

## Podiatry 2008

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	2004.0 0	270	3.9	1	28.5
011	General podiatric care (30 minutes) including the following: Debride and cut dystrophic nails: six or more, Nail spike removal; two to four, Paring or cutting of benign hyperkeratotic lesion; two to four lesions, Paring or cutting of benign hyperkeratotic lesion; more than four lesions, Reduction of heel fissures, Enucleation of interdigital corns; more than two	2004.0 0	270	7.8	1	57.1
012	Extended care for chronic disease management or ulcer management (applicable to diabetes, arthritis and peripheral vascular diseases)	2004.0 0	270	7.4	1	54.2
013	General podiatric care more than 30 minutes (a combination of items 010 and 011)	2004.0 0	270	11.8	1	86.4
VERRUCA TREATMENTS.						
	Note : No consultation fee shall be charged for the same session unless the procedure is performed at the time of the initial consultation	2004.0 0				
014	Verruca Pedis (Chemotherapy first lesion) (consultation and treatment).	2004.0 0	270	5.9	1	43.2
015	Subsequent lesion.	2004.0 0	270	2.9	1	21.2
016	Cryotherapy first lesion (consultation and treatment).	2004.0 0	270	7.8	1	57.1
017	Subsequent lesion.	2004.0 0	270	3.9	1	28.5
018	Diathermy first lesion (consultation and treatment).	2004.0 0	270	6.9	1	50.5
019	Subsequent lesion.	2004.0 0	270	3.5	1	25.6
Nail Surgery.						
	Note : No consultation fee shall be charged for the same session unless the procedure is performed at the time of the initial consultation	2004.0 0				
021	Nail wedge resection with matrix phenolisation : one nail - one side (including consultation).	2004.0 0	270	19.6	1	143.5
022	Two nails - one side.	2004.0 0	270	25.5	1	186.7
024	Two nails - both sides.	2004.0 0	270	36.4	1	266.4
023	One nail - two sides (including consultation).	2004.0 0	270	25.5	1	186.7
025	Avulsion with matrix phenolisation (including consultation).	2004.0 0	270	19.6	1	143.5
031	Avulsion without matrix phenolisation (including consultation).	2004.0 0	270	12.8	1	93.7
	Other.					

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040	Infection control, per patient	2004.0 0	270	1.2	1	8.78
041	Remedial therapy.	2004.0 0	270	4.9	1	35.9
042	Sterile pack.	2006.0 3	270	5.9	1	43.2
044	Suturing (includes consultation).	2004.0 0	270	7.8	1	57.1
046	Incision Biopsy.	2004.0 0	270	5.9	1	43.2
047	Removal of foreign body.	2004.0 0	270	8.9	1	65.1
048	Suturing / Wound closure material : Cost of material plus 10%	2006.0 3	270	0	0	0
146	Excision biopsy.	2004.0 0	270	8.9	1	65.1
201	Sterile Surgical Blades (maximum of 2 per patient)	2006.0 3	270	1	1	7.32
203	Wound dressing material (maximum of 2 per patient)	2006.0 3	270	2	1	14.6
205	Plaster of Paris bandage roll (maximum of 2 per patient). At net acquisition price.	2006.0 3	270	0	0	0
207	Moulded Orthotic material fee	2006.0 3	270	11.8	1	86.4
209	Simple insole material fee	2006.0 3	270	5.9	1	43.2
211	Local anaesthetic medication per ampoule (maximum of 5 per patient)	2006.0 3	270	2	1	14.6
213	Injection medication fee (other than local anaesthetic). At net acquisition price.	2006.0 3	270	0	0	0
	Items 215, 217 or 219 may be used for corrective or supportive strapping or padding placed into footwear. The area of the foot must be specified.	2004.0 0				
215	Padding and strapping : Digital, per foot	2004.0 0	270	2.8	1	20.5
217	Padding and strapping: Metatarsal, per foot	2004.0 0	270	3.5	1	25.6
219	Padding and strapping: Heel, per foot	2004.0 0	270	3.5	1	25.6
	<b>Appliances and Orthotics</b>					
	(By arrangement with the scheme concerned).	2004.0 0				
043	Biomechanical examination.	2004.0 0	270	15.7	1	114.9
051	Neutral impression Plaster of Paris casting	2004.0 0	270	8.5	1	62.2

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052	Orthotic repair.	2004.0 0	270	12.8	1	93.7
053	Temporary orthotic or corrective component.	2004.0 0	270	12.8	1	93.7
054	Prescription covering and soft tissue supplements.	2004.0 0	270	8.9	1	65.1
055	Silicone devices: Digital	2004.0 0	270	5.4	1	39.5
056	Computerised gait analysis	2006.0 2	270	19.6	1	143.5
057	Template measurement.	2004.0 0	270	2.9	1	21.2
058	Immobilisation casting	2006.0 4	270	10.6	1	77.6
059	Simple insole - one foot.	2004.0 0	270	11.1	1	81.3
061	Simple insoles - both feet.	2004.0 0	270	20.1	1	147.1
060	Silicone devices: metatarsal	2004.0 0	270	10.7	1	78.3
064	Silicone devices: heel	2004.0 0	270	15.9	1	116.4
	The rates for items 063 and 065 include the cost of intrinsic and extrinsic posting adjustments	2004.0 0				
063	Prescription orthotic : one foot.	2004.0 0	270	19.1	1	139.8
065	Prescription orthotics : both feet.	2004.0 0	270	38.3	1	280.4
067	Preformed moulded insoles: Adult, both feet	2004.0 0	270	22.1	1	161.8
069	Preformed moulded insoles: Adult, one foot	2004.0 0	270	11	1	80.5
071	Preformed moulded insoles: Child, both feet	2004.0 0	270	17	1	124.4
073	Preformed moulded insoles: Child, one foot	2004.0 0	270	8.5	1	62.2
	CONSUMABLE LIST					

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STERILISING ITEMS	2004.0						
Cold Sterilant e.g. Cidex, Steri 101, Etc.	0						
Ultraviolet Tubes (Replacements)							
Autoclave Bags							
WASTE DISPOSAL							
Sharps Container							
Medical Waste Bin							
REGULARLY USED ITEMS							
Disposable Hand Towels e.g. Kimdri							
Disinfecting Handwash e.g. Hibiscrub							
Linen Savers							
Cotton Wool							
Gloves: Non-Sterile							
Sterile							
Gauze: Non-Sterile							
Sterile							
Tube Gauze (Various Sizes)							
Padding e.g. Semi Compressed Felt							
Strapping e.g. Hapla, Zopla							
Disinfecting Hand Gel e.g. Steri 601							
Surface Disinfectant e.g. Steri 201							
Tongue Depressors							
Applicator Sticks							
Friars Balsam							
Silver Nitrate?							
Hibitane Concentrate							
Phenol							
Silicone & Activator for Devices							
Monochloroacetic Acid							
Salicylic Acid in Lanolin							
Dental Needles							
Xylotox Se Plain Solution for Injection							
Emergency Drugs e.g. Adrenaline/Epipen							
Penrose Drains / Tournicot							

**Podiatry 2008**

Code	Description
36800	Podiatry

# **Podiatry 2008**

<b>Code</b>	<b>Description</b>	<b>RCF</b>
270	Podiatry	7.320
274	Podiatry - Time-based	8.098

# **PRIVATE HOSPITALS**

## Private Hospitals 2008

**NATIONAL REFERENCE PRICE LIST IN RESPECT OF PRIVATE HOSPITALS (PRACTICE NUMBERS "57" OR "58") AND UNATTACHED OPERATING THEATRE UNITS/DAY CLINICS (PRACTICE NUMBER "77") 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****SCHEDULE**

B	The charges relating to each type of hospital/unattached operating theatre unit are indicated in the relevant column opposite the item codes.	04.00
C	The charges indicated in Section 5 hereof, are applicable to both categories of such hospitals and unattached operating theatre units.	04.00
D	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
E.1	Procedure for the classification of hospitals:	04.00
E.1.1	Inspections private hospitals or unattached operating theatre units/day clinics having practice code numbers commencing with the digits 057, 058 or 077 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	04.00
E.3.2	The provisions referred to in E.1.1 shall apply mutatis mutandis to all approved specialised intensive care units, specialised theatres, catheterisation laboratories and trauma unit.	04.00
F.1	Procedures to consider applications by institutions to be classified as unattached operating theatre units having a practice code number commencing with the digits 77 and for the reclassification of unattached operating theatre units with 76 practice numbers.	04.00
F.1.1	Inspections of new unattached theatre operating units and units having practice code numbers commencing with the digit 76, to be reclassified as approved unattached operating theatre units having practice numbers commencing with the digits 77 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	04.00
G	All accounts submitted by private and unattached operating theatre units/day clinics shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1989. 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
H	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 hospital/unattached operating theatre unit concerned.	04.00
I	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



Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
<b>1</b>	<b>ACCOMMODATION</b>								
	<b>Ward fees</b>								
	<p>Hospitals and unattached operating theatre units shall indicate the exact time of admission and discharge on all accounts.</p> <p>In the case of hospitals, the day admission fee (code 007) shall be charged in respect of all patients admitted as day patients and discharged before 23h00 on the same date.</p> <p>The following will be applicable to items 001 to 005, 015, 020, 200, 201, 202 and 215 to 218:</p> <p>On the day of admission:            If accommodation is less than 12 hours from time of admission : half the daily rate            If accommodation is more than 12 hours from time of admission: full daily rate</p> <p>Two half day fees would be applicable when a patient is transferred internally between any ward and any specialised unit.</p> <p>On day of discharge:            If accommodation is less than 12 hours: half the daily rate            If accommodation is more than 12 hours: full daily rate</p> <p>The items listed as non-recoverable in Annexure B shall be deemed to be included in ward fees, and no charge in respect thereof may be levied.</p>								04.00
<b>1.1</b>	<b>General Wards</b>								
Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
001	Surgical cases: per day.	04.00		36.063	1003.80 (880.50)	36.063	1003.80 (880.50)	-	-
002	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	04.00		37.888	1054.70 (925.20)	37.888	1054.70 (925.20)	-	-
003	Psychiatric general ward fee, per day	04.00		29.854	831.00 (728.90)	29.854	831.00 (728.90)	-	-
004	Medical and neurological cases: per day.	04.00		36.063	1003.80 (880.50)	36.063	1003.80 (880.50)	-	-
005	Paediatric cases (under 14 years of age)	04.00		44.513	1239.10 (1086.90)	44.513	1239.10 (1086.90)	-	-
	Day admissions - all patients admitted as day patients and discharged before 23h00 on the same day	04.00							
007	Day admission (irrespective of type of ward patient is admitted to, i.e. general, neurosurgical or paediatric) which includes all patients discharged by 23h00 on date of admission	04.00		23.079	642.40 (563.50)	23.079	642.40 (563.50)	19.725	549.10 (481.70)
014	Overnight fee - Medical practitioner to pre-authorise all overnight admissions	04.00		-	-	-	-	8.692	242.00 (212.30)
019	Out-patients facility fee for ambulatory admission - chargeable for patients admitted for local anaesthetic procedures - No ward fees applicable. Note: Each account should be accompanied by a report from the practitioner indicating the nature of the complication.  Definition: Item 019 may only be used in conjunction with item 071 for pre-booked patients and may not be used in conjunction with items 301, 302, 061 and 335	04.00		10.679	297.30 (260.80)	10.679	297.30 (260.80)	10.679	297.30 (260.80)
022	Out-patient wound care facility	04.00		5.263	146.50 (128.50)	5.263	146.50 (128.50)	5.263	146.50 (128.50)

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
Maternity									
	<p>1. The maternity fees are a fixed per diem fee and replace all other charges:</p> <p>INCLUDING:</p> <p>Charges such as multiple births (nursery fee for 2nd baby excluded); After-hour deliveries (including caesareans); Labour ward or other ward fees, nursery fees; Incubators; Phototherapy; Theatre and equipment fees; and Surgical items (see list under point 8).</p> <p>But EXCLUDE</p> <p>Sections 5.1 to 5.3; Sections 5.7 to 5.8 (Gases); and</p> <p>1. The costs of special treatment of newly born infants, e.g. circumcision certified as necessary by the attending practitioner, which shall be dealt with in accordance with the National Reference Price List for private hospitals and the rules of the relevant scheme pertaining to such dependants.</p> <p>2. If an epidural anaesthetic is given for either a vaginal delivery or a caesarean section, an additional fee (item 011) may be charged. This comprises of an epidural pack, all consumables used, as well as nursing time.</p> <p>3. An uncomplicated stay in a nursery for routine observation is included in the maternity fee, as well as phototherapy and routine high care observation after delivery for the new born baby.</p> <p>4. A neonate requiring specialised treatment in a ward, high care or ICU shall be considered to be a patient in its own right and, for that reason, the National Reference Price List shall be applied to such neonate and an account may be rendered on a fee for service basis.</p> <p>In such cases, the fixed fee per day remains applicable until the mother is discharged, but the amount of item 015, per day must be deducted from the fixed fee (comprising the nursery fee component).</p> <p>5. If the mother is admitted into high care or ICU, the full account is rendered on a fee for service basis, as this is clearly not an uncomplicated delivery. The codes for the nursery fee (item 015) and the delivery room (item 016) must be used to cover these specific services.</p> <p>6. The first day fee includes the cost of admitting the mother, 'prepping' and 'staging' etc, admission into the delivery room, the delivery and post natal period up until midnight. This includes any cost incurred during the early stages of an uncomplicated delivery, even if prolonged labour occurs.</p> <p>The second day is calculated as starting from midnight following the birth of the neonate on the day of the delivery.</p> <p>If however, the mother needs admission for stabilisation or treatment of a medical condition such as diabetes, pre-eclampsia or urinary tract infection, such an admission falls outside the scope of the maternity fixed fee. An account will then be rendered on a fee for service basis, until such time that the baby is delivered. If delivery itself is uncomplicated, then the first day (fixed) fee will be chargeable on the date of delivery, and second and subsequent days until the mother is discharged.</p> <p>If however, the mother is admitted to ICU or high care the full account must be rendered on a fee for service basis. If the baby needs admission - see (4).</p> <p>7. Admission for suppression of premature labour is not an uncomplicated delivery, and an account must be rendered on a fee for service basis.</p> <p>8. The following list of surgicals (maternity basket) are included in the per diem fee.</p> <p>THEATRE SURGICALS FOR NORMAL VAGINAL DELIVERIES</p>								04.00

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	THEATRE CHARGES 1 X Amnihook 1 X Continue Flo 1 X Cord Clamp 3 X Gloves Surgical St 8 X Gloves Sterile 4 X I D Bands 0.5 X Jaques Catheter 1 X Jelco IV 1 X KY Jelly Sachet 20 X Maternity Pad 5 X Preptic Swabs 1 X Spiral Electrode 1 X Spinocan 1 X Suction Catheter St 1 X Swabbing Tray 1 X Tegaderm 1626 1 X Vaginal Plug 2 X Water for Irrigation 1 X Stockinette 2 X Silicone Tubing 1 X Add a Line SUTURES 0.25 X Suture W734 0.25 X Suture W758 0.25 X Suture W727 0.25 X Suture W734 0.25 X Suture W758 0.25 X Suture W770 0.25 X Suture W759 0.25 X Suture W441 SYRINGES 1 X Syringe 1ml 1 X Syringe 20ml 3 X Syringe 2ml 2 X Syringe 5ml DRESSINGS 2 X Cotton Wool Balls L/s  THEATRE SURGICALS FOR CAESARS WITH GENERAL ANAESTHETIC THEATRE CHARGES 1 X Amnihook 1 X Airway 1 X Sterile Tray 2 X Continue Flo 1 X Cord Clamp 1 X Diathermy Plate Dispo 1 X ET Tube 3 X Electrodes Red Dot 1 X Foley catheter								

