Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
903	Domicilliary treatments : Relevant fee plus.	04.00		20.000	115.90 (101.70)
10	**OTHER**				
117	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-
937	Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day.	04.00		10.000	58.00 (50.80)
938	Bird or equivalent freestanding nebuliser excluding oxygen domicilliary per day.	04.00		10.000	58.00 (50.80)
939	Cost of material: Items to be charged (exclusive of VAT) at net acquisition price plus - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	04.00		-	-
940	Cost of appliances: Items to be charged (exclusive of VAT) at net acquisition price plus- 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands.	04.00		-	-
941	Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied.	04.00			
	Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme.	05.03			

PHYTOTHERAPY

Phytotherapy 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PHYTOTHERAPISTS EFFECTIVE FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

RULES

ITEMS

Consultations

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

Code	Description	Ver	Add	Phytotherapy	
				RVU	Fee
130	Consultation (initial or follow up). Duration 5 - 15 mins	09.00		10.000	52.00 (45.60)
131	Consultation (initial or follow up). Duration 16 - 30 mins	06.04		22.500	116.90 (102.50)
132	Consultation (initial or follow up). Duration 31 - 45 mins	06.04		37.500	194.90 (171.00)
133	Consultation (initial or follow up). Duration 46 - 60 mins	06.04		52.500	272.80 (239.30)
134	Consultation, each additional full 15 mins, to a maximum of 60 mins	06.04		15.000	78.00 (68.40)

Preparation and Dispensing of Medicaments

Medicaments

	The amount charged in respect of proprietary medicines shall be at net acquisition price. In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus - * 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and * a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	06.04			
310	Tinctures, per 10 ml	06.02		2.700	3.25 (2.85)
320	Tea mixes, per 10g	06.02		1.000	1.20 (1.05)
330	Capsules/tablets, per capsule	06.02		3.400	4.09 (3.59)
340	Creams/Ointments, per 10ml	06.02		20.100	24.20 (21.20)
350	Syrups, per 10ml	06.02		2.800	3.37 (2.96)
360	Medicinal oils, per 10ml	06.02		1.300	1.56 (1.37)
390	Proprietary materials	06.02		-	-
395	Proprietary medicines	06.02		-	-

PODIATRY

Podiatry 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PODIATRISTS WITH EFFECT FROM 1 JANUARY 2009

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

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

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS

General Rules

A	All accounts must be presented with the following information clearly stated: · name of practitioner · qualifications of the practitioner; · BHF practice number; · postal address and telephone number; · date on which service(s) were provided; · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered; · the surname and initials of the member; · the first name of the patient; · the name of the scheme; · the membership number of the member; and · the name and practice number of the referring practitioner, if applicable.	05.03
B	The rate in respect of more than one procedure performed at the same consultation or visit, shall be the full rate for the major procedure plus half the rate in respect of each additional procedure carried out in the treatment of any one condition.	04.00
C	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
D	The amount charged in respect of medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965). In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus - * 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and * a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	05.03

Modifiers

0002	For procedures 021 to 031 carried out in a day clinic or unattached operating theatre unit, the rate shall be reduced to two-thirds.	04.00
0004	Consultation or treatment in a nursing facility/hospital	04.00
0006	Consultation or treatment at the patient's residence	04.00

ITEMS

	Modifier 0004 must be quoted for consultation or treatment rendered in a nursing home or hospital	04.00
	Modifier 0006 must be quoted for consultations or treatment rendered at the patient's residence	04.00

CONSULTATIONS.

Code	Description	Ver	Add	Podiatry RVU	Podiatry Fee
301	Consultation (initial or follow up) 5-10 minutes	06.04		7.500	66.00 (57.90)
302	Consultation (initial or follow up) 11-20 minutes	06.03		15.000	132.00 (115.80)
303	Consultation (initial or follow up) 21-30 minutes	06.03		25.000	220.10 (193.10)
304	Consultation (initial or follow up) 31-45 minutes	06.03		37.500	330.10 (289.60)
006	More than one patient seen at a residence (See note below).	06.02		8.500	67.60 (59.30)
	NOTE : This code is a blanket code for home visits away from the practitioners rooms where more than one but up to and including six patients are treated. The code may be used again if seven to twelve patients are seen.	06.02			
101	Appointments not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-
INJECTIONS.					
009	Administration of injection, per administration	04.00		1.300	10.30 (9.04)
ROUTINE TREATMENTS.					
010	General podiatric care up to 15 minutes including the following: Trim nails, Debride and cut dystrophic nails; one to five, Evacuation of sub-ungual haematoma, Paring or cutting of benign hyperkeratotic lesion, single lesion, Drain paronychia; one nail and Nail spike removal; single	04.00		3.900	31.00 (27.20)

