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Index

Page

PROVINCIAL NOTICE

12

Publication of Uniform Patient Fee Schedule (UPFS) 2018 Tariffs in the Free State Province

2

PROVINCIAL NOTICE

[No. 12 of 2018]**PUBLICATION OF UNIFORM PATIENT FEE SCHEDULE (UPFS) 2018 TARIFFS IN THE FREE STATE PROVINCE**

By virtue of section 15 of the Interpretation Act, 1957 (Act No. 33 of 1957), I, Ms MM Tsiu, Member of the Executive Council responsible for Health in the Province, hereby publish the Uniform Patient Fee Schedule 2018 tariffs. The annexures hereto are fee schedules for externally funded patients and fee schedules for subsidized patients (H1, H2 and H3) and all these fees will come into effect on 1 June 2018.



APPROVED UPFS 2018 FEE SCHEDULE FOR H1 PATIENTS
EFFECTIVE 01ST JUNE 2018

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		Included in Consultation Fee OP/IP							
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure									
0121	Anaesthetics Cat B – General medical practitioner	Procedure									
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure									
0131	Anaesthetics Cat C – General medical practitioner	Procedure									
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure									
02	Confinement										
0210	Natural Birth – Facility Fee	Incident		Free Healthcare							
0211	Natural Birth – General medical practitioner	Incident									
0212	Natural Birth – Specialist medical practitioner	Incident									
0213	Natural Birth – Nursing practitioner	Incident									
0220	Caesarean Section – Facility Fee	Incident									
0221	Caesarean Section – General medical practitioner	Incident									
0222	Caesarean Section – Specialist medical practitioner	Incident									
03	Dialysis (equivalent to consultation)										
0310	Haemo – Facility Fee	Weekly			20		20			25	
0311	Haemo-dialysis – General medical practitioner	Weekly	20								
0312	Haemo-dialysis – Specialist medical practitioner	Weekly	50								
0313	Haemo-dialysis- Nursing Practitioner	Weekly	10								
0320	Peritoneal Dialysis – Facility Fee	Session			20		20			25	
0321	Peritoneal Dialysis – General medical practitioner	Session	10								
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	10								
0323	Peritoneal Dialysis – Nursing practitioner	Session	5								
0330	Plasmapheresis - Facility Fee	Session			20		20			25	
0331	Plasmapheresis - General medical practitioner	Session	20								
0332	Plasmapheresis - Specialist medical practitioner	Session	50								
04	Medical Reports										
0410	Medical Report – Facility Fee	Report			143		143			175	
0411	Medical Report – General medical practitioner	Report	269								
0412	Medical Report – Specialist medical practitioner	Report	412								
0420	Copies of Medical Report – Facility Fee	Copy			143		143			175	
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	134								
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	207								

APPROVED UPFS 2018 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
0425	Copies of X-rays films, ultrasounds etc.	Copy	127			
0430	Functional Assessment Report	Report		286	286	349
0431	Functional Assessment Report – General medical practitioner	Report	808			
0432	Functional Assessment Report – Specialist medical practitioner	Report	1,650			
0434	Functional Assessment Report – Allied health practitioner	Report	808			
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copy		1,052	1,052	1,052
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure				
0511	Radiology, Cat A – General medical practitioner	Procedure				
0512	Radiology, Cat A – Specialist medical practitioner	Procedure				
0514	Radiology, Cat A – Allied health practitioner	Procedure				
0520	Radiology, Cat B – Facility Fee	Procedure				
0521	Radiology, Cat B – General medical practitioner	Procedure				
0522	Radiology, Cat B – Specialist medical practitioner	Procedure				
0524	Radiology, Cat B – Allied health practitioner	Procedure				
0530	Radiology, Cat C – Facility Fee	Procedure				
0531	Radiology, Cat C – General medical practitioner	Procedure				
0532	Radiology, Cat C – Specialist medical practitioner	Procedure				
0540	Radiology, Cat D – Facility Fee	Procedure				
0541	Radiology, Cat D – General medical practitioner	Procedure				
0542	Radiology, Cat D – Specialist medical practitioner	Procedure				
0550	Radiology, Cat E – Facility Fee	Procedure				
0551	Radiology, Cat E – General medical practitioner	Procedure				
0552	Radiology, Cat E – Specialist medical practitioner	Procedure				
				Included in Consultation Fee OP/IP		
06	Inpatients (7% per 30 days)					
0610	Inpatient General ward – Facility Fee	30 Days		55	70	130
0611	Inpatient General Ward – General medical practitioner	30 Days	10			
0612	Inpatient General Ward – Specialist medical practitioner	30 Days	20			
0620	Inpatient High care – Facility Fee	30 Days		40	50	75
0621	Inpatient High Care – General medical practitioner	30 Days	5			
0622	Inpatient High Care – Specialist medical practitioner	30 Days	5			
0630	Inpatient Intensive care – Facility Fee	30 Days		135	135	160
0631	Inpatient Intensive Care – General medical practitioner	30 Days	5			
0632	Inpatient Intensive Care– Specialist medical practitioner	30 Days	10			
0640	Inpatient Chronic care – Facility Fee	30 Days		30	30	30
0641	Inpatient Chronic care – General medical practitioner	30 Days	5			
0642	Inpatient Chronic care – Specialist medical practitioner	30 Days	10			
0643	Inpatient Chronic care – Nursing practitioner	30 Days	5			

