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 coms; 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	270	7.4	1	54.2
013	General podiatric care more than 30 minutes (a combination of items 010 and 011)	2004.0	270	11.8	1	86.4
	VERRUCA TREATMENTS.		$\neg \neg$		\neg	
	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				
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	270	6.9	1	50.5
019	Subsequent lesion.	2004.0	270	3.5	1	25.6
	Nail Surgery.				\neg	
	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		_	\neg	
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	Avuision 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.					

040	Infection control, per patient	2004.0 0	270	1.2	1	8.78
041	Remedial therapy.	2004.0	270	4.9	1	35.9
042	Sterile pack.	2006.0	270	5.9	1	43.2
044	Suturing (includes consultation).	2004.0	270	7.8	1	57.1
046	Incision Biopsy.	2004.0	270	5.9	1	43.2
047	Removal of foreign body.	2004.0	270	8.9	1	65.1
048	Suturing / Wound closure material : Cost of material plus 10%	2006.0	270	0	0	0
146	Excision biopsy.	2004.0	270	8.9	1	65.1
201	Sterile Surgical Blades (maximum of 2 per patient)	2006.0	270	1	1	7.32
203	Wound dressing material (maximum of 2 per patient)	2006.0	270	2	1	14.6
205	Plaster of Paris bandage roll (maximum of 2 per patient). At net acquisition price.	2006.0	270	0	0	0
207	Moulded Orthotic material fee	2006.0	270	11.8	1	86.4
209	Simple insole material fee	2006.0	270	5.9	1	43.2
211	Local anaesthetic medication per ampoule (maximum of 5 per patient)	2006.0	270	2	1	14.6
213	Injection medication fee (other than local anaesthetic). At net acquisition price.	2006.0	270	0	0	O
	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			1	
215	Padding and strapping: Digital, per foot	2004.0	270	2.8	1	20.5
217	Padding and strapping: Metatarsal, per foot	2004.0	270	3.5	1	25.6
219	Padding and strapping: Heel, per foot	2004.0	270	3.5	1	25.6
	Appliances and Orthotics		$\neg \neg$		\neg	
	(By arrangement with the scheme concerned).	2004.0	11			
043	Biomechanical examination.	2004.0	270	15.7	1	114.9
051	Neutral impression Plaster of Paris casting	2004.0	270	8.5	1	62.2

052	Orthotic repair.	2004.0	270	12.8	1	93.7
053	Temporary orthotic or corrective component.	2004.0	270	12.8	1	93.7
25.4		0		2.5	_	- 07.4
054	Prescription covering and soft tissue supplements.	2004.0	270	8.9	1	65.1
055	Silicone devices: Digital	2004.0	270	5.4	1	39.5
056	Computerised gait analysis	2006.0	270	19.6	1	143.5
057	Template measurement.	2004.0	270	2.9	1	21.2
058	Immobilisation casting	2006.0 4	270	10.6	1	77.6
069	Simple insole - one foot.	2004.0	270	11.1	1	81.3
061	Simple insoles - both feet.	2004.0	270	20.1	1	147.1
060	Silicone devices: metatarsal	2004.0	270	10.7	1	78.3
064	Silicone devices: heel	2004.0	270	15.9	1	116.4
	The rates for items 063 and 065 include the cost of instrinsic and extrinsic posting adjustments	2004.0			T	
063	Prescription orthotic : one foot.	2004.0	270	19.1	1	139.8
065	Prescription orthotics : both feet.	2004.0	270	38.3	1	280.4
067	Preformed moulded insoles: Adult, both feet	2004.0	270	22.1	1	161.8
069	Preformed moulded insoles: Adult, one foot	2004.0	270	11	1	80.5
071	Preformed moulded insoles: Child, both feet	2004.0	270	17	1	124.4
073	Preformed moulded insoles: Child, one foot	2004.0	270	8.5	1	62.2
	CONSUMABLE LIST					

	1 00	iding &	000				
STERILISING ITEMS	-	2004.0					Т
Cold Sterilant e.g. Cidex, Steri 101, Etc.□		0	l				
Ultraviolet Tubes (Replacements)□			l			1	
Autoclave Bags□			l				
			l				
WASTE DISPOSALD			l				
Sharps Container□			ı				
Medical Waste Bin□			l				1
			l			İ	1
REGULARLY USED ITEMS			l				1
Disposable Hand Towels e.g. Klmdri□			l				1
Disinfecting Handwash e.g. Hiblscrub□			l				1
Linen Savers□			l				1
Cotton Wool⊟			l				1
Gloves: □Non-Sterile □				ĺ			1
□□Sterile□							1
Gauze:□Non-Sterile□							1
Tube Gauze (Various Sizes)□							1
Padding e.g. Semi Compressed Fett□				ļ	!		1
Strapping e.g. Hapia, Zopla□							
Disinfecting Hand Gel e.g. Steri 601 □							
Surface Disinfectant e.g. Steri 201 □							1
Tongue Depressors□							1
Applicator Sticks□							1
Friars Balsam⊡							
Silver Nitrate?□							
Hibitane Concentrate□					'		1
Phenol□							
Silicone & Activator for Devices□		I					
Monochloracetic Acid□							1
Salacylic Acid in Lanclin□							1
Dental Needles⊡							
Xylotox Se Plain Solution for Injection□							
Emergency Drugs e.g. Adrenaline/Epipen□							
Penrose Drains / Tournicot□							
					1		1

Code		 Description		
36800	Podiatry			

Code	Description	RCF
270	Podiatry	7.320
274	Podlatry - 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

	A CONTRACT OF THE PROPERTY OF	
SCHED		
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
С	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
	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
	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.	04.00
Н	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
ı	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		lospitals ('A' tatus)		Hospitals ('B' Status)		ed U O T U / clinics
	흥성하다는 사람이 맞아 가는 사람들이 되었다.			RVU	Fee	RVU	Fee	RVU	Fee
	ACCOMMODATION		133	(1)/2(1)E			A second		
ard fe	968	<u>1.81.61111 </u>				un <u>yak</u> y	1-64	a Market	. 1
	Hospitals and unattached operating theatre units shall indicate the exact time of admission and discharge in the case of hospitals, the day admission fee (code 007) shall be charged in respect of all patients admit The following will be applicable to items 001 to 005, 015, 020, 200, 201, 202 and 215 to 218: 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 Two half day fees would be applicable when a patient is transferred internally between any ward and any so 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	ted as day patients and			fore 23h00 on	the same	date.		04.00
.1 ::::	The items listed as non-recoverable in Annuxure B shall be deemed to be included in ward fees, and no clinical Wards	narge in respect therec	or may	be levied.		1: ::			
Code	Description	Ver	Add		lospitals ('A'		iospitals ('B'		ed U O T U
			1,	RVU	Fee	RVU	Fee	RVU	Fee
01	Surgical cases: per day.	04.00		36.063	1003.80 (880.50)		1003.80 (880.50)	1 1	
02	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	04.00		37.888	1054.70	37.888	1054.70	-	

Code	Description	Ver	Add		lospitals ('A' Status)		Hospitals ('B' Status)		d U O T U /
·			1, , .	RVU	Fee	RVU	Fee	RVU	Fee
001	Surgical cases: per day.	04.00		36.063	1003.80 (880.50)		1003.80 (880.50)	-	
002	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	04.00	i	37.888	1054.70 (925.20)		1054.70 (925.20)	-	•
003	Psychiatric general ward fee, per day	04.00		29.854	831.00 (728.90)		831.00 (728.90)	-	
004	Medical and neurological cases: per day.	04.00		36.063	1003.80 (880.50)		1003.80 (880.50)	•	
005	Paediatric cases (under 14 years of age)	04.00		44.513	1239.10 (1086.90)		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)		642.40 (563.50)	19.725	549.10 (481.70)
014	Ovemight fee - Medical practitioner to pre-authorise all overnight admissions	04.00		-	-	-		8.692	242.00 (212.30)
	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.	04.00		10.679	297.30 (260.80)		297.30 (260.80)	10.679	297.30 (260.80)
	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								
022	Out-patient wound care facility	04.00		5.263	146.50 (128.50)		146.50 (128.50)	5.263	146,50 (128,50)

04.00

State	71.00	7,77-3,70-1	clinics
	Fee RVU	Fee RVU	Fee

INCLUDING:

Charges such as multiple births (nursery fee for 2nd baby excluded);

1. The maternity fees are a fixed per diem fee and replace all other charges:

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).

But EXCLUDE

Sections 5.1 to 5.3:

Sections 5.7 to 5.8 (Gases); and

- 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.
- 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.
- 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.
- 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.

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).

- 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.
- 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.

The second day is calculated as starting from midnight following the birth of the neonate on the day of the delivery.

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.

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).

- Admission for suppression of premature labour is not an uncomplicated delivery, and an account must be rendered on a fee for service basis.
- The following list of surgicals (maternity basket) are included in the per diem fee.

THEATRE SURGICALS FOR NORMAL VAGINAL DELIVERIES

0			Description			Ver.	/ ×		Status)	\$ N. 45	3 × 14	Hospitals ('B' Status)	Day	clinic
				2 %				RVU	F	50	RVU	Fee	RVU	``.Fe
7	THEATRE CHARGES	A CONTRACTOR			 	 			.,					
	1 X Amnihook													
1	1 X Continue Flo													
11	1 X Cord Clamp													
13	3 X Gloves Surgical St													
١ã	3 X Gloves Sterile													- 1
	XID Bands													ľ
	0.5 X Jaques Catheter													
	1 X Jelco IV													
	X KY Jelly Sachet													
'	20 X Maternity Pad													
15	ZU A Maternity Pau													
13	X Preptic Swabs													
!	X Spiral Electrode													
1	X Spinocan													- 1
1	X Suction Catheter St													
1	I X Swabbing Tray													ļ
1	X Tegaderm 1626													1
1	1 X Vaginal Plug													
12	2 X Water for irrigation													
11	X Stockinette													
	2 X Silicone Tubing													
17	X Add a Line													- 1
١ċ	SUTURES													- 1
	0.25 X Suture W734													- 1
														!
	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													- 1
	0.25 X Suture W759													ľ
	0.25 X Suture W441													
5	SYRINGES													
1	1 X Syringe 1ml													
11	1 X Syringe 20ml													- 1
3	3 X Syringe 2ml													- 1
12	2 X Syringe 5ml													1
16	DRESSINGS													- 1
	2 X Cotton Wool Balls L/s													
•	E A COUCH WOOLDS DS													- 1
-	THEATRE SURGICALS FOR	CAESARS WITH CEN	JEDAL ANAESTHE	TIC										- 1
	THEATRE CHARGES	CALSANS WITH GEN	TEIVAL AIVACOTTIC	110										- 1
														- 1
	1 X Amnihook													- 1
- []	1 X Airway													
1	1 X Sterile Tray													
2	2 X Continue Flo													
[1	1 X Cord Clamp													
1	1 X Diathermy Plate Dispo													
1	1 X ET Tube													
3	3 X Electrodes Red Dot													
14	1 X Foley catheter													
13	A Foley Catrieter				 									

14 Sep 2007

e		·	<u> </u>	Description	n .		 Vei	Add	- :	Hospitais ('A' Status)	Private 1	Hospitals ('B' Status)	Day	ed U O T
		:							RVU	Fee	RVU	Fee	RVU	Fee
	8 X Gloves Surgical St												, .	$ \top$
	5 X Gloves Sterile													
- 4	4 X I D Bands													
- -	1 X Jelco IV													
	2 X KY Jelly Sachet													- 1
	20 X Matemity Pad													
- -	10 X Preptic Śwabs													
- -	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													
<u>ا</u> (S X Water for irrigation													- 1
- ;	1 X Stockinette													
١,	2 X Silicone Tubing													
:	2 X Opticlude													
	IX Add a Line													
١,	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													
														- 1
	0.17 X Suture W795													
	0.17 X Suture W797													
	0.30 X Suture W439													
	0.17 X Suture W434													- 1
	0.17 X Suture W445													
	X Suture W728													
- [X Suture V518G													
	1 X Suture V486G													
	0.20 X Suture V523G													
- [9	0.30 X Suture V523G													
-	SYRINGES													
- [1 X Syringe 1ml													
- [1 X Syringe 20ml													
- ['	1 X Syringe 10ml													
1	1 X Syringe 10ml 3 X Syringe 2ml													
- 12	2 X Syringe 5ml													
- [1	DRAIN													
- 1	1 X Corrugated Drain													
- 1	DRESSINGS													
	15 X Abominal Swabs													
	3 X Cotton Wool Balls L	/s												
	5 X Gauze Sterile Xray													
- 1.	1 X Telfa Dressing													

30410-4

Code	Description	Ver		iospitais ('A' Status)		Hospitals ('B' Status)		ed U O T U /
			RVU	Fee	RVU	Fee	RVU	Fee
	1 X Steripad 1 X Tegaderm 1627 5 X Paint Balls				•	·	· .	
Natural	births in the second of the se				1 1			
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)		1672.80 (1467.40)		
017	Subsequent day(s) excluding nursery fee.	04.00	43.717	1216.90 (1067.50)		1216.90 (1067.50)		
Caesare	iahi dikengalah diberbahan berada kengalah berada berada berada berada berada berada berada berada berada berad	_ :::	<u> </u>	<u>a wasani</u>				4
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)		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)		471.10 (413.20)		
016	Delivery room. This item is not applicable for deliveries by registered midwifes in private practice.	05.03	72.746	2025.00 (1776.30)		2025.00 (1776.30)		
018	Subsequent day(s) excluding nursery fee	04.00	42.963	1195.90 (1049.00)		1195.90 (1049.00)	-	
Epidura	I fee common the state of the s		Ar giger		1 1 1 1 1 1 1		1.5 10	. :
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)		737.70 (647.10)	-	
Birthing	Unit Control Strict Control And Carlo Strict Control Strict Contro				1			
	The birthing unit fee may only be charged by an approved maternity unit in a hospital. It includes preparation, labour room additional charge that may be levied is for pharmaceuticals. This fee may not be charged for together with the per diem fees for maternity and is not applicable to medical practitioner.		-	mother and b	aby and th	ne matemity ba	isket. The	only 05.03
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)		835.80 (733.20)	-	
1.2	Private Wards		7771 3327	:	: : : · · ·		171	7 :
020	Private ward	04.00	46.608	1297.40 (1138.10)	7 - 1	1297.40 (1138.10)	-	
	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 preauthorisation. General ward fees are applicable to isolation.							
021	Private ward on member's request or for convenience of hospital will be funded at scale of benefits for general ward.	04.00	-	-	_		-	

30410-5

Code	Description	Ver	Bright S		iospitals ('A' tatus)	Private i	lospitals ('B' tatus)	Day	ed UOTU/ clinics
	사용에 나는 이 가는 맛있다면서 하다 아는 동생들이 하다는 이렇게 되는 생각을 하는 것까?	i jer de		RVU	Fee	RVU	Fee	RVU	Fee
1.3	Special Care Units					1.5			1.14
	Specialised units are defined as: Intensive Care Unit (ICU), Cardio-Thoracic Intensive Care Unit (CTICU), Neonatal Inten	sive Care	e Unit (N	IICU), F	ligh Care (HC), Neonata	al High Care (I	NHC), A 8	В. 04.00
	Hospitals shall obtain a certificate stating the reason for accommodation in any specialised or other intensive care unit or attending practitioner, and such certificate showing the date and time of admission and discharge from the unit shall be fill no charge may be levied to medical schemes for special or private nursing.	in high o orwarded	care war I to the r	d includ elevant	ling neonatal medical sche	intensive o	are and high one authorisation	care from	the 04.00
200	Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by BHF. Specialised ICU (As approved by BHF according to General Rule E.1.1) Per day	04.00	19	95.088	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			(47,03.00)		(4700.00)		
201	Intensive Care Unit: Per day.	04.00	1.	18.479	4133.10 (3625.50)	148.479	4133.10 (3625.50)		
202	Neonatal Intensive Care Unit: Per day.	04.00	1	34.863	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)		2647.40 (2322.30)	-	
216	Neonatal High Care Ward `A' (Intensive nursing and monitoring)	04.00	1	03.308	2875.70 (2522.50)		2875.70 (2522.50)	-	
217	Neonatal High Care Ward 'B' (Standard nursing and monitoring)	04.00		67.538	1880.00 (1649.10)		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)		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	04.00							
	and 215 to 218 shall be confirmed weekly with the relevant scheme.	لــــــــــــــــــــــــــــــــــــــ	<u>,</u>			I		L	111 1
2	EMERGENCY UNIT	erfy Ten sewin	45 July 1984	eter 1		<u> </u>			
2.1 105	Emergency Unit Fee Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by BHF	1	<u> </u>	45.858	1276.50		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		-	(1113.70)	-	(110.70)	-	
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)		293.20 (257.20)		293.2 (257.2
	Note: The procedure room fee (071) cannot be charged in addition to 302	04.00							
2,2 🐪	THEATRE FEES	de nis	1111111	ledgeli. Skrijenja i			Martine Comment		
061	Excimer Laser Theatre fee, per minute	04.00		0.650	18.10 (15.90)	0.650	18.10 (15.90)	0.650	18. <u>10 (15.9</u> 0

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Code	Description	Ver	Add Privat	e Hospitals ('A' - Status)	Private	Hospitals ('B' Status)		red U O T U / y clinics
44.43.23.			RVU	Fee	RVU	Fee	RVU	Fee
	The items listed as non-recoverable in Annuxure B shall be deemed to be included in theatre fees, and no charge in respect thereof may be levied.	04.00						
finor T	heatre, 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 required but resuscitation equipment (trolley) must be available in the procedure room. Conscious sedation by arrangement	r no gen	eral anaesthe	etic, are carried o	out. No So	ophisticated mo	onitoring i	s 04.0
ime in	minor theatre	ent with	scheme.	·. ·				
71	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	04.00	0.50	00 13.90 (12.20)	0.500	13.90 (12.20)	0.429	11.90 (10.4
	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	0.00	10.00 (12.20)	0.000	10.00 (12.20)	0.420	71.00 (10.4
2.3	Major theatre	-	100					· · ·
	In addition to the theatre charge calculated as above, a surcharge (modifier 0002 and/or 0003) shall be allowed in cases the performance of any of the undermentioned procedures, whether camed out individually or in combination with each of Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by BHF	ther, thi	s surcharge s	hall be deemed	to cover t	he equipment i	in the crite	d for O4.00 eria.
0002	Modifier 0002: Orthopaedic, Neurosurgical and Vascular: Joint replacements (only hip, knee, shoulder ankle or elbow) Femoral popitical bypasses Carotid endarterectomies Aortic Aneurysm repair and arterial grafts Neurosurgery (Surgery on the brain and spinal cord only, excludes neurolysis)	04.00	48.30	09 1344.73 (1179.59)		1344.73 (1179.59)		
003	Modifier 0003: Cardiac surgery Cardio-thoracic and Cardio-vascular surgery	04.00	110.68	3081.11 (2702.73)	110.688	3081.11 (2702.73)		
	· 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 Theatre	٠	<u> </u>		<u> </u>		<u> </u>	L
		1	1			1 (I
81	Charge per minute (which includes 0.16c per minute for those items in the surgical basket). 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	1.58	54 43.30 (38.00)	1.554	43.30 (38.00)	1.329	37.00 (32.5
necial	sed Theatre Modifiers		9 2:50 min in	31 ti t t		12 12		
poolui	PROCEDURAL FEES		3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	. T. 15.34
	The fees quoted for items 052, 053 and 055 shall be all-inclusive and no additional charges of whatsoever nature may be terms of Section 4 and 5 hereof. NOTE: Ward fees may however be chargeable together with items 053 and 055.	raised,	except for ite		3, 535 an	nd any items ch	argeable	in 05.0
:1 · · ·	Procedures	18. 25	ur saal Me	A da an i				
52	Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.	04.00	14.34	399.20 (350.20)		399.20 (350.20)		399.2 (350.2
53	Angiograms.	04.00	14.34		14.342		-	(330.2

Code	Description	Уег	Add Pr		lospitals ('A' Status)		lospitais ('B' Status)		ed U O T U /
			F	WU	Fee	RVU	Fee	RVU	Fee
3,2	Catheterisation laboratory procedures			_					
	Note: A certificate indicating the level of the catheterisation laboratory used, should be signed by the relevant doctor, indi	cating t	he informa	ition if	required by th	e 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 mechargeable in terms of Section 4 and 5 hereof. NOTE: ward fees may however be chargeable together with items 054, 055, 056, 070 and 073.	ay be ra	aised, exce	pt for	items 515, 52	9, 533 an	d 535 and any	items	05.03
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	04.00	5	1.446	1432.10 (1256.20)		1432.10 (1256.20)		
	General Rule E.1.1								
056	NB: For EPS studies, the Bard Apparatus (item 529) must be charged additionally. Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers,	04.00	 	6 020	2698.10	96.929	2698.10		
	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		6.929	(2366.80)		(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	25	1.804	7009.20 (6148.40)	251.804	7009.20 (6148.40)		
	NB: EPS for cardiac ablations - items 529 must be charged additionally.								
	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	18	6.233	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)		154.40 (135.40)		
	Radiation Oncology	<u>: : '</u>	<u> </u>					· · · · · ·	
	lon - Fixed custom made			** * .*	<u> </u>	1,500			1.7
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	1	5.263	424.90 (372.70)		424.90 (372.70)		
903	Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.	04.00	2	3.283	648.10 (568.50)		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	3	0.525	849.70 (745.40)		849.70 (745.40)		
905	Computerised Tomographic.	04.00	3	0.525	849.70 (745.40)		849.70 (745.40)		
Treatme	nt Planning	11.1	Janes de la	(Y.,			7 1	,	
	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		4.383	400.40 (351.20)		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	2	1.942	610.80 (535.80)		610.80 (535.80)		