Code	Description	Ver	Add	Podiatry	
				RVU	Fee
011	General podiatric care (30 minutes) including the following: Debride and cut dystrophic nails: six or more, Nail spike removal; two to four, Paring or cutting of benign hyperkeratotic lesion; two to four lesions, Paring or cutting of benign hyperkeratotic lesion; more than four lesions, Reduction of heel fissures, Enucleation of interdigital corns; more than two	04.00		7.800	62.10 (54.50)
012	Extended care for chronic disease management or ulcer management (applicable to diabetes, arthritis and peripheral vascular diseases)	04.00		7.400	58.90 (51.70)
013	General podiatric care more than 30 minutes (a combination of items 010 and 011)	04.00		11.800	93.90 (82.40)
VERRUCA TREATMENTS.					
	Note : No consultation fee shall be charged for the same session unless the procedure is performed at the time of the initial consultation				04.00
014	Verruca Pedis (Chemotherapy first lesion) (consultation and treatment).	04.00		5.900	47.00 (41.20)
015	Subsequent lesion.	04.00		2.900	23.10 (20.30)
016	Cryotherapy first lesion (consultation and treatment).	04.00		7.800	62.10 (54.50)
017	Subsequent lesion.	04.00		3.900	31.00 (27.20)
018	Diathermy first lesion (consultation and treatment).	04.00		6.900	54.90 (48.20)
019	Subsequent lesion.	04.00		3.500	27.90 (24.50)
Nail Surgery.					
	Note : No consultation fee shall be charged for the same session unless the procedure is performed at the time of the initial consultation				04.00
021	Nail wedge resection with matrix phenolisation : one nail - one side (including consultation)	04.00		19.600	156.00 (136.80)
022	Two nails - one side.	04.00		25.500	202.90 (178.00)
024	Two nails - both sides.	04.00		36.400	289.70 (254.10)
023	One nail - two sides (including consultation).	04.00		25.500	202.90 (178.00)
025	Avulsion with matrix phenolisation (including consultation).	04.00		19.600	156.00 (136.80)
031	Avulsion without matrix phenolisation (including consultation).	04.00		12.800	101.90 (89.40)
Other.					
040	Infection control, per patient	04.00		1.200	9.55 (8.38)
041	Remedial therapy.	04.00		4.900	39.00 (34.20)
042	Sterile pack.	06.03		5.900	47.00 (41.20)
044	Suturing (includes consultation).	04.00		7.800	62.10 (54.50)
046	Incision Biopsy.	04.00		5.900	47.00 (41.20)
047	Removal of foreign body.	04.00		8.900	70.80 (62.10)
048	Suturing / Wound closure material : Cost of material plus 10%	06.03		-	-
146	Excision biopsy.	04.00		8.900	70.80 (62.10)
201	Sterile Surgical Blades (maximum of 2 per patient)	06.03		1.000	7.96 (6.98)
203	Wound dressing material (maximum of 2 per patient)	06.03		2.000	15.90 (13.90)
205	Plaster of Paris bandage roll (maximum of 2 per patient). At net acquisition price.	06.03		-	-
207	Moulded Orthotic material fee	06.03		11.800	93.90 (82.40)
209	Simple insole material fee	06.03		5.900	47.00 (41.20)
211	Local anaesthetic medication per ampoule (maximum of 5 per patient)	06.03		2.000	15.90 (13.90)
213	Injection medication fee (other than local anaesthetic). At net acquisition price.	06.03		-	-
	Items 215, 217 or 219 may be used for corrective or supportive strapping or padding placed into footwear. The area of the foot must be specified.	04.00			
215	Padding and strapping : Digital, per foot	04.00		2.800	22.30 (19.60)
217	Padding and strapping: Metatarsal, per foot	04.00		3.500	27.90 (24.50)

Code	Description	Ver	Add	Podiatry	
				RVU	Fee
219	Padding and strapping: Heel, per foot	04.00		3.500	27.90 (24.50)
Appliances and Orthotics					
	(By arrangement with the scheme concerned)				04.00
043	Biomechanical examination.	04.00		15.700	124.90 (109.60)
051	Neutral impression Plaster of Paris casting	04.00		8.500	67.60 (59.30)
052	Orthotic repair.	04.00		12.800	101.90 (89.40)
053	Temporary orthotic or corrective component	04.00		12.800	101.90 (89.40)
054	Prescription covering and soft tissue supplements.	04.00		8.900	70.80 (62.10)
055	Silicone devices: Digital	04.00		5.400	43.00 (37.70)
056	Computerised gait analysis	06.02		19.600	156.00 (136.80)
057	Template measurement.	04.00		2.900	23.10 (20.30)
058	Immobilisation casting	06.04		10.600	84.40 (74.00)
059	Simple insole - one foot.	04.00		11.100	88.30 (77.50)
061	Simple insoles - both feet.	04.00		20.100	160.00 (140.40)
060	Silicone devices: metatarsal	04.00		10.700	85.20 (74.70)
064	Silicone devices: heel	04.00		15.900	126.50 (111.00)
	The rates for items 063 and 065 include the cost of instrinsic and extrinsic posting adjustments	04.00			
063	Prescription orthotic : one foot.	04.00		19.100	152.00 (133.30)
065	Prescription orthotics : both feet.	04.00		38.300	304.80 (267.40)
067	Preformed moulded insoles: Adult, both feet	04.00		22.100	175.90 (154.30)
069	Preformed moulded insoles: Adult, one foot	04.00		11.000	87.50 (76.80)
071	Preformed moulded insoles: Child, both feet	04.00		17.000	135.30 (118.70)
073	Preformed moulded insoles: Child, one foot	04.00		8.500	67.60 (59.30)

Code	Description	Ver	Add	Podiatry	
				RVU	Fee
CONSUMABLE LIST					
	STERILISING ITEMS				04.00
	Cold Sterilant e.g. Cidex, Steri 101, Etc				
	Ultraviolet Tubes (Replacements)				
	Autoclave Bags				
	WASTE DISPOSAL				
	Sharps Container				
	Medical Waste Bin				
	REGULARLY USED ITEMS				
	Disposable Hand Towels e.g. Kimdri				
	Disinfecting Handwash e.g. Hibiscrub				
	Linen Savers				
	Cotton Wool				
	Gloves: Non-Sterile				
	Sterile				
	Gauze: Non-Sterile				
	Sterile				
	Tube Gauze (Various Sizes)				
	Padding e.g. Semi Compressed Felt				
	Strapping e.g. Hapla, Zopla				
	Disinfecting Hand Gel e.g. Steri 601				
	Surface Disinfectant e.g. Steri 201				
	Tongue Depressors				
	Applicator Sticks				
	Friars Balsam				
	Silver Nitrate?				
	Hibitane Concentrate				
	Phenol				
	Silicone & Activator for Devices				
	Monochloracetic Acid				
	Salacylic Acid in Lanolin				
	Dental Needles				
	Xylotox Se Plain Solution for Injection				
	Emergency Drugs e.g. Adrenaline/Epinep				
	Penrose Drains / Tournicot				
	Hydrogen Peroxide				
	70% Alcohol				
	Hibicol				
	Acetone				
	Sterile Blades (Various Sizes)				
	Moores Discs				
	Sterile Dressing Trays				
	Sutures				
	Single Use Sterile Syringes				

