ORTHOPTIST

Orthoptists 2009

NATIONAL REFERENCE PRICE LIST IN RESPECT OF ORTHOPTISTS 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.

ITEMS

Code	Description	Ver	Add	Orthoptists	
				RVU	Fee
001	Orthoptic consultation (Ocular motility assessment, comprehensive examination)	04.00		10.000	95.20 (83.50)
003	Orthoptic treatment (Ocular motility imbalance)	04.00		8.700	82.80 (72.70)
005	Orthoptic consultation (Hess chart)	04.00		11.100	105.70 (92.70)
007	Orthoptic visual fields charting or field of binocular single vision	04.00		21.700	206.60 (181.30)
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-

OSTEOPATHY

Osteopathy 2009

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY OSTEOPATHS 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

01	All accounts must be presented with the following information clearly stated: - name of osteopath - qualifications of the osteopath - BHF practice number - Postal address and telephone number - Date on which the service(s) were provided - Applicable item codes - The nature of the treatment - The surname and initials of the member - The first name of the patient - The name of the medical scheme - The membership number of the patient - The name and practice number of the referring practitioner	06.02
02	The fee of more than one procedure performed at the same consultation or visit, shall be the fee for the major procedure plus the fee in respect of each additional procedure, but under no circumstances will additional fees be charged for more than three additional procedures carried out in the treatment of any one condition.	06.02
03	After a series of 10 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatment in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such treatment.	06.02
04	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed if the correct NAPPI code is supplied on the account.	06.02

ITEMS

Code	Description	Ver	Add	Osteopathy RVU	Osteopathy Fee
1.	**Consultation, Spinal or Joint Manipulation**				
001	Initial consultation/manipulation (fee covering history, examination and treatment)	06.02		16.000	-
	COIDS - Full case history, physical exam & use of diagnostic equipment, but excluding remedies, immobilisation, and manipulative procedure	06.02			
002	Subsequent manipulation/examination (fee covering subsequent examination and treatment / manipulation for the same condition)	06.02		8.000	-
	COIDS - Subsequent consultation & examination not requiring treatment	06.02			
003	Consultation/examination where no treatment is required	09.00			
	COIDS - Spinal or extra-spinal joint manipulation ONLY.	06.02			
600	Lifestyle Advice / Counselling	09.00		5.000	-
2.	**High Velocity, Low Amplitude Thrust (HVLAT) Techniques**				
410	Cervical Spine High Velocity, Low Amplitude Thrust (HVLAT) Techniques	09.00		3.000	-
420	Lumbar Spine High Velocity, Low Amplitude Thrust (HVLAT) Techniques	09.00		4.000	-
430	Peripheral Joint High Velocity, Low Amplitude Thrust (HVLAT) Techniques	09.00		3.000	-
440	Thoracic Spine High Velocity, Low Amplitude Thrust (HVLAT) Techniques	09.00		3.000	-
3.	**Other Osteopathic Techniques**				
510	Cranio-Sacral Osteopathic Technique	09.00		20.000	-
520	General Body Adjustment (GBA)	09.00		22.000	-
530	General Osteopathic Treatment (GOT)	09.00		20.000	-
540	Muscle Energy Techniques (MET)	09.00		5.000	-
550	Passive Joint Articulation	09.00		6.000	-
4.	**Modalities/Adjunctive Therapy**				
Soft Tissue Manipulation					
101	Massage	06.02		10.000	-
103	Myofacial pain therapy	06.02		6.000	-
Superficial Heating Therapy					
121	Hydrocollator/Ice pack - Hot or cold packs	06.02		4.000	-
123	Infra-Red Treatment	09.00		8.000	-
Non-heating Modalities					
145	Ultrasound	06.02		8.000	-
149	Interferential treatment	09.00		10.000	-
155	Vibration therapy	06.02		7.000	-

Code	Description	Ver	Add	Osteopathy	
				RVU	Fee
161	TENS	06.02		9.000	-
165	Traction: Mechanical/Static, etc.	06.02		10.000	-
Cold Applications					
173	Cold packs	06.02		4.000	-
Therapeutic Exercise					
187	Proprioceptive neuromuscular facilitation	06.02		6.000	-
189	Gait Analysis & Training	09.00		15.000	-
Immobilisation					
203	Supportive strapping, bracing, splinting and taping	06.02		8.000	-

PHYSICAL REHABILITATION CENTRES

Physical Rehabilitation Hospitals 2009

NATIONAL REFERENCE PRICE LIST IN RESPECT OF REHABILITATION HOSPITALS WITH A PRACTICE NUMBER COMMENCING WITH "59" 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	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
B.1	Procedure for the classification of hospitals:	04.00
B.1.1	Inspections of sub-acute facilities, private hospitals, rehabilitation hospitals or sub-acute facilities having practice code numbers commencing with the digits 059 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	04.00
C	All accounts submitted by rehabilitation hospitals shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.	04.00
D	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the rehabilitation hospital concerned.	04.00
E	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.	04.00
F	Accommodation fees includes the services listed below: A. The minimum services that are required are items 3, 5 and 6. B. If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital. 1 Pre-authorisation (up to the date of admission) of: • length of stay • level of care • theatre procedures 2 Provision of ICD-10 and CPT-4 codes when requesting pre-authorisation 3 Notification of admission 4 Immediate notification of changes to: • length of stay • level of care • theatre procedures 5 Reporting of length of stay and level of care In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. 6 Discharge ICD-10 and CPT-4 coding In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. Including coding of complications and co-morbidity. To be done as accurately as practically possible by the hospital. 7 Case management by means of standard documentation and liaison between scheme and hospital appointed case managers Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital.	04.00

SCHEDULE

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

Rehabilitation

Code	Description	Ver	Add	Physical Rehabilitation Hospitals	
				RVU	Fee
100	Out patients, 3 hours per day (maximum 18 days)	04.00		10.000	453.80 (398.00)
101	Out patients, 6 hours per day (maximum 18 days)	04.00		21.103	957.60 (840.00)

Code	Description	Ver	Add	Physical Rehabilitation Hospitals	
				RVU	Fee
105	General care (maximum 27 days)	04.00		42.013	1906.40 (1672.30)
107	High care (maximum 36 days)	04.00		49.522	2247.10 (1971.10)
109	Rehabilitation ICU (maximum 7 days)	04.00		89.005	4038.70 (3542.70)

PHYSIOTHERAPY

Physiotherapy 2009

NATIONAL REFERENCE PRICE LIST IN RESPECT OF PHYSIOTHERAPISTS 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.		
REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF PHYSIOTHERAPY (R2301 - 3 December 1976)		
SCHEDULE		
General rules governing the scale of benefits		
001	Unless timely steps (i.e. 24 hours prior to the appointment) are taken to cancel an appointment the relevant fee may be charged, but shall not be payable by medical schemes. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. Modifier 0001 to be quoted	04.00
002	In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, the practitioner shall provide motivation for a higher fee and such higher fee as may be agreed upon between the practitioner and the scheme may be charged	04.00
003	Where a practitioner uses equipment which is not owned by that practitioner, a reduction of 15% of the relevant rate will be applicable. Modifier 0003 must be quoted when this rule is applied	04.00
004	In the case of prolonged or costly treatment, the practitioner should first ascertain from the scheme concerned whether it will accept financial responsibility in respect of such treatment, since the member may be subject to maximum annual benefits	04.00
005	After a series of 20 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatments in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such treatment	04.00
006	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.	04.00
007	Practitioners are reminded that a lower fee than that appearing in the scale of benefits shall be charged if the customary fee in the area is less than that charged. Reduced fees shall also be charged where the practitioner would have reduced his/her fee in private practice in particular cases. Prolonged treatment or exceptional cases should also receive special consideration in accordance with the usual medical practice	04.00
008	The fee in respect of more than one procedure (excluding evaluation and visiting items 407, 501, 502, 503, 507, 509, 701, 702, 703, 704, 705, 706, 707, 708, 801, 803, 901 and 903) performed at the same consultation or visit, shall be the fee for the major procedure plus half the fee in respect of each additional procedure, but under no circumstances may fees be charged for more than three procedures carried out in the treatment of any one condition. Modifier 0008 must then be quoted after the appropriate code numbers for the additional code numbers for the additional procedures to indicate that this rule is applicable.	05.05
009	When more than one condition requires treatment and each of these conditions necessitates an individual treatment, they shall be charged as individual treatments. Full details of the nature of the treatments and the diagnosis or diagnostic codes shall be stated. Modifier 0009 must then be quoted after the appropriate code number to indicate that this rule is applicable.	04.00
010	When the treatment times of two completely separate and different conditions overlap, the fee shall be the full fee for one condition and 50% of the fee for the other condition. Both conditions must be specified. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.	04.00
011	Every physiotherapist must acquaint himself with the provisions of the Medical Schemes Act, 1998 and the regulations promulgated under the Act in connection with the rendering of accounts. Every account shall contain the following particulars : · The name and practice code number of the referring practitioner (where applicable). · The name of the member. · The name of the patient. · The name of the medical scheme. · The membership number of the member. · The practice code number and name of practitioner · The nature and cost of the treatment. · The date on which the service was rendered. · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.	04.00
012	NB: Rounding off does not apply to amounts occurring once the modifiers are used.	04.00

Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
013	Where the physiotherapist performs treatment away from the treatment rooms, travelling costs being more than 16 kilometres in total) to be charged according to the AA-rate. Modifier 0013 must be quoted after the appropriate code numbers to show that this rule is applicable. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.				04.00
014	Physiotherapy services rendered in a nursing home or hospital. Modifier 0014 must be quoted after each code.				04.00
016	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.				04.00
Modifiers					
0001	Appointment not kept				04.00
0003	15% of the relevant rate to be deducted where equipment used is not owned by the practitioner				04.00
0006	Add 50% of the total fee for the treatment				04.00
0008	Only 50% of the fee for these additional procedures may be charged				04.00
0009	The full fee for the additional condition may be charged				04.00
0010	Only 50% of the fee for the second condition may be charged				04.00
0013	Travelling costs (being more than 16 kilometres in total) according to AA-rate. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.				04.00
0014	Physiotherapy services rendered to an in-patient in a nursing home or hospital.				04.00
1	**RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY**				
Code	**Description**	**Ver**	**Add**	**Physiotherapy**	
				RVU	**Fee**
001	Infra-red, Radiant heat, Wax therapy Hot packs	04.00		5.000	29.50 (25.90)
005	Ultraviolet light	04.00		10.000	59.00 (51.80)
006	Laser beam	04.00		15.000	88.50 (77.60)
007	Cryotherapy	04.00		5.000	29.50 (25.90)
2	**LOW FREQUENCY CURRENTS**				
103	Galvanism, Diodynamic current, Tens.	04.00		10.000	59.00 (51.80)
105	Muscle and nerve stimulating currents.	04.00		12.000	70.80 (62.10)
107	Interferential Therapy.	04.00		10.000	59.00 (51.80)
3	**HIGH FREQUENCY CURRENTS**				
201	Shortwave diathermy.	04.00		5.000	29.50 (25.90)
203	Ultrasound.	04.00		10.000	59.00 (51.80)
205	Microwave.	04.00		5.000	29.50 (25.90)
4	**PHYSICAL MODALITIES**				
300	Vibration	04.00		10.000	59.00 (51.80)
301	Percussion	04.00		16.100	95.00 (83.30)
302	Massage	04.00		10.000	59.00 (51.80)
303	Myofacial release/soft tissue mobilisation, one or more body parts	04.00		20.090	118.60 (104.00)
304	Acupuncture	04.00		15.000	88.50 (77.60)
305	Re-education of movement/Exercises (excluding ante- and post-natal exercises)	04.00		10.000	59.00 (51.80)
307	Pre- and post-operative exercises and/or breathing exercises	04.00		10.000	59.00 (51.80)
308	Group exercises (excluding ante- and post-natal exercises - maximum of 10 in a group)	04.00		10.000	59.00 (51.80)
309	Isokinetic treatment.	04.00		10.000	59.00 (51.80)
310	Neural tissue mobilisation	04.00		20.000	118.00 (103.50)
313	Ante and post natal exercises/counselling	04.00		10.000	59.00 (51.80)
314	Lymph drainage	04.00		5.000	29.50 (25.90)
315	Postural drainage.	04.00		10.000	59.00 (51.80)

Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
317	Traction.	04.00		10.000	59.00 (51.80)
318	Upper respiratory nebulisation and/or lavage	04.00		10.000	59.00 (51.80)
319	Nebulisation	04.00		10.000	59.00 (51.80)
321	Intermittent positive pressure ventilation.	04.00		10.000	59.00 (51.80)
323	Suction: Level 1 (including sputum specimen taken by suction)	04.00		5.000	29.50 (25.90)
325	Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient)	04.00		20.090	118.60 (104.00)
327	Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient).	04.00		5.000	29.50 (25.90)
328	Dry needling	04.00		15.000	88.50 (77.60)
5	**MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION**				
401	Spinal.	04.00		15.000	88.50 (77.60)
402	Pre meditated manipulation	04.00		10.000	59.00 (51.80)
405	All other joints.	04.00		15.000	88.50 (77.60)
407	Immobilisation (excluding materials). Rule 008 does not apply.	04.00		15.000	88.50 (77.60)
6	**REHABILITATION**				
501	Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	04.00		25.000	147.50 (129.40)
502	Hydrotherapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	04.00		25.000	147.50 (129.40)
503	Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented (No other treatment modality may be charged in conjunction with this). Duration: 60min.	04.00		55.000	324.60 (284.70)
504	EMG Biofeedback treatment	04.00		15.000	88.50 (77.60)
505	Group rehabilitation. Treatment of a patient with disabling pathology in an appropriate facility requiring specific equipment and supervision, without individual attention for the whole treatment session, no charge may be levied by facility	05.05		12.000	70.80 (62.10)
506	Stress management	04.00		20.000	118.00 (103.50)
507	Respiratory Re-education and Training. Duration: 30min.	04.00		15.000	88.50 (77.60)
509	Rehabilitation. Each additional full 15 mins. Where the pathology requires the undivided attention of the physiotherapist. (Rule 0008 does not apply.) Can only be used with codes 501, 502, 507 or 503 to indicate the completion of an additional 15 minutes. A maximum of two instances of this code may be charged per session.	06.02		15.000	88.50 (77.60)
7	**EVALUATION**				
701	Evaluation/counselling at the first visit only (to be fully documented)	04.00		15.000	88.50 (77.60)
702	Complex evaluation/counselling at the first visit only (to be fully documented).	04.00		30.000	177.00 (155.30)
703	One complete re-assessment of a patient's condition during the course of treatment. To be used only once per episode of care.	04.00		15.000	88.50 (77.60)
704	Lung function: Peak flow (once per treatment).	04.00		5.000	29.50 (25.90)
705	Computerised/Electronic test for lung pathology	04.00		15.000	88.50 (77.60)
706	Reports. To be used to motivate for therapy and/or give a progress report and/or a pre-authorisation report, where such a report is specifically required by the medical scheme.	05.03		15.000	88.50 (77.60)
707	Physical Performance test. Must be fully documented.	04.00		20.000	118.00 (103.50)
708	Interview, guidance or consultation with the patient or his family. To be used only once per episode of care.	05.02		15.000	88.50 (77.60)
801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for a specific medical condition	04.00		35.000	206.50 (181.20)
803	Effort test - multistage treadmill.	04.00		35.000	206.50 (181.20)
8	**VISITING CODES**				
901	Treatment at a nursing home : Relevant fee plus (to be charged only once per day and not with every hospital visit	04.00		10.000	59.00 (51.80)

Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
903	Domicilliary treatments : Relevant fee plus.	04.00		20.000	118.00 (103.50)
10	**OTHER**				
117	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-
937	Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day.	04.00		10.000	59.00 (51.80)
938	Bird or equivalent freestanding nebuliser excluding oxygen domicilliary per day.	04.00		10.000	59.00 (51.80)
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

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	52.90 (46.40)
131	Consultation (initial or follow up). Duration 16 - 30 mins	06.04		22.500	119.10 (104.50)
132	Consultation (initial or follow up). Duration 31 - 45 mins	06.04		37.500	198.50 (174.10)
133	Consultation (initial or follow up). Duration 46 - 60 mins	06.04		52.500	277.90 (243.80)
134	Consultation, each additional full 15 mins, to a maximum of 60 mins	06.04		15.000	79.40 (69.60)
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	3.30 (2.90)
320	Tea mixes, per 10g	06.02		1.000	1.22 (1.07)
330	Capsules/tablets, per capsule	06.02		3.400	4.16 (3.65)
340	Creams/Ointments, per 10ml	06.02		20.100	24.60 (21.60)
350	Syrups, per 10ml	06.02		2.800	3.43 (3.01)
360	Medicinal oils, per 10ml	06.02		1.300	1.59 (1.40)
390	Proprietary materials	06.02		-	-
395	Proprietary medicines	06.02		-	-