			Description			Ver	Add		Hospitals ('A' Status)		Hospitals ('B' Status)		ed U O T U . clinics
, .				A STATE OF THE STATE OF		٠.		RVU	Fee	RVU :	Fee	RVU	Fee
909		olex) - Planning requiring highly of ators, three or more separate tre peutic modalities				04.00		28.742	800.10 (701.80)		800.10 (701.80)		1
Techni	cal Aids	in Australia in a	and the same						() · · · · · · · · · · · · · · · · · · ·		1,11		
910	Control films (As per	radiology film price list).				04.00		_	-		-	_	
911	Dosimetric procedur	as.				04.00		0.838	23.30 (20.40)	0.838	23.30 (20.40)	-	
912	Artefacts: Simple - d	esign and construction (simple b	ock or bolus)			04.00			58.30 (51.10)		58.30 (51.10)	_	
913	Artefacts: intermedia	te - design and construction (mu	ltiple blocks, sten	ts, bite blocks, special bol	us).	04.00		5.704	158.80 (139.30)		158.80 (139.30)	-	
914	Artefacts: complex (s	specify) - design and construction	(irregular blocks	s, special shields, compens	sators, wedges, molds or	04.00		11.404	317.40 (278.40)		317.40 (278.40)	-	
Linear	accelerator treatmen	t e e e e e e e e e e e e e e e e e e e	<u> </u>						1. 1. 1.		C. T.		
915	Photon treatment, si	ngle field.				04.00		22.288	620.40 (544.20)		620.40 (544.20)		
916	Photon treatment, m	ultiple fields				04.00		32.100	893.50 (783.80)		893.50 (783.80)	-	
917	Electron treatment.		_			04.00		22.288	620.40 (544.20)		620.40 (544.20)	-	
								169.388	4715.10	100 200	4715.10		
919	Brachytherapy - glob	al fee per patient.		_		04.00		109.300	(4136.10)		(4136.10)		
919 3.4	Brachytherapy - glob Stereotactic radios Included in item 430					04.00		109.300			(4136.10)		04.00
	Stereotactic radios Included in Item 430 Stereotactic frames Linear Accelerator Specialised graphic Simulator and dark r 10 dental films Stereotactic masks All disposables 4 to 20 Graphic trans 2 trained radiograph Fixation and immobi Nuclear Specialist M Duration 1 - 4 hours 2 treatment radiogra Excluded from fee Other medical practi	urgery and attachments planning, hardware and software coms sparencies (including 1 week of pers lisation edical Physicist									(4136.10)		04.00
	Stereotactic radios Included in Item 430 Stereotactic frames Linear Accelerator Specialised graphic Simulator and dark r 10 dental films Stereotactic masks All disposables 4 to 20 Graphic trans 2 trained radiograph Fixation and immobi Nuclear Specialist M Duration 1 - 4 hours 2 treatment radiograp Excluded from fee Other medical practic CT & MRI	urgery and attachments planning, hardware and software coms sparencies (including 1 week of pers lisation edical Physicist							102519.00	3682.96	102519.00		04.00
3.4	Stereotactic radios Included in item 430 Stereotactic frames Linear Accelerator Specialised graphic Simulator and dark of 10 dental films Stereotactic masks All disposables 4 to 20 Graphic trans 2 trained radiograph Fixation and immobi Nuclear Specialist M Duration 1 - 4 hours 2 treatment radiogra Excluded from fee Other medical practi CT & MRI Linear Accelerator radiogral Item 399 is an all-in and all clinical fees.	urgery and attachments planning, hardware and software coms sparencies (including 1 week of pers lisation edical Physicist phers tioners	lanning)	a hospital. This item includ	es item 430, all imaging			3682.96	(4136.10)	7 . · ·	102519.00	•	04.08

Code	Description'	Ver	Add		Hospitals ('A' Status)		Hospitals ('B' Status)		ed U O T U /
				RVU	Fee	RVU	Fee	RVU	Fee
4	STANDARD CHARGES FOR EQUIPMENT	1137							
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		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)		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)		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)		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)		111.90 (98.20)		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)		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			24.90 (21.80)		24.90 (21.80)		
234	Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day or part thereof	04.00			46.60 (40.90)	1.675	46.60 (40.90)		
235	Oxygen tents (excluding oxygen): Per day or part thereof	04.00			40.60 (35.60)		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)		388.70 (341.00)	-	•
237	CUSA (plus CUSA pack as per section 5).	04.00		67.804	1887.40 (1655.60)		1887.40 (1655.60)	-	
238	Lasers - Argon or Hollum (ophthalmic).	04.00		21.004	584.70 (512.90)		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		-	-			-	

Code	Description	Ver	Add		Hospitals ('A' Status)		Hospitals ('B' Status)		ad U O T U /
				RVU	Fee	RVU	Fee	RVU	Fee
242	Occutomes.	04.00		8.933	248.70 (218.20)		248.70 (218.20)		248.70 (218.20)
243	Lasers - YAG (ophthalmic).	04.00		23.683	659.20 (578.20)	23.683	659.20 (578.20)		659.20 (578.20)
244	Lasers - YAG (surgical).	04.00		29.492	820.90 (720.10)		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. The C-arm (Item 249) and screening table (item 251) are not chargeable with these equipment fees.	04.00							
249	C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies).	04.00		8.817	245.40 (215.30)		245.40 (215.30)		245,40 (215,30)
250	Ultrasonic imaging equipment.	04.00		14.738	410.20 (359.80)		410.20 (359.80)		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) Note: This can be used for infertility treatment	04.00							
251	Screening table - fixed base urology table (including all radiographic equipment) (See item 249) Note: May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341.	04.00		19.883	553.50 (485.50)		553.50 (485.50)		553.50 (485.50)
252	Gastroscope (fibre optic/flexible only).	04.00		11.617	323.40 (283.70)		323.40 (283.70)		323.40 (283.70)
253	Colonoscope (fibre optic/flexible only)	04.00		12.992	361.60 (317.20)		361.60 (317.20)		361.60 (317.20)
254	Duodenoscope (fibre optic/flexible only).	04.00		12.308	342.60 (300.50)		342.60 (300.50)		342.60 (300.50)
255	Sigmoidoscope (fibre optic).	04.00		9.979	277.80 (243.70)		277.80 (243.70)		277.80 (243.70)
256	Bronchoscope (flexible/fibre optic, adults).	04.00		8.200	228.30 (200.30)		228.30 (200.30)		228.30 (200.30)
257	Laryngoscope (fibre optic/flexible excluding intubation)	04.00		4.788	133.30 (116.90)		133.30 (116.90)		133.30 (116.90)
258	Sinoscope (rigid only)	04.00		5.463	152.10 (133.40)			5.463	152.10 (133.40)
259	Oesophagoscope (rigid only)	04.00		2.725	75.90 (66.60)		75.90 (66.60)		75.90 (66.60)
261	Hysteroscope	04.00			95.40 (83.70)		95.40 (83.70)		95.40 (83.70)
262	Colposcope (Not chargeable when item 239 applies)	04.00		4.788	(116.90)		(116.90)		(116.90)
263	Cysto Urethroscope	04.00		4.108	114.40 (100.40)		114.40 (100.40)		114.40 (100.40)

Code	Description	Ver		Hospitals ('A' Status)		Hospitals ('B' Status)		ed U O T U /
			RVU	Fee	RVU	Fee	RVU	Fee
264	Arthroscope (including basic reusable instruments and equipment)	04.00	11.200	311.80 (273.50)		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)		679.70 (596.20)	-	-
295	Ultrasonic Cutting and Coagulating Devices (See section 5.3.3)	04.00	6.721	187.10 (164.10)		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)		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)		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)		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	5.52	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	Sigmoldoscope (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	3.28	91.40 (80.20)	3.283	91.40 (80.20)	3.283	91.40 (80.20)
349	Bronchoscope (rigid, paediatrics)	04.00	4.78	133.30 (116.90)		133.30 (116.90)		133.30 (116.90)
360	Category 1 - Laparoscopy and thoracoscopy, per case. See Annexure A	04.00	26.82	746.70 (655.00)		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	31.86	7 887.00 (778.10)		887.00 (778.10)		887.00 (778.10)
507	Argon Beamer (See section 5.3.2)	04.00	2.72	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 electosurgery 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	16.42	5 457.20 (401.10)		457.20 (401.10)		457.20 (401.10)
511	Colour Doppler (external)	04.00	49.16	7 1368.60 (1200.50)		1368.60 (1200.50)		1368.60 (1200.50)

Code	Description	Ver	Add		Hospitals ('A' Status)		Hospitals ('B' Status)		d U O T U /
			.	RVU	Fee	RVU	Fée	RVU	Fee
513	Transoesphageal 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	1	17.400	484.30 (424.80)
519	Uretho Reno Fibroscope, per case	04.00		14.663	408.20 (358.10)			14.663	408.20 (358.10)
521	OAS Frameless Stereotaxy	04.00		172.908	,	172.908	1		-
523	OPD Tacography (Includes paper)	04.00	\vdash	2.800	77.90 (68.30)	2.800	77.90 (68.30)	_	
525	RFG3C Lesion Generator (Rhizotomy)	04.00		55.979		55.979	, , , , , , ,	-	-
527	Swift Lase Kit (Tonsillectomy)	04.00		10.908		10.908	303.60 (266.30)	-	-
529	Bard Apparatus	04.00		41.879	1165.70 (1022.50)		1165.70 (1022.50)	-	
	For EPS studies the analogue monoplane unit (item 054) must be charged additionally. EPS studies for cardiac ablations - the digital bi-plane unit (item 070) must be charged additionally.				(12-2111)		(**==****,		
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)		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 tot charges should not exceed the current conventional open excisional procedures. The recommendation is to cap the amount and vacuum assisted core needle would therefore be capped at R 5053.80 and fine needle at R 3790.40. The disposable	unt at R	12634.	50 per pi	rocedure unles	s otherwi	se motivated fo		
540	Stereotactic guided digital imaged breast biopsy procedure	04.00		282.729		282.729		-	
541	Stereotactic guided digital imaged cover needle biopsy	04.00		166.321		166.321	4629.70 (4061.10)	-	•
542	Stereotactic guided digital imaged vacuum assisted core needle biopsy.	04.00		166.321		166.321		-	-
543	Stereotactic guided digital imaged fine needle aspiration	04.00		116.471		116.471		-	-
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							

Code	Description	Ver	Add	Private H	ospitals ('A' atus)	Private H	ospitals ('B' tatus)	Approv Day	ed U O T U / clinics
	되어 그렇게 하시다를 하시는데 그 그는 어느로 그렇게 되었다.			RYU	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					-	-	
<u>564</u>	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]	-		-	-		i
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	Ţ	_		-	-		<u> </u>
578	Prostatic hyperthemia 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					-	-	
<u>610</u>	Intra-operative multi-frequency probe	04.00				-	-		
612	Flexible laparoscopic probe	04.00						-	<u> </u>
5	STANDARD DRUG, MATERIAL, CONSUMABLE AND DISPOSABLE CHARGES	:		4 - 1					1 0 0
	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a pro- scheme if the appropriate code is supplied on the account.	ocedure or	issued	to a patier	t on dischar	ge will only	be reimburse	d by a m	edical 04.0
5.1	STANDARD DRUG CHARGES	<u> </u>			·		-		
	(Only substances controlled by the Medicines and Related Substances Control Act, Act 101 of 1965, as amended/Me	dicine Con	trol Co	ouncil)					04.0
5.1.1	Inpatients and day patients: Dispensed Items including ampoules, over the counter and proprietary Items issues	und to lan	-tlant	- day noti	ante and TT	O'e			- : -
9,1.1	Not to be charged for consumable, disposable and surgical items	ueu (o mp	auciii	s, day patr	ente enta i	<i></i>			04.0
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is no	t a register	ed VA	T vendor).					04.0
	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		-	<u> </u>				
5.1.2	Emergency Room: Dispensed items including ampoules, over the counter and proprietary items and TTO's is admitted to a ward.	4.72.7.		Since Same	the emerge	ncy room	(Items 301 a	nd 302) v	vhen not
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is no	t a register	ed VA	T vendor).			·		04.0

100	Description	Ver	Add		Hospitals ('A' Status)		lospitals ('B' Status)		ed U O T U / clinics
		: * *	1	RVU	Fee	RVU	Fee	RVU	Fee
	Not to be charged for consumable, disposable and surgical items	,					<u> </u>		04.00
407	Pharmacy	04.00					_	-	
411	Theatre	04.00			-	_	-	_	
413	To take out	04.00	$\neg \neg$		_	-		-	
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 specific	ad							04.00
_	See consumable and disposable list.	<u> </u>							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					-		
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	indicate	d below.	•			04.00
	Note: Fractional charges can only apply to reusable and limited life reusable/resposable products.								04.00
									04.00
5.3.1	Drills, burrs, cutters, blades	* * * * * * * * * * * * * * * * * * * *	·	- :	: W ₁ .	,			04.00
	Drills, burrs, cutters, blades Neuro/Craniotomy	04.00	· ::	•	33.33%		33.33%	-	
280		04.00		-	33.33% 20.00%	_	33.33% 20.00%	-	33.33%
280 432	Neuro/Craniotomy			-		-			33.33%
280 432 433	Neuro/Craniotomy Arthroscopy	04.00		-	20.00%	•	20.00%	-	33.33% 20.00% 33.33%
280 432 433 437	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery	04.00 04.00		-	20.00% 33.33%		20.00% 33.33% 33.33%	-	33.33% 20.00% 33.33% 33.33%
5.3.1 280 432 433 437 439 5.3.2	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth)	04.00 04.00 04.00 04.00	ompo	nents)	20.00% 33.33% 33.33%		20.00% 33.33%	-	33.33% 20.00% 33.33%
280 432 433 437 439	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi	04.00 04.00 04.00 04.00 life re-usable c			20.00% 33.33% 33.33% 33.33%		20.00% 33.33% 33.33% 33.33%	- - -	33.33% 20.00% 33.33% 33.33% 33.33%
280 432 433 437 439 5.3.2	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned	04.00 04.00 04.00 04.00 iffe re-usable countries the manufact			20.00% 33.33% 33.33% 33.33% ad schemes sh		20.00% 33.33% 33.33% 33.33% ne right to call	for such	33.33% 20.00% 33.33% 33.33% 33.33%
280 432 433 437 439 5.3.2	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery	04.00 04.00 04.00 04.00 life re-usable c ith the manufact			20.00% 33.33% 33.33% 33.33% and schemes sh	all have the	20.00% 33.33% 33.33% 33.33% ne right to call	for such	33.33% 20.00% 33.33% 33.33% 33.33%
280 432 433 437 439 5.3.2	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery	04.00 04.00 04.00 04.00 life re-usable c ith the manufact			20.00% 33.33% 33.33% 33.33% and schemes sh 100% 12.5%	all have the	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5%	for such	33.339 20.009 33.339 33.339 33.339 04.00
280 432 433 437 439 5.3.2 281 443 445	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery Gynaecology	04.00 04.00 04.00 04.00 life re-usable c ith the manufact 04.00 04.00 04.00			20.00% 33.33% 33.33% 33.33% and schemes sh 100% 12.5%	all have the	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5% 12.5%	for such	33.339 20.009 33.339 33.339 04.00 1009 12.59 12.59
280 432 433 437 439 5.3.2 281 443 445 447	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery Gynaecology Ophthalmic	04.00 04.00 04.00 04.00 life re-usable c ith the manufact 04.00 04.00 04.00			20.00% 33.33% 33.33% 33.33% and schemes sh 100% 12.5% 12.5%	all have the	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5% 12.5%	for such	33.339 20.009 33.339 33.339 04.00 1009 12.59 12.59
280 432 433 437 439 5.3.2 281 443 445 447	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery Gynaecology Ophthalmic	04.00 04.00 04.00 04.00 life re-usable c ith the manufact 04.00 04.00 04.00 04.00 04.00			20.00% 33.33% 33.33% 33.33% and schemes sh 100% 12.5% 12.5% 12.5%	all have the	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5% 12.5% 12.5%	for such	33.339 20.009 33.339 33.339 04.00 1009 12.59 12.59 12.59
280 432 433 437 439 5.3.2 281 443 445 447 449	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery Gynaecology Ophthalmic Urology ENT	04.00 04.00 04.00 04.00 life re-usable c ith the manufact 04.00 04.00 04.00 04.00 04.00 04.00 04.00			20.00% 33.33% 33.33% 33.33% and schemes sh 100% 12.5% 12.5% 12.5% 12.5%	all have the	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5% 12.5% 12.5% 12.5%	for such	33.339 20.009 33.339 33.339 04.00 1009 12.59 12.59 12.59 12.59
280 432 433 437 439 5.3.2 281 443 445 447 449 451 453	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery Gynaecology Ophthalmic Urology ENT Orthopaedic	04.00 04.00 04.00 04.00 life re-usable c ith the manufact 04.00 04.00 04.00 04.00 04.00	urer's r	ame, ar	20.00% 33.33% 33.33% 33.33% and schemes sh 100% 12.5% 12.5% 12.5% 12.5% 12.5%	all have the	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5% 12.5% 12.5%	for such	33.339 20.009 33.339 33.339 04.00 1009 12.59 12.59 12.59 12.59
280 432 433 437 439 5.3.2 281 443 445 447 449 451 453 5.3.3	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burns (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery General surgery Gynaecology Ophthalmic Urology ENT Orthopaedic Ultrasonic Cutting and Coagulating Devices (Limited life re-usable)	04.00 04.00 04.00 04.00 life re-usable c ith the manufact 04.00 04.00 04.00 04.00 04.00 04.00 04.00	urer's r	eame, ai	20.00% 33.33% 33.33% 33.33% and schemes sh 100% 12.5% 12.5% 12.5% 12.5% 12.5%	all have the	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5% 12.5% 12.5% 12.5%	for such	33.339 20.009 33.339 33.339 04.00 1009 12.59 12.59 12.59 12.59
280 432 433 437 439 5.3.2 281 443 445 447 449 451 453 5.3.3 General	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth) Surgical faser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery Gynaecology Ophthalmic Urology ENT Orthopaedic Ultrasonic Cutting and Coagulating Devices (Limited life re-usable) I surgery, Gynaecology, Cardio-Vascular and Urology	04.00 04.00 04.00 04.00 life re-usable c ith the manufact 04.00 04.00 04.00 04.00 04.00 04.00 04.00	urer's r	ame, ar	20.00% 33.33% 33.33% 33.33% 100% 12.5% 12.5% 12.5% 12.5%	all have ti	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5% 12.5% 12.5% 12.5%	for such	33.33 ⁹ 20.009 33.33 ⁹ 33.33 ⁹ 04.00 1009 12.5 ⁹ 12.5 ⁹ 12.5 ⁹ 12.5 ⁹ 12.5 ⁹
280 432 433 437 439 5.3.2 281 443 445 445 447 449 451 453 5.3.3 Genera	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burns (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery Gynaecology Ophthalmic Urology ENT Orthopaedic Ultrasonic Cutting and Coagulating Devices (Limited life re-usable) surgery, Gynaecology, Cardio-Vascular and Urology Handpiece and Cable Assembly (one unit)	04.00 04.00 04.00 04.00 life re-usable of the manufact 04.00 04.00 04.00 04.00 04.00 04.00 04.00	urer's r	eame, ai	20.00% 33.33% 33.33% 33.33% and schemes sh 100% 12.5% 12.5% 12.5% 12.5%	all have ti	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5% 12.5% 12.5% 12.5%	for such	33.33 ⁹ 20.00 ⁹ 33.33 ⁹ 33.33 ⁹ 04.00 100 ⁹ 12.5 ⁹ 12.5 ⁹ 12.5 ⁹ 12.5 ⁹
280 432 433 437 439 5.3.2 281 443 445 447 449 451 453 5.3.3 General	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burns (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery General surgery Gynaecology Ophthalmic Urology ENT Orthopaedic Ultrasonic Cutting and Coagulating Devices (Limited life re-usable) surgery, Gynaecology, Cardio-Vascular and Urology Handpiece and Cable Assembly (one unit) Coagulating Shear (Laparoscopic/open)	04.00 04.00 04.00 04.00 life re-usable of the manufact 04.00 04.00 04.00 04.00 04.00 04.00 04.00 04.00	urer's r	eame, ai	20.00% 33.33% 33.33% 33.33% 100% 12.5% 12.5% 12.5% 12.5%	all have ti	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5% 12.5% 12.5% 12.5%	for such	33.33 ⁹ 20.009 33.33 ⁹ 33.33 ⁹ 04.00 1009 12.5 ⁹ 12.5 ⁹ 12.5 ⁹ 12.5 ⁹ 12.5 ⁹
280 432 433 437 439 5.3.2 281 443 445 447 449 451 453 5.3.3	Neuro/Craniotomy Arthroscopy Orthopaedic Mastoidectomy and major ear surgery Maxillo- Facial drills and burns (not applicable to oral surgery, eg wisdom teeth) Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited Hospitals/unattached operating theatre units shall show the name and reference number of each item together wi invoices from the institution concerned Vascular surgery General surgery Gynaecology Ophthalmic Urology ENT Orthopaedic Ultrasonic Cutting and Coagulating Devices (Limited life re-usable) surgery, Gynaecology, Cardio-Vascular and Urology Handpiece and Cable Assembly (one unit)	04.00 04.00 04.00 04.00 life re-usable of the manufact 04.00 04.00 04.00 04.00 04.00 04.00 04.00	urer's r	eame, ai	20.00% 33.33% 33.33% 33.33% and schemes sh 100% 12.5% 12.5% 12.5% 12.5%	all have ti	20.00% 33.33% 33.33% 33.33% ne right to call 100% 12.5% 12.5% 12.5% 12.5%	for such	33.33 ⁹ 20.00 ⁹ 33.33 ⁹ 33.33 ⁹ 04.00 100 ⁹ 12.5 ⁹ 12.5 ⁹ 12.5 ⁹ 12.5 ⁹