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				RVU	Fee	RVU	Fee	RVU	Fee
	8 X Gloves Surgical St 5 X Gloves Sterile 4 X I D Bands 1 X Jelco IV 2 X KY Jelly Sachet 20 X Maternity Pad 10 X Preptic Swabs 1 X Sheet 1 X Spiral Electrode 1 X Spinocan 1 X Suction Catheter St 1 X Swabbing Tray 1.2 X Tegaderm 1626 1 X Urine Drn Bag 1 X Vent Pump Set 1 X Yankuer Suction 6 X Water for irrigation 1 X Stockinette 2 X Silicone Tubing 2 X Opticlude 1 X Add a Line SUTURES 0.06 X Suture W441 0.30 X Suture 8623G 0.11 Suture W791 0.30 X Suture W9999 2.20 X Suture W493 0.17 X Suture W795 0.17 X Suture W797 0.30 X Suture W439 0.17 X Suture W434 0.17 X Suture W445 1 X Suture W728 1 X Suture V518G 1 X Suture V486G 0.20 X Suture V523G 0.30 X Suture V523G SYRINGES 1 X Syringe 1ml 1 X Syringe 20ml 1 X Syringe 10ml 8 X Syringe 2ml 2 X Syringe 5ml DRAIN 1 X Corrugated Drain DRESSINGS 15 X Abominal Swabs 3 X Cotton Wool Balls L/s 5 X Gauze Sterile Xray 1 X Telfa Dressing								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	1 X Steripad 1 X Tegaderm 1627 5 X Paint Balls								
<b>Natural births</b>									
009	First day (Day of confinement).	04.00		174.458	4856.20 (4259.80)	174.458	4856.20 (4259.80)	-	-
010	Subsequent day(s). Per day	04.00		60.096	1672.80 (1467.40)	60.096	1672.80 (1467.40)	-	-
017	Subsequent day(s) excluding nursery fee.	04.00		43.717	1216.90 (1067.50)	43.717	1216.90 (1067.50)	-	-
<b>Caesarean</b>									
012	First day (Day of confinement).	04.00		270.992	7543.30 (6616.90)	270.992	7543.30 (6616.90)	-	-
013	Subsequent day(s). Per day	04.00		59.583	1658.60 (1454.90)	59.583	1658.60 (1454.90)	-	-
	Note: The following fees (items 015 and 016) are included in the above per diem fees, and may only be charged on a fee for service account	04.00							
015	Nursery fee.	04.00		16.925	471.10 (413.20)	16.925	471.10 (413.20)	-	-
016	Delivery room.  This item is not applicable for deliveries by registered midwives in private practice.	05.03		72.746	2025.00 (1776.30)	72.746	2025.00 (1776.30)	-	-
018	Subsequent day(s) excluding nursery fee	04.00		42.963	1195.90 (1049.00)	42.963	1195.90 (1049.00)	-	-
<b>Epidural fee</b>									
011	Use of epidural anaesthesia for MATERNITY CASES ONLY. (Note: This item includes all surgicals and nursing but no ethicals)	04.00		26.500	737.70 (647.10)	26.500	737.70 (647.10)	-	-
<b>Birthing Unit</b>									
	The birthing unit fee may only be charged by an approved maternity unit in a hospital. It includes preparation, labour room, recovery ward fee for mother and baby and the maternity basket. The only additional charge that may be levied is for pharmaceuticals.							05.03	
	This fee may not be charged for together with the per diem fees for maternity and is not applicable to medical practitioners or other professions.								
030	Global fee for a Birthing Unit (Accredited or Approved by BHF). This fee is chargeable when a nurse in private practice uses the labour ward in the hospital and the patient is discharged within 12 hours from birth.	05.03		109.004	3034.20 (2661.60)	109.004	3034.20 (2661.60)	-	-
031	Global fee for a Birthing Unit (Accredited or Approved by BHF) This fee is chargeable when a nurse in private practice uses the labour ward in the hospital and the patient stay exceed 12 hours and is discharged within 24 hours from birth.	05.03		169.100	4707.10 (4129.00)	169.100	4707.10 (4129.00)	-	-
032	Additional Birthing Unit fee chargeable for every additional 12 hours of patient stay beyond the 24 hours contemplated in code 031	05.03		30.026	835.80 (733.20)	30.026	835.80 (733.20)	-	-
<b>1.2 Private Wards</b>									
020	Private ward  Hospitals shall obtain a certificate motivating for the necessity for accommodation in a private ward, including reversed barrier nursing, from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme for pre-authorisation. General ward fees are applicable to isolation.	04.00		46.608	1297.40 (1138.10)	46.608	1297.40 (1138.10)	-	-
021	Private ward on member's request or for convenience of hospital will be funded at scale of benefits for general ward.	04.00		-	-	-	-	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
<b>1.3</b>	<b>Special Care Units</b>								
	Specialised units are defined as: Intensive Care Unit (ICU), Cardio-Thoracic Intensive Care Unit (CTICU), Neonatal Intensive Care Unit (NICU), High Care (HC), Neonatal High Care (NHC), A & B.							04.00	
	Hospitals shall obtain a certificate stating the reason for accommodation in any specialised or other intensive care unit or in high care ward including neonatal intensive care and high care from the attending practitioner, and such certificate showing the date and time of admission and discharge from the unit shall be forwarded to the relevant medical scheme for pre-authorisation.  No charge may be levied to medical schemes for special or private nursing.  Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by BHF.							04.00	
200	Specialised ICU (As approved by BHF according to General Rule E.1.1) Per day	04.00		195.088	5430.50 (4763.60)	195.088	5430.50 (4763.60)	-	-
	(Subject to a maximum of 1 day. Pre-authorisation required for every additional day thereafter. Item 201 will apply if no pre-authorisation is obtained. Use of this unit shall be limited to cardio-thoracic surgery, major vascular surgery and neuro-surgery cases involving surgery on the brain and spinal cord).	04.00							
201	Intensive Care Unit: Per day.	04.00		148.479	4133.10 (3625.50)	148.479	4133.10 (3625.50)	-	-
202	Neonatal Intensive Care Unit: Per day.	04.00		184.863	5145.80 (4513.90)	184.863	5145.80 (4513.90)	-	-
	(The charges referred to under items 200, 201 and 202 include the use of all equipment except: Bennett MA, Servo and Bear ventilators or equivalent apparatus plus the cost of oxygen)	04.00							
215	High Care Ward, Per day.	04.00		95.108	2647.40 (2322.30)	95.108	2647.40 (2322.30)	-	-
216	Neonatal High Care Ward 'A' (Intensive nursing and monitoring)	04.00		103.308	2875.70 (2522.50)	103.308	2875.70 (2522.50)	-	-
217	Neonatal High Care Ward 'B' (Standard nursing and monitoring)	04.00		67.538	1880.00 (1649.10)	67.538	1880.00 (1649.10)	-	-
218	Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).	04.00		44.513	1239.10 (1086.90)	44.513	1239.10 (1086.90)	-	-
	Note: Once the baby has been stabilised and no longer requires ICU care but is not ready to be returned to the general nursery, no additional equipment charges, eg phototherapy may be charged.  All admissions to units/wards referred to under 201 to 202 shall be confirmed with the relevant scheme for each 72 hours and 215 to 218 shall be confirmed weekly with the relevant scheme.	04.00							
<b>2</b>	<b>EMERGENCY UNIT</b>								
<b>2.1</b>	<b>Emergency Unit Fee</b>								
105	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by BHF	04.00		45.858	1276.50 (1119.70)	45.858	1276.50 (1119.70)	-	-
301	For all consultations including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	04.00		-	-	-	-	-	-
302	For all consultations which require the use of a procedure room or nursing input, e.g. for application of plaster of Paris, stitching of wounds, insertion of IV Therapy. Includes the use of the procedure room. No per minute charge may be levied.	04.00		10.533	293.20 (257.20)	10.533	293.20 (257.20)	10.533	293.20 (257.20)
	Note: The procedure room fee (071) cannot be charged in addition to 302	04.00							
<b>2.2</b>	<b>THEATRE FEES</b>								
061	Excimer Laser Theatre fee, per minute	04.00		0.650	18.10 (15.90)	0.650	18.10 (15.90)	0.650	18.10 (15.90)

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	The items listed as non-recoverable in Annexure B shall be deemed to be included in theatre fees, and no charge in respect thereof may be levied.	04.00							
<b>Minor Theatre, regardless of type of theatre available, the incident is procedure driven and not facility driven</b>									
	A facility where simple procedures which require limited instrumentation and drapery, minimum nursing input and short or no general anaesthetic, are carried out. No Sophisticated monitoring is required but resuscitation equipment (trolley) must be available in the procedure room. Conscious sedation by arrangement with scheme.							04.00	
<b>Time in minor theatre</b>									
071	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	04.00		0.500	13.90 (12.20)	0.500	13.90 (12.20)	0.429	11.90 (10.40)
	The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows	04.00							
<b>2.3 Major theatre</b>									
	In addition to the theatre charge calculated as above, a surcharge (modifier 0002 and/or 0003) shall be allowed in cases where specialised theatres referred to in General Rule E.1.1 are utilised for the performance of any of the undermentioned procedures, whether carried out individually or in combination with each other, this surcharge shall be deemed to cover the equipment in the criteria.							04.00	
	Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by BHF								
0002	Modifier 0002: Orthopaedic, Neurosurgical and Vascular: · Joint replacements (only hip, knee, shoulder ankle or elbow) · Femoral popliteal bypasses · Carotid endarterectomies · Aortic Aneurysm repair and arterial grafts · Neurosurgery (Surgery on the brain and spinal cord only, excludes neurolysis)	04.00		48.309	1344.73 (1179.59)	48.309	1344.73 (1179.59)	-	-
0003	Modifier 0003: Cardiac surgery  Cardio-thoracic and Cardio-vascular surgery  · All open heart surgery, with or without the insertion of a prosthesis, coronary artery bypass grafts and heart transplants. Includes all equipment (except item 513), no additional fees may be charged  NOTE: The above surcharge will also be applicable to approved provincial hospitals	04.00		110.688	3081.11 (2702.73)	110.688	3081.11 (2702.73)	-	-
<b>Time in Theatre</b>									
081	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	04.00		1.554	43.30 (38.00)	1.554	43.30 (38.00)	1.329	37.00 (32.50)
	The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows	04.00							
<b>Specialised Theatre Modifiers</b>									
3	<b>PROCEDURAL FEES</b>								
	The fees quoted for items 052, 053 and 055 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for items 515, 529, 533, 535 and any items chargeable in terms of Section 4 and 5 hereof.  NOTE: Ward fees may however be chargeable together with items 053 and 055.							05.03	
<b>3.1 Procedures</b>									
052	Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.	04.00		14.342	399.20 (350.20)	14.342	399.20 (350.20)	14.342	399.20 (350.20)
053	Angiograms.	04.00		14.342	399.20 (350.20)	14.342	399.20 (350.20)	-	-
055	Electroconvulsive therapy (ECT)	04.00		14.342	399.20 (350.20)	14.342	399.20 (350.20)	14.342	399.20 (350.20)

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
<b>3.2</b>	<b>Catheterisation laboratory procedures</b>								
	Note: A certificate indicating the level of the catheterisation laboratory used, should be signed by the relevant doctor, indicating the information if required by the medical scheme.								05.03
	The fees quoted for items 054, 056, 070 and 073 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for items 515, 529, 533 and 535 and any items chargeable in terms of Section 4 and 5 hereof.								05.03
	NOTE: ward fees may however be chargeable together with items 054, 055, 056, 070 and 073.								
054	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1	04.00		51.446	1432.10 (1256.20)	51.446	1432.10 (1256.20)	-	-
	NB: For EPS studies, the Bard Apparatus (item 529) must be charged additionally.								
056	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1	04.00		96.929	2698.10 (2366.80)	96.929	2698.10 (2366.80)	-	-
070	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1.	04.00		251.804	7009.20 (6148.40)	251.804	7009.20 (6148.40)	-	-
	NB: EPS for cardiac ablations - items 529 must be charged additionally.								
073	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1	04.00		186.233	5184.00 (4547.40)	186.233	5184.00 (4547.40)	-	-
075	Catheterisation laboratory film price (once per procedure)	04.00		5.546	154.40 (135.40)	5.546	154.40 (135.40)	-	-
<b>3.3</b>	<b>Radiation Oncology</b>								
	<b>Simulation - Fixed custom made</b>								
902	Simple - Simulation of a single area with either a single port or parallel opposed ports. Simple or no blocking or use of custom/home made simulation	04.00		15.263	424.90 (372.70)	15.263	424.90 (372.70)	-	-
903	Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.	04.00		23.283	648.10 (568.50)	23.283	648.10 (568.50)	-	-
904	Complex - Simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocks, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast	04.00		30.525	849.70 (745.40)	30.525	849.70 (745.40)	-	-
905	Computerised Tomographic.	04.00		30.525	849.70 (745.40)	30.525	849.70 (745.40)	-	-
	<b>Treatment Planning</b>								
906	Manual.	04.00		-	-	-	-	-	-
907	Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking	04.00		14.383	400.40 (351.20)	14.383	400.40 (351.20)	-	-
908	Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints	04.00		21.942	610.80 (535.80)	21.942	610.80 (535.80)	-	-



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				RVU	Fee	RVU	Fee	RVU	Fee
909	Computerised (complex) - Planning requiring highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations or a combination of therapeutic modalities	04.00		28.742	800.10 (701.80)	28.742	800.10 (701.80)	-	-
<b>Technical Aids</b>									
910	Control films (As per radiology film price list).	04.00		-	-	-	-	-	-
911	Dosimetric procedures.	04.00		0.838	23.30 (20.40)	0.838	23.30 (20.40)	-	-
912	Artefacts: Simple - design and construction (simple block or bolus)	04.00		2.096	58.30 (51.10)	2.096	58.30 (51.10)	-	-
913	Artefacts: intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus).	04.00		5.704	158.80 (139.30)	5.704	158.80 (139.30)	-	-
914	Artefacts: complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts)	04.00		11.404	317.40 (278.40)	11.404	317.40 (278.40)	-	-
<b>Linear accelerator treatment</b>									
915	Photon treatment, single field.	04.00		22.288	620.40 (544.20)	22.288	620.40 (544.20)	-	-
916	Photon treatment, multiple fields	04.00		32.100	893.50 (783.80)	32.100	893.50 (783.80)	-	-
917	Electron treatment.	04.00		22.288	620.40 (544.20)	22.288	620.40 (544.20)	-	-
919	Brachytherapy - global fee per patient.	04.00		169.388	4715.10 (4136.10)	169.388	4715.10 (4136.10)	-	-
<b>3.4</b>	<b>Stereotactic radiosurgery</b>								
	Included in item 430  Stereotactic frames and attachments Linear Accelerator Specialised graphic planning, hardware and software Simulator and dark rooms 10 dental films Stereotactic masks All disposables 4 to 20 Graphic transparencies (including 1 week of planning) 2 trained radiographers Fixation and immobilisation Nuclear Specialist Medical Physicist Duration 1 - 4 hours 2 treatment radiographers Excluded from fee Other medical practitioners CT & MRI							04.00	
399	Linear Accelerator radiosurgery - Global Fee	04.00		3682.96 3	102519.00 (89928.90)	3682.96 3	102519.00 (89928.90)	-	-
	Item 399 is an all-inclusive single global radiosurgery fee, payable to a hospital. This item includes item 430, all imaging and all clinical fees. The hospital is responsible for reimbursement of all fees to all the professional providers of service involved in the treatment rendered under this item.	04.00							
430	Global fee for stereotactic radiosurgery	04.00		2520.60 0	70163.40 (61546.80)	2520.60 0	70163.40 (61546.80)	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
<b>4</b>	<b>STANDARD CHARGES FOR EQUIPMENT</b>								
220	Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	04.00		18.700	520.50 (456.60)	18.700	520.50 (456.60)	18.700	520.50 (456.60)
221	Ballistic Lithotripsy/Lithoclast: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	04.00		12.454	346.70 (304.10)	12.454	346.70 (304.10)	12.454	346.70 (304.10)
222	Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	04.00		124.638	3469.40 (3043.30)	124.638	3469.40 (3043.30)	124.638	3469.40 (3043.30)
223	Laser Lithotripsy: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	04.00		83.021	2311.00 (2027.20)	83.021	2311.00 (2027.20)	83.021	2311.00 (2027.20)
224	Stone basket (reusable) for the removal of kidney-, bladder- or gallstones: Per case	04.00		50.263	1399.10 (1227.30)	50.263	1399.10 (1227.30)	50.263	1399.10 (1227.30)
225	Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case	04.00		48.033	1337.00 (1172.80)	48.033	1337.00 (1172.80)	-	-
226	Continuous Passive Exerciser: Per day.	04.00		3.808	106.00 (93.00)	3.808	106.00 (93.00)	3.808	106.00 (93.00)
227	Operating microscope - motorised. This is applicable to a binocular operating microscope with motorised focusing, positioning and zoom magnification changer. Spinal, intra-cranial and ophthalmic surgery only (all ENT and other surgery excluded): Per case	04.00		10.604	295.20 (258.90)	10.604	295.20 (258.90)	10.604	295.20 (258.90)
228	Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case	04.00		5.242	145.90 (128.00)	5.242	145.90 (128.00)	5.242	145.90 (128.00)
230	Patient-controlled analgesia pump, being a programmable reusable analgesia infusion system, providing patient control and/or continuous analgesia modes with mechanisms to limit self administration per time period and with lockout interval. Applicable only to administration of analgesics: Per day	04.00		4.021	111.90 (98.20)	4.021	111.90 (98.20)	4.021	111.90 (98.20)
	Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours in ward Chargeable in the following instances: - Major joint replacement - Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy	04.00							
231	Cardiac monitors - In private, general and high care wards only - not to be charged for routine ECG's: Per day or part thereof	04.00		4.371	121.70 (106.80)	4.371	121.70 (106.80)	-	-
232	Bird or equivalent free standing nebuliser (excluding oxygen): Per day	04.00		3.129	87.10 (76.40)	3.129	87.10 (76.40)	3.129	87.10 (76.40)
233	Croupettes (excluding oxygen): Per day or part thereof	04.00		0.896	24.90 (21.80)	0.896	24.90 (21.80)	-	-
234	Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day or part thereof	04.00		1.675	46.60 (40.90)	1.675	46.60 (40.90)	-	-
235	Oxygen tents (excluding oxygen): Per day or part thereof	04.00		1.458	40.60 (35.60)	1.458	40.60 (35.60)	-	-
236	Mechanical ventilator or equivalent (only in ICU and high care ward where no ICU is available) (excluding oxygen): Per day or part thereof	04.00		13.963	388.70 (341.00)	13.963	388.70 (341.00)	-	-
237	CUSA (plus CUSA pack as per section 5).	04.00		67.804	1887.40 (1655.60)	67.804	1887.40 (1655.60)	-	-
238	Lasers - Argon or Holmium (ophthalmic).	04.00		21.004	584.70 (512.90)	21.004	584.70 (512.90)	21.004	584.70 (512.90)
239	Lasers - CO2 (surgical).	04.00		27.138	755.40 (662.60)	27.138	755.40 (662.60)	27.138	755.40 (662.60)
241	Lasers - Candella (Rates by arrangement with the scheme concerned)	04.00		-	-	-	-	-	-

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				RVU	Fee	RVU	Fee	RVU	Fee
242	Occutomes.	04.00		8.933	248.70 (218.20)	8.933	248.70 (218.20)	8.933	248.70 (218.20)
243	Lasers - YAG (ophthalmic).	04.00		23.683	659.20 (578.20)	23.683	659.20 (578.20)	23.683	659.20 (578.20)
244	Lasers - YAG (surgical).	04.00		29.492	820.90 (720.10)	29.492	820.90 (720.10)	29.492	820.90 (720.10)
245	First Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment for one or more stones in same kidney which are eliminated in one treatment.	04.00		272.863	7595.40 (6662.60)	272.863	7595.40 (6662.60)	272.863	7595.40 (6662.60)
246	Second Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	04.00		181.733	5058.70 (4437.50)	181.733	5058.70 (4437.50)	181.733	5058.70 (4437.50)
	Note: The fees in respect of items 220 to 223, 245 to 246 and 339 to 341 are inclusive of all equipment and components but exclusive of theatre fees and items chargeable under Section 5.	04.00							
	The C-arm (item 249) and screening table (item 251) are not chargeable with these equipment fees.								
249	C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies).	04.00		8.817	245.40 (215.30)	8.817	245.40 (215.30)	8.817	245.40 (215.30)
250	Ultrasonic imaging equipment.	04.00		14.738	410.20 (359.80)	14.738	410.20 (359.80)	14.738	410.20 (359.80)
	(Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or Doppler ultrasound for vascular anatomy and haemo-dynamics)	04.00							
	Note: This can be used for infertility treatment								
251	Screening table - fixed base urology table (including all radiographic equipment) (See item 249)	04.00		19.883	553.50 (485.50)	19.883	553.50 (485.50)	19.883	553.50 (485.50)
	Note: May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341.								
252	Gastroscope (fibre optic/flexible only).	04.00		11.617	323.40 (283.70)	11.617	323.40 (283.70)	11.617	323.40 (283.70)
253	Colonoscope (fibre optic/flexible only)	04.00		12.992	361.60 (317.20)	12.992	361.60 (317.20)	12.992	361.60 (317.20)
254	Duodenoscope (fibre optic/flexible only).	04.00		12.308	342.60 (300.50)	12.308	342.60 (300.50)	12.308	342.60 (300.50)
255	Sigmoidoscope (fibre optic).	04.00		9.979	277.80 (243.70)	9.979	277.80 (243.70)	9.979	277.80 (243.70)
256	Bronchoscope (flexible/fibre optic, adults).	04.00		8.200	228.30 (200.30)	8.200	228.30 (200.30)	8.200	228.30 (200.30)
257	Laryngoscope (fibre optic/flexible excluding intubation)	04.00		4.788	133.30 (116.90)	4.788	133.30 (116.90)	4.788	133.30 (116.90)
258	Sinoscope (rigid only)	04.00		5.463	152.10 (133.40)	5.463	152.10 (133.40)	5.463	152.10 (133.40)
259	Oesophagoscope (rigid only)	04.00		2.725	75.90 (66.60)	2.725	75.90 (66.60)	2.725	75.90 (66.60)
261	Hysteroscope	04.00		3.429	95.40 (83.70)	3.429	95.40 (83.70)	3.429	95.40 (83.70)
262	Colposcope (Not chargeable when item 239 applies)	04.00		4.788	133.30 (116.90)	4.788	133.30 (116.90)	4.788	133.30 (116.90)
263	Cysto Urethroscope	04.00		4.108	114.40 (100.40)	4.108	114.40 (100.40)	4.108	114.40 (100.40)