PODIATRY

Podiatry 2009

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 recidence	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	67.20 (59.00)
302	Consultation (initial or follow up) 11-20 minutes	06.03		15.000	134.50 (117.90)
303	Consultation (initial or follow up) 21-30 minutes	06.03		25.000	224.10 (196.60)
304	Consultation (initial or follow up) 31-45 minutes	06.03		37.500	336.20 (294.90)
006	More than one patient seen at a residence (See note below).	06.02		8.500	68.90 (60.40)
	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	10.50 (9.24)
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	31.60 (27.70)

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	63.20 (55.40)
012	Extended care for chronic disease management or ulcer management (applicable to diabetes, arthritis and peripheral vascular diseases)	04.00		7.400	60.00 (52.60)
013	General podiatric care more than 30 minutes (a combination of items 010 and 011)	04.00		11.800	95.60 (83.90)
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	47.80 (41.90)
015	Subsequent lesion.	04.00		2.900	23.50 (20.60)
016	Cryotherapy first lesion (consultation and treatment).	04.00		7.800	63.20 (55.40)
017	Subsequent lesion.	04.00		3.900	31.60 (27.70)
018	Diathermy first lesion (consultation and treatment).	04.00		6.900	55.90 (49.00)
019	Subsequent lesion.	04.00		3.500	28.40 (24.90)
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	158.80 (139.30)
022	Two nails - one side.	04.00		25.500	206.60 (181.30)
024	Two nails - both sides.	04.00		36.400	294.90 (258.70)
023	One nail - two sides (including consultation).	04.00		25.500	206.60 (181.30)
025	Avulsion with matrix phenolisation (including consultation).	04.00		19.600	158.80 (139.30)
031	Avulsion without matrix phenolisation (including consultation).	04.00		12.800	103.70 (91.00)
Other.					
040	Infection control, per patient	04.00		1.200	9.72 (8.53)
041	Remedial therapy.	04.00		4.900	39.70 (34.80)
042	Sterile pack.	06.03		5.900	47.80 (41.90)
044	Suturing (includes consultation).	04.00		7.800	63.20 (55.40)
046	Incision Biopsy.	04.00		5.900	47.80 (41.90)
047	Removal of foreign body.	04.00		8.900	72.10 (63.30)
048	Suturing / Wound closure material : Cost of material plus 10%	06.03		-	-
146	Excision biopsy.	04.00		8.900	72.10 (63.30)
201	Sterile Surgical Blades (maximum of 2 per patient)	06.03		1.000	8.10 (7.11)
203	Wound dressing material (maximum of 2 per patient)	06.03		2.000	16.20 (14.20)
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	95.60 (83.90)
209	Simple insole material fee	06.03		5.900	47.80 (41.90)
211	Local anaesthetic medication per ampoule (maximum of 5 per patient)	06.03		2.000	16.20 (14.20)
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	22.70 (19.90)
217	Padding and strapping: Metatarsal, per foot	04.00		3.500	28.40 (24.90)

Code	Description	Ver	Add	Podiatry	
				RVU	Fee
219	Padding and strapping: Heel, per foot	04.00		3.500	28.40 (24.90)
Appliances and Orthotics					
	(By arrangement with the scheme concerned).				04.00
043	Biomechanical examination.	04.00		15.700	127.20 (111.60)
051	Neutral impression Plaster of Paris casting	04.00		8.500	68.90 (60.40)
052	Orthotic repair.	04.00		12.800	103.70 (91.00)
053	Temporary orthotic or corrective component.	04.00		12.800	103.70 (91.00)
054	Prescription covering and soft tissue supplements.	04.00		8.900	72.10 (63.30)
055	Silicone devices: Digital	04.00		5.400	43.80 (38.40)
056	Computerised gait analysis	06.02		19.600	158.80 (139.30)
057	Template measurement.	04.00		2.900	23.50 (20.60)
058	Immobilisation casting	06.04		10.600	85.90 (75.30)
059	Simple insole - one foot.	04.00		11.100	89.90 (78.90)
061	Simple insoles - both feet.	04.00		20.100	162.90 (142.90)
060	Silicone devices: metatarsal	04.00		10.700	86.70 (76.10)
064	Silicone devices: heel	04.00		15.900	128.80 (113.00)
	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	154.80 (135.80)
065	Prescription orthotics : both feet.	04.00		38.300	310.30 (272.20)
067	Preformed moulded insoles: Adult, both feet	04.00		22.100	179.10 (157.10)
069	Preformed moulded insoles: Adult, one foot	04.00		11.000	89.10 (78.20)
071	Preformed moulded insoles: Child, both feet	04.00		17.000	137.80 (120.80)
073	Preformed moulded insoles: Child, one foot	04.00		8.500	68.90 (60.40)
CONSUMABLE LIST					
	STERILISING ITEMS 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				04.00

Code	Description	Ver	Add	Podiatry	
				RVU	Fee
	Phenol Silicone & Activator for Devices Monochloracetic Acid Salacylic Acid in Lanolin Dental Needles Xylotox Se Plain Solution for Injection Emergency Drugs e.g. Adrenaline/Epipen Penrose Drains / Tournicot Hydrogen Peroxide 70% Alcohol Hibicol Acetone Sterile Blades (Various Sizes) Moores Discs Sterile Dressing Trays Sutures Single Use Sterile Syringes				

PRIVATE HOSPITAL

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		
SCHEDULE		
B	The charges relating to each type of hospital/unattached operating theatre unit are indicated in the relevant column opposite the item codes.	09.05
C	The charges indicated in Section 5 hereof, are applicable to both categories of such hospitals and unattached operating theatre units.	04.00
D	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
E.1	Procedure for the classification of hospitals:	04.00
E.1.1	Inspections private hospitals or unattached operating theatre units/day clinics having practice code numbers commencing with the digits 057, 058 or 077 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	09.05
E.3.2	The provisions referred to in E.1.1 shall apply mutatis mutandis to all approved specialised intensive care units, specialised theatres, catheterisation laboratories and trauma unit.	04.00
F.1	Procedures to consider applications by institutions to be classified as unattached operating theatre units having a practice code number commencing with the digits 77 and for the reclassification of unattached operating theatre units with 76 practice numbers.	09.05
F.1.1	Inspections of new unattached theatre operating units and units having practice code numbers commencing with the digit 76, to be reclassified as approved unattached operating theatre units having practice numbers commencing with the digits 77 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	09.05
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.	09.05
H	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the hospital/unattached operating theatre unit concerned.	09.05
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
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	09.05

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	The items listed as non-recoverable in Annuxure B shall be deemed to be included in ward fees, and no charge in respect thereof may be levied.								
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.	09.05		36.063	1111.20 (974.80)	36.063	1111.20 (974.80)	-	-
002	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	09.05		37.888	1167.50 (1024.10)	37.888	1167.50 (1024.10)	-	-
003	Psychiatric general ward fee, per day	09.01		29.854	919.90 (806.90)	29.854	919.90 (806.90)	-	-
004	Medical and neurological cases: per day.	09.01		36.063	1111.20 (974.80)	36.063	1111.20 (974.80)	-	-
005	Paediatric cases (under 14 years of age)	09.05		44.513	1371.60 (1203.20)	44.513	1371.60 (1203.20)	-	-
	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	711.20 (623.80)	23.079	711.20 (623.80)	19.725	607.80 (533.20)
014	Overnight fee - Medical practitioner to pre-authorise all overnight admissions	09.05		-	-	-	-	8.692	267.80 (234.90)
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	09.05		10.679	329.10 (288.70)	10.679	329.10 (288.70)	10.679	329.10 (288.70)
022	Out-patient wound care facility	04.00		5.263	162.20 (142.30)	5.263	162.20 (142.30)	5.263	162.20 (142.30)
2.	**Maternity**								
	1. The maternity fees are a fixed per diem fee and replace all other charges: INCLUDING: Charges such as multiple births (nursery fee for 2nd baby excluded); After-hour deliveries (including caesareans); Labour ward or other ward fees, nursery fees; Incubators; Phototherapy; Theatre and equipment fees; and Surgical items (see list under point 8). But EXCLUDE Sections 5.1 to 5.3; Sections 5.7 to 5.8 (Gases); and								09.05

