Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4267	Total organic matter screen: Infrared	06.52		31.250	253.90 (222.70)	20.830	169.20 (148.40)		
4268	Organic acids: Quantitative: GCMS	06.52		109.380	888.70 (779.60)	72.920	592.50 (519.70)		
4269	Phenylpyruvic acid: Ferric chloride	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4270	Chromium Total Urine	06.52		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4271	Phosphate excretion index	06.52		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
4272	Porphobilinogen qualitative screen: Urine	06.52		5.000	40.60 (35.60)	3.330	27.10 (23.80)		
4273	Porphobilinogen/ALA: Quantitative each	06.52		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
4283	Magnesium: Spectrophotometric	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4284	Magnesium: Atomic absorption	06.52		7.250	58.90 (51.70)	4.830	39.20 (34.40)		
4285	Identification of carbohydrate	06.52		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4287	Identification of drug: Qualitative	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4288	Identification of drug: Quantitative	06.52		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4293	Urea clearance	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4297	Copper: Spectrophotometric	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4298	Copper: Atomic absorption	06.52		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4300	Indican or indole: Qualitative	06.52		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
4301	Chloride	06.52		2.590	21.00 (18.40)	1.730	14.10 (12.40)		
4307	Ammonium chloride loading test	06.52		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
4309	Urobilinogen: Quantitative	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4313	Phosphates	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4315	Potassium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4316	Sodium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4319	Urea	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4321	Uric acid	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4322	Fluoride	06.52		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4323	Total protein and protein electrophoresis	06.52		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4325	VMA: Quantitative	06.52		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4326	Catecholamines (HPLC)	06.52		78.120	634.70 (556.80)	52.080	423.20 (371.20)		
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	06.52		46.880	380.90 (334.10)	31.250	253.90 (222.70)		
4328	Immunoglobulin D	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4335	Cystine: Quantitative	06.52		12.600	102.40 (89.80)	8.400	68.30 (59.90)		
4336	Dinitrophenol hydrazine test: Ketoacids	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4337	Hydroxyproline: Quantitative	06.52		18.900	153.60 (134.70)	12.600	102.40 (89.80)		
21.8	**Biochemical tests: Faeces**								
4339	Chloride	06.52		2.590	21.00 (18.40)	1.730	14.10 (12.40)		
4343	Fat: Qualitative	06.52		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
4345	Fat: Quantitative	06.52		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
4347	Ph	06.52		0.900	7.31 (6.41)	0.600	4.88 (4.28)		
4351	Occult blood: Chemical test	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4352	Occult blood: Monoclonal antibodies	06.52		10.000	81.30 (71.30)	6.670	54.20 (47.50)		
4357	Potassium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4358	Sodium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4359	Secretory IgA	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4361	Stercobilin	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4362	Elastase quantitative ELISA	06.52		47.000	381.90 (335.00)	31.330	254.60 (223.30)		
4363	Stercobilinogen: Quantitative	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4364	Chymotrypsin determination: Enzymatic	06.52		7.470	60.70 (53.20)	4.980	40.50 (35.50)		
21.9	**Biochemical tests: Miscellaneous**								
4366	Porphyrin screen qualitative: Urine, stool, red blood cells: Each	06.52		5.000	40.60 (35.60)	3.330	27.10 (23.80)		
4367	Porphyrin qualitative analysis by TLC: Urine, stool, red blood cells: Each	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4368	Porphyrin: Total quantisation: Urine, stool, red blood cells: Each	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4369	Porphyrin quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	06.52		30.000	243.80 (213.90)	20.000	162.50 (142.50)		
4370	Drug level in biological fluid: Monoclonal immunological	06.52		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
4371	Amylase in exudate	06.52		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4372	Fluoride in biological fluids and water	06.52		15.620	126.90 (111.30)	10.410	84.60 (74.20)		
4373	Breast milk analysis	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4374	Trace metals in biological fluid: Atomic absorption	06.52		18.130	147.30 (129.20)	12.090	98.20 (86.10)		
4375	Calcium in fluid: Spectrophotometric	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4376	Calcium in fluid: Atomic absorption	06.52		7.250	58.90 (51.70)	4.830	39.20 (34.40)		
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	06.52		21.880	177.80 (156.00)	14.590	118.50 (103.90)		
4378	Urea breath test	06.52		58.000	471.30 (413.40)	38.670	314.20 (275.60)		
4380	Lecithin in amniotic fluid: L/S ratio	06.52		27.000	219.40 (192.50)	18.000	146.30 (128.30)		
4381	Lamellar body count in amniotic fluid	06.52		10.000	81.30 (71.30)	6.700	54.40 (47.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4382	Bilirubin in amniotic fluid: Spectrophotometric essay	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4386	Oestrogen/Progesterone receptors: Fluorescent method	06.52		20.700	168.20 (147.50)	13.800	112.10 (98.30)		
4387	Oestrogen/Progesterone receptors: Cytosol radio-isotope technique	06.52		230.000	1868.80 (1639.30)	153.000	1243.10 (1090.40)		
4388	Gastric contents: Maximal stimulation test	06.52		27.000	219.40 (192.50)	18.000	146.30 (128.30)		
4389	Gastric fluid: Total acid per specimen	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4390	Foam test: Amniotic fluid	06.52		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
4391	Renal calculus: Chemistry	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4392	Renal calculus: Crystallography	06.52		16.250	132.00 (115.80)	10.800	87.80 (77.00)		
4393	Saliva: Potassium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4394	Saliva: Sodium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4395	Sweat: Sodium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4396	Sweat: Potassium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4397	Sweat: Chloride	06.52		2.590	21.00 (18.40)	1.730	14.10 (12.40)		
4399	Sweat collection by iontophoresis (excluding collection material)	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4400	Tryptophane loading test	06.52		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
21.10	Cerebrospinal fluid								
4401	Cell count	06.52		3.450	28.00 (24.60)	2.300	18.70 (16.40)		
4407	Cell count, protein, glucose and chloride	06.52		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4409	Chloride	06.52		2.590	21.00 (18.40)	1.730	14.10 (12.40)		
4415	Potassium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4416	Sodium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4417	Protein: Qualitative	06.52		0.900	7.31 (6.41)	0.600	4.88 (4.28)		
4419	Protein: Quantitative	06.52		3.110	25.30 (22.20)	2.070	16.80 (14.70)		
4421	Glucose	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4423	Urea	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4425	Protein electrophoresis	06.52		12.600	102.40 (89.80)	8.400	68.30 (59.90)		
21.11	RNA/DNA based tests and andrology								
21.11.1	RNA/DNA based tests and andrology: RNA/DNA based tests								
4424	HLA test for specific allele DNA-PCR	06.52		36.000	292.50 (256.60)	24.000	195.00 (171.10)		
4426	HLA typing low resolution Class I DNA-PCR per locus	06.52		100.000	812.50 (712.70)	67.000	544.40 (477.50)		
4427	HLA typing low resolution Class II DNA-PCR per locus	06.52		74.000	601.30 (527.50)	49.300	400.60 (351.40)		
4428	HLA typing high resolution Class I or II DNA-PCR per locus	06.52		66.000	536.30 (470.40)	44.000	357.50 (313.60)		

STAATSKOERANT, 21 JULIE 2008 No. 31249 263

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4429	Quantitative PCR (DNA/RNA)	06.52		84.300	684.90 (600.80)	56.200	456.60 (400.50)		
4430	Recombinant DNA technique	06.52		25.000	203.10 (178.20)	16.670	135.40 (118.80)		
4431	Ribosomal RNA targeting for bacteriological identification	06.52		35.000	284.40 (249.50)	23.330	189.60 (166.30)		
4432	Ribosomal RNA amplification for bacteriological identification	06.52		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
4433	Bacteriological DNA identification (LCR)	06.52		25.000	203.10 (178.20)	16.670	135.40 (118.80)		
4434	Bacteriological DNA identification (PCR)	06.52		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	06.52		150.000	1218.80 (1069.10)	100.000	812.50 (712.70)		
21.11.2	RNA/DNA based tests and andrology: Andrology								
4435	Mixed antiglobulin reaction: Semen	06.52		6.600	53.60 (47.00)	4.400	35.80 (31.40)		
4436	Friberg test: Semen	06.52		14.500	117.80 (103.30)	9.670	78.60 (68.90)		
4437	Kremer test: Semen	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
4440	Semen analysis: Cell count	06.52		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4441	Semen analysis: Cytology	06.52		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
4442	Semen analysis: Viability + motility - 6 hours	06.52		6.000	48.80 (42.80)	4.000	32.50 (28.50)		
4443	Semen analysis: Supravital stain	06.52		5.440	44.20 (38.80)	3.630	29.50 (25.90)		
4445	Seminal fluid: Alpha glucosidase	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4446	Seminal fluid fructose	06.52		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
4447	Seminal fluid: Acid phosphatase	06.52		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
21.12	Immunology								
4448	HCG: Latex agglutination: Qualitative (side room)	06.52		4.000	32.50 (28.50)	2.670	21.70 (19.00)		
4449	HCG: Latex agglutination: Semi-quantitative (side room)	06.52		9.310	75.60 (66.30)	6.210	50.50 (44.30)		
4450	HCG: Monoclonal immunological: Qualitative	06.52		10.000	81.30 (71.30)	6.670	54.20 (47.50)		
4451	HCG: Monoclonal immunological: Quantitative	06.52		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
4452	Bone Specific Alk Phosphatase	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4455	Anti IgE receptor antibody test (10 samples and dilution)	06.52		161.560	1312.70 (1151.50)	107.710	875.10 (767.60)		
4456	Eosinophil cationic protein	06.52		27.810	226.00 (198.20)	18.540	150.60 (132.10)		
4457	Mast cell tryptase	06.52		96.870	787.10 (690.40)	64.580	524.70 (460.30)		
4458	Micro-albuminuria: Radio-isotope method	06.52		12.420	100.90 (88.50)	8.300	67.40 (59.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4459	Acetyl choline receptor antibody	06.52		158.120	1284.70 (1126.90)	105.410	856.50 (751.30)		
4463	C6 complement functional essay	06.52		45.000	365.60 (320.70)	30.000	243.80 (213.90)		
4464	House dust mite antigen ELIZA	06.52		20.310	165.00 (144.70)	13.540	110.00 (96.50)		
4466	Beta-2-microglobulin	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4467	Chromograqnin A	06.52		47.000	381.90 (335.00)	31.330	254.60 (223.30)		
4468	CA-549	06.52		20.000	162.50 (142.50)	13.300	108.10 (94.80)		
4473	TSH Receptor Ab	06.52		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4474	Cast Per Allergen	06.52		27.810	226.00 (198.20)	18.540	150.60 (132.10)		
4475	CA-724	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4476	Neopterin	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4477	Neuron specific enolase	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4478	Osteocalcin	06.52		31.400	255.10 (223.80)	20.930	170.10 (149.20)		
4479	Vitamin B12-absorption: Shilling test	06.52		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
4480	Serotonin	06.52		18.750	152.30 (133.60)	12.500	101.60 (89.10)		
4482	Free thyroxine (FT4)	06.52		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	06.52		37.080	301.30 (264.30)	24.720	200.90 (176.20)		
4485	Insulin	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4486	C-Peptide	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4487	Calcitonin	06.52		18.900	153.60 (134.70)	12.600	102.40 (89.80)		
4488	B-Type Natriuretic Peptide	06.52		47.040	382.20 (335.30)	31.360	254.80 (223.50)		
4490	Releasing hormone response	06.52		50.000	406.30 (356.40)	33.350	271.00 (237.70)		
4491	Vitamin B12	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4492	Vitamin D3: Calcitroil (RIA)	06.52		75.000	609.40 (534.60)	50.000	406.30 (356.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4493	Drug concentration: Quantitative	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4494	Free hormone assay	06.52		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4495	Growth hormone	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4496	Hormone concentration: Quantitative	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4497	Carbohydrate deficient transferrin	06.52		29.060	236.10 (207.10)	19.370	157.40 (138.10)		
4499	Cortisol	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4500	DHEA sulphate	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4501	Testosterone	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4502	Free testosterone	06.52		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4503	Oestradiol	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4505	Oestriol	06.52		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4506	Multiple antigen specific IgE screening test for Atopy	06.52		37.260	302.70 (265.50)	24.800	201.50 (176.80)		
4507	Thyrotropin (TSH)	06.52		19.600	159.30 (139.70)	13.070	106.20 (93.20)		
4508	Combined antigen specific IgE	06.52		24.480	198.90 (174.50)	16.600	134.90 (118.30)		
4509	Free tri-iodothyronine (FT3)	06.52		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4511	Renin activity	06.52		18.900	153.60 (134.70)	12.600	102.40 (89.80)		
4512	Parathormone	06.52		17.080	138.80 (121.80)	11.390	92.50 (81.10)		
4513	IgE: Total	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4514	Antigen specific IgE	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4515	Aldosterone	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4516	Follitropin (FSH)	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4517	Lutropin (LH)	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4518	Soluble transferrin receptor	06.52		11.250	91.40 (80.20)	7.500	60.90 (53.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4519	Prostate specific antigen	06.52		14.490	117.70 (103.20)	9.660	78.50 (68.90)		
4520	17 Hydroxy progesterone	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4521	Progesterone	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4522	Alpha-feto protein	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4523	ACTH	06.52		21.740	176.60 (154.90)	14.490	117.70 (103.20)		
4524	Free PSA	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4526	Sex hormone binding globulin	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4527	Gastrin	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4528	Ferritin	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4529	Anti-DNA antibodies	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4530	Antiplatelet antibodies	06.52		15.300	124.30 (109.00)	10.200	82.90 (72.70)		
4531	Hepatitis: Per antigen or antibody	06.52		14.490	117.70 (103.20)	9.660	78.50 (68.90)		
4532	Transcobalamine	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4533	Folic acid	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4534	Prostatic acid phosphatase	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4536	Erythrocyte folate	06.52		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4537	Prolactin	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4538	Procalcitonin: Semi-quantitative	06.52		32.000	260.00 (228.10)	21.330	173.30 (152.00)		
4539	Procalcitonin: Quantitative	06.52		46.000	373.80 (327.90)	30.670	249.20 (218.60)		
4540	HCG: Quantitative as used for Down's screen	06.52		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
4546	First trimester Downs screen	06.52		53.500	434.70 (381.30)	35.670	289.80 (254.20)		
4552	Second Trimester Down's screen	06.52		33.620	273.20 (239.60)	22.410	182.10 (159.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4553	Thyroglubulin	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4554	SCC marker	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
21.13	Clinical pathology: Miscellaneous								
4544	Attendance in theatre	06.52		27.000	219.40 (192.50)				
4547	After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays - Refer to General Rule B.	06.52							
4551	Unlisted pathology service: Fees for items not listed in the current Pathology schedule (sections 21, 22 and 23) will be based on the fee for a comparable service in the coding structure. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted pathology service which will be based on the fee for a comparable service in the coding structure. New items for these unlisted services should be added to the coding structure within six months or that specific unlisted pathology service should no longer be performed. Please note General Rule C and item 6999 are not applicable to pathology services (sections 21, 22 and 23)	06.52							
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately	06.52							
22	Anatomical Pathology								
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values								06.52
22.1	Exfoliative cytology								
4561	Sputum, all body fluids and tumour aspirates: First unit	06.52		13.400	125.60 (110.20)	8.900	83.40 (73.20)		
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	06.52		7.800	73.10 (64.10)	5.200	48.70 (42.70)		
4564	Performance of fine-needle aspiration for cytology	06.52		15.000	140.60 (123.30)				
4565	Examination of fine needle aspiration in theatre	06.52		90.000	843.30 (739.70)	60.000	562.20 (493.20)		
4566	Vaginal or cervical smears, each	06.52		11.000	103.10 (90.40)	7.000	65.60 (57.50)		
22.2	Histology								
4567	Histology per sample	06.52		20.000	177.40 (155.60)	13.300	118.00 (103.50)		
4571	Histology per additional block, each	06.52		11.600	102.90 (90.30)	7.700	68.30 (59.90)		
4575	Histology and frozen section in laboratory	06.52		22.700	201.30 (176.60)	15.100	133.90 (117.50)		
4577	Histology and frozen section in theatre	06.52		90.000	798.30 (700.30)	60.000	532.20 (466.80)		
4578	Second and subsequent frozen sections, each	06.52		20.000	177.40 (155.60)	13.400	118.90 (104.30)		
4579	Attendance in theatre - no frozen section performed	06.52		45.000	399.20 (350.20)	30.000	266.10 (233.40)		
4582	Serial step sections (including item 4567)	06.52		23.300	206.70 (181.30)	15.600	138.40 (121.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4584	Serial step sections per additional block, each	06.52		13.500	119.70 (105.00)	9.000	79.80 (70.00)		
4587	Histology consultation	06.52		10.100	89.60 (78.60)	6.700	59.40 (52.10)		
4589	Special stains	06.52		6.700	59.40 (52.10)	4.500	39.90 (35.00)		
4591	Immunofluorescence studies	06.52		20.700	183.60 (161.10)	13.800	122.40 (107.40)		
4592	Immunoperoxidase studies	06.52		40.000	354.80 (311.20)	26.670	236.60 (207.50)		
4593	Electron microscopy	06.52		94.000	833.80 (731.40)	63.000	558.80 (490.20)		
4595	Foetal autopsy excluding histology	06.52		73.000	647.50 (568.00)	48.670	431.70 (378.70)		
23	Human Genetics								
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values								06.52
23.1	Cytogenitc								
4750	Cell culture: Lymphocytes, cord blood	06.52		15.000	124.80 (109.50)	15.000	124.80 (109.50)		
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	06.52		45.000	374.50 (328.50)	45.000	374.50 (328.50)		
4752	Cell culture: Chorionic villi	06.52		60.000	499.30 (438.00)	60.000	499.30 (438.00)		
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	06.52		135.000	1123.50 (985.50)	135.000	1123.50 (985.50)		
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukamia bloods: Idiograms, karyotyping, one straining technique	06.52		270.000	2246.90 (1971.00)	270.000	2246.90 (1971.00)		
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	06.52		70.000	582.50 (511.00)	70.000	582.50 (511.00)		
4760	FISH procedure, including cell culture	06.52		115.000	957.00 (839.50)	115.000	957.00 (839.50)		
4761	FISH analysis per probe system	06.52		35.000	291.30 (255.50)	35.000	291.30 (255.50)		
23.2	DNA-testing								
4763	Blood: DNA extraction	06.52		45.000	374.50 (328.50)	45.000	374.50 (328.50)		
4764	Blood: Genotype per person: Southern blotting	06.52		89.000	740.70 (649.70)	89.000	740.70 (649.70)		
4765	Blood: Genotype per person: PCR	06.52		60.000	499.30 (438.00)	60.000	499.30 (438.00)		
4766	HIV Drug Resistance Testing	06.52		513.000	4269.20 (3744.90)	342.000	2846.10 (2496.60)		
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	06.52		90.000	749.00 (657.00)	90.000	749.00 (657.00)		
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	06.52		188.000	1564.50 (1372.40)	188.000	1564.50 (1372.40)		