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				RVU	Fee	RVU	Fee	RVU	Fee
264	Arthroscope (including basic reusable instruments and equipment)	04.00		11.200	311.80 (273.50)	11.200	311.80 (273.50)	11.200	311.80 (273.50)
	Note: The basic reusable instruments and equipment (which would always include the equivalent to the items named) are included in the fee of item 264 (see list below) :	04.00							
	- Telescope, light source, cable - Monitor - Electrosurgical instrument - High frequency cord - Obturator - Camera - Focussing camera coupler - Control console, footswitch - Probe, scissors, (hooked, parrot beak), grasper, forceps (punch basket, duckbill), camelback handle, powered arthroplasty system, handpiece.								
294	Transcranial Doppler	04.00		24.417	679.70 (596.20)	24.417	679.70 (596.20)	-	-
295	Ultrasonic Cutting and Coagulating Devices (See section 5.3.3)	04.00		6.721	187.10 (164.10)	6.721	187.10 (164.10)	6.721	187.10 (164.10)
335	Excimer laser: Hire fee per eye	04.00		74.092	2062.40 (1809.10)	74.092	2062.40 (1809.10)	74.092	2062.40 (1809.10)
337	Microkeratome used with an excimer laser, per operation.	04.00		13.608	378.80 (332.30)	13.608	378.80 (332.30)	13.608	378.80 (332.30)
339	Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	04.00		8.279	230.50 (202.20)	8.279	230.50 (202.20)	8.279	230.50 (202.20)
341	Ballistic lithotripsy magnetic: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	04.00		5.525	153.80 (134.90)	5.525	153.80 (134.90)	5.525	153.80 (134.90)
343	Sigmoidoscope (rigid, adults)	04.00		2.050	57.10 (50.10)	2.050	57.10 (50.10)	2.050	57.10 (50.10)
345	Sigmoidoscope (rigid, paediatrics)	04.00		1.658	46.20 (40.50)	1.658	46.20 (40.50)	1.658	46.20 (40.50)
347	Bronchoscope (flexible/fibre optic, paediatrics)	04.00		8.200	228.30 (200.30)	8.200	228.30 (200.30)	8.200	228.30 (200.30)
	Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.	04.00							
348	Bronchoscope (rigid, adults)	04.00		3.283	91.40 (80.20)	3.283	91.40 (80.20)	3.283	91.40 (80.20)
349	Bronchoscope (rigid, paediatrics)	04.00		4.788	133.30 (116.90)	4.788	133.30 (116.90)	4.788	133.30 (116.90)
360	Category 1 - Laparoscopy and thoracoscopy, per case. See Annexure A	04.00		26.825	746.70 (655.00)	26.825	746.70 (655.00)	26.825	746.70 (655.00)
364	Category 2 - Interventional Laparoscopic and Thorascopic procedures, per case. See Annexure A	04.00		31.867	887.00 (778.10)	31.867	887.00 (778.10)	31.867	887.00 (778.10)
507	Argon Beamer (See section 5.3.2)	04.00		2.721	75.70 (66.40)	2.721	75.70 (66.40)	2.721	75.70 (66.40)
	Note: The Argon Beamer will not apply where a standard electrosurgery unit is used. It can only be used with surgery on internal organs and in neurosurgery.	04.00							
509	Endometrial Resection (Radio frequency)	04.00		16.425	457.20 (401.10)	16.425	457.20 (401.10)	16.425	457.20 (401.10)
511	Colour Doppler (external)	04.00		49.167	1368.60 (1200.50)	49.167	1368.60 (1200.50)	49.167	1368.60 (1200.50)

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
513	Transoesophageal Colour Doppler. (May be charged together with Modifier 0003)	04.00		59.325	1651.40 (1448.60)	59.325	1651.40 (1448.60)	59.325	1651.40 (1448.60)
515	Cardiorhythm Ablater. (May be charged in addition to the catheterisation Laboratory).	04.00		32.313	899.50 (789.00)	32.313	899.50 (789.00)	32.313	899.50 (789.00)
517	Phaco emulsifier	04.00		17.400	484.30 (424.80)	17.400	484.30 (424.80)	17.400	484.30 (424.80)
519	Urethro Reno Fibroscope, per case	04.00		14.663	408.20 (358.10)	14.663	408.20 (358.10)	14.663	408.20 (358.10)
521	OAS Frameless Stereotaxy	04.00		172.908	4813.10 (4222.00)	172.908	4813.10 (4222.00)	-	-
523	OPD Tacography (Includes paper)	04.00		2.800	77.90 (68.30)	2.800	77.90 (68.30)	-	-
525	RFG3C Lesion Generator (Rhizotomy)	04.00		55.979	1558.20 (1366.80)	55.979	1558.20 (1366.80)	-	-
527	Swift Lase Kit (Tonsillectomy)	04.00		10.908	303.60 (266.30)	10.908	303.60 (266.30)	-	-
529	Bard Apparatus 1. For EPS studies the analogue monoplane unit (item 054) must be charged additionally. 2. EPS studies for cardiac ablations - the digital bi-plane unit (item 070) must be charged additionally.	04.00		41.879	1165.70 (1022.50)	41.879	1165.70 (1022.50)	-	-
531	Densitometer	04.00		25.817	718.60 (630.40)	25.817	718.60 (630.40)	-	-
533	Civus (Cardiac Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation laboratory).	04.00		70.117	1951.80 (1712.10)	70.117	1951.80 (1712.10)	-	-
535	Ivus (Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation laboratory).	04.00		154.017	4287.20 (3760.70)	154.017	4287.20 (3760.70)	-	-
537	Reusable patient return electrode/grounding pad using a capacitive coupling technique for use in electrosurgery.	04.00		0.646	18.00 (15.80)	0.646	18.00 (15.80)	-	-
	Disposable cover is non-chargeable. This item may not be charged together with any disposable monitoring style gel pads or when techniques other than electrosurgery are used. (e.g. not to be charged with the ultrasonic cutting and coagulating device or equivalent).	04.00							
	Equipment fees for automated, stereotactic, digital imaged surgical breast biopsy (UNDER REVIEW)								04.00
	Note: For the purpose of a 6 month trial cost analysis, the manufacturer of the ABBI equipment recommends that the total breast biopsy procedure, inclusive of all fees, disposables and professional charges should not exceed the current conventional open excisional procedures. The recommendation is to cap the amount at R12634.50 per procedure unless otherwise motivated for. Core needle and vacuum assisted core needle would therefore be capped at R 5053.80 and fine needle at R 3790.40. The disposables for the ABBI are included in the equipment fee.								05.03
540	Stereotactic guided digital imaged breast biopsy procedure	04.00		282.729	7870.00 (6903.50)	282.729	7870.00 (6903.50)	-	-
541	Stereotactic guided digital imaged cover needle biopsy	04.00		166.321	4629.70 (4061.10)	166.321	4629.70 (4061.10)	-	-
542	Stereotactic guided digital imaged vacuum assisted core needle biopsy.	04.00		166.321	4629.70 (4061.10)	166.321	4629.70 (4061.10)	-	-
543	Stereotactic guided digital imaged fine needle aspiration	04.00		116.471	3242.10 (2843.90)	116.471	3242.10 (2843.90)	-	-
544	Mammotome Stereotactic Driver - vacuum assisted core needle biopsy. (UNDER REVIEW)	04.00		-	-	-	-	-	-
545	Mammotome Hand Held ultrasound vacuum assisted vacuum core needle biopsy. (UNDER REVIEW)	04.00		-	-	-	-	-	-

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				RVU	Fee	RVU	Fee	RVU	Fee
550	Equipment fee for dynamic (non-frame based - StealthStation) stereotactic image guided referencing surgery and treatment planning used in conjunction with CT or MRI imaging in pre-authorised cranial, spinal cord and ENT procedures, per procedure	04.00		180.775	5032.10 (4414.10)	180.775	5032.10 (4414.10)	-	-
560	Low pressure hyperbaric oxygen treatment protocol. (By arrangement) Only for Prescribed Minimum Benefits Code 277S: Anaerobic infections - life threatening (when no state facility is available)	04.00		-	-	-	-	-	-
562	Standard pressure hyperbaric oxygen treatment protocol. (By arrangement).	04.00		-	-	-	-	-	-
564	US Navy TT5 treatment protocol. (By arrangement)	04.00		-	-	-	-	-	-
566	US Navy TT6 treatment protocol. (By arrangement)	04.00		-	-	-	-	-	-
568	US Navy TT6 extended treatment protocol. (By arrangement).	04.00		-	-	-	-	-	-
570	Comes 30 treatment protocol. (By arrangement).	04.00		-	-	-	-	-	-
572	US Navy Table 6A treatment protocol. (By arrangement)	04.00		-	-	-	-	-	-
574	Pressure relieving mattress hire fee, per day	04.00		-	-	-	-	-	-
576	Infrared Coagulator: per use	04.00		-	-	-	-	-	-
578	Prostatic hyperthermia and thermotherapy: per case	04.00		256.325	7135.10 (6258.90)	256.325	7135.10 (6258.90)	-	-
580	Sequential compression device, per case	04.00		-	-	-	-	-	-
582	Selector ultrasonic aspirator	04.00		-	-	-	-	-	-
584	Cryosurgery acuprobe	04.00		-	-	-	-	-	-
594	Motility machine	04.00		-	-	-	-	-	-
596	Ph recorder	04.00		-	-	-	-	-	-
606	Epilepsy monitoring system	04.00		-	-	-	-	-	-
608	Lynx ultrasound scanner	04.00		-	-	-	-	-	-
610	Intra-operative multi-frequency probe	04.00		-	-	-	-	-	-
612	Flexible laparoscopic probe	04.00		-	-	-	-	-	-
<b>5</b>	<b>STANDARD DRUG, MATERIAL, CONSUMABLE AND DISPOSABLE CHARGES</b>								
	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>5.1</b>	<b>STANDARD DRUG CHARGES</b>								
	(Only substances controlled by the Medicines and Related Substances Control Act, Act 101 of 1965, as amended/Medicine Control Council)								04.00
<b>5.1.1</b>	<b>Inpatients and day patients: Dispensed items including ampoules, over the counter and proprietary items issued to inpatients, day patients and TTO's</b>								
	Not to be charged for consumable, disposable and surgical items								04.00
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor).								04.00
	All items which patients take home as TTO's must be shown on accounts.								
272	Pharmacy	04.00							
273	To take out	04.00							
278	Ward stock	04.00		-	-	-	-	-	-
282	Theatre	04.00		-	-	-	-	-	-
<b>5.1.2</b>	<b>Emergency Room: Dispensed items including ampoules, over the counter and proprietary items and TTO's issued to patients treated in the emergency room (Items 301 and 302) when not admitted to a ward.</b>								
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor).								04.00
	All items which patients take home as TTO's must be shown on accounts.								

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				RVU	Fee	RVU	Fee	RVU	Fee
	Not to be charged for consumable, disposable and surgical items								04.00
407	Pharmacy	04.00		-	-	-	-	-	-
411	Theatre	04.00		-	-	-	-	-	-
413	To take out	04.00		-	-	-	-	-	-
<b>5.2</b>	<b>Consumable, disposable, and surgical items used in ward, theatre or emergency room</b>								
	When used in ward or theatre								04.00
	Net acquisition price inclusive of VAT (unless the facility is not a registered VAT vendor). Items to be fully specified								
	See consumable and disposable list.								04.00
266	Large disposable sterile trays - per tray (excluding theatre)	04.00							
267	Sterile disposable swabbing and ENT trays - per tray (excluding theatre)	04.00							
269	Soluble bags for barrier nursing only, limited to 2 per patient, per day	04.00							
415	Emergency room	04.00		-	-	-	-	-	-
417	Pharmacy	04.00		-	-	-	-	-	-
419	Ward stock	04.00		-	-	-	-	-	-
421	Theatre	04.00		-	-	-	-	-	-
<b>5.3</b>	<b>Fractional charges</b>								
	Net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor) to be charged per case at the fractional rates indicated below.								04.00
	Note: Fractional charges can only apply to reusable and limited life reusable/responsible products.								04.00
<b>5.3.1</b>	<b>Drills, burs, cutters, blades</b>								
280	Neuro/Craniotomy	04.00		-	33.33%	-	33.33%	-	33.33%
432	Arthroscopy	04.00		-	20.00%	-	20.00%	-	20.00%
433	Orthopaedic	04.00		-	33.33%	-	33.33%	-	33.33%
437	Mastoidectomy and major ear surgery	04.00		-	33.33%	-	33.33%	-	33.33%
439	Maxillo- Facial drills and burs (not applicable to oral surgery, eg wisdom teeth)	04.00		-	33.33%	-	33.33%	-	33.33%
<b>5.3.2</b>	<b>Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited life re-usable components)</b>								
	Hospitals/unattached operating theatre units shall show the name and reference number of each item together with the manufacturer's name, and schemes shall have the right to call for such invoices from the institution concerned								04.00
281	Vascular surgery	04.00		-	100%	-	100%	-	100%
443	General surgery	04.00		-	12.5%	-	12.5%	-	12.5%
445	Gynaecology	04.00		-	12.5%	-	12.5%	-	12.5%
447	Ophthalmic	04.00		-	12.5%	-	12.5%	-	12.5%
449	Urology	04.00		-	12.5%	-	12.5%	-	12.5%
451	ENT	04.00		-	12.5%	-	12.5%	-	12.5%
453	Orthopaedic	04.00		-	12.5%	-	12.5%	-	12.5%
<b>5.3.3</b>	<b>Ultrasonic Cutting and Coagulating Devices (Limited life re-usable)</b>								
<b>General surgery, Gynaecology, Cardio-Vascular and Urology</b>									
455	Handpiece and Cable Assembly (one unit)	04.00		-	1%	-	1%	-	1%
456	Coagulating Shear (Laparoscopic/open)	04.00		-	33.33%	-	33.33%	-	33.33%
458	Coagulating Shear - Single use (Laparoscopic/open) Refer to Section 5.2	04.00		-	-	-	-	-	-
457	Blades (sharp hook, dissecting hook, ball)	04.00		-	12.5%	-	12.5%	-	12.5%

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				RVU	Fee	RVU	Fee	RVU	Fee
459	Blades - Single use (sharp hook, dissecting hook, ball) Refer to 5.2	04.00		-	-	-	-	-	-
<b>5.3.4</b>	<b>Warm air blankets</b>								
429	Warm air blanket may be charged in the following cases and limited to 1 per stay - Infants - Elderly patients over 65, - Patients exposed for a long period of time in theatre longer than 2 hours - Post traumatic hypothermia - one per stay - Cardio-thoracic hypothermic patients in recovery and ICU - one per stay	04.00		-	100%	-	100%	-	100%
<b>5.3.5</b>	<b>Diathermy pencils, laryngeal masks and fluoroshield gloves</b>								
431	Diathermy pencils	04.00		-	33.33%	-	33.33%	-	33.33%
435	Laryngeal masks	04.00		-	2.5%	-	2.5%	-	2.5%
441	Fluoroshield gloves (1 pair per procedure)	04.00		-	33.33%	-	33.33%	-	33.33%
<b>5.7</b>	<b>Gases</b>								
	Price increases: Should a change occur in the manufacturer's price of any item listed hereunder, the new price shall be as notified								04.00
<b>Oxygen and Nitrous Oxide</b>									
	For both gases together, per minute								04.00
283	PWV area	04.00		0.110	3.06 (2.68)	0.110	3.06 (2.68)	0.110	3.06 (2.68)
701	Cape Town	04.00		0.151	4.20 (3.68)	0.151	4.20 (3.68)	0.151	4.20 (3.68)
702	Port Elizabeth	04.00		0.134	3.73 (3.27)	0.134	3.73 (3.27)	0.134	3.73 (3.27)
703	East London	04.00		0.149	4.15 (3.64)	0.149	4.15 (3.64)	0.149	4.15 (3.64)
704	Durban	04.00		0.138	3.84 (3.37)	0.138	3.84 (3.37)	0.138	3.84 (3.37)
705	Other areas	04.00		0.123	3.42 (3.00)	0.123	3.42 (3.00)	0.123	3.42 (3.00)
<b>Oxygen, ward use</b>									
	Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex								04.00
284	PWV area	04.00		0.162	4.51 (3.96)	0.162	4.51 (3.96)	0.162	4.51 (3.96)
710	Cape Town	04.00		0.268	7.46 (6.54)	0.268	7.46 (6.54)	0.268	7.46 (6.54)
711	Port Elizabeth	04.00		0.258	7.18 (6.30)	0.258	7.18 (6.30)	0.258	7.18 (6.30)
712	East London	04.00		0.248	6.90 (6.05)	0.248	6.90 (6.05)	0.248	6.90 (6.05)
713	Durban	04.00		0.210	5.85 (5.13)	0.210	5.85 (5.13)	0.210	5.85 (5.13)
714	Other areas	04.00		0.200	5.57 (4.89)	0.200	5.57 (4.89)	0.200	5.57 (4.89)
<b>Oxygen, recovery room or emergency room</b>									
	Flat rate for oxygen per case								04.00
720	PWV area	04.00		0.322	8.96 (7.86)	0.322	8.96 (7.86)	0.322	8.96 (7.86)
721	Cape Town	04.00		0.533	14.80 (13.00)	0.533	14.80 (13.00)	0.533	14.80 (13.00)
722	Port Elizabeth	04.00		0.513	14.30 (12.50)	0.513	14.30 (12.50)	0.513	14.30 (12.50)
723	East London	04.00		0.492	13.70 (12.00)	0.492	13.70 (12.00)	0.492	13.70 (12.00)
724	Durban	04.00		0.421	11.70 (10.30)	0.421	11.70 (10.30)	0.421	11.70 (10.30)
725	Other areas	04.00		0.398	11.10 (9.74)	0.398	11.10 (9.74)	0.398	11.10 (9.74)
<b>Oxygen In Theatre</b>									
	Fee for oxygen per minute in the operating theatre when no other gas administered								04.00



