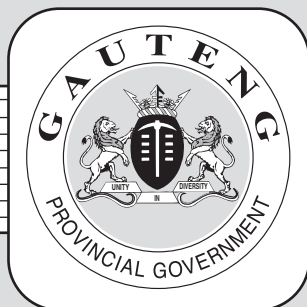


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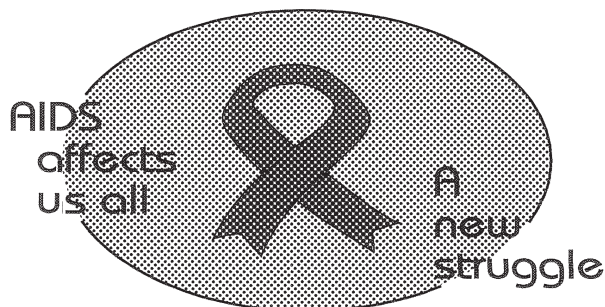
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Other countries • Buitelands: **R3.25**

Vol: 30

PRETORIA
29 FEBRUARY 2024
29 FEBRUARIE 2024

No: 72

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DEPARTMENT OF HEALTH

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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

GENERAL NOTICE 226 OF 2024

**GAUTENG PROVINCE**OFFICE OF THE PREMIER
REPUBLIC OF SOUTH AFRICA

Dr Nomonde Nolutshungu
Head of Department: Department of Health
45 Commissioner Street
Marshalltown
Johannesburg
2001

Dear Dr Nolutshungu,

RE: CERTIFICATION OF NOTICE: DRAFT REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2024

1. We refer to the above matter.
2. We advise that we have been requested to consider the above-mentioned Notice in terms of section 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. of 1958) prior to its publication in the Provincial *Gazette* for public comment, for the purpose of the certification thereof.
3. Kindly find attached for your attention, a copy of the above-mentioned Notice, as duly certified by the State Law Advisory Services.
4. Kindly note that no changes may be made to the certified Notice without the prior approval of the State Law Advisory Services, and that any unauthorised change will nullify the certification of the Notice

Enquiries may be directed to Ateeqa Persotam, at
Ateeqa.Persotam@gauteng.gov.za.

Kind regards,

A handwritten signature in black ink, appearing to read 'G. Kuit', written over a horizontal line.

Adv. Geert Kuit
Chief Director: State Law Advisory Services
Date: 28/02/2024

MEMBER OF THE EXECUTIVE COUNCIL FOR HEALTH AND WELLNESS**GAUTENG DEPARTMENT OF HEALTH****HOSPITALS ORDINANCE 1958 (ORDINANCE NO. 14 OF 1958)
REGULATIONS AND TARIFFS RELATING TO AMBULANCES, 1958****DRAFT REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO
AMBULANCES, 2024****INVITATION TO SUBMIT WRITTEN COMMENTS AND REPRESENTATIONS**

The Member of the Executive Council for Health and Wellness in the Province of Gauteng, Ms Nomantu Ralehoko, MPL, intends, in terms of sections 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), to make the Regulations set out in the Schedule.

Interested and affected persons, organisations, roleplayers and stakeholders are hereby invited to submit their written comments and representations on the draft Regulations within 30 days from the date of the publication of this notice to Ms Emma Mathibedi, Director: Revenue Management, by e-mail or hand delivery, as follows:

- (a) by e-mail:
emma.mathibedi@gauteng.gov.za; or
- (b) by hand:
Gauteng Department of Health
Life Centre Building
45 Commissioner Street
Marshalltown
Johannesburg.

SCHEDULE**GENERAL EXPLANATORY NOTE:**

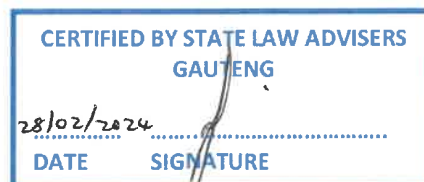
- [] Words in bold type in square brackets indicate omissions from existing enactments.
_____ Words underlined indicate insertions in existing enactments.

Definition

1. In these Regulations, unless the context otherwise indicates, the "Regulations" means the Regulations and Tariffs Relating to Ambulances, 1958, published under Administrator's Notice No. 646 dated 15 September 1958.

Amendment of regulation 8 of Regulations

2. Regulation 8 of the Regulations is hereby amended—
(a) by the substitution for subregulations (1) and (2) of the following subregulations, respectively:



- “(1) Patient transport vehicle:
Per 100km or part thereof, per patient, calculated from the point where the patient is collected to the destination.

<i>Classification category</i>	<i>Facility fee</i>	<i>UPFS code</i>
HG	Exempted	—
H0	Free	—
H1	[R25.00] R30.00	1410
H2	[R50.00] R55.00	1410
PG	Exempted	—
H3.....	[R76.00] R79.00	1410
P and PH.....	[R504.00] R529.00	1410

- (2) Ambulance transport:
Per 50km or part thereof, per patient, calculated from the point where the patient is collected to the destination.

<i>Classification category and service</i>	<i>Facility fee</i>	<i>UPFS code</i>
HG	Exempted	—
H0	Free	—
H1: Basic life support	R70.00	1420
Intermediate life support	[R90.00] R100.00	1430
Advanced life support	[R155.00] R160.00	1440
H2: Basic life support	[R140.00] R145.00	1420
Intermediate life support	[R190.00] R195.00	1430
Advanced life support	[R310.00] R325.00	1440
PG	Exempted	—
H3: Basic life support	[R207.00] R217.00	1420
Intermediate life support	[R279.00] R293.00	1430
Advanced life support	[R465.00] R487.00	1440
P and PH: Basic life support	[R1378.00] R1446.00	1420
Intermediate life support	[R1862.00] R1953.00	1430
Advanced life support	[R3097.00] R3249.00	1440

- (b) by the substitution for subregulations (4) and (5) of the following subregulations, respectively:

- “(4) Emergency standby service:
Per hour or part thereof, calculated from the time of arrival at, to the time of departure from, the point of standby service.

<i>Service</i>	<i>Facility fee</i>	<i>Professional fee</i>	<i>UPFS code</i>
H1: Emergency standby.....	[R30.00] R35.00		1450
Additional charge for service provided by—			
General medical practitioner		[R45.00] R50.00	1451
Specialist medical practitioner		[R60.00] R65.00	1452
Nursing practitioner		[R25.00] R30.00	1453
Basic life support practitioner			1455
Intermediate life support practitioner.....			1456

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Advanced life support practitioner.....			1457
H2: Emergency standby.....	R70.00		1450
Additional charge for service provided by—			
General medical practitioner		[R90.00] R95.00	1451
Specialist medical practitioner		[R120.00] R125.00	1452
Nursing practitioner		[R50.00] R55.00	1453
Basic life support practitioner			1455
Intermediate life support practitioner.....			1456
Advanced life support practitioner.....			1457
H3: Emergency standby.....	[R100.00] R105.00		1450
Additional charge for service provided by—			
General medical practitioner		[R135.00] R141.00	1451
Specialist medical practitioner		[R181.00] R189.00	1452
Nursing practitioner		[R77.00] R80.00	1453
Basic life support practitioner			1455
Intermediate life support practitioner.....			1456
Advanced life support practitioner.....			1457
P and PH: Emergency standby.....	[R668.00] R701.00		1450
Additional charge for service provided by—			
General medical practitioner		[R897.00] R941.00	1451
Specialist medical practitioner		[R1204.00] R1263.00	1452
Nursing practitioner		[R510.00] R535.00	1453
Basic life support practitioner	[R210.00] R220.00		1455
Intermediate life support practitioner.....	[R322.00] R338.00		1456
Advanced life support practitioner.....	[R563.00] R591.00		1457

(5) Medical rescue service:
Per incident.

Classification category and service	Facility fee	Professional fee	UPFS code
HG: all services.....	Exempted	Exempted	—
H0: All services	Free	Free	—
H1: Rescue services.....	[R70.00] R80.00		1460
Additional charge for services by—			
General medical practitioner		[R110.00] R120.00	1461
Specialist medical practitioner		[R170.00] R175.00	1462
Nursing practitioner		[R70.00] R80.00	1463
Allied health practitioner		—	1464
H2: Rescue services.....	[R150.00] R155.00		1460
Additional charge for services by—			
General medical practitioner		[R220.00] R230.00	1461
Specialist medical practitioner		[R330.00] R350.00	1462
Nursing practitioner		[R150.00] R155.00	1463
Allied health practitioner		—	1464
PG: All services	Exempted	Exempted	
H3: Rescue services.....	[R221.00] R232.00		1460
Additional charge for services by—			
General medical practitioner		[R332.00] R348.00	1461
Specialist medical practitioner		[R497.00] R522.00	1462
Nursing practitioner		[R221.00] R232.00	1463

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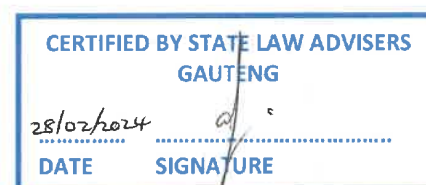
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Advanced life support practitioner.....		[R92.00] <u>R97.00</u>	1467
Emergency transport air services fixed wing...	[R2036.00] <u>R2136.00</u>		1470
Emergency transport air services helicopter....	[R2236.00] <u>R2346.00</u>		1480
Emergency service standby-Facility Fee.....	[R46.00] <u>R49.00</u>		1490
P and PH: Rescue services.....	[R1475.00] <u>R1547.00</u>		1460
Additional charge for services by—		[R2213.00] [1461]	
General medical practitioner		[R3315.00] <u>R2321.00</u> [1462] 1461	
Specialist medical practitioner		[R1475.00] <u>R3477.00</u> [1463] 1462	
Nursing practitioner		[R226.00] <u>R1547.00</u> [1465] 1463	
Basic life support practitioner		[R270.00] <u>R237.00</u> [1466] 1465	
Intermediate life support practitioner.....		[R615.00] <u>R283.00</u> [1467] 1466	
Advanced life support practitioner.....	[R13575.00]	<u>R645.00</u> [1470] 1467	
Emergency transport air services fixed wing...	[R14909.00] <u>R14240.00</u>	[1480] 1470	
Emergency transport air services helicopter....	[R309.00] <u>R15640.00</u>	[1490] 1480	
Emergency service standby-Facility Fee.....	<u>R324.00</u>	1490	

Short title and commencement

3. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2024, and come into operation on 1 April 2024.



GENERAL NOTICE 227 OF 2024

**GAUTENG PROVINCE**OFFICE OF THE PREMIER
REPUBLIC OF SOUTH AFRICA

Dr Nomonde Nolutshungu
Head of Department: Department of Health
45 Commissioner Street
Marshalltown
Johannesburg
2001

Dear Dr Nolutshungu,

**RE: CERTIFICATION OF NOTICE: DRAFT REVISION OF UNIFORM
PATIENT FEE SCHEDULE RELATING TO CLASSIFICATION OF AND
FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2024**

1. We refer to the above matter.
2. We advise that we have been requested to consider the above-mentioned Notice in terms of section 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. of 1958) prior to its publication in the *Provincial Gazette* for public comment, for the purpose of the certification thereof.
3. Kindly find attached for your attention, a copy of the above-mentioned Notice, as duly certified by the State Law Advisory Services.
4. Kindly note that no changes may be made to the certified Notice without the prior approval of the State Law Advisory Services, and that any unauthorised change will nullify the certification of the Notice

Enquiries may be directed to Ateeqa Persotam, at
Ateeqa.Persotam@gauteng.gov.za.

Kind regards,

A handwritten signature in black ink, appearing to read 'G. Kuit', written over a horizontal line.

Adv. Geert Kuit
Chief Director: State Law Advisory Services
Date: 28/02/2024

Tel: (011) 355 6000 | Fax: (011) 355 6834 | Web: www.gautengonline.gov.za
30 Simmonds Street, Marshalltown, Johannesburg, 2001 | PO Box 61, Marshalltown, 2000
www.gautengonline.gov.za | Hotline: 0860 428 8364

MEMBER OF THE EXECUTIVE COUNCIL FOR HEALTH AND WELLNESS**GAUTENG DEPARTMENT OF HEALTH****HOSPITALS ORDINANCE, 1958 (ORDINANCE NO. 14 OF 1958)****DRAFT REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2024****INVITATION TO SUBMIT WRITTEN COMMENTS AND REPRESENTATIONS**

The Member of the Executive Council for Health and Wellness in the Province of Gauteng, Ms Nomantu Ralehoko, MPL, intends, in terms of sections 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), to make the Regulations set out in the Schedule.

Interested and affected persons, organisations, roleplayers and stakeholders are hereby invited to submit their written comments and representations on the draft Regulations within 30 days from the date of the publication of this notice to Ms Emma Mathibedi, Director: Revenue Management, by e-mail or hand delivery, as follows:

- (a) by e-mail:
emma.mathibedi@gauteng.gov.za; or
- (b) by hand:
Gauteng Department of Health
Life Centre Building
45 Commissioner Street
Marshalltown
Johannesburg.

SCHEDULE**GENERAL EXPLANATORY NOTE:**

- [] Words in bold type in square brackets indicate omissions from existing enactments.
_____ Words underlined indicate insertions in existing enactments.

Definition

1. In these Regulations, unless the context otherwise indicates, the “Regulations” means the Regulations relating to the Classification of and Fees Payable by Patients at Provincial Hospitals, 1968, published under Administrator’s Notice No. 616 dated 12 June 1968.

Substitution of Annexure 1 of Schedule B to Regulations

2. The following Annexure is hereby substituted for Annexure 1 of Schedule B to the Regulations:

**“ANNEXURE 1 OF SCHEDULE B
UPFS [2023]2024 FEE SCHEDULE FOR H1 PATIENTS**



CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
03	Dialysis					
0310	Haemo-Facility Fee	Day		25.00	25.00	30.00
0311	Haemo-General medical practitioner	Day	[25.00] 30.00	[50.00] 55.00	[50.00] 55.00	[55.00] 60.00
0312	Haemo-Specialist medical practitioner	Day	[60.00] 65.00	[85.00] 90.00	[85.00] 90.00	[90.00] 95.00
0313	Haemo-dialysis-Nursing practitioner	Day	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
0320	Peritoneal Dialysis- Facility Fee	Per session		25.00	25.00	30.00
0321	Peritoneal Dialysis-General medical practitioner	Per session	[25.00] 30.00	[50.00] 55.00	[50.00] 55.00	[55.00] 60.00
0322	Haemo Dialysis- Specialist medical practitioner	Per session	[60.00] 65.00	[85.00] 90.00	[85.00] 90.00	[90.00] 95.00
0330	Plasmapheresis-Facility Fee	Per session		25.00	25.00	30.00
0331	Plasmapheresis-General medical practitioner	Per session	[25.00] 30.00	[50.00] 55.00	[50.00] 55.00	[55.00] 60.00
0332	Plasmapheresis-Specialist medical practitioner	Per session	[60.00] 65.00	[85.00] 90.00	[85.00] 90.00	[90.00] 95.00
04	Medical Reports					
0410	Medical Report-Facility Fee	Report		[221.00] 232.00	[221.00] 232.00	[221.00] 232.00
0411	Medical Report-General medical practitioner	Report	[520.00] 545.00	[741.00] 777.00	[741.00] 777.00	[741.00] 777.00
0412	Medical Report-Specialist medical practitioner	Report	[520.00] 545.00	[741.00] 777.00	[741.00] 777.00	[741.00] 777.00
0420	Copy of Medical Report-Facility Fee			[221.00] 232.00	[221.00] 232.00	[221.00] 232.00
0421	Copies of Medical Report, Records, X-ray, Completion of certificates/Form-General medical practitioner	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
0422	Copies of Medical Report, Records, X-ray, Completion of certificates/Form-Specialist medical practitioner	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
0425	Copies of X-ray, ultrasounds etc.	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
0430	Functional Assessment Report	Report		[362.00] 380.00	[362.00] 380.00	[441.00] 463.00
0431	Functional Assessment Report-General medical practitioner	Report	[1021.00] 1071.00	[1383.00] 1451.00	[1383.00] 1451.00	[1462.00] 1534.00
0432	Functional Assessment Report-Specialist medical practitioner	Report	[2083.00] 2185.00	[2445.00] 2565.00	[2445.00] 2565.00	[2524.00] 2648.00
0434	Functional Assessment Report-Allied health practitioner	Report	[1021.00] 1071.00	[1383.00] 1451.00	[1383.00] 1451.00	[1462.00] 1534.00
0440	Copies of Specialised Radiology (MRI, CT & Nuclear)	Report		[1328.00] 1393.00	[1328.00] 1393.00	[1328.00] 1393.00
06	In-Patients					
0610	In-patient General ward- Facility Fee	Per 30 Days		70.00	90.00	[165.00] 170.00
0611	In-patient General Ward- General medical practitioner	Per 30 Days	[10.00] 15.00	[80.00] 85.00	[100.00] 105.00	[175.00] 185.00
0612	In-patient General Ward- Specialist medical practitioner	Per 30 Days	[20.00] 25.00	[90.00] 95.00	[110.00] 115.00	[185.00] 195.00
0620	In-patient High care- Facility Fee	Per 30 Days		70.00	90.00	[165.00] 170.00
0621	In-patient High Care-General medical practitioner	Per 30 Days	[10.00] 15.00	[80.00] 85.00	[100.00] 105.00	[175.00] 185.00
0622	In-patient High Care-Specialist medical practitioner	Per 30 Days	[20.00] 25.00	[90.00] 95.00	[110.00] 115.00	[185.00] 195.00
0630	In-patient Intensive care- Facility Fee	Per 30 Days		70.00	90.00	[165.00] 170.00
0631	In-patient Intensive Care- General medical practitioner	Per 30 Days	[10.00] 15.00	[80.00] 85.00	[100.00] 105.00	[175.00] 185.00
0632	In-patient Intensive Care- Specialist medical practitioner	Per 30 Days	[20.00] 25.00	[90.00] 95.00	[110.00] 115.00	[185.00] 195.00
0640	In-patient Chronic care- Facility Fee	Per 30 Days		70.00	90.00	[165.00] 170.00

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0641	In-patient Chronic care- General medical practitioner	Per 30 Days	[10.00] 15.00	[80.00] 85.00	[100.00] 105.00	[175.00] 185.00
0642	In-patient Chronic care- Specialist medical practitioner	Per 30 Days	[20.00] 25.00	[90.00] 95.00	[110.00] 115.00	[185.00] 195.00
0643	In-patient Chronic care- Nursing practitioner	Per 30 Days	5.00	75.00	95.00	[170.00] 175.00
0650	Day patient- Facility Fee	Per 30 Days		70.00	90.00	[165.00] 170.00
0651	Day patient-General medical practitioner	Per 30 Days	[10.00] 15.00	[80.00] 85.00	[100.00] 105.00	[175.00] 185.00
0652	Day patient- Specialist medical practitioner	Per 30 Days	[20.00] 25.00	[90.00] 95.00	[110.00] 115.00	[185.00] 195.00
0653	Day patient-Nursing practitioner	Per 30 Days	5.00	75.00	95.00	[170.00] 175.00
0660	In-patient Boarder /Patient companion- Facility Fee	Per 30 Days		[30.00] 35.00	[30.00] 35.00	[30.00] 35.00
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	5.00	[35.00] 40.00	[35.00] 40.00	[35.00] 40.00
06100	[Inpatient] In-patient Specialised Intensive Care Paediatric- Facility Fee	12 Hours		70.00	90.00	[165.00] 170.00
06101	[Inpatient] In-patient Specialised Intensive Care Paediatric- General medical practitioner	12 Hours	[10.00] 15.00	[80.00] 85.00	[100.00] 105.00	[175.00] 185.00
06102	[Inpatient] In-patient Specialised Intensive Care Paediatric- Specialist medical practitioner	12 Hours	[20.00] 25.00	[90.00] 95.00	[110.00] 115.00	[185.00] 195.00
06200	[Inpatient] In-patient Specialised Intensive Care Neonatal – Facility Fee	12 Hours		70.00	90.00	[165.00] 170.00
06201	[Inpatient] In-patient Specialised Intensive Care Neonatal – General medical practitioner	12 Hours	[10.00] 15.00	[80.00] 85.00	[100.00] 105.00	[175.00] 185.00
06202	[Inpatient] In-patient Specialised Intensive Care Neonatal- Specialist medical practitioner	12 Hours	[20.00] 25.00	[90.00] 95.00	[110.00] 115.00	[185.00] 195.00
07	Mortuary					
0710	Mortuary Facility Fee	Day		[245.00] 257.00	[245.00] 257.00	[277.00] 291.00
0720	Cremation Certificate-Facility Fee	Certificate		[245.00] 257.00	[245.00] 257.00	[277.00] 291.00
10	Consultations					
1010	Outpatient Consultation- Facility Fee	Visit		25.00	25.00	30.00
1011	Outpatient Consultation- General medical practitioner	Visit	30.00	55.00	55.00	60.00
1012	Outpatient Consultation- Specialist medical practitioner	Visit	[60.00] 65.00	[85.00] 90.00	[85.00] 90.00	[90.00] 95.00
1013	Outpatient Consultation- Nursing practitioner	Visit	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
1014	Outpatient Consultation-Allied health practitioner	Visit	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
1020	Emergency Consultation- Facility Fee	Visit		50.00	50.00	[55.00] 60.00
1021	Emergency Consultation- General medical practitioner	Visit	40.00	90.00	90.00	[95.00] 100.00
1022	Emergency Consultation- Specialist medical practitioner	Visit	[90.00] 95.00	[140.00] 145.00	[140.00] 145.00	[150.00] 155.00
1023	Emergency Consultation- Nursing practitioner	Visit	[20.00] 25.00	[70.00] 75.00	[70.00] 75.00	[75.00] 85.00
1024	Emergency Consultation- Allied health practitioner	Visit	[20.00] 25.00	[70.00] 75.00	[70.00] 75.00	[75.00] 85.00
1030	Follow-Up Outpatient Consultation-Facility Fee			25.00	25.00	30.00
1031	Follow-Up Outpatient Consultation- General medical Practitioner	Visit	30.00	55.00	55.00	60.00
1032	Follow-Up Outpatient Consultation- Specialist medical Practitioner	Visit	[60.00] 65.00	[85.00] 90.00	[85.00] 90.00	[90.00] 95.00