STAATSKOERANT, 21 JULIE 2008 No. 31249 269

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	06.52		120.000	998.60 (876.00)	120.000	998.60 (876.00)		
IV.	Travelling Expenses								
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. The Fund benefits will not be applicable in such instances.								06.52
5003	R6,67 for each kilometre in excess of 16 kilometres travelled in own car e.g. where a practitioner has to travel 19 kilometres in total to visit a patient, the fees shall be calculated as follows: 19-16=3 X R6,67 = R20,01	06.52							
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof	06.52		18.000	126.50 (111.00)				
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof	06.52				18.000	126.50 (111.00)		
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them	06.52							
V.	LIST OF PROCEDURES WHICH ARE OFTEN DONE IN THE DOCTORS' ROOMS TO WHICH MODIFIER 0004 SHOULD NOT BE APPLIED								

Modifier 0004 is not applicable to the following sections: 06.52

All anaesthetic services
Section 19: Radiology
Section 20: Radiation Oncology
Section 21: Clinical Pathology (except for items 3719, 3720 and 3721 where modifier 0004 may be applied)
Section 22: Anatomical Pathology
Section 23: Human Genetic

Please note : This is not a conclusive list and practitioners should not be penalised when patients need to be admitted to hospital for these procedures.

Region	Code	Short Description
Skeleton	3305	Finger
	3307	Limb - DELETED
	6500	Hand
	6501	Wrist
	6503	Scaphoid
	6504	Radius and ulna
	6505	Elbow
	6506	Humerous
	6507	Shoulder
	6508	Acromio-Clavicula joint
	6509	Clavicle
	6510	Scapula
	6511	Foot

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	6512	Ankle								
	6513	Calcaneous								
	6514	Tibia and Fibia								
	6515	Knee								
	6516	patella								
	6517	Femur								
	6518	Hip								
	6519	Sesamoid Bone								
	3309	Smith P								
	3311	Stress								
	3313	Length								
	3315	Survey <5								
	3317	Survey >5								
	3319	Arthrography								
Spinal	3321	Region								
	3325	Stress								
	3329	Scoliosis								
	3331	Pelvis								
	3333	Myl Lumber								
	3334	Myl Thoracic								
	3335	Myl Cervical								
	3345	Discography								
Skull	3349	Skull								
	3351	Sinus								
	3353	Facial bones								
	3355	Mandible								
	3357	Nasal Bone								
	3359	Mastoid								
	3361	Teeth 1Q								
	3363	Teeth 2Q								
	3365	Full mouth								
	3366	Rotate tomo								
	3367	TM joint								
	3369	Tomo								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
		3371 Foreign body								
		3381 Ventriculogr								
		3385 Post nasal								
		3387 Cephalometry								
		3389 Dacrosys								
	Alimentary Tract	3395 Sialography								
		3399 Pharynx								
		3403 Stomach								
		3406 Small meal								
		3408 Barium meal								
		3409 Enema								
		3415 Billary ERCP								
		3416 Pancr ERCP								
		3423 Hyp duoden								
	Biliary Tract	3425 Oral cholosys								
		3427 Cholangiogr								
		3431 Operative chol								
		3432 deleted								
		3433 T tube								
		3437 Trans hep								
		3441 Tomo billary								
	Chest	3443 Larynx								
		3445 Chest								
		3447 Cardiac								
		3449 Ribs								
		3451 Sternum								
		3453 Boncho unil								
		3455 Broncho bil								
		3461 Pleurography								
		3465 Lryngography								
		3468 Thoracic inlet								
	Abdomen	3477 Control film								
		3479 Acute abdo								
	Urinary Tract	3487 Control film								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
		3493	Waterload							
		3497	Cystography							
		3499	Retrograde							
		3505	Pyelography							
		3513	Tomo							
	Obstetricts &	3515	Pregnancy							
	Gynaecology	3517	Pelvimetry							
		3519	Hystero sal							
	Venography	3545	Venography							
	Tomography &	3577	Tomo							
	Cinematography	3579	Tomo							
		3581	Cinemat 1st							
		3583	Cinemat +							
	Digital C Arm	3592	Digital C Arm							
	Sinography	3603	Sinography							
	Mammography	3594	Biopsy specimen							
		3605	Mammo							
		3606	Repeat mam							
		6472	Computer aided diagnosis mammo							
	Ultrasound	3608	FNA stereo							
		M0165	Contrast modifier							
		3615	Obstetric, routine < 10 wk							
		3617	Obstetric, routine > 20 wk							
		3618	Pelvic abdo probe							
		3620	Intravascular							
		3621	Cardiac M							
		3622	Cardiac 2d							
		3623	Cardiac effort							
		3624	Cardiac contrast							
		3625	Cardiac doppler							
		3626	Cardiac phono							
		3627	Abdo and pelvis							
		3628	Renal							
		3629	High def							

Code			Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
						RVU	Fee	RVU	Fee	RVU	Fee
		3630	Mass								
		3631	Opthalmic								
		3632	Eye,axial,lens								
		3633	Neonatal head								
		3634	Periph vasc B mode								
		3635	+ doppler								
		3636	Trans oesoph								
		3637	Colour Doppler								
		3645	Isotope Scanning								
		5026	Amniocenthesis								
		5100	Pelvic vag probe								
		5101	Pleural space								
		5102	Joints								
		5103	Soft tissue								
		5106	Obstetric < 10 wk - complicated								
		5107	Obstetric, routine > 24 wk								
		5108	Obstetric, second opinion								
		M5104	Multiple gestation modifier								
		5110	Carotid								
		5111	Extracranial tree								
		5112	Arterial limb								
		5113	Venous DVT								
		5114	Venous full study								
		5115	Intra operative								
	Nuclear	3646	Thyoid Scanning								
		3599	EBCT								
	CR (2001 traiffs)	6400	Plus Spiral CT								
		6401	Plus 3D reconstruction								
		6402	Plus high resolution study								
		6403	CT limb uncontrasted								
		6404	CT limb with contrast only								
		6405	CT Limb pre and post contrast								
		6406	CT joint uncontrasted								
		6407	CT joint with contrast only								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	6408	CT joint pre and post contrast								
	6409	CT brain uncontrasted (including posterior fossa)								
	6410	CT brain with contrast only (including posterior fossa)								
	6411	CT brain pre and post contrast (including posterior fossa)								
	6412	CT orbits complete study, axial or coronal, uncontrasted								
	6413	CT orbits complete study, axial and coronal, uncontrasted								
	6414	CT orbits complete study, axial or coronal pre and post contrast								
	6415	CT orbits complete study, axial and coronal pre and post contrast								
	6416	CT paranasal sinuses limited study axial or coronal								
	6417	CT paranasal sinuses limited study axial and coronal								
	6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted								
	6419	CT paranasal sinuses complete study, axial and coronal, uncontrasted								
	6420	CT paranasal sinuses complete study, axial or coronal, pre and post contrast								
	6421	CT paranasal sinuses complete study, axial and coronal, pre and post contrast								
	6422	CT pituitary fossa, uncontrasted								
	6423	CT pituitary fossa, pre and post contrast.								
	6424	CT internal auditory meati, uncontrasted								
	6425	CT internal auditory meati, pre and post contrast								
	6426	CT mastoids								
	6427	CT ear structures, limited study								
	6428	CT middle and inner ear, complete study including reconstructions								
	6429	CT facial bones								
	6430	CT neck soft tissue, uncontrasted								
	6431	CT neck soft tissue with contrast only								
	6432	CT neck pre and post contrast								
	6433	CT cervical spine uncontrasted								
	6434	CT cervical spine pre and post contrast								
	6435	CT cervical spine post myelogram								
	6436	CT dorsal spine uncontrasted								
	6437	CT dorsal spine pre and post contrast								
	6438	CT dorsal spine post myelogram								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	6439	CT lumbar spine uncontrasted								
	6440	CT lumbar spine pre and post contrast								
	6441	CT lumbar spine post myelogram								
	6442	CT pelvimetry (topogram only)								
	6443	CT chest uncontrasted								
	6444	CT chest with contrast								
	6445	CT chest pre and post contrast								
	6446	CT chest high resolution lungs, limited study								
	6447	CT high resolution lungs, complete study								
	6448	CT abdomen uncontrasted								
	6449	CT abdomen with contrast								
	6450	CT abdomen pre and post contrast								
	6451	CT abdomen triphasic study								
	6452	CT pelvis uncontrasted								
	6453	CT pelvis with contrast								
	6454	CT pelvis pre and post contrast								
	6455	CT abdomen and pelvis uncontrasted								
	6456	CT abdomen and pelvis with contrast								
	6457	CT abdomen and pelvis pre and post contrast								
	6458	CT chest, abdomen and pelvis with contrast								
	6459	CT base of skull to symphysis pubis with contrast								
	6460	CT for dental implants maxilla or mandible								
	6461	CT for dental implants maxilla and mandible								
	6462	CT angiography per limited region (including spiral and all reconstructions)								
	6463	CT angiography per extensive region (including spiral and all reconstructions)								
	6464	CT limited study any region								
	6465	CT guidance for aspiration, biopsy or drainage								
	6466	CT guidance at time of CT								
	6467	CT stereotactic localisation for biopsy								
	6468	CT for radiotherapy planning								
	6469	Quantitative CT for bone mineral density								
	6470	Triphasic liver + CT abdo and pelvis								
	6471	Triphasic liver + CT chest abdo & pelvis								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	MRI		Per Region							
		6110	Spectroscopy							
		5097	Vertebroplasty							
		6474	PET whole body							
		6475	PET limited region							

Medical Practitioners 2008

PracticeType	Description
10000	Specialists
10008	Specialist Radiologist/Nuclear Physicians
10099	General Practitioners / non-designated Specialists
11000	Anaesthesiology
11001	Critical Care
11200	Dermatology
11400	General Medical Practice
11600	Obstetrics and Gynaecology
11700	Pulmonology
11800	Medicine (Specialist Physician)
11801	Endocrinology
11802	Geriatric Medicine
11803	Medical Genetics
11804	Nephrology
11805	Medicine : Clinical Haematology
11900	Gastroenterology
12000	Neurology
12100	Cardiology
12200	Psychiatry
12201	Child Psychiatry
12300	Medical Oncology
12400	Neurosurgery
12600	Opthalmology
12700	Clinical Haemotology
12800	Orthopaedics
13000	Otorhinolaryngology
13100	Rheumatology
13200	Paediatrics
13201	Paediatrics : Neurology
13202	Paediatrics : Developmental

