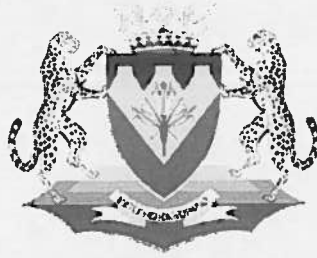


**Provincial
Gazette**

Free State Province



**Provinsiale
Koerant**

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PROVINCIAL NOTICE

[No. 157 of 2014]**PUBLICATION OF UNIFORM PATIENT FEE SCHEDULE (UPFS) 2015 TARIFFS IN THE FREE STATE PROVINCE**

By virtue of section 15 of the Interpretation Act, 1957 (Act No. 33 of 1957), I, Dr B Malakoane, Member of the Executive Council responsible for Health in the Province, hereby publish the Uniform Patient Fee Schedule 2015 Tariffs, as contained in the Annexures hereto.



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Uniform Patient Fee Schedule (Revised January 2015)
UPFS TARIFFS 2015

Annexure A1

APPROVED UPFS 2015 FEE SCHEDULE FOR EXTERNALLY FUNDED PATIENTS

EFFECTIVE 01ST APRIL 2015

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE							
				LEVEL 1		LEVEL 2		LEVEL 3			
				R	c	R	c	R	c		
01	Anaesthetics										
0111	Anaesthetics Cat A – General medical practitioner	Procedure	189.00								
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	284.00								
0121	Anaesthetics Cat B – General medical practitioner	Procedure	322.00								
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	485.00								
0131	Anaesthetics Cat C – General medical practitioner	Procedure	1133.00								
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1700.00								
02	Confinement										
0210	Natural Birth – Facility Fee	Incident		3496.00		3496.00				4070.00	
0211	Natural Birth – General medical practitioner	Incident	1896.00								
0212	Natural Birth – Specialist medical practitioner	Incident	2448.00								
0213	Natural Birth – Nursing practitioner	Incident	2294.00								
0220	Caesarean Section – Facility Fee	Incident		5504.00		5504.00				6406.00	
0221	Caesarean Section – General medical practitioner	Incident	1896.00								
0222	Caesarean Section – Specialist medical practitioner	Incident	2448.00								
03	Dialysis										
0310	Haemo – Facility Fee	Day		1254.00		1254.00				1436.00	
0311	Haemo-dialysis – General medical practitioner	Day	238.00								
0312	Haemo-dialysis – Specialist medical practitioner	Day	299.00								
0313	Haemo-dialysis- Nursing Practitioner	Day	192.00								
0320	Peritoneal Dialysis – Facility Fee	Session		193.00		193.00				220.00	
0321	Peritoneal Dialysis – General medical practitioner	Session	39.00								
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	46.00								
0323	Peritoneal Dialysis – Nursing practitioner	Session	25.00								
0330	Plasmapheresis - Facility Fee	Session		1254.00		1254.00				1436.00	
0331	Plasmapheresis - General medical practitioner	Session	238.00								
0332	Plasmapheresis - Specialist medical practitioner	Session	299.00								
04	Medical Reports										
0410	Medical Report – Facility Fee	Report		121.00		121.00				147.00	
0411	Medical Report – General medical practitioner	Report	227.00								
0412	Medical Report – Specialist medical practitioner	Report	348.00								
0420	Copies of Medical Report – Facility Fee	Copy		121.00		121.00				147.00	
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	113.00								