1033	Follow-Up Outpatient Consultation- Nursing Practitioner	Visit	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
1034	Follow-Up Outpatient Consultation- Allied health practitioner	Visit	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
1040	Telephonic Consultation- Facility Fee	Telephonic		25.00	25.00	30.00
1041	Telephonic Consultation- General medical practitioner	Telephonic	30.00	55.00	55.00	60.00
1042	Telephonic Consultation- Specialist medical practitioner	Telephonic	[60.00] 65.00	[85.00] 90.00	[85.00] 90.00	[90.00] 95.00
1043	Telephonic Consultation- Nursing practitioner	Telephonic	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
1044	Telephonic Consultation-Allied health practitioner	Telephonic	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
13	Treatments					
1310	Supplementary Health Treatment- Facility Fee	Contact		15.00	15.00	20.00
1313	Supplementary Health Treatment- Nursing practitioner	Contact	[10.00] 15.00	30.00	30.00	30.00
1314	Supplementary Health Treatment-Allied health practitioner	Contact	[10.00] 15.00	30.00	30.00	[30.00] 35.00
1320	Supplementary Health Group Treatment-Facility Fee	Contact		10.00	10.00	[10.00] 15.00
1324	Supplementary Health Group Treatment Allied practitioner	Contact	10.00	20.00	20.00	[20.00] 25.00
14	Emergency Medical Services - See Administrator's Notice No. 646 of 29 August 1958		See Administrator's Notice No. 646 of 29 August 1958]			
[1410]	[Patient transport service- Facility Fee]	[100km]				
[1420]	[Basic life support-Facility Fee]	[50km]				
[1430]	[Intermediate life support- Facility Fee]	[50km]				
[1440]	[Advanced life support- Facility Fee]	[50km]				
[1450]	[Emergency service standby- Facility Fee]	[Hour]				
[1451]	[Emergency service standby- General medical practitioner]	[Hour]				
[1452]	[Emergency service standby- Specialist medical practitioner]	[Hour]				
[1453]	[Emergency service standby- Nursing practitioner]	[Hour]				
[1454]	[Emergency service standby- Allied health practitioner]	[Hour]				
[1460]	[Rescue- Facility Fee]	[Incident]				
[1461]	[Rescue-General medical practitioner]	[Incident]				
[1462]	[Rescue-Specialist medical practitioner]	[Incident]				
[1463]	[Rescue-Nursing practitioner]	[Incident]				
[1464]	[Rescue-Allied health practitioner]	[Incident]				
15	Assistive Devices & Prosthesis					
1510	Assistive Devices-Item Fee	Item	10% of the cost of the relevant device or prosthesis, rounded to the nearest R5			
1530	Dental Device-Item fee	Item				
1550	Optical Devices-Item Fee	Item				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A - Facility Fee	Procedure		[3832.00] 4020.00	[3832.00] 4020.00	[4375.00] 4589.00
1611	Cosmetic Surgery Cat A -General practitioner	Procedure	[2209.00] 2317.00	[6041.00] 6337.00	[6041.00] 6337.00	[6584.00] 6906.00
1612	Cosmetic Surgery Cat A - Specialist practitioner	Procedure	[3309.00] 3471.00	[7141.00] 7491.00	[7141.00] 7491.00	[7684.00] 8060.00
1620	Cosmetic Surgery Cat B -Facility Fee	Procedure		[8614.00] 9036.00	[8614.00] 9036.00	[9846.00] 10328.00

1621	Cosmetic Surgery Cat B - General practitioner	Procedure	[2616.00] 2744.00	[11230.00] 11780.00	[11230.00] 11780.00	[12462.00] 13072.00
1622	Cosmetic Surgery Cat B - Specialist practitioner	Procedure	[3927.00] 4119.00	[12541.00] 13155.00	[12541.00] 13155.00	[13772.00] 14447.00
1630	Cosmetic Surgery - Cat C - Facility Fee	Procedure		[13913.00] 14595.00	[13913.00] 14595.00	[15903.00] 16682.00
1631	Cosmetic Surgery Cat C - General practitioner	Procedure	[4424.00] 4641.00	[18337.00] 19236.00	[18337.00] 19236.00	[20326.00] 21323.00
1632	Cosmetic Surgery Cat C - Specialist practitioner	Procedure	[6635.00] 6960.00	[20548.00] 21555.00	[20548.00] 21555.00	[22538.00] 23642.00
1640	Cosmetic Surgery Cat D - Facility Fee	Procedure		[23501.00] 24653.00	[23501.00] 24653.00	[26857.00] 28173.00
1641	Cosmetic Surgery Cat D - General practitioner	Procedure	[4962.00] 5205.00	[28463.00] 29858.00	[28463.00] 29858.00	[31819.00] 33378.00
1642	Cosmetic Surgery Cat D - Specialist practitioner	Procedure	[7303.00] 7661.00	[30804.00] 32314.00	[30804.00] 32314.00	[34161.00] 35834.00
24	Autopsies					
2410	Autopsy- Facility Fee	Per Case		[119.00] 125.00	[119.00] 125.00	[142.00] 149.00
2411	Autopsy-General medical practitioner	Per Case	[131.00] 137.00	[250.00] 262.00	[250.00] 262.00	[273.00] 286.00
2412	Autopsy-Specialist medical practitioner	Per Case	[304.00] 319.00	[423.00] 444.00	[423.00] 444.00	[446.00] 468.00
25	Port Health and Travel Clinics					
2510	Consultation-Facility Fee	Visit		[142.00] 149.00	[142.00] 149.00	[142.00] 149.00
2511	Consultation-General practitioner	Visit	[131.00] 137.00	[273.00] 286.00	[273.00] 286.00	[273.00] 286.00
2513	Consultation-Nursing practitioner	Visit	[76.00] 80.00	[218.00] 229.00	[218.00] 229.00	[218.00] 229.00
2520	Emergency Consultation- Facility Fee	Visit		[287.00] 301.00	[287.00] 301.00	[287.00] 301.00
2521	Emergency Consultation- General medical practitioner	Visit	[200.00] 210.00	[487.00] 511.00	[487.00] 511.00	[487.00] 511.00
2523	Emergency Consultation- Nursing practitioner	Visit	[116.00] 122.00	[403.00] 423.00	[403.00] 423.00	[403.00] 423.00
0810	Medication Fee-Facility Fee	Prescription		[44.00] 46.00	[44.00] 46.00	[53.00] 56.00

Substitution of Annexure 2 of Schedule B to Regulations

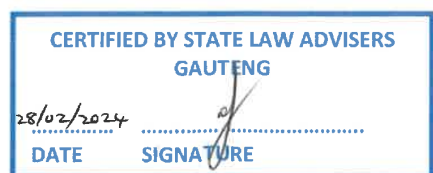
3. The following Annexure is hereby substituted for Annexure 2 of Schedule B to the Regulations:

“ANNEXURE 2 OF SCHEDULE B**UPFS [2023]2024 FEE SCHEDULE FOR H2 PATIENTS**

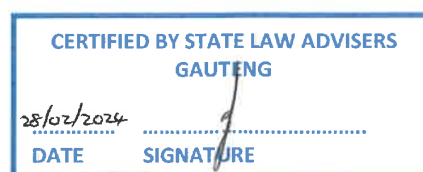
CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY FEE		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	60.00	60.00	60.00	60.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	[85.00] 90.00	[85.00] 90.00	[85.00] 90.00	[85.00] 90.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	100.00	100.00	100.00	100.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	[145.00] 150.00	[145.00] 150.00	[145.00] 150.00	[145.00] 150.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	[340.00] 355.00	[340.00] 355.00	[340.00] 355.00	[340.00] 355.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	[510.00] 530.00	[510.00] 530.00	[510.00] 530.00	[510.00] 530.00
0141	Anaesthetics Cat D – General medical practitioner	Procedure	[470.00] 500.00	[470.00] 500.00	[470.00] 500.00	[470.00] 500.00
0142	Anaesthetics Cat D – Specialist medical practitioner	Procedure	[710.00] 750.00	[710.00] 750.00	[710.00] 750.00	[710.00] 750.00
03	Dialysis					



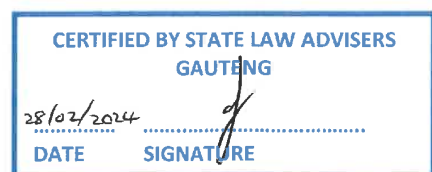
0310	Haemo – Facility Fee	Day		[375.00] <u>393.00</u>	[375.00] <u>393.00</u>	[430.00] <u>450.00</u>
0311	Haemo Dialysis – General Medical Practitioner	Day	[70.00] <u>75.00</u>	[445.00] <u>470.00</u>	[445.00] <u>470.00</u>	[500.00] <u>525.00</u>
0312	Haemo Dialysis – Specialist Medical Practitioner	Day	[90.00] <u>95.00</u>	[465.00] <u>490.00</u>	[465.00] <u>490.00</u>	[520.00] <u>545.00</u>
0313	Haemo Dialysis – Nursing Practitioner	Day	60.00	[435.00] <u>450.00</u>	[435.00] <u>450.00</u>	[490.00] <u>510.00</u>
0320	Peritoneal Dialysis – Facility Fee	Weekly		60.00	60.00	70.00
0321	Peritoneal Dialysis – General medical practitioner	Session	10.00	70.00	70.00	80.00
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	[10.00] <u>15.00</u>	[70.00] <u>75.00</u>	[70.00] <u>75.00</u>	[80.00] <u>85.00</u>
0323	Peritoneal Dialysis – Nursing Practitioner	Session	10.00	[65.00] <u>70.00</u>	[65.00] <u>70.00</u>	80.00
0330	Plasmapheresis – Facility Fee	Session		[375.00] <u>393.00</u>	[375.00] <u>393.00</u>	[430.00] <u>450.00</u>
0331	Plasmapheresis – General Medical Practitioner	Session	[70.00] <u>75.00</u>	[445.00] <u>470.00</u>	[445.00] <u>470.00</u>	[500.00] <u>525.00</u>
0332	Plasmapheresis – Specialist Medical Practitioner	Session	[90.00] <u>95.00</u>	[465.00] <u>490.00</u>	[465.00] <u>490.00</u>	[520.00] <u>545.00</u>
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		[221.00] <u>232.00</u>	[221.00] <u>232.00</u>	[221.00] <u>232.00</u>
0411	Medical Report-General medical practitioner	Report	[520.00] <u>545.00</u>	[741.00] <u>777.00</u>	[741.00] <u>777.00</u>	[741.00] <u>777.00</u>
0412	Medical Report-Specialist medical practitioner	Report	[520.00] <u>545.00</u>	[741.00] <u>777.00</u>	[741.00] <u>777.00</u>	[741.00] <u>777.00</u>
0420	Copy of Medical Report- Facility Fee			[221.00] <u>232.00</u>	[221.00] <u>232.00</u>	[221.00] <u>232.00</u>
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates / Forms – General Medical Practitioner	Copy	[262.00] <u>275.00</u>	[483.00] <u>507.00</u>	[483.00] <u>507.00</u>	[483.00] <u>507.00</u>
0422	Copies of Medical Report, Records, X-Rays, Completion of Certificates / Forms – Specialist Medical Practitioner	Copy	[262.00] <u>275.00</u>	[483.00] <u>507.00</u>	[483.00] <u>507.00</u>	[483.00] <u>507.00</u>
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	[262.00] <u>275.00</u>	[483.00] <u>507.00</u>	[483.00] <u>507.00</u>	[483.00] <u>507.00</u>
0430	Functional Assessment Report- Facility Fee	Report		[362.00] <u>380.00</u>	[362.00] <u>380.00</u>	[441.00] <u>463.00</u>
0431	Functional Assessment Report-General medical practitioner	Report	[1021.00] <u>1071.00</u>	[1383.00] <u>1451.00</u>	[1383.00] <u>1451.00</u>	[1462.00] <u>1534.00</u>
0432	Functional Assessment Report-Specialist medical practitioner	Report	[2083.00] <u>2185.00</u>	[2445.00] <u>2565.00</u>	[2445.00] <u>2565.00</u>	[2524.00] <u>2648.00</u>
0434	Functional Assessment Report-Allied health practitioner	Report	[1021.00] <u>1071.00</u>	[1383.00] <u>1451.00</u>	[1383.00] <u>1451.00</u>	[1462.00] <u>1534.00</u>
0440	Copies of Specialised Radiology (MRI, CT & Nuclear)	Report		[1328.00] <u>1393.00</u>	[1328.00] <u>1393.00</u>	[1328.00] <u>1393.00</u>
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		20.00	20.00	20.00
0511	Radiology, Cat A – General medical practitioner	Procedure	20.00	40.00	40.00	40.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	[35.00] <u>40.00</u>	[55.00] <u>60.00</u>	[55.00] <u>60.00</u>	[55.00] <u>60.00</u>
0514	Radiology, Cat A – Allied health practitioner	Procedure	20.00	40.00	40.00	40.00
0520	Radiology, Cat B – Facility Fee	Procedure		[50.00] <u>55.00</u>	[50.00] <u>55.00</u>	[60.00] <u>65.00</u>
0521	Radiology, Cat B – General medical practitioner	Procedure	[50.00] <u>55.00</u>	[100.00] <u>110.00</u>	[100.00] <u>110.00</u>	[110.00] <u>120.00</u>
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	[100.00] <u>105.00</u>	[150.00] <u>160.00</u>	[150.00] <u>160.00</u>	[160.00] <u>170.00</u>
0524	Radiology, Cat B – Allied health practitioner	Procedure	50.00	[100.00] <u>105.00</u>	[100.00] <u>105.00</u>	[110.00] <u>115.00</u>
0530	Radiology, Cat C – Facility Fee	Procedure		[120.00] <u>130.00</u>	[120.00] <u>130.00</u>	[140.00] <u>145.00</u>
0531	Radiology, Cat C – General medical	Procedure	80.00	[200.00] <u>210.00</u>	[200.00] <u>210.00</u>	[220.00] <u>225.00</u>



	practitioner					
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	[240.00] 250.00	[360.00] 380.00	[360.00] 380.00	[380.00] 395.00
0540	Radiology, Cat D – Facility Fee	Procedure		[240.00] 250.00	[240.00] 250.00	[280.00] 290.00
0541	Radiology, Cat D – General medical practitioner	Procedure	[160.00] 165.00	[400.00] 415.00	[400.00] 415.00	[440.00] 455.00
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	[480.00] 500.00	[720.00] 750.00	[720.00] 750.00	[760.00] 790.00
0550	Radiology, Cat E – Facility Fee	Procedure		[620.00] 650.00	[620.00] 650.00	[710.00] 740.00
0551	Radiology, Cat E – General Medical Practitioner	Procedure	[570.00] 600.00	[1190.00] 1250.00	[1190.00] 1250.00	[1280.00] 1340.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	[1190.00] 1250.00	[1810.00] 1900.00	[1810.00] 1900.00	[1900.00] 1990.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		70.00	90.00	[160.00] 170.00
0611	In-patient General Ward – General medical practitioner	Day	[10.00] 15.00	[80.00] 85.00	[100.00] 105.00	[175.00] 185.00
0612	In-patient General Ward – Specialist medical practitioner	Day	[20.00] 25.00	[90.00] 95.00	[110.00] 115.00	[185.00] 195.00
0620	In-patient High care – Facility Fee	Day		[100.00] 110.00	[130.00] 140.00	[190.00] 200.00
0621	In-patient High Care – General medical practitioner	Day	10.00	[110.00] 120.00	[140.00] 145.00	[190.00] 205.00
0622	In-patient High Care – Specialist medical practitioner	Day	[10.00] 15.00	[120.00] 125.00	[140.00] 150.00	[200.00] 210.00
0630	In-patient Intensive care – Facility Fee	Day		[340.00] 360.00	[340.00] 360.00	[410.00] 430.00
0631	In-patient Intensive Care – General medical practitioner	Day	10.00	[350.00] 370.00	[350.00] 370.00	[420.00] 440.00
0632	In-patient Intensive Care– Specialist medical practitioner	Day	[15.00] 20.00	[360.00] 375.00	[360.00] 375.00	[425.00] 445.00
0640	In-patient Chronic care – Facility Fee	Day		40.00	40.00	40.00
0641	In-patient Chronic care – General medical practitioner	Day	5.00	45.00	45.00	45.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	10.00	50.00	50.00	50.00
0643	In-patient Chronic care – Nursing practitioner	Day	5.00	45.00	45.00	45.00
0650	Day patient – Facility Fee	Day		60.00	[70.00] 75.00	[100.00] 110.00
0651	Day patient – General medical practitioner	Day	[10.00] 15.00	[70.00] 75.00	[80.00] 90.00	[120.00] 125.00
0652	Day patient – Specialist medical practitioner	Day	[20.00] 30.00	[80.00] 85.00	[95.00] 100.00	[130.00] 135.00
0653	Day patient – Nursing practitioner	Day	10.00	[60.00] 70.00	[80.00] 85.00	[110.00] 120.00
0660	In-patient Boarder / Patient companion – Facility Fee	Day		[30.00] 35.00	[30.00] 35.00	[30.00] 35.00
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	5.00	[35.00] 40.00	[35.00] 40.00	[35.00] 40.00
06100	[Inpatient] In-patient Specialised Intensive Care Paediatric – Facility Fee	12 Hours		[545.00] 570.00	[545.00] 570.00	[545.00] 570.00
06101	[Inpatient] In-patient Specialised Intensive Care Paediatric – General medical practitioner	12 Hours	[25.00] 30.00	[570.00] 600.00	[570.00] 600.00	[570.00] 600.00
06102	[Inpatient] In-patient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 Hours	50.00	[590.00] 620.00	[590.00] 620.00	[590.00] 620.00
06200	[Inpatient] In-patient Specialised Intensive Care Neonatal – Facility Fee	12 Hours		[730.00] 765.00	[730.00] 765.00	[730.00] 765.00
06201	[Inpatient] In-patient Specialised Intensive Care Neonatal – General medical practitioner	12 Hours	[30.00] 35.00	[760.00] 800.00	[760.00] 800.00	[760.00] 800.00