PRIVATE HOSPITALS

DRAFT NATIONAL REFERENCE PRICE LIST IN RESPECT OF PRIVATE HOSPITALS (PRACTICE NUMBERS "57" OR "58") AND UNATTACHED OPERATING THEATRE UNITS/DAY CLINICS (PRACTICE NUMBER "77") WITH EFFECT FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

B	The charges relating to each type of hospital/unattached operating theatre unit/day clinic are indicated in the relevant column opposite the item codes.	09.01
C	The charges indicated in Section 5 hereof, are applicable to both categories of such hospitals and unattached operating theatre units.	04.00
D	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
E.1	Procedure for the classification of hospitals	04.00
E.1.1	Inspections of private hospitals or unattached operating theatre units/day clinics requesting a practice code numbers commencing with the digits 057, 058 or 077 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	09.01
E.3.2	The provisions referred to in E.1.1 shall apply mutatis mutandis to all approved specialised intensive care units, specialised theatres, catheterisation laboratories and trauma unit.	04.00
F.1	Procedures to consider applications by institutions to be classified as unattached operating theatre units/day clinics having a practice code number commencing with the digits 77 and for the reclassification of unattached operating theatre units/day clinics with 76 practice numbers.	09.01
F.1.1	Inspections of new unattached theatre operating units and units requesting a practice code numbers commencing with the digit 76, to be reclassified as approved unattached operating theatre units/day clinics having practice numbers with the digits 77 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	09.01
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 1998. All accounts mustl 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.	09.01
H	All accounts must specify all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the hospital/unattached operating theatre unit concerned.	09.01
I	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.	04.00
J	Accommodation tariffs includes the following minimum services: 1. Pre-authorisation (up to the date of admission) and supply of the following information: - length of stay - level of care - theatre procedures 2. Provision of ICD-10 and CPT-4/NHRPL/CCSA or other prevailing codes when requesting pre-authorisation 3. Notification of admission 4. Immediate notification of changes to: - length of stay - level of care - theatre procedures 5. Discharge ICD-10 and CPT-4/NHRPL/CCSA or other coding. 6. Motivations for specific services within the hospital as may be required from time to time.	09.01
K	The items listed as non-recoverable in Annexure B shall be deemed to be included in all ward, specialized units and theatre fees, and no charge in respect thereof may be levied.	09.01

SCHEDULE

1 Ward Fees

1.1 General Wards

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

STAATSKOERANT, 3 OKTOBER 2008 No. 31469 337

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
				RVU	Fee	RVU	Fee	RVU	Fee
001	Surgical cases (including laminectomies and spinal fusions): per day.	09.01		36.063	1091.30 (957.30)	36.063	1091.30 (957.30)	-	-
002	Thoracic and neurosurgical cases (excluding laminectomies and spinal fusions): per day	09.01		37.888	1146.50 (1005.70)	37.888	1146.50 (1005.70)	-	-
003	Psychiatric general ward fee, per day	09.01		29.854	903.40 (792.50)	29.854	903.40 (792.50)	-	-
	Note : The Psychiatric ward should comply with the Mental Health Care Act	09.01							
004	Medical and neurological cases: per day.	09.01		36.063	1091.30 (957.30)	36.063	1091.30 (957.30)	-	-
005	Paediatric cases (up to 12 years of age)	09.01		44.513	1347.00 (1181.60)	44.513	1347.00 (1181.60)	-	-
	Day admissions - all patients admitted as day patients and discharged before 23h00 on the same day	04.00							
007	Day admission (irrespective of type of ward patient is admitted to i.e. general neurosurgical or paediatric) which includes all patients discharged by 23h00 on date of admission	04.00		23.079	698.40 (612.60)	23.079	698.40 (612.60)	19.725	596.90 (523.60)
014	Overnight fee	09.01		-	-	-	-	8.692	263.00 (230.70)
	Hospital to pre-authorise all overnight admissions. Only applicable to 77 practices. Only chargeable for cases with established complications, to the maxmum of one night. Note: A report from the practitioners indicating the nature of the complication should be forwarded to schemes if requested.	09.01							
019	Ambulatory Patient Facility Fee	09.01		10.679	323.20 (283.50)	10.679	323.20 (283.50)	10.679	323.20 (283.50)
	Chargeable for patients admitted for local anaesthetic procedures - No ward fees applicable. Note: A report from the practitioner indicating the nature of the complication should be forwarded to schemes if requested. Note: 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.	09.01							
022	Out-patient wound care facility	04.00		5.263	159.30 (139.70)	5.263	159.30 (139.70)	5.263	159.30 (139.70)
	Pre-authorisation is required Only chargeable for the treatment of complicated wounds or burns. (Not to be used for routine post-operative care)	09.01							
1.2	**Private Wards**								
020	Private ward	09.01		46.608	1410.40 (1237.20)	46.608	1410.40 (1237.20)	-	-
	Hospitals shall motivate the necessity for accommodation in a private ward, from the attendant practitioner, and such motivation shall be forwarded to the relevant scheme for pre-authorisation. This includes reversed barrier nursing. General ward fees are applicable for isolation or infection control or hospital convenience.	09.01							
021	Private ward on member's request	09.01		-	-	-	-	-	-
	Will only be funded by arrangement with the medical schemes.	09.01							