Appendix A1

Page 1 of 7

Uniform Patient Fee Schedule (Revised January 2015)
UPFS TARIFFS 2015

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	175.00							
0425	Copies of X-rays films, ultrasounds etc.	Copy	113.00							
05	Imaging									
0510	Radiology, Cat A – Facility Fee	Procedure		64.00		64.00				71.00
0511	Radiology, Cat A – General medical practitioner	Procedure	62.00							
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	116.00							
0514	Radiology, Cat A – Allied health practitioner	Procedure	61.00							
0520	Radiology, Cat B – Facility Fee	Procedure		175.00		175.00				200.00
0521	Radiology, Cat B – General medical practitioner	Procedure	168.00							
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	327.00							
0524	Radiology, Cat B – Allied health practitioner	Procedure	163.00							
0530	Radiology, Cat C – Facility Fee	Procedure		406.00		406.00				463.00
0531	Radiology, Cat C – General medical practitioner	Procedure	261.00							
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	800.00							
0540	Radiology, Cat D – Facility Fee	Procedure		811.00		811.00				925.00
0541	Radiology, Cat D – General medical practitioner	Procedure	520.00							
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	1599.00							
0550	Radiology, Cat E – Facility Fee	Procedure		2066.00		2066.00				2362.00
0551	Radiology, Cat E – General medical practitioner	Procedure	1913.00							
0552	Radiology, Cat E – Specialist medical practitioner	Procedure	3991.00							
06	Inpatients									
0610	Inpatient General ward – Facility Fee	Day		642.00		819.00				1548.00
0611	Inpatient General Ward – General medical practitioner	Day	133.00							
0612	Inpatient General Ward – Specialist medical practitioner	Day	233.00							
0620	Inpatient High care – Facility Fee	12 hours		997.00		1245.00				1785.00
0621	Inpatient High Care – General medical practitioner	12 hours	69.00							
0622	Inpatient High Care – Specialist medical practitioner	12 hours	132.00							
0630	Inpatient Intensive care – Facility Fee	12 hours		3274.00		3274.00				3913.00
0631	Inpatient Intensive Care – General medical practitioner	12 hours	77.00							
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	147.00							
0640	Inpatient Chronic care – Facility Fee	Day		377.00		377.00				377.00
0641	Inpatient Chronic care – General medical practitioner	Day	43.00							
0642	Inpatient Chronic care – Specialist medical practitioner	Day	102.00							
0643	Inpatient Chronic care – Nursing practitioner	Day	25.00							
0650	Day patient – Facility Fee	Day		535.00		675.00				989.00
0651	Day patient – General medical practitioner	Day	133.00							
0652	Day patient – Specialist medical practitioner	Day	233.00							
0653	Day patient – Nursing practitioner	Day	77.00							
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		307.00		307.00				307.00
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	25.00							

Uniform Patient Fee Schedule (Revised January 2015)
UPFS TARIFFS 2015

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE:					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
0670	Inpatient General ward – Facility Fee	12 hours		322.00		411.00		774.00	
0671	Inpatient General Ward – General medical practitioner	12 hours	67.00						
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	115.00						
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	43.00						
0680	Inpatient Chronic care – Facility Fee	12 hours		189.00		189.00		189.00	
0681	Inpatient Chronic care – General medical practitioner	12 hours	21.00						
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	48.00						
0683	Inpatient Chronic care – Nursing practitioner	12 hours	16.00						
07	Mortuary								
0710	Mortuary – Facility Fee	Day		163.00		163.00		186.00	
0720	Cremation Certificate – Facility Fee	Certificate		163.00		163.00		186.00	
08	Pharmaceutical								
0810	Medication Fee – Facility Fee	Prescription		28.00		28.00		36.00	
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						
09	Oral Health								
0910	Oral Care Cat A – Facility Fee	Procedure		24.00		24.00		26.00	
0911	Oral Care Cat A – General medical practitioner	Procedure	36.00						
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	42.00						
0914	Oral Care Cat A – Allied health practitioner	Procedure	31.00						
0920	Oral Care Cat B – Facility Fee	Procedure		73.00		73.00		86.00	
0921	Oral Care Cat B – General medical practitioner	Procedure	83.00						
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	131.00						
0924	Oral Care Cat B – Allied health practitioner	Procedure	67.00						
0930	Oral Care Cat C – Facility Fee	Procedure		453.00		453.00		519.00	
0931	Oral Care Cat C – General medical practitioner	Procedure	501.00						
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	860.00						
0940	Oral Care Cat D – Facility Fee	Procedure		1781.00		1781.00		2039.00	
0941	Oral Care Cat D – General medical practitioner	Procedure	1538.00						
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	3155.00						
0950	Oral Care Cat E – Facility Fee	Procedure		6000.00		6000.00		6857.00	
0951	Oral Care Cat E – General medical practitioner	Procedure	5171.00						
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	10610.00						
10	Consultations								
1010	Outpatient Consultation – Facility Fee	Visit		79.00		79.00		95.00	
1011	Outpatient Consultation – General medical practitioner	Visit	88.00						
1012	Outpatient Consultation – Specialist medical practitioner	Visit	204.00						