06202	[Inpatient] In-patient Specialised Intensive Care Neonatal- Specialist medical practitioner	12 Hours	[60.00] 65.00	[790.00] 830.00	[790.00] 830.00	[790.00] 830.00
07	Mortuary					
0710	Mortuary Facility Fee	Day		[245.00] 257.00	[245.00] 257.00	[277.00] 291.00
0720	Cremation Certificate Facility Fee	Certificate		[245.00] 257.00	[245.00] 257.00	[277.00] 291.00
08	Pharmaceutical	Procedure				
0810	Medication Fee-Facility Fee	Prescription		10.00	10.00	10.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			
0817	Pharmaceutical- Chronic	Item	Varies			
0818	Pharmaceutical- Oncology	Item	Varies			
0819	Pharmaceutical- Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee-OPD	Item	Varies			
0825	Pharmaceutical Flat Fee-IP	Item	Varies			
0827	Pharmaceutical-Acute OPD	Item	Varies			
0828	Pharmaceutical-oncology OPD	Item	Varies			
0829	Pharmaceutical- Immune Suppressant Drugs OPD	Item	Varies			
0830	Pharmaceutical Flat Fee- Acute OPD	Item	Varies			
0835	Pharmaceutical-Chronic IP	Item	Varies			
0836	Pharmaceutical-Repeat Scripts	Item	Varies			
0837	Pharmaceutical Flat Fee- Travel Medicines	Item	Varies			
09	Oral Health					
0910	Oral Care A-Facility Fee	Procedure		10.00	10.00	10.00
0911	Oral care Cat A –General practitioner	Procedure	10.00	20.00	20.00	20.00
0912	Oral Care Cat A- Specialist practitioner	Procedure	10.00	20.00	20.00	20.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	10.00	20.00	20.00	20.00
0920	Oral Care Cat B – Facility Fee	Procedure		20.00	20.00	30.00
0921	Oral Care Cat B – General practitioner	Procedure	[25.00] 30.00	50.00	50.00	[50.00] 55.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	40.00	60.00	60.00	[65.00] 70.00
0924	Oral Care Cat B – Allied health practitioner	Procedure	20.00	40.00	40.00	50.00
0930	Oral Care Cat C – Facility Fee	Procedure		[135.00] 140.00	[135.00] 140.00	[155.00] 160.00
0931	Oral Care Cat C – General practitioner	Procedure	[150.00] 160.00	[285.00] 300.00	[285.00] 300.00	[305.00] 320.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	[260.00] 270.00	[390.00] 410.00	[390.00] 410.00	[410.00] 430.00
0940	Oral Care Cat D – Facility Fee	Procedure		[530.00] 560.00	[530.00] 560.00	[610.00] 640.00
0941	Oral Care Cat D – General practitioner	Procedure	[460.00] 480.00	[990.00] 1040.00	[990.00] 1040.00	[1070.00] 1120.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	[940.00] 990.00	[1475.00] 1550.00	[1475.00] 1550.00	[1550.00] 1630.00
0950	Oral Care Cat E – Facility Fee	Procedure		[1790.00] 1880.00	[1790.00] 1880.00	[2050.00] 2150.00
0951	Oral Care Cat E – General practitioner	Procedure	[1545.00] 1620.00	[3340.00] 3500.00	[3340.00] 3500.00	[3590.00] 3770.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	[3170.00] 3330.00	[4960.00] 5210.00	[4960.00] 5210.00	[5220.00] 5475.00
10	Consultations					
1010	Outpatient Consultation- Facility Fee	Visit		25.00	25.00	30.00
1011	Outpatient Consultation- General medical practitioner	Visit	[25.00] 30.00	[50.00] 55.00	[50.00] 55.00	[55.00] 60.00
1012	Outpatient Consultation- Specialist medical practitioner	Visit	[60.00] 65.00	[85.00] 90.00	[85.00] 90.00	[90.00] 95.00
1013	Outpatient Consultation- Nursing practitioner	Visit	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
1014	Outpatient Consultation-Allied health	Visit	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00



	practitioner					
1020	Emergency Consultation- Facility Fee	Visit		50.00	50.00	60.00
1021	Emergency Consultation- General medical practitioner	Visit	40.00	90.00	90.00	100.00
1022	Emergency Consultation- Specialist medical practitioner	Visit	[90.00] 95.00	[140.00] 145.00	[140.00] 145.00	[150.00] 155.00
1023	Emergency Consultation- Nursing practitioner	Visit	[20.00] 25.00	[70.00] 75.00	[70.00] 75.00	[80.00] 85.00
1024	Emergency Consultation- Allied health practitioner	Visit	[20.00] 25.00	[70.00] 75.00	[70.00] 75.00	[80.00] 85.00
1030	Follow-Up Outpatient Consultation- Facility Fee	Visit		[20.00] 25.00	[20.00] 25.00	30.00
1031	Follow-Up Outpatient Consultation- General medical Practitioner	Visit	30.00	[50.00] 55.00	[50.00] 55.00	60.00
1032	Follow-Up Outpatient Consultation- Specialist medical Practitioner	Visit	[60.00] 65.00	[85.00] 90.00	[85.00] 90.00	[90.00] 95.00
1033	Follow-Up Outpatient Consultation- Nursing Practitioner	Visit	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
1034	Follow-Up Outpatient Consultation- Allied health practitioner	Visit	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
1040	Telephonic Outpatient Consultation- Facility Fee	Telephonic		[20.00] 25.00	[20.00] 25.00	30.00
1041	Telephonic Outpatient Consultation- General medical Practitioner	Telephonic	30.00	[50.00] 55.00	[50.00] 55.00	[55.00] 60.00
1042	Telephonic Outpatient Consultation- Specialist medical Practitioner	Telephonic	[60.00] 65.00	[85.00] 90.00	[85.00] 90.00	[90.00] 95.00
1043	Telephonic Outpatient Consultation- Nursing Practitioner	Telephonic	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
[1434] 1044	Telephonic Outpatient Consultation- Allied health practitioner	Telephonic	[15.00] 20.00	[40.00] 45.00	[40.00] 45.00	[45.00] 50.00
11	Minor Theatre Procedure					
1110	Minor Procedure Cat A – Facility Fee	Procedure		[110.00] 120.00	[110.00] 120.00	[135.00] 140.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	40.00	[150.00] 160.00	[150.00] 160.00	[170.00] 180.00
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	[75.00] 80.00	[190.00] 200.00	[190.00] 200.00	[210.00] 220.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		[110.00] 120.00	[110.00] 120.00	[135.00] 140.00
1121	Minor Procedure Cat B - General Medical Practitioner	Procedure	60.00	[170.00] 180.00	[170.00] 180.00	[190.00] 200.00
1122	Minor Procedure Cat B - Specialist Medical Practitioner	Procedure	[130.00] 140.00	[240.00] 260.00	[240.00] 260.00	[265.00] 280.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		[110.00] 120.00	[110.00] 120.00	[135.00] 140.00
1131	Minor Procedure Cat C - General Medical Practitioner	Procedure	[90.00] 95.00	[200.00] 215.00	[200.00] 215.00	[225.00] 235.00
1132	Minor Procedure Cat C - Specialist Medical Practitioner	Procedure	[200.00] 215.00	[320.00] 335.00	[320.00] 335.00	[340.00] 355.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		[110.00] 120.00	[110.00] 120.00	[135.00] 140.00
1141	Minor Procedure Cat D - General Medical Practitioner	Procedure	[240.00] 250.00	[350.00] 370.00	[350.00] 370.00	[375.00] 390.00
1142	Minor Procedure Cat D - Specialist Medical Practitioner	Procedure	[540.00] 570.00	[650.00] 690.00	[650.00] 690.00	[680.00] 710.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		[360.00] 380.00	[530.00] 560.00	[615.00] 645.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	40.00	[400.00] 420.00	[570.00] 600.00	[655.00] 685.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	[75.00] 80.00	[440.00] 460.00	[610.00] 640.00	[690.00] 725.00



1220	Theatre Procedure Cat B – Facility Fee	Procedure		[550.00] 580.00	[810.00] 850.00	[930.00] 980.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	60.00	[610.00] 640.00	[870.00] 910.00	[990.00] 1040.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	[130.00] 140.00	[680.00] 720.00	[940.00] 990.00	[1060.00] 1120.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		[950.00] 990.00	[1390.00] 1460.00	[1600.00] 1680.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	[90.00] 95.00	[1040.00] 1085.00	[1480.00] 1555.00	[1690.00] 1775.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	[200.00] 215.00	[1150.00] 1205.00	[1590.00] 1675.00	[1810.00] 1895.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		[2430.00] 2550.00	[3560.00] 3735.00	[4100.00] 4305.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	[240.00] 250.00	[2670.00] 2800.00	[3800.00] 3985.00	[4340.00] 4555.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	[540.00] 570.00	[2970.00] 3120.00	[4100.00] 4305.00	[4640.00] 4875.00
1250	Theatre Procedure Cat E – Facility Fee	Procedure		[3400.00] 3570.00	[4990.00] 5230.00	[5745.00] 6030.00
1251	Theatre Procedure Cat E – General medical practitioner	Procedure	[335.00] 350.00	[3735.00] 3920.00	[5320.00] 5580.00	[6080.00] 6380.00
1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	[760.00] 795.00	[4160.00] 4365.00	[5740.00] 6025.00	[6500.00] 6825.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		[15.00] 20.00	[15.00] 20.00	20.00
1313	Supplementary Health Treatment – Nursing Practitioner	Contact	[10.00] 15.00	[30.00] 35.00	[30.00] 35.00	[30.00] 35.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	[10.00] 15.00	[30.00] 35.00	[30.00] 35.00	[30.00] 35.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		10.00	10.00	[10.00] 15.00
1324	Supplementary Health Group Treatment – Allied health practitioner		10.00	20.00	20.00	[20.00] 25.00
14	Emergency Medical Services – See Administrator's Notice No. 646 of 29 August 1958	[100km]	See Administrator's Notice No. 646 of 29 August 1958			
[1410]	[Patient transport service – Facility Fee]	[50km]				
[1420]	[Basic life support – Facility Fee]	[50km]				
[1430]	[Intermediate life support – Facility Fee]	[50km]				
[1440]	[Advanced life support – Facility Fee]	[Once Off]				
[1450]	[Emergency service standby – Facility Fee]	[Hour]				
[1451]	[Emergency service standby – General medical practitioner]	[Hour]				
[1452]	[Emergency service standby – Specialist medical practitioner]	[Hour]				
[1453]	[Emergency service standby – Nursing practitioner]	[Hour]				
[1454]	[Emergency service standby – Allied health practitioner]	[Once Off]				
[1460]	[Rescue – Facility Fee (15%)]	[Incident]				
[1461]	[Rescue – General medical practitioner]	[Incident]				
[1462]	[Rescue – Specialist medical practitioner]	[Incident]				
[1463]	[Rescue – Nursing practitioner]	[Incident]				
[1464]	[Rescue – Allied health practitioner]	[Incident]				



15	Assistive Devices & Prosthesis					
1510	Assistive Devices & Prosthesis – Item Fee	Item	20% of the cost of the relevant device or prosthesis, rounded to the nearest R5			
1520	Prosthetic Devices – Item Fee	Item				
1530	Dental Items – Item Fee	Item				
1540	Assistive Devices, Prosthesis, Dental and Optical -Repairs	Item				
1550	[Dental and Optical-Repairs] Optical Devices-Item Fee	Item				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		[3832.00] 4020.00	[3832.00] 4020.00	[4375.00] 4589.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	[2209.00] 2317.00	[6041.00] 6337.00	[6041.00] 6337.00	[6584.00] 6906.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	[3309.00] 3471.00	[7141.00] 7491.00	[7141.00] 7491.00	[7684.00] 8060.00
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		[8614.00] 9036.00	[8614.00] 9036.00	[9846.00] 10328.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	[2616.00] 2744.00	[11230.00] 11780.00	[11230.00] 11780.00	[12462.00] 13072.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	[3927.00] 4119.00	[12541.00] 13155.00	[12541.00] 13155.00	[13773.00] 14447.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		[13913.00] 14595.00	[13913.00] 14595.00	[15903.00] 16682.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	[4424.00] 4641.00	[18337.00] 19236.00	[18337.00] 19236.00	[20327.00] 21323.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	[6635.00] 6960.00	[20548.00] 21555.00	[20548.00] 21555.00	[22538.00] 23642.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		[23501.00] 24653.00	[23501.00] 24653.00	[26857.00] 28173.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	[4962.00] 5205.00	[28463.00] 29858.00	[28463.00] 29858.00	[31819.00] 33378.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	[7303.00] 7661.00	[30804.00] 32314.00	[30804.00] 32314.00	[34160.00] 35834.00
18	Radiation Oncology					
1800	Radiation Oncology (NHRPL less VAT)	Items	Varies			
19	Nuclear Medicine					
1900	Itemisation of isotopes					
1910	Nuclear Medicine Cat A-Facility Fee	Procedure		[170.00] 180.00	[170.00] 180.00	[170.00] 180.00
1912	Nuclear Medicine Cat A-Specialist medical practitioner	Procedure	[85.00] 90.00	[260.00] 270.00	[260.00] 270.00	[260.00] 270.00
1920	Nuclear Medicine Cat B-Facility Fee			[170.00] 180.00	[170.00] 180.00	[170.00] 180.00
1922	Nuclear Medicine Cat B-Specialist medical practitioner	Procedure	[260.00] 270.00	[430.00] 450.00	[430.00] 450.00	[430.00] 450.00
1930	Nuclear Medicine Cat C-Facility Fee	Procedure		[170.00] 180.00	[170.00] 180.00	[170.00] 180.00
1932	Nuclear Medicine Cat C-Specialist medical practitioner	Procedure	[490.00] 540.00	[660.00] 720.00	[660.00] 720.00	[660.00] 720.00
1940	Nuclear Medicine Cat D-Facility Fee	Procedure		[170.00] 180.00	[170.00] 180.00	[170.00] 180.00
1942	Nuclear Medicine Cat D-Specialist medical practitioner		[770.00] 810.00	[940.00] 990.00	[940.00] 990.00	[940.00] 990.00
1950	Positron Emission Tomography (PET) Cat E-Facility Fee	Procedure		[1840.00] 1930.00	[1840.00] 1930.00	[1840.00] 1930.00
1952	Positron Emission Tomography (PET) Cat E-Specialist medical practitioner	Procedure	[1000.00] 1050.00	[2840.00] 2980.00	[2840.00] 2980.00	[2840.00] 2980.00
20	Ambulatory Procedures					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		40.00	40.00	[40.00] 45.00
2011	Ambulatory Procedure Cat A – General	Procedure	[10.00] 15.00	[50.00] 55.00	[50.00] 55.00	60.00



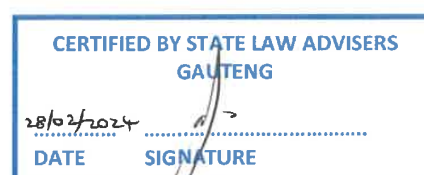
	medical practitioner					
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	30.00	[60.00] 70.00	[60.00] 70.00	[70.00] 75.00
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	10.00	[40.00] 50.00	[40.00] 50.00	[50.00] 55.00
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	10.00	[40.00] 50.00	[40.00] 50.00	[50.00] 55.00
2020	Ambulatory Procedure Cat B-Facility Fee	Procedure		40.00	40.00	[40.00] 45.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	20.00	[55.00] 60.00	[55.00] 60.00	[60.00] 65.00
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	30.00	[60.00] 70.00	[60.00] 70.00	[70.00] 75.00
2023	Ambulatory Procedure Cat B – Nursing Practitioner		10.00	50.00	50.00	55.00
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	50.00	50.00	55.00
21	Blood and Blood Products (SANBS)					
2100	Blood and Blood Product	Varies				
22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy-Facility Fee (Flat Fee)	Session		[125.00] 130.00	[125.00] 130.00	[125.00] 130.00
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		[380.00] 395.00	[380.00] 395.00	[380.00] 395.00
2211	Hyperbaric Oxygen Therapy-General medical practitioner	Session	[160.00] 170.00	[540.00] 565.00	[540.00] 565.00	[540.00] 565.00
2212	Hyperbaric Oxygen Therapy-Specialist medical practitioner	Session	[160.00] 170.00	[540.00] 565.00	[540.00] 565.00	[540.00] 565.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		[380.00] 400.00	[380.00] 400.00	[380.00] 400.00
2221	Emergency Hyperbaric Oxygen Therapy-General medical practitioner	Session	[230.00] 245.00	[610.00] 645.00	[610.00] 645.00	[610.00] 645.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist medical practitioner	Session	[230.00] 245.00	[610.00] 645.00	[610.00] 645.00	[610.00] 645.00
23	Consumables (Not included in the Facility Fee) Buy-Outs					
2300	Consumables not included in the Facility Fee	Item	Varies			
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		[119.00] 125.00	[119.00] 125.00	[142.00] 149.00
2411	Autopsy-General medical practitioner	Per Case	[131.00] 137.00	[250.00] 262.00	[250.00] 262.00	[273.00] 286.00
2412	Autopsy-Specialist medical practitioner	Per Case	[304.00] 319.00	[423.00] 444.00	[423.00] 444.00	[446.00] 468.00
25	Port Health and Travel Clinics					
2510	Consultation-Facility Fee	Visit		[142.00] 149.00	[142.00] 149.00	[142.00] 149.00
2511	Consultation-General practitioner	Visit	[131.00] 137.00	[273.00] 286.00	[273.00] 286.00	[273.00] 286.00
2513	Consultation-Nursing practitioner	Visit	[76.00] 80.00	[218.00] 229.00	[218.00] 229.00	[218.00] 229.00
2520	Emergency Consultation-Facility Fee	Visit		[287.00] 301.00	[287.00] 301.00	[287.00] 301.00
2521	Emergency Consultation-General medical practitioner	Visit	[200.00] 210.00	[487.00] 511.00	[487.00] 511.00	[487.00] 511.00
2523	Emergency Consultation-Nursing practitioner	Visit	[116.00] 122.00	[403.00] 423.00	[403.00] 423.00	[403.00] 423.00
0810	Medication Fee-Facility Fee	Visit		[44.00] 46.00	[44.00] 46.00	[53.00] 56.00
0837	Pharmaceutical-Travel Medicines	Item	Varies			

Substitution of Annexure 2A of Schedule B to Regulations

4. The following Annexure is hereby substituted for Annexure 2A of Schedule B to the Regulations:
“ANNEXURE 2A OF SCHEDULE B
UPFS [2023]2024 FEE SCHEDULE FOR H3 (SELF FUNDED PATIENTS)



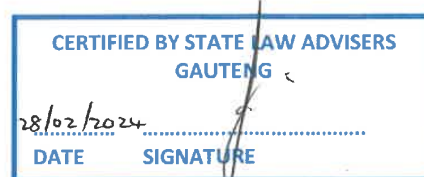
CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	[85.00] 89.00	[85.00] 89.00	[85.00] 89.00	[85.00] 89.00
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	[127.00] 133.00	[127.00] 133.00	[127.00] 133.00	[127.00] 133.00
0121	Anaesthetics Cat B – General medical practitioner	Procedure	[144.00] 151.00	[144.00] 151.00	[144.00] 151.00	[144.00] 151.00
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	[217.00] 228.00	[217.00] 228.00	[217.00] 228.00	[217.00] 228.00
0131	Anaesthetics Cat C – General medical practitioner	Procedure	[508.00] 532.00	[508.00] 532.00	[508.00] 532.00	[508.00] 532.00
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	[762.00] 799.00	[762.00] 799.00	[762.00] 799.00	[762.00] 799.00
0141	Anaesthetics Cat D– General medical practitioner	Procedure	[711.00] 746.00	[711.00] 746.00	[711.00] 746.00	[711.00] 746.00
0142	Anaesthetics Cat D – Specialist medical practitioner	Procedure	[1067.00] 1119.00	[1067.00] 1119.00	[1067.00] 1119.00	[1067.00] 1119.00
03	Dialysis					
0310	Haemo – Facility Fee	Day		[562.00] 589.00	[562.00] 589.00	[644.00] 675.00
0311	Haemo-dialysis – General medical practitioner	Day	[107.00] 112.00	[669.00] 701.00	[669.00] 701.00	[750.00] 787.00
0312	Haemo-dialysis – Specialist medical practitioner	Day	[134.00] 140.00	[696.00] 729.00	[696.00] 729.00	[777.00] 815.00
0313	Haemo-dialysis Nursing Practitioner	Day	[86.00] 90.00	[648.00] 679.00	[648.00] 679.00	[730.00] 765.00
0320	Peritoneal Dialysis – Facility Fee	Session		[87.00] 91.00	[87.00] 91.00	[99.00] 104.00
0321	Peritoneal Dialysis – General medical practitioner	Session	[17.00] 18.00	[104.00] 109.00	[104.00] 109.00	[116.00] 122.00
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	[21.00] 22.00	[108.00] 113.00	[108.00] 113.00	[120.00] 126.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	[12.00] 13.00	[99.00] 104.00	[99.00] 104.00	[111.00] 117.00
0330	Plasmapheresis-Facility Fee	Session		[562.00] 589.00	[562.00] 589.00	[644.00] 675.00
0331	Plasmapheresis-General medical practitioner	Session	[107.00] 112.00	[669.00] 701.00	[669.00] 701.00	[750.00] 787.00
0332	Plasmapheresis-Specialist Medical practitioner	Session	[134.00] 140.00	[696.00] 729.00	[696.00] 729.00	[777.00] 815.00
04	Medical Reports					
0410	Medical Report-Facility Fee	Report		[221.00] 232.00	[221.00] 232.00	[221.00] 232.00
0411	Medical Report-General medical practitioner	Report	[520.00] 545.00	[741.00] 777.00	[741.00] 777.00	[741.00] 777.00
0412	Medical Report – Specialist medical practitioner	Report	[520.00] 545.00	[741.00] 777.00	[741.00] 777.00	[741.00] 777.00
0420	Copy of Medical Report-Facility Fee	Copy		[221.00] 232.00	[221.00] 232.00	[221.00] 232.00
0421	Copies of Medical Report, Records, X-ray, Completion of certificates/Form-[Specialist] General medical practitioner	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
0422	Copies of Medical Report, Records, X-ray, Completion of certificates/Form-Specialist medical practitioner	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
0425	Copies of X-ray, ultrasounds etc.	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
0430	Functional Assessment Report	Reports		[362.00] 380.00	[362.00] 380.00	[441.00] 463.00
0431	Functional Assessment Report-General medical practitioner	Reports	[1021.00] 1071.00	[1383.00] 1451.00	[1383.00] 1451.00	[1462.00] 1534.00