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	
1.3	**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.									04.00
	Hospitals shall obtain a motivation from the attending practitioner stating the reason for accommodation in any specialised unit indicating the date, time of admission and expected length of stay , which shall be forwarded to the relevant medical scheme for pre-authorisation. No charge may be levied to medical schemes for special or private nursing including motivation for admission.									09.01
	ICU and High Care Units The charges referred to under items 200, 201, 202 and 215 includes the cost of all equipment excluding the equipment charges for: Servo and Bear ventilators or equivalent apparatus.									09.01
200	Specialised ICU (As approved by BHF according to General Rule E.1.1) Per day	04.00		195.088	5903.60 (5178.60)	195.088	5903.60 (5178.60)	-	-	
	Subject to a maximum of 1 day. Pre-authorisation required for every additional day thereafter. 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). Item 201 will apply if no pre-authorisation is obtained All admissions to units and wards referred to under 201 to 202 and 215 to 218 shall be confirmed with the relevant scheme for each 72 hours.	09.01								
201	Intensive Care Unit: Per day.	04.00		148.479	4493.10 (3941.30)	148.479	4493.10 (3941.30)	-	-	
202	Neonatal Intensive Care Unit: Per day.	04.00		184.863	5594.10 (4907.10)	184.863	5594.10 (4907.10)	-	-	
	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 may be charged, as all equipment is included in the fee eg cardiac monitors.	09.01								
215	High Care Ward, Per day.	04.00		95.108	2878.10 (2524.60)	95.108	2878.10 (2524.60)	-	-	
216	Neonatal High Care Ward `A' (Intensive nursing and monitoring)	04.00		103.308	3126.20 (2742.30)	103.308	3126.20 (2742.30)	-	-	
217	Neonatal High Care Ward `B' (Standard nursing and monitoring)	04.00		67.538	2043.80 (1792.80)	67.538	2043.80 (1792.80)	-	-	
	All equipment is included in the fee (e.g. cardiac monitors, phototherapy machine etc) for items 216 & 217.	09.01								
218	Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).	04.00		44.513	1347.00 (1181.60)	44.513	1347.00 (1181.60)	-	-	
2	**Maternity**									
	1 The maternity fees are a fixed per diem fee and replace all other charges. This fee includes: - After-hour deliveries (including caesareans); - Labour ward other ward fees and nursery fees; - Incubators; - Phototherapy; - Theatre and equipment fees; and - Surgical items (see Annexure C). But EXCLUDES 1. Sections 6.1 to 6.3 (Standard Medicine and Surgical Products); 2. Sections 6.7 to 6.8 (Gases); 3. Nursery fees for all infants in excess of one as in the case of multiple births 4. The costs of additional special treatment of new born infants, e.g. circumcision certified as medically necessary by the attending practitioner 5. If an epidural anaesthetic is given for either a vaginal delivery or a caesarean section, an additional fee (item 011) may be charged. This comprises an epidural pack, all consumables used, as									09.01

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				RVU	Fee	RVU	Fee	RVU	Fee
	well as nursing time. 6. An uncomplicated stay in a nursery for routine observation is included in the maternity fee, as well as phototherapy and routine high care observation after delivery for the new born infant. 7. A neonate requiring specialised treatment in a ward, high care or ICU shall be considered to be a patient in its own right and, for that reason, the National Health Reference Price List shall be applied to such neonate and an account should be rendered on a fee for service basis. In such cases, the fixed fee per day remains applicable until the mother is discharged, but the amount of the daily nursing fee item 015, must be deducted from the maternity fixed fee from the subsequent day and therefore 017 and 018 must be charged, whether it be a full day or part of a day, that the neonate is admitted for treatment to a ward or specialized unit. 8. If the mother is admitted into a High Care or Intensive Care Unit, the full account is rendered on a fee for service basis, as this is clearly not an uncomplicated delivery. Code 015: nursery fee may be charged in addition. 9. The first day fee includes the cost of admitting the mother, predelivery preparation, monitoring the progress of the labour, delivery and postnatal treatment up until midnight of the day of confinement. 10. The second day is calculated as starting from midnight following the day of the delivery. 11. If, the mother requires admission for stabilisation or treatment of a medical condition such as diabetes, pre-eclampsia, supression of premature labour or urinary tract infection, such an admission falls outside the scope of the maternity fixed fee and an account should then be rendered on a fee for service basis, until such time as the mother goes into labour. If delivery itself is uncomplicated, then the first day (fixed) fee will be chargeable on the date of delivery, and second and subsequent days are applicable until the mother is discharged. 12. Should the mother be admitted to ICU or high care following the delivery the full account must be rendered on a fee for service basis. 13. Admission for suppression of premature labour(up to 37 weeks) with subsequent delivery is a complicated delivery, and an account must be rendered on a fee for service basis. 14. See Annexure C for the list of surgicals contained in the maternity basket which is included in the per diem fee.								
2.1	**Natural births**								
009	First day (Day of confinement).	04.00		174.458	5279.30 (4631.00)	174.458	5279.30 (4631.00)	-	-
	This fee is applicable from the time of admission,and includes the cost of pre-delivery preparation, monitoring the progress of the labour, delivery and postnatal treatment up until midnight of that day.	09.01							
010	Subsequent day(s).Per day	04.00		60.096	1818.60 (1595.30)	60.096	1818.60 (1595.30)	-	-
	From midnight following confinement until discharge	09.01							
017	Subsequent day(s) excluding nursery fee.	04.00		43.717	1322.90 (1160.40)	43.717	1322.90 (1160.40)	-	-
	From midnight following confinement until discharge This fee must be charged when the neonate is considered to be a patient in his/her own right.	09.01							
2.3	**Caesarean**								
012	First day (Day of confinement).	04.00		270.992	8200.50 (7193.40)	270.992	8200.50 (7193.40)	-	-
	This fee is applicable from the time of admission, and includes the cost of pre-delivery preparation, delivery and postnatal treatment up until midnight of that day.	09.01							
013	Subsequent day(s) Per day	04.00		59.583	1803.00 (1581.60)	59.583	1803.00 (1581.60)	-	-
	From midnight following confinement until discharge	09.01							
018	Subsequent day(s) excluding nursery fee	04.00		42.963	1300.10 (1140.40)	42.963	1300.10 (1140.40)	-	-
	From midnight following confinement until discharge This fee must be charged when the neonate is considered to be a patient in his/her own right.	09.01							
2.4	**Other Maternity Fees**								
	Note: The following fees (items 015 and 016) are included in the above per diem fees, and may only be charged on a fee for service account								04.00
015	Nursery fee.	04.00		16.925	512.20 (449.30)	16.925	512.20 (449.30)	-	-