PracticeType	Description
13203	Neonatology
13300	Paediatric Cardiology
13400	Physical Medicine
13600	Plastic and Reconstructive Surgery
14000	Radiation Oncology
14200	Surgery
14201	Paediatric Surgery
14202	Vascular Surgery
14400	Cardiothoracic Surgery
14600	Urology
15000	Pathology (Chemical)
15100	Pathology (Forensic)
15200	Pathology (Clinical)
15300	Pathology (Anatomical)
15400	Pathology (Haematological)
15500	Pathology (Microbiological)
15600	Pathology (Virological)
19700	Community Health
19701	Occupational Health
19999	Designated Specialists

Conversion Factors

Code	Description	Value
A	Anaesthesiologists	49.869
AC	Anatomical Pathology - Cytology	10.594
AH	Anatomical Pathology - Histology	10.029
CL	Clinical Procedures	7.946
CP	Clinical Pathology	9.186
CT	Computed Tomography	8.939
HG	Human Genetics	9.409
MR	Magnetic Resonance Imaging	8.566
PS	Psychiatrists	15.303
RA	Radiology	11.256
RO	Radiation Oncology	9.656
U	Ultrasound	7.574
V	Consultative Services	12.831
VG	GP Consultative Services (items 0190 - 0192, 0173-0175)	14.384
VP	Consultative Services (Paediatrics and Paediatric Cardiologists)	12.831

Occupational and Art Therapy 2008

SERVICES BY OCCUPATIONAL AND ART THERAPISTS		
This schedule is only applicable to road accident trauma emergency care where the RAF is liable for compensation in terms of the Road Accident Fund Act (Act Nr 56 of 1996) as amended. Emergency care means the immediate, appropriate and justifiable medical assessment, treatment and care required to prevent or limit future impairment to bodily functions and/or to preserve the person's life. 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 10 cent. 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.	
REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF OCCUPATIONAL THERAPY (R2145 - 31 July 1992)		
GENERAL RULES		
006	Where emergency treatment is provided: a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient in hospital; or b. after working hours the fee for such visits shall be the total fee plus 50%. For purposes of this rule: a. "emergency treatment" means a bona fide, justifiable emergency occupational therapy procedure, where failure to provide the procedure immediately would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy; and b. "working hours" means 8h00 to 17h00, Monday to Friday. Modifier 0006 must be quoted after the appropriate code number(s) to indicate that this rule is applicable. Rule 006 does not apply to art therapy.	06.52
008	The provision of assistive devices shall be charged (exclusive of VAT) at net acquisition price plus – - 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands. Modifier 0008 must be quoted after the appropriate code numbers to show that this rule is applicable.	06.52
009	Materials used in the construction of orthoses or pressure garments shall be charged (exclusive of VAT) at net acquisition price plus - - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. Modifier 0009 must be quoted after the appropriate code numbers to show that this rule is applicable. Rule 009 does not apply to art therapy.	06.52
010	Materials used in treatment shall be charged (exclusive of VAT) at net acquisition price plus - - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. Modifier 0010 must be quoted after the appropriate code numbers to show that this rule is applicable.	06.52
011	Where the therapist performs treatments away from the treatment rooms, travelling costs to be charged according to AA rates e.g. for domicilliary treatments or treatments in nursing homes. Modifier 0011 must be quoted after the appropriate code numbers to show that this rule is applicable.	06.52
012	Every practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars: i The name and practice number of the consulting occupational or art therapist. ii The name of the patient/ claimant. iii The reference number of the patient/ claimant. iv The nature of the treatment. v The date on which the service was rendered. vi The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.	06.52
013	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 shall only be reimbursed by the Fund if the appropriate code is supplied on the account. Please note: In the case of occupational therapy, a code will only be required when a standard proprietary (off the shelf) product is used. When a splint or support is made by the occupational therapist using or modifying one or more components, a code cannot accurately identify this non-standard product. Please refer to annexure itemising the most commonly made non-standard products used in occupational therapy and bill accordingly. The Occupational Therapy Association of S A has made available a generic list of non-proprietary splints and pressure garments commonly made by practitioners. The type of materials used to manufacture these products is at the discretion of the practitioner concerned. Price of splints and pressure garments may vary. See Annexures A & B.	06.52

Code	Description	Ver	Add	Occupational Therapy		Arts Therapy	
				RVU	Fee	RVU	Fee
Modifiers							
0006	Add 50% of the total fee for the procedure. Modifier 0006 does not apply to art therapy.						06.52
0008	Assistive devices to be charged (exclusive of VAT) at net acquisition price plus – - 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands.						06.52
0009	Materials used for orthoses or pressure garments to be charged (exclusive of VAT) at net acquisition price plus - - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. See Annexures A & B for non-standard products. Modifier 0009 does not apply to art therapy.						06.52
0010	Materials used in treatment to be charged (exclusive of VAT) at net acquisition price plus - - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.						06.52
0011	Travelling costs according to AA rates.						06.52
0021	Services rendered to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients.						06.52
ITEMS							
1	**PROCEDURES OF INTERVIEWING, GUIDANCE AND CONSULTANCY**						
Code	Description	Ver	Add	Occupational Therapy		Arts Therapy	
				RVU	Fee	RVU	Fee
108	Interview, guidance or consultation: 30 minute duration.	06.52		21.250	118.90 (104.30)	21.250	65.10 (57.10)
109	Interview, guidance or consultation. Each additional 15 mins. A maximum of four instances of this code may be charged per session.	06.52	+	10.630	59.50 (52.20)	10.625	32.60 (28.60)
	Time based items in this section exclude time spent on procedures charged in addition to the consultation	06.52					
107	Appointment not kept (fund will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the fund" or "Patient own account" category).	06.52		-	-	-	-
110	Reports. To be used to motivate for therapy and/or give a progress report and/or a pre-authorisation report, where such a report is specifically required by the Fund.	06.52		16.500	92.40 (81.10)	22.140	67.80 (59.50)
2	**PROCEDURES OF INITIAL EVALUATION TO DETERMINE THE TREATMENT.**						
201	Observation and screening.	06.52		7.500	42.00 (36.80)	10.000	30.60 (26.80)
203	Specific evaluation for a single aspect of dysfunction (Specify which aspect).	06.52		7.500	42.00 (36.80)	10.000	30.60 (26.80)
205	Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and aspects evaluated)	06.52		22.500	125.90 (110.40)	30.000	91.90 (80.60)
207	Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated).	06.52		45.000	251.90 (221.00)	60.000	183.80 (161.20)
209	Specific in depth evaluation of certain functions affecting the total person (Specify the aspects assessed).	06.52		75.000	419.80 (368.20)	100.000	306.40 (268.80)
211	Comprehensive in depth evaluation of the total person (Specify aspects assessed)	06.52		105.000	587.70 (515.50)	140.000	429.00 (376.30)
Measurement for designing.							
213	A static orthosis.	06.52		7.500	42.00 (36.80)		
215	A dynamic orthosis.	06.52		7.500	42.00 (36.80)		
217	A pressure garment for one limb.	06.52		7.500	42.00 (36.80)		
219	A pressure garment for one hand.	06.52		7.500	42.00 (36.80)		
221	A pressure garment for the trunk.	06.52		7.500	42.00 (36.80)		
223	A pressure garment for the face (chin strap only).	06.52		7.500	42.00 (36.80)		
225	A pressure garment for the face (full face mask).	06.52		7.500	42.00 (36.80)		
	The whole body or part thereof will be the sum total of the parts	06.52					

Code	Description	Ver	Add	Occupational Therapy		Arts Therapy	
				RVU	Fee	RVU	Fee
3	PROCEDURES OF THERAPY.						
303	Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment and positioning the patient. This does not require individual attention for the whole treatment session, per patient	06.52		15.000	84.00 (73.70)	10.000	30.60 (26.80)
307	Simultaneous treatment with two to four patients, each with specific problems, utilising individual activities, per patient (Treatment time 60 minutes or more)	06.52		20.000	111.90 (98.20)	20.000	61.30 (53.80)
308	Simultaneous treatment with two to four neuro-behavioural and stress related conditions or severe head injury patients, each with specific problems, utilising individual activities, per patient (Treatment time 90 minutes or more)	06.52		30.000	167.90 (147.30)	30.000	91.90 (80.60)
	Individual and undivided attention during treatment sessions utilising specific activity and/or techniques in an integrated treatment session	06.52					
309	On level one (15 minutes).	06.52		10.000	56.00 (49.10)	10.000	49.30 (43.20)
311	On level two (30 minutes).	06.52		20.000	111.90 (98.20)	20.000	98.60 (86.50)
313	On level three (45 minutes).	06.52		30.000	167.90 (147.30)	30.000	147.90 (129.70)
315	On level four (60 minutes).	06.52		40.000	223.90 (196.40)	40.000	197.20 (173.00)
317	On level five (90 minutes).	06.52		50.000	279.90 (245.50)	50.000	246.50 (216.20)
319	On level six (120 minutes).	06.52		60.000	335.80 (294.60)	60.000	295.70 (259.40)
4	PROCEDURES REQUIRED TO PROMOTE TREATMENT.						
401	Recommendations as regards to assistive devices, environmental adaptations, alternative/compensatory methods, handling the patient	06.52		15.000	84.00 (73.70)	10.000	49.30 (43.20)
	Designing and constructing a custom-made adaptation, assistive device, splint or simple pressure garment for treatment in a task-centered activity (specify the adaptation, assistive device, splint or simple pressure garment)	06.52					
403	On level one.	06.52		10.000	56.00 (49.10)	10.000	49.30 (43.20)
405	On level two.	06.52		20.000	111.90 (98.20)	20.000	98.60 (86.50)
407	On level three.	06.52		30.000	167.90 (147.30)	30.000	147.90 (129.70)
409	On level four.	06.52		40.000	223.90 (196.40)	40.000	197.20 (173.00)
411	On level five.	06.52		50.000	279.90 (245.50)	50.000	246.50 (216.20)
413	On level six.	06.52		60.000	335.80 (294.60)	60.000	295.70 (259.40)
415	Designing and constructing a static orthosis.	06.52		60.000	335.80 (294.60)		
417	Designing and constructing a dynamic orthosis.	06.52		120.000	671.60 (589.10)		
	Designing and constructing pressure garment for:	06.52					
419	Limb.	06.52		60.000	335.80 (294.60)		
421	Face (chin strap only).	06.52		45.000	251.90 (221.00)		
423	Face (full face mask).	06.52		60.000	335.80 (294.60)		
425	Trunk.	06.52		90.000	503.70 (441.80)		
427	Hand.	06.52		90.000	503.70 (441.80)		
	The whole body or part thereof will be the sum total of the parts for the first garment and 75% of the fee for any additional garments made on the same pattern	06.52					
434	Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied.	06.52					
List of splints and pressure garments exempted from NAPPI codes							
Annexure A							
	Numbers and names of splints to be used with modifier 0009						06.52
701	Static finger extension/flexion splint	06.52		-	-		
702	Dynamic finger extension/flexion	06.52		-	-		
703	Buddy strap	06.52		-	-		

Code	Description	Ver	Add	Occupational Therapy		Arts Therapy	
				RVU	Fee	RVU	Fee
704	DIP/PIP flexion strap	06.52		-	-		
705	MP, PIP, DIP flexion strap	06.52		-	-		
706	Hand based static finger extension/flexion	06.52		-	-		
707	Hand based static thumb extension/flexion/opposition/ abduction	06.52		-	-		
708	Hand based dynamic finger flexion/extension	06.52		-	-		
709	Hand based dynamic thumb flexion/extension/opposition/abduction	06.52		-	-		
710	Static wrist extension/flexion	06.52		-	-		
711	Dynamic wrist extension/flexion	06.52		-	-		
712	Flexion glove	06.52		-	-		
713	Forearm based dynamic finger flexion/extension	06.52		-	-		
714	Forearm based dorsal protection	06.52		-	-		
715	Forearm based volar resting	06.52		-	-		
716	Static elbow extension/flexion	06.52		-	-		
717	Dynamic elbow flexion/extension splint	06.52		-	-		
718	Shoulder abduction splint	06.52		-	-		
719	Static rigid neck splint	06.52		-	-		
720	Static soft neck splint/brace	06.52		-	-		
721	Static knee extension	06.52		-	-		
722	Static foot dorsiflexion	06.52		-	-		
Annexure B							
	Numbers and names of pressure garments to be used with modifier 0009						06.52
801	Glove to wrist	06.52		-	-		
802	Glove to elbow	06.52		-	-		
803	Gauntlet (Glove with palm and thumb only)	06.52		-	-		
804	Sleeve: Upper/forearm	06.52		-	-		
805	Sleeve: full	06.52		-	-		
806	Vest + sleeves	06.52		-	-		
807	Sleeveless vest	06.52		-	-		
808	Upper leg	06.52		-	-		
809	Lower leg	06.52		-	-		
810	Full leg	06.52		-	-		
811	Pants (trunk and full legs)	06.52		-	-		
812	Briefs	06.52		-	-		
813	Anklet	06.52		-	-		
814	Knee length stocking	06.52		-	-		
815	Chin strap	06.52		-	-		
816	Full face mask	06.52		-	-		
817	Neck only	06.52		-	-		
818	Finger sock	06.52		-	-		
Annexure C							
	List of materials used in treatment under modifier 0010						06.52
901	Therapeutic putty	06.52		-	-		
902	Wood, leather, sisal	06.52		-	-		
903	Sponge	06.52		-	-		
904	Elastonet	06.52		-	-		
905	Silicon gel sheeting	06.52		-	-		
Annexure D							
	Assistive devices made by the therapist her/himself to be used with modifier 0008						06.52
1001	Hip abduction cushion	06.52		-	-		
1002	Sponge on a stick	06.52		-	-		
1003	Hand grips (for utensils)	06.52		-	-		
1004	Bath bench	06.52		-	-		
1005	Bath seat	06.52		-	-		
1006	Transfer board	06.52		-	-		
1007	Plate surround	06.52		-	-		
1008	Wheelchair strap	06.52		-	-		