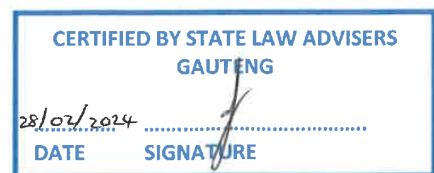
0432	Functional Assessment Report-Specialist medical practitioner	Reports	[2083.00] 2185.00	[2445.00] 2565.00	[2445.00] 2565.00	[2524.00] 2648.00
0434	Functional assessment Report-Allied health practitioner	Reports	[1021.00] 1071.00	[1383.00] 1451.00	[1383.00] 1451.00	[1462.00] 1534.00
0440	Copies of Specialised Radiology (MRI, CT & Nuclear)	Copy		[1328.00] 1393.00	[1328.00] 1393.00	[1328.00] 1393.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		[29.00] 30.00	[29.00] 30.00	[32.00] 33.00
0511	Radiology, Cat A – General medical practitioner	Procedure	[28.00] 30.00	[57.00] 60.00	[57.00] 60.00	[60.00] 63.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	[52.00] 55.00	[81.00] 85.00	[81.00] 85.00	[84.00] 88.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	[28.00] 29.00	[56.00] 59.00	[56.00] 59.00	[59.00] 62.00
0520	Radiology, Cat B – Facility Fee	Procedure		[79.00] 82.00	[79.00] 82.00	[89.00] 94.00
0521	Radiology, Cat B – General medical practitioner	Procedure	[75.00] 79.00	[154.00] 161.00	[154.00] 161.00	[165.00] 173.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	[147.00] 154.00	[226.00] 236.00	[226.00] 236.00	[236.00] 248.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	[74.00] 77.00	[152.00] 159.00	[152.00] 159.00	[163.00] 171.00
0530	Radiology, Cat C – Facility Fee	Procedure		[182.00] 191.00	[182.00] 191.00	[208.00] 218.00
0531	Radiology, Cat C – General medical practitioner	Procedure	[117.00] 123.00	[299.00] 314.00	[299.00] 314.00	[325.00] 341.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	[359.00] 376.00	[541.00] 567.00	[541.00] 567.00	[567.00] 594.00
0540	Radiology, Cat D – Facility Fee	Procedure		[364.00] 381.00	[364.00] 381.00	[415.00] 435.00
0541	Radiology, Cat D – General medical practitioner	Procedure	[233.00] 245.00	[597.00] 626.00	[597.00] 626.00	[648.00] 680.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	[717.00] 752.00	[1080.00] 1133.00	[1080.00] 1133.00	[1132.00] 1187.00
0550	Radiology, Cat E – Facility Fee	Procedure		[926.00] 972.00	[926.00] 972.00	[1059.00] 1111.00
0551	Radiology, Cat E – General medical practitioner	Procedure	[858.00] 900.00	[1784.00] 1872.00	[1784.00] 1872.00	[1917.00] 2011.00
0552	Radiology, Cat E – Specialist Practitioner	Procedure	[1788.00] 1876.00	[2715.00] 2848.00	[2715.00] 2848.00	[2847.00] 2987.00
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		[289.00] 303.00	[367.00] 385.00	[694.00] 728.00
0611	In-patient General Ward – General medical practitioner	Day	[60.00] 63.00	[349.00] 366.00	[427.00] 448.00	[754.00] 791.00
0612	In-patient General Ward – Specialist medical practitioner	Day	[104.00] 110.00	[393.00] 413.00	[471.00] 495.00	[799.00] 838.00
0620	In-patient High care – Facility Fee	12 hours		[447.00] 469.00	[558.00] 586.00	[800.00] 839.00
0621	In-patient High Care – General medical practitioner	12 hours	[31.00] 32.00	[478.00] 501.00	[589.00] 618.00	[830.00] 871.00
0622	In-patient High Care – Specialist medical practitioner	12 hours	[60.00] 63.00	[506.00] 532.00	[618.00] 649.00	[859.00] 902.00
0630	In-patient Intensive care – Facility Fee	12 hours		[1468.00] 1539.00	[1468.00] 1539.00	[1754.00] 1840.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	[35.00] 37.00	[1503.00] 1576.00	[1503.00] 1576.00	[1789.00] 1877.00
0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	[66.00] 70.00	[1534.00] 1609.00	[1534.00] 1609.00	[1820.00] 1910.00
0640	In-patient Chronic care – Facility Fee	Day		[169.00] 177.00	[169.00] 177.00	[169.00] 177.00
0641	In-patient Chronic care – General medical practitioner	Day	[20.00] 21.00	[189.00] 198.00	[189.00] 198.00	[189.00] 198.00
0642	In-patient Chronic care – Specialist medical practitioner	Day	[46.00] 48.00	[215.00] 225.00	[215.00] 225.00	[215.00] 225.00
0643	In-patient Chronic care – Nursing practitioner	Day	[12.00] 13.00	[181.00] 190.00	[181.00] 190.00	[181.00] 190.00



0650	Day patient – Facility Fee	Day		[240.00] 252.00	[303.00] 318.00	[444.00] 465.00
0651	Day patient – General medical practitioner	Day	[60.00] 63.00	[300.00] 315.00	[363.00] 381.00	[504.00] 528.00
0652	Day patient – Specialist medical practitioner	Day	[104.00] 110.00	[344.00] 362.00	[407.00] 428.00	[548.00] 575.00
0653	Day patient – Nursing practitioner	Day	[35.00] 37.00	[275.00] 289.00	[338.00] 355.00	[479.00] 502.00
0660	In-patient Boarder / Patient companion – Facility Fee	Day		[137.00] 144.00	[137.00] 144.00	[137.00] 144.00
0663	In-patient Boarder / Patient Companion – Nursing Practitioner	Day	[12.00] 13.00	[149.00] 157.00	[149.00] 157.00	[149.00] 157.00
06100	[Inpatient] In-patient Specialised Intensive Care Paediatric – Facility Fee	12 Hours		[2339.00] 2453.00	[2339.00] 2453.00	[2339.00] 2453.00
06101	[Inpatient] In-patient Specialised Intensive Care Paediatric – General medical practitioner	12 Hours	[104.00] 110.00	[2443.00] 2563.00	[2443.00] 2563.00	[2443.00] 2563.00
	[Inpatient] In-patient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 Hours	[199.00] 208.00	[2537.00] 2661.00	[2537.00] 2661.00	[2537.00] 2661.00
06102	[Inpatient] In-patient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 Hours	[199.00] 208.00	[2537.00] 2661.00	[2537.00] 2661.00	[2537.00] 2661.00
06200	[Inpatient] In-patient Specialised Intensive Care Neonatal – Facility Fee	12 Hours		[3118.00] 3271.00	[3118.00] 3271.00	[3118.00] 3271.00
06201	[Inpatient] In-patient Specialised Intensive Care Neonatal – General medical practitioner	12 Hours	[140.00] 147.00	[3258.00] 3418.00	[3258.00] 3418.00	[3258.00] 3418.00
06202	[Inpatient] In-patient Specialised Intensive Care Neonatal– Specialist medical practitioner	12 Hours	[265.00] 278.00	[3383.00] 3549.00	[3383.00] 3549.00	[3383.00] 3549.00
07	Mortuary					
0710	Mortuary – Facility Fee	Day		[245.00] 257.00	[245.00] 257.00	[277.00] 291.00
0720	Cremation Certificate – Facility Fee	Certification		[245.00] 257.00	[245.00] 257.00	[277.00] 291.00
8	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		[13.00] 14.00	[13.00] 14.00	[16.00] 17.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			
0817	Pharmaceutical-Chronic	Item	Varies			
0818	Pharmaceutical-Oncology	Item	Varies			
0819	Pharmaceutical-Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee-OPD	Item	Varies			
0825	Pharmaceutical Flat Fee-IP	Item	Varies			
0827	Pharmaceutical-Acute OPD	Item	Varies			
0828	Pharmaceutical-Oncology OPD	Item	Varies			
0829	Pharmaceutical Suppressant Drugs OPD	Item	Varies			
0830	Pharmaceutical Flat Acute OPD	Item	Varies			
0835	Pharmaceutical-Chronic IP	Item	Varies			
0836	Pharmaceutical-Repeat Scripts	Item	Varies			
0837	Pharmaceutical Travel Medicines	Item	Varies			
09	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		11.00	11.00	[12.00] 13.00
0911	Oral Care Cat A – General practitioner	Procedure	[16.00] 17.00	[26.00] 28.00	[26.00] 28.00	[28.00] 30.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	[19.00] 20.00	[29.00] 31.00	[29.00] 31.00	[31.00] 33.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	[14.00] 15.00	[25.00] 26.00	[25.00] 26.00	[26.00] 28.00
0920	Oral Care Cat B – Facility Fee	Procedure		[32.00] 34.00	[32.00] 34.00	[39.00] 41.00
0921	Oral Care Cat B – General practitioner	Procedure	[37.00] 39.00	[69.00] 73.00	[69.00] 73.00	[76.00] 80.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	[59.00] 62.00	[92.00] 96.00	[92.00] 96.00	[99.00] 103.00
0924	Oral Care Cat B – Allied health	Procedure	[30.00] 31.00	[62.00] 65.00	[62.00] 65.00	[69.00] 72.00



	practitioner					
0930	Oral Care Cat C – Facility Fee	Procedure		[203.00] 213.00	[203.00] 213.00	[233.00] 244.00
0931	Oral Care Cat C – General practitioner	Procedure	[224.00] 235.00	[427.00] 448.00	[427.00] 448.00	[457.00] 479.00
0932	Oral Care Cat C – Specialist practitioner	Procedure	[386.00] 404.00	[588.00] 617.00	[588.00] 617.00	[618.00] 648.00
0940	Oral Care Cat D – Facility Fee	Procedure		[798.00] 837.00	[798.00] 837.00	[914.00] 959.00
0941	Oral Care Cat D – General practitioner	Procedure	[689.00] 723.00	[1487.00] 1560.00	[1487.00] 1560.00	[1603.00] 1682.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	[1414.00] 1483.00	[2212.00] 2320.00	[2212.00] 2320.00	[2328.00] 2442.00
0950	Oral Care Cat E – Facility Fee	Procedure		[2690.00] 2821.00	[2690.00] 2821.00	[3073.00] 3224.00
0951	Oral Care Cat E – General practitioner	Procedure	[2318.00] 2431.00	[5007.00] 5252.00	[5007.00] 5252.00	[5391.00] 5655.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	[4756.00] 4989.00	[7446.00] 7810.00	[7446.00] 7810.00	[7829.00] 8213.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		[36.00] 37.00	[36.00] 37.00	[43.00] 45.00
1011	Outpatient Consultation – General medical practitioner	Visit	[39.00] 41.00	[75.00] 78.00	[75.00] 78.00	[82.00] 86.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	[91.00] 96.00	[127.00] 133.00	[127.00] 133.00	[134.00] 141.00
1013	Outpatient Consultation – Nursing practitioner	Visit	[23.00] 24.00	[59.00] 61.00	[59.00] 61.00	[65.00] 69.00
1014	Outpatient Consultation – Allied health practitioner	Visit	[23.00] 24.00	[59.00] 61.00	[59.00] 61.00	[65.00] 69.00
1020	Emergency Consultation – Facility Fee	Visit		[72.00] 76.00	[72.00] 76.00	[86.00] 90.00
1021	Emergency Consultation – General medical practitioner	Visit	[60.00] 63.00	[132.00] 139.00	[132.00] 139.00	[146.00] 153.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	[137.00] 143.00	[209.00] 219.00	[209.00] 219.00	[223.00] 233.00
1023	Emergency Consultation – Nursing practitioner	Visit	[35.00] 37.00	[107.00] 113.00	[107.00] 113.00	[121.00] 127.00
1024	Emergency Consultation – Allied health practitioner	Visit	[35.00] 37.00	[107.00] 113.00	[107.00] 113.00	[121.00] 127.00
1030	Follow up Outpatient Consultation-Facility Fee	Visit		[36.00] 37.00	[36.00] 37.00	[43.00] 45.00
1031	Follow up Outpatient Consultation-General medical practitioner	Visit	[39.00] 41.00	[75.00] 78.00	[75.00] 78.00	[82.00] 86.00
1032	Follow up Outpatient Consultation-Specialist medical practitioner	Visit	[91.00] 96.00	[127.00] 133.00	[127.00] 133.00	[134.00] 141.00
1033	Follow up Outpatient Consultation-Nursing practitioner	Visit	[23.00] 24.00	[59.00] 61.00	[59.00] 61.00	[65.00] 69.00
1034	Follow up Outpatient Consultation-Allied health practitioner	Visit	[23.00] 24.00	[59.00] 61.00	[59.00] 61.00	[65.00] 69.00
1040	Telephonic Consultation-Facility Fee	Telephonic		[36.00] 37.00	[36.00] 37.00	[43.00] 45.00
1041	Telephonic Outpatient Consultation-General medical practitioner	Telephonic	[39.00] 41.00	[75.00] 78.00	[75.00] 78.00	[82.00] 86.00
1042	Telephonic Consultation-Specialist medical practitioner	Telephonic	[91.00] 96.00	[127.00] 133.00	[127.00] 133.00	[134.00] 141.00
1043	Telephonic Consultation-Nursing practitioner Telephonic Outpatient	Telephonic	[23.00] 24.00	[59.00] 61.00	[59.00] 61.00	[65.00] 69.00
1044	Telephonic Consultation-Allied health practitioner	Telephonic	[23.00] 24.00	[59.00] 61.00	[59.00] 61.00	[65.00] 69.00
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		[169.00] 177.00	[169.00] 177.00	[202.00] 212.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	[59.00] 62.00	[228.00] 239.00	[228.00] 239.00	[262.00] 274.00
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	[112.00] 118.00	[281.00] 295.00	[281.00] 295.00	[315.00] 330.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		[169.00] 177.00	[169.00] 177.00	[202.00] 212.00



1121	Minor Procedure Cat B – General medical practitioner	Procedure	[87.00] 91.00	[256.00] 268.00	[256.00] 268.00	[289.00] 303.00
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	[196.00] 205.00	[365.00] 382.00	[365.00] 382.00	[398.00] 417.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		[169.00] 177.00	[169.00] 177.00	[202.00] 212.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	[136.00] 143.00	[305.00] 320.00	[305.00] 320.00	[339.00] 355.00
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	[306.00] 321.00	[475.00] 498.00	[475.00] 498.00	[509.00] 533.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		[169.00] 177.00	[169.00] 177.00	[202.00] 212.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	[360.00] 377.00	[529.00] 554.00	[529.00] 554.00	[562.00] 589.00
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	[812.00] 851.00	[980.00] 1028.00	[980.00] 1028.00	[1014.00] 1063.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		[547.00] 573.00	[800.00] 839.00	[923.00] 968.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	[59.00] 62.00	[606.00] 635.00	[859.00] 901.00	[982.00] 1030.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	[112.00] 118.00	[659.00] 691.00	[912.00] 957.00	[1035.00] 1086.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		[827.00] 867.00	[1213.00] 1272.00	[1396.00] 1465.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	[87.00] 91.00	[914.00] 958.00	[1300.00] 1363.00	[1483.00] 1556.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	[196.00] 205.00	[1023.00] 1072.00	[1409.00] 1477.00	[1592.00] 1670.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		[1420.00] 1490.00	[2084.00] 2186.00	[2404.00] 2522.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	[136.00] 143.00	[1557.00] 1633.00	[2220.00] 2329.00	[2541.00] 2665.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	[306.00] 321.00	[1727.00] 1811.00	[2390.00] 2507.00	[2711.00] 2843.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		[3642.00] 3820.00	[5342.00] 5604.00	[6156.00] 6458.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	[360.00] 377.00	[4002.00] 4197.00	[5702.00] 5981.00	[6516.00] 6835.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	[812.00] 851.00	[4454.00] 4671.00	[6154.00] 6455.00	[6968.00] 7309.00
1250	Theatre Procedure Cat E – Facility Fee	Procedure		[5099.00] 5349.00	[7479.00] 7845.00	[8618.00] 9040.00
1251	Theatre Procedure Cat E – General medical practitioner	Procedure	[504.00] 528.00	[5602.00] 5877.00	[7982.00] 8373.00	[9122.00] 9568.00
1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	[1136.00] 1192.00	[6235.00] 6541.00	[8615.00] 9037.00	[9754.00] 10232.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		[23.00] 24.00	[23.00] 24.00	[28.00] 29.00
1313	Supplementary health treatment-Nursing Practitioner	Contact	[20.00] 21.00	[43.00] 45.00	[43.00] 45.00	[48.00] 50.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	[20.00] 21.00	[43.00] 45.00	[43.00] 45.00	[48.00] 50.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		[18.00] 19.00	[18.00] 19.00	[20.00] 21.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	[14.00] 15.00	[32.00] 34.00	[32.00] 34.00	[34.00] 36.00
14	Emergency Medical Services - See Administrator's Notice No. 646 of 29 August 1958					
[1410]	[Patient transport service – Facility Fee]	[100km]				

CERTIFIED BY STATE LAW ADVISERS
GAUTENG

28/02/2024

DATE

SIGNATURE

[1420]	[Basic life support – Facility Fee]	[50km]		<u>See Administrator’s Notice No. 646 of 29 August 1958</u>		
[1430]	[Intermediate life support – Facility Fee]	[50km]				
[1440]	[Advanced life support – Facility Fee]	[50km]				
[1450]	[Emergency service standby – Facility Fee]	[Hour]				
[1451]	[Emergency service standby – General medical practitioner]	[Hour]				
[1452]	[Emergency service standby – Specialist medical practitioner]	[Hour]				
[1453]	[Emergency service standby – Nursing practitioner]	[Hour]				
[1455]	[Emergency service standby – Basic life support practitioner]	[Hour]				
[1456]	[Emergency services standby-Intermediate life support practitioner]	[Hour]				
[1457]	[Emergency services standby-Advanced life support practitioner]	[Hour]				
[1460]	[Rescue – Facility Fee]	[Hour]				
[1461]	[Rescue – General medical practitioner]	[Hour]				
[1462]	[Rescue – Specialist medical practitioner]	[Hour]				
[1463]	[Rescue – Nursing practitioner]	[hour]				
[1465]	[Rescue- Basic life support practitioner]	[Incident]				
[1466]	[Rescue – Intermediate life support practitioner]	[Hour]				
[1467]	[Rescue- Advanced life support practitioner]	[Hour]				
[1470]	[Emergency transport air services fixed wing]	[Flying hour]				
[1480]	[Emergency transport air services helicopter]	[Flying hour]				
[1490]	[Emergency services standby-Facility Fee]	[Additional 50km]				
15	Assistive Devices & Prosthesis					
1510	Assistive Devices-Item Fee	Item		30% of the cost of the relevant device or prosthesis, rounded to the nearest R5		
1520	Prosthetic Devices-Item Fee	Item				
1530	Dental Items -Item Fee	Item				
1540	Assistive Devices, Prosthesis, Dental and Optical Repairs	Item				
1550	Optical Devices-Item fee	Item				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		[3832.00] <u>4020.00</u>	[3832.00] <u>4020.00</u>	[4375.00] <u>4589.00</u>
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	[2209.00] <u>2317.00</u>	[6041.00] <u>6337.00</u>	[6041.00] <u>6337.00</u>	[6584.00] <u>6906.00</u>
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	[3309.00] <u>3471.00</u>	[7141.00] <u>7491.00</u>	[7141.00] <u>7491.00</u>	[7684.00] <u>8060.00</u>
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		[8614.00] <u>9036.00</u>	[8614.00] <u>9036.00</u>	[9846.00] <u>10328.00</u>
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	[2616.00] <u>2744.00</u>	[11230.00] <u>11780.00</u>	[11230.00] <u>11780.00</u>	[12462.00] <u>13072.00</u>
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	[3927.00] <u>4119.00</u>	[12541.00] <u>13155.00</u>	[12541.00] <u>13155.00</u>	[13773.00] <u>14447.00</u>
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		[13913.00] <u>14595.00</u>	[13913.00] <u>14595.00</u>	[15903.00] <u>16682.00</u>