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
016	Delivery room.	09.01		72.746	2201.40 (1931.10)	72.746	2201.40 (1931.10)	-	-
	This item is not applicable for deliveries by registered midwifes in private practice – See code 030 below.	09.01							
2.4.1	**Epidural fee**								
011	Use of epidural anaesthesia for maternity cases only.	09.01		26.500	801.90 (703.40)	26.500	801.90 (703.40)	-	-
	Note: This item includes all surgicals and nursing but excludes pharmaceuticals.	09.01							
2.4.2	**Birthing Unit**								
	This fee is applicable when a midwife in private practice performs a delivery in a maternity unit.								09.01
	The birthing unit fee may only be charged by an approved maternity unit in a hospital. It includes pre delivery preparation, monitoring the progress of the labour, delivery room and recovery ward for mother and baby and the maternity basket see Annexure C. Pharmaceuticals may be charged in addition								09.01
	Note: This fee may not be charged together with the per diem fees for maternity								
030	Global fee for a Birthing Unit This fee is chargeable when the patient is discharged within 12 hours from birth.	09.01		109.004	3298.60 (2893.50)	109.004	3298.60 (2893.50)	-	-
031	Global fee for a Birthing Unit. This fee is chargeable when the patient's stay exceeds 12 hours but is discharged within 24 hours from birth.	09.01		169.100	5117.10 (4488.70)	169.100	5117.10 (4488.70)	-	-
032	Additional Birthing Unit fee is chargeable for every additional 12 hours of patient stay beyond 24 hours.	09.01		30.026	908.60 (797.00)	30.026	908.60 (797.00)	-	-
3.	**Emergency Unit and Theatres**								
3.1	**Emergency and Facility Rooms**								
105	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by BHF	04.00		45.858	1387.70 (1217.30)	45.858	1387.70 (1217.30)	-	-
302	This fee is chargeable 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 and administration of oxygen therapy. Includes the use of the procedure room. No per minute charge may be levied.	09.01		10.533	318.70 (279.60)	10.533	318.70 (279.60)	10.533	318.70 (279.60)
	Note: The minor theatre fee 071 cannot be charged in addition to 302	09.01							
3.2	**Theatre Fees**								
	The exact time of admission to and discharge from the theatre shall be stated, and upon which the theatre charge shall be calculated as follows which includes a cost per minute for those items in the surgical basket								09.01
	The items listed as non-recoverable in Annexure B shall be deemed to be included in theatre fees, and no charge in respect thereof may be levied.								09.01
3.2.1	**Excimer Laser Theatre**								
061	Excimer Laser Theatre fee, per minute	04.00		0.650	19.70 (17.30)	0.650	19.70 (17.30)	0.650	19.70 (17.30)
3.2.2	**Minor theatre**								
	This theatre is procedure driven and not facility driven, where simple procedures which require limited instrumentation and drapery, minimum nursing input and local anaesthesia, conscious sedation and short general anaesthetia(<30minutes), are carried out. Basic monitoring equipment is required and a single integrated resuscitation trolley must be available in this theatre								09.01
071	Charge per minute	09.01		0.500	15.10 (13.20)	0.500	15.10 (13.20)	0.429	13.00 (11.40)
3.2.3	**Major theatre**								
081	Charge per minute.	09.01		1.554	47.00 (41.20)	1.554	47.00 (41.20)	1.329	40.20 (35.30)

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				RVU	Fee	RVU	Fee	RVU	Fee
3.2.4	**Specialised Theatre Modifiers**								
	Note: Specialised theatres are to be individually inspected and approved by BHF and Department of Health								09.01
	In addition to the theatre charge 081 calculated as above, a surcharge modifier 0002 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.								09.01
0002	Orthopaedic, Neurosurgical and Vascular: Joint replacements (only hip, knee, shoulder ankle or elbow) • Femoral popliteal bypasses • Carotid endarterectomies • Aortic Aneurysm repair and arterial grafts • Neurosurgery (Procedures applicable only to the cranium or spine where surgical penetration of the dura mater is required)	09.01		48.309	1461.88 (1282.35)	48.309	1461.88 (1282.35)	-	-
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 heart transplants and heart-lung transplants. Includes all equipment except item 513, no additional fees may be charged Note: Modifier 0003 surcharge is also applicable to approved provincial hospitals	09.01		110.688	3349.53 (2938.18)	110.688	3349.53 (2938.18)	-	-
4	**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 be charged together with items 053 and 055.								09.01
4.1	**Procedures**								
052	Procedures carried out in an X-ray department using hospital owned equipment under general anaesthesia	09.01		14.342	434.00 (380.70)	14.342	434.00 (380.70)	14.342	434.00 (380.70)
053	Diagnostic Angiograms	09.01		14.342	434.00 (380.70)	14.342	434.00 (380.70)	-	-
055	Electroconvulsive therapy (ECT)	04.00		14.342	434.00 (380.70)	14.342	434.00 (380.70)	14.342	434.00 (380.70)
4.2	**Catheterisation laboratory procedures**								
	As approved by the committee established in terms of General Rule E.1.1								09.01
	Note: A certificate indicating the level of the catheterisation laboratory used, should be signed by the relevant doctor, indicating the information required by the medical scheme								09.01
	The Catherisation Lab fees 054, 056, 070 and 073 are only chargeable once within a 72 hour period								09.01
	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 be charged together with items 054, 055, 056, 070 and 073.								09.01
054	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy/ thrombectomy when carried out in a facility equipped with a recognised analogue monoplane unit, and in a hospital equipped to perform the relevant surgery.	09.01		51.446	1556.80 (1365.60)	51.446	1556.80 (1365.60)	-	-
	Note: For EPS studies, the Bard Apparatus (item 529) is at an additional charge.	09.01							
056	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy/thrombectomy when carried out in a facility equipped with a recognised analogue bi-plane unit, and in a hospital equipped to perform the relevant surgery.	09.01		96.929	2933.20 (2573.00)	96.929	2933.20 (2573.00)	-	-