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. The costs of special treatment of newly born infants, e.g. circumcision certified as necessary by the attending practitioner, which shall be dealt with in accordance with the National Reference Price List for private hospitals and the rules of the relevant scheme pertaining to such dependants. 2. If an epidural anaesthetic is given for either a vaginal delivery or a caesarean section, an additional fee (item 011) may be charged. This comprises of an epidural pack, all consumables used, as well as nursing time. 3. An uncomplicated stay in a nursery for routine observation is included in the maternity fee, as well as phototherapy and routine high care observation after delivery for the new born baby. 4. A neonate requiring specialised treatment in a ward, high care or ICU shall be considered to be a patient in its own right and, for that reason, the National Reference Price List shall be applied to such neonate and an account may be rendered on a fee for service basis. In such cases, the fixed fee per day remains applicable until the mother is discharged, but the amount of item 015, per day must be deducted from the fixed fee (comprising the nursery fee component). 5. If the mother is admitted into high care or ICU, the full account is rendered on a fee for service basis, as this is clearly not an uncomplicated delivery. The codes for the nursery fee (item 015) and the delivery room (item 016) must be used to cover these specific services. 6. The first day fee includes the cost of admitting the mother, `prepping' and `staging' etc, admission into the delivery room, the delivery and post natal period up until midnight. This includes any cost incurred during the early stages of an uncomplicated delivery, even if prolonged labour occurs. The second day is calculated as starting from midnight following the birth of the neonate on the day of the delivery. If however, the mother needs admission for stabilisation or treatment of a medical condition such as diabetes, pre-eclampsia or urinary tract infection, such an admission falls outside the scope of the maternity fixed fee. An account will then be rendered on a fee for service basis, until such time that the baby is delivered. If delivery itself is uncomplicated, then the first day (fixed) fee will be chargeable on the date of delivery, and second and subsequent days until the mother is discharged. If however, the mother is admitted to ICU or high care the full account must be rendered on a fee for service basis. If the baby needs admission - see (4). 7. Admission for suppression of premature labour is not an uncomplicated delivery, and an account must be rendered on a fee for service basis. 8. The following list of surgicals (maternity basket) are included in the per diem fee. THEATRE SURGICALS FOR NORMAL VAGINAL DELIVERIES THEATRE CHARGES 1 X Amnihook 1 X Continue Flo 1 X Cord Clamp 3 X Gloves Surgical St 8 X Gloves Sterile 4 X I D Bands 0.5 X Jaques Catheter 1 X Jelco IV 1 X KY Jelly Sachet 20 X Maternity Pad 5 X Preptic Swabs 1 X Spiral Electrode 1 X Spinocan 1 X Suction Catheter St 1 X Swabbing Tray 1 X Tegaderm 1626								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	1 X Vaginal Plug 2 X Water for irrigation 1 X Stockinette 2 X Silicone Tubing 1 X Add a Line SUTURES 0.25 X Suture W734 0.25 X Suture W758 0.25 X Suture W727 0.25 X Suture W734 0.25 X Suture W758 0.25 X Suture W770 0.25 X Suture W759 0.25 X Suture W441 SYRINGES 1 X Syringe 1ml 1 X Syringe 20ml 3 X Syringe 2ml 2 X Syringe 5ml DRESSINGS 2 X Cotton Wool Balls L/s THEATRE SURGICALS FOR CAESARS WITH GENERAL ANAESTHETIC THEATRE CHARGES 1 X Amnihook 1 X Airway 1 X Sterile Tray 2 X Continue Flo 1 X Cord Clamp 1 X Diathermy Plate Dispo 1 X ET Tube 3 X Electrodes Red Dot 1 X Foley catheter 8 X Gloves Surgical St 5 X Gloves Sterile 4 X I D Bands 1 X Jelco IV 2 X KY Jelly Sachet 20 X Maternity Pad 10 X Preptic Swabs 1 X Sheet _ 1 X Spiral Electrode 1 X Spinocan 1 X Suction Catheter St 1 X Swabbing Tray 1.2 X Tegaderm 1626 1 X Urine Drn Bag 1 X Vent Pump Set 1 X Yankuer Suction 6 X Water for irrigation								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	1 X Stockinette 2 X Silicone Tubing 2 X Opticlude 1 X Add a Line SUTURES 0.06 X Suture W441 0.30 X Suture 8623G 0.11 Suture W791 0.30 X Suture W9999 2.20 X Suture W493 0.17 X Suture W795 0.17 X Suture W797 0.30 X Suture W439 0.17 X Suture W434 0.17 X Suture W445 1 X Suture W728 1 X Suture V518G 1 X Suture V486G 0.20 X Suture V523G 0.30 X Suture V523G SYRINGES 1 X Syringe 1ml 1 X Syringe 20ml 1 X Syringe 10ml 8 X Syringe 2ml 2 X Syringe 5ml DRAIN 1 X Corrugated Drain DRESSINGS 15 X Abominal Swabs 3 X Cotton Wool Balls L/s 5 X Gauze Sterile Xray 1 X Telfa Dressing 1 X Steripad 1 X Tegaderm 1627 5 X Paint Balls								
2.1	**Natural births**								
009	First day (Day of confinement).	04.00		174.458	5375.70 (4715.60)	174.458	5375.70 (4715.60)	-	-
010	Subsequent day(s).Per day	04.00		60.096	1851.80 (1624.40)	60.096	1851.80 (1624.40)	-	-
017	Subsequent day(s) excluding nursery fee.	04.00		43.717	1347.10 (1181.70)	43.717	1347.10 (1181.70)	-	-
2.3	**Caesarean**								
012	First day (Day of confinement).	04.00		270.992	8350.30 (7324.90)	270.992	8350.30 (7324.90)	-	-
013	Subsequent day(s). Per day	04.00		59.583	1836.00 (1610.50)	59.583	1836.00 (1610.50)	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	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	521.50 (457.50)	16.925	521.50 (457.50)	-	-
016	Delivery room. This item is not applicable for deliveries by registered midwifes in private practice.	09.05		72.746	2241.60 (1966.30)	72.746	2241.60 (1966.30)	-	-
018	Subsequent day(s) excluding nursery fee	04.00		42.963	1323.90 (1161.30)	42.963	1323.90 (1161.30)	-	-
2.4.1	**Epidural fee**								
011	Use of epidural anaesthesia for MATERNITY CASES ONLY. (Note: This item includes all surgicals and nursing but no ethicals)	09.05		26.500	816.60 (716.30)	26.500	816.60 (716.30)	-	-
2.4.2	**Birthing Unit**								
	The birthing unit fee may only be charged by an approved maternity unit in a hospital. It includes preparation, labour room, recovery ward fee for mother and baby and the maternity basket. The only additional charge that may be levied is for pharmaceuticals. This fee may not be charged for together with the per diem fees for maternity and is not applicable to medical practitioners or other professions.	09.05							
030	Global fee for a Birthing Unit (Accredited or Approved by BHF). This fee is chargeable when a nurse in private practice uses the labour ward in the hospital and the patient is discharged within 12 hours from birth.	09.05		109.004	3358.80 (2946.40)	109.004	3358.80 (2946.40)	-	-
031	Global fee for a Birthing Unit (Accredited or Approved by BHF) This fee is chargeable when a nurse in private practice uses the labour ward in the hospital and the patient stay exceed 12 hours and is discharged within 24 hours from birth.	09.05		169.100	5210.60 (4570.70)	169.100	5210.60 (4570.70)	-	-
032	Additional Birthing Unit fee chargeable for every additional 12 hours of patient stay beyond the 24 hours contemplated in code 031	09.05		30.026	925.20 (811.60)	30.026	925.20 (811.60)	-	-
1.2	**Private Wards**								
020	Private ward Hospitals shall obtain a certificate motivating for the necessity for accommodation in a private ward, including reversed barrier nursing, from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme for pre-authorisation. General ward fees are applicable to isolation.	09.05		46.608	1436.20 (1259.80)	46.608	1436.20 (1259.80)	-	-
021	Private ward on member's request or for convenience of hospital will be funded at scale of benefits for general ward.	09.05		-	-	-	-	-	-
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 certificate stating the reason for accommodation in any specialised or other intensive care unit or in high care ward including neonatal intensive care and high care from the attending practitioner, and such certificate showing the date and time of admission and discharge from the unit shall be forwarded to the relevant medical scheme for pre-authorisation. No charge may be levied to medical schemes for special or private nursing. Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by BHF.	09.05							
200	Specialised ICU (As approved by BHF according to General Rule E.1.1) Per day	04.00		195.088	6011.40 (5273.20)	195.088	6011.40 (5273.20)	-	-
	(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).	09.05							
201	Intensive Care Unit: Per day.	04.00		148.479	4575.20 (4013.40)	148.479	4575.20 (4013.40)	-	-