Code	Description	Ver	Add		iospitals ('A' Status)		Hospitals ('B' Status)	Approve Day	d U O T U / clinics
				RVU	Fee	RVU	Fee	RVU	Fee
459	Blades - Single use (sharp hook, dissecting hook, ball) Refer to 5.2	04.00	Ė	-		-		-	
5.3.4	Warm air blankets	aria di Paranta di Par							
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	04.00		-	100%	-	100%	-	100%
	Post traumatic hypothermia - one per stay Cardio-thoracic hypothermic patients in recovery and ICU - one per stay								
6.3.5	Diathermy pencils, laryngeal masks and fluoroshield gloves				.:*				
431	Diathermy pencils	04.00		-	33.33%		33.33%	-	33.339
435	Laryngeal masks	04.00		-	2.5%		2.5%		2.59
441	Fluoroshield gloves (1 pair per procedure)	04.00		-	33.33%		33.33%	-	33.339
5.7	Gases					•	7. N		
	Price increases: Should a change occur in the manufacturer's price of any item listed hereunder, the new price	shall be as notifie	ed						04.00
Oxygen	and Nitrous Oxide	* .	: '						
	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				0.149	4.15 (3.64
704	Durban	04.00		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
Oxygen	, ward use	<u> </u>					<u> </u>		
	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 (6.0
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
Oxygen	recovery room or emergency room		4 1 3 5 60 55 1		7 1 1	- 12.1.1.1		. 11 E	
	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 (7.80
721	Cape Town	04.00		0.533	14.80 (13.00)		14.80 (13.00)		14.80 (13.00
722	Port Elizabeth	04.00			14.30 (12.50)		14.30 (12.50)		14.30 (12.50
723	East London	04.00		_	13.70 (12.00)		13.70 (12.00)		13.70 (12.00
724	Durban	04.00			11.70 (10.30)		11.70 (10.30)	-	11.70 (10.30
	Other areas	04.00		0.398	11.10 (9.74)	0.398	11.10 (9.74)	0.398	11.10 (9.7
	In Theatre	<u> 1880) a maka</u>	· · · ·	<u> </u>		<u> </u>	<u>. 100 let</u>	<u> </u>	.,4,9
	Fee for oxygen per minute in the operating theatre when no other gas administered								04.00

Code	Description (Ver	Add		lospitals ('A' tatus)		lospitals ('B' Status)	Day	ed U O T U /
				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)		0.36 (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)
Carbon	Dioxide		7						
291	Per minute	04.00		0.020	0.56 (0.49)	0.020	0.56 (0.49)	0.020	0.56 (0.49)
Laser M	k egyptein en fan fan fan fan fan fan fan fan fan fa				· .			٠.	
292	Per minute	04.00		0.387	10.80 (9.47)	0.387	10.80 (9.47)	0.387	10.80 (9.47)
Entono		·							
293	Per 30 minutes	04.00		3.675	102.30 (89.70)		102.30 (89.70)	3.675	102.30 (89.70)
5.8	Inhalation anaesthetics					:	1 1 12 12 12 12 12 12 12 12 12 12 12 12 1		
	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 mi	08.00		-	-	-	-	-	
753	Forane (Isoflurane): per mi	08.00		-	-	-	_	_	
754	Isofor (Isoflurane): per ml	08.00		-		-	-	-	
755	Ultane (Sevoflurane): per ml	08.00		-		_	-		
756	Suprane (Desflurane), per ml	08.00	<u> </u>	-	-		_	-	
757	Aerrane (Isoflurane): per ml	08.00	}	-		-		-	
758	Alyrane (Enflurane): per ml	08.00	<u>l </u>	-				-	
759	Fluothane (Halothane), per ml	08.00		-		-		-	
5.9	Prostheses (Surgically implanted)	·			7.			.;	
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.	1							
5.10	em efter de element efter a la la company en la company de la company de la company de la company de la compan			11.11					
	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.	 	_		-	-	-	•	

Code	Description	Ver	Add		e Hos - Stat	pitals ('A' us)		Hospitals ('B' Status)	Approve Day	d U O T U / clinics
	그 시간 등을 맞춰 맞는 사람이 가장 가장 가장 가장 하지 않는 것이 되었다.	3.7	14	RVU		Fee	RVU	Fee	RVU	Fee
5.14	Blood charges		:					· · ·	, ·	· · · ·
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		19.38	38	539.70 (473.40)		539.70 (473.40)		
5.15	Incise drapes		de ja		· " <u> </u>	THE WAR	da. 731.	**************************************	• :::	
298	Incise drapes (See Annexure B)	04.00			-			-		
299	Ophthalmic drapes. (See Annexure B)	04.00		<u></u>	-		-	-		
300	Non-incise drapes (isolation, fluid-collection and combination)	04.00			-		_	-	-	
	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									
	Note: The name, item number and cost must be shown.									04.00
5.16	Disposable Patient Controlled Analgesia Pump	1.1.	· ·		1,17,	· · · · · · · · · · · · · · · · · · ·	(Guztalia		:1	
	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									04.00
	- Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy									
6	- Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner)	S. S	10 N			1.00 et et et et jegis filoso v			872 × 27	
6	- Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy	transft /	1777					- 12		04.00
290	- Open, upper abdominal surgery - Severe burns - Paediatrics In special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy	transft /	items					-		04.00
	- Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy NON-STANDARD ITEMS/SERVICES Such items are not covered by the National Reference Price List and schemes reserve the right to decide individually hot litems/services e.g. telephone calls/hire, television hire, boarding, extra meals, dry cleaning of clothing, extra nursing in	04.00	items	service	s will I	be dealt w	ith		-	

		RÝV.	Fee RVU	Fee	RVU	F
URES						
ENDOSCOPIC (laparoscopic & thoracosco	opic) GENERIC LIST					
Category 1 Procedures		Category 2 Procedures				
Laparoscopy and Thoracoscopy, per c	ase I	nterventional laparoscopy, Thoracic and Urological procedures, per case				
Standard Charges		Standard Charges:				
 360 Laparoscopic Equipment Fee, p Telescope 	per case	364 Laparoscopic Equipment Fee, per case Telescope				
- Light Guide Cable		- Light Guide Cable				
- Camera		- Camera				
- Monitor		- Monitor				
- Hifrequency Cord		- Hi -frequency Cord				
Includes laparoscopic instrumentati equivalents included	on, per case. All	INCLUDES Laparoscopic Instrumentation, per case. All equivalents included				
- Scissors - Graspers (clamp, clinch, babcock	,	- Endoscopic needle holder and knot pusher				
- Graspers (clamp, clinch, padcock - Dissectors	'	- Scissors				
- Electro surgical Instrument		- Graspers (clamp, clinch, babcock)				
- Suction impation shafts		- Dissectors				
- Suction inigation strates		- Retractors				
		Suction irrigation shaft Electro surgical Instrument				
Recoverable Disposable Products " sin	ngle-use" allowed	Recoverable Disposable Products "single -use" allowed				
•	-					
Insuffation Needle	•	Insuflation Needle				
Trocars	•	Trocars				
	•	Ligating Clip Appliers				
	•	accessories (instrumentation and accessories)				
		Endoscopic Staplers/Cutters				
NOTE:						
Category 1 procedures are predom listed re-usable instruments are appropriate for category 1 procedure	considered relevant and	Should a diagnostic procedure move to a 'therapeutic intervention , then the procedure would become a category 2 procedure				
Part Chargeable Products:		3				
Ultrasonic Handpiece and Cable = 1	%					

de	Description	Ver		Add	a Priv		lospitals ('/ tatus)	Privat	e Hospitals ('B - Status)	Approve Day	d U O T I clinics
					R	VU	Fee	RVU	Fee	RVU	Fee
	Comments 1. Optical, blunt, Hassori cannula, trocar – may substitute the primary port trocar and eliminate the use of verres not to be charged together with disposable electrosurgical probes, are 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 sit	gon beam co								rceps.	
	APPENDIX A			211/1	p.000	<u> </u>	010100 1110	ology to	John Joquillous		04
	LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES										
	CATEGORY 1 (CPT4 2000 code numbers included where possible)										
	Diagnostic laparoscopy (49320) Laparoscopy, surgical; with fulgeration 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 THORACOSCOPY, DIAGNOSTIC mediastinal space with biopsy										
- [CATEGORY 2										
	Laparoscopy, surgical; with salpingostomy (salpingoneostomy) (58673) Laparoscopy, surgical; with fimbrioplasty (58672) Laparoscopy, surgical; with fulgeration or excision of the ovary, pelvic viscera or peritoneal surface, any method (58 Laparoscopy, surgical; with lysis of adhesions (changed 1998 to salpigolysis, ovariolysis) (58660) Laparoscopy, surgical; with removal leiomyomata (58551) Laparoscopy surgical; withenterolysis (freeing intestinal adhesion) (44200) Laparoscopy, surgical; with retropritoneal node sampling (biopsy) (38570) Laparoscopy, surgical, abdomen, peritoneum, omentum; with drainage lymphocele to peritoneal cavity (493 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) sin	23) gle or multipl	le	(49	322)						
- [Laparoscopy, surgical; with removal of adnexal structures (partial or total copherectomy and/or salpingectomy) (586 Laparoscopy, surgical; orchlopexy for intra-abdominal testis (54692) Laparoscopy, surgical; ligation spermatic veins for varicocele (55550)	51)									
	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)										

1	Description			3 . 1 (+3.1%).		Ver		ate Hospital: - Status)	'A' Priv	ate Hospitals ('B' - Status)	Approve Day	d U O T
					. 3 1 .	. :	RV	U Fee	RV	/U Fee	RVU	Fee
	Hysteroscopy with endometrial ablation \ (58563)											
	Laparoscopic treatment of ectopic pregnancy, without salpingectomy a	and/or oopherecto	omy	(59150)								
ľ	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and	or oopherectomy	(59151)									
þ	Laparoscopy, surgical; with vaginal hysterectomy. (Lap assisted vag. I	Hyst) (58550	()) `									
þ		(38571)	•									
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy and p		node samplin	a (biopsy) (38572)							
	Laparoscopy with adrenalectomy (60650)		,	J (= - F - J)								
	Laparoscopy, surgical; pyeloplasty (50544)											
	Laparoscopy, surgical; nephrectomy (50540)											
	Laparoscopy, surgical; donor nephrectorny (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	coloctive (43652	٥١									
li	Laparoscopy, surgical; with guided transhepatic cholangiography, with	out bioney	(47560)									
H	Laparoscopy, surgical; with guided transhepatic cholangiography, with	biopsy /47564	(47500)									
ľ	Laparoscopy, surgical; cholecystoenterostomy (47570)	Diopsy (4750)	')									
		/A7EC2\										
		(47563)										
	Laparoscopy, surgical; cholecystectomy with explor, common bile duct	t (475 6 4	1)									
I.	Laparoscopy, surgical; splenectomy (38120)			(40050)								
	aparoscopy, surgical; gastrostomy, without construction of gastric tub	e (e.g. Stamm pi	rocedure)	(43653)								
	aparoscopy, surgical; jejunostomy (44201)											
		(44202)	(*****									
	aparoscopy, surgical; oesophagogastric fundoplasty eg Nissen, Toup	et 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)											
ļ	Unlisted laparoscopic biliary tract procedure (47579)											
ľ	Unlisted laparoscopy procedure, abdomen, peritoneum & omentum	(49329)										
ļ	Unlisted laparoscopic hernia procedure (49659)											
	Unlisted laparoscopic renal procedure (50549)											
ļ	Unlisted laparoscopic procedure, testis (54699)											
þ	Unlisted laparoscopic procedure, spermatic cord (55559)											
		(59898)										
ļ	Unlisted laparoscopic endocrine procedure (80659)											
.	THORACOSCOPY, SURGICAL											
	THORACOSCOPY, SURGICAL pleurodesis											
	THORACOSCOPY, SURGICAL partial pulmonary decortication											
	THORACOSCOPY, SURGICAL partial pulmonary decordication											
	THORACOSCOPY, SURGICAL total pulm. Decontication THORACOSCOPY, SURGICAL removal interpleural foreign body											
	THORACOSCOPY, SURGICAL control traum. Haemorrhage											
	THORACOSCOPY, SURGICAL exc./plication bullae											
1	THORACOSCOPY, SURGICAL parietal pleurectomy											

de		Description	·· · ·		Ver A	dd Priv		spitals ('A itus)		Hospitals ('B' Status)		d U O T l clinics
			· .		- ·	RV	יט 📑	Fee	RVU	Fee	RVU	Fee
THORACOSCO THORACOSCO THORACOSCO THORACOSCO THORACOSCO THORACOSCO THORACOSCO	DPY, SURGICAL wedge resection DPY, SURGICAL removal clot/foreign DPY, SURGICAL creation pericardial DPY, SURGICAL total pericardectom DPY, SURGICAL exc pericard. Cyst, DPY, SURGICAL exc mediastinal corpy, SURGICAL with sympathectom DPY, SURGICAL with sympathectom DPY, SURGICAL with esophagomyot	window y tumor, mass it, tumor, mass segmental	I space				•					
New codes for (Silly .										
Laparoscopy, se Laparoscopy, se Laparoscopy, se Laparoscopy, se	urgical; radical nephrectomy urgical; nephrectomy including partia urgical; nephrectomy with total ureter urgical; ureteroneocystostomy with o urgical; ureteroneocystostomy withou	rectomy 50548 ystoscopy and uretera	al stent placement	50948 50948								
APPENDIX B	scopic procedure, ureter 5	U9 4 9										04
At all t Items according to promust be provide	rinciples are applicable: times best clinical practice must be a listed in the Recommended Guide to aduct classification and function. Trac ed on request. Medical schemes shal t for Consumable and Disposable Itel	Reimbursement for 0 de names may be incl Il have the right to ins	uded, by means of example the original source	nple, for clarification pur documentation at the ho	rposes on ospital/sar	ly. Photoc neday sur	copies raical f	of all docur acilities co	ments per ncemed. T	aining to the p	atients acc	ount
3. The co	ost of consumable and disposable ite	ems used on a patient	in a hospital must be re	ecovered by means of a	charge m	echanism	as fol	lows:				
¢ Items	included in the per minute theatre fei included in the per day ward or unit f are charged to the patient's account	ee.	t is not granted by a me	dical scheme.								
Surgery Facilitie	greed difference on the basic interpre as list will be made in accordance wit he ratified in writing and circulated to de.	h the approval of the	duly appointed represer	tatives of the individual	contracto	r, medical	faid, M	1CO and re	presentati	ves of private	hospitals. S	Such
¢ Single ¢ Hospit	sable items are single use only and n e use items will be charged at 100%. tals will sign an ethical undertaking th within 14 days, payment on that acco	nat single use items w		a hospital does not con	form it ma	y be repo	orted to	the group	head offic	e. If an accept	able explan	nation
	d life re-usable products are products under continual review. The item wi											as

Code	Description Ver Add Private Hospitals ("A" Private Hospitals ("B" Approved U O T	UI
	表現の、12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, i
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1	and make the first term of the contract of the contract of the first term of the contract of t	

- 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.
- TTO's will be issued and charged according to the rules of the scheme.
- 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 .	JHR ,	WRD	COMMENT
1.	Accessories for AV impulse, Flowtron DVT and similar (Impads,	C	C	Subject to scheme rules and authorisation criteria;
2.	Adapters disposable	С	C	
3.	Adapters re-usable	NR	NR	
4.	Adhesive/non-adhesive bandages and rolls (Elastoplast, Micropore,	С	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	•

le		Description			Ver Add Private Hospitals ('A' Private Hospitals ('B' Approved - Status) - Status) Day cli	
					RVU Fee RVU Fee RVU	Fee
	7.	Alcohol/Spirits	NR	NR		\neg
	8.	Amalgam Caplets and all dental composites	NR	N/A		
	9.	Anaesthetic accessories (circuits, masks, trays);	NR	N/A	Blue and Green gauze chargeable separately	
	10.	Antipeol Ointment	NR	C	When prescribed by a doctor as a full unit or part of mixture.	
	11.	Antiseptic solutions (Hibiscrub, Betadine and similar);	NR	С	Chargeable for use in Burns and Haemorrholdectorny. On prescriptions for therapeutic reasons only. Non-chargeable when used by staff or for prepping of skin.	
	12.	Aortic/Vascular Punch - disposable	R	N/A		1
	13.	Aortic/Vascular Punch - re-usable	NR	NR		
	14.	Aqueous Cream - other uses	NR	С	Chargeable when used as a therapeutic agent, as part of the mixture and prescribed by a doctor.	- 1
	15.	Aqueous Cream - used as body lotion	NR	NR	Carrier of the Manager of the Angelon of the Angelo	
	16.	Arm Immobiliser (Sling and similar)	NR	C	Subject to Scheme rules when procedure related	
	17.	Artificial Tears and eye lubricants (Duratears, Cleargel, Tears plus natural and similar)	NR	C	For long term sedated ventilated patients, (Only when full tube is used.) Prescribed by a doctor.	
	18.	Arthrowand (Disposable instrument): (a) Arthrowand (b) Spinal Arthrowand	C	NR	Chargeable if used in the following Procedures Arthroscopy – Knee, Shoulder, Ankle Acromioplasty Sinovectomy – Wrist Lateral Release – Knee, Wrist Acromioclavicular release Decompresion of Shoulder "Frozen" Shoulder Meniscectomy ACL reconstruction PCL reconstruction PCL reconstruction Arthrowand can be used together with Dyonic Blades or Burrs for different requirements per procedure eg. Tissue and Bone. Spinal and Revision surgery Lumbar discectomy Cervical discectomy Spinal turnour removal Intra-cranial turnour removal Intra-cranial turnour removal Pitff-cage procedure Lumbar Revision surgery Lumbar instrumentation and fusion Cervical cage infusion Percutaneous Lumbar disc cobilation	
	19.	(c) Plansmowand/Entecwand Baby Food	NR	NR	Tonsilotomy Soft Palate Channelling Tonsilectomy Nasal passage channeling	
	20.	Baby Packs	NR	NR		
- 1	21.	Baby Toiletries	HALL	T (ALL)		

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ode		Description			Ver Add Private Hospitals ('A' Private Hospitals ('B' Approved U Status) - Status) Day clin	U O T nics
. •			****		RVU Fee RVU Fee RVU	Fee
	22.	Bacterial/Viral Breathing Filters and Humidifier Moisture Breathing	C	C	One per theatre case.	
		Filters			One per 24 hours ventilation in Specialised Units	
	23.	Beaver blades in Myringotomy	NR	NR		
	24.	Bentley Connectors- disposable	С	С	To be specified if not a part of a pack.	
	25.	Bentley Connectors- re-useable	NR	NR		
	26.	Biocide	NR	NR		
	27.	Biopsy Forceps – disposable	R	N/A		
	28.	Bipolar Forceps (disposable);	NR	NR	Excluding endoscopic surgery;	
	29.	Blades (arthroscopic)-Disposable	R	N/A	Guideline maximum of 3 blades/burrs for an appropriate shoulder procedure or 2 for an appropriate knee procedure. The use of more to be motivated.	
r	30.	Blades (arthroscopic)-Limited life reusable	F	N/A	Part chargeable as per section 5.3.1;	
- 1	31.	Blades (ENT)-Disposable	R	N/A	Maximum 2 per procedure;	
	32.	Blades (surgical knives, scalpel) - Disposable	R	R	, ,	
Ī	33.	Blades Saw – Limited life reusable	F	NA	As per section 5.3.1;	
ı	34.	Blades Saw -Disposable	R	N/A		
ı	35.	Blades-Limited life reusable	F	N/A	Part chargeable as per section 5.3.1;	
Ī	36.	Blankets: Warm Air, disposable	С	С	Chargeable 100% when complying to the criteria as per section 5.3.4 1 per stay	
	37.	Blood pressure cuffs-Disposable (Cuffable cuffs, Disposa-Cuff and similar);	С	С	Neonates only; One per stay;	
	38.	Blood pressure machine (Baumanometer, Dinamapp and similar)	NR	NR		
	39.	Breast Pads	N/A	NR		
Г	40.	Breast Pump	N/A	NR		
Ī	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	С	One per patient per stay. Bladder irrigation only in wards.	
	44.	Bulb Syringes - glass	NR	NR		
Ī	45.	Burrs Disposable	R	N/A		
	46.	Burrs - Limited life reusable	F	N/A	Fractional as per BHF Schedule 5.3.1;	
- 1	47.	Burns (Dental surgery)-reusable and disposable	NR	NR	Included in the Dental Practitioners Fee	
	48.	Burrs (ENT surgery)-disposable	R	N/A		
l	49.	Capnograph Set - disposable	NR	NR		
ļ	50.	Cardiac Monitors	NR	С	Equipment fee chargeable in High Care and Wards when a patient is monitored. Item 231.	
					Non-Chargeable in ICU.	
	51.	Cardiotocography paper	NR	NR		

de	<u> </u>	Description	, · !;	·· . :	Ver Add Private Hospitals ('A' Private Hospitals ('B' Approved Status) - Status) Day (clinics
	a di				RVU Fee RVU Fee RVU	Fee
Ť	52		NR	NR		ΤЁ
ı	53	. Cetavion	NR	NR		1
ı	54	. Chlomexidine Solution	NR	NR	 	1
Ī	55	. Chlorine Antiseptics	NR	NR		1
- 1		(Biocide and similar)		1		1
ı	56	. Chloromycetin Applicaps	R	С	Two per day in ICU for unconscious or sedated ventilated patients on prescription.	1
Γ	57	. Cidex	NR	NR	<u> </u>	1
Γ	58	. Clip Removers	NR	NR	Included in Practitioners fee for post-operative care for four weeks	1
Г	59	. Collection Charges - Pathology	NR	NR		1 !
Γ	60	. Connectors - disposable	С	C	To be specified if not a part of pack. (e.g. Bentley or Cobe)	1
- 1	61	. Connectors - re-usable	NR	NR		1
	62	Cosmetic products (body fotions, powders, creams, oils and shampoos);	N/A	NR		1
Г	63	Cutters - Disposable	R	N/A	Single Use	1
Γ	64	Cutters (bone)-Limited life re useable	F	N/A	Fractional chargeable as per BHF Schedule 5.3.1;	1
İ	65	Cytology Brushes - Disposable	С	N/A	Fully recoverable if supplied by hospital.	1
Γ	66	Daylee Towels	NR	NR		1 [
Г	67	Depilatory Creams	NR	NR		1
Г	68	. Dettol	NR	NR		1 1
	69	Diagnostic Strips – Blood	N/A	C	Diabetic patients -account to state Diabetic. Chargeable in Pencreatitis not Substance abuse related Patients receiving hyperalimentation Patients in ICU/HC /NICU/ NHC units	
ı	70.	Diagnostic Strips - Blood & Urine (Routine Testing)	NR	NR		1
ı	71.		NR	NR		1
ı	72	Diathermy electrosurgical instruments (pencil, handles)- disposable	R	N/A		1
ľ	73.		F	N/A	Part charge as per section 5.3.5;	1
Γ	74	Diathermy Plates – disposable	R	N/A	Chargeable to a maximum of R79.50 each;	1
	75	Disinfectants	NR	NR		1
Γ	76	Disposable cables and cords	NR	NR		1
Г	77	Disposable Humidifiers (Aquapak, Respiflo, Sterimist or equivalent);	N/A	С	One per 24 hours or part thereof with administration of oxygen.	1
	78	Douch Bottles - Disposable	NR	С	Gynaecology Non chargeable for prepping	1
İ	79	Douche Cans - Reusable	NR	NR	Account to the though	1
t	80		R	N/A		
L	81.		NR	NR	Included in the Dental Practitioner fee	
Ĺ	82.		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;]
- 1					Only Eye drops are chargeable in theatre;	