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				RVU	Fee	RVU	Fee	RVU	Fee
070	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy/thrombectomy when carried out in a facility equipped with a recognised digital bi-plane unit, and in a hospital equipped to perform the relevant surgery.	09.01		251.804	7619.80 (6684.00)	251.804	7619.80 (6684.00)	-	-
	Note: EPS for cardiac ablations - items 529 is at an additional charge.	09.01							
073	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy/thrombectomy when carried out in a facility equipped with a recognised digital monoplane unit, and in a hospital equipped to perform the relevant surgery.	09.01		186.233	5635.60 (4943.50)	186.233	5635.60 (4943.50)	-	-
075	Catheterisation laboratory film price (once per procedure) is inclusive of the CD and the recording paper charges	09.01		5.546	167.80 (147.20)	5.546	167.80 (147.20)	-	-
	Note: May only be charged once per procedure	09.01							
4.3	**Radiation Oncology**								
4.3.1	**Simulation - Fixed custom made**								
902	Simple - Simulation of a single area with either a single port or parallel opposed ports. Simple or no blocking or use of custom/home made simulation	04.00		15.263	461.90 (405.20)	15.263	461.90 (405.20)	-	-
903	Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.	04.00		23.283	704.60 (618.10)	23.283	704.60 (618.10)	-	-
904	Complex - Simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocks, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast	04.00		30.525	923.70 (810.30)	30.525	923.70 (810.30)	-	-
905	Computerised Tomographic.	04.00		30.525	923.70 (810.30)	30.525	923.70 (810.30)	-	-
4.3.2	**Treatment Planning**								
906	Manual.	04.00		-	-	-	-	-	-
907	Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking	04.00		14.383	435.20 (381.80)	14.383	435.20 (381.80)	-	-
908	Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints	04.00		21.942	664.00 (582.50)	21.942	664.00 (582.50)	-	-
909	Computerised (complex) - Planning requiring highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations or a combination of therapeutic modalities	04.00		28.742	869.80 (763.00)	28.742	869.80 (763.00)	-	-
4.3.3	**Technical Aids**								
910	Control films (As per radiology film price list)	04.00		-	-	-	-	-	-
911	Dosimetric procedures.	04.00		0.838	25.40 (22.30)	0.838	25.40 (22.30)	-	-
912	Artefacts: Simple - design and construction (simple block or bolus) – charge is exclusive of woods alloy	09.01		2.096	63.40 (55.60)	2.096	63.40 (55.60)	-	-
913	Artefacts: Intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus) - charge is exclusive of woods alloy	09.01		5.704	172.60 (151.40)	5.704	172.60 (151.40)	-	-
914	Artefacts: Complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts) – charge is exclusive of woods alloy	09.01		11.404	345.10 (302.70)	11.404	345.10 (302.70)	-	-
4.3.4	**Linear accelerator treatment**								
915	Photon treatment, single field.	04.00		22.288	674.50 (591.70)	22.288	674.50 (591.70)	-	-
916	Photon treatment, multiple fields	04.00		32.100	971.40 (852.10)	32.100	971.40 (852.10)	-	-
917	Electron treatment.	04.00		22.288	674.50 (591.70)	22.288	674.50 (591.70)	-	-

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				RVU	Fee	RVU	Fee	RVU	Fee
919	Brachytherapy - global fee per patient.	04.00		169.388	5125.90 (4496.40)	169.388	5125.90 (4496.40)	-	-
	Note: The fee is inclusive of equipment, consumables, theatre time fees and ward fees	09.01							
4.4	**Stereotactic radiosurgery**								
399	Linear Accelerator radiosurgery - Global Fee	04.00		3682.963	111450.10 (97763.20)	3682.963	111450.10 (97763.20)	-	-
	Item 399 is an all- inclusive single global radiosurgery fee, payable to a hospital. This item includes item 430, all imaging and all clinical fees. The hospital is responsible for reimbursement of all fees to all the professional providers of service involved in the treatment rendered under this item.	04.00							
430	Global fee for stereotactic radiosurgery	04.00		2520.600	76275.90 (66908.70)	2520.600	76275.90 (66908.70)	-	-
	Included in item 430 Stereotactic frames and attachments Linear Accelerator Specialised graphic planning, hardware and software Simulator and dark rooms 10 dental films Stereotactic masks All disposables 4 to 20 Graphic transparencies (including 1 week of planning) 2 trained radiographers Fixation and immobilisation Nuclear Specialist Medical Physicist Duration 1 - 4 hours 2 treatment radiographers Excluded from fee Other medical practitioners CT & MRI	04.00							
5	**Standard Charges for Equipment**								
224	Stone basket (reusable) for the removal of kidney-, bladder- or gallstones: Per case	09.01		50.263	1521.00 (1334.20)	50.263	1521.00 (1334.20)	50.263	1521.00 (1334.20)
225	Stereotactic equipment that is permanently attached (non mobile) when used in conjunction with x-rays, CT or MRI imaging and only applicable to intra - cranial procedures Note: The equipment is to be pre-authorised	09.01 09.01		48.033	1453.50 (1275.00)	48.033	1453.50 (1275.00)	-	-
226	Continuous Passive Exerciser: Per day.	09.01		3.808	115.20 (101.10)	3.808	115.20 (101.10)	3.808	115.20 (101.10)
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	09.01		10.604	320.90 (281.50)	10.604	320.90 (281.50)	10.604	320.90 (281.50)
228	Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case	09.01		5.242	158.60 (139.10)	5.242	158.60 (139.10)	5.242	158.60 (139.10)
230	Patient-controlled analgesia pump, being a programmable reusable analgesia infusion system, providing patient control and/or continuous analgesia modes with mechanisms to limit self administration per time period and with lockout interval. Applicable only to administration of analgesics: Per day	09.01		4.021	121.70 (106.80)	4.021	121.70 (106.80)	4.021	121.70 (106.80)