1631	Cosmetic Surgery Cat C – General practitioner	Procedure	[4424.00] 4641.00	[18337.00] 19236.00	[18337.00] 19236.00	[20327.00] 21323.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	[6635.00] 6960.00	[20548.00] 21555.00	[20548.00] 21555.00	[22538.00] 23642.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		[23501.00] 24653.00	[23501.00] 24653.00	[26857.00] 28173.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	[4962.00] 5205.00	[28463.00] 29858.00	[28463.00] 29858.00	[31819.00] 33378.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	[7303.00] 7661.00	[30804.00] 32314.00	[30804.00] 32314.00	[34160.00] 35834.00
17	Laboratory Services					
1700	Drawing of Blood	Contact		[14.00] 15.00	[14.00] 15.00	[14.00] 15.00
1710	Laboratory Test	Varies				
18	Radiation Oncology					
1800	Radiation Oncology (NHRPL less VAT)	Item	Varies			
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item	Varies			
1910	Nuclear Medicines Cat A-Facility Fee	Procedure		[258.00] 271.00	[258.00] 271.00	[258.00] 271.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	[128.00] 134.00	[386.00] 405.00	[386.00] 405.00	[386.00] 405.00
1920	Nuclear Medicines Cat B-Facility Fee	Procedure		[258.00] 271.00	[258.00] 271.00	[258.00] 271.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	[386.00] 405.00	[644.00] 676.00	[644.00] 676.00	[644.00] 676.00
1930	Nuclear Medicines Cat C-Facility Fee	Procedure		[258.00] 271.00	[258.00] 271.00	[258.00] 271.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	[729.00] 809.00	[987.00] 1080.00	[987.00] 1080.00	[987.00] 1080.00
1940	Nuclear Medicines Cat D-Facility Fee	Procedure		[258.00] 271.00	[258.00] 271.00	[258.00] 271.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	[1158.00] 1214.00	[1416.00] 1485.00	[1416.00] 1485.00	[1416.00] 1485.00
1950	Positron Emission Tomography (PET) Cat E-facility Fee			[2754.00] 2889.00	[2754.00] 2889.00	[2754.00] 2889.00
1952	Positron Emission Tomography (PET) Cat E-Specialist Practitioner		[1503.00] 1577.00	[4257.00] 4466.00	[4257.00] 4466.00	[4257.00] 4466.00
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		[54.00] 57.00	[54.00] 57.00	[66.00] 70.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	[20.00] 21.00	[74.00] 78.00	[74.00] 78.00	[86.00] 91.00
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	[39.00] 41.00	[93.00] 98.00	[93.00] 98.00	[105.00] 111.00
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	[12.00] 13.00	[66.00] 70.00	[66.00] 70.00	[78.00] 83.00
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	[12.00] 13.00	[66.00] 70.00	[66.00] 70.00	[78.00] 83.00
2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		[54.00] 57.00	[54.00] 57.00	[66.00] 70.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	[28.00] 30.00	[82.00] 87.00	[82.00] 87.00	[94.00] 100.00
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	[43.00] 45.00	[97.00] 102.00	[97.00] 102.00	[109.00] 115.00
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	[16.00] 17.00	[70.00] 74.00	[70.00] 74.00	[82.00] 87.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	[16.00] 17.00	[70.00] 74.00	[70.00] 74.00	[82.00] 87.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				



22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy-Facility Fee (Flat Fee)			[188.00] 197.00	[188.00] 197.00	[188.00] 197.00
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		[567.00] 595.00	[567.00] 595.00	[567.00] 595.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[240.00] 251.00	[807.00] 846.00	[807.00] 846.00	[807.00] 846.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	[240.00] 251.00	[807.00] 846.00	[807.00] 846.00	[807.00] 846.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		[570.00] 598.00	[570.00] 598.00	[570.00] 598.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[350.00] 367.00	[920.00] 965.00	[920.00] 965.00	[920.00] 965.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[350.00] 367.00	[920.00] 965.00	[920.00] 965.00	[920.00] 965.00
23	Consumables (Not included in Facility Fee)					
2300	Consumables (Not included in Facility Fee)	Item	Varies			
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		[119.00] 125.00	[119.00] 125.00	[142.00] 149.00
2411	Autopsy-General Practitioner	Per Case	[131.00] 137.00	[250.00] 262.00	[250.00] 262.00	[273.00] 286.00
2412	Autopsy-Specialist Practitioner	Per Case	[304.00] 319.00	[423.00] 444.00	[423.00] 444.00	[446.00] 468.00
25	Port Health & Travel Clinics					
2510	Consultation-Facility Fee	Visit		[142.00] 149.00	[142.00] 149.00	[142.00] 149.00
2511	Consultation-General medical practitioner	Visit	[131.00] 137.00	[273.00] 286.00	[273.00] 286.00	[273.00] 286.00
2513	Consultation-Specialised medical practitioner	Visit	[76.00] 80.00	[218.00] 229.00	[218.00] 229.00	[218.00] 229.00
2520	Emergency Consultation-Facility Fee	Visit		[287.00] 301.00	[287.00] 301.00	[287.00] 301.00
2521	Emergency Consultation-General practitioner	Visit	[200.00] 210.00	[487.00] 511.00	[487.00] 511.00	[487.00] 511.00
2523	Emergency Consultation-Nursing practitioner	Prescription	[116.00] 122.00	[403.00] 423.00	[403.00] 423.00	[403.00] 423.00
0810	Medication Fee-Facility Fee			[44.00] 46.00	[44.00] 46.00	[53.00] 56.00
0837	Pharmaceutical - Travel Medicine	Item	Varies			

Substitution of Annexure 3 of Schedule B to Regulations

5. The following Annexure is hereby substituted for Annexure 3 of Schedule B to the Regulations:

“ANNEXURE 3 OF SCHEDULE B

UPFS [2023]2024 FEE SCHEDULE FOR FULL-PAYING PATIENTS (PRIVATE PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE R	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	Anaesthetics					
0111	Anaesthetics Cat A – General Medical Practitioner	Procedure	[282.00] 296.00	[282.00] 296.00	[282.00] 296.00	[282.00] 296.00
0112	Anaesthetics Cat A – Specialist Medical Practitioner	Procedure	[424.00] 445.00	[424.00] 445.00	[424.00] 445.00	[424.00] 445.00
0121	Anaesthetics Cat B – General Medical Practitioner	Procedure	[480.00] 504.00	[480.00] 504.00	[480.00] 504.00	[480.00] 504.00
0122	Anaesthetics Cat B – Specialist Medical Practitioner	Procedure	[724.00] 759.00	[724.00] 759.00	[724.00] 759.00	[724.00] 759.00
0131	Anaesthetics Cat C – General Medical Practitioner	Procedure	[1692.00] 1775.00	[1692.00] 1775.00	[1692.00] 1775.00	[1692.00] 1775.00



0132	Anaesthetics Cat C – Specialist Medical Practitioner	Procedure	[2539.00] 2663.00	[2539.00] 2663.00	[2539.00] 2663.00	[2539.00] 2663.00
0141	Anaesthetics Cat D – General Medical Practitioner	Procedure	[2369.00] 2485.00	[2369.00] 2485.00	[2369.00] 2485.00	[2369.00] 2485.00
0142	Anaesthetics Cat D – Specialist Medical Practitioner	Procedure	[3557.00] 3731.00	[3557.00] 3731.00	[3557.00] 3731.00	[3557.00] 3731.00
02	Confinement					
0210	Natural Birth- Facility Fee	Incident		[5223.00] 5479.00	[5223.00] 5479.00	[6081.00] 6379.00
0211	Natural Birth – General Medical Practitioner	Incident	[2835.00] 2974.00	[8058.00] 8453.00	[8058.00] 8453.00	[8916.00] 9353.00
0212	Natural Birth – Specialist Medical Practitioner	Incident	[3657.00] 3836.00	[8880.00] 9315.00	[8880.00] 9315.00	[9738.00] 10215.00
0213	Natural Birth – Nursing Practitioner	Incident	[3426.00] 3594.00	[8649.00] 9073.00	[8649.00] 9073.00	[9507.00] 9973.00
0220	Caesarean Section – Facility Fee	Incident		[8224.00] 8627.00	[8224.00] 8627.00	[9570.00] 10039.00
0221	Caesarean Section – General Medical Practitioner	Incident	[2835.00] 2974.00	[11059.00] 11601.00	[11059.00] 11601.00	[12405.00] 13013.00
0222	Caesarean Section – Specialist Medical Practitioner	Incident	[3657.00] 3836.00	[11881.00] 12463.00	[11881.00] 12463.00	[13227.00] 13875.00
03	Dialysis					
0310	Haemo – Facility Fee	Day		[1873.00] 1965.00	[1873.00] 1965.00	[2145.00] 2250.00
0311	Haemo-dialysis – General Medical Practitioner	Day	[356.00] 373.00	[2229.00] 2338.00	[2229.00] 2338.00	[2501.00] 2623.00
0312	Haemo-dialysis – Specialist Medical Practitioner	Day	[446.00] 468.00	[2319.00] 2433.00	[2319.00] 2433.00	[2591.00] 2718.00
0313	Haemo-dialysis Nursing Practitioner	Day	[287.00] 301.00	[2160.00] 2266.00	[2160.00] 2266.00	[2432.00] 2551.00
0320	Peritoneal Dialysis – Facility Fee	Session		[289.00] 303.00	[289.00] 303.00	[329.00] 345.00
0321	Peritoneal Dialysis – General Medical Practitioner	Session	[58.00] 61.00	[347.00] 364.00	[347.00] 364.00	[387.00] 406.00
0322	Peritoneal Dialysis-Specialists Medical Practitioner	Sessions	[70.00] 73.00	[359.00] 376.00	[359.00] 376.00	[399.00] 418.00
0323	Peritoneal dialysis-Nursing Practitioner	Session	[40.00] 42.00	[329.00] 345.00	[329.00] 345.00	[369.00] 387.00
0330	Plasmapheresis-Facility Fee	Session		[1873.00] 1965.00	[1873.00] 1965.00	[2145.00] 2250.00
0331	Plasmapheresis- General Medical Practitioner	Session	[356.00] 373.00	[2229.00] 2338.00	[2229.00] 2338.00	[2501.00] 2623.00
0332	Plasmapheresis-Specialist Medical Practitioner	Session	[446.00] 468.00	[2319.00] 2433.00	[2319.00] 2433.00	[2591.00] 2718.00
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		[221.00] 232.00	[221.00] 232.00	[221.00] 232.00
0411	Medical Report – General Medical Practitioner	Report	[520.00] 545.00	[741.00] 777.00	[741.00] 777.00	[741.00] 777.00
0412	Medical Report – Specialist Medical Practitioner	Report	[520.00] 545.00	[741.00] 777.00	[741.00] 777.00	[741.00] 777.00
0420	Copy of Medical Report – Facility Fee	Copy		[221.00] 232.00	[221.00] 232.00	[221.00] 232.00
0421	Copies of Medical Report, Records, X-ray, Completion of certificates/Form-General Medical Practitioner	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
0422	Copies of Medical Report, Records, X-ray, Completion of certificates/Form-Specialist Medical Practitioner	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
0425	Copies of X-ray, ultrasounds etc.	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
0430	Functional Assessment Report-Facility Fee	Report		[362.00] 380.00	[362.00] 380.00	[441.00] 463.00
0431	Functional Assessment Report-General medical	Report	[1021.00] 1071.00	[1383.00] 1451.00	[1383.00] 1451.00	[1462.00] 1534.00
0432	Functional Assessment Report-Specialist Medical Practitioner	Report	[2083.00] 2185.00	[2445.00] 2565.00	[2445.00] 2565.00	[2524.00] 2648.00
0434	Functional Assessment Report-Allied health Practitioner	Report	[1021.00] 1071.00	[1383.00] 1451.00	[1383.00] 1451.00	[1462.00] 1534.00



0440	Copies of [Specialized] <u>Specialised Radiology (MRI, CT & Nuclear)</u>	Copies		[1328.00] <u>1393.00</u>	[1328.00] <u>1393.00</u>	[1328.00] <u>1393.00</u>
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		[96.00] <u>101.00</u>	[96.00] <u>101.00</u>	[106.00] <u>111.00</u>
0511	Radiology, Cat A – General Medical Practitioner	Procedure	[94.00] <u>99.00</u>	[190.00] <u>200.00</u>	[190.00] <u>200.00</u>	[200.00] <u>210.00</u>
0512	Radiology, Cat A – Specialist Medical Practitioner	Procedure	[174.00] <u>183.00</u>	[270.00] <u>284.00</u>	[270.00] <u>284.00</u>	[280.00] <u>294.00</u>
0514	Radiology, Cat A – Allied Health Practitioner	Procedure	[92.00] <u>97.00</u>	[188.00] <u>198.00</u>	[188.00] <u>198.00</u>	[198.00] <u>208.00</u>
0520	Radiology, Cat B – Facility Fee	Procedure		[262.00] <u>275.00</u>	[262.00] <u>275.00</u>	[298.00] <u>313.00</u>
0521	Radiology, Cat B – General Medical Practitioner	Procedure	[251.00] <u>263.00</u>	[513.00] <u>538.00</u>	[513.00] <u>538.00</u>	[549.00] <u>576.00</u>
0522	Radiology, Cat B – Specialist Medical Practitioner	Procedure	[490.00] <u>514.00</u>	[752.00] <u>789.00</u>	[752.00] <u>789.00</u>	[788.00] <u>827.00</u>
0524	Radiology, Cat B – Allied Health Practitioner	Procedure	[245.00] <u>257.00</u>	[507.00] <u>532.00</u>	[507.00] <u>532.00</u>	[543.00] <u>570.00</u>
0530	Radiology, Cat C – Facility Fee	Procedure		[606.00] <u>636.00</u>	[606.00] <u>636.00</u>	[693.00] <u>727.00</u>
0531	Radiology, Cat C – General Medical Practitioner	Procedure	[390.00] <u>409.00</u>	[996.00] <u>1045.00</u>	[996.00] <u>1045.00</u>	[1083.00] <u>1136.00</u>
0532	Radiology, Cat C – Specialist Medical Practitioner	Procedure	[1196.00] <u>1255.00</u>	[1802.00] <u>1891.00</u>	[1802.00] <u>1891.00</u>	[1889.00] <u>1982.00</u>
0540	Radiology, Cat D – Facility Fee	Procedure		[1212.00] <u>1271.00</u>	[1212.00] <u>1271.00</u>	[1383.00] <u>1451.00</u>
0541	Radiology, Cat D – General Medical Practitioner	Procedure	[777.00] <u>815.00</u>	[1989.00] <u>2086.00</u>	[1989.00] <u>2086.00</u>	[2160.00] <u>2266.00</u>
0542	Radiology, Cat D – Specialist Practitioner	Procedure	[2389.00] <u>2506.00</u>	[3601.00] <u>3777.00</u>	[3601.00] <u>3777.00</u>	[3772.00] <u>3957.00</u>
0550	Radiology, Cat E – Facility Fee	Procedure		[3088.00] <u>3239.00</u>	[3088.00] <u>3239.00</u>	[3530.00] <u>3703.00</u>
0551	Radiology, Cat E – General Medical Practitioner	Procedure	[2860.00] <u>3000.00</u>	[5948.00] <u>6239.00</u>	[5948.00] <u>6239.00</u>	[6390.00] <u>6703.00</u>
0552	Radiology, Cat E – Specialist Practitioner	Procedure	[5961.00] <u>6253.00</u>	[9049.00] <u>9492.00</u>	[9049.00] <u>9492.00</u>	[9491.00] <u>9956.00</u>
06	In-patients					
0610	In-patient General ward – Facility Fee	Day		[962.00] <u>1009.00</u>	[1223.00] <u>1283.00</u>	[2314.00] <u>2427.00</u>
0611	In-patient General Ward – General Medical Practitioner	Day	[200.00] <u>210.00</u>	[1162.00] <u>1219.00</u>	[1423.00] <u>1493.00</u>	[2514.00] <u>2637.00</u>
0612	In-patient General Ward – Specialist Medical Practitioner	Day	[348.00] <u>365.00</u>	[1310.00] <u>1374.00</u>	[1571.00] <u>1648.00</u>	[2662.00] <u>2792.00</u>
0620	In-patient High care – Facility Fee	12 hours		[1489.00] <u>1562.00</u>	[1861.00] <u>1952.00</u>	[2665.00] <u>2796.00</u>
0621	In-patient High Care – General Medical Practitioner	12 hours	[103.00] <u>108.00</u>	[1592.00] <u>1670.00</u>	[1964.00] <u>2060.00</u>	[2768.00] <u>2904.00</u>
0622	In-patient High Care – Specialist Medical Practitioner	12 hours	[199.00] <u>209.00</u>	[1688.00] <u>1771.00</u>	[2060.00] <u>2161.00</u>	[2864.00] <u>3005.00</u>
0630	In-patient Intensive care – Facility Fee	12 hours		[4891.00] <u>5131.00</u>	[4891.00] <u>5131.00</u>	[5847.00] <u>6134.00</u>
0631	In-patient Intensive Care – General Medical Practitioner	12 hours	[116.00] <u>122.00</u>	[5007.00] <u>5253.00</u>	[5007.00] <u>5253.00</u>	[5963.00] <u>6256.00</u>
0632	In-patient Intensive Care – Specialist Medical Practitioner	12 hours	[221.00] <u>232.00</u>	[5112.00] <u>5363.00</u>	[5112.00] <u>5363.00</u>	[6068.00] <u>6366.00</u>
0640	In-patient Chronic care – Facility Fee	Day		[563.00] <u>591.00</u>	[563.00] <u>591.00</u>	[563.00] <u>591.00</u>
0641	In-patient Chronic care – General Medical Practitioner	Day	[66.00] <u>69.00</u>	[629.00] <u>660.00</u>	[629.00] <u>660.00</u>	[629.00] <u>660.00</u>
0642	In-patient Chronic care – Specialist Medical Practitioner	Day	[152.00] <u>159.00</u>	[715.00] <u>750.00</u>	[715.00] <u>750.00</u>	[715.00] <u>750.00</u>
0643	In-patient Chronic care – Nursing Practitioner	Day	[40.00] <u>42.00</u>	[603.00] <u>633.00</u>	[603.00] <u>633.00</u>	[603.00] <u>633.00</u>
0650	Day patient – Facility Fee	Day		[800.00] <u>839.00</u>	[1010.00] <u>1059.00</u>	[1479.00] <u>1551.00</u>