Code		Description			Ver Add Private Hospitals ('A' Private Hospitals ('B' Approved U O - Status) - Status) Day clinic	TU.
				1.7	RVU Fee RVU Fee RVU Fe	80
Ť	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	С	С	Only applicable for Maternity	
	92.	Epidural Kit/Set	С	N/A	Epidural Kit chargeable in all cases except Maternity. Not to be charged when fee is charged.	
	93.	Ether	NR -	NR	Not to be charged when hee is charged.	
	94.	Eusol	NR NR	C	For septic wound dressing	
	95.	External Fixators	R	N/A	Pre-Authorised by scheme.	
	33.	EXETTER FACION	"	1000	Benefit to be confirmed by scheme.	
	96.	Eye patches (opticlude and similar) in theatre	NR		Eye pads are included in theatre basket;	
	97.	Face Masks	NR	С	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	С	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	С	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	С	For minor sterile procedures in the ward e.g. suction, catheterisation. Non-chargeable with tray	
	106.	Gloves – Non-Sterile	NR	С	Chargeable only for reverse barrier nursing, motivation required.	
	107.	Gloves - Sterile (Surgical)	R	С	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.	

ode		Description			Ver Add Private Hospitals ('A' Private Hospitals ('B' Approv Status) - Status) Da	ed U O T I y clinics
					RVU Fee RVU Fee RVU	Fee
	109.	Gowns in theatre (barrier SABS approved with breathable and fluid impermeable polymer membrane)-Limited life reusable	С	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	С	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	С	Chargeable for reverse barrier nursing and severe burns – motivation to accompany account.	7
	114.	Harmonic Scalpel, or equivalent - disposable components	R	N/A	Refer to endoscopic list;	7
	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		7
	117.	Head Strap for CPAP	N/A	C	Chargeable when diagnosis- related, e.g. Burns/infectious diseases.	-
	118.	Heart/Lung Machine	NR	NR		7
	119.	Heath reflective pads (Critter covers, Neospot and similar);	N/A	c	One daily in Neonatal Specialised Units;	7
	120.	Heel Hugger-infant	NR	NR	As per scheme arrangement;	-
	121.	Hibitane Obstetric Cream	N/A	R	Registered ethical product.	\dashv \sqcup
	122.	Hibitane Solution - sachets	NR	NR		-
	123.	Humldifying Chamber (Fisher&Paykel and similar)-Disposable	N/A	C	Adults and neonates - one per LOS in specialised units;	†

	Description	Service per	,		clini
·			1	RVU Fee RVU Fee RVU	. 1
	Hydrogen Peroxide	NR	NR		\neg
125.	I.V. Support	С	С	Neonates and Paediatrics < 6 years only - One per LOS per fimb and when disorientated in Theatre	7
				More to be motivated	1
126.	Ice Pack/Cold Pack - disposable	N/A	С	Appropriate procedures only.	┑
				Payable according to scheme rules;	
127.	Incontinence Products - Draw Sheet	NR	NR		7
128.	Incontinence Products - Linen Savers	NR	С	Chargeable to scheme for incontinent patients only.	\dashv
				Procedure related e.g. Haemorrholdectomy or to replace the dressing.	-
				Subject to medical scheme rules.	
129,	Incontinence Products - Pads (e.g. sanitary)	C	C	Procedure related e.g. Haemorrhoidectomies, etc., or to replace the dressing; Gynaecological Procedures (D&C)	7
				Others to be charged to patient's private account.	
100				Subject to medical scheme rules.	
130.	Incontinence Products - Diapers/ Nappies	NR	C	Paediatric or Geriatrics: Gastro only Others to be charged to patient's private account.	
131.	Incontinence Products – Pads e.g. Besure/Molicare	N/A	l P	Ополь то ве спатуев и рашенть римате ассорите.	\dashv
132.		NR	NR		\dashv
133.	K Y Jelly - Sachets	R	R	Procedure related	-
134.	Lancets, Autolets, Softclix	NR	С	For Diabetic patient's -account to state Diabetic.	\dashv
	,	1	-	For hyperalimentation	
			1	Chargeable in Pancreatitis not substance abuse related	
			1	In ICU /NICU /HC /NHC A&B Units	1
135.	Laryngeal Masks	F	N/A	2.5% As per section 5.3.5 - item 435	┨
136.	Laser Components - disposable	R	N/A	activity per restauration and too	-
137.	Laser Components - re-usable	F	N/A	Part chargeable as per section 5.3.2	\dashv
138.	Laundry Bags - Soluble	NR	C	Chargeable for Barrier nursing (septic cases only)	-
, 00,		1,	~	2 Bags per day per patient as per item 269	
139.	Ligasure Electrode Disposable	NR	N/A	Preauthorisation required;	\dashv
140.	Limb Holder (restrainer) Disposable	N/A	C	1 per limb per patient per stay on motivation.	-
141.	Loan Set Fee	NR NR	NR.	i por mino por posein por siary ori mourauon.	\dashv
142.	Marking Pen – sterile (Codman Marker and similar)	C	NR	Procedure related:	\dashv
142.	mennen i en - stelle (configurative) and surfat)	"	NIC.	Craniotomy, Neuro & Spinal.	
				Skin flaos	1
				Keratotomy	
1.42	Maternity Per Diem Fee	 c	N/A		\dashv
143.	Millioning : GI DICHI FEE	,	IWA	includes surgical items listed in BHF Schedule	
144.	Meal Supplements	NR	ND.	Ethical products are chargeable	_
		_	NR	On motivation	_
145.	Meals, Baby Foods, Milk Substitutes	NR	NR		
146.		N/A	C	By arrangement based on diagnosis Refer to attached Medically Prescribed Meals list	
147.	Medicine Glasses, Spoons and Syringes	NR	С	Syringe chargeable for tube feeding and medicine dosing in Neonatal Specialised Units	\neg
				One syringe per day.	
148	Mentor Cable - disposable	NR	NR		\dashv

ode		Description			Ver Add Private Hospitals ('A' Private Hospitals ('B' Approve - Status) - Status) Day	d U O T
1 111			: 7		RVU Fee RVU Fee RVU	Fee
	149,	Mentor Cable - re-usable	NR	NR		
	150.	Mercurochrome & Methiolate	NR	NR		7
	151.	Micro Retractor	NR	NR		1
	152.	Milk Substitutes	NR	NR		1
	153.	Milton	NR	NR		1
	154.	Mixing Systems for Cement	С	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		1
	156.	Nasal Cannula - disposable	N/A	C	One per stay if oxygen is administered.	1
	157.	Nebulising Mask - disposable	N/A	С	One per stay if patient is nebulised.	1
	158.	Nebulising Mask - Trachea	N/A	c	One per stay if patient is nebulised.	1
	159.	Neuro Sucker – disposable	С	N/A	Neuro cases only	1
	160.	Nursing Services	NR	NR		1
	161.	Operating Instruments - reusable	NR	NR		1 │
	162.	Overshoes	NR	NR		1
	163.	Oximeter	NR	NR		1
	164.	Oxisensor – disposable	NR	С	One per stay for neonates in specialised units; Not paying if equipment not sultable/ compatible. Not to be charged with Oxitip;	
	165.	Oxitip	NR	С	One per stay for neonates in specialised units; Not to be charged with Oxisensor,	1
	166.	Oxygen Analysers, Hoods, Attachments – disposable	С	С		1
	167.	Oxygen Analysers, Hoods, Attachments – re-usable	NR	NR		1
		Oxygen Mask + tubing- disposable	C	С	In recovery if oxygen is administered post operatively. One per patient per stay;	
		Pacing Wire and Cables disposable	С	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		7
	171.	PCA Pump – reusable	NR	С	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)	

	Description		Ver Add Private Hospitals ('A' Private Hospitals ('B' Approved - Status) - Status) Day cl	linics
			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	С	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		1
177. Pour Bottle – Saline	С	С	Chargeable when procedure related, e.g. for wound imigation. Excessive usage to be motivated. Not to be charged with pour bottle water	
178. Pour Botille – Water	C	С	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 Br.	ush) NR	NR		
180. Pressure Monitoring Kit - disposable	R	R		
 Pressure relieving mattress (Nimbus and similar) 	NR	NR		
 Pressure relieving products (Novogel, Reston foam 		С	Subject to scheme rules;	
183. Probe Covers	N/A	С	One daily in Neonatal Specialised Units	
184. Prosthesis	C	N/A	Pre-authorised 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	С	Chargeable in ICU, Specialized units and High Care for patients with severe respiratory complications	
188. Recovery Room	NR	NR]
189. Safety Pins	NR	NR		1
190. Sampling Lines (Datex and similar)	NR	NR		1
191. Savton & Savlodit	NR	NR		

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Code		Description				Ver	A	dd			ospitais ('A atus)		Hospitals ('B' - Status)		ed U O T L clinics
								\neg	RVU		Fee	RVU	Fee	RVU	Fee
	192.	Servo Ventilator (equipment)	N/A	С	Chargeable only in ICU and High Care	where a	appl	icable						'	
Г	193.	Sheepskin	NR	NR											7
Γ	194.	Skin Prep Solutions	NR	NR							_				7
Г	195.	Space blanket	R	R	Not to be charged with a warm air blant	et									7
	196.	Spatulas, Tongue Depressors	NR	NR											-
_ F	197.	Specimen Containers	NR	NR	 										7
ļ	198.	Spigots	NR	NR	 		_		_						7
	199.	Spirometer (Incentive and similar)-Dispossble	NR	NR	Chargeable as TTO										- 1
	200.	Spray Top Bottles	NR	NR											1
	201.	Sprays (Opsite, Disidine)- fractional use	NR	NR											7
	202.	Spulturn Cups	NR	NR			_								- 1
_	203.	Sterilising of Instruments or Materials	NR	NR				_		_					\dashv \mid
	204.	Sterilising Solutions, Gases and Tablets	NR	NR			_								⊣
ı	205.	Steripeel & Equivalents	NR	NR			_			_					-
- 1	206.	Sternal support products (Heart Hugger and similar)	NR	NR	As per scheme arrangement;		_			_					- 1
	207.	Stethoscopes	NR	NR											7
	208.	Stitch Cutter	NR	NR											7
ı	209.	Stone Baskets - Disposable	R	N/A	1 basket only to a max of R2496		ر باد ه								
⊢	210.	Stone Baskets – re-useable	NR	+	May not be used together item 224 in to Re-usable chargeable as per item 224										+
⊢	210.	Suction Nozzle – disposable	R	Ŕ	Re-usable chargeable as per Rem 224	ın tanın :	SCITE	euule					_		\dashv \bot
ŀ	212.	Swivel Connector – disposable	NR	NR	Part of Ventilator Circuit										-
⊢	212.	Swivel Connector – re-usable	NR	NR NR	Part of Ventilator Circuit										-
L	213.		Nert	INE											╛
L	214.	Tantol Cleanser / Lotion	N/A	Р											
L	215.	Taps & Reamers	NR	N/A											
	216.	Temperature Probe Covers	С	С	One daily in Neonatal Specialised units										
L					Not to be charged together with disposi	able pro	obe.								⊢ ا
L	217.	Theatre Drapes - Incise	R	N/A	As per section 5.15										」 Ⅰ
	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	С	N/A	Chargeable when used in the following Hip, knee, shoulder and elbow joint rep Open heart and cardiac bypass surgen Vascular Surgery (Excluding Catheter's Neuro-Surgery (Brain and Spinal cord) Arthroscopy of hip, shoulder, knee or e Spinal surgery	iaceme /. ation L	ents. .abo		proced	'ures))				
	221.	Theatre Drapes-Instrument holders (1018 and similar)	С	N/A	Cranial Procedures only;										
	222.	Thermometer- Reusable	NR	NR						_					7

			₩.	RVU Fee RVU Fee RVU	F
223	. Thermometers/Temperature Probes (Oesophageal or Rectal)-Disposable	С	С	Chargeable in Cardio-Thoracic cases (one rectal and one oesophageal) or theatre cases longer than 3 hours at anaesthetist's discretion One per patient per every 3 weeks in Neonatal Specialised Units Probe Covers one per day	
224	. Thoraguide Kit (for underwater drainage)	R	С	Chargeable in I.C.U and Emergency Room	1
225		NR	NR		1
226	. Topical Anaesthetics (Remicaine and similar)	С	С	When full tube used per patient. Procedure related (Male catheterisation in ward, Haemorrholdectomy, TUR)	
227	. Topical anaesthetics (Remicaine, Xylocaine , Anethaine and similar)-fractional use	NR	NR		
228	, Transducers – disposable	R	R		1
229	. Trays – sterile	NR	C	Tray and contents not to be charged together If price exceeds max, then contents must be charged Disposable contents only chargeable Ready made packs – list of contents and price to be supplied. Small trays, swabbing, ENT – R9.00 Large trays – dressing, cath, multipack – R15.60	
230	. Tubing – reusable	NR	NR		1
231	. Tubing –disposable	С	C	Maximum R31 payable on tubing per stay unless patient returns to Theatre then an additional R31 may be charged per additional visit	1
232	. Ung Emulsificans	NR	С	When used in treatment on prescription.	1
233	Vascular sealing devices (Angioseal, Vasoseal, Perclose, The Closer, and similar);	NR	NR		1
234	. Vaseline	NR	NR		1
235	. Ventilators (Servo, Bennett) - equipment	N/A	С	Chargeable only in ICU and High Care where applicable.	1
236	. Water Bottle - Pour			Refer Pour Bottles	1
237	. Wipes (unisolve, baby and similar)	NR	NR		1
238	. X ray swabs in the ward (abdominal swabs and similar);	R	С	Chargeable in the ward for: Severe septic cases (laparotomy, burns and similar); Unsutured chests in Cardio- thoracic ICU. Subject to case management.	
239	. Xylocaine Spray	NR	NR		1
240	1	С	С	Disposable max. 2 per case. (One of each)	7
	Yankauer Suction with Control			In ward for resuscitation and trauma only	
241	, Zinc & Castor Oil Cream	N/A	N/A		
APPEND	X C Diseases				

		Descrip					701	700	-114919	Status)	-	Hospita is ('B' Status)	Day	clinic
					·				RVU	Fee	RVU	Fee	RVU	F
Acute Flaccid Paralysis														
Anthrax														
Chicken Pox														
Diptheria														
Haemophyllis influenza														
Haemorrhagic fevers of Af	rica:													
¢ Crimean-Congo l ¢ Lassa	EDOIA													
¢ Marburg														
¢ Rift Valley														
¢ Dengue														
Herpes Zoster HIV/AIDS														
HIV/AIDS														
Legionnaires Disease														
Measles:														
¢ Rubeola ¢ Rubella														
Meningococcal infections Multi-drug Resistant Bacte	eia.													
¢ MRSA	IIQ.													
¢ VRE														
¢ MRSE														
Poliomyelitis														
Pyrexia unknown origin														
Rabies														
Small Pox														
Tuberculosis Pulmonary														
Typhus Fever Viral Hepatitis														
Whooping Cough (Pertuss	(ei.													
i i i i i i i i i i i i i i i i i i i	13/													
Note: The above is a gene	ral list and the clinic	cal appropriate u	se of items for s	specific condition	ns is subject to	Case Man	agement	t						
APPENDIX D														
Medically Prescribed Meal ORAL SUPPLEMENTS	s: Standard		Ensure											
(oral and tube feeds)	- Canada		Fortisip											
(Fortimel											
				nal drink (Vanil	la)									
				utren Jnr (Glute										
		_												
	Standard & Fibre		Ensure with Fi	ibre										
	Standard & Fibre		Nutren with Fit											
	Standard & Fibre			bre										
			Nutren with Fit	bre										

	Descri	ption		Ver Add	Private	Hospitals ('A'	Private	lospitais ('B' Status)	Approve Day	d U O T U clinics
					RVU		RVU		RVU	Fee
		Jevity				_				
		Osmolite	1							
	Low Residue	Modulen N								
		Osmolite HN	1							
		Peptamen & Peptamen Jnr]							
	High Energy, High Protein & Fibre	Fresubin Energy Fibre drink (Lemon, Banana, Chocolate & Capuchino)]							
	High Energy & High Protein	Fresubin Energy drink								
		(Strawberry & Vanilla)				•				
TUBE FEEDS	Semi-Elemental	Alitraq								
		Peptamen & Peptamen Jnr RTH								
		Peptisorb								
		Survimed OPD (Liquid)								
		Vital								
	Standard	Nutren RTH								
		Nutrison								
· .		Nutrison Energy	_							
		Nutrison Paediatric								
	High Energy & High Protein	Fresubin 750 MCT(HP Energy)	_							
	Semi-Elemental High Protein & High Fibre	Perative,								
		Nutren Fibre RTH								
DISEASE SPECIFIC	Maximum Glucose Tolerance	Fresubin Diabetes	_							
		Glucerna								
		Nutren Diabetes	_							
	Pulmonary Insufficiency	Pulmocare								[
		Supportan								- 1
	Renal Failure	Suplena								
	HIV/Aids	Advera	_							
		Survimed OPD								
		Supportan								
	Cancer Patients	Supportan drink (Milk Coffee),								

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Code	·	Descrip	otion	Ver	Add		Hospitals ('A' - Status)		Hospitals ('B' - Status)	Approv Day	ed U O T U clinics
						RVU	Fee	RVU	Fee	RVU	Fee
			Stresson Multi Fibre,				_				
			Peptisorb								
	MODULAR	Protein	Promod								
			Protifar								
		MCT Oil	MCT Oil								
			Fresubin 750MCT(HP Energy)								
		Glutamine	Giutapack-10								
			Dipeptiven 50ml & 100ml								
1		Food thickener	Thick & Easy								
		Carbohydrate	Fantomalt								
			Polycose								
	Note: Or generic equival	lents. All tubes feeds subject to Case	Management								

<u> </u>	NATIONAL PREPARAS PROPERTY OF THE PROPERTY OF					557	700				558	800				57
i	NATIONAL REFERENCE PRICE LIST IN RESPECT OF PRIVATE HOSPITALS (PRACTICE							Г	П							Г
	NUMBERS "57" OR "58") AND UNATTACHED OPERATING THEATRE UNITS/DAY CLINICS	i	ı	1		ı		ł			ΙI					ı
	(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		П			П		_					_			г
	and/or providers, it is rather intended to serve as a baseline against which medical schemes can	l	l			l					ΙI					ı
	individually determine benefit levels and health service providers can individually determine fees		ı			l		l			1 1					ı
	charged to patients. Medical schemes may, for example, determine in their rules that their benefit in		l			1		l			ΙI					ı
	respect of a particular health service is equivalent to a specified percentage of the national health		l	i		ı		l			ΙI					ı
	reference price list. It is especially intended to serve as a basis for negotiation between individual		l			ı		l			ΙI					ı
	funders and individual health care providers with a view to facilitating agreements which will minimise		ı					l			ΙI					L
	balance billing against members of medical schemes, Should individual medical schemes wish to	ı						ı			ı					L
	determine benefit structures, and individual providers determine fee structures, on some other basis							l			ΙI					L
	without reference to this list, they may do so as well. □					ΙI		l			ΙI					ı
	In calculating the prices in this schedule, the following rounding method is used: Values R10 and					ΙI		l			ΙI					L
	below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded	2004.00						l			ΙI		1			L
	GENERAL RULES		 			Н		\vdash	\vdash		Н		_	Н		╆
	SCHEDULE		_			Н		\vdash	\vdash		Н		-	Н		╆
	The charges relating to each type of hospital/unattached operating theatre unit are indicated in the		\vdash					\vdash			\vdash		 	Н		╆
В	relevant column opposite the item codes.	2004.00				1 1		l					1			ı
	The charges indicated in Section 5 hereof, are applicable to both categories of such hospitals and		-	Н		\vdash					Н		-	\vdash		╆
Ç	unattached operating theatre units.	2004.00						1								ı
	It is recommended that, when such benefits are granted, drugs, consumables and disposable items		_	\vdash		Н			\vdash		Н			Н		╆
	used during a procedure or issued to a patient on discharge will only be reimbursed by a medical					ll			1 1		ll					
D	scheme if the appropriate code is supplied on the account.	2004.00	l			ΙI										
E.1	Procedure for the classification of hospitals:	2004.00		\vdash		\vdash		\vdash	Н		Н		-	\vdash		╁╌
	inspections private hospitals or unattached operating theatre units/day clinics having practice code		_	\Box		\vdash		-	Н		$\vdash \vdash$			Н		╆
	numbers commencing with the digits 057, 058 or 077 will be conducted by an independent agency					ll			l					1 3		
E.1.1		2004.00				ll			1 1				1			
	The provisions referred to in E.1.1 shall apply mutatis mutandis to all approved specialised intensive	200 1,00		\vdash		┤		-	Н		\vdash		_	\vdash		⊢
E. 3.2	care units, specialised theatres, catheterisation laboratories and trauma unit.	2004.00											ı			
	Procedures to consider applications by institutions to be classified as unattached operating theatre			\vdash		Н		-	-		$\vdash \vdash$		\vdash	Н		₩
	units having a practice code number commencing with the digits 77 and for the reclassification of					ll										
F.1	unattached operating theatre units with 76 practice numbers.	2004.00				ll										
	Inspections of new unattached theatre operating units and units having practice code numbers			\vdash		Н			\vdash		$\vdash \vdash$		\vdash	Н		⊢
	commencing with the digit 76, to be reclassified as approved unattached operating theatre units					ΙI										ı
	having practice numbers commencing with the digits 77 will be conducted by an independent agency					ΙI								li		
1. 1		2004.00											1			
	All accounts submitted by private and unattached operating theatre units/day clinics shall comply	200 1,00		\vdash		\vdash		-	\vdash		$\vdash \vdash$			H		\vdash
	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															
3	operation.	2004.00														1
		2004.00				\perp			Ш		Ш			إ_ا		ᆫ