APPROVED UPFS 2018 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
0650	Day patient – Facility Fee	30 Days		45		55		80	
0651	Day patient – General medical practitioner	30 Days	10						
0652	Day patient – Specialist medical practitioner	30 Days	20						
0653	Day patient – Nursing practitioner	30 Days	5						
0660	Inpatient Boarder/Patient companion – Facility Fee	30 Days		25		25		25	
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	30 Days	5						
0670	Inpatient General ward – Facility Fee	30Days/12 hours		55		70		130	
0671	Inpatient General Ward – General medical practitioner	30Days/12 hours	10						
0672	Inpatient General Ward – Specialist medical practitioner	30Days/12 hours	20						
0673	Inpatient General Ward – Nursing practitioner (MOU)	30Days/12 hours	5						
0680	Inpatient Chronic care – Facility Fee	30Days/12 hours		10		10		10	
0681	Inpatient Chronic care – General medical practitioner	30Days/12 hours	5						
0682	Inpatient Chronic care – Specialist medical practitioner	30Days/12 hours	5						
0683	Inpatient Chronic care – Nursing practitioner	30Days/12 hours	5						
07	Mortuary								
0710	Mortuary – Facility Fee	Day		194		194		220	
0720	Cremation Certificate – Facility Fee	Certificate		194		194		220	
08	Pharmaceutical								
0810	Medication Fee – Facility Fee	Prescription							
0815	Item Fee	Item							
0816	Pharmaceutical –TTO	Item							
0817	Pharmaceutical - Chronic	Item							
0818	Pharmaceutical - Oncology	Item							
0819	Pharmaceutical – Immune Suppressant Drugs	Item							
0820	Pharmaceutical Flat Fee – OPD	Item							
0825	Pharmaceutical Flat Fee – IP	Item							
0827	Pharmaceutical - Acute OPD	Item							
0828	Pharmaceutical – Oncology OPD	Item							
0829	Pharmaceutical – Immune Suppressant Drugs OPD	Item							
0830	Pharmaceutical Flat Fee Acute OPD	Item							
0835	Pharmaceutical - Chronic IP	Item							
0836	Pharmaceutical - Repeat scripts	Item							
0837	Pharmaceutical - Travel Medicines	Item							
09	Oral Health – (Equivalent to Consultation Fee)								
0910	Oral Care Cat A – Facility Fee	Procedure		20		20		25	
0911	Oral Care Cat A – General medical practitioner	Procedure	20						
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	50						
0914	Oral Care Cat A – Allied health practitioner	Procedure	10						

APPROVED UPFS 2018 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
0920	Oral Care Cat B – Facility Fee	Procedure		20	20	25
0921	Oral Care Cat B – General medical practitioner	Procedure	20			
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	50			
0924	Oral Care Cat B – Allied health practitioner	Procedure	10			
0930	Oral Care Cat C – Facility Fee	Procedure		20	20	25
0931	Oral Care Cat C – General medical practitioner	Procedure	20			
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	50			
0940	Oral Care Cat D – Facility Fee	Procedure		20	20	25
0941	Oral Care Cat D – General medical practitioner	Procedure	20			
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	50			
0950	Oral Care Cat E – Facility Fee	Procedure		20	20	25
0951	Oral Care Cat E – General medical practitioner	Procedure	20			
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	50			
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		20	20	25
1011	Outpatient Consultation – General medical practitioner	Visit	20			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	50			
1013	Outpatient Consultation – Nursing practitioner	Visit	10			
1014	Outpatient Consultation – Allied health practitioner	Visit	10			
1020	Emergency Consultation – Facility Fee	Visit		40	40	45
1021	Emergency Consultation – General medical practitioner	Visit	30			
1022	Emergency Consultation – Specialist medical practitioner	Visit	70			
1023	Emergency Consultation – Nursing practitioner	Visit	20			
1024	Emergency Consultation – Allied health practitioner	Visit	20			
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		20	20	25
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	20			
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	50			
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	10			
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	10			
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure				
1111	Minor Procedure Cat A – General medical practitioner	Procedure				
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure				
1120	Minor Procedure Cat B – Facility Fee	Procedure				
1121	Minor Procedure Cat B – General medical practitioner	Procedure				
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure				
1130	Minor Procedure Cat C – Facility Fee	Procedure				
1131	Minor Procedure Cat C – General medical practitioner	Procedure				
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure				
1140	Minor Procedure Cat D – Facility Fee	Procedure				