0651	Day patient – General Medical Practitioner	Day	[200.00] 210.00	[1000.00] 1049.00	[1210.00] 1269.00	[1679.00] 1761.00
0652	Day patient – Specialist Medical Practitioner	Day	[348.00] 365.00	[1148.00] 1204.00	[1358.00] 1424.00	[1827.00] 1916.00
0653	Day patient – Nursing Practitioner	Day	[116.00] 122.00	[916.00] 961.00	[1126.00] 1181.00	[1595.00] 1673.00
0660	In-patient Boarder / Patient companion – Facility Fee	Day		[458.00] 480.00	[458.00] 480.00	[458.00] 480.00
0663	In-patient Boarder / Patient Companion – Nursing Practitioner	Day	[40.00] 42.00	[498.00] 522.00	[498.00] 522.00	[498.00] 522.00
06100	[Inpatient] In-patient Specialised Intensive Care Paediatric – Facility Fee	12 Hours		[7795.00] 8177.00	[7795.00] 8177.00	[7795.00] 8177.00
06101	[Inpatient] In-patient Specialised Intensive Care Paediatric – General medical practitioner	12 Hours	[348.00] 365.00	[8143.00] 8542.00	[8143.00] 8542.00	[8143.00] 8542.00
06102	[Inpatient] In-patient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 Hours	[662.00] 694.00	[8457.00] 8871.00	[8457.00] 8871.00	[8457.00] 8871.00
06200	[Inpatient] In-patient Specialised Intensive Care Neonatal – Facility Fee	12 Hours		[10393.00] 10902.00	[10393.00] 10902.00	[10393.00] 10902.00
06201	[Inpatient] In-patient Specialised Intensive Care Neonatal – General medical practitioner	12 Hours	[466.00] 489.00	[10859.00] 11391.00	[10859.00] 11391.00	[10859.00] 11391.00
06202	[Inpatient] In-patient Specialised Intensive Care Neonatal– Specialist medical practitioner	12 Hours	[884.00] 927.00	[11277.00] 11829.00	[11277.00] 11829.00	[11277.00] 11829.00
07	Mortuary					
0710	Mortuary – Facility Fee	Day		[245.00] 257.00	[245.00] 257.00	[277.00] 291.00
0720	Cremation Certificate – Facility Fee	Certificate		[245.00] 257.00	[245.00] 257.00	[277.00] 291.00
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		[44.00] 46.00	[44.00] 46.00	[53.00] 56.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			
0817	Pharmaceutical- Chronic	Item	Varies			
0818	Pharmaceutical- Oncology	Item	Varies			
0819	Pharmaceutical- Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee-OPD	Item	Varies			
0825	Pharmaceutical Flat Fee-IP	Item	Varies			
0827	Pharmaceutical –Acute OPD	Item	Varies			
0828	Pharmaceutical1-Oncology OPD	Item	Varies			
0829	Pharmaceutical1-Immune Suppressant Drugs OPD	Item	Varies			
0830	Pharmaceutical1 Flat Fee Acute OPD	Item	Varies			
0835	Pharmaceutical1-Chronic IP	Item	Varies			
0836	Pharmaceutical1-Reapeat scripts	Item	Varies			
0837	Pharmaceutical1-Travel	Item	Varies			
9	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		[35.00] 37.00	[35.00] 37.00	[41.00] 43.00
0911	Oral Care Cat A – General Practitioner	Procedure	[53.00] 56.00	[88.00] 93.00	[88.00] 93.00	[94.00] 99.00
0912	Oral Care Cat A – Specialist Practitioner	Procedure	[63.00] 66.00	[98.00] 103.00	[98.00] 103.00	[104.00] 109.00
0914	Oral Care Cat A – Allied Health Practitioner	Procedure	[47.00] 49.00	[82.00] 86.00	[82.00] 86.00	[88.00] 92.00
0920	Oral Care Cat B – Facility Fee	Procedure		[108.00] 113.00	[108.00] 113.00	[129.00] 135.00

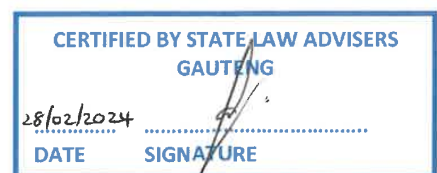
CERTIFIED BY STATE LAW ADVISERS
GAUTENG

28/02/2024

DATE

SIGNATURE

0921	Oral Care Cat B – General Practitioner	Procedure	[123.00] 129.00	[231.00] 242.00	[231.00] 242.00	[252.00] 264.00
0922	Oral Health Cat B – Specialist Practitioner	Procedure	[197.00] 207.00	[305.00] 320.00	[305.00] 320.00	[326.00] 342.00
0924	Oral Care Cat B – Allied Health practitioner	Procedure	[100.00] 105.00	[208.00] 218.00	[208.00] 218.00	[229.00] 240.00
0930	Oral Care Cat C – Facility Fee	Procedure		[676.00] 709.00	[676.00] 709.00	[776.00] 814.00
0931	Oral Care Cat C – General Practitioner	Procedure	[748.00] 785.00	[1424.00] 1494.00	[1424.00] 1494.00	[1524.00] 1599.00
0932	Oral Care Cat C – Specialist Practitioner	Procedure	[1285.00] 1348.00	[1961.00] 2057.00	[1961.00] 2057.00	[2061.00] 2162.00
0940	Oral Care Cat D – Facility Fee	Procedure		[2661.00] 2791.00	[2661.00] 2791.00	[3047.00] 3196.00
0941	Oral Care Cat D – General Practitioner	Procedure	[2297.00] 2410.00	[4958.00] 5201.00	[4958.00] 5201.00	[5344.00] 5606.00
0942	Oral Care Cat D – Specialist Practitioner	Procedure	[4713.00] 4944.00	[7374.00] 7735.00	[7374.00] 7735.00	[7760.00] 8140.00
0950	Oral Care Cat E – Facility Fee	Procedure		[8965.00] 9404.00	[8965.00] 9404.00	[10244.00] 10746.00
0951	Oral Care Cat E – General Practitioner	Procedure	[7726.00] 8105.00	[16691.00] 17509.00	[16691.00] 17509.00	[17970.00] 18851.00
0952	Oral Care Cat E – Specialist Practitioner	Procedure	[15854.00] 16631.00	[24819.00] 26035.00	[24819.00] 26035.00	[26098.00] 27377.00
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		[119.00] 125.00	[119.00] 125.00	[142.00] 149.00
1011	Outpatient Consultation – General Medical Practitioner	Visit	[131.00] 137.00	[250.00] 262.00	[250.00] 262.00	[273.00] 286.00
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	[304.00] 319.00	[423.00] 444.00	[423.00] 444.00	[446.00] 468.00
1013	Outpatient Consultation – Nursing Practitioner	Visit	[76.00] 80.00	[195.00] 205.00	[195.00] 205.00	[218.00] 229.00
1014	Outpatient Consultation – Allied Health Practitioner	Visit	[78.00] 82.00	[197.00] 207.00	[197.00] 207.00	[220.00] 231.00
1020	Emergency Consultation – Facility Fee	Visit		[240.00] 252.00	[240.00] 252.00	[287.00] 301.00
1021	Emergency Consultation – General Medical Practitioner	Visit	[200.00] 210.00	[440.00] 462.00	[440.00] 462.00	[487.00] 511.00
1022	Emergency Consultation – Specialist Medical Practitioner	Visit	[455.00] 477.00	[695.00] 729.00	[695.00] 729.00	[742.00] 778.00
1023	Emergency Consultation – Nursing Practitioner	Visit	[116.00] 122.00	[356.00] 374.00	[356.00] 374.00	[403.00] 423.00
1024	Emergency Consultation – Allied Health Practitioner	Visit	[119.00] 125.00	[359.00] 377.00	[359.00] 377.00	[406.00] 426.00
1030	Follow-Up Outpatient Consultation-Facility Fee	Visit		[119.00] 125.00	[119.00] 125.00	[142.00] 149.00
1031	Follow-Up Outpatient Consultation-General Medical practitioner	Visit	[131.00] 137.00	[250.00] 262.00	[250.00] 262.00	[273.00] 286.00
1032	Follow-Up Outpatient Consultation-Specialist Medical Practitioner	Visit	[304.00] 319.00	[423.00] 444.00	[423.00] 444.00	[446.00] 468.00
1033	Follow-Up Outpatient Consultation-Nursing Practitioner	Visit	[76.00] 80.00	[195.00] 205.00	[195.00] 205.00	[218.00] 229.00
1034	Follow-Up Outpatient Consultation-Allied Health practitioner	Visit	[78.00] 82.00	[197.00] 207.00	[197.00] 207.00	[220.00] 231.00
1040	Telephonic Consultation-Facility Fee	Telephonic		[119.00] 125.00	[119.00] 125.00	[142.00] 149.00
1041	Telephonic Consultation-General Medical practitioner	Telephonic	[131.00] 137.00	[250.00] 262.00	[250.00] 262.00	[273.00] 286.00
1042	Telephonic Consultation-Specialist Medical Practitioner	Telephonic	[304.00] 319.00	[423.00] 444.00	[423.00] 444.00	[446.00] 468.00
1043	Telephonic Consultation-Nursing Practitioner	Telephonic	[76.00] 80.00	[195.00] 205.00	[195.00] 205.00	[218.00] 229.00
1044	Telephonic Consultation-Allied Health practitioner	Telephonic	[78.00] 82.00	[197.00] 207.00	[197.00] 207.00	[220.00] 231.00
11	Minor [Théâtre] Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		[563.00] 591.00	[563.00] 591.00	[675.00] 708.00
1111	Minor Procedure Cat A – General	Procedure	[197.00] 207.00	[760.00] 798.00	[760.00] 798.00	[872.00] 915.00



	Medical Practitioner					
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	[374.00] 392.00	[937.00] 983.00	[937.00] 983.00	[1049.00] 1100.00
1120	Minor Procedure Cat B – Facility Fee	Procedure		[563.00] 591.00	[563.00] 591.00	[675.00] 708.00
1121	Minor Procedure Cat B – General Medical Practitioner	Procedure	[289.00] 303.00	[852.00] 894.00	[852.00] 894.00	[964.00] 1011.00
1122	Minor Procedure Cat B – Specialist Medical Practitioner	Procedure	[653.00] 685.00	[1216.00] 1276.00	[1216.00] 1276.00	[1328.00] 1393.00
1130	Minor Procedure Cat C – Facility Fee	Procedure		[563.00] 591.00	[563.00] 591.00	[675.00] 708.00
1131	Minor Procedure Cat C – General Medical Practitioner	Procedure	[454.00] 476.00	[1017.00] 1067.00	[1017.00] 1067.00	[1129.00] 1184.00
1132	Minor Procedure Cat C – Specialist Medical Practitioner	Procedure	[1021.00] 1071.00	[1584.00] 1662.00	[1584.00] 1662.00	[1796.00] 1779.00
1140	Minor Procedure Cat D – Facility Fee	Procedure		[563.00] 591.00	[563.00] 591.00	[675.00] 708.00
1141	Minor Procedure Cat D – General Medical Practitioner	Procedure	[1199.00] 1258.00	[1762.00] 1849.00	[1762.00] 1849.00	[1874.00] 1966.00
1142	Minor Procedure Cat D – Specialist Medical Practitioner	Procedure	[2705.00] 2838.00	[3268.00] 3429.00	[3268.00] 3429.00	[3380.00] 3546.00
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		[1822.00] 1911.00	[2665.00] 2796.00	[3076.00] 3227.00
1211	Theatre Procedure Cat A – General Medical Practitioner	Procedure	[197.00] 207.00	[2019.00] 2118.00	[2862.00] 3003.00	[3273.00] 3434.00
1212	Theatre Procedure Cat A – Specialist Medical Practitioner	Procedure	[374.00] 392.00	[2196.00] 2303.00	[3039.00] 3188.00	[3450.00] 3619.00
1220	Theatre Procedure Cat B – Facility Fee	Procedure		[2756.00] 2891.00	[4043.00] 4241.00	[4655.00] 4883.00
1221	Theatre Procedure Cat B – General Medical Practitioner	Procedure	[289.00] 303.00	[3045.00] 3194.00	[4332.00] 4544.00	[4944.00] 5186.00
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	[653.00] 685.00	[3409.00] 3576.00	[4696.00] 4926.00	[5308.00] 5568.00
1230	Theatre Procedure Cat C – Facility Fee	Procedure		[4735.00] 4967.00	[6947.00] 7287.00	[8015.00] 8408.00
1231	Theatre Procedure Cat C – General Medical Practitioner	Procedure	[454.00] 476.00	[5189.00] 5443.00	[7401.00] 7763.00	[8469.00] 8884.00
1232	Theatre Procedure Cat C – Specialist Medical Practitioner	Procedure	[1021.00] 1071.00	[5756.00] 6038.00	[7968.00] 8358.00	[9036.00] 9479.00
1240	Theatre Procedure Cat D – Facility Fee	Procedure		[12140.00] 12735.00	[17807.00] 18680.00	[20520.00] 21525.00
1241	Theatre Procedure Cat D – General Medical Practitioner	Procedure	[1199.00] 1258.00	[13339.00] 13993.00	[19006.00] 19938.00	[21719.00] 22783.00
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	[2705.00] 2838.00	[14845.00] 15573.00	[20512.00] 21518.00	[23225.00] 24363.00
1250	Theatre Procedure Cat E – Facility Fee	Procedure		[16996.00] 17829.00	[24929.00] 26151.00	[28727.00] 30135.00
1251	Theatre Procedure Cat E – General medical practitioner	Procedure	[1678.00] 1760.00	[18674.00] 19589.00	[26607.00] 27911.00	[30405.00] 31895.00
1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	[3787.00] 3973.00	[20783.00] 21802.00	[28716.00] 30124.00	[32514.00] 34108.00
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		[76.00] 80.00	[76.00] 80.00	[92.00] 97.00
1313	Supplementary Health Treatment- Nursing Practitioner	Contact	[67.00] 70.00	[143.00] 150.00	[143.00] 150.00	[159.00] 167.00
1314	Supplementary Health Treatment – Allied Health Practitioner	Contact	[67.00] 70.00	[143.00] 150.00	[143.00] 150.00	[159.00] 167.00
1320	Supplementary Health Group Treatment – Facility Fee	Contact		[59.00] 62.00	[59.00] 62.00	[66.00] 69.00
1324	Supplementary Health Group Treatment – Allied Health Practitioner	Contact	[47.00] 49.00	[106.00] 111.00	[106.00] 111.00	[113.00] 118.00
14	Emergency Medical Services - See Administrator's					



Notice No. 646 of 29 August 1958						
[1410]	[Patient transport service – Facility Fee]	[100km]				
[1420]	[Basic life support – Facility Fee]	[50km]				
[1430]	[Intermediate life support – Facility Fee]	[50km]				
[1440]	[Advanced life support – Facility Fee]	[50km]				
[1450]	[Emergency service standby – Facility Fee]	[Once off]				
[1451]	[Emergency service standby – General medical practitioner]	[Hour]				
[1452]	[Emergency service standby – Specialist medical practitioner]	[Hour]				
[1453]	[Emergency service standby – Nursing practitioner]	[Hour]				
[1455]	[Emergency service standby – Basic life support practitioner]	[Hour]				
[1456]	[Emergency services standby-Intermediate life support practitioner]	[Hour]				
[1457]	[Emergency services standby-Advanced life support practitioner]	[Hour]				
[1460]	[Rescue – Facility Fee]	[Hour]				
[1461]	[Rescue – General medical practitioner]	[Hour]				
[1462]	[Rescue – Specialist medical practitioner]	[Hour]				
[1463]	[Rescue – Nursing practitioner]	[Hour]				
[1465]	[Rescue- Basic life support practitioner]	[Hour]				
[1466]	[Rescue – Intermediate life support practitioner]	[Hour]				
[1467]	[Rescue- Advanced life support practitioner]	[Hour]				
[1470]	[Emergency transport air services fixed wing]	[Flying hour]				
[1480]	[Emergency transport air services helicopter]	[Flying hour]				
[1490]	[Emergency services standby-Facility Fee]	[Additional 50km]				
See Administrator’s Notice No. 646 of 29 August 1958]						
15	Assistive Devices & Prosthesis					
1510	Assistive Devices-Item Fee	Item	Varies	100% of the cost of the relevant device or prosthesis		
1520	Prosthetic Devices-Item Fee	Item	Varies			
1530	Dental Items -Item Fee	Item	Varies			
1540	Assistive Devices, Prosthesis, Dental and [Optometry] <u>Optical</u> -Repairs	Item	Varies			
1550	[Optometry] <u>Optical</u> Devices	Items	Varies			
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		[3832.00] <u>4020.00</u>	[3832.00] <u>4020.00</u>	[4375.00] <u>4589.00</u>
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	[2209.00] <u>2317.00</u>	[6041.00] <u>6337.00</u>	[6041.00] <u>6337.00</u>	[6584.00] <u>6906.00</u>
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	[3309.00] <u>3471.00</u>	[7141.00] <u>7491.00</u>	[7141.00] <u>7491.00</u>	[7684.00] <u>8060.00</u>
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		[8614.00] <u>9036.00</u>	[8614.00] <u>9036.00</u>	[9846.00] <u>10328.00</u>
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	[2616.00] <u>2744.00</u>	[11230.00] <u>11780.00</u>	[11230.00] <u>11780.00</u>	[12462.00] <u>13072.00</u>

1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	[3927.00] 4119.00	[12541.00] 13155.00	[12541.00] 13155.00	[13773.00] 14447.00
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		[13913.00] 14595.00	[13913.00] 14595.00	[15903.00] 16682.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	[4424.00] 4641.00	[18337.00] 19236.00	[18337.00] 19236.00	[20327.00] 21323.00
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	[6635.00] 6960.00	[20548.00] 21555.00	[20548.00] 21555.00	[22538.00] 23642.00
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		[23501.00] 24653.00	[23501.00] 24653.00	[26857.00] 28173.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	[4962.00] 5205.00	[28463.00] 29858.00	[28463.00] 29858.00	[31819.00] 33378.00
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	[7303.00] 7661.00	[30804.00] 32314.00	[30804.00] 32314.00	[34160.00] 35834.00
17	Laboratory Services					
1700	Drawing of Blood	Contact		[47.00] 49.00	[47.00] 49.00	[47.00] 49.00
1710	Laboratory Test	Varies				
18	Radiation Oncology					
1800	Radiation Oncology (NHRPL less VAT)	Item	Varies			
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item	Varies			
1910	Nuclear Medicines Cat A- Facility Fee	Procedure		[861.00] 903.00	[861.00] 903.00	[861.00] 903.00
1912	Nuclear medicine Cat A- Specialist Practitioner	Procedure	[426.00] 447.00	[1287.00] 1350.00	[1287.00] 1350.00	[1287.00] 1350.00
1920	Nuclear Medicines Cat B- Facility Fee	Procedure		[861.00] 903.00	[861.00] 903.00	[861.00] 903.00
1922	Nuclear medicine Cat B- Specialist Practitioner	Procedure	[1286.00] 1349.00	[2147.00] 2252.00	[2147.00] 2252.00	[2147.00] 2252.00
1930	Nuclear Medicines Cat C- Facility Fee	Procedure		[861.00] 903.00	[861.00] 903.00	[861.00] 903.00
1932	Nuclear medicine Cat C- Specialist Practitioner	Procedure	[2572.00] 2698.00	[3433.00] 3601.00	[3433.00] 3601.00	[3433.00] 3601.00
1940	Nuclear Medicines Cat D- Facility Fee	Procedure		[861.00] 903.00	[861.00] 903.00	[861.00] 903.00
1942	Nuclear medicine Cat D- Specialist Practitioner	Procedure	[3859.00] 4048.00	[4720.00] 4951.00	[4720.00] 4951.00	[4720.00] 4951.00
1950	Positron Emission Tomography (PET) Cat E-facility Fee	Procedure		[9179.00] 9629.00	[9179.00] 9629.00	[9179.00] 9629.00
1952	Positron Emission Tomography (PET) Cat E-Specialist Practitioner	Procedure	[5011.00] 5257.00	[14190.00] 14886.00	[14190.00] 14886.00	[14190.00] 14886.00
20	Ambulatory Procedures					
2010	Ambulatory Procedures Cat A- Facility Fee	Procedure		[180.00] 189.00	[180.00] 189.00	[221.00] 232.00
2011	Ambulatory Procedure Cat A- General Medical Practitioner	Procedure	[66.00] 69.00	[246.00] 258.00	[246.00] 258.00	[287.00] 301.00
2012	Ambulatory Procedure Cat A- Specialist Medical Practitioner	Procedure	[130.00] 136.00	[310.00] 325.00	[310.00] 325.00	[351.00] 368.00
2013	Ambulatory Procedure Cat A- Nursing Practitioner	Procedure	[40.00] 42.00	[220.00] 231.00	[220.00] 231.00	[261.00] 274.00
2014	Ambulatory Procedure Cat A- Allied Health Worker	Procedure	[40.00] 42.00	[220.00] 231.00	[220.00] 231.00	[261.00] 274.00
2020	Ambulatory Procedures Cat B- Facility Fee	Procedure		[180.00] 189.00	[180.00] 189.00	[221.00] 232.00
2021	Ambulatory Procedure Cat B- General Medical Practitioner	Procedure	[94.00] 99.00	[274.00] 288.00	[274.00] 288.00	[315.00] 331.00
2022	Ambulatory Procedure Cat B- Specialist Medical Practitioner	Procedure	[142.00] 149.00	[322.00] 338.00	[322.00] 338.00	[363.00] 381.00