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				RVU	Fee	RVU	Fee	RVU	Fee
730	PWV area	04.00		0.010	0.28 (0.25)	0.010	0.28 (0.25)	0.010	0.28 (0.25)
731	Cape Town	04.00		0.018	0.50 (0.44)	0.018	0.50 (0.44)	0.018	0.50 (0.44)
732	Port Elizabeth	04.00		0.017	0.47 (0.41)	0.017	0.47 (0.41)	0.017	0.47 (0.41)
733	East London	04.00		0.017	0.47 (0.41)	0.017	0.47 (0.41)	0.017	0.47 (0.41)
734	Durban	04.00		0.013	0.36 (0.32)	0.013	0.36 (0.32)	0.013	0.36 (0.32)
735	Other areas	04.00		0.013	0.36 (0.32)	0.013	0.36 (0.32)	0.013	0.36 (0.32)
<b>Carbon Dioxide</b>									
291	Per minute	04.00		0.020	0.56 (0.49)	0.020	0.56 (0.49)	0.020	0.56 (0.49)
<b>Laser Mix</b>									
292	Per minute	04.00		0.387	10.80 (9.47)	0.387	10.80 (9.47)	0.387	10.80 (9.47)
<b>Entonox</b>									
293	Per 30 minutes	04.00		3.675	102.30 (89.70)	3.675	102.30 (89.70)	3.675	102.30 (89.70)
<b>5.8</b>	<b>Inhalation anaesthetics</b>								
	All prices will be expressed per millilitre and will be based on the Single Exit Price (SEP)								08.00
285	Halothane (Halothane): per ml	08.00		-	-	-	-	-	-
752	Ethrane (Enflurane): per ml	08.00		-	-	-	-	-	-
753	Forane (Isoflurane): per ml	08.00		-	-	-	-	-	-
754	Isofor (Isoflurane): per ml	08.00		-	-	-	-	-	-
755	Ultane (Sevoflurane): per ml	08.00		-	-	-	-	-	-
756	Suprane (Desflurane): per ml	08.00		-	-	-	-	-	-
757	Aerrane (Isoflurane): per ml	08.00		-	-	-	-	-	-
758	Alyrane (Enflurane): per ml	08.00		-	-	-	-	-	-
759	Fluothane (Halothane): per ml	08.00		-	-	-	-	-	-
<b>5.9</b>	<b>Prostheses (Surgically implanted)</b>								
286	A prosthesis shall mean a fabricated or artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral and necessary part of the device so implanted, and shall be charged as a single unit. Pins, rods, screws, plates or similar items, when used independently of a prosthesis and for the purpose of furthering any healing process, shall be chargeable.  Hospitals/unattached operating theatre units shall show the name and reference number of each item. The manufacturer's name, and suppliers invoices should be attached to the account and the components should be specified on the account.  Net acquisition price on suppliers invoice, inclusive of VAT (unless the facility is not a registered VAT vendor), by prior arrangement with scheme.	04.00		-	-	-	-	-	-
<b>5.10</b>	<b>Medical artificial items (non-prostheses)</b>								
287	According to agreement with schemes concerned. (Examples of items included hereunder shall be wheelchairs, crutches and excretion bags). Copies of invoices shall be supplied to schemes.	04.00		-	-	-	-	-	-

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				RVU	Fee	RVU	Fee	RVU	Fee
<b>5.14</b>	<b>Blood charges</b>								
288	Emergency non-crossmatched blood ex hospital (i.e. on stand-by) - Number of units and nature of emergency to be specified and copy of invoice included.  This item is only chargeable when a private hospital supplies O-negative whole blood to a patient in an emergency situation. A motivation stating the reason for administering the O-negative blood must accompany the account and no mark-up is permitted on this item.	04.00		-	-	-	-	-	-
289	Routine blood charges, when incurred in respect of blood or related products procured from a recognised blood bank for transfusion purposes, may be charged at R 14.70 per collection, plus R 3.09 per kilometre travelled. This fee is applicable to all modes for collecting blood including hospital ambulances	05.03		-	-	-	-	-	-
297	Emergency blood collection. Claims for this item code must be supported by documentary evidence of the patient's condition	06.00		19.388	539.70 (473.40)	19.388	539.70 (473.40)	-	-
<b>5.15</b>	<b>Incise drapes</b>								
298	Incise drapes (See Annexure B)	04.00		-	-	-	-	-	-
299	Ophthalmic drapes. (See Annexure B)	04.00		-	-	-	-	-	-
300	Non-incise drapes (isolation, fluid-collection and combination)	04.00		-	-	-	-	-	-
	Chargeable in the following procedures: Hip, knee, shoulder and elbow joint replacements Open heart and cardiac bypass surgery Vascular surgery (excluding catheterisation laboratory procedures) Neuro-surgery (Brain and spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery	04.00							
	Note: The name, item number and cost must be shown.								04.00
<b>5.16</b>	<b>Disposable Patient Controlled Analgesia Pump</b>								
	Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours in ward  Chargeable in the following instances: - Major joint replacement - Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy								04.00
<b>6</b>	<b>NON-STANDARD ITEMS/SERVICES</b>								
	Such items are not covered by the National Reference Price List and schemes reserve the right to decide individually how these items/services will be dealt with								04.00
290	Items/services e.g. telephone calls/hire, television hire, boarding, extra meals, dry cleaning of clothing, extra nursing in ward etc. The nature of each service shall be specified	04.00		-	-	-	-	-	-
	<b>Procedures : Open heart, cardiac by-pass surgery and all organ transplants</b>								
121	Benefits to be pre-authorised with the scheme concerned	04.00		-	-	-	-	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
ANNEXURES									
ENDOSCOPIC (laparoscopic & thoracoscopic) GENERIC LIST									
04.00									
Category 1 Procedures Laparoscopy and Thoracoscopy, per case					Category 2 Procedures Interventional laparoscopy, Thoracic and Urological procedures, per case				
Standard Charges					Standard Charges:				
<ul style="list-style-type: none"><li>380 Laparoscopic Equipment Fee, per case<ul style="list-style-type: none"><li>Telescope</li><li>Light Guide Cable</li><li>Camera</li><li>Monitor</li><li>Hi -frequency Cord</li></ul></li><li>Includes laparoscopic instrumentation, per case. All equivalents included<ul style="list-style-type: none"><li>Scissors</li><li>Graspers (clamp, clinch, babcock)</li><li>Dissectors</li><li>Electro surgical Instrument</li><li>Suction irrigation shafts</li></ul></li></ul>					<ul style="list-style-type: none"><li>364 Laparoscopic Equipment Fee, per case<ul style="list-style-type: none"><li>Telescope</li><li>Light Guide Cable</li><li>Camera</li><li>Monitor</li><li>Hi -frequency Cord</li></ul></li><li>INCLUDES Laparoscopic Instrumentation, per case. All equivalents included<ul style="list-style-type: none"><li>Endoscopic needle holder and knot pusher</li><li>Scissors</li><li>Graspers (clamp, clinch, babcock)</li><li>Dissectors</li><li>Retractors</li><li>Suction irrigation shaft</li><li>Electro surgical Instrument</li></ul></li></ul>				
Recoverable Disposable Products "single-use" allowed					Recoverable Disposable Products "single -use" allowed				
<ul style="list-style-type: none"><li>Insufflation Needle</li><li>Trocars</li></ul>					<ul style="list-style-type: none"><li>Insufflation Needle</li><li>Trocars</li><li>Ligating Clip Appliers</li><li>Ultrasonic or electro surgical cutting and coagulation accessories (instrumentation and accessories)</li><li>Endoscopic Staplers/Cutters</li></ul>				
NOTE:									
<ul style="list-style-type: none"><li>Category 1 procedures are predominantly diagnostic and the listed re-usable instruments are considered relevant and appropriate for category 1 procedures</li></ul>					<ul style="list-style-type: none"><li>Should a diagnostic procedure move to a 'therapeutic intervention', then the procedure would become a category 2 procedure</li></ul>				
Part Chargeable Products:									
<ul style="list-style-type: none"><li>Ultrasonic Handpiece and Cable = 1%</li></ul>									
Notes: Refer to detailed Endoscopic Disposable Product list. Procedure to be applied per CPT code – list attached.									

Code	Description	Ver	Add	Private Hospitals ('A' - Status)	Private Hospitals ('B' - Status)	Approved U O T U / Day clinics
				RVU	Fee	RVU
				RVU	Fee	RVU
	Comments 1. Optical, blunt, Hasson cannula, trocar – may substitute the primary port trocar and eliminate the use of verres needles. 2. Harmonic scalpel shears and blades – not to be charged together with disposable electrosurgical probes, argon beam coagulator, clip appliers, bipolar forceps and Tripolar forceps. 3. Harmonic scalpel shears and blades – not to be used for laparoscopic cholecystectomy and sterilisation 4. Tripolar forceps – not to be used together with electrosurgical probes, harmonic scalpel, clip appliers 5. Autosuture Endostitch – to be motivated and 1 suture assistant per procedure allowed. 6. Specimen retrieval bags – to motivate use (used when specimen needs to be captured and removed to avoid site contamination); procedure related – histology report required.					
	APPENDIX A					04.00
	LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES					
	CATEGORY 1 (CPT4 2000 code numbers included where possible)					
	Diagnostic laparoscopy (49320) Laparoscopy, surgical; with fulguration of oviducts (with/without transection) (58670) Laparoscopy, surgical; with occlusion of oviducts (e.g.band, clip, Falope ring) (58771) Hysteroscopy diagnostic (58555) Hysteroscopy, with sampling of endometrium and/or polypectomy, with/without D&C (58558)					
	THORACOSCOPY, DIAGNOSTIC THORACOSCOPY, DIAGNOSTIC with biopsy THORACOSCOPY, DIAGNOSTIC lungs and pleural space, with biopsy THORACOSCOPY, DIAGNOSTIC pericardial sac, without biopsy THORACOSCOPY, DIAGNOSTIC pericardial sac with biopsy THORACOSCOPY, DIAGNOSTIC mediastinal space without biopsy THORACOSCOPY, DIAGNOSTIC mediastinal space with biopsy					
	CATEGORY 2					
	Laparoscopy, surgical; with salpingostomy (salpingoneostomy) (58673) Laparoscopy, surgical; with fimbrioplasty (58672) Laparoscopy, surgical; with fulguration or excision of the ovary, pelvic viscera or peritoneal surface, any method (58662) Laparoscopy, surgical; with lysis of adhesions (changed 1998 to salpingolysis, ovariolysis) (58660) Laparoscopy, surgical; with removal leiomyomata (58551) Laparoscopy surgical; withenterolysis (freeing intestinal adhesion) (44200) Laparoscopy, surgical; with retroperitoneal node sampling (biopsy) (38570) Laparoscopy,surgical, abdomen, peritoneum, omentum; with drainage lymphocele to peritoneal cavity (49323) Laparoscopy, surgical; appendectomy (44970) Laparoscopy, surgical, abdomen, peritoneum and omentum; with biopsy (49321) Laparoscopy, surgical, abdominal, peritoneum and omentum; with aspiration of cavity or cyst (e.g. ovarian cyst) single or multiple (49322) Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) (58661) Laparoscopy, surgical; orchiopepy for intra-abdominal testis (54692) Laparoscopy, surgical; ligation spermatic veins for varicocele (55550) Laparoscopy, surgical; ablation of renal cysts (50541) Laparoscopy, surgical; urethral suspension for stress incontinence (51990) Laparoscopy, surgical; sling operation for stress incontinence (51992) Hysteroscopy with lysis intra-uterine adhesions (58559) Hysteroscopy with removal impacted foreign body (58562) Hysteroscopy with removal leiomyomata \ (58561)					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	Hysteroscopy with endometrial ablation \ (58563)								
	Laparoscopic treatment of ectopic pregnancy, without salpingectomy and/or oophorectomy (59150)								
	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy (59151)								
	Laparoscopy, surgical; with vaginal hysterectomy. (Lap assisted vag. Hyst) (58550)								
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy (38571)								
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy) (38572)								
	Laparoscopy with adrenalectomy (60650)								
	Laparoscopy, surgical; pyeloplasty (50544)								
	Laparoscopy, surgical; nephrectomy (50540)								
	Laparoscopy, surgical; donor nephrectomy (50547)								
	Laparoscopically assisted nephroureterectomy (50548)								
	Laparoscopy, surgical; ureterolithotomy 50945)								
	Laparoscopy, surgical; transection of Vagus nerve, truncal (43651)								
	Laparoscopy, surgical; transection of Vagus nerves, selective or highly selective (43652)								
	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy (47560)								
	Laparoscopy, surgical; with guided transhepatic cholangiography, with biopsy (47561)								
	Laparoscopy, surgical; cholecystoenterostomy (47570)								
	Laparoscopy, surgical; cholecystectomy with cholangiography (47563)								
	Laparoscopy, surgical; cholecystectomy with explor, common bile duct (47564)								
	Laparoscopy, surgical; splenectomy (38120)								
	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (e.g. Stamm procedure) (43653)								
	Laparoscopy, surgical; jejunostomy (44201)								
	Laparoscopy, surgical; intestinal resection, with anastomosis (44202)								
	Laparoscopy, surgical; oesophagogastric fundoplasty eg Nissen, Toupet procedures) (43280)								
	Unlisted laparoscopic procedure, uterus(58578)								
	Unlisted hysteroscopy procedure, uterus (58579)								
	Unlisted laparoscopic procedure, oviduct, ovary (58679)								
	Unlisted laparoscopic spleen procedure (38129)								
	Unlisted laparoscopic lymphatic procedure (38589)								
	Unlisted laparoscopic oesophagus procedure (43289)								
	Unlisted laparoscopic stomach procedure (43659)								
	Unlisted laparoscopic intestinal procedure (except rectum) (44209)								
	Unlisted laparoscopic appendix procedure (44979)								
	Unlisted laparoscopic biliary tract procedure (47579)								
	Unlisted laparoscopy procedure, abdomen, peritoneum & omentum (49329)								
	Unlisted laparoscopic hernia procedure (49659)								
	Unlisted laparoscopic renal procedure (50549)								
	Unlisted laparoscopic procedure, testis (54699)								
	Unlisted laparoscopic procedure, spermatic cord (55559)								
	Unlisted laparoscopic procedure, maternity care and delivery (59898)								
	Unlisted laparoscopic endocrine procedure (80659)								
	THORACOSCOPY, SURGICAL								
	THORACOSCOPY, SURGICAL pleurodesis								
	THORACOSCOPY, SURGICAL partial pulmonary decortication								
	THORACOSCOPY, SURGICAL total pulm. Decortication								
	THORACOSCOPY, SURGICAL removal interpleural foreign body								
	THORACOSCOPY, SURGICAL control traum. Haemorrhage								
	THORACOSCOPY, SURGICAL exc./plication bullae								
	THORACOSCOPY, SURGICAL parietal pleurectomy								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	THORACOSCOPY, SURGICAL wedge resection THORACOSCOPY, SURGICAL removal clot/foreign body from pericardial space THORACOSCOPY, SURGICAL creation pericardial window THORACOSCOPY, SURGICAL total pericardectomy THORACOSCOPY, SURGICAL exc pericard. Cyst, tumor, mass THORACOSCOPY, SURGICAL exc mediastinal cyst, tumor, mass THORACOSCOPY, SURGICAL lobectomy, total or segmental THORACOSCOPY, SURGICAL with sympathectomy THORACOSCOPY, SURGICAL with esophagomyotomy  New codes for Category 2  CPT42000 CPT4 2001 Laparoscopy, surgical; radical nephrectomy 50545 Laparoscopy, surgical; nephrectomy including partial ureterectomy 50546 Laparoscopy, surgical; nephrectomy with total ureterectomy 50548 Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement 50948 Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement 50948 Unlisted laparoscopic procedure, ureter 50949								
	APPENDIX B  PRINCIPLES  The following principles are applicable:  1. At all times best clinical practice must be adhered too.  2. Items listed in the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities are described generically according to product classification and function. Trade names may be included, by means of example, for clarification purposes only. Photocopies of all documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documentation at the hospital/sameday surgical facilities concerned. The Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Sub-Acute Facilities, Private Hospitals and Sameday Surgery Facilities will be reviewed half-yearly.  3. The cost of consumable and disposable items used on a patient in a hospital must be recovered by means of a charge mechanism as follows: ¢ Items included in the per minute theatre fee. ¢ Items included in the per day ward or unit fee. ¢ Items are charged to the patient's account where reimbursement is not granted by a medical scheme.  4. Any agreed difference on the basic interpretation of the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities list will be made in accordance with the approval of the duly appointed representatives of the individual contractor, medical aid, MCO and representatives of private hospitals. Such approval shall be ratified in writing and circulated to all parties concerned. Where the hospital uses an excessively priced product, a review process should be conducted, and appropriate price adjustment made.  5. Disposable items are single use only and must never be reused. ¢ Single use items will be charged at 100%. ¢ Hospitals will sign an ethical undertaking that single use items will only be used once. If a hospital does not conform it may be reported to the group head office. If an acceptable explanation is not supplied within 14 days, payment on that account may be withheld.  6. Limited life re-usable products are products intended for multiple use and endorsed as such by the manufacturers. Such products will be charged according to the "Fractional" charges as detailed and are under continual review. The item will be considered life re-usable (limited multiple use) if it can be re-used less than 100 times (endorsed as such by the manufacturer).								04.00

Code	Description	Ver	Add	Private Hospitals ('A' - Status)	Private Hospitals ('B' - Status)	Approved U O T U / Day clinics			
				RVU	Fee	RVU	Fee	RVU	Fee
7.	Where a hospital uses an excessively priced product, a review process with the parties as listed under 3 above should be conducted, and appropriate price adjustment made.								
8.	TTO's will be issued and charged according to the rules of the scheme.								
9.	All prescribed items will be recoverable according to the rules of the scheme.								
Key Indicators									
The different key indicators in the Recommended Guide to Reimbursement for Consumable and Disposable Items charged by Private Hospitals and Same Day Surgery Facilities List are as follows:									
All prescribed items dispensed in wards or theatre are fully recoverable according to scheme's rules.									
Key	Description								
THR	Theatre consumable and disposable items								
WRD	Ward consumable and disposable items								
NR	Item is non-recoverable								
C	Item is chargeable under certain circumstance								
R	Item is recoverable								
P	Item is recoverable from patient								
F	Fractional (re-usable) and is charged out on a pro-rata basis (as per 5.5.1-5.5.4).								
N/A	Not used/not applicable								
Disposable	Means the manufacturer states one time use only. S/U(Single use) Item =Payable 100%								
Medical Prescribed Meals	See List								
Practice Code	References to the NRPL-HS includes 57/58, 76 and 77								
	PRODUCT	THR	WRD	COMMENT					
1.	Accessories for AV impulse, Flowtron DVT and similar (Impads,	C	C	Subject to scheme rules and authorisation criteria;					
2.	Adapters disposable	C	C						
3.	Adapters re-usable	NR	NR						
4.	Adhesive/non-adhesive bandages and rolls (Elastoplast, Micropore,	C	C	Fractional use is non-chargeable;					
5.	Aerochamber	NR	NR	Chargeable as TTO					
6.	Alcohol Swabs (Preptic, Webcol and similar)	NR	NR	Chargeable as TTO on prescription;					
7.	Alcohol/Spirits	NR	NR						

Code	Description				Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
							RVU	Fee	RVU	Fee	RVU	Fee
	7.	Alcohol/Spirits	NR	NR								
	8.	Amalgam Caplets and all dental composites	NR	N/A								
	9.	Anaesthetic accessories (circuits, masks, trays);	NR	N/A								
	10.	Antipeel Ointment	NR	C								
	11.	Antiseptic solutions (Hibiscrub, Betadine and similar);	NR	C								
	12.	Aortic/Vascular Punch - disposable	R	N/A								
	13.	Aortic/Vascular Punch - re-usable	NR	NR								
	14.	Aqueous Cream - other uses	NR	C								
	15.	Aqueous Cream - used as body lotion	NR	NR								
	16.	Arm Immobiliser (Sling and similar)	NR	C								
	17.	Artificial Tears and eye lubricants (Duratears, Cleargel, Tears plus natural and similar)	NR	C								
	18.	Arthrowand (Disposable instrument):	C	NR								
	(a)	Arthrowand										
	(b)	Spinal Arthrowand										
	(c)	Plansmowand/Entecwand										
	19.	Baby Food	NR	NR								
	20.	Baby Packs	NR	NR								
	21.	Baby Toiletries	NR	NR								



Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
22.	Bacterial/Viral Breathing Filters and Humidifier Moisture Breathing Filters	C	C						
23.	Beaver blades in Myringotomy	NR	NR						
24.	Bentley Connectors- disposable	C	C						
25.	Bentley Connectors- re-useable	NR	NR						
26.	Biocide	NR	NR						
27.	Biopsy Forceps – disposable	R	N/A						
28.	Bipolar Forceps (disposable);	NR	NR						
29.	Blades (arthroscopic)-Disposable	R	N/A						
30.	Blades (arthroscopic)-Limited life reusable	F	N/A						
31.	Blades (ENT)-Disposable	R	N/A						
32.	Blades (surgical knives, scalpel) – Disposable	R	R						
33.	Blades Saw – Limited life reusable	F	NA						
34.	Blades Saw -Disposable	R	N/A						
35.	Blades-Limited life reusable	F	N/A						
36.	Blankets: Warm Air, disposable	C	C						
37.	Blood pressure cuffs-Disposable (Cuffable cuffs, Disposa-Cuff and similar);	C	C						
38.	Blood pressure machine (Baumanometer, Dinamapp and similar)	NR	NR						
39.	Breast Pads	N/A	NR						
40.	Breast Pump	N/A	NR						
41.	Breathing/ventilator circuits and disposable accessories (tubing, catheter mounts, connectors and similar)- Reusable	NR	NR						
42.	Breathing/ventilator circuits and disposable accessories (tubing, catheter mounts, connectors and similar)-Disposable	NR	NR						
43.	Bulb Syringes - disposable	R	C						
44.	Bulb Syringes - glass	NR	NR						
45.	Burns – Disposable	R	N/A						
46.	Burns - Limited life reusable	F	N/A						
47.	Burns (Dental surgery)-reusable and disposable	NR	NR						
48.	Burns (ENT surgery)-disposable	R	N/A						
49.	Capnograph Set – disposable	NR	NR						
50.	Cardiac Monitors	NR	C						
51.	Cardiotocography paper	NR	NR						

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
52.	Catheters (Jacques, Nelaton and similar)- Reusable	NR	NR						
53.	Cetavlon	NR	NR						
54.	Chlorhexidine Solution	NR	NR						
55.	Chlorine Antiseptics (Blocide and similar)	NR	NR						
56.	Chloromycetin Applicaps	R	C						Two per day in ICU for unconscious or sedated ventilated patients on prescription.
57.	Cidex	NR	NR						
58.	Clip Removers	NR	NR						Included in Practitioners fee for post-operative care for four weeks
59.	Collection Charges - Pathology	NR	NR						
60.	Connectors - disposable	C	C						To be specified if not a part of pack. (e.g. Bentley or Cobe)
61.	Connectors - re-usable	NR	NR						
62.	Cosmetic products (body lotions, powders, creams, oils and shampoos);	N/A	NR						
63.	Cutters - Disposable	R	N/A						Single Use
64.	Cutters (bone)-Limited life re useable	F	N/A						Fractional chargeable as per BHF Schedule 5.3.1;
65.	Cytology Brushes - Disposable	C	N/A						Fully recoverable if supplied by hospital.
66.	Daylee Towels	NR	NR						
67.	Depilatory Creams	NR	NR						
68.	Dettol	NR	NR						
69.	Diagnostic Strips - Blood	N/A	C						Diabetic patients -account to state Diabetic. Chargeable in Pancreatitis not Substance abuse related Patients receiving hyperalimentation Patients in ICU/HC /NICU/ NHC units
70.	Diagnostic Strips - Blood & Urine (Routine Testing)	NR	NR						
71.	Diathermy Equipment	NR	NR						
72.	Diathermy electrosurgical instruments (pencil, handles)- disposable	R	N/A						
73.	Diathermy electrosurgical instruments (pencils, handles)-Limited life reusable	F	N/A						Part charge as per section 5.3.5;
74.	Diathermy Plates - disposable	R	N/A						Chargeable to a maximum of R79.50 each;
75.	Disinfectants	NR	NR						
76.	Disposable cables and cords	NR	NR						
77.	Disposable Humidifiers (Aquaapak, Respifo, Sterimist or equivalent);	N/A	C						One per 24 hours or part thereof with administration of oxygen.
78.	Douch Bottles - Disposable	NR	C						Gynaecology Non chargeable for prepping
79.	Douche Cans - Reusable	NR	NR						
80.	Drills - Disposable	R	N/A						
81.	Drills (Dental Surgery )-Disposable	NR	NR						Included in the Dental Practitioner fee
82.	Drills -Limited life reusable	F	N/A						Part chargeable as per section 5.3.1;
83.	Drops (Eye/Ear/Nose)- fractional use	C	NR						Fractional use is non-chargeable; Only Eye drops are chargeable in theatre;

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
84.	EABS	NR	NR						
85.	ECG – Electrodes	R	R						
86.	ECG – Equipment	NR	NR						
87.	ECG – Paper	NR	R						
88.	Electrode Tip Cleaner (Scrape Eeze, Friction Pads and similar)- Disposable	NR	NR						
89.	Endoscopic – disposables	C	N/A	See Endoscopic Procedure List – attached.					
90.	Endotracheal Introducers	NR	NR						
91.	Epidural Fee	C	C	Only applicable for Maternity					
92.	Epidural Kit/Set	C	N/A	Epidural Kit chargeable in all cases except Maternity. Not to be charged when fee is charged.					
93.	Ether	NR	NR						
94.	Eusol	NR	C	For septic wound dressing					
95.	External Fixators	R	N/A	Pre-Authorised by scheme. Benefit to be confirmed by scheme.					
96.	Eye patches (opticlode and similar) in theatre	NR		Eye pads are included in theatre basket;					
97.	Face Masks	NR	C	For reverse barrier nursing only (Head covers and overshoes non-chargeable);					
98.	Films, Video Prints, Compact Discs – disposables (Endoscopic Procedures)	NR	NR						
99.	Films, Video Prints, Compact Discs, Thermal Paper	C	NR	Refer section 3.3 - item 075 one fee per procedure					
100.	Fluoroshield Gloves	F	N/A	As per section 5.3.5 item 441					
101.	Foley's Temp Catheter	C	N/A	On motivation Maximum of R500 Cardiac only					
102.	Formalin in Saline	NR	NR						
103.	Fosenema / Len-o-lax	N/A	R	When prescribed.					
104.	Glass Syringes	NR	NR						
105.	Gloves - Sterile (Examination)	N/A	C	For minor sterile procedures in the ward e.g. suction, catheterisation. Non-chargeable with tray					
106.	Gloves – Non-Sterile	NR	C	Chargeable only for reverse barrier nursing, motivation required.					
107.	Gloves – Sterile (Surgical)	R	C	Chargeable for incisional procedures, e.g. CVP lines and major wound dressing (burns). Not chargeable with tray					
108.	Glucometer	N/A	N/A	TTO only if authorised by scheme. Otherwise for patient's private account.					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
109.	Gowns in theatre (barrier SABS approved with breathable and fluid impermeable polymer membrane)-Limited life reusable	C	N/A	Chargeable for specific procedures only Hip, knee, shoulder and elbow joint replacements Open heart and cardiac bypass surgery Vascular Surgery Neuro-Surgery (Brain and spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery Recommended price R80.00 per gown For surgical team only (max 4).					
110.	Gowns in theatre (barrier SABS approved)-Disposable	C	N/A	Chargeable for specific procedures only Hip, knee, shoulder and elbow joint replacements Open heart and cardiac bypass surgery Vascular Surgery Neuro-Surgery (Brain and spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery For surgical team only (max 4). Maximum price R135.00 per gown (To be revised with price changes.)					
111.	Gowns in theatre with hoods and shields (Chamley and similar having breathable and fluid impermeable polymer membrane for single use according to recommendations by the supplier, as approved by SABS)- Disposable	R	N/A	Chargeable with modifiers 0002 and 0003 up to R520 per set to a maximum of 3 sets;					
112.	Gowns in theatre with hoods and shields (Chamley and similar Reusable Barrier Gowns having breathable and fluid impermeable polymer membrane for multiple use according to recommendations by the supplier, as approved by SABS)- Limited life reusable	R	N/A	Chargeable with modifiers 0002 and 0003 up to R135 per set to a maximum of 3 sets;					
113.	Gowns in ward (barrier SABS approved)- Disposable	N/A	C	Chargeable for reverse barrier nursing and severe burns – motivation to accompany account.					
114.	Harmonic Scalpel, or equivalent - disposable components	R	N/A	Refer to endoscopic list;					
115.	Harmonic Scalpel, or equivalent components – reusable.	F	N/A	Chargeable as per section 5.3.3;					
116.	Head covers (bonnets, caps and similar)	NR	NR						
117.	Head Strap for CPAP	N/A	C	Chargeable when diagnosis- related, e.g. Burns/infectious diseases.					
118.	Heart/Lung Machine	NR	NR						
119.	Heath reflective pads (Crittter covers, Neospot and similar);	N/A	C	One daily in Neonatal Specialised Units;					
120.	Heel Hugger-infant	NR	NR	As per scheme arrangement;					
121.	Hibitane Obstetric Cream	N/A	R	Registered ethical product.					
122.	Hibitane Solution - sachets	NR	NR						
123.	Humidifying Chamber (Fisher&Paykel and similar)-Disposable	N/A	C	Adults and neonates – one per LOS in specialised units;					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
124.	Hydrogen Peroxide	NR	NR						
125.	I.V. Support	C	C						
126.	Ice Pack/Cold Pack - disposable	N/A	C						
127.	Incontinence Products - Draw Sheet	NR	NR						
128.	Incontinence Products - Linen Savers	NR	C						
129.	Incontinence Products - Pads (e.g. sanitary)	C	C						
130.	Incontinence Products - Diapers/ Nappies	NR	C						
131.	Incontinence Products - Pads e.g. Besure/Molicare	N/A	P						
132.	Jellies and Creams (Terracortil, KY and similar)- fractional use	NR	NR						
133.	K Y Jelly - Sachets	R	R						
134.	Lancets, Autolets, Softclix	NR	C						
135.	Laryngeal Masks	F	N/A						
136.	Laser Components - disposable	R	N/A						
137.	Laser Components - re-usable	F	N/A						
138.	Laundry Bags - Soluble	NR	C						
139.	Ligasure Electrode - Disposable	NR	N/A						
140.	Limb Holder (restrainer) - Disposable	N/A	C						
141.	Loan Set Fee	NR	NR						
142.	Marking Pen - sterile (Codman Marker and similar)	C	NR						
143.	Maternity Per Diem Fee	C	N/A						
144.	Meal Supplements	NR	NR						
145.	Meals, Baby Foods, Milk Substitutes	NR	NR						
146.	Medically prescribed meals	N/A	C						
147.	Medicine Glasses, Spoons and Syringes	NR	C						
148.	Mentor Cable - disposable	NR	NR						

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
149.	Mentor Cable - re-usable	NR	NR						
150.	Mercurochrome & Methiolate	NR	NR						
151.	Micro Retractor	NR	NR						
152.	Milk Substitutes	NR	NR						
153.	Milton	NR	NR						
154.	Mixing Systems for Cement	C	N/A						Chargeable as part of Prosthesis, to be included in prosthesis invoice, which accompanies account. Note: Cement containing Antibiotic to be charged separately
155.	Mother & Baby Pack	NR	NR						
156.	Nasal Cannula - disposable	N/A	C						One per stay if oxygen is administered.
157.	Nebulising Mask - disposable	N/A	C						One per stay if patient is nebulised.
158.	Nebulising Mask - Trachea	N/A	C						One per stay if patient is nebulised.
159.	Neuro Sucker - disposable	C	N/A						Neuro cases only
160.	Nursing Services	NR	NR						
161.	Operating Instruments - reusable	NR	NR						
162.	Overshoes	NR	NR						
163.	Oximeter	NR	NR						
164.	Oxysensor - disposable	NR	C						One per stay for neonates in specialised units; Not paying if equipment not suitable/ compatible. Not to be charged with Oxitip;
165.	Oxitip	NR	C						One per stay for neonates in specialised units; Not to be charged with Oxysensor;
166.	Oxygen Analysers, Hoods, Attachments - disposable	C	C						
167.	Oxygen Analysers, Hoods, Attachments - re-usable	NR	NR						
168.	Oxygen Mask + tubing - disposable	C	C						In recovery if oxygen is administered post operatively. One per patient per stay;
169.	Pacing Wire and Cables - disposable	C	N/A						Must be procedure related. Maximum 1 cable and 2 wires, excess to be motivated. Subject to medical scheme rules.
170.	Packing Fee	NR	NR						
171.	PCA Pump - reusable	NR	C						As per item 230 One per patient per day, maximum 48 hours. Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours in ward Chargeable in the following instances: Major joint replacement Open, upper abdominal surgery Severe burns Paediatrics in special cases on motivation Thoracotomies (motivation by practitioner) Intractable pain associated with malignancy

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
172.	PCA Pumps – disposable	C	C	As per section 5.16 One per patient per 48 hours. Chargeable in theatre if patient goes directly into ward. Not to be charged in Specialised units, ICU and High Care units Chargeable in the following instances: Major joint replacement Open, upper abdominal surgery Severe burns Paediatrics in special cases on motivation Thoracotomies (motivation by practitioner) Intractable pain associated with malignancy					
173.	Peak Flow Meter	NR	NR						
174.	Peak Flow Meter – disposable Mouth Piece	N/A	R						
175.	Peep Valve and/or CPAP mask – disposable	N/A	C	Max of one CPAP mask per patient per stay Max of two valves per patient per stay More to be motivated					
176.	Plastic Bags	NR	NR						
177.	Pour Bottle – Saline	C	C	Chargeable when procedure related, e.g. for wound irrigation. Excessive usage to be motivated. Not to be charged with pour bottle water					
178.	Pour Bottle – Water	C	C	Not to be charged with pour bottle saline Only chargeable for patient related conditions: flushing of wounds, under water drains and bladder irrigation in theatre and wards Ventilated Patients 1 litre per 24 hours					
179.	Preparation Items (Shaving Trays, Razor, Scrub Brush)	NR	NR						
180.	Pressure Monitoring Kit - disposable	R	R						
181.	Pressure relieving mattress (Nimbus and similar)	NR	NR						
182.	Pressure relieving products (Novogel, Reston foam and similar)	N/A	C	Subject to scheme rules;					
183.	Probe Covers	N/A	C	One daily in Neonatal Specialised Units					
184.	Prosthesis	C	N/A	Pre-authorized and benefit to be confirmed by scheme. Supplier's invoice to accompany account. Refer section 5.9 (change)					
185.	Razors	NR	NR						
186.	Re-breathing bags (ambubag and equivalents)	NR	NR						
187.	Receptal Liners & Shut Off Valves	NR	C	Chargeable in ICU, Specialized units and High Care for patients with severe respiratory complications					
188.	Recovery Room	NR	NR						
189.	Safety Pins	NR	NR						
190.	Sampling Lines (Datex and similar)	NR	NR						
191.	Savlon & Savlodil	NR	NR						

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
192.	Servo Ventilator (equipment)	N/A	C	Chargeable only in ICU and High Care where applicable.					
193.	Sheepskin	NR	NR						
194.	Skin Prep Solutions	NR	NR						
195.	Space blanket	R	R	Not to be charged with a warm air blanket					
196.	Spatulas, Tongue Depressors	NR	NR						
197.	Specimen Containers	NR	NR						
198.	Spigots	NR	NR						
199.	Spirometer (Incentive and similar)-Disposable	NR	NR	Chargeable as TTO					
200.	Spray Top Bottles	NR	NR						
201.	Sprays (Opsite, Disidine)- fractional use	NR	NR						
202.	Sputum Cups	NR	NR						
203.	Sterilising of Instruments or Materials	NR	NR						
204.	Sterilising Solutions, Gases and Tablets	NR	NR						
205.	Steri Peel & Equivalents	NR	NR						
206.	Sternal support products (Heart Hugger and similar)	NR	NR	As per scheme arrangement;					
207.	Stethoscopes	NR	NR						
208.	Stitch Cutter	NR	NR						
209.	Stone Baskets - Disposable	R	N/A	1 basket only to a max of R2496 May not be used together item 224 in tariff schedule					
210.	Stone Baskets - re-useable	NR		Re-useable chargeable as per item 224 in tariff schedule					
211.	Suction Nozzle - disposable	R	R						
212.	Swivel Connector - disposable	NR	NR	Part of Ventilator Circuit					
213.	Swivel Connector - re-useable	NR	NR						
214.	Tantol Cleanser / Lotion	N/A	P						
215.	Taps & Reamers	NR	N/A						
216.	Temperature Probe Covers	C	C	One daily in Neonatal Specialised units Not to be charged together with disposable probe.					
217.	Theatre Drapes - Incise	R	N/A	As per section 5.15					
218.	Theatre Drapes - Ophthalmic	R	N/A	As per section 5.15					
219.	Theatre Drapes- Equipment (Microscope, camera, drill sleeve, Mayo and similar)	NR	N/A	Included in the Tariff					
220.	Theatre Drapes- Patient Isolation (Non-woven, paper, plastic, polyethylene based)-Disposable	C	N/A	Chargeable when used in the following Procedures: Hip, knee, shoulder and elbow joint replacements. Open heart and cardiac bypass surgery. Vascular Surgery (Excluding Catheterisation Laboratory procedures) Neuro-Surgery (Brain and Spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery					
221.	Theatre Drapes-Instrument holders (1018 and similar)	C	N/A	Cranial Procedures only;					
222.	Thermometer- Reusable	NR	NR						



Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
223.	Thermometers/Temperature Probes (Oesophageal or Rectal)-Disposable	C	C						
224.	Thoraguide Kit (for underwater drainage)	R	C						
225.	Toiletries (face cloths, toothbrush, soaps and similar)	NR	NR						
226.	Topical Anaesthetics (Remicaine and similar)	C	C						
227.	Topical anaesthetics (Remicaine, Xylocaine , Anethaine and similar)-fractional use	NR	NR						
228.	Transducers – disposable	R	R						
229.	Trays – sterile	NR	C						
230.	Tubing – reusable	NR	NR						
231.	Tubing –disposable	C	C						
232.	Ung Emulsificans	NR	C						
233.	Vascular sealing devices (Angioseal, Vasoseal, Perclosa, The Closer, and similar);	NR	NR						
234.	Vaseline	NR	NR						
235.	Ventilators (Servo, Bennett) - equipment	N/A	C						
236.	Water Bottle – Pour								
237.	Wipes (unisolve, baby and similar)	NR	NR						
238.	X ray swabs in the ward (abdominal swabs and similar);	R	C						
239.	Xylocaine Spray	NR	NR						
240.	Yankauer Suction – Plain Yankauer Suction with Control	C	C						
241.	Zinc & Castor Oil Cream	N/A	N/A						
APPENDIX C									04.00
Infectious Diseases									
CONDITION									