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
202	Neonatal Intensive Care Unit: Per day.	04.00		184.863	5696.40 (4996.80)	184.863	5696.40 (4996.80)	-	-
	(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)	09.05							
215	High Care Ward, Per day.	04.00		95.108	2930.70 (2570.80)	95.108	2930.70 (2570.80)	-	-
216	Neonatal High Care Ward `A' (Intensive nursing and monitoring)	04.00		103.308	3183.30 (2792.40)	103.308	3183.30 (2792.40)	-	-
217	Neonatal High Care Ward `B' (Standard nursing and monitoring)	04.00		67.538	2081.10 (1825.50)	67.538	2081.10 (1825.50)	-	-
218	Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).	04.00		44.513	1371.60 (1203.20)	44.513	1371.60 (1203.20)	-	-
	Note: Once the baby has been stabilised and no longer requires ICU care but is not ready to be returned to the general nursery, no additional equipment charges, eg phototherapy may be charged. All admissions to units/wards referred to under 201 to 202 shall be confirmed with the relevant scheme for each 72 hours and 215 to 218 shall be confirmed weekly with the relevant scheme.	09.05							
2	**EMERGENCY UNIT**								
2.1	**Emergency Unit Fee**								
105	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by BHF	04.00		45.858	1413.10 (1239.50)	45.858	1413.10 (1239.50)	-	-
301	For all consultations including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	09.05		-	-	-	-	-	-
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.	09.05		10.533	324.60 (284.70)	10.533	324.60 (284.70)	10.533	324.60 (284.70)
	Note: The procedure room fee (071) cannot be charged in addition to 302	09.05							
2.2	**Theatre Fees**								
061	Excimer Laser Theatre fee, per minute	04.00		0.650	20.00 (17.60)	0.650	20.00 (17.60)	0.650	20.00 (17.60)
	The items listed as non-recoverable in Annuxure B shall be deemed to be included in theatre fees, and no charge in respect thereof may be levied.	09.05							
3.2.1	**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.	09.05							
3.2.2	**Time in minor theatre**								
071	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	09.05		0.500	15.40 (13.50)	0.500	15.40 (13.50)	0.429	13.20 (11.60)
	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	09.05							
2.3	**Major theatre**								
	In addition to the theatre charge calculated as above, a surcharge (modifier 0002 and/or 0003) shall be allowed in cases where specialised theatres referred to in General Rule E.1.1 are utilised for the performance of any of the undermentioned procedures, whether carried out individually or in combination with each other, this surcharge shall be deemed to cover the equipment in the criteria. Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by BHF	09.05							

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				RVU	Fee	RVU	Fee	RVU	Fee
0002	Modifier 0002: Orthopaedic, Neurosurgical and Vascular: · Joint replacements (only hip, knee, shoulder ankle or elbow) · Femoral popliteal bypasses · Carotid endarterectomies · Aortic Aneurysm repair and arterial grafts · Neurosurgery (Surgery on the brain and spinal cord only, excludes neurolysis)	09.05		48.309	1488.59 (1305.78)	48.309	1488.59 (1305.78)	-	-
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	09.05		110.688	3410.74 (2991.88)	110.688	3410.74 (2991.88)	-	-
Time In Theatre									
081	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	09.05		1.554	47.90 (42.00)	1.554	47.90 (42.00)	1.329	41.00 (35.90)
	The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows	04.00							
3.2.4	**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.								09.05
3.1	**Procedures**								
052	Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.	09.05		14.342	441.90 (387.70)	14.342	441.90 (387.70)	14.342	441.90 (387.70)
053	Angiograms.	09.05		14.342	441.90 (387.70)	14.342	441.90 (387.70)	-	-
055	Electroconvulsive therapy (ECT)	04.00		14.342	441.90 (387.70)	14.342	441.90 (387.70)	14.342	441.90 (387.70)
3.2	**Catheterisation laboratory procedures**								
	Note: A certificate indicating the level of the catheterisation laboratory used, should be signed by the relevant doctor, indicating the information if required by the medical scheme.								09.05
	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.								09.05
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 studies, the Bard Apparatus (item 529) must be charged additionally.	09.05		51.446	1585.30 (1390.60)	51.446	1585.30 (1390.60)	-	-

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				RVU	Fee	RVU	Fee	RVU	Fee
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	09.05		96.929	2986.80 (2620.00)	96.929	2986.80 (2620.00)	-	-
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.	09.05		251.804	7759.10 (6806.20)	251.804	7759.10 (6806.20)	-	-
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	09.05		186.233	5738.60 (5033.80)	186.233	5738.60 (5033.80)	-	-
075	Catheterisation laboratory film price (once per procedure)	09.05		5.546	170.90 (149.90)	5.546	170.90 (149.90)	-	-
3.3	**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	470.30 (412.60)	15.263	470.30 (412.60)	-	-
903	Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.	04.00		23.283	717.40 (629.30)	23.283	717.40 (629.30)	-	-
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	940.60 (825.10)	30.525	940.60 (825.10)	-	-
905	Computerised Tomographic.	04.00		30.525	940.60 (825.10)	30.525	940.60 (825.10)	-	-
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	443.20 (388.80)	14.383	443.20 (388.80)	-	-
908	Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints	04.00		21.942	676.10 (593.10)	21.942	676.10 (593.10)	-	-
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	885.70 (776.90)	28.742	885.70 (776.90)	-	-
4.3.3	**Technical Aids**								
910	Control films (As per radiology film price list).	04.00		-	-	-	-	-	-
911	Dosimetric procedures.	04.00		0.838	25.80 (22.70)	0.838	25.80 (22.70)	-	-
912	Artefacts: Simple - design and construction (simple block or bolus)	09.05		2.096	64.60 (56.70)	2.096	64.60 (56.70)	-	-
913	Artefacts: intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus).	09.05		5.704	175.80 (154.20)	5.704	175.80 (154.20)	-	-
914	Artefacts: complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts)	09.05		11.404	351.40 (308.20)	11.404	351.40 (308.20)	-	-

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				RVU	Fee	RVU	Fee	RVU	Fee
4.3.4	**Linear accelerator treatment**								
915	Photon treatment, single field.	04.00		22.288	686.80 (602.40)	22.288	686.80 (602.40)	-	-
916	Photon treatment, multiple fields	04.00		32.100	989.10 (867.70)	32.100	989.10 (867.70)	-	-
917	Electron treatment.	04.00		22.288	686.80 (602.40)	22.288	686.80 (602.40)	-	-
919	Brachytherapy - global fee per patient.	04.00		169.388	5219.50 (4578.50)	169.388	5219.50 (4578.50)	-	-
3.4	**Stereotactic radiosurgery**								
	Included in item 430 Stereotactic frames and attachments Linear Accelerator Specialised graphic planning, hardware and software Simulator and dark rooms 10 dental films Stereotactic masks All disposables 4 to 20 Graphic transparencies (including 1 week of planning) 2 trained radiographers Fixation and immobilisation Nuclear Specialist Medical Physicist Duration 1 - 4 hours 2 treatment radiographers Excluded from fee Other medical practitioners CT & MRI								04.00
399	Linear Accelerator radiosurgery - Global Fee	04.00		3682.963	113486.80 (99549.80)	3682.963	113486.80 (99549.80)	-	-
	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	77669.80 (68131.40)	2520.600	77669.80 (68131.40)	-	-
4	**Standard Charges for Equipment**								
220	Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	09.05		18.700	576.20 (505.50)	18.700	576.20 (505.50)	18.700	576.20 (505.50)
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)	09.05		12.454	383.80 (336.60)	12.454	383.80 (336.60)	12.454	383.80 (336.60)
222	Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	09.05		124.638	3840.60 (3368.90)	124.638	3840.60 (3368.90)	124.638	3840.60 (3368.90)
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)	09.05		83.021	2558.20 (2244.00)	83.021	2558.20 (2244.00)	83.021	2558.20 (2244.00)
224	Stone basket (reusable) for the removal of kidney-, bladder- or gallstones: Per case	09.01		50.263	1548.80 (1358.60)	50.263	1548.80 (1358.60)	50.263	1548.80 (1358.60)