	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of		1														
	items charged, as well as all the procedures performed. Photocopies of all other documents					l									- 1		1 1
	pertaining to the patients account must be provided on request. Medical schemes shall have the right																1
<u>H</u>	to inspect the original source documents at the hospital/unattached operating theatre unit concerned.	2004.00	\vdash	_		<u> </u>	₩		ш	_				Щ			Н
	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.	2004.00															
	ACCOMMODATION	2004.00	\vdash	-		\vdash	1		\vdash	\dashv				┤	-		Н
_	Ward fees		┞─╂	\rightarrow		┢	1		H	\dashv				Н	-		\vdash
\vdash	Hospitals and unattached operating theatre units shall Indicate the exact time of admission and		┝╌╂	\dashv		-	╁		Н	\dashv				Н	-+		Н
1	discharge on all accounts.		ll				1		1 1								1 1
			ll				1		1								1 1
	In the case of hospitals, the day admission fee (code 007) shall be charged in respect of all patients		ll				1										1
	admitted as day patients and discharged before 23h00 on the same date.□		ll				1										1
	admitted as day patients and discharged before 25000 on the same date.		ll				i										1
	Li The fallender will be explicable to it-run 004 to 005 D45 000, 004, 000 and 045 to 048 to		ll														1 1
	The following will be applicable to items 001 to 005, 015, 020, 200, 201, 202 and 215 to 218:		ll														1 1
	Li On the devial administra		ll												1		1
	On the day of admission:		ll				1		1						ı		1 1
	If accommodation is less than 12 hours from time of admission : half the daily rate□		ll				1		1								1
	If accommodation is more than 12 hours from time of admission: full daily rate□		ll						1								1
			ll				1								1		1
1	Two half day fees would be applicable when a patient is transferred internally between any ward and		ll				1										1 1
1	any specialised unit.□		ll				1		!								1
			ll						1								1
	On day of discharge:□		ll						1 1								1
	if accommodation is less than 12 hours: half the daily rate□		ll				1		ΙI								1
	If accommodation is more than 12 hours: full daily rate□		ll						ΙI								1
			ll														1
	The Items listed as non-recoverable in Annuxure B shall be deemed to be included in ward fees, and		ll						1						-		1
	no charge in respect thereof may be levied.	2004.00							Ш								Ш
1.1	General Wards															•	
	Surgical cases: per day.	2004.00		320				1 003.80		320			R 1003.80		320	-	0.0
	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	2004.00		320	-			1 054,70		320			R 1 054.70		320	-	0.0
003	Psychiatric general ward fee, per day	2004.00	\Box	320	29.854	1.0	R	831.00		320	29.854	1.0	R 831.00	$oxed{oxed}$	320	-	0.0
004	Medical and neurological cases; per day.	2004.00		320	36.063	1.0	R	1 003.80		320		1.0	R 1003.80		320	-	0.0
005	Paediatric cases (under 14 years of age)	2004.00		320	44.513	1.0	R	1 239.10		320	44.513	1.0	R 1 239.10		320		0.0
	Day admissions - all patients admitted as day patients and discharged before 23h00 on the same			\neg		Г			\sqcap					Π	\Box		
	day	2004.00		- 1		L	1		1			;					
	Day admission (irrespective of type of ward patient is admitted to, i.e. general, neurosurgical or			\neg		Γ	1			一					一		П
	paediatric) which includes all patients discharged by 23h00 on date of admission	2004.00		320	23.079	1.0	R	642.40		320	23.079	1.0	R 642.40		320	19.725	1.0
014	Overnight fee - Medical practitioner to pre-authorise all overnight admissions	2004.00		320	-	0.0		-		320		0.0			320	8,692	_

	Out-patients facility fee for ambulatory admission - chargeable for patients admitted for local	1	\Box				$\overline{}$						Γ				
1	anaesthetic procedures - No ward fees applicable. Note: Each account should be accompanied by a	l .	ΙI			l	ı						i		1		1 1
	report from the practitioner indicating the nature of the complication.		ΙI			1	ı						l	l	ll		1 1
1			ΙI			1	ı		1				1	l	ll		1 1
1	Definition: Item 019 may only be used in conjunction with item 071 for pre-booked patients and may		ΙI	- 1		l	ı						1	l	ll		ΙI
019	not be used in conjunction with items 301, 302, 061 and 335	2004.00	l I	320	10.679	۱۰۵	ء ا	297.30		320	10.679	۱ ۸	R 297.30		320	10.679	امدا
	Out-patient wound care facility	2004.00		320	5.263					320				-	320	5,263	
	Maternity	2004.00	\vdash	320	5.203	1.0	<u>' ^</u>	140.50	\vdash	320	5.263	1.0	K 140.50	⊢	320	3,203	1.0
\vdash	The maternity fees are a fixed per diem fee and replace all other charges:	 	┝╌┦	\dashv		┝	╌		-	- 		-		⊢	\vdash		↤
1 .			ΙI	- 1			ı							ı			1 1
1	INCLUDING:		ΙI	- 1		ĺ	ı			Ιí				ı			1
1			ΙI	- 1		l	ı							ı			1
1	Charges such as multiple births (nursery fee for 2nd baby excluded);□		ΙI	- 1			ı							ı			ΙI
1	After-hour deliveries (including caesareans);		ΙI	- 1			ı							ı			ΙI
	Labour ward or other ward fees, nursery fees;						1							ı			
	incubators:						ı							l			
	Phototherapy;						ı							l			
1	Theatre and equipment fees; and		I I	- 1			ı						i	ı			ΙI
1	Surgical items (see list under point 8),	l 1		I			ı		l				1	ı			ΙI
1	n	I	l	I			ı						1	ı			ΙI
1	But EXCLUDED	I	l	I			ı						1	ı			ΙI
1	Sections 5.1 to 5.3:□		l	I			ı						1	ı	ll		ΙI
1	Sections 5.7 to 5.8 (Gases); and □		l	I			ı						1	ı	ll		ΙI
1	Occions 5.7 to 5.0 (Gases), and the		l	I			1						1	ı	ll		ΙI
	1 The costs of created treatment of rough have infented as a singurariation and life day and a life of the costs.		l	I			l						1	ı	ll		ΙI
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 		l	I			l						1	ı	ll		ΙI
	the attending practitioner, which shall be dealt with in accordance with the National Reference Price		l	I			l						1	ı	ll		ΙI
	List for private hospitals and the rules of the relevant scheme pertaining to such dependants.		ľ	I			l						1	ı	ll		ΙI
1	U 2 Olf an anidural successful is about for although two inet delthough as a second section of		ll	I			l						1	ı	ll		ΙI
	2. If an epidural anaesthetic is given for either a vaginal delivery or a caesarean section, an			I			l			l			1	ı	ll		1 1
	additional fee (item 011) may be charged. This comprises of an epidural pack, all consumables used, as well as nursing time.□		ΙI	I			l		1				1	ı	ll		1 1
	used, as well as nursing lime.		ΙI	- 1			l						1	ı	ll		1 1
	U		ΙI	- 1			1						1	ı	ll		ΙI
	3. An uncomplicated stay in a nursery for routine observation is included in the maternity fee, as		ΙI	- 1			ı						1	ı	1		1 1
	well as phototherapy and routine high care observation after delivery for the new born baby. Natural births	2004.00	┞╌┩	_		_	┞		\vdash	ш				Ь—	ш		Н
	First day (Day of confinement).	0004.00	┝╌┤		474 450	4.0	 _	/ 050 00	Щ		4=44=0			⊢			╀┦
	Subsequent day(s), Per day	2004.00	_	_				4 856.20					R 4856.20	┡-	320	-	0.0
			-	320				1 672.80	_	320			R 1672.80	<u> </u>	320	-	0.0
$\overline{}$	Subsequent day(s) excluding nursery fee.	2004.00	┡	320	43./1/	1.0	R	1 216,90	Щ	320	43.717	1.0	R 1 216.90	<u> </u>	320	-	0.0
	Caesarean Eret day (Day of cantingment)	0004.55	$\vdash \dashv$	200	070.000	4.5	_	7 5 40 64	\vdash		070.000	4.6	D 7540 00	⊢-	-		+
	First day (Day of confinement).	2004.00						7 543.30					R 7543.30	⊢	320	-	0.0
	Subsequent day(s). Per day	2004.00	┡	320	59.583	1.0	R	1 658.60	<u> </u>	320	59.583	1.0	R 1 658.60	⊢	320	-	0.0
	Note: The following fees (items 015 and 016) are included in the above per diem fees, and may only													l			
	be charged on a fee for service account	2004.00			10.00	4.5	 _	4=4.4-	_		10.05=			<u> </u>	1		Ļ
015	Nursery fee.	2004.00	\sqcup	320	16.925	1.0	R	471.10	ì	320	16.925	1.0	R 471.10	<u></u>	320	•	0.0

															$\overline{}$	$\overline{}$	$\overline{}$
	Delivery room.																.
016	This item is not applicable for deliveries by registered midwifes in private practice.	2005.03	I,	320	72 746	10	R	2 025.00		320	72 746	10	R 2 025.00		320	_	0.0
	Subsequent day(s) excluding nursery fee	2004.00		320				1 195.90		320			R 1195.90		320		0.0
P	Epidural fee	2004.00	- `	***	72.300	1.0	 ``	1 100,00	 	020	12.000		11 1100.00			$\overline{}$	_
	Use of epidural anaesthesia for MATERNITY CASES ONLY. (Note: This item includes all surgicals		-+	\dashv			 		 			\vdash					\Box
l.44	and nursing but no ethicals)	2004.00	[,	320	26.500	4.5	۱.	737.70	i i	320	26.500	ا ا	R 737.70		320		0.0
011		2004.00		320	20.500	1.0	۲,	131.10	╌	320	20.500	1.0	K 757.76		520		0.0
	Birthing Unit	\vdash	-+	-			⊢		1-1			⊢-		\vdash			_
	The birthing unit fee may only be charged by an approved maternity unit in a hospital. It includes								1 1								l
	preparation, labour room, recovery ward fee for mother and baby and the maternity basket. The only	l 1							1 1						ŀ		1
	additional charge that may be levied is for pharmaceuticals.□			_ i					1 1								1
	<u></u>	1 1							1 1	1							1
	This fee may not be charged for together with the per diem fees for maternity and is not applicable to																l
	medical practitioners or other professions.	2005.03		_			┖		\sqcup	_				\Box			lacksquare
	Global fee for a Birthing Unit (Accredited or Approved by BHF). This fee is chargeable when a nurse	1 1					1		1 1	- 1				1 1			ı
	in private practice uses the labour ward in the hospital and the patient is discharged within 12 hours	1 1							1 1					1			ı
030	from birth	2005.03		320	109.004	1.0	R	3 034.20		320	109.004	1.0	R 3 034.20	ш	320		0.0
	Global fee for a Birthing Unit (Accredited or Approved by BHF) This fee is chargeable when a nurse																l
	in private practice uses the labour ward in the hospital and the patient stay exceed 12 hours and is	1 1							1 1								ı
031	discharged within 24 hours from birth.	2005.03	:	320	169,100	1.0	R	4 707.10		320	169.100	1.0	R 4707.10		320	-	1.0
	Additional Birthing Unit fee chargeable for every additional 12 hours of patient stay beyond the 24															1	
032	hours contemplated in code 031	2005.03	;	320	30.026	1.0	R	835.80	1	320	30.026	1.0	R 835.80		320	-	1.0
	Private Wards															_	
																	П
	Private ward															1	1
				- 1												1	1
	Hospitals shall obtain a certificate motivating for the necessity for accommodation in a private ward,															ı	1
	including reversed barrier nursing, from the attendant practitioner, and such certificate shall be															i	ı
020	forwarded to the relevant scheme for pre-authorisation. General ward fees are applicable to isolation.	2004 00		320	46,608	1.0	l R	1 297.40		320	46,608	1.0	R 1 297.40		320		0.0
UZU	Private ward on member's request or for convenience of hospital will be funded at scale of benefits	200 1.00	-		10.000		1		\vdash								
021	for general ward.	2004.00	١.	320	_	م م	R	_		320		امرا	R -		320		0.0
_	Special Care Units	2007.00		**		0.0	†``			OLU				\vdash	020		 •••
1.3	Topecial Care Office	1	\vdash	-+		-	+	_	Н			H	 	H	Н		⊢
	Specialised units are defined as: Intensive Care Unit (ICU), Cardio-Thoracic Intensive Care Unit														ll	i	1
1		2004.00				1			1 1						ll	i	1
	(CTICU), Neonatal Intensive Care Unit (NICU), High Care (HC), Neonatal High Care (NHC), A & B.	2004.00	\vdash	-		⊢	╁		Н			-		\vdash	Н		\vdash
	I I						1					l				ı	
	Hospitals shall obtain a certificate stating the reason for accommodation in any specialised or other						1					l		l		ı	
	intensive care unit or in high care ward including neonatal intensive care and high care from the											l				ı	
	attending practitioner, and such certificate showing the date and time of admission and discharge								Li			l				ı	
	from the unit shall be forwarded to the relevant medical scheme for pre-authorisation.	1															
	[D						1					l					
	No charge may be levied to medical schemes for special or private nursing.□		1				1					l					
	0																
	Note: Specialised intensive care units and specialised theatres are to be individually inspected and																
	approved by BHF.	2004.00				l						L				L	

200	Specialised ICU (As approved by BHF according to General Rule E.1.1) Per day	2004.00	32	0 195.0	38 1.	O R	5 430.50		320	195.088	1.0	R 5 430.50		320		0.0
	(Subject to a maximum of 1 day. Pre-authorisation required for every additional day thereafter. Item		- -	1	- 	7		1			111		-			-
	201 will apply if no pre-authorisation is obtained. Use of this unit shall be limited to cardio-thoracic		- 1			1		1 1	- 1		l					
	surgery, major vascular surgery and neuro-surgery cases involving surgery on the brain and spinal		- 1					1 1			ı					
		2004.00		1	l			1 1	-	İ	l			ΙI		l
		2004.00					4 133.10					R 4133.10		320		0.0
202	Neonatal Intensive Care Unit: Per day.	2004.00	32	0 184.8	33 1.	0 6	5 145.80		320	184.863	1.0	R 5145.80		320		0.0
					\neg	7		1 [
	(The charges referred to under items 200, 201 and 202 include the use of all equipment except:		- 1		1	1		1 1				1	H	1		l
		2004.00														
215	High Care Ward, Per day.	2004.00	32	0 95.1	08 1.	O, R	2 647.40		320	95.108	1.0	R 2647.40		320		0.0
216	Neonatal High Care Ward `A' (Intensive nursing and monitoring)	2004.00	32	0 103.3	D8 1.	0 R	2 875.70		320	103,308	1.0	R 2875.70		320	•	0.0
217	Neonatal High Care Ward `B' (Standard nursing and monitoring)	2004.00	32	0 67.5	38 1.	0 R	1 880.00	T 1	320	67.538	1.0	R 1880.00		320		0.0
			\neg		\neg	Т		\Box						П		
218	Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).	2004.00	32	0 44.5	3 1.	O F	1 239.10	1 1:	320	44.513	1.0	R 1 239.10		320	-	0.0
			$\neg \vdash$		$\neg \neg$	┪		\Box						П		1
1 1	Note: Once the baby has been stabilised and no longer requires ICU care but is not ready to be					1		1 1			l	Į.	1			l
	returned to the general nursery, no additional equipment charges, eg phototherapy may be			ļ		1		1 1				1				l
	charged, □		- !		ļ	ļ		ιι	Į		ı					l
1 1		1	- 1			1		1 1			l			1 1		l
	All admissions to units/wards referred to under 201 to 202 shall be confirmed with the relevant		- 1	1		ì		1 1			l					
!!	scheme for each 72 hours and 215 to 218 shall be confirmed weekly with the relevant scheme.	2004.00	- 1		-	1		1 1			•					l
2	EMERGENCY UNIT				\top	┰		\Box								\vdash
2.1	Emergency Unit Fee		\neg		\top	\top		11			Г			П		
	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which				ヿヿ	\top		\Box								
105	has been approved by BHF	2004.00	32	0 45.8	58 1.	ol R	1 276.50	1 1	320	45.858	1.0	R 1276.50		320		0.0
\Box	For all consultations including those requiring basic nursing input, e.g. BP measurement, urine		\neg			\top		\vdash			\vdash			\Box		_
	testing, application of simple bandages, administration of injections.	2004.00	32	이	- O.	이유	₹ -	1 1	320		0.0	R -		320	-	0.0
	For all consultations which require the use of a procedure room or nursing input, e.g. for application				\neg	7		\Box								
	of plaster of Paris, stitching of wounds, insertion of IV Therapy. Includes the use of the procedure		- 1	1		1		H			l	1		ΙI		1
		2004.00	32	0 10.5	33 1.	이 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			\top	1										
	THEATRE FEES	1			7	Т		\vdash						П		! _
		2004.00	32	0 0.6	50 1.	O R	18.10		320	0.650	1.0	R 18.10		320	0.650	1.0
	The Items listed as non-recoverable in Annuxure B shall be deemed to be included in theatre fees,		\neg		\top			\Box								
	and no charge in respect thereof may be levied.	2004.00		1	1			1 1			ı					
	Minor Theatre, regardless of type of theatre available, the incident is procedure driven and not facility				\top	\top		\Box								
	driven											1				l
	A facility where simple procedures which require limited instrumentation and drapery, minimum	1				\top		\Box								\Box
	nursing input and short or no general anaesthetic, are carried out. No Sophisticated monitoring is															ı
	required but resuscitation equipment (trolley) must be available in the procedure room. Conscious							i i								l
		2004.00														
-	Time in minor theatre	77	\neg	$\overline{}$	+	\top		\vdash	\dashv		\vdash		П	1		_
071	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	2004.00	32	0 05	0 1.	ᆔᇴ	13,90	+ +	320	0.500	10	R 13.90	_	320	0.429	10

	The exact time of admission to and discharge from the minor theatre shall be stated, upon which the			_					Т									
i i		2004.00	ll	- 1	i			į					i					. 1
2.3	Major theatre	2004.00	Н	_	-		\vdash			_						\vdash		\neg
	Interpretation of the second o		┢	_					-	\dashv			_			\Box		\neg
	In addition to the theatre charge calculated as above, a surcharge (modifier 0002 and/or 0003) shall		l	- 1					- 1	- 1								, I
	be allowed in cases where specialised theatres referred to in General Rule E.1.1 are utilised for the		I	- 1						1						ll		
1	performance of any of the undermentioned procedures, whether carried out individually or in			- 1			i		i 1	- 1			l			ΙI		
1	combination with each other, this surcharge shall be deemed to cover the equipment in the criteria.		!	- 1			l			I			l			i I		
1	combination with each other, this surcharge shall be deemed to cover the equipment in the criteria.		ΙI	- 1			ı			- 1			l			l		
1	Note: Specialised intensive care units and specialised theatres are to be individually inspected and		ΙI				l			- 1								i
	approved by BHF	2004.00	1				Į			- 1			l			ll		ı I
		2004.00	\vdash	-				_	\rightarrow				⊢			\vdash		$\vdash\vdash$
	Modifier 0002: Orthopaedic, Neurosurgical and Vascular:		ΙI										l			ΙI		
	Joint replacements (only hip, knee, shoulder ankle or elbow)	i i	ı				l						ı			ı		
	Femoral popliteal bypasses		ll															/ I
1	· Carotid endarterectomies		ſΙ							ı			l			ΙI		ıl
l	· Aortic Aneurysm repair and arterial grafts		ll				١.						۱					امما
0002	Neurosurgery (Surgery on the brain and spinal cord only, excludes neurolysis)	2004.00	1	320	48.309	1.0	R	1 344.73	Щ	320	48.309	1.0	R	1 344.73		320		0.0
l	Modifler 0003: Cardiac surgery																	
	• •	1					l		ll	- 1								(I
	Cardio-thoracic and Cardio-vascular surgery																	
ı	· All open heart surgery, with or without the insertion of a prosthesis, coronary artery bypass grafts		ΙI				l		ll	- 1			l			ΙI		1 1
1	and heart transplants. Includes all equipment (except item 513), no additional fees may be charged	1	ΙI	- 1			l		ll				i			ΙI		1 1
	and fleat transparte. Indicaco di equipment (except telli o 19), no adational reco may be analysed		ΙI	- 1			l						l			ΙI		1 1
0003	NOTE: The above surcharge will also be applicable to approved provincial hospitals	2004.00	1 1	320	110 688	10	R	3 081.11		320	110.688	1.0	R	3 081.11		320	_	l o.ol
0000	Time in Theatre	200 1.00	1	<u> </u>	170.000	1.0	 ``	0 001.111	Н		110.000	****	 					
081	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	2004.00	\vdash	320	1.554	1.0	R	43.30	Н	320	1.554	1.0	R	43,30		320	1.329	1.0
00.	The exact time of admission to and discharge from theatre shall be stated, upon which the theatre		H	***		7.0	 ``		Н									П
	charge shall be calculated as follows	2004.00					l											Ιİ
_	Specialised Theatre Modifiers	200 1.00	\vdash	\rightarrow		_	1		\vdash									М
3	PROCEDURAL FEES		-	_						$\neg \neg$			\vdash			М		М
<u> </u>	The fees quoted for items 052, 053 and 055 shall be all-inclusive and no additional charges of		\vdash	┰					П							П		П
1	whatsoever nature may be raised, except for items 515, 529, 533, 535 and any items chargeable in														l			
	terms of Section 4 and 5 hereof.																	
	П			- 1									i			Ιi		1 1
	NOTE: Ward fees may however be chargeable together with items 053 and 055.	2005.03					1											
3.1	Procedures		$\vdash \dashv$	\dashv		\vdash	_		Н						\vdash	\Box		П
<u> </u>	Procedures carried out in X-ray department using hospital owned equipment under general		 	\dashv		-	\vdash									П		П
052	anaesthetic.	2004.00	ااد	320	14.342	1.0	R	399.20		320	14.342	1.0	R	399.20		320	14.342	1.0
	Angiograms.	2004.00		320	14.342			399.20	П	320			R	399.20		320		0.0
	Electroconvulsive therapy (ECT)	2004.00		320	14,342			399.20		320				399.20		320	14.342	1.0
	Catheterisation laboratory procedures						T				-							
<u> </u>	Note: A certificate indicating the level of the catheterisation laboratory used, should be signed by the			\dashv		_			М									П
1	relevant doctor, indicating the information if required by the medical scheme.	2005.03					1						ı					
$\overline{}$	teletate against managed and anomalism in adminer by me manage contests.					_	_					_	_					