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics																														
				RVU	Fee	RVU	Fee	RVU	Fee																													
	Acute Flaccid Paralysis Anthrax Chicken Pox Diphtheria Haemophyllis influenza Haemorrhagic fevers of Africa: ¢ Crimean-Congo Ebola ¢ Lassa ¢ Marburg ¢ Rift Valley ¢ Dengue Herpes Zoster HIV/AIDS Legionnaires Disease Measles: ¢ Rubeola ¢ Rubella Meningococcal infections Multi-drug Resistant Bacteria: ¢ MRSA ¢ VRE ¢ MRSE Poliomyelitis Pyrexia unknown origin Rabies Small Pox Tuberculosis Pulmonary Typhus Fever Viral Hepatitis Whooping Cough (Pertussis)  Note: The above is a general list and the clinical appropriate use of items for specific conditions is subject to Case Management.																																					
	APPENDIX D  Medically Prescribed Meals: <table><tr><td>ORAL SUPPLEMENTS</td><td>Standard</td><td>Ensure</td></tr><tr><td>(oral and tube feeds)</td><td></td><td>Fortisip</td></tr><tr><td></td><td></td><td>Fortimel</td></tr><tr><td></td><td></td><td>Fresubin Original drink (Vanilla)</td></tr><tr><td></td><td></td><td>Nutren And Nutren Jnr (Gluten -free)</td></tr><tr><td></td><td>Standard &amp; Fibre</td><td>Ensure with Fibre</td></tr><tr><td></td><td></td><td>Nutren with Fibre</td></tr><tr><td></td><td>Isotonic</td><td>Fresubin Original</td></tr><tr><td></td><td>Isotonic &amp;Fibre</td><td>Fresubin Original Fibre</td></tr><tr><td></td><td></td><td>Jevity</td></tr></table>	ORAL SUPPLEMENTS	Standard	Ensure	(oral and tube feeds)		Fortisip			Fortimel			Fresubin Original drink (Vanilla)			Nutren And Nutren Jnr (Gluten -free)		Standard & Fibre	Ensure with Fibre			Nutren with Fibre		Isotonic	Fresubin Original		Isotonic &Fibre	Fresubin Original Fibre			Jevity							04.00
ORAL SUPPLEMENTS	Standard	Ensure																																				
(oral and tube feeds)		Fortisip																																				
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		Fresubin Original drink (Vanilla)																																				
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		Nutren with Fibre																																				
	Isotonic	Fresubin Original																																				
	Isotonic &Fibre	Fresubin Original Fibre																																				
		Jevity																																				

Code	Description		Ver	Add	Private Hospitals ('A' Status)		Private Hospitals ('B' Status)		Approved U O T U / Day clinics	
					RVU	Fee	RVU	Fee	RVU	Fee
		Low Residue								
		High Energy, High Protein & Fibre								
		High Energy & High Protein								
	TUBE FEEDS	Semi-Elemental								
		Standard								
		High Energy & High Protein								
		Semi-Elemental High Protein & High Fibre								
	DISEASE SPECIFIC	Maximum Glucose Tolerance								
		Pulmonary Insufficiency								
		Renal Failure								
		HIV/Aids								
		Cancer Patients								

Code	Description		Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
					RVU	Fee	RVU	Fee	RVU	Fee
			Stresson Multi Fibre,							
			Peptisorb							
	MODULAR	Protein	Promod							
			Protifar							
		MCT Oil	MCT Oil							
			Fresubin 750MCT(HP Energy)							
		Glutamine	Glutapack-10							
			Dipeptiven 50ml & 100ml							
		Food thickener	Thick & Easy							
		Carbohydrate	Fantomalt							
			Polycose							
Note: Or generic equivalents. All tubes feeds subject to Case Management										

# Private Hospitals 2008

Private Hospitals 2008																
NATIONAL REFERENCE PRICE LIST IN RESPECT OF PRIVATE HOSPITALS (PRACTICE NUMBERS "57" OR "58") AND UNATTACHED OPERATING THEATRE UNITS/DAY CLINICS (PRACTICE NUMBER "77") WITH EFFECT FROM 1 JANUARY 2008																
Version Add CF Units BF Value Flag CF Units BF Value Flag CF Units BF																
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																
GENERAL RULES																
SCHEDULE																
The charges relating to each type of hospital/unattached operating theatre unit are indicated in the relevant column opposite the item codes.																
The charges indicated in Section 5 hereof, are applicable to both categories of such hospitals and unattached operating theatre units.																
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.																
Procedure for the classification of hospitals:																
Inspections private hospitals or unattached operating theatre units/day clinics having practice code numbers commencing with the digits 057, 058 or 077 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.																
The provisions referred to in E.1.1 shall apply mutatis mutandis to all approved specialised intensive care units, specialised theatres, catheterisation laboratories and trauma unit.																
Procedures to consider applications by institutions to be classified as unattached operating theatre units having a practice code number commencing with the digits 77 and for the reclassification of unattached operating theatre units with 76 practice numbers.																
Inspections of new unattached theatre operating units and units having practice code numbers commencing with the digit 76, to be reclassified as approved unattached operating theatre units having practice numbers commencing with the digits 77 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.																
All accounts submitted by private and unattached operating theatre units/day clinics 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.																

## Private Hospitals 2008

[illegible]

STAATSKOERANT, 16 NOVEMBER 2007

No. 30410 163

## Private Hospitals 2008

[illegible]



# Private Hospitals 2008

200	Specialised ICU (As approved by BHF according to General Rule E.1.1) Per day (Subject to a maximum of 1 day. Pre-authorisation required for every additional day thereafter. Item 201 will apply if no pre-authorisation is obtained. Use of this unit shall be limited to cardio-thoracic surgery, major vascular surgery and neuro-surgery cases involving surgery on the brain and spinal cord).	2004.00	320	195.088	1.0	R 5 430.50	320	195.088	1.0	R 5 430.50	320	-	0.0
201	Intensive Care Unit: Per day.	2004.00	320	148.479	1.0	R 4 133.10	320	148.479	1.0	R 4 133.10	320	-	0.0
202	Neonatal Intensive Care Unit: Per day.	2004.00	320	184.863	1.0	R 5 145.80	320	184.863	1.0	R 5 145.80	320	-	0.0
	(The charges referred to under items 200, 201 and 202 include the use of all equipment except: Bennett MA, Servo and Bear ventilators or equivalent apparatus plus the cost of oxygen)	2004.00											
215	High Care Ward, Per day.	2004.00	320	95.108	1.0	R 2 647.40	320	95.108	1.0	R 2 647.40	320	-	0.0
216	Neonatal High Care Ward 'A' (Intensive nursing and monitoring)	2004.00	320	103.308	1.0	R 2 875.70	320	103.308	1.0	R 2 875.70	320	-	0.0
217	Neonatal High Care Ward 'B' (Standard nursing and monitoring)	2004.00	320	67.538	1.0	R 1 880.00	320	67.538	1.0	R 1 880.00	320	-	0.0
218	Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).	2004.00	320	44.513	1.0	R 1 239.10	320	44.513	1.0	R 1 239.10	320	-	0.0
	Note: Once the baby has been stabilised and no longer requires ICU care but is not ready to be returned to the general nursery, no additional equipment charges, eg phototherapy may be charged. □ □ All admissions to units/wards referred to under 201 to 202 shall be confirmed with the relevant scheme for each 72 hours and 215 to 218 shall be confirmed weekly with the relevant scheme.	2004.00											
2	EMERGENCY UNIT												
2.1	Emergency Unit Fee												
105	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by BHF	2004.00	320	45.858	1.0	R 1 276.50	320	45.858	1.0	R 1 276.50	320	-	0.0
301	For all consultations including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	2004.00	320	-	0.0	R -	320	-	0.0	R -	320	-	0.0
302	For all consultations which require the use of a procedure room or nursing input, e.g. for application of plaster of Paris, stitching of wounds, insertion of IV Therapy. Includes the use of the procedure room. No per minute charge may be levied.	2004.00	320	10.533	1.0	R 293.20	320	10.533	1.0	R 293.20	320	10.533	1.0
	Note: The procedure room fee (071) cannot be charged in addition to 302	2004.00											
2.2	THEATRE FEES												
061	Excimer Laser Theatre fee, per minute	2004.00	320	0.650	1.0	R 18.10	320	0.650	1.0	R 18.10	320	0.650	1.0
	The items listed as non-recoverable in Annexure B shall be deemed to be included in theatre fees, and no charge in respect thereof may be levied.	2004.00											
	Minor Theatre, regardless of type of theatre available, the incident is procedure driven and not facility driven												
	A facility where simple procedures which require limited instrumentation and drapery, minimum nursing input and short or no general anaesthetic, are carried out. No Sophisticated monitoring is required but resuscitation equipment (trolley) must be available in the procedure room. Conscious sedation by arrangement with scheme.	2004.00											
	Time in minor theatre												
071	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	2004.00	320	0.500	1.0	R 13.90	320	0.500	1.0	R 13.90	320	0.429	1.0

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	The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows	2004.00																	
2.3	Major theatre																		
	In addition to the theatre charge calculated as above, a surcharge (modifier 0002 and/or 0003) shall be allowed in cases where specialised theatres referred to in General Rule E.1.1 are utilised for the performance of any of the undermentioned procedures, whether carried out individually or in combination with each other, this surcharge shall be deemed to cover the equipment in the criteria. □ □ Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by BHF	2004.00																	
0002	Modifier 0002: Orthopaedic, Neurosurgical and Vascular: · Joint replacements (only hip, knee, shoulder ankle or elbow) · Femoral popliteal bypasses · Carotid endarterectomies · Aortic Aneurysm repair and arterial grafts · Neurosurgery (Surgery on the brain and spinal cord only, excludes neurolysis)	2004.00	320	48.309	1.0	R	1 344.73	320	48.309	1.0	R	1 344.73	320	-	0.0				
	Modifier 0003: Cardiac surgery  Cardio-thoracic and Cardio-vascular surgery  · All open heart surgery, with or without the insertion of a prosthesis, coronary artery bypass grafts and heart transplants. Includes all equipment (except item 513), no additional fees may be charged																		
0003	NOTE: The above surcharge will also be applicable to approved provincial hospitals	2004.00	320	110.688	1.0	R	3 081.11	320	110.688	1.0	R	3 081.11	320	-	0.0				
	Time in Theatre																		
081	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	2004.00	320	1.554	1.0	R	43.30	320	1.554	1.0	R	43.30	320	1.329	1.0				
	The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows	2004.00																	
	Specialised Theatre Modifiers																		
3	PROCEDURAL FEES																		
	The fees quoted for items 052, 053 and 055 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for items 515, 529, 533, 535 and any items chargeable in terms of Section 4 and 5 hereof. □ □ NOTE: Ward fees may however be chargeable together with items 053 and 055.	2005.03																	
3.1	Procedures																		
052	Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.	2004.00	320	14.342	1.0	R	399.20	320	14.342	1.0	R	399.20	320	14.342	1.0				
053	Angiograms.	2004.00	320	14.342	1.0	R	399.20	320	14.342	1.0	R	399.20	320	-	0.0				
055	Electroconvulsive therapy (ECT)	2004.00	320	14.342	1.0	R	399.20	320	14.342	1.0	R	399.20	320	14.342	1.0				
3.2	Catheterisation laboratory procedures																		
	Note: A certificate indicating the level of the catheterisation laboratory used, should be signed by the relevant doctor, indicating the information if required by the medical scheme.	2005.03																	

**Private Hospitals 2008**

	The fees quoted for items 054, 056, 070 and 073 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for items 515, 529, 533 and 535 and any items chargeable in terms of Section 4 and 5 hereof. □ NOTE: ward fees may however be chargeable together with items 054, 055, 056, 070 and 073.	2005.03																	
	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1																		
054	NB: For EPS studies, the Bard Apparatus (item 529) must be charged additionally.	2004.00	320	51.446	1.0	R 1 432.10	320	51.446	1.0	R 1 432.10	320	-	0.0						
	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1	2004.00	320	96.929	1.0	R 2 698.10	320	96.929	1.0	R 2 698.10	320	-	0.0						
	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1.																		
070	NB: EPS for cardiac ablations - items 529 must be charged additionally.	2004.00	320	251.804	1.0	R 7 009.20	320	251.804	1.0	R 7 009.20	320	-	0.0						
	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1	2004.00	320	186.233	1.0	R 5 184.00	320	186.233	1.0	R 5 184.00	320	-	0.0						
075	Catheterisation laboratory film price (once per procedure)	2004.00	320	5.546	1.0	R 154.40	320	5.546	1.0	R 154.40	320	-	0.0						
3.3	Radiation Oncology																		
	Simulation - Fixed custom made																		
902	Simple - Simulation of a single area with either a single port or parallel opposed ports. Simple or no blocking or use of custom/home made simulation	2004.00	320	15.263	1.0	R 424.90	320	15.263	1.0	R 424.90	320	-	0.0						
903	Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.	2004.00	320	23.283	1.0	R 648.10	320	23.283	1.0	R 648.10	320	-	0.0						
904	Complex - Simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocks, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast	2004.00	320	30.525	1.0	R 849.70	320	30.525	1.0	R 849.70	320	-	0.0						
905	Computerised Tomographic.	2004.00	320	30.525	1.0	R 849.70	320	30.525	1.0	R 849.70	320	-	0.0						
	Treatment Planning																		
906	Manual.	2004.00	320	-	0.0	R -	320	-	0.0	R -	320	-	0.0						
907	Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking	2004.00	320	14.383	1.0	R 400.40	320	14.383	1.0	R 400.40	320	-	0.0						

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908	Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints	2004.00	320	21.942	1.0	R	610.80	320	21.942	1.0	R	610.80	320	-	0.0
909	Computerised (complex) - Planning requiring highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations or a combination of therapeutic modalities	2004.00	320	28.742	1.0	R	800.10	320	28.742	1.0	R	800.10	320	-	0.0
	Technical Aids														
910	Control films (As per radiology film price list).	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
911	Dosimetric procedures.	2004.00	320	0.838	1.0	R	23.30	320	0.838	1.0	R	23.30	320	-	0.0
912	Artefacts: Simple - design and construction (simple block or bolus)	2004.00	320	2.096	1.0	R	58.30	320	2.096	1.0	R	58.30	320	-	0.0
913	Artefacts: Intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus).	2004.00	320	5.704	1.0	R	158.80	320	5.704	1.0	R	158.80	320	-	0.0
914	Artefacts: complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts)	2004.00	320	11.404	1.0	R	317.40	320	11.404	1.0	R	317.40	320	-	0.0
	Linear accelerator treatment														
915	Photon treatment, single field.	2004.00	320	22.288	1.0	R	620.40	320	22.288	1.0	R	620.40	320	-	0.0
916	Photon treatment, multiple fields	2004.00	320	32.100	1.0	R	893.50	320	32.100	1.0	R	893.50	320	-	0.0
917	Electron treatment.	2004.00	320	22.288	1.0	R	620.40	320	22.288	1.0	R	620.40	320	-	0.0
919	Brachytherapy - global fee per patient.	2004.00	320	169.388	1.0	R	4 715.10	320	169.388	1.0	R	4 715.10	320	-	0.0
3.4	Stereotactic radiosurgery														
	Included in item 430 □ Stereotactic frames and attachments□ Linear Accelerator□ Specialised graphic planning, hardware and software□ Simulator and dark rooms□ 10 dental films□ Stereotactic masks□ All disposables□ 4 to 20 Graphic transparencies (including 1 week of planning)□ 2 trained radiographers□ Fixation and immobilisation□ Nuclear Specialist Medical Physicist□ Duration 1 - 4 hours□ 2 treatment radiographers□ Excluded from fee□ Other medical practitioners□ CT & MRI	2004.00													
399	Linear Accelerator radiosurgery - Global Fee	2004.00	320	#####	1.0	#####		320	#####	1.0	#####		320	-	0.0
	Item 399 is an all-inclusive single global radiosurgery fee, payable to a hospital. This item includes item 430, all imaging and all clinical fees. The hospital is responsible for reimbursement of all fees to all the professional providers of service involved in the treatment rendered under this item.	2004.00													
430	Global fee for stereotactic radiosurgery	2004.00	320	#####	1.0	R	70 163.40	320	#####	1.0	R	70 163.40	320	-	0.0
4	STANDARD CHARGES FOR EQUIPMENT														

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220	Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	2004.00	320	18.700	1.0	R	520.50	320	18.700	1.0	R	520.50	320	18.700	1.0
221	Ballistic Lithotripsy/Lithoclast: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	2004.00	320	12.454	1.0	R	346.70	320	12.454	1.0	R	346.70	320	12.454	1.0
222	Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	2004.00	320	124.638	1.0	R	3 469.40	320	124.638	1.0	R	3 469.40	320	124.638	1.0
223	Laser Lithotripsy: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	2004.00	320	83.021	1.0	R	2 311.00	320	83.021	1.0	R	2 311.00	320	83.021	1.0
224	Stone basket (reusable) for the removal of kidney-, bladder- or gallstones: Per case	2004.00	320	50.263	1.0	R	1 399.10	320	50.263	1.0	R	1 399.10	320	50.263	1.0
225	Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case	2004.00	320	48.033	1.0	R	1 337.00	320	48.033	1.0	R	1 337.00	320	-	0.0
226	Continuous Passive Exerciser: Per day.	2004.00	320	3.808	1.0	R	106.00	320	3.808	1.0	R	106.00	320	3.808	1.0
227	Operating microscope - motorised. This is applicable to a binocular operating microscope with motorised focusing, positioning and zoom magnification changer. Spinal, intra-cranial and ophthalmic surgery only (all ENT and other surgery excluded): Per case	2004.00	320	10.604	1.0	R	295.20	320	10.604	1.0	R	295.20	320	10.604	1.0
228	Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case	2004.00	320	5.242	1.0	R	145.90	320	5.242	1.0	R	145.90	320	5.242	1.0
230	Patient-controlled analgesia pump, being a programmable reusable analgesia infusion system, providing patient control and/or continuous analgesia modes with mechanisms to limit self administration per time period and with lockout interval. Applicable only to administration of analgesics: Per day	2004.00	320	4.021	1.0	R	111.90	320	4.021	1.0	R	111.90	320	4.021	1.0
	Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours in ward Chargeable in the following instances: - Major joint replacement - Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy	2004.00													
231	Cardiac monitors - in private, general and high care wards only - not to be charged for routine ECG's: Per day or part thereof	2004.00	320	4.371	1.0	R	121.70	320	4.371	1.0	R	121.70	320	-	0.0
232	Bird or equivalent free standing nebuliser (excluding oxygen): Per day	2004.00	320	3.129	1.0	R	87.10	320	3.129	1.0	R	87.10	320	3.129	1.0
233	Croupettes (excluding oxygen): Per day or part thereof	2004.00	320	0.896	1.0	R	24.90	320	0.896	1.0	R	24.90	320	-	0.0
234	Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day or part thereof	2004.00	320	1.675	1.0	R	46.60	320	1.675	1.0	R	46.60	320	-	0.0
235	Oxygen tents (excluding oxygen): Per day or part thereof	2004.00	320	1.458	1.0	R	40.60	320	1.458	1.0	R	40.60	320	-	0.0
236	Mechanical ventilator or equivalent (only in ICU and high care ward where no ICU is available) (excluding oxygen): Per day or part thereof	2004.00	320	13.963	1.0	R	388.70	320	13.963	1.0	R	388.70	320	-	0.0
237	CUSA (plus CUSA pack as per section 5).	2004.00	320	67.804	1.0	R	1 887.40	320	67.804	1.0	R	1 887.40	320	-	0.0
238	Lasers - Argon or Holmium (ophthalmic).	2004.00	320	21.004	1.0	R	584.70	320	21.004	1.0	R	584.70	320	21.004	1.0
239	Lasers - CO2 (surgical).	2004.00	320	27.138	1.0	R	755.40	320	27.138	1.0	R	755.40	320	27.138	1.0