Physiotherapy 2008

SERVICES OF PHYSIOTHERAPISTS		
This schedule is only applicable to road accident trauma emergency care where the RAF is liable for compensation in terms of the Road Accident Fund Act (Act Nr 56 of 1996) as amended. Emergency care means the immediate, appropriate and justifiable medical assessment, treatment and care required to prevent or limit future impairment to bodily functions and/or to preserve the person's life. 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 10 cent. 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.	
REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF PHYSIOTHERAPY (R2301 - 3 December 1976)		
SCHEDULE		
General rules governing the tariff		
002	In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, the practitioner shall provide motivation for a higher fee and such higher fee as may be agreed upon between the practitioner and the Fund may be charged	06.52
003	Where a practitioner uses equipment which is not owned by that practitioner, a reduction of 15% of the relevant rate will be applicable. Modifier 0003 must be quoted when this rule is applied	06.52
004	In the case of prolonged or costly treatment, the practitioner should first ascertain from the Fund whether it will accept financial responsibility in respect of such treatment	06.52
005	After a series of 20 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the Fund as soon as possible if further treatment is necessary. Payment for treatments in excess of the stipulated number may be granted by the Fund after receipt of a letter from the practitioner concerned, motivating the need for such treatment	06.52
006	Where emergency treatment is provided: a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient in hospital; or b. after working hours the fee for such visits shall be the total fee plus 50%. For purposes of this rule: a. "emergency treatment" means a bona fide, justifiable emergency physiotherapy procedure, where failure to provide the procedure immediately would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy; and b. "working hours" means 8h00 to 17h00, Monday to Friday. Modifier 0006 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.	06.52
007	Practitioners are reminded that a lower fee than that appearing in the tariff shall be charged if the customary fee in the area is less than that charged. Reduced fees shall also be charged where the practitioner would have reduced his/her fee in private practice in particular cases. Prolonged treatment or exceptional cases should also receive special consideration in accordance with the usual medical practice	06.52
008	The fee in respect of more than one procedure (excluding evaluation and visiting items 407, 501, 502, 503, 507, 509, 701, 702, 703, 704, 705, 706, 707, 708, 801, 803, 901 and 903) performed at the same consultation or visit, shall be the fee for the major procedure plus half the fee in respect of each additional procedure, but under no circumstances may fees be charged for more than three procedures carried out in the treatment of any one condition. Modifier 0008 must then be quoted after the appropriate code numbers for the additional code numbers for the additional procedures to indicate that this rule is applicable.	06.52
009	When more than one condition requires treatment and each of these conditions necessitates an individual treatment, they shall be charged as individual treatments. Full details of the nature of the treatments and the diagnosis or diagnostic codes shall be stated. Modifier 0009 must then be quoted after the appropriate code number to indicate that this rule is applicable.	06.52
010	When the treatment times of two completely separate and different conditions overlap, the fee shall be the full fee for one condition and 50% of the fee for the other condition. Both conditions must be specified. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.	06.52
011	Every physiotherapist must acquaint himself with the provisions of the Medical Schemes Act, 1998 and the regulations promulgated under the Act in connection with the rendering of accounts. Every account shall contain the following particulars : · The name and practice code number of the referring practitioner (where applicable). · The name of the patient. · The practice code number and name of practitioner · The nature and cost of the treatment. · The date on which the service was rendered. · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.	06.52
013	Where the physiotherapist performs treatment away from the treatment rooms, travelling costs being more than 16 kilometres in total) to be charged according to the AA-rate. Modifier 0013 must be quoted after the appropriate code numbers to show that this rule is applicable.	06.52
014	Physiotherapy services rendered in a nursing home or hospital. Modifier 0014 must be quoted after each code.	06.52
016	When drugs, consumables and disposable items are used during a procedure, or issued to a patient on discharge, the Fund shall only reimburse the cost of such items, in line with this tariff, if the appropriate code is supplied on the account.	06.52
Modifiers		
0001	Appointment not kept	06.52
0003	15% of the relevant rate to be deducted where equipment used is not owned by the practitioner	06.52
0006	Add 50% of the total fee for the treatment	06.52

Code	Description	Ver	Add	Physiotherapy RVU	Physiotherapy Fee
0008	Only 50% of the fee for these additional procedures may be charged				06.52
0009	The full fee for the additional condition may be charged				06.52
0010	Only 50% of the fee for the second condition may be charged				06.52
0013	Travelling costs (being more than 16 kilometres in total) according to AA-rate.				06.52
0014	Physiotherapy services rendered to an in-patient in a nursing home or hospital.				06.52
1	RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY				
001	Infra-red, Radiant heat, Wax therapy Hot packs	06.52		5.000	26.70 (23.40)
005	Ultraviolet light	06.52		10.000	53.30 (46.80)
006	Laser beam	06.52		15.000	80.00 (70.20)
007	Cryotherapy	06.52		5.000	26.70 (23.40)
4	PHYSICAL MODALITIES				
305	Re-education of movement/Exercises (excluding ante- and post-natal exercises)	06.52		10.000	53.30 (46.80)
307	Pre- and post-operative breathing exercises	06.52		10.000	53.30 (46.80)
309	Isokinetic treatment.	06.52		10.000	53.30 (46.80)
310	Neural tissue mobilisation	06.52		20.000	106.60 (93.50)
314	Lymph drainage	06.52		5.000	26.70 (23.40)
315	Postural drainage.	06.52		10.000	53.30 (46.80)
317	Traction.	06.52		10.000	53.30 (46.80)
318	Upper respiratory nebulisation and/or lavage	06.52		10.000	53.30 (46.80)
319	Nebulisation	06.52		10.000	53.30 (46.80)
321	Intermittent positive pressure ventilation.	06.52		10.000	53.30 (46.80)
323	Suction: Level 1 (including sputum specimen taken by suction)	06.52		5.000	26.70 (23.40)
325	Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient)	06.52		20.090	107.10 (93.90)
327	Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient).	06.52		5.000	26.70 (23.40)
328	Dry needling	06.52		15.000	80.00 (70.20)
5	MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION				
401	Spinal.	06.52		15.000	80.00 (70.20)
402	Pre meditated manipulation	06.52		10.000	53.30 (46.80)
405	All other joints.	06.52		15.000	80.00 (70.20)
407	Immobilisation (excluding materials). Rule 008 does not apply.	06.52		15.000	80.00 (70.20)
6	REHABILITATION				
501	Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	06.52		25.000	133.30 (116.90)
504	EMG Biofeedback treatment	06.52		15.000	80.00 (70.20)
507	Respiratory Re-education and Training. Duration: 30min.	06.52		15.000	80.00 (70.20)
509	Rehabilitation. Each additional full 15 mins. Where the pathology requires the undivided attention of the physiotherapist. (Rule 0008 does not apply.) Can only be used with codes 501, 502, 507 or 503 to indicate the completion of an additional 15 minutes. A maximum of two instances of this code may be charged per session.	06.52		15.000	80.00 (70.20)
7	EVALUATION				
701	Evaluation/counselling at the first visit only (to be fully documented)	06.52		15.000	80.00 (70.20)

Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
702	Complex evaluation/counselling at the first visit only (to be fully documented).	06.52		30.000	159.90 (140.30)
703	One complete re-assessment of a patient's condition during the course of treatment. To be used only once per episode of care.	06.52		15.000	80.00 (70.20)
704	Lung function: Peak flow (once per treatment).	06.52		5.000	26.70 (23.40)
705	Computerised/Electronic test for lung pathology	06.52		15.000	80.00 (70.20)
706	Reports. To be used to motivate for therapy and/or give a progress report and/or a pre-authorisation report, where such a report is specifically required by the medical scheme.	06.52		15.000	80.00 (70.20)
707	Physical Performance test. Must be fully documented.	06.52		20.000	106.60 (93.50)
708	Interview, guidance or consultation with the patient or his family. To be used only once per episode of care.	06.52		15.000	80.00 (70.20)
10	OTHER				
117	Appointment not kept (the Fund will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the Fund" or "Patient own account" category).	06.52		-	-
937	Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day.	06.52		10.000	53.30 (46.80)
938	Bird or equivalent freestanding nebuliser excluding oxygen domicilliary per day.	06.52		10.000	53.30 (46.80)
939	Cost of material: Items to be charged (exclusive of VAT) at net acquisition price plus - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	06.52		-	-
940	Cost of appliances: Items to be charged (exclusive of VAT) at net acquisition price plus- 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands.	06.52		-	-
941	Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied.	06.52			
	Payment of this item is at the discretion of the Fund, and should be considered in instances where cost savings can be achieved. By prior arrangement with the Fund	06.52			

PRIVATE HOSPITALS (PRACTICE NUMBERS "57" OR "58") AND UNATTACHED OPERATING THEATRE UNITS/DAY CLINICS (PRACTICE NUMBER "77")		
This schedule is only applicable to road accident trauma emergency care where the RAF is liable for compensation in terms of the Road Accident Fund Act (Act Nr 56 of 1996) as amended. Emergency care means the immediate, appropriate and justifiable medical assessment, treatment and care required to prevent or limit future impairment to bodily functions and/or to preserve the person's life. 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 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.		
GENERAL RULES		
SCHEDULE		
B	The charges relating to each type of hospital/unattached operating theatre unit are indicated in the relevant column opposite the item codes.	06.52
C	The charges indicated in Section 5 hereof, are applicable to both categories of such hospitals and unattached operating theatre units.	06.52
D	When drugs, consumables and disposable items are used during a procedure, or issued to a patient on discharge, the Fund shall only reimburse the cost of such items, in line with this tariff, if the appropriate code is supplied on the account.	06.52
E.1	Procedure for the classification of hospitals:	06.52
E.1.1	Inspections of 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 the BHF. Applications to be addressed in writing to the BHF.	06.52
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 units.	06.52
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.	06.52
F.1.1	Inspections of new unattached theatre operating units and units having practice code numbers commencing with the digit 76, to be reclassified as approved unattached operating theatre units having practice numbers commencing with the digits 77 will be conducted by an independent agency on behalf of the BHF. Applications to be addressed in writing to the BHF.	06.52
G	All accounts submitted by private and unattached operating theatre units/day clinics shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 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.	06.52
H	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. The Fund shall have the right to inspect the original source documents at the hospital/unattached operating theatre unit concerned.	06.52
I	All accounts containing items which are subject to a discount shall indicate such items individually and shall show separately the gross amount of the discount.	06.52
1	ACCOMMODATION	
Ward fees		
	Hospitals and unattached operating theatre units shall indicate the exact time of admission and discharge on all accounts. In the case of hospitals, the day admission fee (code 007) shall be charged in respect of all patients admitted as day patients and discharged before 23h00 on the same date. 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 specialised unit. 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 The items listed as non-recoverable in Annexure B shall be deemed to be included in ward fees, and no charge in respect thereof may be levied.	06.52

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
1.1	General Wards								
Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
001	Surgical cases: per day.	06.52		36.063	1003.80 (880.50)	36.063	1003.80 (880.50)	-	-
002	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	06.52		37.888	1054.70 (925.20)	37.888	1054.70 (925.20)	-	-
005	Paediatric cases (under 14 years of age)	06.52		44.513	1239.10 (1086.90)	44.513	1239.10 (1086.90)	-	-
	Day admissions - all patients admitted as day patients and discharged before 23h00 on the same day	06.52							
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	06.52		23.079	642.40 (563.50)	23.079	642.40 (563.50)	19.725	549.10 (481.70)
014	Overnight fee - Medical practitioner to pre-authorise all overnight admissions	06.52		-	-	-	-	8.692	242.00 (212.30)
019	Out-patients facility fee for ambulatory admission - chargeable for patients admitted for local anaesthetic procedures - No ward fees applicable. Note: Each account should be accompanied by a report from the practitioner indicating the nature of the complication. Definition: Item 019 may only be used in conjunction with item 071 for pre-booked patients and may not be used in conjunction with items 301, 302, 061 and 335	06.52		10.679	297.30 (260.80)	10.679	297.30 (260.80)	10.679	297.30 (260.80)
022	Out-patient wound care facility	06.52		5.263	146.50 (128.50)	5.263	146.50 (128.50)	5.263	146.50 (128.50)
Maternity									
Caesarean									
012	First day (Day of confinement).	06.52		270.992	7543.30 (6616.90)	270.992	7543.30 (6616.90)	-	-
013	Subsequent day(s). Per day	06.52		59.583	1658.60 (1454.90)	59.583	1658.60 (1454.90)	-	-
	Note: The following fees (items 015 and 016) are included in the above per diem fees, and may only be charged on a fee for service account	06.52							
015	Nursery fee.	06.52		16.925	471.10 (413.20)	16.925	471.10 (413.20)	-	-
016	Delivery room. This item is not applicable for deliveries by registered midwifes in private practice.	06.52		72.746	2025.00 (1776.30)	72.746	2025.00 (1776.30)	-	-
018	Subsequent day(s) excluding nursery fee	06.52		42.963	1195.90 (1049.00)	42.963	1195.90 (1049.00)	-	-
Epidural fee									
011	Use of epidural anaesthesia for MATERNITY CASES ONLY. (Note: This item includes all surgicals and nursing but no ethicals)	06.52		26.500	737.70 (647.10)	26.500	737.70 (647.10)	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
1.2	**Private Wards**								
020	Private ward Hospitals shall obtain a certificate motivating for the necessity for accommodation in a private ward, from the attendant practitioner, and such certificate shall be forwarded to the Fund for pre-authorisation. General ward fees are applicable to isolation.	06.52		46.608	1297.40 (1138.10)	46.608	1297.40 (1138.10)	-	-
021	Private ward on member's request or for convenience of hospital will be funded at scale of benefits for general ward.	06.52		-	-	-	-	-	-
1.3	**Special Care Units**								
	Specialised units are defined as: Intensive Care Unit (ICU), Cardio-Thoracic Intensive Care Unit (CTICU), Neonatal Intensive Care Unit (NICU), High Care (HC), Neonatal High Care (NHC), A & B.								06.52
	Hospitals shall obtain a certificate stating the reason for accommodation in any specialised or other intensive care unit or in high care ward including neonatal intensive care and high care from the attending practitioner, and such certificate showing the date and time of admission and discharge from the unit shall be forwarded to the Fund. No charge may be levied to the Fund for special or private nursing.								06.52
200	Specialised ICU per day	06.52		195.088	5430.50 (4763.60)	195.088	5430.50 (4763.60)	-	-
	(Subject to a maximum of 1 day. Pre-authorisation required for every additional day thereafter. Item 201 will apply if no pre-authorisation is obtained. Use of this unit shall be limited to cardio-thoracic surgery, major vascular surgery and neuro-surgery cases involving surgery on the brain and spinal cord).	06.52							
201	Intensive Care Unit: Per day.	06.52		148.479	4133.10 (3625.50)	148.479	4133.10 (3625.50)	-	-
202	Neonatal Intensive Care Unit: Per day.	06.52		184.863	5145.80 (4513.90)	184.863	5145.80 (4513.90)	-	-
	(The charges referred to under items 200, 201 and 202 include the use of all equipment except: Bennett MA, Servo and Bear ventilators or equivalent apparatus plus the cost of oxygen)	06.52							
215	High Care Ward, Per day.	06.52		95.108	2647.40 (2322.30)	95.108	2647.40 (2322.30)	-	-
216	Neonatal High Care Ward 'A' (Intensive nursing and monitoring)	06.52		103.308	2875.70 (2522.50)	103.308	2875.70 (2522.50)	-	-
217	Neonatal High Care Ward 'B' (Standard nursing and monitoring)	06.52		67.538	1880.00 (1649.10)	67.538	1880.00 (1649.10)	-	-
218	Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).	06.52		44.513	1239.10 (1086.90)	44.513	1239.10 (1086.90)	-	-
	Note: Once the baby has been stabilised and no longer requires ICU care but is not ready to be returned to the general nursery, no additional equipment charges, eg phototherapy may be charged. All admissions to units/wards referred to under 201 to 202 shall be confirmed with the Fund for each 72 hours and 215 to 218 shall be confirmed weekly.	06.52							
2	**EMERGENCY UNIT**								
2.1	**Emergency Unit Fee**								
105	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit.	06.52		45.858	1276.50 (1119.70)	45.858	1276.50 (1119.70)	-	-
301	For all consultations including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	06.52		-	-	-	-	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
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.	06.52		10.533	293.20 (257.20)	10.533	293.20 (257.20)	10.533	293.20 (257.20)
	Note: The procedure room fee (071) cannot be charged in addition to 302	06.52							
2.2	THEATRE FEES								
061	Excimer Laser Theatre fee, per minute	06.52		0.650	18.10 (15.90)	0.650	18.10 (15.90)	0.650	18.10 (15.90)
	Items listed as non-recoverable per Annexure B of the National Health Reference Price List (in respect of Private Hospitals) shall be deemed to be included in theatre fees, and no charge in respect thereof may be levied.	06.52							
Minor Theatre, regardless of type of theatre available, the incident is procedure driven and not facility driven									
	A facility where simple procedures which require limited instrumentation and drapery, minimum nursing input and short or no general anaesthetic, are carried out. No Sophisticated monitoring is required but resuscitation equipment (trolley) must be available in the procedure room. Conscious sedation by arrangement with scheme.	06.52							
Time in minor theatre									
071	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	06.52		0.500	13.90 (12.20)	0.500	13.90 (12.20)	0.429	11.90 (10.40)
	The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows	06.52							
2.3	Major theatre								
	In addition to the theatre charge calculated as above, a surcharge (modifier 0002 and/or 0003) shall be allowed in cases where specialised theatres referred to in General Rule E.1.1 are utilised for the performance of any of the undermentioned procedures, whether carried out individually or in combination with each other, this surcharge shall be deemed to cover the equipment in the criteria. Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by the BHF	06.52							
0002	Modifier 0002: Orthopaedic, Neurosurgical and Vascular: · Femoro- popliteal bypasses · Neurosurgery (Surgery on the brain and spinal cord only, excludes neurolysis)	06.52		48.309	1344.73 (1179.59)	48.309	1344.73 (1179.59)	-	-
0003	Modifier 0003: Cardiac surgery Cardio-thoracic and Cardio-vascular surgery · All open heart surgery, with or without the insertion of a prosthesis, coronary artery bypass grafts and heart transplants. Includes all equipment (except item 513), no additional fees may be charged NOTE: The above surcharge will also be applicable to approved provincial hospitals	06.52		110.688	3081.11 (2702.73)	110.688	3081.11 (2702.73)	-	-
Time in Theatre									
081	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	06.52		1.554	43.30 (38.00)	1.554	43.30 (38.00)	1.329	37.00 (32.50)
	The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows	06.52							
Specialised Theatre Modifiers									
3	PROCEDURAL FEES								
	The fees quoted for items 052, 053 and 055 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for items 515, 529, 533, 535 and any items chargeable in terms of Section 4 and 5 hereof. NOTE: Ward fees may however be chargeable together with items 053 and 055.	06.52							
3.1	Procedures								
052	Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.	06.52		14.342	399.20 (350.20)	14.342	399.20 (350.20)	14.342	399.20 (350.20)