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	1. Not applicable in Specialised units i.e. ICU and High Care units. Limited to 1 per patient for maximum of 48 hours in ward 2. Only chargeable in the following instances: - Major joint replacement - Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy 3. Schemes do not carry the liability if use is charged for in any diagnoses not mentioned above	09.01							
	Note: Items 231-235 are standard equipment charges in non specialized units								09.01
231	Cardiac monitors, per day or part thereof	09.01		4.371	132.30 (116.10)	4.371	132.30 (116.10)	-	-
	Note: In high care wards only, private and general wards to be motivated - not to be charged for routine ECG's	09.01							
232	Bird or equivalent free standing nebuliser (excluding oxygen): Per day	04.00		3.129	94.70 (83.10)	3.129	94.70 (83.10)	3.129	94.70 (83.10)
233	Croupettes (excluding oxygen): Per day or part thereof	04.00		0.896	27.10 (23.80)	0.896	27.10 (23.80)	-	-
234	Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day or part thereof	04.00		1.675	50.70 (44.50)	1.675	50.70 (44.50)	-	-
235	Oxygen tents (excluding oxygen): Per day or part thereof	04.00		1.458	44.10 (38.70)	1.458	44.10 (38.70)	-	-
236	Mechanical ventilator or equivalent (only in ICU and high care ward if no ICU is available) (excluding oxygen): Per day or part thereof	09.01		13.963	422.50 (370.60)	13.963	422.50 (370.60)	-	-
237	CUSA Note: The fee is inclusive of the CUSA contamination guard	09.01		67.804	2051.80 (1799.80)	67.804	2051.80 (1799.80)	-	-
238	Lasers - Argon or Holium (ophthalmic).	04.00		21.004	635.60 (557.50)	21.004	635.60 (557.50)	21.004	635.60 (557.50)
239	Lasers - CO2 (surgical).	04.00		27.138	821.20 (720.40)	27.138	821.20 (720.40)	27.138	821.20 (720.40)
241	Lasers - Candella . Rates by arrangement with the scheme concerned	09.01		-	-	-	-	-	-
335	Excimer laser: Hire fee per eye	04.00		74.092	2242.10 (1966.80)	74.092	2242.10 (1966.80)	74.092	2242.10 (1966.80)
337	Microkeratome used with an excimer laser, per operation.	04.00		13.608	411.80 (361.20)	13.608	411.80 (361.20)	13.608	411.80 (361.20)
	Note: This tariff can only be charged for the initial surgery per eye and enhancement surgery occurring 12 months or longer after the initial surgery	09.01							
242	Occutomes.	04.00		8.933	270.30 (237.10)	8.933	270.30 (237.10)	8.933	270.30 (237.10)
243	Lasers - YAG (ophthalmic).	04.00		23.683	716.70 (628.70)	23.683	716.70 (628.70)	23.683	716.70 (628.70)
244	Lasers - YAG (surgical).	04.00		29.492	892.50 (782.90)	29.492	892.50 (782.90)	29.492	892.50 (782.90)
	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 6. The C-arm (item 249) , screening table (item 251), cysto urethroscope (item 263) and uretero reno scope (item 519) are not chargeable with these equipment fees	09.01							