				$\overline{}$					П	\neg							
	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.			l													
	NOTE: ward fees may however be chargeable together with items 054, 055, 056, 070 and 073.	2005.03							Ш	_					Ш		Ш
-	Cardiac anglography 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	الما	320	51.446	1.0	R	1 432.10	\sqcup	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 2698.10		320	-	0.0
	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty,	2.00 1.00	 	-	55.625	,,,,	<u> </u>		Н						П		П
l	placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility		ll	- 1			l		ŀΙ]	1		ΙI
	equipped with a recognised digital bi-plane unit, and in a hospital equipped to perform the relevant		ll						ΙI				ı	1	1		ΙI
	surgery, as approved by the committee established in terms of General Rule E.1.1.								ΙI					1	1 1		li
l			1 1						ΙI					1	1		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	Ш	320	251.804	1.0	R 7009.20	_	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						5 184.00					R 5184.00	₩	320		0.0
	Catheterisation laboratory film price (once per procedure)	2004.00	1	320	5.546	1.0	R	154.40	\vdash	320	5.546	1.0	R 154.40	╄	320		0.0
3.3	Radiation Oncology		⊢	_		_	₩		\vdash			⊢	 	₩	╀╼┤		\vdash
	Simulation - Fixed custom made		1	-		_	⊢		-	_		\vdash		⊢	┨		\vdash
	Simple - Simulation of a single area with either a single port or parallel opposed ports. Simple or no	000400			45.000	۱.,		424.90		320	15.263	۱.,	R 424.90	l	320		0.0
902	blocking or use of custom/home made simulation	2004.00	1—1	320	15.263	1.0	K	424,90	\vdash	320	15.203	1.0	7 1 424.90	╫	1320		10,0
l	Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple			<u></u>	02 002	۱,,		648.10	1	320	23.283	۱,,	R 648.10	ı	320	_	- 0.0
903	blocks.	2004.00	1-	320	23.283	1.0	אוי	040.10	\vdash	320	23.203	1.0	R 040.10	\vdash	320		10.0
	Complex - Simulation of tangential portals, three or more treatment areas, rotation or arc therapy,																
	complex blocks, custom shielding blocks, brachytherapy source venification, hyperthermia probe	2004.00	JI	200	20 505	۱.,		849.70	Ιi	320	30.525	۱,,	R 849.70	ı	320	_	0.0
	verification, any use of contrast	2004.00		320 320	30.525 30.525			849.70	_	320			R 849.70	-	320	-	0.0
905	Computerised Tomographic.	2004,00	┺	320	30.525	1.0	T-	049.70	\vdash	320	30,020	 '	11 040.70	\vdash	020		10.0
000	Treatment Planning	2004.00	┰┤	320		~	R		\vdash	320		100) R -	\vdash	320		0.0
906	Manual.	2004.00	1-1	320		0.0	1		\vdash	320	_	10.0	 	1	1020		1
007	Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking	2004.00	1	320	14.383	4 0	P	400.40		320	14.383	1.0	R 400.40		320		- 0.0
907	fobbased hours with suithing or the produition	2004.00	1 1	J2V	17,500	1.0	111	700.70		720	17.500		11, 100.70	•			0.5

	Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas,	$\overline{}$				_	T				_	1				$\overline{}$
908	multiple blocks or special time dose constraints	2004.00	1	320	21.942	۰ ا	B 640.00		200		۱.,	D 640.00		200		
-	Computerised (complex) - Planning requiring highly complex blocking, custom shielding blocks,	2004.00	1	320	21,942	7.0	R 610.80	╌	320	21.942	1.0	R 610.80	-	320	-	0.0
	tangential ports, special wedges or compensators, three or more separate treatment areas, rotational	1	ll			l					l	1		ΙI		l
909	or special beam considerations or a combination of therapeutic modalities	2004.00]	200	20.740	١.,				00.740	۱.,					
503	Technical Aids	2004.00	1 -1	320	28.742	1.0	R 800.10	-	320	28.742	1.0	R 800.10	\vdash	320		0.0
910	Control films (As per radiology film price list).	2004.00	1	200		-		-	200		١.,	1_				
	Dosimetric procedures.			320	0.000	0.0		1	320		0.0		_	320	-	0.0
_	Artefacts: Simple - design and construction (simple block or bolus)	2004.00		320 320	0.838				320				_	320	-	0.0
912	Artelaces, Olitiple - design and constitucation (simple block of bolds)	2004.00	1	320	2.096	7.0	R 58.30	\vdash	320	2.096	1.0	R 58.30	\vdash	320	•	0
913	Artefacts: Intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus).	2004.00	1 1	320	5.704	م ا	R 158.80		320	5.704	ا ا	R 158.80		320		0.0
	Artefacts: complex (specify) - design and construction (irregular blocks, special shields,	200-1.00	1—1	020	0.707	 '	12 130.00	-	520	3.707	1.5	100.00		320		0.0
	compensators, wedges, molds or casts)	2004.00		320	11.404	۱۱۸	R 317.40	1	320	11.404	110	R 317.40		320		0.0
	Linear accelerator treatment	200 1.00	╌┤	ULU	111.70	 	10 011.40	-	520	11.704	1.5	1017.40		520		0.0
	Photon treatment, single field.	2004.00		320	22.288	10	R 620.40	-	320	22.288	10	R 620.40		320		0.0
	Photon treatment, multiple fields	2004.00		320	32.100				320					320		0.0
	Electron treatment.	2004.00		320	22.288				320				\vdash	320		0.0
	Brachytherapy - global fee per patient.	2004.00		320			R 4715.10					R 4715.10	-	320		0.0
	Stereotactic radiosurgery	200-1.00	\vdash	320	100.000	 ``	17 4710.10	┼	320	103.500	1.5	K 4710.10		320		0.0
	Included in item 430		┰	-		\vdash		-	Н		┼─		\vdash	Н		
			ΙÍ			l										
	 Stereotactic frames and attachments□		ΙI			l										
	Linear Accelerator		ΙI			l		Ιi	1 1							
	Specialised graphic planning, hardware and software□		ΙI			l		1						ΙI		
	Simulator and dark rooms□		ΙI			l		1								
	10 dentai films□		ΙI			ı		1								
	Stereotactic masks		ΙI			ı										i
	All disposables 🗆		ΙI			ı										i
	4 to 20 Graphic transparencies (including 1 week of planning)		ΙI			ı					!					i
	2 trained radiographers		1 1			ı					l					i
	Fixation and immobilisation		l			ı					l					
	Nuclear Specialist Medical Physicist□		l			ı					l					i
	Duration 1 - 4 hours		l			ľ					l l					i
	2 treatment radiographers□		l			l					l					
	Excluded from fee□		l			Ι.]	1			l					i
	Other medical practitioners□		l				1				l					
	CT & MRI	2004.00	1 1			l					1					
	Linear Accelerator radiosurgery - Global Fee	2004.00		320	******	15	#########		320	*******	10	*********	_	320		0.0
	Atanii a	2004.00	┝┥	320	************	٠٥	**************************************	1	720	anaman	1.0			320		0.0
	ttem 399 is an atl- inclusive single global radiosurgery fee, payable to a hospital. This item includes										1					
	item 430, all imaging and all clinical fees. The hospital is responsible for reimbursement of all fees to										ĺ					
		2004.00														
	Global fee for stereotactic radiosurgery	2004.00		320	******	10	R 70 163.40	\vdash	320	******	1 0	R 70 163.40	_	320		0.0
	STANDARD CHARGES FOR EQUIPMENT	2004.00	┝┥	JEU	a armirin erer	' ' '	1 10 100.40	\vdash	320	wanana	٠٠	1 70 103.40	\vdash	320		0.0
						L-			ш		_			Ш		

	Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which		1			1		П	-1			_			1	Т
	are eliminated in one treatment	2004.00	320	18.700	۱₄۸	p	520.50		320	18.700	10	l R	520.50	32	18.700	al 1.0
220	als cilimiated iii olie tieachent	2007.00	1020	10.700	1.0	۱"	320.00	H '	***	10.700	1.0	 `` -	020.00	— "	10.70	7
	Bailistic Lithotripsy/Lithoclast: Second lithotripsy treatment on same kidney (Hospitals shall provide a	1 1				l			- 1			l			1	
	certificate by the attending surgeon certifying that a second treatment was medically necessary)	2004.00	320	12,454	10	2	345.70		320	12,454	10	R	346.70	32	12.45	4 1.0
	Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are	2004.00	1020	12,707	1.0	 ``	0.10.10	 		12.101	1.0	 ``	0-,0	 	7	1
	eliminated in one treatment	2004.00	320	124.638	امدا	l p	3 469 40	1 1	320	124 638	10	R	3 469.40	32	124.63	al 1.0
222	eminiated in one deathfork	2004.00	1020	127,000	1.0	 ``	0 400.40	$H \rightarrow H$		12-1.000	1.0	 ``	0 1001.10	 	1,20,000	1
	Laser Lithotripsy: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate		1			l			- 1			i			ł	
	by the attending surgeon certifying that a second treatment was medically necessary)	2004.00	320	83 021	۱ ۵	l R	2 311.00		320	83 021	1.0	l R	2 311.00	32	83.02	1 1.0
	Stone basket (reusable) for the removal of kidney-, bladder- or gallistones; Per case	2004.00	320				1 399.10		320				1 399.10	32		3 1.0
	Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays,	200-7.00	1020	00.200	 	 ``	1 000111	Н				 	7 000.110	1		
	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	32	o	- 0.0
	Continuous Passive Exerciser: Per day.	2004.00	320	3.808			106.00		320	3.808				32		8 1.0
	Operating microscope - motorised. This is applicable to a binocular operating microscope with		1	5.550	<u> </u>	1		\vdash								\top
	motorised focusing, positioning and zoom magnification changer. Spinal, intra-cranial and					1										
	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	32	0 10.60	4 1.0
	Operating microscope - manually operated. Applicable to a binocular operating microscope with		1		-	1		П	1							\top
	manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per				l	1						1				
	case	2004.00	320	5.242	1.0	R	145.90	1	320	5.242	1.0	R	145.90	32	0 5.24	2 1.0
	Patient-controlled analgesia pump, being a programmable reusable analgesia Infusion system,							П	\neg							Т
	providing patient control and/or continuous analgesia modes with mechanisms to limit self				l	1			- 1		l	1				1
	administration per time period and with lockout interval. Applicable only to administration of	1 1	1		l	1		ΙI	- 1		1]		1		
	analgesics: Per day	2004.00	320	4.021	1.0	R	111.90	ΙI	320	4.021	1.0	R	111.90	32	0 4.02	1 1.0
	Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours		\top			\top			\neg							Т
	in ward□		1		l	ı		ΙI	- 1			l		1 1		
	Chargeable in the following instances:		1		l	ı		ΙI	- 1			l				
	- Major joint replacement⊟		1			ı		ΙI	- 1			l				
	- Open, upper abdominal surgery□		1			ı		ΙI	- 1			l				
	- Severe burns□			1		1		1 1	- 1							
	- Paediatrics in special cases on motivation□					1		ΙI	- 1		1					
	- Thoracotomies (motivation by practitioner) □		1	ŀ		1		ΙI								
	- Intractable pain associated with malignancy	2004.00														
	Cardiac monitors - in private, general and high care wards only - not to be charged for routine		1					1 T				1				
231	ECG's: Per day or part thereof	2004.00	320	4.371	1.0	R	121.70		320	4.371			121.70	32		- 0.0
	Bird or equivalent free standing nebuliser (excluding oxygen): Per day	2004.00	320				87.10		32Ō	3.129			87.10	32		
233	Croupettes (excluding oxygen): Per day or part thereof	2004.00	320	0.896	1.0	R	24.90	\Box	320	0.896	1.0	R	24.90	32	.0	- 0.0
	Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day or part	-						I = I			1					
234	thereof	2004.00	320				45.60		320	1.675			46.60	32		- 0.0
235	Oxygen tents (excluding oxygen): Per day or part thereof	2004.00	320	1.458	1.0) R	40.60	\Box	320	1.458	1.0	R	40.60	32	.0	- 0.0
	Mechanical ventilator or equivalent (only in ICU and high care ward where no ICU is available)			· ·				ΙT								
236	(excluding oxygen): Per day or part thereof	2004.00	320				388.70		320				388.70	32		- 0.0
237	CUSA (plus CUSA pack as per section 5).	2004.00	320				1 887.40		320					32		- 0.0
238	Lasers - Argon or Holium (ophthaimic).	2004.00	320				584.70	_	320	21.004			584.70			
239	Lasers - CO2 (surgical).	2004.00	320	27.138	1.0) R	755.40		320	27.138	1.0	R	755.40	32	27.13	8 1.0

241	Lasers - Candella (Rates by arrangement with the scheme concerned)	2004.00	3	20	-	0.0	R	•		320	•	0.0	R	•		320		0.0
242	Occutomes.	2004.00	3	20	8.933	1.0	R	248.70		320	8.933	1.0	R	248.70	_	320	8.933	_
243	Lasers - YAG (ophthaimic).	2004.00	3	20	23.683	1.0	R	659.20		320				659.20		320	23.683	
244	Lasers - YAG (surgical).	2004.00	3	20	29.492	1.0	R	820.90		320	29.492	1.0	R_	820.90	1	320	29.492	1.0
	First Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment for one or more stones in same			Т	1												1	
	kidney which are eliminated in one treatment.	2004.00	3	20	272.863	1.0	R	7 595.40		320	272.863	1.0	R 7	595.40	- 3	320	272.863	1.0
	Second Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment on same kidney (Hospitals shall			Т														
	provide a certificate by the attending surgeon certifying that a second treatment was medically								ΙI				1					
246	necessary)	2004.00	3	20	181.733	1.0	R	5 058.70		320	181.733	1.0	R 5	058.70	- 3	320	181.733	1.0
	-											l						
												l			1			
	Note: The fees in respect of items 220 to 223, 245 to 246 and 339 to 341 are inclusive of all											l	l					
	equipment and components but exclusive of theatre fees and items chargeable under Section 5.0											l	l					
									1			l	l					
	The C-arm (item 249) and screening table (item 251) are not chargeable with these equipment fees.			_			┖					<u> </u>	<u> </u>		1			الحب
249	C Arm (not chargeable when Modifiers 0002, 0003 or Item 251 applies).	2004.00		20	8.817			245.40	_	320	8.817			245.40		320	8.817	
	Ultrasonic imaging equipment.	2004.00	3	20	14.738	1.0	R	410.20		320	14.738	1.0	R	410.20	13	320	14,738	1.0
	(Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or			1								1			1	- 1		
	Doppler ultrasound for vascular anatomy and haemo-dynamics)□		1				l					1					- 1	
			1				l		1			l	1			- 1		
	Note: This can be used for infertility treatment	2004.00		_			oxdot		$oxed{oxed}$	Щ		_	1		ш	_		\mathbf{H}
	Screening table - fixed base urology table (including all radiographic equipment) (See item 249)						l						1					
			1 1	- 1			l						١.					
	Note: May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341.	2004.00		20	19.883			553,50	_	320				553.50		320	19.883	
	Gastroscope (fibre optic/flexible only).	2004.00		20	11.617			323,40		320				323.40		320	11.617	
	Colonoscope (fibre optic/flexible only)	2004.00		20	12.992			361.60	_	320				361.60		320	12.992	
	Duodenoscope (fibre optic/flexible only).	2004.00		20	12.308			342.60	_	320				342.60		320	12.308	
	Sigmoidoscope (fibre optic).	2004.00		20	9.979			277,80	_	320	9.979			277.80		320	9.979	
	Bronchoscope (flexible/fibre optic, adults).	2004.00		20	8.200			228.30		320	8.200			228.30		320	8.200	
	Laryngoscope (fibre optic/flexible excluding intubation)	2004.00		20	4.788			133.30		320	4.788			133.30		320		
258	Sinoscope (rigid only)	2004.00		20	5.463			152.10		320	5.463			152.10		320	5,463	
259	Oesophagoscope (rigid only)	2004.00		20	2.725			75.90	<u> </u>	320	2.725			75.90		320	2.725	
	Hysteroscope	2004.00		20	3.429			95.40		320	3.429			95.40		320	3.429	
	Colposcope (Not chargeable when item 239 applies)	2004.00		20	4.788		_	133.30	_	320				133.30		320	4.788	
	Cysto Urethroscope	2004.00		20	4.108			114.40		320				114.40		320	4.108	
264	Arthroscope (Including basic reusable instruments and equipment)	2004.00	3	20	11.200	1.0	R	311.80		320	11.200	1.0	R	311.80		320	11.200	1.0

	Note: The basic reusable instruments and equipment (which would always include the equivalent to	, ·	-		1	1		-	\neg			1				_
	the items named) are included in the fee of item 264 (see list below);															
	the items named) are included in the fee or item 204 (see list below) :				l	l	1	- 1	- 1						l.	
	- Telescope, light source, cable⊡	1 1			Ι΄	1			- 1			l		1		- 1
	- Nonitor - Monitor	1 1			l				- 1			l		1 I		- 1
	- Electrosurgical Instrument	1 1			l	l.			- 1			l				
	- High frequency cord□	1 1	1		l	l		ŀ	- 1					1		- 1
	- night requarity cord⊟	1 1			1	ı			l							- 1
	- Obtarato B	1 1				1	1		- 1			1				
	- Focussing camera coupler	1 1				1			- 1			l			-	ļ
	- Control console, footswitch				l	l			- 1			l				1
	- Probe, scissors, (hooked, parrot beak), grasper, forceps (punch basket, duckbill), camelback					l										
	handle, powered arthroplasty system, handpiece.	2004.00				l		1								
294	Transcranial Doppler	2004.00	320	24.417	10	Ь.	679.70	- 1	20	24.417	10	-	679.70	- 13	20	- 0.0
295	Ultrasonic Cutting and Coagulating Davices (See section 5.3.3)	2004.00	320				187,10		20	6.721			187.10			721 1.0
	Excimer laser: Hire fee per eye	2004.00	320				2 062.40		20				2 062.40			92 1.0
	Microkeratome used with an excimer laser, per operation.	2004.00	320	13.608			378.80		20	13.608			378.80			08 1.0
501	Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which	2004.00	320	10.000	1.0	 ``	070.00	-	~	10.000	1.0	 ``	0,0.00	 -	10.	7.0
339	are eliminated in one treatment	2004.00	320	8.279	110	,	230.50	l a	20	8.279	10	l R	230.50	3	20 8.	279 1.0
	and destruction in one destruction	2004.00	020	0.273	1.0	 '`	200.00	٦,	-	0.210	1.0	 ``	200.00	- 	-	1.0
	Ballistic lithotripsy magnetic: Second lithotripsy treatment on same kidney (Hospitals shall provide a	1			l	ı	-					l			i	
341	certificate by the attending surgeon certifying that a second treatment was medically necessary)	2004.00	320	5.525	۱, ۱	l P	153.80	وا	20	5.525	10	l R	153.80	3	20 5.	525 1.0
	Sigmoidoscope (rigid, adults)	2004.00	320	2.050			57.10		20	2.050			57.10			050 1.0
	Sigmoldoscope (rigid, paediatrics)	2004.00	320	1,658			46.20		20	1.658			46.20			558 1.0
347	Bronchoscope (flexible/fibre optic, paedlatrics)	2004.00	320	8,200			228.30		20	8.200			228.30			200 1.0
		200 1,00	1020	0.200	1,,0	 ``	220.00	-		0.200	7.0	 ``	220.00	- 	-	110
	Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.	2004.00			1	l						l				
348	Bronchoscope (rigid, adults)	2004.00	320	3,283	1.0	R	91.40	- 13	20	3.283	1.0	R	91.40	3	20 3.	283 1.0
	Bronchoscope (rigid, paediatrics)	2004.00	320	4,788			133.30		20	4.788			133.30			788 1.0
360	Category 1 - Laparoscopy and thoracoscopy, per case. See Annexure A	2004.00	320				746.70		20	26.825			746.70			325 1.0
	and it is not a second to the				1	ا :		- 	-	20.0.20		<u> </u>	7 1,511, 6	★		<u> </u>
364	Category 2 - Interventional Laparoscopic and Thorascopic procedures, per case. See Annexure A	2004.00	320	31.867	1.0	R	887.00	13	20	31.867	1.0	l R	887.00	з	20 31.	67 1.0
	Argon Beamer (See section 5.3.2)	2004.00	320				75.70		20	2.721			75.70			721 1.0
-	Note: The Argon Beamer will not apply where a standard electosurgery unit is used. It can only be		1 22		111	 	7 - 1,1 -		_							
	used with surgery on internal organs and in neurosurgery.	2004.00				1			- 1			l]
509	Endometrial Resection (Radio frequency)	2004.00	320	16,425	1.0	R	457.20	3	20	16.425	1.0	R	457,20	3	20 16.	125 1.0
	Colour Doppler (external)	2004.00	320	49.167			1 368.60		20				1 368.60			67 1.0
	Transoesphageal Colour Doppler. (May be charged together with Modifier 0003)	2004.00	320				1 651.40	13	20	59.325	1.0	R	1 651.40	3	20 59.	325 1.0
	Cardiorhythm Ablater. (May be charged in addition to the catheterisation Laboratory).	2004.00	320	32,313	1.0	R	899.50	3	20	32.313			899.50	3	20 32.	313 1.0
	Phaco emulsifier	2004.00	320	17.400			484.30		20	17.400			484.30			100 1.0
	Uretho Reno Fibroscope, per case	2004.00	320				408.20		20	14,663			408.20			63 1.0
	OAS Frameless Stereotaxy	2004.00	320				4 813.10			172.908			4 813.10		20	- 0.0
	OPD Tacography (Includes paper)	2004.00	320	2.800			77.90		20	2.800			77,90	3	20	- 0.0
	RFG3C Lesion Generator (Rhizotomy)	2004.00	320				1 558.20		20	55.979			1 558.20		20	- 0.0
	Swlft Lase Kit (Tonsillectomy)	2004.00	320				303,60		20	10.908			303.60		20	- 0.0
	1											_				