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241	Lasers - Candella (Rates by arrangement with the scheme concerned)	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
242	Oocutomes.	2004.00	320	8.933	1.0	R	248.70	320	8.933	1.0	R	248.70	320	8.933	1.0
243	Lasers - YAG (ophthalmic).	2004.00	320	23.683	1.0	R	659.20	320	23.683	1.0	R	659.20	320	23.683	1.0
244	Lasers - YAG (surgical).	2004.00	320	29.492	1.0	R	820.90	320	29.492	1.0	R	820.90	320	29.492	1.0
245	First Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment for one or more stones in same kidney which are eliminated in one treatment.	2004.00	320	272.863	1.0	R	7 595.40	320	272.863	1.0	R	7 595.40	320	272.863	1.0
246	Second Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	2004.00	320	181.733	1.0	R	5 058.70	320	181.733	1.0	R	5 058.70	320	181.733	1.0
	Note: The fees in respect of items 220 to 223, 245 to 246 and 339 to 341 are inclusive of all equipment and components but exclusive of theatre fees and items chargeable under Section 5. □ □ The C-arm (item 249) and screening table (item 251) are not chargeable with these equipment fees.	2004.00													
249	C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies).	2004.00	320	8.817	1.0	R	245.40	320	8.817	1.0	R	245.40	320	8.817	1.0
250	Ultrasonic imaging equipment.	2004.00	320	14.738	1.0	R	410.20	320	14.738	1.0	R	410.20	320	14.738	1.0
	(Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or Doppler ultrasound for vascular anatomy and haemo-dynamics) □ □ Note: This can be used for infertility treatment	2004.00													
	Screening table - fixed base urology table (Including all radiographic equipment) (See item 249)														
251	Note: May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341.	2004.00	320	19.883	1.0	R	553.50	320	19.883	1.0	R	553.50	320	19.883	1.0
252	Gastroscope (fibre optic/flexible only).	2004.00	320	11.617	1.0	R	323.40	320	11.617	1.0	R	323.40	320	11.617	1.0
253	Colonoscope (fibre optic/flexible only)	2004.00	320	12.992	1.0	R	361.60	320	12.992	1.0	R	361.60	320	12.992	1.0
254	Duodenoscope (fibre optic/flexible only).	2004.00	320	12.308	1.0	R	342.60	320	12.308	1.0	R	342.60	320	12.308	1.0
255	Sigmoidoscope (fibre optic).	2004.00	320	9.979	1.0	R	277.80	320	9.979	1.0	R	277.80	320	9.979	1.0
256	Bronchoscope (flexible/fibre optic, adults).	2004.00	320	8.200	1.0	R	228.30	320	8.200	1.0	R	228.30	320	8.200	1.0
257	Laryngoscope (fibre optic/flexible excluding intubation)	2004.00	320	4.788	1.0	R	133.30	320	4.788	1.0	R	133.30	320	4.788	1.0
258	Sinoscope (rigid only)	2004.00	320	5.463	1.0	R	152.10	320	5.463	1.0	R	152.10	320	5.463	1.0
259	Oesophagoscope (rigid only)	2004.00	320	2.725	1.0	R	75.90	320	2.725	1.0	R	75.90	320	2.725	1.0
261	Hysteroscope	2004.00	320	3.429	1.0	R	95.40	320	3.429	1.0	R	95.40	320	3.429	1.0
262	Colposcope (Not chargeable when item 239 applies)	2004.00	320	4.788	1.0	R	133.30	320	4.788	1.0	R	133.30	320	4.788	1.0
263	Cysto Urethroscope	2004.00	320	4.108	1.0	R	114.40	320	4.108	1.0	R	114.40	320	4.108	1.0
264	Arthroscope (including basic reusable instruments and equipment)	2004.00	320	11.200	1.0	R	311.80	320	11.200	1.0	R	311.80	320	11.200	1.0

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Note: The basic reusable instruments and equipment (which would always include the equivalent to the items named) are included in the fee of item 264 (see list below) : □ □ - Telescope, light source, cable□ - Monitor□ - Electrosurgical instrument□ - High frequency cord□ - Obturator□ - Camera□ - Focussing camera coupler□ - Control console, footswitch□ - Probe, scissors, (hooked, parrot beak), grasper, forceps (punch basket, duckbill), camelback handle, powered arthroplasty system, handpiece.															
294	Transcranial Doppler	2004.00	320	24.417	1.0	R	679.70	320	24.417	1.0	R	679.70	320	-	0.0
295	Ultrasonic Cutting and Coagulating Devices (See section 5.3.3)	2004.00	320	6.721	1.0	R	187.10	320	6.721	1.0	R	187.10	320	6.721	1.0
335	Excimer laser: Hire fee per eye	2004.00	320	74.092	1.0	R	2 062.40	320	74.092	1.0	R	2 062.40	320	74.092	1.0
337	Microkeratome used with an excimer laser, per operation.	2004.00	320	13.608	1.0	R	378.80	320	13.608	1.0	R	378.80	320	13.608	1.0
339	Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	2004.00	320	8.279	1.0	R	230.50	320	8.279	1.0	R	230.50	320	8.279	1.0
341	Ballistic lithotripsy magnetic: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	2004.00	320	5.525	1.0	R	153.80	320	5.525	1.0	R	153.80	320	5.525	1.0
343	Sigmoidoscope (rigid, adults)	2004.00	320	2.050	1.0	R	57.10	320	2.050	1.0	R	57.10	320	2.050	1.0
345	Sigmoidoscope (rigid, paediatrics)	2004.00	320	1.658	1.0	R	46.20	320	1.658	1.0	R	46.20	320	1.658	1.0
347	Bronchoscope (flexible/fibre optic, paediatrics)	2004.00	320	8.200	1.0	R	228.30	320	8.200	1.0	R	228.30	320	8.200	1.0
Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.		2004.00													
348	Bronchoscope (rigid, adults)	2004.00	320	3.283	1.0	R	91.40	320	3.283	1.0	R	91.40	320	3.283	1.0
349	Bronchoscope (rigid, paediatrics)	2004.00	320	4.788	1.0	R	133.30	320	4.788	1.0	R	133.30	320	4.788	1.0
360	Category 1 - Laparoscopy and thoracoscopy, per case. See Annexure A	2004.00	320	26.825	1.0	R	746.70	320	26.825	1.0	R	746.70	320	26.825	1.0
364	Category 2 - Interventional Laparoscopic and Thorascopic procedures, per case. See Annexure A	2004.00	320	31.867	1.0	R	887.00	320	31.867	1.0	R	887.00	320	31.867	1.0
507	Argon Beamer (See section 5.3.2)	2004.00	320	2.721	1.0	R	75.70	320	2.721	1.0	R	75.70	320	2.721	1.0
Note: The Argon Beamer will not apply where a standard electrosurgery unit is used. It can only be used with surgery on internal organs and in neurosurgery.		2004.00													
509	Endometrial Resection (Radio frequency)	2004.00	320	16.425	1.0	R	457.20	320	16.425	1.0	R	457.20	320	16.425	1.0
511	Colour Doppler (external)	2004.00	320	49.167	1.0	R	1 368.60	320	49.167	1.0	R	1 368.60	320	49.167	1.0
513	Transoesophageal Colour Doppler. (May be charged together with Modifier 0003)	2004.00	320	59.325	1.0	R	1 651.40	320	59.325	1.0	R	1 651.40	320	59.325	1.0
515	Cardiorhythm Ablater. (May be charged in addition to the catheterisation Laboratory).	2004.00	320	32.313	1.0	R	899.50	320	32.313	1.0	R	899.50	320	32.313	1.0
517	Phaco emulsifier	2004.00	320	17.400	1.0	R	484.30	320	17.400	1.0	R	484.30	320	17.400	1.0
519	Uretho Reno Fibroscope, per case	2004.00	320	14.663	1.0	R	408.20	320	14.663	1.0	R	408.20	320	14.663	1.0
521	OAS Frameless Stereotaxy	2004.00	320	172.908	1.0	R	4 813.10	320	172.908	1.0	R	4 813.10	320	-	0.0
523	OPD Tacography (Includes paper)	2004.00	320	2.800	1.0	R	77.90	320	2.800	1.0	R	77.90	320	-	0.0
525	RFG3C Lesion Generator (Rhizotomy)	2004.00	320	55.979	1.0	R	1 558.20	320	55.979	1.0	R	1 558.20	320	-	0.0
527	Swift Lase Kit (Tonsillectomy)	2004.00	320	10.908	1.0	R	303.60	320	10.908	1.0	R	303.60	320	-	0.0





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578	Prostatic hyperthermia and thermotherapy: per case	2004.00	320	256.325	1.0	R	7 135.10	320	256.325	1.0	R	7 135.10	320	-	0.0
580	Sequential compression device, per case	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
582	Selector ultrasonic aspirator	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
584	Cryosurgery acuprobe	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
594	Motility machine	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
596	Ph recorder	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
606	Epilepsy monitoring system	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
608	Lynx ultrasound scanner	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
610	Intra-operative multi-frequency probe	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
612	Flexible laparoscopic probe	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
5	STANDARD DRUG, MATERIAL, CONSUMABLE AND DISPOSABLE CHARGES														
	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													
5.1	STANDARD DRUG CHARGES														
	(Only substances controlled by the Medicines and Related Substances Control Act, Act 101 of 1965, as amended/Medicine Control Council)	2004.00													
5.1.1	Inpatients and day patients: Dispensed items including ampoules, over the counter and proprietary items issued to inpatients, day patients and TTO's														
	Not to be charged for consumable, disposable and surgical items	2004.00													
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor).□														
	□ All items which patients take home as TTO's must be shown on accounts.	2004.00													
272	Pharmacy	2004.00													
273	To take out	2004.00													
278	Ward stock	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
282	Theatre	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
5.1.2	Emergency Room: Dispensed items including ampoules, over the counter and proprietary items and TTO's issued to patients treated in the emergency room (Items 301 and 302) when not admitted to a ward.														
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor).□														
	□ All items which patients take home as TTO's must be shown on accounts.	2004.00													
	Not to be charged for consumable, disposable and surgical items	2004.00													
407	Pharmacy	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
411	Theatre	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
413	To take out	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
5.2	Consumable, disposable, and surgical items used in ward, theatre or emergency room														
	When used in ward or theatre														
	□ Net acquisition price inclusive of VAT (unless the facility is not a registered VAT vendor). Items to be fully specified	2004.00													
	See consumable and disposable list.	2004.00													

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266	Large disposable sterile trays - per tray (excluding theatre)	2004.00																		
267	Sterile disposable swabbing and ENT trays - per tray (excluding theatre)	2004.00																		
269	Soluble bags for barrier nursing only, limited to 2 per patient, per day	2004.00																		
415	Emergency room	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0					
417	Pharmacy	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0					
419	Ward stock	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0					
421	Theatre	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0					
5.3	Fractional charges																			
	Net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor) to be charged per case at the fractional rates indicated below.	2004.00																		
	Note: Fractional charges can only apply to reusable and limited life reusable/responsible products.	2004.00																		
5.3.1	Drills, burs, cutters, blades																			
280	Neuro/Craniotomy	2004.00	320	-	0.0	R	-	33.3	320	-	0.0	R	-	33.3	320	-	0.0			
432	Arthroscopy	2004.00	320	-	0.0	R	-	20.0	320	-	0.0	R	-	20.0	320	-	0.0			
433	Orthopaedic	2004.00	320	-	0.0	R	-	33.3	320	-	0.0	R	-	33.3	320	-	0.0			
437	Mastoidectomy and major ear surgery	2004.00	320	-	0.0	R	-	33.3	320	-	0.0	R	-	33.3	320	-	0.0			
439	Maxillo- Facial drills and burs (not applicable to oral surgery, eg wisdom teeth)	2004.00	320	-	0.0	R	-	33.3	320	-	0.0	R	-	33.3	320	-	0.0			
	Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments																			
5.3.2	(Limited life re-usable components)																			
	Hospitals/unattached operating theatre units shall show the name and reference number of each item together with the manufacturer's name, and schemes shall have the right to call for such invoices from the institution concerned	2004.00																		
281	Vascular surgery	2004.00	320	-	0.0	R	-	100%	320	-	0.0	R	-	100%	320	-	0.0			
443	General surgery	2004.00	320	-	0.0	R	-	12.5	320	-	0.0	R	-	12.5	320	-	0.0			
445	Gynaecology	2004.00	320	-	0.0	R	-	12.5	320	-	0.0	R	-	12.5	320	-	0.0			
447	Ophthalmic	2004.00	320	-	0.0	R	-	12.5	320	-	0.0	R	-	12.5	320	-	0.0			
449	Urology	2004.00	320	-	0.0	R	-	12.5	320	-	0.0	R	-	12.5	320	-	0.0			
451	ENT	2004.00	320	-	0.0	R	-	12.5	320	-	0.0	R	-	12.5	320	-	0.0			
453	Orthopaedic	2004.00	320	-	0.0	R	-	12.5	320	-	0.0	R	-	12.5	320	-	0.0			
5.3.3	Ultrasonic Cutting and Coagulating Devices (Limited life re-usable)																			
	General surgery, Gynaecology, Cardio-Vascular and Urology																			
455	Handpiece and Cable Assembly (one unit)	2004.00	320	-	0.0	R	-	1%	320	-	0.0	R	-	1%	320	-	0.0			
456	Coagulating Shear (Laparoscopic/open)	2004.00	320	-	0.0	R	-	33.3	320	-	0.0	R	-	33.3	320	-	0.0			
458	Coagulating Shear - Single use (Laparoscopic/open) Refer to Section 5.2	2004.00	320	-	0.0	R	-		320	-	0.0	R	-		320	-	0.0			
457	Blades (sharp hook, dissecting hook, ball)	2004.00	320	-	0.0	R	-	12.5	320	-	0.0	R	-	12.5	320	-	0.0			
459	Blades - Single use (sharp hook, dissecting hook, ball) Refer to 5.2	2004.00	320	-	0.0	R	-	-	320	-	0.0	R	-	-	320	-	0.0			
5.3.4	Warm air blankets																			
	Warm air blanket may be charged in the following cases and limited to 1 per stay																			
	- Infants																			
	- Elderly patients over 65,																			
	- Patients exposed for a long period of time in theatre longer than 2 hours																			
	- Post traumatic hypothermia - one per stay																			
429	- Cardio-thoracic hypothermic patients in recovery and ICU - one per stay	2004.00	320	-	0.0	R	-	100%	320	-	0.0	R	-	100%	320	-	0.0			

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<b>5.8</b>	Inhalation anaesthetics																		
	All prices will be expressed per millilitre and will be based on the Single Exit Price (SEP)	2008.00																	
<b>285</b>	Halothane (Halothane): per ml	2008.00	320	-	1.0	R	-		320	-	1.0	R	-		320	-	1.0		
<b>752</b>	Ethrane (Enflurane): per ml	2008.00	320	-	1.0	R	-		320	-	1.0	R	-		320	-	1.0		
<b>753</b>	Forane (Isoflurane): per ml	2008.00	320	-	1.0	R	-		320	-	1.0	R	-		320	-	1.0		
<b>754</b>	Isofor (Isoflurane): per ml	2008.00	320	-	1.0	R	-		320	-	1.0	R	-		320	-	1.0		
<b>755</b>	Ultane (Sevoflurane): per ml	2008.00	320	-	1.0	R	-		320	-	1.0	R	-		320	-	1.0		
<b>756</b>	Suprane (Desflurane), per ml	2008.00	320	-	1.0	R	-		320	-	1.0	R	-		320	-	1.0		
<b>757</b>	Aerrane (Isoflurane): per ml	2008.00	320	-	1.0	R	-		320	-	1.0	R	-		320	-	1.0		
<b>758</b>	Alyrane (Enflurane): per ml	2008.00	320	-	1.0	R	-		320	-	1.0	R	-		320	-	1.0		
<b>759</b>	Fluothane (Halothane), per ml	2008.00	320	-	1.0	R	-		320	-	1.0	R	-		320	-	1.0		
<b>5.9</b>	Prostheses (Surgically implanted)																		
	A prosthesis shall mean a fabricated or artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral and necessary part of the device so implanted, and shall be charged as a single unit. Pins, rods, screws, plates or similar items, when used independently of a prosthesis and for the purpose of furthering any healing process, shall be chargeable.																		
	Hospitals/unattached operating theatre units shall show the name and reference number of each item. The manufacturer's name, and suppliers invoices should be attached to the account and the components should be specified on the account.																		
	Net acquisition price on suppliers invoice, inclusive of VAT (unless the facility is not a registered VAT vendor), by prior arrangement with scheme.	2004.00	320	-	0.0	R	-		320	-	0.0	R	-		320	-	0.0		
<b>5.10</b>	Medical artificial items (non-prostheses)																		
<b>287</b>	According to agreement with schemes concerned. (Examples of items included hereunder shall be wheelchairs, crutches and excretion bags). Copies of invoices shall be supplied to schemes.	2004.00	320	-	0.0	R	-		320	-	0.0	R	-		320	-	0.0		
<b>5.14</b>	Blood charges																		
	Emergency non-crossmatched blood ex hospital (i.e. on stand-by) - Number of units and nature of emergency to be specified and copy of invoice included.																		
	This item is only chargeable when a private hospital supplies O-negative whole blood to a patient in an emergency situation. A motivation stating the reason for administering the O-negative blood must accompany the account and no mark-up is permitted on this item.	2004.00	320	-	0.0	R	-		320	-	0.0	R	-						
<b>288</b>																			
<b>289</b>	Routine blood charges, when incurred in respect of blood or related products procured from a recognised blood bank for transfusion purposes, may be charged at R 14.70 per collection, plus R 3.09 per kilometre travelled. This fee is applicable to all modes for collecting blood including hospital ambulances	2005.03	320	-	0.0	R	-		320	-	0.0	R	-		320	-	0.0		
<b>297</b>	Emergency blood collection. Claims for this item code must be supported by documentary evidence of the patient's condition	2006.00	320	19.388	1.0	R	539.70		320	19.388	1.0	R	539.70		320	-	0.0		
<b>5.15</b>	Incise drapes																		
<b>298</b>	Incise drapes (See Annexure B)	2004.00	320	-	0.0	R	-		320	-	0.0	R	-		320	-	0.0		
<b>299</b>	Ophthalmic drapes. (See Annexure B)	2004.00	320	-	0.0	R	-		320	-	0.0	R	-		320	-	0.0		