Uniform Patient Fee Schedule (Revised January 2015)
UPFS TARIFFS 2015

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1013	Outpatient Consultation – Nursing practitioner	Visit	51.00							
1014	Outpatient Consultation – Allied health practitioner	Visit	53.00							
1020	Emergency Consultation – Facility Fee	Visit		160.00		160.00			192.00	
1021	Emergency Consultation – General medical practitioner	Visit	133.00							
1022	Emergency Consultation – Specialist medical practitioner	Visit	305.00							
1023	Emergency Consultation – Nursing practitioner	Visit	77.00							
1024	Emergency Consultation – Allied health practitioner	Visit	79.00							
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		79.00		79.00			95.00	
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	88.00							
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	204.00							
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	51.00							
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	53.00							
11	Minor Theatre Procedures									
1110	Minor Procedure Cat A – Facility Fee	Procedure		377.00		377.00			452.00	
1111	Minor Procedure Cat A – General medical practitioner	Procedure	131.00							
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	251.00							
1120	Minor Procedure Cat B – Facility Fee	Procedure		377.00		377.00			452.00	
1121	Minor Procedure Cat B – General medical practitioner	Procedure	193.00							
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	437.00							
1130	Minor Procedure Cat C – Facility Fee	Procedure		377.00		377.00			452.00	
1131	Minor Procedure Cat C – General medical practitioner	Procedure	304.00							
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	683.00							
1140	Minor Procedure Cat D – Facility Fee	Procedure		377.00		377.00			452.00	
1141	Minor Procedure Cat D – General medical practitioner	Procedure	803.00							
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1810.00							
12	Major Theatre Procedures									
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1219.00		1785.00			2059.00	
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	131.00							
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	251.00							
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1844.00		2707.00			3116.00	
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	193.00							
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	437.00							
1230	Theatre Procedure Cat C – Facility Fee	Procedure		3169.00		4649.00			5365.00	
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	304.00							
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	683.00							
1240	Theatre Procedure Cat D – Facility Fee	Procedure		8125.00		11917.00			13733.00	
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	803.00							
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1810.00							
13	Treatments									
1310	Supplementary Health Treatment – Facility Fee	Contact		51.00		51.00			61.00	

Uniform Patient Fee Schedule (Revised January 2015)
UPFS TARIFFS 2015

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1313	Supplementary Health Treatment- Nurse practitioner	Contact	44.00							
1314	Supplementary Health Treatment – Allied health practitioner	Contact	44.00							
1320	Supplementary Health Group Treatment – Facility Fee	Contact		40.00		40.00		43.00		
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	31.00							
14	<i>Emergency Medical Services</i>									
1410	Patient transport service – Facility Fee	100km		338.00		338.00		338.00		
1420	Basic life support – Facility Fee	50km		922.00		922.00		922.00		
1430	Intermediate life support – Facility Fee	50km		1246.00		1246.00		1246.00		
1440	Advanced life support– Facility Fee	50km		2074.00		2074.00		2074.00		
1450	Emergency service standby – Facility Fee	Once-Off		447.00		447.00		447.00		
1451	Emergency service standby – General medical practitioner	Hour	600.00							
1452	Emergency service standby – Specialist medical practitioner	Hour	808.00							
1453	Emergency service standby – Nursing practitioner	Hour	341.00							
1454	Emergency service standby – Emergency care practitioner	Hour	N/A							
1455	Emergency service standby – Basic life support practitioner	Hour	141.00							
1456	Emergency service standby – Intermediate life support practitioner	Hour	215.00							
1457	Emergency service standby – Advanced life support practitioner	Hour	377.00							
1460	Rescue – Facility Fee	Once-Off		987.00		987.00		987.00		
1461	Rescue – General medical practitioner	Incident	1480.00							
1462	Rescue – Specialist medical practitioner	Incident	2219.00							
1463	Rescue – Nursing practitioner	Incident	987.00							
1464	Rescue – Basic life support practitioner	Incident	N/A							
1465	Rescue – Basic life support practitioner	Incident	151.00							
1466	Rescue - Intermediate life support practitioner	Incident	180.00							
1467	Rescue – Advanced life support practitioner	Incident	411.00							
1470	Emergency transport air services fixed wing	Flying Hour		9086.00		9086.00		9086.00		
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		9978.00		9978.00		9978.00		
1490	Emergency service standby – Facility Fee	Additional 50km		207.00		207.00		207.00		
15	<i>Assistive Devices & Prosthesis</i>									
1510	Assistive Devices & Prosthesis - Item Fee	Item	Varies							
1520	Prosthetic Devices- Item Fee	Item	Varies							
1530	Dental Items – Item Fee	Item	Varies							
1540	Assistive Devices & Prosthesis - Item Repairs Fee	Item	Varies							
16	<i>Cosmetic Surgery</i>									
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2564.00		2564.00		2929.00		
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1478.00							
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	2214.00							
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		5765.00		5765.00		6590.00		
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1752.00							
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	2627.00							
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		9311.00		9311.00		10643.00		