Included in Consultation Fee OP/IP

APPROVED UPFS 2018 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE							
				LEVEL 1		LEVEL 2		LEVEL 3			
				R	c	R	c	R	c		
1141	Minor Procedure Cat D – General medical practitioner	Procedure									
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure									
12	Major Theatre Procedures										
1210	Theatre Procedure Cat A – Facility Fee	Procedure									
1211	Theatre Procedure Cat A – General medical practitioner	Procedure									
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure									
1220	Theatre Procedure Cat B – Facility Fee	Procedure									
1221	Theatre Procedure Cat B – General medical practitioner	Procedure									
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure									
1230	Theatre Procedure Cat C – Facility Fee	Procedure									
1231	Theatre Procedure Cat C – General medical practitioner	Procedure									
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure									
1240	Theatre Procedure Cat D – Facility Fee	Procedure									
1241	Theatre Procedure Cat D – General medical practitioner	Procedure									
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure									
											Included in Consultation Fee IP
13	Treatments										
1310	Supplementary Health Treatment – Facility Fee	Contact				5		5			5
1313	Supplementary Health Treatment- Nurse practitioner	Contact	5								
1314	Supplementary Health Treatment – Allied health practitioner	Contact	5								
1320	Supplementary Health Group Treatment – Facility Fee	Contact				5		5			5
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	5								
14	Emergency Medical Services										
1410	Patient transport service – Facility Fee	100km				20		20			20
1420	Basic life support – Facility Fee	50km				55		55			55
1430	Intermediate life support – Facility Fee	50km				75		75			75
1440	Advanced life support– Facility Fee	50km				125		125			125
1450	Emergency service standby – Facility Fee	Once-Off				529		529			529
1451	Emergency service standby – General medical practitioner	Hour	710								
1452	Emergency service standby – Specialist medical practitioner	Hour	955								
1453	Emergency service standby – Nursing practitioner	Hour	403								
1454	Emergency service standby – Emergency care practitioner	Hour	0								
1455	Emergency service standby – Basic life support practitioner	Hour	166								
1456	Emergency service standby – Intermediate life support practitioner	Hour	255								
1457	Emergency service standby – Advanced life support practitioner	Hour	446								
1460	Rescue – Facility Fee	Once-Off				60		60			60
1461	Rescue – General medical practitioner	Incident	90								
1462	Rescue – Specialist medical practitioner	Incident	130								
1463	Rescue – Nursing practitioner	Incident	60								
1464	Rescue – Emergency care practitioner	Incident									

APPROVED UPFS 2018 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
1465	Rescue – Basic life support practitioner	Incident	10	10	10	10
1466	Rescue - Intermediate life support practitioner	Incident	10			
1467	Rescue – Advanced life support practitioner	Incident	25			
1470	Emergency transport air services fixed wing	Flying Hour		535	535	535
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		590	590	590
1490	Emergency service standby – Facility Fee	Additional 50km		10	10	10
15	Assistive Devices & Prosthesis					
1510	Assistive Devices	Item	Included in Consultation Fee OP/IP			
1520	Prosthetic Devices	Item				
1530	Dental laboratory	Item				
1540	Assistive Devices, Prosthesis, Dental and Optical - Repairs	Item				
1550	Optical Devices	Item				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		3,034	3,034	3,465
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1,749			
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	2,619			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6,821	6,821	7,796
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	2,072			
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	3,109			
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		11,017	11,017	12,592
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	3,503			
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	5,254			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		18,610	18,610	21,267
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	3,930			
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	5,783			
17	Laboratory Services (NHLS)					
1700	Drawing of Blood	Per Contact	Included in Consultation Fee OP/IP			
1710	Laboratory Test	Varies				
18	Radiation Oncology (Refer to proposed list)					
1800	Radiation Oncology	Item	Included in Consultation Fee OP/IP			
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item	Included in Consultation Fee OP/IP			
1910	Nuclear Medicine Cat A - Facility Fee	Procedure				
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure				
1920	Nuclear Medicine Cat B- Facility Fee	Procedure				
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure				
1930	Nuclear Medicine Cat C- Facility Fee	Procedure				
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure				
1940	Nuclear Medicine Cat D- Facility Fee	Procedure				
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure				

