	10.000	1.0	R	53.30	
319	Nebulisation	2004.0 0	260	10.000	1.0	R	53.30	
321	Intermittent positive pressure ventilation.	2004.0 0	260	10.000	1.0	R	53.30	
323	Suction: Level 1 (including sputum specimen taken by suction)	2004.0 0	260	5.000	1.0	R	26.70	
325	Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient)	2004.0 0	260	20.090	1.0	R	107.10	
327	Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient).	2004.0 0	260	5.000	1.0	R	26.70	
328	Dry needling	2004.0 0	260	15.000	1.0	R	80.00	
5	MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION							
401	Spinal.	2004.0 0	260	15.000	1.0	R	80.00	
402	Pre meditated manipulation	2004.0 0	260	10.000	1.0	R	53.30	
405	All other joints.	2004.0 0	260	15.000	1.0	R	80.00	
407	Immobilisation (excluding materials). Rule 008 does not apply.	2004.0 0	260	15.000	1.0	R	80.00	
6	REHABILITATION							
501	Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	2004.0 0	260	25.000	1.0	R	133.30	
502	Hydrotherapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	2004.0 0	260	25.000	1.0	R	133.30	
503	Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented (No other treatment modality may be charged in conjunction with this). Duration: 60min.	2004.0 0	260	55.000	1.0	R	293.20	
504	EMG Biofeedback treatment	2004.0 0	260	15.000	1.0	R	80.00	

Physiotherapy 2008

505	Group rehabilitation. Treatment of a patient with disabling pathology in an appropriate facility requiring specific equipment and supervision, without individual attention for the whole treatment session, no charge may be levied by facility	2005.0 5	260	12.000	1.0	R	64.00	
506	Stress management	2004.0 0	260	20.000	1.0	R	106.60	
507	Respiratory Re-education and Training. Duration: 30min.	2004.0 0	260	15.000	1.0	R	80.00	
509	Rehabilitation. Each additional full 15 mins. Where the pathology requires the undivided attention of the physiotherapist. (Rule 0008 does not apply.) Can only be used with codes 501, 502, 507 or 503 to indicate the completion of an additional 15 minutes. A maximum of two instances of this code may be charged per session.	2006.0 2	260	15.000	1.0	R	80.00	
7	EVALUATION							
701	Evaluation/counselling at the first visit only (to be fully documented)	2004.0 0	260	15.000	1.0	R	80.00	
702	Complex evaluation/counselling at the first visit only (to be fully documented).	2004.0 0	260	30.000	1.0	R	159.90	
703	One complete re-assessment of a patient's condition during the course of treatment. To be used only once per episode of care.	2004.0 0	260	15.000	1.0	R	80.00	
704	Lung function: Peak flow (once per treatment).	2004.0 0	260	5.000	1.0	R	26.70	
705	Computerised/Electronic test for lung pathology	2004.0 0	260	15.000	1.0	R	80.00	
706	Reports. To be used to motivate for therapy and/or give a progress report and/or a pre-authorisation report, where such a report is specifically required by the medical scheme.	2005.0 3	260	15.000	1.0	R	80.00	
707	Physical Performance test. Must be fully documented.	2004.0 0	260	20.000	1.0	R	106.60	
708	Interview, guidance or consultation with the patient or his family. To be used only once per episode of care.	2005.0 2	260	15.000	1.0	R	80.00	
801	Electrical test for diagnostic purposes (including IT curve and isokinetic tests) for a specific medical condition	2004.0 0	260	35.000	1.0	R	186.60	
803	Effort test - multistage treadmill.	2004.0 0	260	35.000	1.0	R	186.60	
8	VISITING CODES							
901	Treatment at a nursing home : Relevant fee plus (to be charged only once per day and not with every hospital visit	2004.0 0	260	10.000	1.0	R	53.30	
903	Domiciliary treatments : Relevant fee plus.	2004.0 0	260	20.000	1.0	R	106.60	
10	OTHER							
117	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	2004.0 0	260	-	1.0	R	-	
937	Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day.	2004.0 0	260	10.000	1.0	R	53.30	
938	Bird or equivalent freestanding nebuliser excluding oxygen domiciliary per day.	2004.0 0	260	10.000	1.0	R	53.30	

Physiotherapy 2008

939	Cost of material: Items to be charged (exclusive of VAT) at net acquisition price plus - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	2004.0 0		260	-	1.0	R	-	
940	Cost of appliances: Items to be charged (exclusive of VAT) at net acquisition price plus- 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands.	2004.0 0		260	-	0.0	R	-	
941	Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied.	2004.0 0							
	Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme.	2005.0 3							

Physiotherapy 2008

Code	Description
37200	Physiotherapy

Physiotherapy 2008

Code	Description
37200	Physiotherapy

Physiotherapy 2008

Code	Description	RCF
260	Physiotherapists	5.331

Phytotherapy 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PHYTOTHERAPISTS EFFECTIVE FROM 1 JANUARY 2008

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

RULES**ITEMS****Consultations**

Consultation encompasses consultation, history taking, patient examination and assessment, side room diagnostic tests, counseling and/or preparation of medicines.