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				RVU	Fee	RVU	Fee	RVU	Fee
225	Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case	09.05		48.033	1480.10 (1298.30)	48.033	1480.10 (1298.30)	-	-
226	Continuous Passive Exerciser: Per day.	09.01		3.808	117.30 (102.90)	3.808	117.30 (102.90)	3.808	117.30 (102.90)
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	326.80 (286.60)	10.604	326.80 (286.60)	10.604	326.80 (286.60)
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	161.50 (141.70)	5.242	161.50 (141.70)	5.242	161.50 (141.70)
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	123.90 (108.70)	4.021	123.90 (108.70)	4.021	123.90 (108.70)
	Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours in ward Chargeable in the following instances: - Major joint replacement - Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy	09.05							
231	Cardiac monitors - in private, general and high care wards only - not to be charged for routine ECG's: Per day or part thereof	09.05		4.371	134.70 (118.10)	4.371	134.70 (118.10)	-	-
232	Bird or equivalent free standing nebuliser (excluding oxygen): Per day	04.00		3.129	96.40 (84.60)	3.129	96.40 (84.60)	3.129	96.40 (84.60)
233	Croupettes (excluding oxygen): Per day or part thereof	04.00		0.896	27.60 (24.20)	0.896	27.60 (24.20)	-	-
234	Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day or part thereof	04.00		1.675	51.60 (45.30)	1.675	51.60 (45.30)	-	-
235	Oxygen tents (excluding oxygen): Per day or part thereof	04.00		1.458	44.90 (39.40)	1.458	44.90 (39.40)	-	-
236	Mechanical ventilator or equivalent (only in ICU and high care ward where no ICU is available) (excluding oxygen): Per day or part thereof	09.05		13.963	430.30 (377.40)	13.963	430.30 (377.40)	-	-
237	CUSA (plus CUSA pack as per section 5).	09.05		67.804	2089.30 (1832.70)	67.804	2089.30 (1832.70)	-	-
238	Lasers - Argon or Holium (ophthalmic).	04.00		21.004	647.20 (567.70)	21.004	647.20 (567.70)	21.004	647.20 (567.70)
239	Lasers - CO2 (surgical).	04.00		27.138	836.20 (733.50)	27.138	836.20 (733.50)	27.138	836.20 (733.50)
241	Lasers - Candella (Rates by arrangement with the scheme concerned)	09.05		-	-	-	-	-	-
242	Occutomes.	04.00		8.933	275.30 (241.50)	8.933	275.30 (241.50)	8.933	275.30 (241.50)
243	Lasers - YAG (ophthalmic).	04.00		23.683	729.80 (640.10)	23.683	729.80 (640.10)	23.683	729.80 (640.10)
244	Lasers - YAG (surgical).	04.00		29.492	908.80 (797.20)	29.492	908.80 (797.20)	29.492	908.80 (797.20)
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	8408.00 (7375.40)	272.863	8408.00 (7375.40)	272.863	8408.00 (7375.40)
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	5599.90 (4912.20)	181.733	5599.90 (4912.20)	181.733	5599.90 (4912.20)

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				RVU	Fee	RVU	Fee	RVU	Fee
	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.	09.05							
249	C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies).	09.05		8.817	271.70 (238.30)	8.817	271.70 (238.30)	8.817	271.70 (238.30)
250	Ultrasonic imaging equipment.	04.00		14.738	454.10 (398.40)	14.738	454.10 (398.40)	14.738	454.10 (398.40)
	(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	09.05							
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	612.70 (537.40)	19.883	612.70 (537.40)	19.883	612.70 (537.40)
252	Gastroscope (fibre optic/flexible only).	04.00		11.617	358.00 (314.00)	11.617	358.00 (314.00)	11.617	358.00 (314.00)
253	Colonoscope (fibre optic/flexible only)	04.00		12.992	400.30 (351.20)	12.992	400.30 (351.20)	12.992	400.30 (351.20)
254	Duodenoscope (fibre optic/flexible only).	04.00		12.308	379.30 (332.70)	12.308	379.30 (332.70)	12.308	379.30 (332.70)
255	Sigmoidoscope (fibre optic).	04.00		9.979	307.50 (269.70)	9.979	307.50 (269.70)	9.979	307.50 (269.70)
256	Bronchoscope (flexible/fibre optic, adults).	04.00		8.200	252.70 (221.60)	8.200	252.70 (221.60)	8.200	252.70 (221.60)
257	Laryngoscope (fibre optic/flexible excluding intubation)	09.05		4.788	147.50 (129.40)	4.788	147.50 (129.40)	4.788	147.50 (129.40)
258	Sinoscope (rigid only)	04.00		5.463	168.30 (147.70)	5.463	168.30 (147.70)	5.463	168.30 (147.70)
259	Oesophagoscope (rigid only)	04.00		2.725	84.00 (73.70)	2.725	84.00 (73.70)	2.725	84.00 (73.70)
261	Hysteroscope	04.00		3.429	105.70 (92.70)	3.429	105.70 (92.70)	3.429	105.70 (92.70)
262	Colposcope (Not chargeable when item 239 applies)	04.00		4.788	147.50 (129.40)	4.788	147.50 (129.40)	4.788	147.50 (129.40)
263	Cysto Urethroscope	09.05		4.108	126.60 (111.00)	4.108	126.60 (111.00)	4.108	126.60 (111.00)
264	Arthroscope (including basic reusable instruments and equipment)	04.00		11.200	345.10 (302.70)	11.200	345.10 (302.70)	11.200	345.10 (302.70)

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				RVU	Fee	RVU	Fee	RVU	Fee
	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							
294	Transcranial Doppler	04.00		24.417	752.40 (660.00)	24.417	752.40 (660.00)	-	-
295	Ultrasonic Cutting and Coagulating Devices (See section 5.3.3)	09.05		6.721	207.10 (181.70)	6.721	207.10 (181.70)	6.721	207.10 (181.70)
335	Excimer laser: Hire fee per eye	04.00		74.092	2283.10 (2002.70)	74.092	2283.10 (2002.70)	74.092	2283.10 (2002.70)
337	Microkeratome used with an excimer laser, per operation.	04.00		13.608	419.30 (367.80)	13.608	419.30 (367.80)	13.608	419.30 (367.80)
339	Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	09.05		8.279	255.10 (223.80)	8.279	255.10 (223.80)	8.279	255.10 (223.80)
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)	09.05		5.525	170.20 (149.30)	5.525	170.20 (149.30)	5.525	170.20 (149.30)
343	Sigmoidoscope (rigid, adults)	04.00		2.050	63.20 (55.40)	2.050	63.20 (55.40)	2.050	63.20 (55.40)
345	Sigmoidoscope (rigid, paediatrics)	04.00		1.658	51.10 (44.80)	1.658	51.10 (44.80)	1.658	51.10 (44.80)
347	Bronchoscope (flexible/fibre optic, paediatrics)	04.00		8.200	252.70 (221.60)	8.200	252.70 (221.60)	8.200	252.70 (221.60)
	Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.	04.00							
348	Bronchoscope (rigid, adults)	04.00		3.283	101.20 (88.70)	3.283	101.20 (88.70)	3.283	101.20 (88.70)
349	Bronchoscope (rigid, paediatrics)	04.00		4.788	147.50 (129.40)	4.788	147.50 (129.40)	4.788	147.50 (129.40)
360	Category 1 - Laparoscopy and thoracoscopy, per case. See Annexure A	09.05		26.825	826.60 (725.10)	26.825	826.60 (725.10)	26.825	826.60 (725.10)
364	Category 2 - Interventional Laparoscopic and Thorascopic procedures, per case. See Annexure A	09.05		31.867	981.90 (861.40)	31.867	981.90 (861.40)	31.867	981.90 (861.40)
507	Argon Beamer (See section 5.3.2)	09.05		2.721	83.80 (73.50)	2.721	83.80 (73.50)	2.721	83.80 (73.50)
	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	506.10 (444.00)	16.425	506.10 (444.00)	16.425	506.10 (444.00)
511	Colour Doppler (external)	04.00		49.167	1515.00 (1329.00)	49.167	1515.00 (1329.00)	49.167	1515.00 (1329.00)