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				RVU	Fee	RVU	Fee	RVU	Fee
220	Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment the fee includes items: 249 - C-arm , 251 -screening table , 263 -cysto urethroscope , 519 -uretero reno scope	09.01		18.700	565.90 (496.40)	18.700	565.90 (496.40)	18.700	565.90 (496.40)
221	Ballistic Lithotripsy/Lithoclast: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary) the fee includes items: 249 - C-arm , 251 -screening table , 263 -cysto urethroscope , 519 -uretero reno scope	09.01		12.454	376.90 (330.60)	12.454	376.90 (330.60)	12.454	376.90 (330.60)
222	Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment the fee includes items: 249 - C-arm , 251 -screening table , 263 -cysto urethroscope , 519 -uretero reno scope	09.01		124.638	3771.70 (3308.50)	124.638	3771.70 (3308.50)	124.638	3771.70 (3308.50)
223	Laser Lithotripsy: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary) the fee includes items: 249 - C-arm , 251 -screening table , 263 -cysto urethroscope , 519 -uretero reno scope	09.01		83.021	2512.30 (2203.80)	83.021	2512.30 (2203.80)	83.021	2512.30 (2203.80)
339	Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment the fee includes items: 249 - C-arm , 251 -screening table , 263 -cysto urethroscope , 519 -uretero reno scope	09.01		8.279	250.50 (219.70)	8.279	250.50 (219.70)	8.279	250.50 (219.70)
341	Ballistic lithotripsy magnetic: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary) the fee includes items: 249 - C-arm , 251 -screening table , 263 -cysto urethroscope , 519 -uretero reno scope	09.01		5.525	167.20 (146.70)	5.525	167.20 (146.70)	5.525	167.20 (146.70)
245	First Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment for one or more stones in same kidney which are eliminated in one treatment.	04.00		272.863	8257.10 (7243.10)	272.863	8257.10 (7243.10)	272.863	8257.10 (7243.10)
246	Second Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	04.00		181.733	5499.40 (4824.00)	181.733	5499.40 (4824.00)	181.733	5499.40 (4824.00)
249	C Arm	09.01		8.817	266.80 (234.00)	8.817	266.80 (234.00)	8.817	266.80 (234.00)
	Note: Not chargeable with Modifiers 0002, 0003, items 220, 221, 222, 223, 339, 341 and 251.	09.01							
250	Ultrasonic imaging equipment.	04.00		14.738	446.00 (391.20)	14.738	446.00 (391.20)	14.738	446.00 (391.20)
	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	09.01							
251	Screening table - fixed base urology table (including all radiographic equipment) (See item 249) Note: May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341.	04.00		19.883	601.70 (527.80)	19.883	601.70 (527.80)	19.883	601.70 (527.80)
	Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.	04.00							
252	Gastroscope (fibre optic/flexible only).	04.00		11.617	351.50 (308.30)	11.617	351.50 (308.30)	11.617	351.50 (308.30)
253	Colonoscope (fibre optic/flexible only)	04.00		12.992	393.20 (344.90)	12.992	393.20 (344.90)	12.992	393.20 (344.90)
254	Duodenoscope (fibre optic/flexible only).	04.00		12.308	372.50 (326.80)	12.308	372.50 (326.80)	12.308	372.50 (326.80)
255	Sigmoidoscope (fibre optic).	04.00		9.979	302.00 (264.90)	9.979	302.00 (264.90)	9.979	302.00 (264.90)
343	Sigmoidoscope (rigid, adults)	04.00		2.050	62.00 (54.40)	2.050	62.00 (54.40)	2.050	62.00 (54.40)
345	Sigmoidoscope (rigid, paediatrics)	04.00		1.658	50.20 (44.00)	1.658	50.20 (44.00)	1.658	50.20 (44.00)
256	Bronchoscope (flexible/fibre optic, adults).	04.00		8.200	248.10 (217.60)	8.200	248.10 (217.60)	8.200	248.10 (217.60)

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
347	Bronchoscope (flexible/fibre optic, paediatrics)	04.00		8.200	248.10 (217.60)	8.200	248.10 (217.60)	8.200	248.10 (217.60)
348	Bronchoscope (rigid, adults)	04.00		3.283	99.30 (87.10)	3.283	99.30 (87.10)	3.283	99.30 (87.10)
349	Bronchoscope (rigid, paediatrics)	04.00		4.788	144.90 (127.10)	4.788	144.90 (127.10)	4.788	144.90 (127.10)
257	Laryngoscope (fibre optic/flexible excluding intubation). For diagnostic purposes only	09.01		4.788	144.90 (127.10)	4.788	144.90 (127.10)	4.788	144.90 (127.10)
258	Sinoscope (rigid only)	04.00		5.463	165.30 (145.00)	5.463	165.30 (145.00)	5.463	165.30 (145.00)
259	Oesophagoscope (rigid only)	04.00		2.725	82.50 (72.40)	2.725	82.50 (72.40)	2.725	82.50 (72.40)
261	Hysteroscope	04.00		3.429	103.80 (91.10)	3.429	103.80 (91.10)	3.429	103.80 (91.10)
262	Colposcope (Not chargeable when item 239 applies)	04.00		4.788	144.90 (127.10)	4.788	144.90 (127.10)	4.788	144.90 (127.10)
263	Cysto Urethroscope (Not chargeable with 220 -223)	09.01		4.108	124.30 (109.00)	4.108	124.30 (109.00)	4.108	124.30 (109.00)
519	Uretho Reno Fibroscope, per case	04.00		14.663	443.70 (389.20)	14.663	443.70 (389.20)	14.663	443.70 (389.20)
264	Arthroscope (including basic reusable instruments and equipment)	04.00		11.200	338.90 (297.30)	11.200	338.90 (297.30)	11.200	338.90 (297.30)
	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.	04.00							
360	Category 1 - Laparoscopy and thoracoscopy, per case. Note: Refer to Annexure C for a list of items included within this code	09.01		26.825	811.80 (712.10)	26.825	811.80 (712.10)	26.825	811.80 (712.10)
364	Category 2 - Interventional Laparoscopic and Thorascopic procedures, per case. Note: Refer to Annexure C for a list of items included within this code	09.01		31.867	964.30 (845.90)	31.867	964.30 (845.90)	31.867	964.30 (845.90)
294	Transcranial Doppler	04.00		24.417	738.90 (648.20)	24.417	738.90 (648.20)	-	-
295	Ultrasonic Cutting and Coagulating Devices (See section 6.3.3)	09.01		6.721	203.40 (178.40)	6.721	203.40 (178.40)	6.721	203.40 (178.40)
507	Argon Beamer (See section 6.3.2)	09.01		2.721	82.30 (72.20)	2.721	82.30 (72.20)	2.721	82.30 (72.20)
	Note: The Argon Beamer will not apply where a standard electosurgery unit is used. It can only be used with surgery on internal organs and in neurosurgery.	04.00							
509	Endometrial Resection (Radio frequency)	04.00		16.425	497.00 (436.00)	16.425	497.00 (436.00)	16.425	497.00 (436.00)