APPROVED UPFS 2018 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE							
				LEVEL 1		LEVEL 2		LEVEL 3			
				R	c	R	c	R	c		
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure									
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure									
20	Ambulatory Procedures										
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure									
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure									
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure									
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure									
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure									
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure									
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure									
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure									
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure									
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure									
21	Blood and Blood Products (SANBS etc)										
2100	Blood and Blood Products	Varies									
											Included in Consultation Fee OP/IP
22	Hyperbaric Oxygen Therapy (Equivalent to Consultation Fee)										
2200	Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)	Session			20		20		20		
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session			20		20		20		
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	20		40		40		40		
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	45		65		65		65		
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session			20		20		20		
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	20		40		40		40		
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	45		65		65		65		
23	Consumables (Not included in Facility Fee) Buy-outs										
2300	Consumables not included in the facility fee	Item									
											Included in Consultation Fee OP/IP
24	Autopsies										
2410	Autopsy– Facility Fee	Per case			94		94		113		
2411	Autopsy- General Practitioner	Per case	104								
2412	Autopsy- Specialist Practitioner	Per case	241								
25	Port Health and Travel Clinics										
2510	Consultation – Facility Fee	Visit			113		113		113		
2511	Consultation – General medical practitioner	Visit	104								
2513	Consultation – Nursing practitioner	Visit	60								
2520	Emergency Consultation – Facility Fee	Visit			227		227		227		
2521	Emergency Consultation - General medical practitioner	Visit	158								
2523	Emergency Consultation - Nursing practitioner	Visit	92								
0810	Medication Fee – Facility Fee	Prescription			34		34		42		
0837	Pharmaceutical - Travel Medicines	Item									

**APPROVED UPFS 2018 FEE SCHEDULE FOR H2 PATIENTS
EFFECTIVE 01ST JUNE 2018**

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	45								
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	65								
0121	Anaesthetics Cat B – General medical practitioner	Procedure	75								
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	115								
0131	Anaesthetics Cat C – General medical practitioner	Procedure	270								
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	400								
02	Confinement										
0210	Natural Birth – Facility Fee	Incident		Free Healthcare							
0211	Natural Birth – General medical practitioner	Incident									
0212	Natural Birth – Specialist medical practitioner	Incident									
0213	Natural Birth – Nursing practitioner	Incident									
0220	Caesarean Section – Facility Fee	Incident									
0221	Caesarean Section – General medical practitioner	Incident									
0222	Caesarean Section – Specialist medical practitioner	Incident									
03	Dialysis										
0310	Haemo – Facility Fee	Weekly		295		295		340			
0311	Haemo-dialysis – General medical practitioner	Weekly	55								
0312	Haemo-dialysis – Specialist medical practitioner	Weekly	70								
0313	Haemo-dialysis- Nursing Practitioner	Weekly	45								
0320	Peritoneal Dialysis – Facility Fee	Session		45		45		50			
0321	Peritoneal Dialysis – General medical practitioner	Session	10								
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	10								
0323	Peritoneal Dialysis – Nursing practitioner	Session	5								
0330	Plasmapheresis - Facility Fee	Session		295		295		340			
0331	Plasmapheresis - General medical practitioner	Session	55								
0332	Plasmapheresis - Specialist medical practitioner	Session	70								
04	Medical Reports										
0410	Medical Report – Facility Fee	Report		143		143		175			
0411	Medical Report – General medical practitioner	Report	269								
0412	Medical Report – Specialist medical practitioner	Report	412								
0420	Copies of Medical Report – Facility Fee	Copy		143		143		175			
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	134								
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	207								