# Private Hospitals 2008

300	Non-Incise drapes (isolation, fluid-collection and combination)	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
	Chargeable in the following procedures: Hip, knee, shoulder and elbow joint replacements□ Open heart and cardiac bypass surgery□ Vascular surgery (excluding catheterisation laboratory procedures)□ Neuro-surgery (Brain and spinal cord)□ Arthroscopy of hip, shoulder, knee or elbow joints□ Spinal surgery□	2004.00													
	Note: The name, item number and cost must be shown.	2004.00													
5.16	Disposable Patient Controlled Analgesia Pump														
	Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours In ward□ □ Chargeable in the following instances:□ - Major joint replacement□ - Open, upper abdominal surgery□ - Severe burns□ - Paediatrics in special cases on motivation□ - Thoracotomies (motivation by practitioner)□ - Intractable pain associated with malignancy□	2004.00													
6	NON STANDARD ITEMS/SERVICES														
	Such items are not covered by the National Reference Price List and schemes reserve the right to decide individually how these items/services will be dealt with	2004.00													
290	Items/services e.g. telephone calls/hire, television hire, boarding, extra meals, dry cleaning of clothing, extra nursing in ward etc. The nature of each service shall be specified	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
	Procedures : Open heart, cardiac by-pass surgery and all organ transplants														
121	Benefits to be pre-authorised with the scheme concerned	2004.00	320	-	0.0	R	-	320	-	0.0	R	-	320	-	0.0
	ANNEXURES														

## Private Hospitals 2008

<p>ENDOSCOPIC (laparoscopic &amp; thoracoscopic) GENERIC LIST□          &lt;&lt;Insert object table here&gt;&gt;□          Notes: Refer to detailed Endoscopic Disposable Product list.□          Procedure to be applied per CPT code – list attached.□          □          Comments□          1. Optical, blunt, Hasson cannula, trocar – may substitute the primary port trocar and eliminate the use of verres needles.□          2. Harmonic scalpel shears and blades – not to be charged together with disposable electrosurgical probes, argon beam coagulator, clip appliers, bipolar forceps and Tripolar forceps.□          3. Harmonic scalpel shears and blades – not to be used for laparoscopic cholecystectomy and sterilisation□          4. Tripolar forceps – not to be used together with electrosurgical probes, harmonic scalpel, clip appliers□          5. Autosuture Endostitch – to be motivated and 1 suture assistant per procedure allowed.□          6. Specimen retrieval bags – to motivate use (used when specimen needs to be captured and removed to avoid site contamination); procedure related – histology report required.</p>	2004.00																			
<p>APPENDIX A          □          LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES□□          □          CATEGORY 1□(CPT4 2000 code numbers included where possible)□          □□          Diagnostic laparoscopy (49320)□          Laparoscopy, surgical; with fulguration of oviducts (with/without transection) (58670)□          Laparoscopy, surgical; with occlusion of oviducts (e.g.band, clip, Falope ring) (58771)□          Hysteroscopy diagnostic (58555)□          Hysteroscopy, with sampling of endometrium and/or polypectomy, with/without D&amp;C (58558)□          □          THORACOSCOPY, DIAGNOSTIC □□          THORACOSCOPY, DIAGNOSTIC with biopsy □□          THORACOSCOPY, DIAGNOSTIC lungs and pleural space, with biopsy□□          THORACOSCOPY, DIAGNOSTIC pericardial sac, without biopsy□□          THORACOSCOPY, DIAGNOSTIC pericardial sac with biopsy□□          THORACOSCOPY, DIAGNOSTIC mediastinal space without biopsy□□          THORACOSCOPY, DIAGNOSTIC mediastinal space with biopsy□□          □□          CATEGORY 2 □□          □□          Laparoscopy, surgical; with salpingostomy (salpingoneostomy) (58673)□          Laparoscopy, surgical; with fimbrioplasty (58672)□          Laparoscopy, surgical; with fulguration or excision of the ovary, pelvic viscera or peritoneal surface,</p>	2004.00																			

# Private Hospitals 2008

<p>APPENDIX B</p> <p><input type="checkbox"/> PRINCIPLES</p> <p><input type="checkbox"/> The following principles are applicable:</p> <p><input type="checkbox"/> 1. <input type="checkbox"/> At all times best clinical practice must be adhered too.</p> <p><input type="checkbox"/> 2. <input type="checkbox"/> Items listed in the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities are described generically according to product classification and function. Trade names may be included, by means of example, for clarification purposes only. Photocopies of all documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documentation at the hospital/sameday surgical facilities concerned. The Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Sub-Acute Facilities, Private Hospitals and Sameday Surgery Facilities will be reviewed half-yearly.</p> <p><input type="checkbox"/> 3. <input type="checkbox"/> The cost of consumable and disposable items used on a patient in a hospital must be recovered by means of a charge mechanism as follows:</p> <p><input type="checkbox"/> \$ <input type="checkbox"/> Items included in the per minute theatre fee.</p> <p><input type="checkbox"/> \$ <input type="checkbox"/> Items Included in the per day ward or unit fee.</p>	2004.00																					
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# **Private Hospitals 2008**

Code	Description
55700	Private Hospitals ('A' - Status)
55800	Private Hospitals ('B' - Status)
57700	Approved U O T U / Day clinics

## Private Hospitals 2008

Code	Description	RCF
320	Private Hospitals	27.636

# PSYCHOLOGY

## Psychology 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PSYCHOLOGISTS 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>				
GENERAL RULES				
B	Where emergency treatment is provided:			04.00
	<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 at another venue; 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 psychological procedure, where failure to provide the service immediately would result in serious or irreparable psychological or functional impairment</p> <p>b. "working hours" means 8h00 to 17h00, Monday to Friday.</p> <p>Modifier 0003 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.</p>			
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	Every account shall contain the following particulars:			05.03
	<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 date on which each relevant health service was rendered;</p> <p>g) The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.</p>			
E	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.			05.03
F	With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this schedule only includes time spent in direct interaction with the patient.			05.05
MODIFIERS				
	Modifier governing the section Psychological Services			04.00
0003	Emergency treatments - Relevant fee plus 50%			04.00
0004	Psychology services rendered to an in-patient in a nursing home or hospital.			04.00
CONSULTATIVE AND THERAPEUTIC SERVICES				
Code	Description	Ver	Add	Psychology RVU Fee
007	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).	05.02		
200	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min.	05.04	0.500	45.60 (40.00)
201	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 11-20min.	05.04	1.500	136.90 (120.10)
202	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min.	05.04	2.500	228.10 (200.10)
203	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min.	05.04	3.500	319.40 (280.20)
204	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-50min.	05.04	4.500	410.60 (360.20)
205	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-60min.	05.04	5.500	501.90 (440.30)
206	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 61-70min.	05.04	6.500	593.20 (520.40)
207	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 71-80min.	05.04	7.500	684.40 (600.40)
208	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 81-90min.	05.04	8.500	775.70 (680.40)

Code	Description	Ver	Add	Psychology	
				RVU	Fee
209	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 91-100min.	05.04		9.500	866.90 (760.40)
210	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 101-110min.	05.04		10.500	958.20 (840.50)
211	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 111-120min.	05.04		11.500	1049.40 (920.50)
	This code would be used in addition to code 211.	06.02			
290	Extended assessment, consultation, counselling and/or therapy (individual or family) - per full 15 minutes in excess of 120 minutes	05.05	+	0.750	68.40 (60.00)
<b>GROUP SERVICES</b>					
300	Psychology group consultation, counselling and/or therapy, per patient. Duration: 1-10min.	05.03		0.100	9.13 (8.01)
301	Psychology group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	05.03		0.300	27.40 (24.00)
302	Psychology group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	05.03		0.500	45.60 (40.00)
303	Psychology group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	05.03		0.700	63.90 (56.10)
304	Psychology group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	05.03		0.900	82.10 (72.00)
305	Psychology group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	05.03		1.100	100.40 (88.10)
306	Psychology group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	05.03		1.300	118.60 (104.00)
307	Psychology group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	05.03		1.500	136.90 (120.10)
308	Psychology group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	05.03		1.700	155.10 (136.10)
309	Psychology group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	05.03		1.900	173.40 (152.10)
310	Psychology group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	05.03		2.100	191.60 (168.10)
311	Psychology group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	05.03		2.300	209.90 (184.10)

# Psychology 2008

38600							
NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PSYCHOLOGISTS WITH EFFECT FROM 1 JANUARY 2008							
	Version	Add	CF	Units	BF	Value	Flag
<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 VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>							
	2004.00						
GENERAL RULES							
<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 at another venue; 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 psychological procedure, where failure to provide the service immediately would result in serious or irreparable psychological or functional impairment</p> <p>b. "working hours" means 8h00 to 17h00, Monday to Friday.</p> <p>Modifier 0003 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.</p>							
B	2004.00						
<p>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.</p>							
C	2004.00						

# Psychology 2008

D	Every account shall contain the following particulars: 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 date on which each relevant health service was rendered; g) The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.	2005.03						
E	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.	2005.03						
F	With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this schedule only includes time spent in direct interaction with the patient.	2005.05						
	<b>MODIFIERS</b>							
	Modifier governing the section Psychological Services	2004.00						
0003	Emergency treatments - Relevant fee plus 50%	2004.00						
0004	Psychology services rendered to an in-patient in a nursing home or hospital.	2004.00						
	<b>CONSULTATIVE AND THERAPEUTIC SERVICES</b>							
007	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).	2005.02						
200	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min.	2005.04	280	0.500	1.0	R	45.60	
201	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 11-20min.	2005.04	280	1.500	1.0	R	136.90	
202	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min.	2005.04	280	2.500	1.0	R	228.10	
203	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min.	2005.04	280	3.500	1.0	R	319.40	
204	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-50min.	2005.04	280	4.500	1.0	R	410.60	
205	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-60min.	2005.04	280	5.500	1.0	R	501.90	
206	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 61-70min.	2005.04	280	6.500	1.0	R	593.20	
207	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 71-80min.	2005.04	280	7.500	1.0	R	684.40	
208	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 81-90min.	2005.04	280	8.500	1.0	R	775.70	

# Psychology 2008

209	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 91-100min.	2005.04	280	9.500	1.0	R	866.90
210	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 101-110min.	2005.04	280	10.500	1.0	R	958.20
211	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 111-120min.	2005.04	280	11.500	1.0	R	1 049.40
	This code would be used in addition to code 211.	2006.02					
290	Extended assessment, consultation, counselling and/or therapy (individual or family) - per full 15 minutes in excess of 120 minutes	2005.05 +	280	0.750	1.0	R	68.40
	<b>GROUP SERVICES</b>						
300	Psychology group consultation, counselling and/or therapy, per patient. Duration: 1-10min.	2005.03	280	0.100	1.0	R	9.13
301	Psychology group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	2005.03	280	0.300	1.0	R	27.40
302	Psychology group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	2005.03	280	0.500	1.0	R	45.60
303	Psychology group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	2005.03	280	0.700	1.0	R	63.90
304	Psychology group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	2005.03	280	0.900	1.0	R	82.10
305	Psychology group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	2005.03	280	1.100	1.0	R	100.40
306	Psychology group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	2005.03	280	1.300	1.0	R	118.60
307	Psychology group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	2005.03	280	1.500	1.0	R	136.90
308	Psychology group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	2005.03	280	1.700	1.0	R	155.10
309	Psychology group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	2005.03	280	1.900	1.0	R	173.40
310	Psychology group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	2005.03	280	2.100	1.0	R	191.60
311	Psychology group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	2005.03	280	2.300	1.0	R	209.90



## Psychology 2008

Code	Description
38600	Psychology

# Psychology 2008

Code	Description	RCF
280	Psychologists	91.254

# **PSYCHOMETRY & REGISTERED COUNCELLORS**

## Psychometry &amp; Registered Counsellors 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PSYCHOMETRISTS 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	Every account shall contain the following particulars:					05.04
	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 date on which each relevant health service was rendered; g) The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.					
B	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.					05.04
PSYCHOMETRIC SERVICES						
Code	Description	Ver	Add	Registered Counsellors		Psychometry
				RVU	Fee	RVU Fee
007	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).	05.04				
200	Psychometric testing. Duration: 1-10min.	05.04				0.500 22.80 (20.00)
201	Psychometric testing. Duration: 11-20min.	05.04				1.500 68.40 (60.00)
202	Psychometric testing. Duration: 21-30min.	05.04				2.500 114.10 (100.10)
203	Psychometric testing. Duration: 31-40min.	05.04				3.500 159.70 (140.10)
204	Psychometric testing. Duration: 41-50min.	05.04				4.500 205.30 (180.10)
205	Psychometric testing. Duration: 51-60min.	05.04				5.500 251.00 (220.20)
206	Psychometric testing. Duration: 61-70min.	05.04				6.500 296.60 (260.20)
207	Psychometric testing. Duration: 71-80min.	05.04				7.500 342.20 (300.20)
208	Psychometric testing. Duration: 81-90min.	05.04				8.500 387.80 (340.20)
209	Psychometric testing. Duration: 91-100min.	05.04				9.500 433.50 (380.30)
210	Psychometric testing. Duration: 101-110min.	05.04				10.500 479.10 (420.30)
211	Psychometric testing. Duration: 111-120min.	05.04				11.500 524.70 (460.30)
290	Psychometric testing - per full 15 minutes in excess of 120 minutes.	06.05	+			0.750 34.20 (30.00)
SERVICES RENDERED BY REGISTERED COUNSELLORS						
300	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min.	06.06		0.500	22.80 (20.00)	
301	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 11-20min.	06.06		1.500	68.40 (60.00)	
302	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min.	06.06		2.500	114.10 (100.10)	
303	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min.	06.06		3.500	159.70 (140.10)	
304	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-50min.	06.06		4.500	205.30 (180.10)	

Code	Description	Ver	Add	Registered Counsellors		Psychometry	
				RVU	Fee	RVU	Fee
305	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-60min.	06.06		5.500	251.00 (220.20)		
306	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 61-70min.	06.06		6.500	296.60 (260.20)		
307	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 71-80min.	06.06		7.500	342.20 (300.20)		
308	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 81-90min.	06.06		8.500	387.80 (340.20)		
400	Group consultation, counselling and/or therapy, per patient. Duration: 1-10min.	06.06		0.100	4.56 (4.00)		
401	Group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	06.06		0.300	13.70 (12.00)		
402	Group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	06.06		0.500	22.80 (20.00)		
403	Group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	06.06		0.700	31.90 (28.00)		
404	Group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	06.06		0.900	41.10 (36.10)		
405	Group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	06.06		1.100	50.20 (44.00)		
406	Group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	06.06		1.300	59.30 (52.00)		
407	Group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	06.06		1.500	68.40 (60.00)		
408	Group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	06.06		1.700	77.60 (68.10)		
409	Group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	06.06		1.900	86.70 (76.10)		
410	Group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	06.06		2.100	95.80 (84.00)		
411	Group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	06.06		2.300	104.90 (92.00)		
490	Extended group consultation, counselling and/or therapy - per patient per full 15 minutes in excess of 120 minutes	06.06		0.150	6.84 (6.00)		

# Psychometry Registered Counsellors 2008

		38100							38500				
NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PSYCHOMETRISTS WITH EFFECT FROM 1 JANUARY 2008		Version	Add	CF	Units	BF	Value	Flag	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.		2005.04											
GENERAL RULES													
Every account shall contain the following particulars:													
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 date on which each relevant health service was rendered;													
g) The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.													
A		2005.04											
Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.		2005.04											
B		2005.04											
PSYCHOMETRIC SERVICES													
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).		2005.04											
200	Psychometric testing. Duration: 1-10min.	2005.04							285	0.500	1.0	R	22.80
201	Psychometric testing. Duration: 11-20min.	2005.04							285	1.500	1.0	R	68.40
202	Psychometric testing. Duration: 21-30min.	2005.04							285	2.500	1.0	R	114.10
203	Psychometric testing. Duration: 31-40min.	2005.04							285	3.500	1.0	R	159.70
204	Psychometric testing. Duration: 41-50min.	2005.04							285	4.500	1.0	R	205.30
205	Psychometric testing. Duration: 51-60min.	2005.04							285	5.500	1.0	R	251.00
206	Psychometric testing. Duration: 61-70min.	2005.04							285	6.500	1.0	R	296.60
207	Psychometric testing. Duration: 71-80min.	2005.04							285	7.500	1.0	R	342.20

# Psychometry Registered Counsellors 2008

208	Psychometric testing. Duration: 81-90min.	2005.04						285	8.500	1.0	R	387.80	
209	Psychometric testing. Duration: 91-100min.	2005.04						285	9.500	1.0	R	433.50	
210	Psychometric testing. Duration: 101-110min.	2005.04						285	10.500	1.0	R	479.10	
211	Psychometric testing. Duration: 111-120min.	2005.04						285	11.500	1.0	R	524.70	
290	Psychometric testing - per full 15 minutes in excess of 120 minutes.	2006.05 +						285	0.750	1.0	R	34.20	
SERVICES RENDERED BY REGISTERED COUNSELLORS													
300	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min.	2006.06	285	0.500	1.0	R	22.80						
301	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 11-20min.	2006.06	285	1.500	1.0	R	68.40						
302	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min.	2006.06	285	2.500	1.0	R	114.10						
303	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min.	2006.06	285	3.500	1.0	R	159.70						
304	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-50min.	2006.06	285	4.500	1.0	R	205.30						
305	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-60min.	2006.06	285	5.500	1.0	R	251.00						
306	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 61-70min.	2006.06	285	6.500	1.0	R	296.60						
307	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 71-80min.	2006.06	285	7.500	1.0	R	342.20						
308	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 81-90min.	2006.06	285	8.500	1.0	R	387.80						
400	Group consultation, counselling and/or therapy, per patient. Duration: 1-10min.	2006.06	285	0.100	1.0	R	4.56						
401	Group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	2006.06	285	0.300	1.0	R	13.70						
402	Group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	2006.06	285	0.500	1.0	R	22.80						
403	Group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	2006.06	285	0.700	1.0	R	31.90						
404	Group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	2006.06	285	0.900	1.0	R	41.10						
405	Group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	2006.06	285	1.100	1.0	R	50.20						
406	Group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	2006.06	285	1.300	1.0	R	59.30						
407	Group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	2006.06	285	1.500	1.0	R	68.40						
408	Group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	2006.06	285	1.700	1.0	R	77.60						
409	Group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	2006.06	285	1.900	1.0	R	86.70						
410	Group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	2006.06	285	2.100	1.0	R	95.80						
411	Group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	2006.06	285	2.300	1.0	R	104.90						
490	Extended group consultation, counselling and/or therapy - per patient per full 15 minutes in excess of 120 minutes	2006.06	285	0.150	1.0	R	6.84						

# Psychometry Registered Counsellors 2008

Code	Description
38100	Registered Counsellors
38500	Psychometry