	Bard Apparatus			Т	П				П							П
	For EPS studies the analogue monoplane unit (Item 054) must be charged additionally.				l									1		
	For EFS studies the analogue monoplane unit (item 054) must be charged additionally. EPS studies for cardiac ablations - the digital bi-plane unit (item 070) must be charged	1 1								ı						
	additionally.	2004.00	2	20	41 970	4.0		1 165.70		320	41 870	1.0	R 1165.70	320	١.	0.0
$\overline{}$		2004.00			25.817			718.60		320	25,817			320		0.0
***	Civus (Cardiac Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation	2004.00	- °	20	20.017	7.0	_	/10.00	\vdash	320	25,017	1.0	K 710.00	- 52	-	
533	laboratory).	2004.00	12	20	70 117	1.0	6	1 951.80	Ιl	320	70 117	10	R 1 951.80	320		.l o.ol
333		2004.00	- °	20	70.117	1.0	_	1 301.00	Н	32 4	79.117	1.0	1 301.00	V=\	-	10.0
535	ivus (Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation laboratory).	2004.00	13	20 1	154 017	1.0	R	4 287.20		320	154 017	1.0	R 4287.20	320		. 0.0
	Reusable patient return electrode/grounding pad using a capacitive coupling technique for use in	2004.00	- -	- '	10-1.011	1.0	<u> </u>	- AU1.20	Н	-	101.011	7.2	11 120112	- 	 	1
	electrosurgery.	2004.00	3	20	0.646	1.0	R	18.00	ΙI	320	0.646	1.0	R 18.00	320		.l o.ol
	Disposable cover is non-chargeable. This item may not be charged together with any disposable	200 1.00		-~	0.010		<u> </u>	10.00	 		0.010	7.0	10.00		\	
	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).	2004.00														
	Equipment fees for automated, stereotactic, digital imaged surgical breast biopsy (UNDER			+					$\vdash \vdash$	_						\sqcap
	REVIEW)	2004.00				- 1			1					- 1		1 1
			$\overline{}$	\dashv					\Box	一						\Box
	Note: For the purpose of a 6 month trial cost analysis, the manufacturer of the ABBI equipment	l l					<u> </u>						!	- 1		
	recommends that the total breast biopsy procedure, inclusive of all fees, disposables and						l		ll					- 1		
	professional charges should not exceed the current conventional open excisional procedures. The	1 1					l		lΙ						1	
	recommendation is to cap the amount at R12634.50 per procedure unless otherwise motivated for.	l I		- 1			l		ΙI				l I		1	1 /
	Core needle and vacuum assisted core needle would therefore be capped at R 5053.80 and fine	ll					l		ΙI				l			
		2005.03			1		l		ΙI				l			
540	Stereotactic guided digital imaged breast blopsy procedure	2004.00	3	20 2	282.729	1.0	R	7 870.00		320	282.729	1.0	R 7 870.00	320		0.0
541	Stereotactic guided digital imaged cover needle biopsy	2004.00	3	20 1	166.321	1.0	R	4 629.70		320	166.321	1.0	R 4629.70	320		0.0
	Stereotactic guided digital imaged vacuum assisted core needle biopsy.	2004.00	3	20 1	166.321	1.0	R	4 629.70		320	166.321	1.0	R 4629.70	320		- 0.0
543	Stereotactic guided digital imaged fine needle aspiration	2004.00	3	20 1	116.471	1.0	R	3 242.10		320	116.471	1.0	R 3 242.10	320		- 0.0
544	Mammotome Stereotactic Driver - vacuum assisted core needle biopsy. (UNDER REVIEW)	2004.00	3	20		0.0	R			320	,	0.0	R -	320		- 0.0
	Mammotome Hand Held ultrasound vacuum assisted vacuum core needle biopsy. (UNDER			Т					П							
545	REVIEW)	2004.00	3	20	-	0.0	R			320		0.0	R -	320		- 0.0
	Equipment fee for dynamic (non-frame based - StealthStation) stereotactic image guided referencing	l I		Т					ПΤ]
	surgery and treatment planning used in conjunction with CT or MRI imaging in pre-authorised	l I	1 1				1		1 I				1			!
550	cranial, spinal cord and ENT procedures, per procedure	2004.00	3	20 1	180.775	1.0	R	5 032.10	Ш	320	180.775	1.0	R 5 032.10	320	<u> </u>	- 0.0
				1												
	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)	2004.00		20		0.0		<u> </u>	\Box	320	-	Ö		320		- 0.0
	Standard pressure hyperbaric oxygen treatment protocol. (By arrangement).	2004.00		20		0.0	-		Ш	320			R -	320		- 0.0
	US Navy TT5 treatment protocol. (By arrangement)	2004.00		20		0.0			\square	320		0.0		320		- 0.0
	US Navy TT6 treatment protocol. (By arrangement)	2004.00		20		0.0		•_		320		0.0		320		0.0
	US Navy TT6 extended treatment protocol. (By arrangement).	2004.00		20		0.0		-	ш	320		0.0		320		- 0.0
	Comes 30 treatment protocol. (By arrangement).	2004.00		20		0.0			Ш	320		0.0		320		- 0.0
	US Navy Table 6A treatment protocol. (By arrangement)	2004.00		20		0.0		<u>-</u> -	Ш	320	-	0.0		32		- 0.0
	Pressure relieving mattress hire fee, per day	2004.00		20		0.0		-	\sqcup	320		0.0		32		- 0.0
576	Infrared Coagulator: per use	2004.00	<u> </u>	20		0.0	IR_			320		0.0	R	32	<u> </u>	- 0.0

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578	Prostatic hyperthemia and thermotherapy: per case	2004.00	13	0 256.	325 1	1.0	R 7135.10		320	256.325	1.0	R 7135.10	13	20	- 0.0
580	Sequential compression device, per case	2004.00	3:			0.0			320	-	0.0		13	20	- 0.0
582	Selector ultrasonic aspirator	2004.00	3			0.0			320	-	0.0	R -	13	20	- 0.0
584	Cryosurgery acuprobe	2004.00	3			0.0			320		0.0	R -	- 3	20	- 0.0
594	Motility machine	2004.00	3			0.0			320		0.0		3	20	- 0.0
596	Ph recorder	2004.00	3			0.0		\vdash	320		0.0			20	- 0.0
606	Epilepsy monitoring system	2004.00	3			0.0		Н	320		0.0			20	- 0.0
608	Lynx ultrasound scanner	2004.00	3			0.0		М	320		0.0			20	- 0.0
610	Intra-operative multi-frequency probe	2004.00	3			0.0		Н	320		0.0			20	- 0.0
	Flexible laparoscopic probe	2004.00	3			0.0		Н	320		0.0			20	- 0.0
	STANDARD DRUG, MATERIAL, CONSUMABLE AND DISPOSABLE CHARGES		- -		- 1-	-		Н						_	\vdash
	It is recommended that, when such benefits are granted, drugs, consumables and disposable items			+	\neg	十		Н			Н		\neg	\top	\vdash
	used during a procedure or issued to a patient on discharge will only be reimbursed by a medical]		1					·						1 1
		2004.00													1 1
5.1	STANDARD DRUG CHARGES		\vdash	+	\neg	\dashv		Н			-		1	-	+
	(Only substances controlled by the Medicines and Related Substances Control Act, Act 101 of		\vdash	+	\neg	\neg		Н			Н		1	$\overline{}$	+
1	1965, as amended/Medicine Control Council)	2004.00						H						-	
	Inpatients and day patients: Dispensed items including ampoules, over the counter and proprietary		_	+	\neg	\neg							\dashv	-	17
5.1.1	items issued to inpatients, day patients and TTO's			1	1			1							1 1
-	Not to be charged for consumable, disposable and surgical items	2004.00			\neg	$^{+}$							o		\top
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT)		-+	+	-	\neg							\dashv	_	\top
l	(unless the facility is not a registered VAT vendor).□	1	·	1				Ιi							1 1
l .		l i						1							1 1
1	All items which patients take home as TTO's must be shown on accounts.	2004.00		1				1							1 1
272	Pharmacy	2004.00	\vdash			\neg		┢┈┥					\vdash	_	${}^{+}$
	To take out	2004.00		1	\neg	_									+
	Ward stock	2004.00	3:	o	-17	0.0	R -	\vdash	320	-	0.0	R -		20	- 0.0
282	Theatre	2004.00	3:			0.0		М	320		0.0			20	- 0.0
	Emergency Room: Dispensed items including ampoules, over the counter and proprietary items and		 	` 	_	-							1		+ 1
	TTO's issued to patients treated in the emergency room (Items 301 and 302) when not admitted to a			ı											1 1
5.1.2															
-7112	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT)		 	+	\neg	\neg							\vdash		+
	(unless the facility is not a registered VAT vendor).□														1 1
		l I		1				1							1 1
	All items which patients take home as TTO's must be shown on accounts.	2004.00	1 1	1											1 1
	Not to be charged for consumable, disposable and surgical items	2004.00	 	+	\dashv	\neg		Н					\vdash		+
407	Pharmacy	2004.00	3:	ol	-10	0.0	R -	Н	320	_	0.0	R -	1 3	320	- 0.0
411	Theatre	2004.00				0.0			320		0.0			20	- 0.0
413	To take out	2004.00	3			0.0		М	320		0.0			20	- 0.0
	Consumable, disposable, and surgical items used in ward, theatre or emergency room			+	一十`			Н					 		+===
	When used in ward or theatre		\vdash	+	\dashv	\dashv		\vdash					\vdash		+
i															
	Net acquisition price inclusive of VAT (unless the facility is not a registered VAT vendor). Items to be														
	fully specified	2004.00													
\vdash	See consumable and disposable list.	2004.00		+	-+	\dashv		\vdash			\vdash		\vdash	+	+
	DOS DESTRUCTIONS DE LE MICHOGODIO HOL.	2004.00													

266	Large disposable sterile trays - per tray (excluding theatre)	2004.00	$\overline{}$					Т	!				1		\neg
	Sterile disposable swabbing and ENT trays - per tray (excluding theatre)	2004.00	Η.		Ι-		$\overline{}$	+-	 		-	 	\vdash	$\overline{}$	\neg
269	Soluble bags for barrier nursing only, limited to 2 per patient, per day	2004.00	\vdash		\vdash		_	+-	 	_		1	\vdash	\neg	\neg
	Emergency room	2004.00	320		0.0	R	. 	320		0.0	R -		320		0.0
	Pharmacy	2004.00	320		0.0		-	320		0.0		1	320		0.0
	Ward stock	2004.00	320			R	: 	320		0.0		1-	320		0.0
421	Theatre	2004.00	320		0.0		! 	320		0.0		1-	320		0.0
	Fractional charges	12004,00	1320		1.0.0	 		1520		0.0	K	 	-	$\overline{}$	
	Net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor) to be	 	╀		\vdash	_	-	+	_	\vdash		1	 		\neg
	charged per case at the fractional rates indicated below.	2004.00			l			1							
	onerged per case at the fractional rates indicated perow.	2004.00	1		\vdash	_	-	+-	 	\vdash		+	\vdash		\dashv
	Note: Fractional charges can only apply to reusable and limited life reusable/resposable products.	2004.00	ı		l			1	1	1		1	1 1		
5.3.1	Drills, burrs, cutters, blades	2004.00	-		⊢	_	_	+		├-		\vdash	 	\rightarrow	=
	Neuro/Craniotomy	2004.00	320		0.0	-	122	3 320		0.0	R -	33.3	320	\longrightarrow	0.0
	Arthroscopy	2004.00	320		0.0			0 320		0.0			320		0.0
	Orthopaedic	2004.00	320	-	0.0			3 320		0.0		33.3			0.0
	Mastoldectomy and major ear surgery	2004.00	320		0.0			3 320		0.0		33.3			0.0
			320		0.0					0.0		33.3			0.0
439	Maxillo- Facial drills and burns (not applicable to oral surgery, eg wisdom teeth)	2004.00	320		0.0	ĸ	- 33	3 320	' -	0.0	R -	33.3	320		0.0
	Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments	1	1					1	ł	l		1	ll		
5.3.2	(Limited life re-usable components)	\vdash	┞		├		_	+	-	Ь.		-	₩	-	_
1 1	Hospitals/unattached operating theatre units shall show the name and reference number of each	1 1	1					1		l		1			
	item together with the manufacturer's name, and schemes shall have the right to call for such		1							l	1	1			
	Invoices from the institution concerned	2004.00	1		-	_		٠		<u> </u>		1.00			
	Vascular surgery	2004.00	320		0.0			320		0.0			320		0.0
	General surgery	2004.00	320	-	0.0			5 320		0.0			320		0.0
	Gynaecology	2004.00	320	-	0.0			5 320		0.0			320		0.0
	Ophthalmic	2004.00	320	-	0.0			5 320		0.0			320		0.0
	Urology	2004.00	320	•	0.0		-	5 320		0.0			320		0.0
1.0	ENT	2004.00	320	•	0.0			5 320		0.0			320	-	0,0
	Orthopaedic	2004.00	320	-	0.0	R	- 12	5 320	<u> </u>	0.0	R -	12.5	320		0.0
5.3,3	Ultrasonic Cutting and Coagulating Devices (Limited life re-usable)				<u> </u>					<u> </u>		_	\vdash		
	General surgery, Gynaecology, Cardio-Vascular and Urology	\vdash	_		<u> </u>			┸		<u> </u>		<u> </u>	\sqcup		_
	Handplece and Cable Assembly (one unit)	2004.00	320	-	0.0			320		0.0			320		0.0
	Coegulating Shear (Laparoscopic/open)	2004.00	320	•	0.0		- 33	3 320		0.0		33.3	320		0.0
	Coagulating Shear - Single use (Laparoscopic/open) Refer to Section 5.2	2004.00	320	-			-	320		0.0		1_	320		0,0
	Blades (sharp hook, dissecting hook, ball)	2004.00	320	-	0.0		- 12	5 320		0.0		12.5	320		0.0
	Blades - Single use (sharp hook, dissecting hook, ball) Refer to 5.2	2004.00	320	•	0.0	R	<u>- -</u>	320	<u> </u>	0.0	R -	-	320		0,0
<u>5.3</u> .4	Warm air blankets		1		Ш					$oldsymbol{ol}}}}}}}}}}}}}}}}}$			Ш		
	Warm air blanket may be charged in the following cases and limited to 1 per stay														
	- Infants							1							
	- Elderly patients over 65,	1 1									1	1			
	Patients exposed for a long period of time in theatre longer than 2 hours											ı			
	Patients exposed for a long period of time in theatre longer than 2 hours Post traumatic hypothermia - one per stay														i
ایما		2004.00	322		۱ ۵ ۵	_	40	42~	J	مما	ь	1400	320		00
429	- Cardio-thoracic hypothermic patients in recovery and ICU - one per stay	2004.00	320	-	0.0	ות	- 10	320	<u>" </u>	0.0	к -	1100	320		0.0

5.3.5	Diathermy pencils, laryngeal masks and fluoroshield gloves			T	$\overline{}$	T	Τ-	$\overline{}$		_		1			
	Diathermy pencils	2004.00	320	d .	. 0.0	R -	33	3 320	 	0.0	R -	33.3	320		0.0
	Laryngeal masks	2004.00	32			R -		9 320		0.0			320		0.0
	Fluoroshield gloves (1 pair per procedure)	2004.00	320			R		3 320		0.0			320		0.0
5.7	Gases		- 1-	' 	+		┯	1		1	 ` 	1	1		
	Price increases: Should a change occur in the manufacturer's price of any item listed hereunder, the	1		+	+		+	+			 	+-	-		-
	new price shall be as notified	2004.00		1	ı	i	- 1	1				1			
	Oxygen and Nitrous Oxide	200 1.00		+-	┰	 	+	+		╆		+-			\vdash
	For both gases together, per minute	2004.00	_ -	+	+		┿	+-	 			+-	-	_	├─
	PWV area	2004.00	320	0.110	10	R 3.0	181	320	0.110	10	R 3.06	+	320	0.110	10
	Cape Town	2004.00	320					320					320	0.151	
	Port Elizabeth	2004.00	320					320		_			320	0.134	
	East London	2004.00	320					320					320	0.149	_
	Durban	2004.00	320					320					320	0.138	
	Other areas	2004.00	32					320					320	0.123	
	Oxygen, ward use	2004.00	32	0.120	1	,, <u> </u>	_	1020	0.120	1	3.42	+	020	<u> </u>	 ```
	Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex	2004.00		+	\vdash	 	\dashv	+	-	1		-	\vdash		\vdash
284	PWV area	2004.00	320	0.162	1 0	R 4.5	, 	320	0.162	10	R 4.51	+	320	0.162	1.0
	Cape Town	2004.00	320					320					320	0.268	
	Port Elizabeth	2004.00	320					320	0.258				320	0.258	
	East London	2004.00	32					320	0.248				320	0.248	
	Durban	2004.00	32					320					320	0.210	
	Other areas	2004.00	320					320					320	0.200	
_	Oxygen, recovery room or emergency room	,,,,,,		-	1		+	+	1	 	1	+	-	0.200	
	Flat rate for oxygen per case	2004.00	_	_	+-		\dashv	+		╆		+-	\vdash		_
720	PWV area	2004.00	320	0.322	1.0	R 8.9	6	320	0.322	1.0	R 8.96	1 -	320	0.322	1.0
	Cape Town	2004.00	320			R 14.		320					320	0.533	
	Port Elizabeth	2004.00	320			R 14.		320					320	0.513	
	East London	2004.00	320					320	0.492				320	0.492	
	Durban	2004.00	320			R 11.		320			R 11.70		320	0.421	1.0
	Other areas	2004.00	320					320			R 11.10		320	0.398	
	Oxygen in Theatre			1 0.0	1	11. 11.	-	+		 	1	+-	1	0.000	
	Fee for oxygen per minute in the operating theatre when no other gas administered	2004.00		1-	-	-	\top	+			\vdash	+	\vdash		\vdash
	PWV area	2004.00	320	0.010	1.0	R 0.:	8	320	0.010	1.0	R 0.28	1	320	0.010	10
	Cape Town	2004.00	320					320					320	0.018	
	Port Elizabeth	2004.00	320					320					320	0.017	
	East London	2004.00	320					320					320	0.017	
734	Durban	2004.00	320					320			R 0.36		320	0.013	
_	Other areas	2004.00	320				_	320					320	0.013	
	Carbon Dioxide		1	1	T	-		1-2	T	 '''	<u> </u>	1-			Η
291	Per minute	2004.00	320	0.020	1.0	R 0.	6	320	0.020	1.0	R 0.56		320	0.020	1.0
	Laser Mix		- 1	1	 	-		+==	120	† '''	1	\top	1	7.020	<u> </u>
292	Per minute	2004.00	320	0.387	1.0	R 10.8	10	320	0.387	1.0	R 10.80	T	320	0.387	1.0
	Entonox		132	1 3.30,	 	1, 10.	-	+*=	1	 "	,3,50	1	 	2,091	۳
293	Per 30 minutes	2004.00	320	3.675	1.0	R 102.	10 O	320	3.675	1.0	R 102.30	1	320	3.675	1.0
		2004.00		0.010		13 192.		720	3.070	1 1.0	11. 102.00	_	1020	0.070	

5.8	Inhalation anaesthetics	ГТ	\top				T					_			\Box
	All prices will be expressed per millilitre and will be based on the Single Exit Price (SEP)	2008.00	\neg				\top						\Box		\sqcap
	Halothane (Halothane): per mi	2008.00	320		1.0	R -		320		1.0	R -		320	-	1.0
752	Ethrane (Enflurane): per mi	2008.00	320		1.0		1-	320		1.0	R -		320		1.0
753	Forane (Isoflurane); per mi	2008.00	320		1.0		_	320		1.0	R -		320		1.0
754	Isofor (Isoflurane); per mi	2008.00	320		1.0	R -	1-	320		1.0	R -		320		1.0
	Ultane (Sevoflurane); per ml	2008.00	320		1.0		1	320		1.0	R -		320		1.0
	Suprane (Desflurane), per mi	2008.00	320		1.0		1	320		1.0	R -		320		1.0
	Aerrane (Isoflurane): per mi	2008.00	320			R -		320		1.0	R -		320		1.0
	Alyrane (Enflurane): per mi	2008.00	320		1.0		1—	320		1.0			320		1.0
	Fluothane (Halothane), per mi	2008.00	320		1.0	R -	\top	320		1.0		_	320		1.0
	Prostheses (Surgically implanted)		_										\Box		$\overline{}$
	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	lr -		320	-	0.0	R -		320	-	0.0
	Medical artificial items (non-prostheses)						1					\Box			
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.	2004.00	320	-	0.0	R		320	•	0.0	R		320		0.0
	Blood charges														
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.	2004.00	320		0.0) R -		320	•	0.0	R -				
	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
	Emergency blood collection. Claims for this item code must be supported by documentary evidence of the patient's condition	2006.00	320					320	19.388	1.0	R 539.70		320		0.0
5.15	Incise drapes														
298	Incise drapes (See Annexure B)	2004.00	320) R		320	-	0.0			320		0.0
299	Ophthalmic drapes, (See Annexure B)	2004.00	320	_	0.0) R		320		0.0	R -		320		0.0