APPROVED UPFS 2018 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
0425	Copies of X-rays films, ultrasounds etc.	Copy	127			
0430	Functional Assessment Report – Facility Fee	Report		286	286	349
0431	Functional Assessment Report – General medical practitioner	Report	808			
0432	Functional Assessment Report – Specialist medical practitioner	Report	1,650			
0434	Functional Assessment Report – Allied health practitioner	Report	808			
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copy		1,052	1,052	1,052
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		15	15	15
0511	Radiology, Cat A – General medical practitioner	Procedure	15	30	30	30
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	30	45	45	45
0514	Radiology, Cat A – Allied health practitioner	Procedure	15			
0520	Radiology, Cat B – Facility Fee	Procedure		40	40	45
0521	Radiology, Cat B – General medical practitioner	Procedure	40			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	75			
0524	Radiology, Cat B – Allied health practitioner	Procedure	40			
0530	Radiology, Cat C – Facility Fee	Procedure		95	95	110
0531	Radiology, Cat C – General medical practitioner	Procedure	60			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	190			
0540	Radiology, Cat D – Facility Fee	Procedure		190	190	220
0541	Radiology, Cat D – General medical practitioner	Procedure	125			
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	380			
0550	Radiology, Cat E – Facility Fee	Procedure		490	490	560
0551	Radiology, Cat E – General medical practitioner	Procedure	455			
0552	Radiology, Cat E – Specialist medical practitioner	Procedure	945			
06	Inpatients					
0610	Inpatient General ward – Facility Fee	Day		55	70	130
0611	Inpatient General Ward – General medical practitioner	Day	10			
0612	Inpatient General Ward – Specialist medical practitioner	Day	20			
0620	Inpatient High care – Facility Fee	12 hours		85	105	150
0621	Inpatient High Care – General medical practitioner	12 hours	5			
0622	Inpatient High Care – Specialist medical practitioner	12 hours	5			
0630	Inpatient Intensive care – Facility Fee	12 hours		135	135	160
0631	Inpatient Intensive Care – General medical practitioner	12 hours	5			
0632	Inpatient Intensive Care– Specialist medical practitioner	12 hours	5			
0640	Inpatient Chronic care – Facility Fee	Day		30	30	30
0641	Inpatient Chronic care – General medical practitioner	Day	5			
0642	Inpatient Chronic care – Specialist medical practitioner	Day	10			
0643	Inpatient Chronic care – Nursing practitioner	Day	5			

APPROVED UPFS 2018 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
0650	Day patient – Facility Fee	Day		45		55		80	
0651	Day patient – General medical practitioner	Day	10						
0652	Day patient – Specialist medical practitioner	Day	20						
0653	Day patient – Nursing practitioner	Day	5						
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		25		25		25	
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	5						
0670	Inpatient General ward – Facility Fee	12 hours		25		35		65	
0671	Inpatient General Ward – General medical practitioner	12 hours	5						
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	5						
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	5						
0680	Inpatient Chronic care – Facility Fee	12 hours		15		15		15	
0681	Inpatient Chronic care – General medical practitioner	12 hours	5						
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	5						
0683	Inpatient Chronic care – Nursing practitioner	12 hours	5						
07	Mortuary								
0710	Mortuary – Facility Fee	Day		194		194		220	
0720	Cremation Certificate – Facility Fee	Certificate		194		194		220	
08	Pharmaceutical								
0810	Medication Fee – Facility Fee	Prescription		5		5		10	
0815	Item Fee	Item							
0816	Pharmaceutical –TTO	Item							
0817	Pharmaceutical - Chronic	Item							
0818	Pharmaceutical - Oncology	Item							
0819	Pharmaceutical – Immune Suppressant Drugs	Item							
0820	Pharmaceutical Flat Fee – OPD	Item							
0825	Pharmaceutical Flat Fee – IP	Item							
0827	Pharmaceutical - Acute OPD	Item							
0828	Pharmaceutical – Oncology OPD	Item							
0829	Pharmaceutical – Immune Suppressant Drugs OPD	Item							
0830	Pharmaceutical Flat Fee Acute OPD	Item							
0835	Pharmaceutical - Chronic IP	Item							
0836	Pharmaceutical - Repeat scripts	Item							
0837	Pharmaceutical - Travel Medicines	Item							
09	Oral Health								
0910	Oral Care Cat A – Facility Fee	Procedure		5		5		5	
0911	Oral Care Cat A – General medical practitioner	Procedure	10						
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	10						
0914	Oral Care Cat A – Allied health practitioner	Procedure	5						
0920	Oral Care Cat B – Facility Fee	Procedure		15		15		20	
0921	Oral Care Cat B – General medical practitioner	Procedure	20						