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
053	Angiograms.	06.52		14.342	399.20 (350.20)	14.342	399.20 (350.20)	-	-
3.2	Catheterisation laboratory procedures								
	Note: A certificate indicating the level of the catheterisation laboratory used, should be signed by the relevant doctor, indicating the information if required by the Fund.								06.52
	The fees quoted for items 054, 056, 070 and 073 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for items 515, 529, 533 and 535 and any items chargeable in terms of Section 4 and 5 hereof. NOTE: ward fees may however be chargeable together with items 054, 055, 056, 070 and 073.								06.52
054	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1 NB: For EPS (electrophysiologic) studies, the Bard Apparatus (item 529) must be charged additionally.	06.52		51.446	1432.10 (1256.20)	51.446	1432.10 (1256.20)	-	-
056	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1	06.52		96.929	2698.10 (2366.80)	96.929	2698.10 (2366.80)	-	-
070	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1. NB: EPS for cardiac ablations - items 529 must be charged additionally.	06.52		251.804	7009.20 (6148.40)	251.804	7009.20 (6148.40)	-	-
073	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1	06.52		186.233	5184.00 (4547.40)	186.233	5184.00 (4547.40)	-	-
075	Catheterisation laboratory film price (once per procedure)	06.52		5.546	154.40 (135.40)	5.546	154.40 (135.40)	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
3.4	Stereotactic radiosurgery								
	Included in item 430 Stereotactic frames and attachments Linear Accelerator Specialised graphic planning, hardware and software Simulator and dark rooms Stereotactic masks All disposables 4 to 20 Graphic transparencies (including 1 week of planning) 2 trained radiographers Fixation and immobilisation Nuclear Specialist Medical Physicist Duration 1 - 4 hours 2 treatment radiographers Excluded from fee Other medical practitioners CT & MRI								06.52
399	Linear Accelerator radiosurgery - Global Fee	06.52		3682.963	102519.00 (89928.90)	3682.963	102519.00 (89928.90)	-	-
	Item 399 is an all- inclusive single global radiosurgery fee, payable to a hospital. This item includes item 430, all imaging and all clinical fees. The hospital is responsible for reimbursement of all fees to all the professional providers of service involved in the treatment rendered under this item.	06.52							
430	Global fee for stereotactic radiosurgery	06.52		2520.600	70163.40 (61546.80)	2520.600	70163.40 (61546.80)	-	-
4	STANDARD CHARGES FOR EQUIPMENT								
225	Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case	06.52		48.033	1337.00 (1172.80)	48.033	1337.00 (1172.80)	-	-
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	06.52		10.604	295.20 (258.90)	10.604	295.20 (258.90)	10.604	295.20 (258.90)
228	Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case	06.52		5.242	145.90 (128.00)	5.242	145.90 (128.00)	5.242	145.90 (128.00)
231	Cardiac monitors - in private, general and high care wards only - not to be charged for routine ECG's: Per day or part thereof	06.52		4.371	121.70 (106.80)	4.371	121.70 (106.80)	-	-
232	Bird or equivalent free standing nebuliser (excluding oxygen): Per day	06.52		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	06.52		0.896	24.90 (21.80)	0.896	24.90 (21.80)	-	-
234	Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day or part thereof	06.52		1.675	46.60 (40.90)	1.675	46.60 (40.90)	-	-
235	Oxygen tents (excluding oxygen): Per day or part thereof	06.52		1.458	40.60 (35.60)	1.458	40.60 (35.60)	-	-
236	Mechanical ventilator or equivalent (only in ICU and high care ward where no ICU is available) (excluding oxygen): Per day or part thereof	06.52		13.963	388.70 (341.00)	13.963	388.70 (341.00)	-	-
237	CUSA (plus CUSA pack as per section 5).	06.52		67.804	1887.40 (1655.60)	67.804	1887.40 (1655.60)	-	-
	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.	06.52							

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
249	C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies).	06.52		8.817	245.40 (215.30)	8.817	245.40 (215.30)	8.817	245.40 (215.30)
250	Ultrasonic imaging equipment.	06.52		14.738	410.20 (359.80)	14.738	410.20 (359.80)	14.738	410.20 (359.80)
	(Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or Doppler ultrasound for vascular anatomy and haemo-dynamics) Note: This can be used for infertility treatment	06.52							
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.	06.52		19.883	553.50 (485.50)	19.883	553.50 (485.50)	19.883	553.50 (485.50)
252	Gastroscope (fibre optic/flexible only).	06.52		11.617	323.40 (283.70)	11.617	323.40 (283.70)	11.617	323.40 (283.70)
253	Colonoscope (fibre optic/flexible only)	06.52		12.992	361.60 (317.20)	12.992	361.60 (317.20)	12.992	361.60 (317.20)
254	Duodenoscope (fibre optic/flexible only).	06.52		12.308	342.60 (300.50)	12.308	342.60 (300.50)	12.308	342.60 (300.50)
255	Sigmoidoscope (fibre optic).	06.52		9.979	277.80 (243.70)	9.979	277.80 (243.70)	9.979	277.80 (243.70)
256	Bronchoscope (flexible/fibre optic, adults).	06.52		8.200	228.30 (200.30)	8.200	228.30 (200.30)	8.200	228.30 (200.30)
257	Laryngoscope (fibre optic/flexible excluding intubation)	06.52		4.788	133.30 (116.90)	4.788	133.30 (116.90)	4.788	133.30 (116.90)
258	Sinoscope (rigid only)	06.52		5.463	152.10 (133.40)	5.463	152.10 (133.40)	5.463	152.10 (133.40)
259	Oesophagoscope (rigid only)	06.52		2.725	75.90 (66.60)	2.725	75.90 (66.60)	2.725	75.90 (66.60)
261	Hysteroscope	06.52		3.429	95.40 (83.70)	3.429	95.40 (83.70)	3.429	95.40 (83.70)
262	Colposcope (Not chargeable when item 239 applies)	06.52		4.788	133.30 (116.90)	4.788	133.30 (116.90)	4.788	133.30 (116.90)
263	Cysto Urethroscope	06.52		4.108	114.40 (100.40)	4.108	114.40 (100.40)	4.108	114.40 (100.40)
264	Arthroscope (including basic reusable instruments and equipment)	06.52		11.200	311.80 (273.50)	11.200	311.80 (273.50)	11.200	311.80 (273.50)
	Note: The basic reusable instruments and equipment (which would always include the equivalent to the items named) are included in the fee of item 264 (see list below) : - 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.	06.52							

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
294	Transcranial Doppler	06.52		24.417	679.70 (596.20)	24.417	679.70 (596.20)	-	-
295	Ultrasonic Cutting and Coagulating Devices (See section 5.3.3)	06.52		6.721	187.10 (164.10)	6.721	187.10 (164.10)	6.721	187.10 (164.10)
343	Sigmoidoscope (rigid, adults)	06.52		2.050	57.10 (50.10)	2.050	57.10 (50.10)	2.050	57.10 (50.10)
345	Sigmoidoscope (rigid, paediatrics)	06.52		1.658	46.20 (40.50)	1.658	46.20 (40.50)	1.658	46.20 (40.50)
347	Bronchoscope (flexible/fibre optic, paediatrics)	06.52		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.	06.52							
348	Bronchoscope (rigid, adults)	06.52		3.283	91.40 (80.20)	3.283	91.40 (80.20)	3.283	91.40 (80.20)
349	Bronchoscope (rigid, paediatrics)	06.52		4.788	133.30 (116.90)	4.788	133.30 (116.90)	4.788	133.30 (116.90)
360	Category 1 - Laparoscopy and thoracoscopy, per case. See Annexure A	06.52		26.825	746.70 (655.00)	26.825	746.70 (655.00)	26.825	746.70 (655.00)
364	Category 2 - Interventional Laparoscopic and Thorascopic procedures, per case. See Annexure A	06.52		31.867	887.00 (778.10)	31.867	887.00 (778.10)	31.867	887.00 (778.10)
507	Argon Beamer (See section 5.3.2)	06.52		2.721	75.70 (66.40)	2.721	75.70 (66.40)	2.721	75.70 (66.40)
	Note: The Argon Beamer will not apply where a standard electosurgery unit is used. It can only be used with surgery on internal organs and in neurosurgery.	06.52							
511	Colour Doppler (external)	06.52		49.167	1368.60 (1200.50)	49.167	1368.60 (1200.50)	49.167	1368.60 (1200.50)
513	Transoesphageal Colour Doppler. (May be charged together with Modifier 0003)	06.52		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).	06.52		32.313	899.50 (789.00)	32.313	899.50 (789.00)	32.313	899.50 (789.00)
519	Uretho Reno Fibroscope, per case	06.52		14.663	408.20 (358.10)	14.663	408.20 (358.10)	14.663	408.20 (358.10)
521	OAS Frameless Stereotaxy	06.52		172.908	4813.10 (4222.00)	172.908	4813.10 (4222.00)	-	-
523	OPD Tacography (Includes paper)	06.52		2.800	77.90 (68.30)	2.800	77.90 (68.30)	-	-
525	RFG3C Lesion Generator (Rhizotomy)	06.52		55.979	1558.20 (1366.80)	55.979	1558.20 (1366.80)	-	-
527	Swift Lase Kit (Tonsillectomy)	06.52		10.908	303.60 (266.30)	10.908	303.60 (266.30)	-	-
529	Bard Apparatus 1. For EPS (electrophysiologic) studies the analogue monoplane unit (item 054) must be charged additionally. 2. EPS studies for cardiac ablations - the digital bi-plane unit (item 070) must be charged additionally.	06.52		41.879	1165.70 (1022.50)	41.879	1165.70 (1022.50)	-	-
531	Densitometer	06.52		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).	06.52		70.117	1951.80 (1712.10)	70.117	1951.80 (1712.10)	-	-
535	Ivus (Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation laboratory).	06.52		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.	06.52		0.646	18.00 (15.80)	0.646	18.00 (15.80)	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	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).	06.52							
574	Pressure relieving mattress hire fee, per day	06.52		-	-	-	-	-	-
576	Infrared Coagulator: per use	06.52		-	-	-	-	-	-
578	Prostatic hyperthermia and thermotherapy: per case	06.52		256.325	7135.10 (6258.90)	256.325	7135.10 (6258.90)	-	-
580	Sequential compression device, per case	06.52		-	-	-	-	-	-
582	Selector ultrasonic aspirator	06.52		-	-	-	-	-	-
584	Cryosurgery acuprobe	06.52		-	-	-	-	-	-
594	Motility machine	06.52		-	-	-	-	-	-
596	Ph recorder	06.52		-	-	-	-	-	-
608	Lynx ultrasound scanner	06.52		-	-	-	-	-	-
610	Intra-operative multi-frequency probe	06.52		-	-	-	-	-	-
612	Flexible laparoscopic probe	06.52		-	-	-	-	-	-
5	**STANDARD DRUG, MATERIAL, CONSUMABLE AND DISPOSABLE CHARGES**								
	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.								06.52
5.1	**STANDARD DRUG CHARGES**								
	(Only substances controlled by the Medicines and Related Substances Control Act, Act 101 of 1965, as amended/Medicine Control Council)								06.52
5.1.1	**Inpatients and day patients: Dispensed items including ampoules, over the counter and proprietary items issued to inpatients, day patients and TTO's**								
	Not to be charged for consumable, disposable and surgical items								06.52
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor). All items which patients take home as TTO's must be shown on accounts.								06.52
272	Pharmacy	06.52							
273	To take out	06.52							
278	Ward stock	06.52		-	-	-	-	-	-
282	Theatre	06.52		-	-	-	-	-	-
5.1.2	**Emergency Room: Dispensed items including ampoules, over the counter and proprietary items and TTO's issued to patients treated in the emergency room (Items 301 and 302) when not admitted to a ward.**								
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor). All items which patients take home as TTO's must be shown on accounts. Not to be charged for consumable, disposable and surgical items								06.52 06.52
407	Pharmacy	06.52		-	-	-	-	-	-
411	Theatre	06.52		-	-	-	-	-	-
413	To take out	06.52		-	-	-	-	-	-
5.2	**Consumable, disposable, and surgical items used in ward, theatre or emergency room**								
	When used in ward or theatre Net acquisition price inclusive of VAT (unless the facility is not a registered VAT vendor). Items to be fully specified								06.52