Uniform Patient Fee Schedule (Revised January 2015)
UPFS TARIFFS 2015

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	2961.00							
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	4441.00							
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		15729.00		15729.00				17975.00
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	3322.00							
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	4888.00							
17	Laboratory Services									
1700	Drawing of Blood	Contact		31.00		31.00				31.00
1710	Laboratory Test	Varies								
18	Radiation Oncology (Refer to proposed list)									
1800	Radlation Oncology (NHRPL less VAT)	Item	Varies							
19	Nuclear Medicines									
1900	Itemisation of Isotopes	Item	Varies							
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		576.00		576.00				576.00
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	286.00							
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		576.00		576.00				576.00
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	861.00							
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		576.00		576.00				576.00
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	1722.00							
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		576.00		576.00				576.00
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	2583.00							
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		1118.00		1118.00				1118.00
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	3355.00							
20	Ambulatory Procedures									
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		121.00		121.00				147.00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	43.00							
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	87.00							
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	25.00							
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	25.00							
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		121.00		121.00				147.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	62.00							
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	95.00							
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	36.00							
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	36.00							
21	Blood and Blood Products									
2100	Blood and Blood Products	Varies								
22	Hyperbaric Oxygen Therapy									
2200	Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)	Session		419.00		419.00				419.00
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session		1264.00		1264.00				1264.00
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	534.00							
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	534.00							
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		1274.00		1274.00				1274.00

Uniform Patient Fee Schedule (Revised January 2015)
UPFS TARIFFS 2015

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	778.00							
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	778.00							
23	Consumables (Not included in Facility Fee) Buy-outs									
2300	Consumables not included in the facility fee	Item	Varies							
24	Autopsies									
2410	<i>Autopsy- Facility Fee</i>	Per case		79.00		79.00		95.00		
2411	Autopsy- General Practitioner	Per case	88.00							
2412	Autopsy- Specialist Practitioner	Per case	204.00							



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



ANNEXURE L

Rules: Medical Scheme patients

- 1. The treating hospital is not compelled to provide Inpatients and Outpatients with chemotherapy drugs, supportive care drugs, solubles and administration sets.**
- 2. Medical schemes will be requested to appoint a designated Chronic Medicine Dispenser (CMD) such as Optipharm, Clinix, CMD or QuestMed to supply the prescribed drugs to the hospital.**
- 3. State hospitals shall only provide treatments as per State Hospital Protocols equivalent to Tier 1 of South African Oncology Consortium (SAOC).**
- 4. All drugs shall be according to the Base Line Prescribed Minimum Benefit (PMB) formulary.**
- 5. Where a patient is treated by a private practitioner, the private practitioner will bill the Medical Scheme directly while the Facility Fee will be charged by the relevant hospital.**
- 6. Prescription Drugs: Code 0818 – these items may vary in price.**



health

Department
Health
REPUBLIC OF SOUTH AFRICA



SOUTH AFRICAN
ONCOLOGY
CONSORTIUM

ANNEXURE L

RADIATION ONCOLOGY AUTHORISATION FORM FOR EXTERNALLY FUNDED PATIENT

Hospital Name: _____
Hospital Practice No: _____ Hospital Tel: _____
Attending Dr: _____
Attending Dr Practice No: _____
Enquiries: _____ Tel: _____
E-mail address: _____

AUTHORIZATION REQUESTED FOR RADIOTHERAPY

Name of patient: _____ Auth No: _____
Medical Aid: _____ No: _____ (OPTION) _____
Date of Birth: _____
Diagnosis: _____ Stage: _____
ICD 10 code/s: _____