2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	[53.00] 56.00	[233.00] 245.00	[233.00] 245.00	[274.00] 288.00
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	[53.00] 56.00	[233.00] 245.00	[233.00] 245.00	[274.00] 288.00
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy-Facility Fee (Flat Fee)	Session		[626.00] 657.00	[626.00] 657.00	[626.00] 657.00
2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		[1889.00] 1982.00	[1889.00] 1982.00	[1889.00] 1982.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[799.00] 838.00	[2688.00] 2820.00	[2688.00] 2820.00	[2688.00] 2820.00
2212	Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[799.00] 838.00	[2688.00] 2820.00	[2688.00] 2820.00	[2688.00] 2820.00
2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		[1901.00] 1994.00	[1901.00] 1994.00	[1901.00] 1994.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[1165.00] 1222.00	[3066.00] 3216.00	[3066.00] 3216.00	[3066.00] 3216.00
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[1165.00] 1222.00	[3066.00] 3216.00	[3066.00] 3216.00	[3066.00] 3216.00
23	Consumables (Not included in Facility Fee) Buy-outs					
2300	Consumables (Not included in Facility Fee)	Item	Varies			
2301	Administration fee Covid -19 vaccine	Per dose		[86.95] 91.26	[86.95] 91.26	[86.95] 91.26
24	Autopsies					
2410	Autopsy-Facility Fee	Per Case		[119.00] 125.00	[119.00] 125.00	[142.00] 149.00
2411	Autopsy-General Practitioner	Per Case	[131.00] 137.00	[250.00] 262.00	[250.00] 262.00	[273.00] 286.00
2412	Autopsy-Specialist Practitioner	Per Case	[304.00] 319.00	[423.00] 444.00	[423.00] 444.00	[446.00] 468.00
25	Port Health and Travel Clinics					
2510	Consultation-Facility Fee	Visit		[142.00] 149.00	[142.00] 149.00	[142.00] 149.00
2511	Consultation-General medical Practitioner	Visit	[131.00] 137.00	[273.00] 286.00	[273.00] 286.00	[273.00] 286.00
2513	Consultation -Nursing practitioner	Visit	[76.00] 80.00	[218.00] 229.00	[218.00] 229.00	[218.00] 229.00
2520	Emergency Consultation - Facility Fee	Visit		[287.00] 301.00	[287.00] 301.00	[287.00] 301.00
2521	Emergency Consultation-General medical practitioner	Visit	[200.00] 210.00	[487.00] 511.00	[487.00] 511.00	[487.00] 511.00
2523	Emergency Consultation -Nursing practitioner	Visit	[116.00] 122.00	[403.00] 423.00	[403.00] 423.00	[403.00] 423.00
0810	Medication Fee-Facility Fee	Prescription		[44.00] 46.00	[44.00] 46.00	[53.00] 56.00
0837	Pharmaceutical -Travel Medicine	Item				

Substitution of Annexure 4 of Schedule B to Regulations

6. The following Annexure is hereby substituted for Annexure 4 of Schedule B to the Regulations:

“ANNEXURE 4 OF SCHEDULE B
[0UPFS] UPFS [2023]2024 FEE SCHEDULE FOR FULL-PAYING PATIENTS
(FOLATENG WARDS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
				LEVEL 1	LEVEL 2	LEVEL 3



			R	R	R	R
01	Anaesthetics					
DA0111	Anaesthetics Cat A – General medical practitioner	Procedure	[282.00] 296.00			
DA0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	[424.00] 445.00			
DA0121	Anaesthetics Cat B – General medical practitioner	Procedure	[480.00] 504.00			
DA0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	[724.00] 759.00			
DA0131	Anaesthetics Cat C – General medical practitioner	Procedure	[1692.00] 1775.00			
DA0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	[2539.00] 2663.00			
DA0141	Anaesthetics Cat D – General medical practitioner	Procedure	[2369.00] 2485.00			
DA0142	Anaesthetics Cat D– Specialist medical practitioner	Procedure	[3557.00] 3731.00			
02	Confinement					
DA0210	Natural Birth– Facility Fee	Incident		[6683.00] 7010.00	[6683.00] 7010.00	[6683.00] 7010.00
DA0211	Natural Birth – General Medical Practitioner	Incident	[2835.00] 2974.00	[9518.00] 9984.00	[9518.00] 9984.00	[9518.00] 9984.00
DA0212	Natural Birth – Specialist Medical Practitioner	Incident	[3657.00] 3836.00	[10340.00] 10846.00	[10340.00] 10846.00	[10340.00] 10846.00
DA0213	Natural Birth – Nursing Practitioner	Incident	[3426.00] 3594.00	[10110.00] 10604.00	[10110.00] 10604.00	[10110.00] 10604.00
DA0220	Caesarean Section – Facility Fee	Incident		[10529.00] 11045.00	[10529.00] 11045.00	[10529.00] 11045.00
DA0221	Caesarean Section – General Medical Practitioner	Incident	[2835.00] 2974.00	[13364.00] 14019.00	[13364.00] 14019.00	[13364.00] 14019.00
DA0222	Caesarean Section – Specialist Medical Practitioner	Incident	[3657.00] 3836.00	[14186.00] 14881.00	[14186.00] 14881.00	[14186.00] 14881.00
03	Dialysis					
DA0310	Haemo – Facility Fee	Day		[2064.00] 2165.00	[2064.00] 2165.00	[2363.00] 2479.00
DA0311	Haemo-dialysis – General medical practitioner	Day	[356.00] 373.00	[2420.00] 2538.00	[2420.00] 2538.00	[2719.00] 2852.00
DA0312	Haemo-dialysis – Specialist medical practitioner	Day	[446.00] 468.00	[2510.00] 2633.00	[2510.00] 2633.00	[2809.00] 2947.00
DA0313	Haemo-dialysis Nursing Practitioner	Day	[287.00] 301.00	[2351.00] 2466.00	[2351.00] 2466.00	[2650.00] 2780.00
DA0320	Peritoneal Dialysis – Facility Fee	Session		[316.00] 331.00	[316.00] 331.00	[364.00] 382.00
DA0321	Peritoneal Dialysis – General medical practitioner	Session	[58.00] 61.00	[374.00] 392.00	[374.00] 392.00	[422.00] 443.00
DA0322	Peritoneal dialysis-Specialist Medical practitioner	Session	[70.00] 73.00	[386.00] 404.00	[386.00] 404.00	[434.00] 455.00
DA0323	Peritoneal dialysis-Nursing Practitioner	Session	[40.00] 42.00	[356.00] 373.00	[356.00] 373.00	[404.00] 424.00
DA0330	Plasmapheresis-Facility Fee	Session		[2064.00] 2165.00	[2064.00] 2165.00	[2363.00] 2479.00
DA0331	Plasmapheresis- General medical practitioner	Session	[356.00] 373.00	[2420.00] 2538.00	[2420.00] 2538.00	[2719.00] 2852.00
DA0332	Plasmapheresis-Specialist Medical Practitioner	Session	[446.00] 468.00	[2510.00] 2633.00	[2510.00] 2633.00	[2809.00] 2947.00
04	Medical Reports					
DA0410	Medical Report – Facility Fee	Report		[221.00] 232.00	[221.00] 232.00	[221.00] 232.00
DA0411	Medical Report – General medical practitioner	Report	[520.00] 545.00	[741.00] 777.00	[741.00] 777.00	[741.00] 777.00
DA0412	Medical Report – Specialist	Report	[520.00] 545.00	[741.00] 777.00	[741.00] 777.00	[741.00] 777.00

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	medical practitioner					
DA0420	Copies of Medical Report-Facility Fee	Copy		[221.00] 232.00	[221.00] 232.00	[221.00] 232.00
DA0421	Copies of Medical Report, Records, X-ray, Completion of certificates/Form-General medical practitioner	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
DA0422	Copies of Medical Report, Records, X-ray, Completion of certificates/Form-Specialist medical practitioner	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
DA0425	Copies of X-ray, ultrasounds etc.	Copies	[262.00] 275.00	[483.00] 507.00	[483.00] 507.00	[483.00] 507.00
DA0430	Functional Assessment Report-Facility Fee	Report		[397.00] 416.00	[397.00] 416.00	[486.00] 510.00
DA0431	Functional Assessment Report-General medical practitioner	Report	[1021.00] 1071.00	[1418.00] 1487.00	[1418.00] 1487.00	[1507.00] 1581.00
DA0432	Functional Assessment Report-Specialist medical practitioner	Report	[2083.00] 2185.00	[2480.00] 2601.00	[2480.00] 2601.00	[2569.00] 2695.00
DA0434	Functional Assessment Report-Allied health practitioner	Report	[1021.00] 1071.00	[1418.00] 1487.00	[1418.00] 1487.00	[1507.00] 1581.00
DA0440	Copies of Specialised Radiology (MRI, CT & Nuclear)	Copy		[1462.00] 1534.00	[1462.00] 1534.00	[1462.00] 1534.00
05	Imaging					
DA0510	Radiology, Cat A – Facility Fee	Procedure		[103.00] 108.00	[103.00] 108.00	[119.00] 125.00
DA0511	Radiology, Cat A – General medical practitioner	Procedure	[94.00] 99.00	[197.00] 207.00	[197.00] 207.00	[213.00] 224.00
DA0512	Radiology, Cat A – Specialist medical practitioner	Procedure	[174.00] 183.00	[277.00] 291.00	[277.00] 291.00	[293.00] 308.00
DA0514	Radiology, Cat A – Allied health practitioner	Procedure	[92.00] 97.00	[195.00] 205.00	[195.00] 205.00	[211.00] 222.00
DA0520	Radiology, Cat B – Facility Fee	Procedure		[287.00] 301.00	[287.00] 301.00	[329.00] 345.00
DA0521	Radiology, Cat B – General medical practitioner	Procedure	[251.00] 263.00	[538.00] 564.00	[538.00] 564.00	[580.00] 608.00
DA0522	Radiology, Cat B – Specialist medical practitioner	Procedure	[490.00] 514.00	[777.00] 815.00	[777.00] 815.00	[819.00] 859.00
DA0524	Radiology, Cat B – Allied health practitioner	Procedure	[245.00] 257.00	[532.00] 558.00	[532.00] 558.00	[574.00] 602.00
DA0530	Radiology, Cat C – Facility Fee	Procedure		[668.00] 701.00	[668.00] 701.00	[762.00] 799.00
DA0531	Radiology, Cat C – General medical practitioner	Procedure	[390.00] 409.00	[1058.00] 1110.00	[1058.00] 1110.00	[1152.00] 1208.00
DA0532	Radiology, Cat C – Specialist medical practitioner	Procedure	[1196.00] 1255.00	[1864.00] 1956.00	[1864.00] 1956.00	[1958.00] 2054.00
DA0540	Radiology, Cat D – Facility Fee	Procedure		[1336.00] 1401.00	[1336.00] 1401.00	[1524.00] 1599.00
DA0541	Radiology, Cat D – General medical practitioner	Procedure	[777.00] 815.00	[2113.00] 2216.00	[2113.00] 2216.00	[2301.00] 2414.00
DA0542	Radiology, Cat D – Specialist Practitioner	Procedure	[2389.00] 2506.00	[3725.00] 3907.00	[3725.00] 3907.00	[3913.00] 4105.00
DA0550	Radiology, Cat E – Facility Fee	Procedure		[3399.00] 3566.00	[3399.00] 3566.00	[3882.00] 4072.00
DA0551	Radiology, Cat E – General Medical Practitioner	Procedure	[2860.00] 3000.00	[6259.00] 6566.00	[6259.00] 6566.00	[6742.00] 7072.00
DA0552	Radiology, Cat E – Specialist Practitioner	Procedure	[5961.00] 6253.00	[9360.00] 9819.00	[9360.00] 9819.00	[9843.00] 10325.00
06	In-patients					
DA0610	In-patient General ward – Facility Fee	Day		[2314.00] 2427.00	[2314.00] 2427.00	[2314.00] 2427.00

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DA0611	In-patient General Ward – General medical practitioner	Day	[200.00] 210.00	[2514.00] 2637.00	[2514.00] 2637.00	[2514.00] 2637.00
DA0612	In-patient General Ward – Specialist medical practitioner	Day	[348.00] 365.00	[2662.00] 2792.00	[2662.00] 2792.00	[2662.00] 2792.00
DA0620	In-patient High care – Facility Fee	12 hours		[2665.00] 2796.00	[2665.00] 2796.00	[2665.00] 2796.00
DA0621	In-patient High Care – General medical practitioner	12 hours	[103.00] 108.00	[2768.00] 2904.00	[2768.00] 2904.00	[2768.00] 2904.00
DA0622	In-patient High Care – Specialist medical practitioner	12 hours	[199.00] 209.00	[2864.00] 3005.00	[2864.00] 3005.00	[2864.00] 3005.00
DA0630	In-patient Intensive care – Facility Fee	12 hours		[5847.00] 6134.00	[5847.00] 6134.00	[5847.00] 6134.00
DA0631	In-patient Intensive Care – General medical practitioner	12 hours	[116.00] 122.00	[5963.00] 6256.00	[5963.00] 6256.00	[5963.00] 6256.00
DA0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	[221.00] 232.00	[6068.00] 6366.00	[6068.00] 6366.00	[6068.00] 6366.00
DA0640	In-patient Chronic care – Facility Fee	Day		[563.00] 591.00	[563.00] 591.00	[563.00] 591.00
DA0641	In-patient Chronic care – General medical practitioner	Day	[66.00] 69.00	[629.00] 660.00	[629.00] 660.00	[629.00] 660.00
DA0642	In-patient Chronic care – Specialist medical practitioner	Day	[152.00] 159.00	[715.00] 750.00	[715.00] 750.00	[715.00] 750.00
DA0643	In-patient Chronic care – Nursing practitioner	Day	[40.00] 42.00	[603.00] 633.00	[603.00] 633.00	[603.00] 633.00
DA0650	Day patient – Facility Fee	Day		[1479.00] 1551.00	[1479.00] 1551.00	[1479.00] 1551.00
DA0651	Day patient – General medical practitioner	Day	[200.00] 210.00	[1679.00] 1761.00	[1679.00] 1761.00	[1679.00] 1761.00
DA0652	Day patient – Specialist medical practitioner	Day	[348.00] 365.00	[1827.00] 1916.00	[1827.00] 1916.00	[1827.00] 1916.00
DA0653	Day patient – Nursing practitioner	Day	[116.00] 122.00	[1595.00] 1673.00	[1595.00] 1673.00	[1595.00] 1673.00
DA0660	In-patient Boarder/Patient companion – Facility Fee	Day		[458.00] 480.00	[458.00] 480.00	[458.00] 480.00
DA0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	[40.00] 42.00	[498.00] 522.00	[498.00] 522.00	[498.00] 522.00
DA06100	[Inpatient] In-patient Specialised Intensive Care Paediatric – Facility Fee	12 Hours		[7795.00] 8177.00	[7795.00] 8177.00	[7795.00] 8177.00
DA06101	[Inpatient] In-patient Specialised Intensive Care Paediatric – General medical practitioner	12 Hours	[348.00] 365.00	[8143.00] 8542.00	[8143.00] 8542.00	[8143.00] 8542.00
DA06102	[Inpatient] In-patient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 Hours	[662.00] 694.00	[8457.00] 8871.00	[8457.00] 8871.00	[8457.00] 8871.00
DA06200	[Inpatient] In-patient Specialised Intensive Care Neonatal – Facility Fee	12 Hours		[10393.00] 10902.00	[10393.00] 10902.00	[10393.00] 10902.00
DA06201	[Inpatient] In-patient Specialised Intensive Care Neonatal – General medical practitioner	12 Hours	[466.00] 489.00	[10859.00] 11391.00	[10859.00] 11391.00	[10859.00] 11391.00
DA06202	[Inpatient] In-patient Specialised Intensive Care Neonatal– Specialist medical practitioner	12 Hours	[884.00] 927.00	[11277.00] 11829.00	[11277.00] 11829.00	[11277.00] 11829.00
07	Mortuary					
DA0710	Mortuary-Facility Fee			[245.00] 257.00	[245.00] 257.00	[277.00] 291.00
DA0720	Cremation Certificate-Facility Fee			[245.00] 257.00	[245.00] 257.00	[277.00] 291.00

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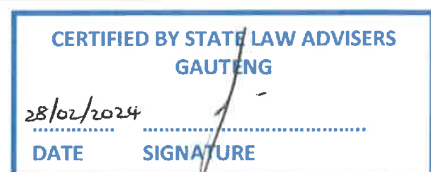
08	Pharmaceutical					
DA0810	Medication Fee – Facility Fee	Prescription		[47.00] 49.00	[47.00] 49.00	[55.00] 58.00
DA0815	Item Fee	Item	Varies			
DA0816	Pharmaceutical-TTO	Item	Varies			
DA0817	Pharmaceutical- Chronic	Item	Varies			
DA0818	Pharmaceutical- Oncology	Item	Varies			
DA0819	Pharmaceutical- Immune Suppressant Drugs	Item	Varies			
DA0820	Pharmaceutical Flat Fee- OPD	Item	Varies			
DA0825	Pharmaceutical Flat Fee-IP	Item	Varies			
09	Oral Health					
DA0910	Oral Care Cat A – Facility Fee	Procedure		[41.00] 43.00	[41.00] 43.00	[45.00] 47.00
DA0911	Oral Care Cat A – General practitioner	Procedure	[53.00] 56.00	[94.00] 99.00	[94.00] 99.00	[98.00] 103.00
DA0912	Oral Care Cat A – Specialist practitioner	Procedure	[63.00] 66.00	[104.00] 109.00	[104.00] 109.00	[108.00] 113.00
DA0914	Oral Care Cat A – Allied health practitioner	Procedure	[47.00] 49.00	[88.00] 92.00	[88.00] 92.00	[92.00] 96.00
DA0920	Oral Care Cat B – Facility Fee	Procedure		[123.00] 129.00	[123.00] 129.00	[139.00] 146.00
DA0921	Oral Care Cat B – General practitioner	Procedure	[123.00] 129.00	[246.00] 258.00	[246.00] 258.00	[262.00] 275.00
DA0922	Oral Health Cat B – Specialist practitioner	Procedure	[197.00] 207.00	[320.00] 336.00	[320.00] 336.00	[336.00] 353.00
DA0924	Oral Care Cat B – Allied health practitioner	Procedure	[100.00] 105.00	[223.00] 234.00	[223.00] 234.00	[239.00] 251.00
DA0930	Oral Care Cat C – Facility Fee	Procedure		[744.00] 780.00	[744.00] 780.00	[854.00] 896.00
DA0931	Oral Care Cat C – General practitioner	Procedure	[748.00] 785.00	[1492.00] 1565.00	[1492.00] 1565.00	[1602.00] 1681.00
DA0932	Oral Care Cat C – Specialist practitioner	Procedure	[1285.00] 1348.00	[2029.00] 2128.00	[2029.00] 2128.00	[2139.00] 2244.00
DA0940	Oral Care Cat D – Facility Fee	Procedure		[2930.00] 3074.00	[2930.00] 3074.00	[3350.00] 3514.00
DA0941	Oral Care Cat D – General practitioner	Procedure	[2297.00] 2410.00	[5227.00] 5484.00	[5227.00] 5484.00	[5647.00] 5924.00
DA0942	Oral Care Cat D – Specialist practitioner	Procedure	[4713.00] 4944.00	[7643.00] 8018.00	[7643.00] 8018.00	[8063.00] 8458.00
DA0950	Oral Care Cat E – Facility Fee	Procedure		[9863.00] 10346.00	[9863.00] 10346.00	[11272.00] 11824.00
DA0951	Oral Care Cat E – General practitioner	Procedure	[7726.00] 8105.00	[17589.00] 18451.00	[17589.00] 18451.00	[18998.00] 19929.00
DA0952	Oral Care Cat E – Specialist practitioner	Procedure	[15854.00] 16631.00	[25717.00] 26977.00	[25717.00] 26977.00	[27126.00] 28455.00
10	Consultations					
DA1010	Outpatient Consultation – Facility Fee	Visit		[130.00] 136.00	[130.00] 136.00	[160.00] 168.00
DA1011	Outpatient Consultation – General medical practitioner	Visit	[131.00] 137.00	[261.00] 273.00	[261.00] 273.00	[291.00] 305.00
DA1012	Outpatient Consultation – Specialist medical practitioner	Visit	[304.00] 319.00	[434.00] 455.00	[434.00] 455.00	[464.00] 487.00
DA1013	Outpatient Consultation – Nursing practitioner	Visit	[76.00] 80.00	[206.00] 216.00	[206.00] 216.00	[236.00] 248.00
DA1014	Outpatient Consultation – Allied health practitioner	Visit	[78.00] 82.00	[208.00] 218.00	[208.00] 218.00	[238.00] 250.00
DA1020	Emergency Consultation – Facility Fee	Visit		[267.00] 280.00	[267.00] 280.00	[315.00] 330.00
DA1021	Emergency Consultation –	Visit	[200.00] 210.00	[467.00] 490.00	[467.00] 490.00	[515.00] 540.00