APPROVED UPFS 2018 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	30							
0924	Oral Care Cat B – Allied health practitioner	Procedure	15							
0930	Oral Care Cat C – Facility Fee	Procedure		105		105		125		
0931	Oral Care Cat C – General medical practitioner	Procedure	120							
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	205							
0940	Oral Care Cat D – Facility Fee	Procedure		420		420		480		
0941	Oral Care Cat D – General medical practitioner	Procedure	365							
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	745							
0950	Oral Care Cat E – Facility Fee	Procedure		1,420		1,420		1,620		
0951	Oral Care Cat E – General medical practitioner	Procedure	1,225							
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	2,510							
10	Consultations									
1010	Outpatient Consultation – Facility Fee	Visit		20		20		25		
1011	Outpatient Consultation – General medical practitioner	Visit	20							
1012	Outpatient Consultation – Specialist medical practitioner	Visit	50							
1013	Outpatient Consultation – Nursing practitioner	Visit	10							
1014	Outpatient Consultation – Allied health practitioner	Visit	10							
1020	Emergency Consultation – Facility Fee	Visit		40		40		45		
1021	Emergency Consultation – General medical practitioner	Visit	30							
1022	Emergency Consultation – Specialist medical practitioner	Visit	70							
1023	Emergency Consultation – Nursing practitioner	Visit	20							
1024	Emergency Consultation – Allied health practitioner	Visit	20							
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		20		20		25		
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	20							
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	50							
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	10							
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	10							
11	Minor Theatre Procedures									
1110	Minor Procedure Cat A – Facility Fee	Procedure		90		90		105		
1111	Minor Procedure Cat A – General medical practitioner	Procedure	30							
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	60							
1120	Minor Procedure Cat B – Facility Fee	Procedure		90		90		105		
1121	Minor Procedure Cat B – General medical practitioner	Procedure	45							
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	105							
1130	Minor Procedure Cat C – Facility Fee	Procedure		90		90		105		
1131	Minor Procedure Cat C – General medical practitioner	Procedure	70							
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	160							
1140	Minor Procedure Cat D – Facility Fee	Procedure		90		90		105		
1141	Minor Procedure Cat D – General medical practitioner	Procedure	190							
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	430							

APPROVED UPFS 2018 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE									
				LEVEL 1		LEVEL 2		LEVEL 3					
				R	c	R	c	R	c				
12	Major Theatre Procedures												
1210	Theatre Procedure Cat A – Facility Fee	Procedure			290		420			485			
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	30										
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	60										
1220	Theatre Procedure Cat B – Facility Fee	Procedure			435		640			735			
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	45										
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	105										
1230	Theatre Procedure Cat C – Facility Fee	Procedure			750		1,100			1,270			
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	70										
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	160										
1240	Theatre Procedure Cat D – Facility Fee	Procedure			1,925		2,820			3,250			
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	190										
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	430										
13	Treatments												
1310	Supplementary Health Treatment – Facility Fee	Contact			10		10			15			
1313	Supplementary Health Treatment- Nurse practitioner	Contact	10										
1314	Supplementary Health Treatment – Allied health practitioner	Contact	10										
1320	Supplementary Health Group Treatment – Facility Fee	Contact			10		10			10			
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	5										
14	Emergency Medical Services												
1410	Patient transport service – Facility Fee	100km			40		40			40			
1420	Basic life support – Facility Fee	50km			110		110			110			
1430	Intermediate life support – Facility Fee	50km			150		150			150			
1440	Advanced life support – Facility Fee	50km			245		245			245			
1450	Emergency service standby – Facility Fee	Once-Off			529		529			529			
1451	Emergency service standby – General medical practitioner	Hour	710										
1452	Emergency service standby – Specialist medical practitioner	Hour	955										
1453	Emergency service standby – Nursing practitioner	Hour	403										
1454	Emergency service standby – Emergency care practitioner	Hour	N/A										
1455	Emergency service standby – Basic life support practitioner	Hour	166										
1456	Emergency service standby – Intermediate life support practitioner	Hour	255										
1457	Emergency service standby – Advanced life support practitioner	Hour	446										
1460	Rescue – Facility Fee	Once-Off			115		115			115			
1461	Rescue – General medical practitioner	Incident	175										
1462	Rescue – Specialist medical practitioner	Incident	265										
1463	Rescue – Nursing practitioner	Incident	115										
1464	Rescue – Emergency care practitioner	Incident	N/A										
1465	Rescue – Basic life support practitioner	Incident	20		15		15			15			
1466	Rescue - Intermediate life support practitioner	Incident	20										

Annexure A4

Page 5 of 7

APPROVED UPFS 2018 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
1467	Rescue – Advanced life support practitioner	Incident	50			
1470	Emergency transport air services fixed wing	Flying Hour		1,075	1,075	1,075
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		1,180	1,180	1,180
1490	Emergency service standby – Facility Fee	Additional 50km		25	25	25
15	Assistive Devices & Prosthesis					
1510	Assistive Devices	Item				
1520	Prosthetic Devices	Item				
1530	Dental laboratory	Item				
1540	Assistive Devices, Prosthesis, Dental and Optical - Repairs	Item				
1550	Optical Devices	Item				
16	Cosmetic Surgery					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		3,034	3,034	3,465
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1,749			
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	2,619			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6,821	6,821	7,796
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	2,072			
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	3,109			
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		11,017	11,017	12,592
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	3,503			
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	5,254			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		18,610	18,610	21,267
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	3,930			
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	5,783			
17	Laboratory Services (NHLS)					
1700	Drawing of Blood	Per Contact		5	5	5
1710	Laboratory Test	Varies				
18	Radiation Oncology (Refer to proposed list)					
1800	Radiation Oncology	Item				
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item				
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		135	135	135
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	70			
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		135	135	135
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	205			
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		135	135	135
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	405			
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		135	135	135
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	610			
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		265	265	265
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	795			