Treatment Plan Gy Frac (#)
Radical/Curative Palliative improved survival Palliative Improved symptoms
 Adjuvant

DATE TO START: _____

RADIOTHERAPY - AREA OF INTEREST: _____
- TOTAL DOSE: _____ FRACTIONS: _____

RADIATION ONCOLOGY (18)

EXTERNAL RADIOTHERAPY	DATE	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private Prof Fee	TOTAL
Radiation Oncology – Radio pharmacology drugs			0810	R 34.00	0818	Varies		
Planning								
Manual Planning:								
-Single volume			5601	R1 094	5801	R460	R	R
-Multiple volumes			5602	R1 443	5802	R618	R	R
-Special Technique			5603	R1 972	5803	R844	R	R
Conventional(Sim only):								
-Single volume			5608	R4 378	5808	R1 875	R	R
-Multiple volume			5609	R 6 131	5809	R2 590	R	R
-Special Technique			5610	R 7 664	5810	R3 283	R	R
3D Planning (with CT):								
-Single volume			5620	R 10 771	5820	R 2 648	R	R
-Multiple volumes			5621	R 15 081	5821	R 4 494	R	R
-Special Technique (+MLC)			5622	R 18 851	5822	R 6 110	R	R
IMRT Planning procedure:								
-Radical course (excl CT+MRI)			5623	R21 131	5823	R6 953	R	R
-Booster (excl CT + MRI)			5625	R10 566	5825	R2 559	R	R



ANNEXURE L

-CT Scan with MRI or similar imaging fusion			5626	R23 970	5826	R8 305	R	R
-CT scan planning			0540	R925	0542	R1 599	R	R
	DATE	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Kilovoltage Treatment:								
Weekly/part thereof			5634	R1 261	5834	R540	R	R
Megavoltage Radiation:								
Short course (3# or less) :								
Single Volume			5635	R2 720	5835	R1 090	R	R
Multiple Volumes			5636	R3 808	5836	R1 632	R	R
Special Technique			5637	R4 895	5837	R2 097	R	R
Conventional Radiation Weekly (4# or more):								
Single Volume			5639	R4 347	5839	R1 861	R	R
Multiple Volume			5640	R6 347	5840	R2 720	R	R
Special Technique			5641	R7 112	5841	R3 052	R	R
Advanced Techniques Weekly:								
MLC Single Volume			5649	R6 075	5849	R2 603	R	R
MLC Multiple Volumes			5650	R8 507	5850	R3 646	R	R
MLC Special Technique			5651	R10 937	5851	R4 687	R	R
IMRT			5654	R8 973	5854	R3 846	R	R
Total Body/similar			5655	R21 268	5855	R9 114	R	R

Brachytherapy	DATE	Qty	Facil code	Facil Fee	Prof Code	Hosp. Prof Fee	Private. Prof Fee	TOTAL
Isotope/Applicator:								
-Low Complexity			5670	R812	5870	R406	R	R
-Intermediate Complexity			5672	R1 623	5872	R812	R	R
-High Complexity			5673	R4 502	5873	R2 251	R	R
Implants:								
-Low Complexity(Single guide tube, <8 dwell points)			5682	R1 613	5882	R806	R	R
-Intermediate Complexity (>1guide tube or >8dwell points, or <8 points but general anesthetics)			5683	R5 893	5883	R2 947	R	R
-High Complexity (Inclusive for implant under local or general anesthetics)			5685	R7 857	5885	R3 929	R	R
Brachytherapy Treatment:								
Global fee: Manual after loading			5690	R4 592	5890	R2 296	R	R
Global fee: Remote afterloading			5893	R10 936	5892	R4 663	R	R
Brachytherapy Imaging (add to any code other than 5883 or 5885)			5695	R1 174	5895	R587	R	R
Stereotactic Radiation:								
Single/ up to 4#: Prof Fee			5660	R95 674	5860	R41 002	R	R
5/more #:			5661	R110 026	5861	R47 153	R	R

EXPECTED GRAND TOTAL: R

NB: Where a patient is treated by a private practitioner, the private practitioner will bill the Medical Scheme directly while the facility fee will be charged by the relevant hospital.

SIGNATURE OF DR / RADIOGRAPHER / RESPONSIBLE PERSON:

PROVINCIAL GAZETTE
(Published every Friday)

All correspondence, advertisements, etc. must be addressed to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, Tel.: (051) 403 3139. Free Voucher copies of the Provincial Gazette or cuttings of advertisements are NOT supplied.