Code	Description	Ver	Add	Phytotherapy	
				RVU	Fee
130	Consultation (initial or follow up). Duration 1 - 15 mins	06.04		7.500	35.90 (31.50)
131	Consultation (initial or follow up). Duration 16 - 30 mins	06.04		22.500	107.60 (94.40)
132	Consultation (initial or follow up). Duration 31 - 45 mins	06.04		37.500	179.30 (157.30)
133	Consultation (initial or follow up). Duration 46 - 60 mins	06.04		52.500	251.00 (220.20)
134	Consultation, each additional full 15 mins, to a maximum of 60 mins	06.04		15.000	71.70 (62.90)

Preparation and Dispensing of Medicaments**Medicaments**

	The amount charged in respect of proprietary medicines shall be at net acquisition price.				06.04
	In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus -				
	* 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and				
	* a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.				
310	Tinctures, per 10 ml	06.02		2.700	2.99 (2.62)
320	Tea mixes, per 10g	06.02		1.000	1.11 (0.97)
330	Capsules/tablets, per capsule	06.02		3.400	3.76 (3.30)
340	Creams/Ointments, per 10ml	06.02		20.100	22.20 (19.50)
350	Syrups, per 10ml	06.02		2.800	3.10 (2.72)
360	Medicinal oils, per 10ml	06.02		1.300	1.44 (1.26)
390	Proprietary materials	06.02		-	-
395	Proprietary medicines	06.02		-	-

Phytotherapy 2008

			41300						
NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PHYTOTHERAPISTS EFFECTIVE FROM 1 JANUARY 2008			Version	Ad	CF	Units	BF	Value	Flag
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. □ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded			2006.0 2						
RULES									
ITEMS									
Consultations									
Consultation encompasses consultation, history taking, patient examination and assessment, side room diagnostic tests, counseling and/or preparation of medicines.			2006.0 4						
130	Consultation (initial or follow up). Duration 1 - 15 mins		2006.0 4		510	7.500	1.0	R 35.90	
131	Consultation (initial or follow up). Duration 16 - 30 mins		2006.0 4		510	22.500	1.0	R 107.60	
132	Consultation (initial or follow up). Duration 31 - 45 mins		2006.0 4		510	37.500	1.0	R 179.30	
133	Consultation (initial or follow up). Duration 46 - 60 mins		2006.0 4		510	52.500	1.0	R 251.00	
134	Consultation, each additional full 15 mins, to a maximum of 60 mins		2006.0 4		510	15.000	1.0	R 71.70	
Preparation and Dispensing of Medicaments									
Medicaments									
The amount charged in respect of proprietary medicines shall be at net acquisition price. □ □ In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus - □ □ * 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and □ □ * a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.			2006.0 4						
310	Tinctures, per 10 ml		2006.0 2		520	2.700	1.0	R 2.99	

Phytotherapy 2008

Code	Description
41300	Phytotherapy

Phytotherapy 2008

Code	Description	RCF
510	Phytotherapy	4.781
520	Phytotherapy materials	1.108

Phytotherapy 2008

320	Tea mixes, per 10g	2006.0 2		520	1.000	1.0	R	1.11	
330	Capsules/tablets, per capsule	2006.0 2		520	3.400	1.0	R	3.76	
340	Creams/Ointments, per 10ml	2006.0 2		520	20.100	1.0	R	22.20	
350	Syrups, per 10ml	2006.0 2		520	2.800	1.0	R	3.10	
360	Medicinal oils, per 10ml	2006.0 2		520	1.300	1.0	R	1.44	
390	Proprietary materials	2006.0 2		520	-	1.0	R	-	
395	Proprietary medicines	2006.0 2		520	-	1.0	R	-	

PODIATRY

Podiatry 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PODIATRISTS, EFFECTIVE FROM 1 JANUARY 2008				
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>				
General Rules				
A	All accounts must be presented with the following information clearly stated:			05.03
	<ul style="list-style-type: none"> name of practitioner qualifications of the practitioner; BHF practice number; postal address and telephone number; date on which service(s) were provided; The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered; the surname and initials of the member; the first name of the patient; the name of the scheme; the membership number of the member; and the name and practice number of the referring practitioner, if applicable. 			
B	The rate in respect of more than one procedure performed at the same consultation or visit, shall be the full rate for the major procedure plus half the rate in respect of each additional procedure carried out in the treatment of any one condition.			04.00
C	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.			04.00
D	<p>The amount charged in respect of medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965).</p> <p>In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus -</p> <ul style="list-style-type: none"> * 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and * a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. 			05.03
Modifiers				
0002	For procedures 021 to 031 carried out in a day clinic or unattached operating theatre unit, the rate shall be reduced to two-thirds.			04.00
0004	Consultation or treatment in a nursing facility/hospital			04.00
0006	Consultation or treatment at the patient's residence			04.00
ITEMS				
	Modifier 0004 must be quoted for consultation or treatment rendered in a nursing home or hospital.			04.00
	Modifier 0006 must be quoted for consultations or treatment rendered at the patient's residence.			04.00
CONSULTATIONS				
Code	Description	Ver	Add	Podiatry
			RVU	Fee
301	Consultation (initial or follow up) 5-10 minutes	06.04	7.500	60.70 (53.20)
302	Consultation (initial or follow up) 11-20 minutes	06.03	15.000	121.50 (106.60)
303	Consultation (initial or follow up) 21-30 minutes	06.03	25.000	202.50 (177.60)
304	Consultation (initial or follow up) 31-45 minutes	06.03	37.500	303.70 (266.40)
006	More than one patient seen at a residence (See note below).	06.02	8.500	62.20 (54.60)
	NOTE : This code is a blanket code for home visits away from the practitioners rooms where more than one but up to and including six patients are treated. The code may be used again if seven to twelve patients are seen.	06.02		
101	Appointments not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00	-	-
INJECTIONS				
009	Administration of injection, per administration	04.00	1.300	9.52 (8.35)
ROUTINE TREATMENTS				
010	General podiatric care up to 15 minutes including the following: Trim nails, Debride and cut dystrophic nails; one to five, Evacuation of sub-ungual haematoma, Paring or cutting of benign hyperkeratotic lesion; single lesion, Drain paronychia; one nail and Nail spike removal; single	04.00	3.900	28.50 (25.00)