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				RVU	Fee	RVU	Fee	RVU	Fee
513	Transoesphageal Colour Doppler. (May be charged together with Modifier 0003)	04.00		59.325	1828.00 (1603.50)	59.325	1828.00 (1603.50)	59.325	1828.00 (1603.50)
515	Cardiorhythm Ablater. (May be charged in addition to the catheterisation Laboratory).	04.00		32.313	995.70 (873.40)	32.313	995.70 (873.40)	32.313	995.70 (873.40)
517	Phaco emulsifier	04.00		17.400	536.20 (470.30)	17.400	536.20 (470.30)	17.400	536.20 (470.30)
519	Uretho Reno Fibroscope, per case	04.00		14.663	451.80 (396.30)	14.663	451.80 (396.30)	14.663	451.80 (396.30)
521	OAS Frameless Stereotaxy	04.00		172.908	5328.00 (4673.70)	172.908	5328.00 (4673.70)	-	-
523	OPD Tacography (Includes paper)	04.00		2.800	86.30 (75.70)	2.800	86.30 (75.70)	-	-
525	RFG3C Lesion Generator (Rhizotomy)	09.05		55.979	1724.90 (1513.10)	55.979	1724.90 (1513.10)	-	-
527	Swift Lase Kit (Tonsillectomy)	04.00		10.908	336.10 (294.80)	10.908	336.10 (294.80)	-	-
529	Bard Apparatus 1. For EPS studies the analogue monoplane unit (item 054) must be charged additionally. 2. EPS studies for cardiac ablations - the digital bi-plane unit (item 070) must be charged additionally.	09.05		41.879	1290.50 (1132.00)	41.879	1290.50 (1132.00)	-	-
531	Densitometer	04.00		25.817	795.50 (697.80)	25.817	795.50 (697.80)	-	-
533	Civus (Cardiac Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation laboratory).	04.00		70.117	2160.60 (1895.30)	70.117	2160.60 (1895.30)	-	-
535	Ivus (Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation laboratory).	04.00		154.017	4745.90 (4163.10)	154.017	4745.90 (4163.10)	-	-
537	Reusable patient return electrode/grounding pad using a capacitive coupling technique for use in electrosurgery.	04.00		0.646	19.90 (17.50)	0.646	19.90 (17.50)	-	-
	Disposable cover is non-chargeable. This item may not be charged together with any disposable monitoring style gel pads or when techniques other than electrosurgery are used. (e.g. not to be charged with the ultrasonic cutting and coagulating device or equivalent).	04.00							
	Equipment fees for automated, stereotactic, digital imaged surgical breast biopsy (UNDER REVIEW)								04.00
	Note: For the purpose of a 6 month trial cost analysis, the manufacturer of the ABBI equipment recommends that the total breast biopsy procedure, inclusive of all fees, disposables and professional charges should not exceed the current conventional open excisional procedures. The recommendation is to cap the amount at R12634.50 per procedure unless otherwise motivated for. Core needle and vacuum assisted core needle would therefore be capped at R 5053.80 and fine needle at R 3790.40. The disposables for the ABBI are included in the equipment fee.								05.03
540	Stereotactic guided digital imaged breast biopsy procedure	09.05		282.729	8712.00 (7642.10)	282.729	8712.00 (7642.10)	-	-
541	Stereotactic guided digital imaged cover needle biopsy	09.05		166.321	5125.00 (4495.60)	166.321	5125.00 (4495.60)	-	-
542	Stereotactic guided digital imaged vacuum assisted core needle biopsy.	09.05		166.321	5125.00 (4495.60)	166.321	5125.00 (4495.60)	-	-
543	Stereotactic guided digital imaged fine needle aspiration	09.05		116.471	3588.90 (3148.20)	116.471	3588.90 (3148.20)	-	-
544	Mammotome Stereotactic Driver - vacuum assisted core needle biopsy. (UNDER REVIEW)	04.00		-	-	-	-	-	-
545	Mammotome Hand Held ultrasound vacuum assisted vacuum core needle biopsy. (UNDER REVIEW)	04.00		-	-	-	-	-	-

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				RVU	Fee	RVU	Fee	RVU	Fee
550	Equipment fee for dynamic (non-frame based - StealthStation) stereotactic image guided referencing surgery and treatment planning used in conjunction with CT or MRI imaging in pre-authorised cranial, spinal cord and ENT procedures, per procedure	09.05		180.775	5570.40 (4886.30)	180.775	5570.40 (4886.30)	-	-
560	Low pressure hyperbaric oxygen treatment protocol. (By arrangement) Only for Prescribed Minimum Benefits Code 277S: Anaerobic infections - life threatening (when no state facility is available)	09.05		-	-	-	-	-	-
562	Standard pressure hyperbaric oxygen treatment protocol. (By arrangement).	09.05		-	-	-	-	-	-
564	US Navy TT5 treatment protocol. (By arrangement)	09.05		-	-	-	-	-	-
566	US Navy TT6 treatment protocol. (By arrangement)	09.05		-	-	-	-	-	-
568	US Navy TT6 extended treatment protocol. (By arrangement).	09.05		-	-	-	-	-	-
570	Comes 30 treatment protocol. (By arrangement).	09.05		-	-	-	-	-	-
572	US Navy Table 6A treatment protocol. (By arrangement)	09.05		-	-	-	-	-	-
574	Pressure relieving mattress hire fee, per day	04.00		-	-	-	-	-	-
576	Infrared Coagulator: per use	04.00		-	-	-	-	-	-
578	Prostatic hyperthemia and thermotherapy: per case	04.00		256.325	7898.40 (6928.40)	256.325	7898.40 (6928.40)	-	-
580	Sequential compression device, per case	04.00		-	-	-	-	-	-
582	Selector ultrasonic aspirator	04.00		-	-	-	-	-	-
584	Cryosurgery acuprobe	04.00		-	-	-	-	-	-
594	Motility machine	09.05		-	-	-	-	-	-
596	Ph recorder	09.05		-	-	-	-	-	-
606	Epilepsy monitoring system	09.05		-	-	-	-	-	-
608	Lynx ultrasound scanner	04.00		-	-	-	-	-	-
610	Intra-operative multi-frequency probe	04.00		-	-	-	-	-	-
612	Flexible laparoscopic probe	04.00		-	-	-	-	-	-
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.								09.05
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)								09.05
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								04.00
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor). All items which patients take home as TTO's must be shown on accounts.								04.00
272	Pharmacy	04.00							
273	To take out	09.05							
278	Ward stock	04.00		-	-	-	-	-	-
282	Theatre	04.00		-	-	-	-	-	-
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.								09.05

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				RVU	Fee	RVU	Fee	RVU	Fee
	Not to be charged for consumable, disposable and surgical items								04.00
407	Pharmacy	04.00		-	-	-	-	-	-
411	Theatre	04.00		-	-	-	-	-	-
413	To take out	09.05		-	-	-	-	-	-
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								09.05
	See consumable and disposable list.								04.00
266	Large disposable sterile trays - per tray (excluding theatre)	09.05							
267	Sterile disposable swabbing and ENT trays - per tray (excluding theatre)	09.05							
269	Soluble bags for barrier nursing only, limited to 2 per patient, per day	09.05							
415	Emergency room	04.00		-	-	-	-	-	-
417	Pharmacy	04.00		-	-	-	-	-	-
419	Ward stock	04.00		-	-	-	-	-	-
421	Theatre	04.00		-	-	-	-	-	-
5.3	**Fractional Charges**								
	Net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor) to be charged per case at the fractional rates indicated below.								04.00
	Note: Fractional charges can only apply to reusable and limited life reusable/resposable products.								04.00
5.3.1	**Drills, burrs, cutters, blades**								
280	Neuro/Craniotomy	04.00		-	33.33%	-	33.33%	-	33.33%
432	Arthroscopy	04.00		-	20.00%	-	20.00%	-	20.00%
433	Orthopaedic	04.00		-	33.33%	-	33.33%	-	33.33%
437	Mastoidectomy and major ear surgery	04.00		-	33.33%	-	33.33%	-	33.33%
439	Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth)	04.00		-	33.33%	-	33.33%	-	33.33%
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								04.00
281	Vascular surgery	04.00		-	100%	-	100%	-	100%
443	General surgery	04.00		-	12.5%	-	12.5%	-	12.5%
445	Gynaecology	04.00		-	12.5%	-	12.5%	-	12.5%
447	Ophthalmic	04.00		-	12.5%	-	12.5%	-	12.5%
449	Urology	04.00		-	12.5%	-	12.5%	-	12.5%
451	ENT	04.00		-	12.5%	-	12.5%	-	12.5%
453	Orthopaedic	04.00		-	12.5%	-	12.5%	-	12.5%
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)	04.00		-	1%	-	1%	-	1%
456	Coagulating Shear (Laparoscopic/open)	04.00		-	33.33%	-	33.33%	-	33.33%
458	Coagulating Shear - Single use (Laparoscopic/open) Refer to Section 5.2	04.00		-	-	-	-	-	-
457	Blades (sharp hook, dissecting hook, ball)	04.00		-	12.5%	-	12.5%	-	12.5%