Subscription Rates (payable in advance)

The subscription fee for the Provincial Gazette (including all Extraordinary Provincial Gazettes) are as follows:

SUBSCRIPTION: (POST)

PRICE PER COPY	R 20.90
HALF-YEARLY	R523.70
YEARLY	R1 047.20

SUBSCRIPTION: (OVER THE COUNTER / E-MAIL)

PRICE PER COPY	R 12.40
HALF-YEARLY	R 310.00
YEARLY	R 619.90

Stamps are not accepted

Closing time for acceptance of copy

All advertisements must reach the Officer in Charge of the Provincial Gazette not later than 16:00, three working days prior to the publication of the Gazette. Advertisements received after that time will be held over for publication in the issue of the following week, or if desired by the advertiser, will be inserted in the current issue as a "Late Advertisement". In such case the advertisement must be delivered to the Officer in Charge not later than 08:00 on the Tuesday preceding the publication of the Gazette and double rate will be charged for that advertisement.

A "Late Advertisement" will not be inserted as such without definite instructions from the advertiser.

Advertisement Rates

Notices required by Law to be inserted in the Provincial Gazette: R29.50 per centimeter or portion thereof, single column.

Advertisement fees are payable in advance to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, 9300, Tel.: (051) 403 3139.

NUMBERING OF PROVINCIAL GAZETTE

You are hereby informed that the numbering of the Provincial Gazette /Tender Bulletin and notice numbers will from 2010 coincide with the relevant financial year. In other words, the chronological numbering starting from one will commence on or after 1 April of every year.

Printed and published by the Free State Provincial Government

PROVINSIALE KOERANT
(Verskyn elke Vrydag)

Alle korrespondensie, advertensies, ens. moet aan die Beampte Belas met die Provinsiale Koerant, Posbus 517, Bloemfontein, Tel.: No. (051) 403 3139 geadresseer word. Gratis eksemplare van die Provinsiale Koerant of uitknipsels van advertensies word NIE verskaf nie.

Intekengeld (vooruitbetaalbaar)

Die intekengeld vir die Provinsiale Koerant (insluitend alle Buitengewone Provinsiale Koerante) is soos volg:

INTEKENGELD: (POS)

PRYS PER EKSEMPLAAR	R 20.90
HALFJAARLIKS	R523.70
JAARLIKS	R1 047.20

INTEKENGELD: (OOR DIE TOONBANK / E-POS)

PRYS PER EKSEMPLAAR	R 12.40
HALFJAARLIKS	R 310.00
JAARLIKS	R 619.90

Seëls word nie aanvaar nie.

Sluitingstyd vir die Aannee van Kopie

Alle advertensies moet die Beampte Belas met die Provinsiale Koerant bereik nie later nie as 16:00 drie werksdae voordat die Koerant uitgegee word. Advertensies wat na daardie tyd ontvang word, word oorgehou vir publikasie in die uitgawe van die volgende week, of as die adverteerder dit verlang, sal dit in die Koerant wat op die pers is as 'n "Laat Advertensie" geplaas word. In sulke gevalle moet die advertensie aan die Beampte oorhandig word nie later nie as 08:00 op die Dinsdag voordat die Koerant gepubliseer word en dubbeltarief sal vir dié advertensie gevra word.

'n "Laat Advertensie" sal nie sonder definitiewe instruksies van die Adverteerder as sodanige geplaas word nie.

Advertensietariewe

Kennisgewings wat volgens Wet in die Provinsiale Koerant geplaas moet word: R29.50 per sentimeter of deel daarvan, enkel-kolom.

Advertensiegelde is vooruitbetaalbaar aan die Beampte belas met die Provinsiale Koerant, Posbus 517, Bloemfontein 9300, Tel.: (051) 403 3139.

NOMMERING VAN PROVINSIALE KOERANT

U word hiermee in kennis gestel dat die nommering van die Provinsiale Koerant / Tender Bulletin en kennisgewingnummers vanaf 2010 met die betrokke boekjaar sal ooreenstem. Met ander woorde, die kronologiese nommering beginnende met een, sal op of na 1 April van elke jaar begin.

Gedruk en uitgegee deur die Vrystaatse Provinsiale Regering