300	Non-incise drapes (Isolation, fluid-collection and combination)	2004.00	1	320		0.0	- a la	_	320		0.0	В	_	200		00
-	Chargeable in the following procedures:	12007.00	┤	320		0.0	<u> </u>	+	1320	┝╾┤	0.0	к -	H	320	-	0.0
İ	Hip, knee, shoulder and elbow joint replacements□		ΙI						ı	l I					. 1	ıΙ
1	Open heart and cardiac bypass surgery□		ΙI			l	1		1	l I						ıl
	Vascular surgery (excluding catheterisation laboratory procedures)□	i	ΙI			l			ı	l I						ı I
	Neuro-surgery (Brain and spinal cord)□		ΙI			l			1	i I				l		ı I
ľ	Arthroscopy of hip, shoulder, knee or elbow joints□		lľ]			l	 						
	Spinal surgery⊡		il			l		1	l	 						
		2004.00	l					1	l	 						1
	Note: The name, item number and cost must be shown.	2004.00	\vdash			\vdash	_	+	-	 	\neg		Н	Н		$\overline{}$
5.16	Disposable Patient Controlled Analgesia Pump		Н		_			+-	-	 	\neg		Н	Н		$\overline{}$
	Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours	_	Н			Н		╅	-	 			\vdash	Н		$\overline{}$
	in ward□		ΙI			l		1	l	l 1						.
		1	ΙI			l			ı	l 1				l		
	Chargeable in the following instances:		ll			l	1		ı	ll						
	- Major joint replacement□		ll			l	l		ı	[l		
	- Open, upper abdominal surgery□		lľ			l			ı							.
	- Severe burns□					l		1	ı							.
	- Paedlatrics in special cases on motivation□					l			ı	l í	ı					.
	- Thoracotomies (motivation by practitioner)□					l	ļ		ı		Ì			!		
	- Intractable pain associated with mailgnancy□					l	ı		l		ı					.
L		2004.00				l			l						İ	i l
6	NON STANDARD ITEMS/SERVICES			\neg		-		\top	\vdash		┪		\square	Н		\neg
	Such items are not covered by the National Reference Price List and schemes reserve the right to							_					\square			\neg
		2004.00				l	1	1								
	Items/services e.g. telephone calls/hire, television hire, boarding, extra meals, dry cleaning of			\neg				1			┪	1	\Box			-
290	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		\neg	\neg			\vdash	\top	1		-17		\vdash			
121	Benefits to be pre-authorised with the scheme concerned	2004.00		320		0,0	R -	1	320		0.0	R -	\vdash	320		0.0
	ANNEXURES		\neg					$\overline{}$		-			\vdash		\rightarrow	

$\overline{}$					$\overline{}$				$\overline{}$	$\overline{}$		
	ENDOSCOPIC (laparoscopic & thoracoscopic) GENERIC LIST□											
	< <insert here="" object="" table="">>□</insert>					1 1				1 1		
l	Notes: Refer to detailed Endoscopic Disposable Product list.□					1 1				1 1		
	Procedure to be applied per CPT code – list attached.□					1 1			l	1 1		
						1 1			l	1 1	1	1
	Comments							- 1		1 1		1
	1. Optical, blunt, Hasson cannula, trocar may substitute the primary port trocar and eliminate the					1 1				1 1		
	use of verres needles.					1 1				1 1		l.
	2. Harmonic scalpel shears and and blades – not to be charged together with disposable					1 1						
	electrosurgical probes, argon beam coagulator, clip appliers, bipolar forceps and Tripolar forceps.					1 1						
	3. Harmonic scalpel shears and blades - not to be used for laparoscopic cholecystectomy and					1 1						
	sterilisation□			'		1 1						
	4. Tripolar forceps - not to be used together with electrosurgical probes, harmonic scalpel, clip					1 1					ľ	
	appliers⊡					1 1				1 1		
	5. Autosuture Endostitch – to be motivated and 1 suture assistant per procedure allowed.					1 1		- 1		1 1		
	6. Specimen retrieval bags - to motivate use (used when specimen needs to be captured and					1 1				1 1		
	removed to avoid site contamination); procedure related – histology report required.	2004.00										
	APPENDIX A											Т
	D.											
	LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES											
										l I		
	CATEGORY 1 □ (CPT4 2000 code numbers included where possible) □							1				
	aa	1										
	Diagnostic laparoscopy (49320)□											
	Laparoscopy, surgical; with fulgeration 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)□					1 1						
	0											
	THORACOSCOPY, DIAGNOSTIC DD											
	THORACOSCOPY, DIAGNOSTIC with blopsy											
	THORACOSCOPY, DIAGNOSTIC lungs and pleural space, with biopsy											
	THORACOSCOPY, DIAGNOSTIC pericardial sac, without biopsy□□	l.					- 1					
	THORACOSCOPY, DIAGNOSTIC pericardial sac with biopsyDD					1 1	- 1			1 /		
	THORACOSCOPY, DIAGNOSTIC mediastinal space without biopsy									1 1	i	
	THORACOSCOPY, DIAGNOSTIC mediastinal space with biopsy□									1 1	H	
	00											
	CATEGORY 2 00											
	OO											
	Laparoscopy, surgical; with salpingostomy (salpingoneostomy) (58673)											
	Laparoscopy, surgical; with fimbrioplasty (58672)□	000400										
	Laparoscopy, surgical; with fulgeration or excision of the ovary, pelvic viscera or peritoneal surface,	2004.00	1							 ш	ш	

APPENDIX B					1							\neg		\Box
					ł								i	
U SPINISTER STATE					l								l	
PRINCIPLESO					l									
					l									
The following principles are applicable:□			li		l									
					l								- 1	i I
1. □At all times best clinical practice must be adhered too.□					l			li					1	i I
					l									i I
2. Oltems listed in the Recommended Guide to Reimbursement for Consumable and Disposable			l	ļ.	l					-				
Items Charged by Private Hospitals and Same Day Surgery Facilities are described generically					l									i I
			l		l							- 1		i I
according to product classification and function. Trade names may be included, by means of					l	l I		l						
example, for clarification purposes only. Photocopies of all documents pertaining to the patients					l									
account must be provided on request. Medical schemes shall have the right to inspect the original					l		1							i I
source documentation at the hospital/sameday surgical facilities concerned. The Recommended					l									ıl
Guide to Reimbursement for Consumable and Disposable Items Charged by Sub-Acute Facilities,					l									ıl
Private Hospitals and Sameday Surgery Facilities will be reviewed half-yearly.□		ı			l									ıl
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Medically Prescribed Meals:														
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Code	Description
55700	Private Hospitals ('A' - Status)
55800	Private Hospitals ('B' - Status)
57700	Approved U O T U / Day clinics

Code		Description	RCF
320	Private Hospitals		27.836

PSYCHOLOGY

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PSYCHOLOGISTS 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.

GENE	RAL RULES		. ' '.	112	1 (
В	Where emergency treatment is provided:				04.00
	a. during working hours, and the provision of such treatment requires the practitioner to leave her or heatent at another venue; or b. after working hours	nis practi	ice to a	attend to	the
	the fee for such visits shall be the total fee plus 50%.				
	For purposes of this rule:				
	a. "emergency treatment" means a bona fide, justifiable emergency psychological procedure, where firmmediately would result in serious or irreparable psychological or functional impairment b. "working hours" means 8h00 to 17h00, Monday to Friday.	failure to	provid	de the se	ervice
	Modifier 0003 must be quoted after the appropriate code number(s) to indicate that this rule is applica	able.			
С	It is recommended that, when such benefits are granted, drugs, consumables and disposable items u issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code				
D	Every account shall contain the following particulars:				05.03
	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 authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, ti 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 of	he name	of the		
E	Compilation of reports is only to be included within billable time if these reports are for purposes of m			erany an	d/or 05.03
	giving a progress report and/or a pre-authorisation report, and where such a report is specifically required. Maximum billable time for such a report is 15 minutes.				
F	Maximum billable time for such a report is 15 minutes. With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this spent in direct interaction with the patient.	ired by t	he me	dical sch	ieme.
F	Maximum billable time for such a report is 15 minutes. With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this spent in direct interaction with the patient. IERS	ired by t	he me	dical sch	time 05.05
MODIF	Maximum billable time for such a report is 15 minutes. With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this spent in direct interaction with the patient. IERS Modifier governing the section Psychological Services	ired by t	he me	dical sch	04.00
MODIF 0003	Maximum billable time for such a report is 15 minutes. With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this spent in direct interaction with the patient. IERS Modifier governing the section Psychological Services Emergency treatments - Relevant fee plus 50%	ired by t	he me	dical sch	04.00 04.00
MODIF 0003 0004	Maximum billable time for such a report is 15 minutes. With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this spent in direct interaction with the patient. IERS Modifier governing the section Psychological Services Emergency treatments - Relevant fee plus 50% Psychology services rendered to an in-patient in a nursing home or hospital.	ired by t	he me	includes	04.00 04.00 04.00
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0003 0004 CONS Code	Maximum billable time for such a report is 15 minutes. With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this spent in direct interaction with the patient. BERS Modifier governing the section Psychological Services Emergency treatments - Relevant fee plus 50% Psychology services rendered to an in-patient in a nursing home or hospital. JLTATIVE AND THERAPEUTIC SERVICES Description 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). Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 11-	ver 05.02	e only	includes Psyl	04.00 04.00 04.00 04.00 04.00 Ehology Fee 45.6 (40.00
0003 0004 CONS Code	Maximum billable time for such a report is 15 minutes. With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this spent in direct interaction with the patient. IERS Modifier governing the section Psychological Services Emergency treatments - Relevant fee plus 50% Psychology services rendered to an in-patient in a nursing home or hospital. JLTATIVE AND THERAPEUTIC SERVICES Description 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). Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-20min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-20min.	Ver 05.02 05.04 05.04	e only	Psyn RVU 0.500	04.00 04.00 04.00 04.00 04.00 04.00 5thology Fee 45.60 (40.00 136.99 (120.10 228.1
MODIF 0003 0004 CONS Code 007 200	Maximum billable time for such a report is 15 minutes. With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this spent in direct interaction with the patient. IERS Modifier governing the section Psychological Services Emergency treatments - Relevant fee plus 50% Psychology services rendered to an in-patient in a nursing home or hospital. JLTATIVE AND THERAPEUTIC SERVICES Description 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). Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min.	Ver 05.02 05.04 05.04 05.04	e only	Psyl RVU 0.500 1.500	04.00 04.00 04.00 136.9 (120.10 228.1 (200.10 319.4
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MODIF 0003 0004 CONS Code 007 200 201 202 203 204	Maximum billable time for such a report is 15 minutes. With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this spent in direct interaction with the patient. BERS Modifier governing the section Psychological Services Emergency treatments - Relevant fee plus 50% Psychology services rendered to an in-patient in a nursing home or hospital. JLTATIVE AND THERAPEUTIC SERVICES Description 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). Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-50min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-50min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-50min.	Ver	e only	Psyl RVU 0.500 1.500 2.500 3.500 4.500	04.00 04.00 04.00 04.00 04.00 04.00 04.00 136.9 (120.10 228.1 (200.10 319.4 (280.20 410.6 (360.20 593.2
0003 0004 CONS Code 007 200 201 202 203 204 205	Maximum billable time for such a report is 15 minutes. With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this spent in direct interaction with the patient. IERS Modifier governing the section Psychological Services Emergency treatments - Relevant fee plus 50% Psychology services rendered to an in-patient in a nursing home or hospital. JLTATIVE AND THERAPEUTIC SERVICES Description 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). Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-50min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-60min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-60min. Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-60min.	Ver	e only	Psyl RVU 0.500 1.500 2.500 4.500 5.500	04.00 04.00 04.00 04.00 04.00 04.00 136.9 (120.10 228.1 (200.10 319.4 (280.20 410.6 (360.20 501.9 (440.30

Code	Description	Ver	Add	Psy	chology
		fyn s		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)
GROU	PSERVICES - PAGE TO A STATE OF THE PROPERTY OF	5,877	<u> </u>		1 W Kilong
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

						386	600	
		Version	Add	CF	Units	BF	Value	Flag
	The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. It 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.							
	GENERAL RULES							
	Where emergency treatment is provided: a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient at another venue; or b. after working hours the fee for such visits shall be the total fee plus 50%. For purposes of this rule: a. "emergency treatment" means a bona fide, justifiable emergency psychological procedure, where failure to provide the service immediately would result in serious or irreparable psychological or functional impairment b. "working hours" means 8h00 to 17h00, Monday to Friday.							
В	Modifier 0003 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.	2004.00						
C	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	2004.00						

	Every account shall contain the following particulars:								
	a) The surname and initials of the member;]			1	l		
1	b) The sumame, first name and other initials, if any, of the patient;		1	- 1	1			i	
!	c) The name of the scheme concerned;.			- 1					
	d) The membership number of the member:	1 !		- 1					
l	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			- 1					
	and, in the case of a group practice, the name of the practitioner who provided the service;				1			1	
	The date on which each relevant health service was rendered;							1	
	g) The relevant diagnostic codes and NHRPL Item code numbers relating to the health service	l			1	1			
	rendered.	1	1						
D	Terrore ou.	2005.03							
	Compilation of reports is only to be included within billable time if these reports are for purposes of		1						
1	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 biliable time for such a report								
E	is 15 minutes.	2005.03							
	With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this								
F	schedule only includes time spent in direct interaction with the patient,	2005.05							
	MODIFIERS								
	Modifier governing the section Psychological Services	2004.00					į		
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							
	CONSULTATIVE AND THERAPEUTIC SERVICES								
	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall								
007	into the "By arrangement with the scheme" or "Patient own account" category).	2005.02							
	Psychology assessment, consultation, counselling and/or therapy (Individual or family). Duration: 1-								
200	10min	2005.04		280	0.500	1.0	R	45,60	
	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 11-								
201	20min	2005.04		280	1.500	1.0	R	136,90	
	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-								
202	30min	2005.04		280	2.500	1.0	R	228.10	
	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-								
203	40min	2005.04		280	3.500	1.0	R	319.40	
	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-								
204	50min	2005.04		280	4.500	1.0	R	410.60	
	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-								
205	60min	2005.04	L	280	5.500	1.0	R	501.90	
	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 61-		\Box						
206	70min	2005.04	L_l	280	6.500	1.0	R	593.20	
	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 71-	,							
207	80min	2005.04		280	7.500	1.0	R	684.40	
	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 81-								
208	90min	2005.04	╚	280	8.500	1.0	R	775.70	L_I

								_
209	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 91-100min.	2005.04	280	9.500	1.0	R	866.90	
203			1200	3,000	1.0		000.00	_
242	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 101	2005.04	280	10.500	10	ь .	958.20	
210	110min		200	10.500	1.0	_	900,20	_
	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 111		امما	44 500	4.0	<u> </u>		
211	120min.	2005.04	280	11.500	1.0	×	1 049.40	
	This code would be used in addition to code 211.	2006.02	\perp			_		
	Extended assessment, consultation, counselling and/or therapy (individual or family) - per full 15				1	ŀ	- 1	
290	minutes in excess of 120 minutes	2005.05 +	280	0.750	1.0	R	68,40	
	GROUP SERVICES							
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	ĸ	63.90	
304	Psychology group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	2005.03	280	0.900	1.0	æ	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	

Code		Description	
38600	Psychology		

No. 30410

Code	Description	RCF
280 Psychol	logists	91.254

PSYCHOMETRY & REGISTERED COUNCELLORS

Duration: 41-50min.

Psychometry & 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+

	KCLUSIVE PRICES APPEAR IN BRACKETS.	, F			a water		÷ ''
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 proviauthorities for providers, if applicable, of the supplier of service and, in the cas 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.	se of a g	Jroup (practice, t	he name of th	e registerin le practition	ng ner
В	Compilation of reports is only to be included within billable time if these report giving a progress report and/or a pre-authorisation report, and where such a re Maximum billable time for such a report is 15 minutes.	s are fo	r purp	oses of m	otivating for th	nerapy and edical sche	/or 05.04 eme.
PSYCI	IOMETRIC SERVICES	N. 6	;,,				900 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Code		Ver	Add		jistered nsellors	Psych	ometry
				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
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)
SERVI	CES RENDERED BY REGISTERED COUNSELLORS	7 H.			****	CAN TELE	
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, counseiling 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.	0 6.06		4.500	205.30 (180.10)		_

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Code	Code Description				istered nsellors	Psychometry		
- 11 11				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

						- 30	100				- 300	00	
	NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PSYCHOMETRISTS WITH									44.14			
	The following reference price list is not a set of tariffs that must be applied by medical schemes	Version	Add	CF	Units	9F	Value	Flag	CF	Units	BF	Value	Flag
	and a resident like setter intended to come and a resident which we disclose the setter intended to come a										ΙI		
	and/or providers. It is rather intended to serve as a baseline against which medical schemes can										H		
	individually determine benefit levels and health service providers can individually determine fees										1		
	charged to patients. Medical schemes may, for example, determine in their rules that their benefit in							i l					ı
	respect of a particular health service is equivalent to a specified percentage of the national health					l							- 1
	reference price list. It is especially intended to serve as a basis for negotiation between individual					l		1					
	funders and individual health care providers with a view to facilitating agreements which will minimise					ı		ı					
	balance billing against members of medical schemes. Should individual medical schemes wish to					ı		1					
	determine benefit structures, and individual providers determine fee structures, on some other basis					ı		l					
	without reference to this list, they may do so as well. □					l '							
	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												
		2005.04											
	GENERAL RULES					<u> </u>		<u> </u>					\bot
	Every account shall contain the following particulars:							l					
	a) The surname and initials of the member:							ı					
	b) The surname, first name and other initials, if any, of the patient;					l		ı			1		1
	c) The name of the scheme concerned;.					l	ŀ	ı			1		
	d) The membership number of the member;					l		1			1		
	e) The practice code number, group practice number and individual provider registration		l l								H		
	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							1			H		
	rendered.										ΙI		
		2005.04											
	Compilation of reports is only to be included within billable time if these reports are for purposes of												Т
	motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where					l					H		
	such a report is specifically required by the medical scheme. Maximum billable time for such a report					l							
		2005.04											
	PSYCHOMETRIC SERVICES												
	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall												
07		2005.04	-			_							
00		2005.04	-			_		—	285	0.500			_
21		2005.04				-		⊢	285	1.500			
02 03		2005.04	-	\vdash		—			285	2.500			_
04		2005.04 2005.04	\vdash			-		1-	285	3.500			
		2005.04				\vdash			285 285	4.500			
		2005.04	\vdash			\vdash		1	285				
		2005.04	-			\vdash		-	285				

Psychometry Registered Counsellors 2008

208	Psychometric testing, Duration: 81-90min.	2005.04							285	8.500	1 D	6	387.80	
	Psychometric testing, Duration: 91-100min.	2005.04	+		_			_	285	9.500	_		433.50	\dashv
	Psychometric testing, Duration: 101-110min.	2005.04			_	—	_		285	10.500			479.10	\dashv
	Psychometric testing, Duration; 111-120min,	2005.04	+						285	11.500			524.70	-
	Psychometric testing - per full 15 minutes in excess of 120 minutes.	2006.05 +						_	285	0.750			34.20	\dashv
	SERVICES RENDERED BY REGISTERED COUNSELLORS	2000.00			_	\vdash		\vdash		0.100	7.0	 `` -	01,20	\dashv
300	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min.	2006.06	285	0.500	10	R	22.80	\vdash				\vdash		\neg
1	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 11-20min.		 	0.000	1.0	 `` 		\vdash	\neg	-		\vdash		\neg
301	i and the state of	2006.06	285	1.500	1.0	R	68.40		- 1					
	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30mln.		1		- 11-2									\neg
302	, , , , , , , , , , , , , , , , , , , ,	2006.06	285	2.500	1.0	R	114.10		- 1				i i	
	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min.								一					\neg
303	, , , , , , , , , , , , , , , , , , , ,	2006.06	285	3.500	1.0	R	159.70		- 1			i		
	Assessment, consultation, counselling and/or therapy (Individual or family). Duration: 41-50min.								ヿ					\neg
304		2006.06	285	4.500	1.0	R	205.30							
	Assessment, consultation, counselling and/or therapy (Individual or family). Duration: 51-60min.							П	\neg					
305		2006.06	285	5.500	1.0	R	251.00							
	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 61-70min.								\neg					
306		2006.06	285	6.500	1.0	R	296.60							
	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 71-80mln.		-											
307		2006.06	285	7.500	1.0	R	342.20							
	Assessment, consultation, counselling and/or therapy (Individual or family). Duration: 81-90mln.													
308		2006.06	285				387.80							
	Group consultation, counselling and/or therapy, per patient, Duration: 1-10min.	2006,06	285				4.56							
	Group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	2006.06	285				13.70							
	Group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	2006.06	285				22.80		\Box					
	Group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	2006.06	285		_	_	31.90					<u> </u>		_
	Group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	2006.06	285				41.10					<u> </u>		
	Group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	2006.06	285				50.20							
	Group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	2006.06	285				59.30	$ldsymbol{ld}}}}}}}}}$						
	Group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	2006.06	285				68.40	Ш	\Box			<u> </u>		_
	Group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	2006.06	285				77.60]					_
	Group consultation, counseiling and/or therapy, per patient. Duration: 91-100min.	2006.06	285				86.70							
	Group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	2006.06	285				95.80	\Box						
	Group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	2006.06	285	2.300	1.0	R	104.90					_		
	Extended group consultation, counselling and/or therapy - per patient per full 15 minutes in excess of											1		
490	120 minutes	2006.06	285	0.150	1.0	R	6.84							

Code	Description
38100	Registered Counsellors
38500	Psychometry