APPROVED UPFS 2018 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE									
				LEVEL 1		LEVEL 2		LEVEL 3					
				R	c	R	c	R	c				
20	Ambulatory Procedures												
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure					30		30				35
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	10										
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	20										
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	5										
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	5										
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure					30		30				35
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	15										
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	25										
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	10										
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	10										
21	Blood and Blood Products (SANBS etc)												
2100	Blood and Blood Products	Varies					Refer to Annexure I						
22	Hyperbaric Oxygen Therapy												
2200	Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)	Session					100		100				100
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session					300		300				300
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	125										
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	125										
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session					300		300				300
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	185										
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	185										
23	Consumables												
2300	Consumables not included in the facility fee	Item					Included in Consultation Fee						
24	Autopsies												
2410	Autopsy– Facility Fee	Per case					94		94				113
2411	Autopsy- General Practitioner	Per case	104										
2412	Autopsy- Specialist Practitioner	Per case	241										
25	Port Health and Travel Clinics												
2510	Consultation – Facility Fee	Visit					113		113				113
2511	Consultation – General medical practitioner	Visit	104										
2513	Consultation – Nursing practitioner	Visit	60										
2520	Emergency Consultation – Facility Fee	Visit					227		227				227
2521	Emergency Consultation - General medical practitioner	Visit	158										
2523	Emergency Consultation - Nursing practitioner	Visit	92										
0810	Medication Fee – Facility Fee	Prescription					34		34				42
0837	Pharmaceutical - Travel Medicines	Item											



UPFS TARIFFS 2018
APPROVED UPFS 2018 FEE SCHEDULE FOR H3 PATIENTS

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	67							
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	101							
0121	Anaesthetics Cat B – General medical practitioner	Procedure	114							
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	172							
0131	Anaesthetics Cat C – General medical practitioner	Procedure	402							
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	603							
02	Confinement									
0210	Natural Birth – Facility Fee	Incident		Free Healthcare						
0211	Natural Birth – General medical practitioner	Incident								
0212	Natural Birth – Specialist medical practitioner	Incident								
0213	Natural Birth – Nursing practitioner	Incident								
0220	Caesarean Section – Facility Fee	Incident								
0221	Caesarean Section – General medical practitioner	Incident								
0222	Caesarean Section – Specialist medical practitioner	Incident								
03	Dialysis									
0310	Haemo – Facility Fee	Day		445		445		510		
0311	Haemo-dialysis – General medical practitioner	Day	84							
0312	Haemo-dialysis – Specialist medical practitioner	Day	106							
0313	Haemo-dialysis- Nursing Practitioner	Day	68							
0320	Peritoneal Dialysis – Facility Fee	Session		69		69		78		
0321	Peritoneal Dialysis – General medical practitioner	Session	14							
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	17							
0323	Peritoneal Dialysis – Nursing practitioner	Session	9							
0330	Plasmapheresis - Facility Fee	Session		445		445		510		
0331	Plasmapheresis - General medical practitioner	Session	84							
0332	Plasmapheresis - Specialist medical practitioner	Session	106							
04	Medical Reports									
0410	Medical Report – Facility Fee	Report		143		143		175		
0411	Medical Report – General medical practitioner	Report	269							
0412	Medical Report – Specialist medical practitioner	Report	412							
0420	Copies of Medical Report – Facility Fee	Copy		143		143		175		
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	134							
0422	Copies of Medical Report, records, X-Rays, completion of	Copy	207							