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	See consumable and disposable list.								06.52
266	Large disposable sterile trays - per tray (excluding theatre)	06.52							
267	Sterile disposable swabbing and ENT trays - per tray (excluding theatre)	06.52							
269	Soluble bags for barrier nursing only, limited to 2 per patient, per day	06.52							
415	Emergency room	06.52		-	-	-	-	-	-
417	Pharmacy	06.52		-	-	-	-	-	-
419	Ward stock	06.52		-	-	-	-	-	-
421	Theatre	06.52		-	-	-	-	-	-
5.3	Fractional charges								
	Net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor) to be charged per case at the fractional rates indicated below.								06.52
	Note: Fractional charges can only apply to reusable and limited life reusable/resposable products.								06.52
5.3.1	Drills, burrs, cutters, blades								
280	Neuro/Craniotomy	06.52		-	-	-	-	-	-
432	Arthroscopy	06.52		-	-	-	-	-	-
433	Orthopaedic	06.52		-	-	-	-	-	-
437	Mastoidectomy and major ear surgery	06.52		-	-	-	-	-	-
439	Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth)	06.52		-	-	-	-	-	-
5.3.2	Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited life re-usable components)								
	Hospitals/unattached operating theatre units shall show the name and reference number of each item together with the manufacturer's name, and schemes shall have the right to call for such invoices from the institution concerned								06.52
281	Vascular surgery	06.52		-	-	-	-	-	-
443	General surgery	06.52		-	-	-	-	-	-
445	Gynaecology	06.52		-	-	-	-	-	-
447	Ophthalmic	06.52		-	-	-	-	-	-
449	Urology	06.52		-	-	-	-	-	-
451	ENT	06.52		-	-	-	-	-	-
453	Orthopaedic	06.52		-	-	-	-	-	-
5.3.3	Ultrasonic Cutting and Coagulating Devices (Limited life re-usable)								
General surgery, Gynaecology, Cardio-Vascular and Urology									
455	Handpiece and Cable Assembly (one unit)	06.52		-	-	-	-	-	-
456	Coagulating Shear (Laparoscopic/open)	06.52		-	-	-	-	-	-
458	Coagulating Shear - Single use (Laparoscopic/open) Refer to Section 5.2	06.52		-	-	-	-	-	-
457	Blades (sharp hook, dissecting hook, ball)	06.52		-	-	-	-	-	-
459	Blades - Single use (sharp hook, dissecting hook, ball) Refer to 5.2	06.52		-	-	-	-	-	-
5.3.4	Warm air blankets								
429	Warm air blanket may be charged in the following cases and limited to 1 per stay - Infants - Elderly patients over 65, - Patients exposed for a long period of time in theatre longer than 2 hours - Post traumatic hypothermia - one per stay - Cardio-thoracic hypothermic patients in recovery and ICU - one per stay	06.52		-	-	-	-	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
5.3.5	**Diathermy pencils, laryngeal masks and fluoroshield gloves**								
431	Diathermy pencils	06.52		-	-	-	-	-	-
435	Laryngeal masks	06.52		-	-	-	-	-	-
441	Fluoroshield gloves (1 pair per procedure)	06.52		-	-	-	-	-	-
5.7	**Gases**								
	Price increases: Should a change occur in the manufacturer's price of any item listed hereunder, the new price shall be as notified								06.52
Oxygen and Nitrous Oxide									
	For both gases together, per minute								06.52
283	PWV area	06.52		0.110	3.06 (2.68)	0.110	3.06 (2.68)	0.110	3.06 (2.68)
701	Cape Town	06.52		0.151	4.20 (3.68)	0.151	4.20 (3.68)	0.151	4.20 (3.68)
702	Port Elizabeth	06.52		0.134	3.73 (3.27)	0.134	3.73 (3.27)	0.134	3.73 (3.27)
703	East London	06.52		0.149	4.15 (3.64)	0.149	4.15 (3.64)	0.149	4.15 (3.64)
704	Durban	06.52		0.138	3.84 (3.37)	0.138	3.84 (3.37)	0.138	3.84 (3.37)
705	Other areas	06.52		0.123	3.42 (3.00)	0.123	3.42 (3.00)	0.123	3.42 (3.00)
Oxygen, ward use									
	Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex								06.52
284	PWV area	06.52		0.162	4.51 (3.96)	0.162	4.51 (3.96)	0.162	4.51 (3.96)
710	Cape Town	06.52		0.268	7.46 (6.54)	0.268	7.46 (6.54)	0.268	7.46 (6.54)
711	Port Elizabeth	06.52		0.258	7.18 (6.30)	0.258	7.18 (6.30)	0.258	7.18 (6.30)
712	East London	06.52		0.248	6.90 (6.05)	0.248	6.90 (6.05)	0.248	6.90 (6.05)
713	Durban	06.52		0.210	5.85 (5.13)	0.210	5.85 (5.13)	0.210	5.85 (5.13)
714	Other areas	06.52		0.200	5.57 (4.89)	0.200	5.57 (4.89)	0.200	5.57 (4.89)
Oxygen, recovery room or emergency room									
	Flat rate for oxygen per case								06.52
720	PWV area	06.52		0.322	8.96 (7.86)	0.322	8.96 (7.86)	0.322	8.96 (7.86)
721	Cape Town	06.52		0.533	14.80 (13.00)	0.533	14.80 (13.00)	0.533	14.80 (13.00)
722	Port Elizabeth	06.52		0.513	14.30 (12.50)	0.513	14.30 (12.50)	0.513	14.30 (12.50)
723	East London	06.52		0.492	13.70 (12.00)	0.492	13.70 (12.00)	0.492	13.70 (12.00)
724	Durban	06.52		0.421	11.70 (10.30)	0.421	11.70 (10.30)	0.421	11.70 (10.30)
725	Other areas	06.52		0.398	11.10 (9.74)	0.398	11.10 (9.74)	0.398	11.10 (9.74)
Oxygen in Theatre									
	Fee for oxygen per minute in the operating theatre when no other gas administered								06.52
730	PWV area	06.52		0.010	0.28 (0.25)	0.010	0.28 (0.25)	0.010	0.28 (0.25)
731	Cape Town	06.52		0.018	0.50 (0.44)	0.018	0.50 (0.44)	0.018	0.50 (0.44)
732	Port Elizabeth	06.52		0.017	0.47 (0.41)	0.017	0.47 (0.41)	0.017	0.47 (0.41)
733	East London	06.52		0.017	0.47 (0.41)	0.017	0.47 (0.41)	0.017	0.47 (0.41)
734	Durban	06.52		0.013	0.36 (0.32)	0.013	0.36 (0.32)	0.013	0.36 (0.32)
735	Other areas	06.52		0.013	0.36 (0.32)	0.013	0.36 (0.32)	0.013	0.36 (0.32)
Carbon Dioxide									
291	Per minute	06.52		0.020	0.56 (0.49)	0.020	0.56 (0.49)	0.020	0.56 (0.49)

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				RVU	Fee	RVU	Fee	RVU	Fee
Laser Mix									
292	Per minute	06.52		0.387	10.80 (9.47)	0.387	10.80 (9.47)	0.387	10.80 (9.47)
Entonox									
293	Per 30 minutes	06.52		3.675	102.30 (89.70)	3.675	102.30 (89.70)	3.675	102.30 (89.70)
5.8	Inhalation anaesthetics								
	Price increases: Should a change occur in the manufacturer's price of any item listed hereunder, the new price shall be as notified								06.52
285	Halothane (Halothane): per ml	08.50		-	-	-	-	-	-
752	Ethrane (Enflurane): per ml	08.50		-	-	-	-	-	-
753	Forane (Isoflurane): per ml	08.50		-	-	-	-	-	-
754	Isofor (Isoflurane): per ml	08.50		-	-	-	-	-	-
755	Ultane (Sevoflurane): per ml	08.50		-	-	-	-	-	-
756	Suprane (Desflurane), per ml	08.50		-	-	-	-	-	-
757	Aerrane (Isoflurane): per ml	08.50		-	-	-	-	-	-
758	Alyrane (Enflurane): per ml	08.50		-	-	-	-	-	-
759	Fluothane (Halothane), per ml	08.50		-	-	-	-	-	-
5.9	Prostheses (Surgically implanted)								
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.	06.52		-	-	-	-	-	-
5.10	Medical artificial items (non-prostheses)								
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.	06.52		-	-	-	-	-	-
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.	06.52		-	-	-	-		
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 18.40 per collection, plus R 3.86 per kilometre travelled. This fee is applicable to all modes for collecting blood including hospital ambulances	06.52		-	-	-	-	-	-
297	Emergency blood collection. Claims for this item code must be supported by documentary evidence of the patient's condition	06.52		19.388	539.70 (473.40)	19.388	539.70 (473.40)	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
5.15	**Incise drapes**								
298	Incise drapes (See Annexure B)	06.52		-	-	-	-	-	-
299	Ophthalmic drapes. (See Annexure B)	06.52		-	-	-	-	-	-
300	Non-incise drapes (isolation, fluid-collection and combination)	06.52		-	-	-	-	-	-
	Chargeable in the following procedures: Hip, knee, shoulder and elbow joint replacements Open heart and cardiac bypass surgery Vascular surgery (excluding catheterisation laboratory procedures) Neuro-surgery (Brain and spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery	06.52							
	Note: The name, item number and cost must be shown.								06.52
5.16	**Disposable Patient Controlled Analgesia Pump**								
6	**NON STANDARD ITEMS/SERVICES**								
	Such items are not covered by the National Reference Price List and schemes reserve the right to decide individually how these items/services will be dealt with								06.52
290	Items/services e.g. telephone calls/hire, television hire, boarding, extra meals, dry cleaning of clothing, extra nursing in ward etc. The nature of each service shall be specified	06.52		-	-	-	-	-	-
ANNEXURES									
	ENDOSCOPIC (laparoscopic & thoracoscopic) GENERIC LIST Category 1 Procedures Laparoscopy and Thoracoscopy, per case Standard Charges 360 Laparoscopic Equipment Fee, per case - Telescope - Light Guide Cable - Camera - Monitor - Hi -frequency Cord Includes laparoscopic instrumentation, per case. All equivalents included - Scissors - Graspers (clamp, clinch, babcock) - Dissectors - Electro surgical Instrument - Suction irrigation shafts Recoverable Disposable Products " single-use" allowed - Insuflation Needle - Trocars NOTE: Category 1 procedures are predominantly diagnostic and the listed re-usable instruments are considered relevant and appropriate for category 1 procedures Category 2 Procedures								06.52

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics		
				RVU	Fee	RVU	Fee	RVU	Fee	
	Interventional laparoscopy, Thoracic and Urological procedures, per case Standard Charges: 364 Laparoscopic Equipment Fee, per case - Telescope - Light Guide Cable - Camera - Monitor - Hi -frequency Cord INCLUDES Laparoscopic Instrumentation, per case. All equivalents included - Endoscopic needle holder and knot pusher - Scissors - Graspers (clamp, clinch, babcock) - Dissectors - Retractors - Suction irrigation shaft - Electro surgical Instrument Recoverable Disposable Products "single -use" allowed - Insuflation Needle - Trocars - Ligating Clip Appliers - Ultrasonic or electro surgical cutting and coagulation accessories (instrumentation and accessories) - Endoscopic Staplers/Cutters Should a diagnostic procedure move to a 'therapeutic intervention , then the procedure would become a category 2 procedure Part Chargeable Products: Ultrasonic Handpiece and Cable = 1% Notes: Refer to detailed Endoscopic Disposable Product list. Procedure to be applied per CPT code – list attached. Comments 1. Optical, blunt, Hasson cannula, trocar – may substitute the primary port trocar and eliminate the use of verres needles. 2. Harmonic scalpel shears and blades – not to be charged together with disposable electrosurgical probes, argon beam coagulator, clip appliers, bipolar forceps and Tripolar forceps. 3. Harmonic scalpel shears and blades – not to be used for laparoscopic cholecystectomy and sterilisation 4. Tripolar forceps – not to be used together with electrosurgical probes, harmonic scalpel, clip appliers 5. Autosuture Endostitch – to be motivated and 1 suture assistant per procedure allowed. 6. Specimen retrieval bags – to motivate use (used when specimen needs to be captured and removed to avoid site contamination); procedure related – histology report required.									
	APPENDIX A 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)									06.52