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				RVU	Fee	RVU	Fee	RVU	Fee
459	Blades - Single use (sharp hook, dissecting hook, ball) Refer to 5.2	04.00		-	-	-	-	-	-
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	09.05		-	100%	-	100%	-	100%
5.3.5	**Diathermy pencils, laryngeal masks and fluoroshield gloves**								
431	Diathermy pencils	04.00		-	33.33%	-	33.33%	-	33.33%
435	Laryngeal masks	04.00		-	2.5%	-	2.5%	-	2.5%
441	Fluoroshield gloves (1 pair per procedure)	04.00		-	33.33%	-	33.33%	-	33.33%
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								04.00
6.4.1	**Oxygen and Nitrous Oxide**								
	For both gases together, per minute								04.00
283	PWV area	09.05		0.110	3.39 (2.97)	0.110	3.39 (2.97)	0.110	3.39 (2.97)
701	Cape Town	04.00		0.151	4.65 (4.08)	0.151	4.65 (4.08)	0.151	4.65 (4.08)
702	Port Elizabeth	04.00		0.134	4.13 (3.62)	0.134	4.13 (3.62)	0.134	4.13 (3.62)
703	East London	04.00		0.149	4.59 (4.03)	0.149	4.59 (4.03)	0.149	4.59 (4.03)
704	Durban	04.00		0.138	4.25 (3.73)	0.138	4.25 (3.73)	0.138	4.25 (3.73)
705	Other areas	04.00		0.123	3.79 (3.32)	0.123	3.79 (3.32)	0.123	3.79 (3.32)
6.4.2	**Oxygen, ward use**								
	Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex								04.00
284	PWV area	09.05		0.162	4.99 (4.38)	0.162	4.99 (4.38)	0.162	4.99 (4.38)
710	Cape Town	04.00		0.268	8.26 (7.24)	0.268	8.26 (7.24)	0.268	8.26 (7.24)
711	Port Elizabeth	04.00		0.258	7.95 (6.97)	0.258	7.95 (6.97)	0.258	7.95 (6.97)
712	East London	04.00		0.248	7.64 (6.70)	0.248	7.64 (6.70)	0.248	7.64 (6.70)
713	Durban	04.00		0.210	6.47 (5.68)	0.210	6.47 (5.68)	0.210	6.47 (5.68)
714	Other areas	04.00		0.200	6.16 (5.41)	0.200	6.16 (5.41)	0.200	6.16 (5.41)
6.4.3	**Oxygen, recovery room or emergency room**								
	Flat rate for oxygen per case								04.00
720	PWV area	09.05		0.322	9.92 (8.70)	0.322	9.92 (8.70)	0.322	9.92 (8.70)
721	Cape Town	04.00		0.533	16.40 (14.40)	0.533	16.40 (14.40)	0.533	16.40 (14.40)
722	Port Elizabeth	04.00		0.513	15.80 (13.90)	0.513	15.80 (13.90)	0.513	15.80 (13.90)
723	East London	04.00		0.492	15.20 (13.30)	0.492	15.20 (13.30)	0.492	15.20 (13.30)
724	Durban	04.00		0.421	13.00 (11.40)	0.421	13.00 (11.40)	0.421	13.00 (11.40)
725	Other areas	04.00		0.398	12.30 (10.80)	0.398	12.30 (10.80)	0.398	12.30 (10.80)
6.4.4	**Oxygen in Theatre**								
	Fee for oxygen per minute in the operating theatre when no other gas administered								04.00

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				RVU	Fee	RVU	Fee	RVU	Fee
730	PWV area	09.05		0.010	0.31 (0.27)	0.010	0.31 (0.27)	0.010	0.31 (0.27)
731	Cape Town	04.00		0.018	0.55 (0.49)	0.018	0.55 (0.49)	0.018	0.55 (0.49)
732	Port Elizabeth	04.00		0.017	0.52 (0.46)	0.017	0.52 (0.46)	0.017	0.52 (0.46)
733	East London	04.00		0.017	0.52 (0.46)	0.017	0.52 (0.46)	0.017	0.52 (0.46)
734	Durban	04.00		0.013	0.40 (0.35)	0.013	0.40 (0.35)	0.013	0.40 (0.35)
735	Other areas	04.00		0.013	0.40 (0.35)	0.013	0.40 (0.35)	0.013	0.40 (0.35)
6.4.5	**Carbon Dioxide**								
291	Per minute	04.00		0.020	0.62 (0.54)	0.020	0.62 (0.54)	0.020	0.62 (0.54)
6.4.6	**Laser Mix**								
292	Per minute	04.00		0.387	11.90 (10.50)	0.387	11.90 (10.50)	0.387	11.90 (10.50)
6.4.7	**Entonox**								
293	Per 30 minutes	04.00		3.675	113.20 (99.30)	3.675	113.20 (99.30)	3.675	113.20 (99.30)
5.8	**Inhalation anaesthetics**								
	All prices will be expressed per millilitre and will be based on the Single Exit Price (SEP)								08.00
285	Halothane (Halothane): per ml	08.00		-	-	-	-	-	-
752	Ethrane (Enflurane): per ml	08.00		-	-	-	-	-	-
753	Forane (Isoflurane): per ml	08.00		-	-	-	-	-	-
754	Isofor (Isoflurane): per ml	08.00		-	-	-	-	-	-
755	Ultane (Sevoflurane): per ml	08.00		-	-	-	-	-	-
756	Suprane (Desflurane), per ml	08.00		-	-	-	-	-	-
757	Aerrane (Isoflurane): per ml	08.00		-	-	-	-	-	-
758	Alyrane (Enflurane): per ml	08.00		-	-	-	-	-	-
759	Fluothane (Halothane), per ml	08.00		-	-	-	-	-	-
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.	09.05		-	-	-	-	-	-
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.	04.00		-	-	-	-	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
5.14	**Blood charges**								
288	Emergency non-crossmatched blood ex hospital (i.e. on stand-by) - Number of units and nature of emergency to be specified and copy of invoice included. This item is only chargeable when a private hospital supplies O-negative whole blood to a patient in an emergency situation. A motivation stating the reason for administering the O-negative blood must accompany the account and no mark-up is permitted on this item.	04.00		-	-	-	-		
289	Routine blood charges, when incurred in respect of blood or related products procured from a recognised blood bank for transfusion purposes, may be charged at R 14.70 per collection, plus R 3.09 per kilometre travelled. This fee is applicable to all modes for collecting blood including hospital ambulances	05.03		-	-	-	-	-	-
297	Emergency blood collection. Claims for this item code must be supported by documentary evidence of the patient's condition	06.00		19.388	597.40 (524.10)	19.388	597.40 (524.10)	-	-
5.15	**Incise drapes**								
298	Incise drapes (See Annexure B)	04.00		-	-	-	-	-	-
299	Ophthalmic drapes. (See Annexure B)	04.00		-	-	-	-	-	-
300	Non-incise drapes (isolation, fluid-collection and combination)	04.00		-	-	-	-	-	-
	Chargeable in the following procedures: Hip, knee, shoulder and elbow joint replacements Open heart and cardiac bypass surgery Vascular surgery (excluding catheterisation laboratory procedures) Neuro-surgery (Brain and spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery	04.00							
	Note: The name, item number and cost must be shown.								04.00
5.16	**Disposable Patient Controlled Analgesia Pump**								
	Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours in ward Chargeable in the following instances: - Major joint replacement - Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy								04.00
6	**Non Standard Items/Services**								
	Such items are not covered by the National Reference Price List and schemes reserve the right to decide individually how these items/services will be dealt with								04.00
290	Items/services e.g. telephone calls/hire, television hire, boarding, extra meals, dry cleaning of clothing, extra nursing in ward etc. The nature of each service shall be specified	04.00		-	-	-	-	-	-
Procedures : Open heart, cardiac by-pass surgery and all organ transplants									
121	Benefits to be pre-authorised with the scheme concerned	04.00		-	-	-	-	-	-