	General medical practitioner					
DA1022	Emergency Consultation – Specialist medical practitioner	Visit	[455.00] 477.00	[722.00] 757.00	[722.00] 757.00	[770.00] 807.00
DA1023	Emergency Consultation – Nursing practitioner	Visit	[116.00] 122.00	[383.00] 402.00	[383.00] 402.00	[431.00] 452.00
DA1024	Emergency Consultation – Allied health practitioner	Visit	[119.00] 125.00	[386.00] 405.00	[386.00] 405.00	[434.00] 455.00
DA1030	Follow Up Outpatient Consultation – Facility Fee	Visit		[130.00] 136.00	[130.00] 136.00	[160.00] 168.00
DA1031	Follow Up Outpatient Consultation – General medical practitioner	Visit	[131.00] 137.00	[261.00] 273.00	[261.00] 273.00	[291.00] 305.00
DA1032	Follow Up Outpatient Consultation – Specialist medical practitioner	Visit	[304.00] 319.00	[434.00] 455.00	[434.00] 455.00	[464.00] 487.00
DA1033	Follow Up Outpatient Consultation – Nursing practitioner	Visit	[76.00] 80.00	[206.00] 216.00	[206.00] 216.00	[236.00] 248.00
DA1034	Follow Up Outpatient Consultation – Allied health practitioner	Visit	[78.00] 82.00	[208.00] 218.00	[208.00] 218.00	[238.00] 250.00
DA1040	Telephonic Consultation – Facility Fee	Telephonic		[130.00] 136.00	[130.00] 136.00	[160.00] 168.00
DA1041	Telephonic Consultation – General medical practitioner	Telephonic	[131.00] 137.00	[261.00] 274.00	[261.00] 274.00	[291.00] 305.00
DA1042	Telephonic Consultation – Specialist medical practitioner	Telephonic	[304.00] 319.00	[434.00] 455.00	[434.00] 455.00	[464.00] 487.00
DA1043	Telephonic Consultation – Nursing practitioner	Telephonic	[76.00] 80.00	[206.00] 216.00	[206.00] 216.00	[236.00] 248.00
DA434	Telephonic Consultation – Allied health practitioner	Telephonic	[78.00] 82.00	[208.00] 218.00	[208.00] 218.00	[238.00] 250.00
11	Minor Theatre Procedures					
DA1110	Minor Procedure Cat A – Facility Fee	Procedure		[619.00] 649.00	[619.00] 649.00	[742.00] 778.00
DA1111	Minor Procedure Cat A – General medical practitioner	Procedure	[197.00] 207.00	[816.00] 856.00	[816.00] 856.00	[939.00] 985.00
DA1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	[374.00] 392.00	[993.00] 1041.00	[993.00] 1041.00	[1116.00] 1170.00
DA1120	Minor Procedure Cat B – Facility Fee	Procedure		[619.00] 649.00	[619.00] 649.00	[742.00] 778.00
DA1121	Minor Procedure Cat B – General medical practitioner	Procedure	[289.00] 303.00	[908.00] 952.00	[908.00] 952.00	[1031.00] 1081.00
DA1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	[653.00] 685.00	[1272.00] 1334.00	[1272.00] 1334.00	[1395.00] 1463.00
DA1130	Minor Procedure Cat C – Facility Fee	Procedure		[619.00] 649.00	[619.00] 649.00	[742.00] 778.00
DA1131	Minor Procedure Cat C – General medical practitioner	Procedure	[454.00] 476.00	[1073.00] 1125.00	[1073.00] 1125.00	[1196.00] 1254.00
DA1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	[1021.00] 1071.00	[1640.00] 1720.00	[1640.00] 1720.00	[1763.00] 1849.00
DA1140	Minor Procedure Cat D – Facility Fee	Procedure		[619.00] 649.00	[619.00] 649.00	[742.00] 778.00
DA1141	Minor Procedure Cat D – General medical practitioner	Procedure	[1199.00] 1258.00	[1818.00] 1907.00	[1818.00] 1907.00	[1941.00] 2036.00
DA1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	[2705.00] 2838.00	[3324.00] 3487.00	[3324.00] 3487.00	[3447.00] 3616.00
12	Major Theatre Procedures					
DA1210	Theatre Procedure Cat A – Facility Fee	Procedure		[2001.00] 2099.00	[2932.00] 3076.00	[3383.00] 3549.00
DA1211	Theatre Procedure Cat A – General medical practitioner	Procedure	[197.00] 207.00	[2198.00] 2306.00	[3129.00] 3283.00	[3580.00] 3756.00



DA1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	[374.00] 392.00	[2375.00] 2491.00	[3306.00] 3468.00	[3757.00] 3941.00
DA1220	Theatre Procedure Cat B – Facility Fee	Procedure		[3033.00] 3182.00	[4447.00] 4665.00	[5125.00] 5376.00
DA1221	Theatre Procedure Cat B – General medical practitioner	Procedure	[289.00] 303.00	[3322.00] 3485.00	[4736.00] 4968.00	[5414.00] 5679.00
DA1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	[653.00] 685.00	[3686.00] 3867.00	[5100.00] 5350.00	[5778.00] 6061.00
DA1230	Theatre Procedure Cat C – Facility Fee	Procedure		[5204.00] 5459.00	[7642.00] 8016.00	[8818.00] 9250.00
DA1231	Theatre Procedure Cat C – General medical practitioner	Procedure	[454.00] 476.00	[5658.00] 5935.00	[8096.00] 8492.00	[9272.00] 9726.00
DA1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	[1021.00] 1071.00	[6225.00] 6530.00	[8663.00] 9087.00	[9839.00] 10321.00
DA1240	Theatre Procedure Cat D – Facility Fee	Procedure		[13352.00] 14006.00	[19586.00] 20546.00	[22574.00] 23680.00
DA1241	Theatre Procedure Cat D – General medical practitioner	Procedure	[1199.00] 1258.00	[14551.00] 15264.00	[20785.00] 21804.00	[23773.00] 24938.00
DA1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	[2795.00] 2838.00	[16057.00] 16844.00	[22291.00] 23384.00	[25279.00] 26518.00
DA1250	Theatre Procedure Cat E – Facility Fee	Procedure		[16996.00] 17829.00	[24929.00] 26151.00	[28727.00] 30135.00
DA1251	Theatre Procedure Cat E – General medical practitioner	Procedure	[1678.00] 1760.00	[18674.00] 19589.00	[26607.00] 27911.00	[30405.00] 31895.00
DA1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	[3787.00] 3973.00	[20783.00] 21802.00	[28716.00] 30124.00	[32514.00] 34108.00
13	Treatments					
DA1310	Supplementary Health Treatment – Facility Fee	Contact		[88.00] 92.00	[88.00] 92.00	[99.00] 104.00
DA1313	Supplementary health treatment-Nursing Practitioner	Contact	[67.00] 70.00	[155.00] 162.00	[155.00] 162.00	[166.00] 174.00
DA1314	Supplementary Health Treatment – Allied health practitioner	Contact	[67.00] 70.00	[155.00] 162.00	[155.00] 162.00	[166.00] 174.00
DA1320	Supplementary Health Group Treatment – Facility Fee	Contact		[66.00] 69.00	[66.00] 69.00	[71.00] 74.00
DA1324	Supplementary Health Group Treatment – Allied practitioner	Contact	[47.00] 49.00	[113.00] 118.00	[113.00] 118.00	[118.00] 123.00
15	Assistive Devices & Prosthesis					
DA1510	Assistive Devices-Item Fee	Item	Varies			
DA1520	Prosthetic Devices-Item Fee	Item	Varies			
DA1530	Dental Items -Item Fee	Item	Varies			
DA1540	Repairs of devices items	Item	Varies			
16	Cosmetic Surgery					
DA1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		[4212.00] 4418.00	[4212.00] 4418.00	[4809.00] 5045.00
DA1611	Cosmetic Surgery Cat A – General practitioner	Procedure	[2209.00] 2317.00	[6421.00] 6735.00	[6421.00] 6735.00	[7018.00] 7362.00
DA1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	[3309.00] 3471.00	[7521.00] 7889.00	[7521.00] 7889.00	[8118.00] 8516.00
DA1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		[9477.00] 9941.00	[9477.00] 9941.00	[10833.00] 11364.00
DA1621	Cosmetic Surgery Cat B – General practitioner	Procedure	[2616.00] 2744.00	[12093.00] 12685.00	[12093.00] 12685.00	[13449.00] 14108.00
DA1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	[3927.00] 4119.00	[13404.00] 14060.00	[13404.00] 14060.00	[14760.00] 15483.00
DA1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		[15308.00] 16058.00	[15308.00] 16058.00	[17494.00] 18351.00
DA1631	Cosmetic Surgery Cat C – General practitioner	Procedure	[4424.00] 4641.00	[19732.00] 20699.00	[19732.00] 20699.00	[21918.00] 22992.00



DA1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	[6635.00]6960.00	[21943.00] 23018.00	[21943.00] 23018.00	[24129.00]25311.00
DA1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		[25851.00] 27118.00	[25851.00] 27118.00	[29546.00]30994.00
DA1641	Cosmetic Surgery Cat D – General practitioner	Procedure	[4962.00]5205.00	[30813.00] 32323.00	[30813.00] 32323.00	[34508.00]36199.00
DA1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	[7303.00]7661.00	[33154.00] 34779.00	[33154.00] 34779.00	[36849.00]38655.00
17	Laboratory Services					
DA1700	Drawing of Blood	Contact		[53.00] 56.00	[53.00] 56.00	[53.00] 56.00
DA1710	Laboratory Test	Varies				
18	Radiation Oncology					
DA1800	Radiation Oncology (NHRPL less VAT)	Item				
19	Nuclear Medicines					
DA1900	Itemisation of Isotopes	Item				
DA1910	Nuclear Medicines Cat A-Facility Fee	Procedure		[945.00] 991.00	[945.00] 991.00	[945.00] 991.00
DA1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	[426.00] 447.00	[1371.00] 1438.00	[1371.00] 1438.00	[1371.00] 1438.00
DA1920	Nuclear Medicines Cat B-Facility Fee	Procedure		[945.00] 991.00	[945.00] 991.00	[945.00] 991.00
DA1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	[1286.00]1349.00	[2231.00] 2340.00	[2231.00] 2340.00	[2231.00] 2340.00
DA1930	Nuclear Medicines Cat C-Facility Fee	Procedure		[945.00] 991.00	[945.00] 991.00	[945.00] 991.00
DA1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	[2430.00]2549.00	[3375.00] 3540.00	[3375.00] 3540.00	[3375.00] 3540.00
DA1940	Nuclear Medicines Cat D-Facility Fee	Procedure		[945.00] 991.00	[945.00] 991.00	[945.00] 991.00
DA1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	[3859.00]4048.00	[4804.00] 5039.00	[4804.00] 5039.00	[4804.00] 5039.00
DA1950	Positron Emission Tomography (PET) Cat E-Facility Fee	Procedure		[9179.00] 9629.00	[9179.00] 9629.00	[9179.00] 9629.00
DA1952	Positron Emission Tomography (PET) Cat E-Specialist Practitioner	Procedure	[5011.00]5257.00	[14190.00] 14886.00	[14190.00] 14886.00	[14190.00]14886.00
20	Ambulatory Procedures					
DA2010	Ambulatory Procedures Cat A-Facility Fee	Procedure		[200.00] 210.00	[200.00] 210.00	[242.00] 254.00
DA2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	[66.00] 69.00	[266.00] 279.00	[266.00] 279.00	[308.00] 323.00
DA2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	[130.00] 136.00	[330.00] 346.00	[330.00] 346.00	[372.00] 390.00
DA2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	[40.00] 42.00	[240.00] 252.00	[240.00] 252.00	[282.00] 296.00
DA2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	[40.00] 42.00	[240.00] 252.00	[240.00] 252.00	[282.00] 296.00
DA2020	Ambulatory Procedures Cat B-Facility Fee	Procedure		[200.00] 210.00	[200.00] 210.00	[242.00] 254.00
DA2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	[94.00] 99.00	[294.00] 309.00	[294.00] 309.00	[336.00] 353.00
DA2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	[142.00] 149.00	[342.00] 359.00	[342.00] 359.00	[384.00] 403.00
DA2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	[53.00] 56.00	[253.00] 266.00	[253.00] 266.00	[295.00] 310.00
DA2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	[53.00] 56.00	[253.00] 266.00	[253.00] 266.00	[295.00] 310.00
21	Blood and Blood Products					

CERTIFIED BY STATE LAW ADVISERS
GAUTENG

28/02/2024

DATE

SIGNATURE

DA2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
DA2200	Hyperbaric Oxygen Therapy-Fee (Flat Fee)	Session		[626.00] 657.00	[626.00] 657.00	[626.00] 657.00
DA2210	Hyperbaric Oxygen Therapy-Facility Fee	Session		[2076.00] 2178.00	[2076.00] 2178.00	[2076.00] 2178.00
DA2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[799.00] 838.00	[2875.00] 3016.00	[2875.00] 3016.00	[2875.00] 3016.00
DA2212	Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[799.00] 838.00	[2875.00] 3016.00	[2875.00] 3016.00	[2875.00] 3016.00
DA2220	Emergency Hyperbaric Oxygen Therapy-Facility Fee	Session		[2095.00] 2198.00	[2095.00] 2198.00	[2095.00] 2198.00
DA2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[1165.00] 1222.00	[3260.00] 3420.00	[3260.00] 3420.00	[3260.00] 3420.00
DA2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	[1165.00] 1222.00	[3260.00] 3420.00	[3260.00] 3420.00	[3260.00] 3420.00
23	Consumables (Not included in Facility Fee)					
DA2300	Consumables (Not included in Facility Fee)	Item	Varies			
DA2301	Administration fee Covid-19 vaccine	Per dose		[86.95] 91.26	[86.95] 91.26	[86.95] 91.26
24	Autopsies					
DA2410	Autopsy-Facility Fee	Per Case		[130.00] 136.00	[130.00] 136.00	[160.00] 168.00
DA2411	Autopsy-General Practitioner	Per Case	[131.00] 137.00	[261.00] 273.00	[261.00] 273.00	[291.00] 305.00
DA2412	Autopsy-Specialist Practitioner	Per Case	[304.00] 319.00	[434.00] 454.00	[434.00] 454.00	[464.00] 487.00
25	Port Health and Travel Clinics					
DA2510	Outpatient Consultation-Facility Fee	Visit		[142.00] 149.00	[142.00] 149.00	[142.00] 149.00
DA2511	Outpatient Consultation-General medical Practitioner	Visit	[131.00] 137.00	[273.00] 286.00	[273.00] 286.00	[273.00] 286.00
DA2513	Outpatient Consultation – Nursing practitioner	Visit	[76.00] 80.00	[218.00] 229.00	[218.00] 229.00	[218.00] 229.00
DA2520	Emergency Consultation-Facility Fee	Visit		[287.00] 301.00	[287.00] 301.00	[287.00] 301.00
DA2521	Emergency Consultation-General medical Practitioner	Visit	[200.00] 210.00	[487.00] 511.00	[487.00] 511.00	[487.00] 511.00
DA2523	Emergency Consultation – Nursing practitioner	Visit	[116.00] 122.00	[403.00] 423.00	[403.00] 423.00	[403.00] 423.00
DA0810	Medication Fee-Facility Fee	Prescription		[47.00] 49.00	[47.00] 49.00	[55.00] 58.00
DA0837	Pharmaceutical -Travel Medicine	Item				

Application of Regulations

7. The provisions of these Regulations do not apply to a person—
- who is an in-patient on the day that precedes the implementation of the revised tariffs; or
 - whose admission and classification as an in-patient had been approved before the implementation of the revised tariffs.

Short title and commencement

8. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to the Classification of and Fees Payable by Patients at Provincial Hospitals, 2024, and come into operation on 1 April 2024.



GENERAL NOTICE 228 OF 2024

**GAUTENG PROVINCE**OFFICE OF THE PREMIER
REPUBLIC OF SOUTH AFRICA

Dr Nomonde Nolutshungu
Head of Department: Department of Health
45 Commissioner Street
Marshalltown
Johannesburg
2001

Dear Dr Nolutshungu,

RE: CERTIFICATION OF NOTICE: DRAFT REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO HOSPITAL MORTUARY, 2024

1. We refer to the above matter.
2. We advise that we have been requested to consider the above-mentioned Notice in terms of section 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. of 1958) prior to its publication in the Provincial *Gazette* for public comment, for the purpose of the certification thereof.
3. Kindly find attached for your attention, a copy of the above-mentioned Notice, as duly certified by the State Law Advisory Services.
4. Kindly note that no changes may be made to the certified Notice without the prior approval of the State Law Advisory Services, and that any unauthorised change will nullify the certification of the Notice

Enquiries may be directed to Ateeqa Persotam, at
Ateeqa.Persotam@gauteng.gov.za.

Kind regards,

A handwritten signature in black ink, appearing to read 'G. Kuit'.

Adv. Geert Kuit
Chief Director: State Law Advisory Services
Date: 28/02/2024

MEMBER OF THE EXECUTIVE COUNCIL FOR HEALTH AND WELLNESS**GAUTENG DEPARTMENT OF HEALTH****HOSPITALS ORDINANCE, 1958 (ORDINANCE NO. 14 OF 1958)****DRAFT REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO HOSPITAL MORTUARY, 2024****INVITATION TO SUBMIT WRITTEN COMMENTS AND REPRESENTATIONS**

The Member of the Executive Council for Health and Wellness in the Province of Gauteng, Ms Nomantu Ralehoko, MPL, intends, in terms of sections 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), to make the Regulations set out in the Schedule.

Interested and affected persons, organisations, roleplayers and stakeholders are hereby invited to submit their written comments and representations on the draft Regulations within 30 days from the date of the publication of this notice to Ms Emma Mathibedi, Director: Revenue Management, by e-mail or hand delivery, as follows:

- (a) by e-mail:
emma.mathibedi@gauteng.gov.za; or
- (b) by hand:
Gauteng Department of Health
Life Centre Building
45 Commissioner Street
Marshalltown
Johannesburg.

SCHEDULE**GENERAL EXPLANATORY NOTE:**

- [] Words in bold type in square brackets indicate omissions from existing enactments.
_____ Words underlined indicate insertions in existing enactments.

Definition

1. In these Regulations, unless the context otherwise indicates, the “Regulations” means the Hospital Mortuary Regulations, 1968, published under Administrator’s Notice No. 372 dated 3 April 1968.

Amendment of regulation 3 of Regulations

2. Regulation 3 of the Regulations is hereby amended—
(a) by the substitution in subregulation (1) for paragraphs (a) and (b) of the following paragraphs, respectively:



- “(a) Level 1 and level 2 hospital: **[R245.00]** R257.00 (UPFS code 0710); and
(b) Level 3 hospital: **[R277.00]** R291.00 (UPFS code 0710).”; and
(b) by the substitution in subregulation (3)(a) for subparagraphs (i) and (ii) of the following subparagraphs, respectively:
“(i) Level 1 and level 2 hospitals: **[R245.00]** R257.00 (UPFS code 0710); and
(ii) Level 3 hospital: **[R277.00]** R291.00 (UPFS code 0710).”.

Amendment of regulation 4 of Regulations

3. Regulation 4 of the Regulations is hereby amended by the substitution in subregulation (1) for paragraphs (a) and (b) of the following paragraphs, respectively:

- “(a) Level 1 and level 2 hospital: **[R245.00]** R257.00 (UPFS code 0720); and
(b) Level 3 hospital: **[R277.00]** R291.00 (UPFS code 0720).”.

Short title and commencement

4. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2024, and come into operation on 1 April 2024.



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