STAATSKOERANT, 21 JULIE 2008 No. 31249 301

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	THORACOSCOPY, DIAGNOSTIC								
	THORACOSCOPY, DIAGNOSTIC with biopsy								
	THORACOSCOPY, DIAGNOSTIC lungs and pleural space, with biopsy								
	THORACOSCOPY, DIAGNOSTIC pericardial sac, without biopsy								
	THORACOSCOPY, DIAGNOSTIC pericardial sac with biopsy								
	THORACOSCOPY, DIAGNOSTIC mediastinal space without biopsy								
	THORACOSCOPY, DIAGNOSTIC mediastinal space with biopsy								
	CATEGORY 2								
	Laparoscopy, surgical; with salpingostomy (salpingoneostomy) (58673)								
	Laparoscopy, surgical; with fimbrioplasty (58672)								
	Laparoscopy, surgical; with fulgeration or excision of the ovary, pelvic viscera or peritoneal surface, any method (58662)								
	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 (49323)								
	Laparoscopy, surgical; appendectomy (44970)								
	Laparoscopy, surgical, abdomen, peritoneum and omentum; with biopsy (49321)								
	Laparoscopy, surgical, abdominal, peritoneum and omentum; with aspiration of cavity or cyst (e.g. ovarian cyst) single or multiple (49322)								
	Laparoscopy, surgical; with removal of adnexal structures (partial or total oopherectomy and/or salpingectomy) (58661)								
	Laparoscopy, surgical; orchiopexy for intra-abdominal testis (54692)								
	Laparoscopy, surgical; ligation spermatic veins for varicocele (55550)								
	Laparoscopy, surgical; ablation of renal cysts (50541)								
	Laparoscopy, surgical; urethral suspension for stress incontinence (51990)								
	Laparoscopy, surgical; sling operation for stress incontinence (51992)								
	Hysteroscopy with lysis intra-uterine adhesions (58559)								
	Hysteroscopy with removal impacted foreign body (58562)								
	Hysteroscopy with removal leiomyomata \ (58561)								
	Hysteroscopy with endometrial ablation \ (58563)								
	Laparoscopic treatment of ectopic pregnancy, without salpingectomy and/or oopherectomy (59150)								
	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oopherectomy (59151)								
	Laparoscopy, surgical; with vaginal hysterectomy. (Lap assisted vag. Hyst) (58550)								
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy (38571)								
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy) (38572)								
	Laparoscopy with adrenalectomy (60650)								
	Laparoscopy, surgical; pyeloplasty (50544)								
	Laparoscopy, surgical; nephrectomy (50540)								
	Laparoscopy, surgical; donor nephrectomy (50547)								
	Laparoscopically assisted nephroureterectomy (50548)								
	Laparoscopy, surgical, ureterolithotomy (50945)								
	Laparoscopy, surgical; transection of Vagus nerve, truncal (43651)								
	Laparoscopy, surgical; transection of Vagus nerves, selective or highly selective (43652)								
	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy (47560)								
	Laparoscopy, surgical; with guided transhepatic cholangiography, with biopsy (47561)								
	Laparoscopy, surgical; cholecystoenterostomy (47570)								
	Laparoscopy, surgical; cholecystectomy with cholangiography (47563)								
	Laparoscopy, surgical; cholecystectomy with explor, common bile duct (47564)								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	Laparoscopy, surgical; splenectomy (38120)								
	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (e.g. Stamm procedure) (43653)								
	Laparoscopy, surgical; jejunostomy (44201)								
	Laparoscopy, surgical; intestinal resection, with anastomosis (44202)								
	Laparoscopy, surgical; oesophagogastric fundoplasty eg Nissen, Toupet procedures) (43280)								
	Unlisted laparoscopic procedure, uterus (58578)								
	Unlisted hysteroscopy procedure, uterus (58579)								
	Unlisted laparoscopic procedure, oviduct, ovary (58679)								
	Unlisted laparoscopic spleen procedure (38129)								
	Unlisted laparoscopic lymphatic procedure (38589)								
	Unlisted laparoscopic oesophagus procedure (43289)								
	Unlisted laparoscopic stomach procedure (43659)								
	Unlisted laparoscopic intestinal procedure (except rectum) (44209)								
	Unlisted laparoscopic appendix procedure (44979)								
	Unlisted laparoscopic biliary tract procedure (47579)								
	Unlisted laparoscopy procedure, abdomen, peritoneum & omentum (49329)								
	Unlisted laparoscopic hernia procedure (49659)								
	Unlisted laparoscopic renal procedure (50549)								
	Unlisted laparoscopic procedure, testis (54699)								
	Unlisted laparoscopic procedure, spermatic cord (55559)								
	Unlisted laparoscopic procedure, maternity care and delivery (59898)								
	Unlisted laparoscopic endocrine procedure (60659)								
	THORACOSCOPY, SURGICAL								
	THORACOSCOPY, SURGICAL pleurodesis								
	THORACOSCOPY, SURGICAL partial pulmonary decortication								
	THORACOSCOPY, SURGICAL total pulm. Decortication								
	THORACOSCOPY, SURGICAL removal interpleural foreign body								
	THORACOSCOPY, SURGICAL control traum. Haemorrhage								
	THORACOSCOPY, SURGICAL exc./plication bullae								
	THORACOSCOPY, SURGICAL parietal pleurectomy								
	THORACOSCOPY, SURGICAL wedge resection								
	THORACOSCOPY, SURGICAL removal clot/foreign body from pericardial space								
	THORACOSCOPY, SURGICAL creation pericardial window								
	THORACOSCOPY, SURGICAL total pericardectomy								
	THORACOSCOPY, SURGICAL exc pericard. Cyst, tumor, mass								
	THORACOSCOPY, SURGICAL exc mediastinal cyst, tumor, mass								
	THORACOSCOPY, SURGICAL lobectomy, total or segmental								
	THORACOSCOPY, SURGICAL with sympathectomy								
	THORACOSCOPY, SURGICAL with esophagomyotomy								
	New codes for Category 2								
	CPT42000 CPT4 2001								
	Laparoscopy, surgical; radical nephrectomy 50545								
	Laparoscopy, surgical; nephrectomy including partial ureterectomy 50546								
	Laparoscopy, surgical; nephrectomy with total ureterectomy 50548								
	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement 50948								
	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement 50948								
	Unlisted laparoscopic procedure, ureter 50949								

STAATSKOERANT, 21 JULIE 2008 No. 31249 303

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	APPENDIX B								06.52
	PRINCIPLES								
	The following principles are applicable:								
	1. At all times best clinical practice must be adhered too.								
	2. Items listed in the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities are described generically according to product classification and function. Trade names may be included, by means of example, for clarification purposes only. Photocopies of all documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documentation at the hospital/sameday surgical facilities concerned. The Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Sub-Acute Facilities, Private Hospitals and Sameday Surgery Facilities will be reviewed half-yearly.								
	3. The cost of consumable and disposable items used on a patient in a hospital must be recovered by means of a charge mechanism as follows:								
	¢ Items included in the per minute theatre fee. ¢ Items included in the per day ward or unit fee. ¢ Items are charged to the patient's account where reimbursement is not granted by a medical scheme.								
	4. Any agreed difference on the basic interpretation of the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities list will be made in accordance with the approval of the duly appointed representatives of the individual contractor, medical aid, MCO and representatives of private hospitals. Such approval shall be ratified in writing and circulated to all parties concerned. Where the hospital uses an excessively priced product, a review process should be conducted, and appropriate price adjustment made.								
	5. Disposable items are single use only and must never be reused. ¢ Single use items will be charged at 100%. ¢ Hospitals will sign an ethical undertaking that single use items will only be used once. If a hospital does not conform it may be reported to the group head office. If an acceptable explanation is not supplied within 14 days, payment on that account may be withheld.								
	6. Limited life re-usable products are products intended for multiple use and endorsed as such by the manufacturers. Such products will be charged according to the "Fractional" charges as detailed and are under continual review. The item will be considered life re-usable (limited multiple use) if it can re re-used less than 100 times (endorsed as such by the manufacturer).								
	7. Where a hospital uses an excessively priced product, a review process with the parties as listed under 3 above should be conducted, and appropriate price adjustment made.								
	8. TTO's will be issued and charged according to the rules of the scheme.								
	9. All prescribed items will be recoverable according to the rules of the scheme.								
	Key Indicators								
	The different key indicators in the Recommended Guide to Reimbursement for Consumable and Disposable Items charged by Private Hospitals and Same Day Surgery Facilities List are as follows:								
	All prescribed items dispensed in wards or theatre are fully recoverable according to scheme's rules.								
	Key Description								
	THR Theatre consumable and disposable items								
	WRD Ward consumable and disposable items								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee

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 Appendix D

Disposables
Practice Code References to the NRPL-HS includes 57/58, 76 and 77

	PRODUCT	THR	WRD	COMMENT
1.	Accessories for AV impulse, Flowtron DVT and similar (Impads, sequential stockings, calf garments, sleeves, cuffs and equivalents);	C	C	Subject to scheme rules and authorisation criteria;
2.	Adapters disposable	C	C	
3.	Adapters re-usable	NR	NR	
4.	Adhesive/non-adhesive bandages and rolls (Elastoplast, Micropore, Transpore and similar);	C	C	Fractional use is non-chargeable; Full rolls are chargeable when procedure related; Non-chargeable if used for restraining or strapping;
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	
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	C	Chargeable for use in Burns and Haemorrhoidectomy. 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	

Code		Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
					RVU	Fee	RVU	Fee	RVU	Fee
	13.	Aortic/Vascular Punch - re-usable	NR	NR						
	14.	Aqueous Cream - other uses	NR	C	Chargeable when used as a therapeutic agent, as part of the mixture and prescribed by a doctor.					
	15.	Aqueous Cream - used as body lotion	NR	NR						
	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.					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
18.	Arthrowand (Disposable instrument): (a) 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 *Arthrowand can be used together with Dyonic Blades or Burrs for different requirements per procedure eg. Tissue and Bone.*					
	(b) Spinal Arthrowand			Spinal and Revision surgery Lumbar discectomy Cervical discectomy Spinal tumour removal Intra-cranial tumour removal Pliff-cage procedure Lumbar Revision surgery Lumbar instrumentation and fusion Cervical cage infusion Percutaneous Lumbar disc coblation					
	(c) Plansmowand/Entecwand			Tonsilotomy Soft Palate Channelling Tonsilectomy Nasal passage channeling					
19.	Baby Food	NR	NR						
20.	Baby Packs	NR	NR						
21.	Baby Toiletries	NR	NR						

Code		Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
					RVU	Fee	RVU	Fee	RVU	Fee
	22.	Bacterial/Viral Breathing Filters and Humidifier Moisture Breathing Filters	C	C	One per theatre case. One per 24 hours ventilation in Specialised Units					
	23.	Beaver blades in Myringotomy	NR	NR						
	24.	Bentley Connectors- disposable	C	C	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.					
	30.	Blades (arthroscopic)-Limited life reusable	F	N/A	Part chargeable as per section 5.3.1;					
	31.	Blades (ENT)-Disposable	R	N/A	Maximum 2 per procedure;					
	32.	Blades (surgical knives, scalpel) – Disposable	R	R						
	33.	Blades Saw – Limited life reusable	F	NA	As per section 5.3.1;					
	34.	Blades Saw -Disposable	R	N/A						
	35.	Blades-Limited life reusable	F	N/A	Part chargeable as per section 5.3.1;					
	36.	Blankets: Warm Air, disposable	C	C	Chargeable 100% when applicable to: (1 per stay) - Infants - Elderly patients over 65 - Patients exposed for a period of time in theatre in excess of 2 hours - Post traumatic hypothermia - one per stay - Cardio-thoracic hypothermic patients in recovery & ICU - 1 per stay					
	37.	Blood pressure cuffs-Disposable (Cuffable cuffs, Disposa-Cuff and similar);	C	C	Neonates only; One per stay;					
	38.	Blood pressure machine (Baumanometer, Dinamapp and similar)	NR	NR						
	39.	Breast Pads	N/A	NR						
	40.	Breast Pump	N/A	NR						

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
41.	Breathing/ventilator circuits and disposable accessories (tubing, catheter mounts, connectors and similar)- Reusable	NR	NR						
42.	Breathing/ventilator circuits and disposable accessories (tubing, catheter mounts, connectors and similar)-Disposable	NR	NR						
43.	Bulb Syringes - disposable	R	C	One per patient per stay. Bladder irrigation only in wards.					
44.	Bulb Syringes - glass	NR	NR						
45.	Burrs – Disposable	R	N/A						
46.	Burrs - Limited life reusable	F	N/A	Fractional as per BHF Schedule 5.3.1;					
47.	Burrs (Dental surgery)-reusable and disposable	NR	NR	Included in the Dental Practitioners Fee					
48.	Burrs (ENT surgery)-disposable	R	N/A						
49.	Capnograph Set – disposable	NR	NR						
50.	Cardiac Monitors	NR	C	Equipment fee chargeable in High Care and Wards when a patient is monitored. Item 231. Non-Chargeable in ICU.					
51.	Cardiotocography paper	NR	NR						
52.	Catheters (Jacques, Nelaton and similar)- Reusable	NR	NR						
53.	Cetavlon	NR	NR						
54.	Chlorhexidine Solution	NR	NR						
55.	Chlorine Antiseptics (Biocide and similar)	NR	NR						
56.	Chloromycetin Applicaps	R	C	Two per day in ICU for unconscious or sedated ventilated patients on prescription.					
57.	Cidex	NR	NR						
58.	Clip Removers	NR	NR	Included in Practitioners fee for post-operative care for four weeks					
59.	Collection Charges - Pathology	NR	NR						
60.	Connectors - disposable	C	C	To be specified if not a part of pack. (e.g. Bentley or Cobe)					
61.	Connectors - re-usable	NR	NR						

STAATSKOERANT, 21 JULIE 2008 No. 31249 309

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
62.	Cosmetic products (body lotions, powders, creams, oils and shampoos);	N/A	NR						
63.	Cutters – Disposable	R	N/A	*Single Use*					
64.	Cutters (bone)-Limited life re useable	F	N/A	Fractional chargeable as per BHF Schedule 5.3.1;					
65.	Cytology Brushes – Disposable	C	N/A	Fully recoverable if supplied by hospital.					
66.	Daylee Towels	NR	NR						
67.	Depilatory Creams	NR	NR						
68.	Dettol	NR	NR						
69.	Diagnostic Strips – Blood	N/A	C	Diabetic patients -account to state Diabetic. Chargeable in Pancreatitis not Substance abuse related Patients receiving hyperalimentation Patients in ICU/HC /NICU/ NHC units					
70.	Diagnostic Strips – Blood & Urine (Routine Testing)	NR	NR						
71.	Diathermy Equipment	NR	NR						
72.	Diathermy electrosurgical instruments (pencil, handles)- disposable	R	N/A						
73.	Diathermy electrosurgical instruments (pencils, handles)-Limited life reusable	F	N/A	Part charge as per section 5.3.5;					
74.	Diathermy Plates – disposable	R	N/A	Chargeable to a maximum of R79.50 each;					
75.	Disinfectants	NR	NR						
76.	Disposable cables and cords	NR	NR						
77.	Disposable Humidifiers (Aquapak, Respiflo, Sterimist or equivalent);	N/A	C	One per 24 hours or part thereof with administration of oxygen.					
78.	Douch Bottles - Disposable	NR	C	Gynaecology Non chargeable for prepping					
79.	Douche Cans – Reusable	NR	NR						
80.	Drills – Disposable	R	N/A						
81.	Drills (Dental Surgery)-Disposable	NR	NR	Included in the Dental Practitioner fee					
82.	Drills –Limited life reusable	F	N/A	Part chargeable as per section 5.3.1;					

Code		Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
					RVU	Fee	RVU	Fee	RVU	Fee
	83.	Drops (Eye/Ear/Nose)- fractional use	C	NR	Fractional use is non-chargeable; Only Eye drops are chargeable in theatre;					
	84.	EABS	NR	NR						
	85.	ECG – Electrodes	R	R						
	86.	ECG – Equipment	NR	NR						
	87.	ECG – Paper	NR	R						
	88.	Electrode Tip Cleaner (Scrape Eeze, Friction Pads and similar)- Disposable	NR	NR						
	89.	Endoscopic – disposables	C	N/A	See Endoscopic Procedure List – attached.					
	90.	Endotracheal Introducers	NR	NR						
	91.	Epidural Fee	C	C	Only applicable for Maternity					
	92.	Epidural Kit/Set	C	N/A	Epidural Kit chargeable in all cases except Maternity. Not to be charged when fee is charged.					
	93.	Ether	NR	NR						
	94.	Eusol	NR	C	For septic wound dressing					
	95.	External Fixators	R	N/A	Pre-Authorised by scheme. Benefit to be confirmed by scheme.					
	96.	Eye patches (opticlude and similar) in theatre	NR		Eye pads are included in theatre baskel;					
	97.	Face Masks	NR	C	For reverse barrier nursing only (Head covers and overshoes non-chargeable);					
	98.	Films, Video Prints, Compact Discs – disposables (Endoscopic Procedures)	NR	NR						
	99.	Films, Video Prints, Compact Discs, Thermal Paper	C	NR	Refer section 3.3 - item 075 one fee per procedure					
	100	Fluoroshield Gloves	F	N/A	As per section 5.3 5 item 441					
	101	Foley's Temp Catheter	C	N/A	On motivation Maximum of R500 Cardiac only					
	102	Formalin in Saline	NR	NR						

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				RVU	Fee	RVU	Fee	RVU	Fee
103	Fosenema / Len-o-lax	N/A	R	When prescribed					
104	Glass Syringes	NR	NR						
105	Gloves - Sterile (Examination)	N/A	C	For minor sterile procedures in the ward e.g. suction, catheterisation. Non-chargeable with tray					
106	Gloves – Non-Sterile	NR	C	Chargeable only for reverse barrier nursing, motivation required.					
107	Gloves – Sterile (Surgical)	R	C	Chargeable for incisional procedures, e.g. CVP lines and major wound dressing (burns). Not chargeable with tray					
108	Glucometer	N/A	N/A	TTO only if authorised by scheme. Otherwise for patient's private account.					
109	Gowns in theatre (barrier SABS approved with breathable and fluid impermeable polymer membrane)-Limited life reusable	C	N/A	Chargeable for specific procedures only **Hip, knee, shoulder and elbow joint replacements** Open heart and cardiac bypass surgery Vascular Surgery Neuro-Surgery (Brain and spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery Recommended price R80.00 per gown For surgical team only (max 4).					
110	Gowns in theatre (barrier SABS approved)-Disposable	C	N/A	Chargeable for specific procedures only **Hip, knee, shoulder and elbow joint replacements** Open heart and cardiac bypass surgery Vascular Surgery Neuro-Surgery (Brain and spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery For surgical team only (max 4). Maximum price R135.00 per gown (To be revised with price changes.)					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
111	Gowns in theatre with hoods and shields (Charnley 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 (Charnley and similar Reusable Barrier Gowns having breathable and fluid impermeable polymer membrane for multiple use according to recommendations by the supplier, as approved by SABS)- Limited life reusable	R	N/A	Chargeable with modifiers 0002 and 0003 up to R135 per set to a maximum of 3 sets;					
113	Gowns in ward (barrier SABS approved)- Disposable	N/A	C	Chargeable for reverse barrier nursing and severe burns – motivation to accompany account.					
114	Harmonic Scalpel, or equivalent - disposable components	R	N/A	Refer to endoscopic list;					
115	Harmonic Scalpel, or equivalent components – reusable.	F	N/A	Chargeable as per section 5.3.3;					
116	Head covers (bonnets, caps and similar)	NR	NR						
117	Head Strap for CPAP	N/A	C	Chargeable when diagnosis- related, e.g. Burns/infectious diseases.					
118	Heart/Lung Machine	NR	NR						
119	Heath reflective pads (Critter covers, Neospot and similar);	N/A	C	One daily in Neonatal Specialised Units;					
120	Heel Hugger-infant	NR	NR	As per scheme arrangement;					
121	Hibitane Obstetric Cream	N/A	R	Registered ethical product.					
122	Hibitane Solution - sachets	NR	NR						
123	Humidifying Chamber (Fisher&Paykel and similar)-Disposable	N/A	C	Adults and neonates – one per LOS in specialised units;					
124	Hydrogen Peroxide	NR	NR						
125	I.V. Support	C	C	Neonates and Paediatrics < 6 years only - One per LOS per limb and when disorientated in Theatre More to be motivated					
126	Ice Pack/Cold Pack - disposable	N/A	C	Appropriate procedures only. Payable according to scheme rules;					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
127	Incontinence Products - Draw Sheet	NR	NR						
128	Incontinence Products - Linen Savers	NR	C	Chargeable to scheme for incontinent patients only. Procedure related e.g. Haemorrhoidectomy 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) Others to be charged to patient's private account. 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	P						
132	Jellies and Creams (Terracortril, KY and similar)- fractional use	NR	NR						
133	K Y Jelly – Sachets	R	R	Procedure related					
134	Lancets, Autolets, Softclix	NR	C	For Diabetic patient's -account to state Diabetic. For hyperalimentation Chargeable in Pancreatitis not substance abuse related In ICU /NICU /HC /NHC A&B Units					
135	Laryngeal Masks	F	N/A	2.5% As per section 5.3.5 – item 435					
136	Laser Components - disposable	R	N/A						
137	Laser Components - re-usable	F	N/A	Part chargeable as per section 5.3.2					
138	Laundry Bags - Soluble	NR	C	Chargeable for Barrier nursing (septic cases only) 2 Bags per day per patient as per item 269					
139	Ligasure Electrode – Disposable	NR	N/A	Preauthorisation required;					
140	Limb Holder (restrainer) – Disposable	N/A	C	1 per limb per patient per stay on motivation.					
141	Loan Set Fee	NR	NR						
142	Marking Pen – sterile (Codman Marker and similar)	C	NR	Procedure related: Craniotomy, Neuro & Spinal. Skin flaps Keratotomy					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
143	Maternity Per Diem Fee	C	N/A	Includes surgical items listed in BHF Schedule Ethical products are chargeable					
144	Meal Supplements	NR	NR	On motivation					
145	Meals, Baby Foods, Milk Substitutes	NR	NR						
146	Medically prescribed meals	N/A	C	By arrangement based on diagnosis Refer to attached Medically Prescribed Meals list					
147	Medicine Glasses, Spoons and Syringes	NR	C	Syringe chargeable for tube feeding and medicine dosing in Neonatal Specialised Units One syringe per day.					
148	Mentor Cable - disposable	NR	NR						
149	Mentor Cable - re-usable	NR	NR						
150	Mercurochrome & Methiolate	NR	NR						
151	Micro Retractor	NR	NR						
152	Milk Substitutes	NR	NR						
153	Milton	NR	NR						
154	Mixing Systems for Cement	C	N/A	Chargeable as part of Prosthesis, to be included in prosthesis invoice, which accompanies account. Note. Cement containing Antibiotic to be charged separately					
155	Mother & Baby Pack	NR	NR						
156	Nasal Cannula – disposable	N/A	C	One per stay if oxygen is administered.					
157	Nebulising Mask - disposable	N/A	C	One per stay if patient is nebulised.					
158	Nebulising Mask - Trachea	N/A	C	One per stay if patient is nebulised.					
159	Neuro Sucker – disposable	C	N/A	Neuro cases only					
160	Nursing Services	NR	NR						
161	Operating Instruments - reusable	NR	NR						
162	Overshoes	NR	NR						
163	Oximeter	NR	NR						
164	Oxisensor – disposable	NR	C	One per stay for neonates in specialised units; Not paying if equipment not suitable/ compatible. Not to be charged with Oxitip.					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
165	Oxitip	NR	C	One per stay for neonates in specialised units; Not to be charged with Oxisensor;					
166	Oxygen Analysers, Hoods, Attachments – disposable	C	C						
167	Oxygen Analysers, Hoods, Attachments – re-usable	NR	NR						
168	Oxygen Mask + tubing– disposable	C	C	**In recovery if oxygen is administered post operatively.** One per patient per stay;					
169	Pacing Wire and Cables – disposable	C	N/A	Must be procedure related. Maximum 1 cable and 2 wires, excess to be motivated. Subject to medical scheme rules.					
170	Packing Fee	NR	NR						
171	PCA Pump – reusable	NR	C	As per item 230 One per patient per day, maximum 48 hours. **Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours in ward** Chargeable in the following instances: Major joint replacement Open, upper abdominal surgery Severe burns Paediatrics in special cases on motivation Thoracotomies (motivation by practitioner) Intraclable pain associated with malignancy					

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				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 Thoracolomies (motivation by practitioner) Intractable pain associated with malignancy					
173	Peak Flow Meter	NR	NR						
174	Peak Flow Meter – disposable Mouth Piece	N/A	R						
175	Peep Valve and/or CPAP mask – disposable	N/A	C	Max of one CPAP mask per patient per stay Max of two valves per patient per stay More to be motivated					
176	Plastic Bags	NR	NR						
177	Pour Bottle – Saline	C	C	Chargeable when procedure related, e.g. for wound irrigation. Excessive usage to be motivated. Not to be charged with pour bottle water					
178	Pour Bottle – Water	C	C	Not to be charged with pour bottle saline Only chargeable for patient related conditions: flushing of wounds, under water drains and bladder irrigation in theatre and wards *Ventilated Patients 1 litre per 24 hours*					
179	Preparation Items (Shaving Trays, Razor, Scrub Brush)	NR	NR						
180	Pressure Monitoring Kit - disposable	R	R						
181	Pressure relieving mattress (Nimbus and similar)	NR	NR						
182	Pressure relieving products (Novogel, Reston foam and similar)	N/A	C	Subject to scheme rules;					
183	Probe Covers	N/A	C	One daily in Neonatal Specialised Units					

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				RVU	Fee	RVU	Fee	RVU	Fee
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	C	Chargeable in ICU, Specialized units and High Care for patients with severe respiratory complications					
188	Recovery Room	NR	NR						
189	Safety Pins	NR	NR						
190	Sampling Lines (Datex and similar)	NR	NR						
191	Savlon & Savlodil	NR	NR						
192	Servo Ventilator (equipment)	N/A	C	Chargeable only in ICU and High Care where applicable.					
193	Sheepskin	NR	NR						
194	Skin Prep Solutions	NR	NR						
195	Space blanket	R	R	Not to be charged with a warm air blanket					
196	Spatulas, Tongue Depressors	NR	NR						
197	Specimen Containers	NR	NR						
198	Spigots	NR	NR						
199	Spirometer (Incentive and similar)-Dispoasble	NR	NR	Chargeable as TTO					
200	Spray Top Bottles	NR	NR						
201	Sprays (Opsite, Disidine)- fractional use	NR	NR						
202	Sputum Cups	NR	NR						
203	Sterilising of Instruments or Materials	NR	NR						
204	Sterilising Solutions, Gases and Tablets	NR	NR						
205	Steripeel & Equivalents	NR	NR						
206	Sternal support products (Heart Hugger and similar)	NR	NR	As per scheme arrangement.					
207	Stethoscopes	NR	NR						
208	Stitch Cutter	NR	NR						

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
209	Stone Baskets – Disposable	R	N/A	1 basket only to a max of R2496 May not be used together item 224 in tariff schedule					
210	Stone Baskets – re-useable	NR		Re-usable chargeable as per item 224 in tariff schedule					
211	Suction Nozzle – disposable	R	R						
212	Swivel Connector – disposable	NR	NR	Part of Ventilator Circuit					
213	Swivel Connector – re-usable	NR	NR						
214	Tantol Cleanser / Lotion	N/A	P						
215	Taps & Reamers	NR	N/A						
216	Temperature Probe Covers	C	C	One daily in Neonatal Specialised units Not to be charged together with disposable probe.					
217	Theatre Drapes - Incise	R	N/A	As per section 5.15					
218	Theatre Drapes - Ophthalmic	R	N/A	As per section 5.15					
219	Theatre Drapes- Equipment (Microscope, camera, drill sleeve, Mayo and similar)	NR	N/A	Included in the Tariff					
220	Theatre Drapes– Patient Isolation (Non-woven, paper, plastic, polyethylene based)-Disposable	C	N/A	Chargeable when used in the following Procedures: Hip, knee, shoulder and elbow joint replacements. Open heart and cardiac bypass surgery. Vascular Surgery (Excluding Catheterisation Laboratory procedures) Neuro-Surgery (Brain and Spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery					
221	Theatre Drapes-Instrument holders (1018 and similar)	C	N/A	Cranial Procedures only;					
222	Thermometer- Reusable	NR	NR						
223	Thermometers/Temperature Probes (Oesophageal or Rectal)-Disposable	C	C	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	C	Chargeable in I.C.U and Emergency Room					
225	Toiletries (face cloths, toothbrush, soaps and similar)	NR	NR						

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
226	Topical Anaesthetics (Remicaine and similar)	C	C	When full tube used per patient. Procedure related (Male catheterisation in ward, Haemorrhoidectomy, TUR)					
227	Topical anaesthetics (Remicaine, Xylocaine , Anethaine and similar)- fractional use	NR	NR						
228	Transducers – disposable	R	R						
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						
231	Tubing –disposable	C	C	Maximum R31 payable on tubing per stay unless patient returns to Theatre then an additional R31 may be charged per additional visit					
232	Ung Emulsificans	NR	C	When used in treatment on prescription.					
233	Vascular sealing devices (Angioseal, Vasoseal, Perclose, The Closer, and similar);	NR	NR						
234	Vaseline	NR	NR						
235	Ventilators (Servo, Bennett) - equipment	N/A	C	Chargeable only in ICU and High Care where applicable.					
236	Water Bottle – Pour			Refer Pour Bottles					
237	Wipes (unisolve, baby and similar)	NR	NR						
238	X ray swabs in the ward (abdominal swabs and similar);	R	C	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						

CONTINUES ON PAGE 321—PART 3