UPFS TARIFFS 2018

APPROVED UPFS 2018 FEE SCHEDULE FOR H3 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
	certificates / Forms - Specialist medical practitioner					
0425	Copies of X-rays films, ultrasounds etc.	Copy	127			
0430	Functional Assessment Report	Report		286	286	349
0431	Functional Assessment Report – General medical practitioner	Report	808			
0432	Functional Assessment Report – Specialist medical practitioner	Report	1,650			
0434	Functional Assessment Report – Allied health practitioner	Report	808			
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copy		1,052	1,052	1,052
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		23	23	25
0511	Radiology, Cat A – General medical practitioner	Procedure	22			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	41			
0514	Radiology, Cat A – Allied health practitioner	Procedure	22			
0520	Radiology, Cat B – Facility Fee	Procedure		62	62	71
0521	Radiology, Cat B – General medical practitioner	Procedure	60			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	116			
0524	Radiology, Cat B – Allied health practitioner	Procedure	58			
0530	Radiology, Cat C – Facility Fee	Procedure		144	144	164
0531	Radiology, Cat C – General medical practitioner	Procedure	93			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	284			
0540	Radiology, Cat D – Facility Fee	Procedure		288	288	329
0541	Radiology, Cat D – General medical practitioner	Procedure	185			
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	567			
0550	Radiology, Cat E – Facility Fee	Procedure		734	734	839
0551	Radiology, Cat E – General medical practitioner	Procedure	679			
0552	Radiology, Cat E – Specialist medical practitioner	Procedure	1,416			
06	Inpatients					
0610	Inpatient General ward – Facility Fee	Day		228	291	550
0611	Inpatient General Ward – General medical practitioner	Day	47			
0612	Inpatient General Ward – Specialist medical practitioner	Day	83			
0620	Inpatient High care – Facility Fee	12 hours		354	442	633
0621	Inpatient High Care – General medical practitioner	12 hours	24			
0622	Inpatient High Care – Specialist medical practitioner	12 hours	47			
0630	Inpatient Intensive care – Facility Fee	12 hours		581	581	695
0631	Inpatient Intensive Care – General medical practitioner	12 hours	14			
0632	Inpatient intensive Care– Specialist medical practitioner	12 hours	26			
0640	Inpatient Chronic care – Facility Fee	Day		134	134	134
0641	Inpatient Chronic care – General medical practitioner	Day	16			
0642	Inpatient Chronic care – Specialist medical practitioner	Day	36			

APPROVED UPFS 2018 FEE SCHEDULE FOR H3 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
0643	Inpatient Chronic care – Nursing practitioner	Day	9			
0650	Day patient – Facility Fee	Day		190	240	351
0651	Day patient – General medical practitioner	Day	47			
0652	Day patient – Specialist medical practitioner	Day	83			
0653	Day patient – Nursing practitioner	Day	28			
0660	Inpatient Boarder/Patient companion – Facility Fee	24 hours		109	109	109
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	24 hours	9			
0670	Inpatient General ward – Facility Fee	12 hours		114	146	275
0671	Inpatient General Ward – General medical practitioner	12 hours	12			
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	20			
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	8			
0680	Inpatient Chronic care – Facility Fee	12 hours		67	67	67
0681	Inpatient Chronic care – General medical practitioner	12 hours	7			
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	17			
0683	Inpatient Chronic care – Nursing practitioner	12 hours	6			
07	Mortuary					
0710	Mortuary – Facility Fee	Day		194	194	220
0720	Cremation Certificate – Facility Fee	Certificate		194	194	220
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		10	10	13
0815	Pharmaceutical - IP	Item				
0816	Pharmaceutical –TTO	Item				
0817	Pharmaceutical - Chronic OPD	Item				
0818	Pharmaceutical - Oncology IP	Item				
0819	Pharmaceutical – Immune Suppressant Drugs IP	Item				
0820	Pharmaceutical Flat Fee – Chronic OPD	Item				
0825	Pharmaceutical Flat Fee – IP	Item				
0827	Pharmaceutical - Acute OPD	Item				
0828	Pharmaceutical – Oncology OPD	Item				
0829	Pharmaceutical – Immune Suppressant Drugs OPD	Item				
0830	Pharmaceutical Flat Fee Acute OPD	Item				
0835	Pharmaceutical - Chronic IP	Item				
0836	Pharmaceutical - Repeat scripts	Item				
0837	Pharmaceutical - Travel Medicines	Item				
09	Oral Health					
0910	Oral Care Cat A – Facility Fee	Procedure		8	8	10
0911	Oral Care Cat A – General medical practitioner	Procedure	13			
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	15			
0914	Oral Care Cat A – Allied health practitioner	Procedure	11			
0920	Oral Care Cat B – Facility Fee	Procedure		26	26	31

APPROVED UPFS 2018 FEE SCHEDULE FOR H3 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
0921	Oral Care Cat B – General medical practitioner	Procedure	29			
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	47			
0924	Oral Care Cat B – Allied health practitioner	Procedure	24			
0930	Oral Care Cat C – Facility Fee	Procedure		161	161	184
0931	Oral Care Cat C – General medical practitioner	Procedure	178			
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	305			
0940	Oral Care Cat D – Facility Fee	Procedure		632	632	724
0941	Oral Care Cat D – General medical practitioner	Procedure	546			
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	1,120			
0950	Oral Care Cat E – Facility Fee	Procedure		2,130	2,130	2,434
0951	Oral Care Cat E – General medical practitioner	Procedure	1,835			
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	3,766			
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		28	28	34
1011	Outpatient Consultation – General medical practitioner	Visit	31			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	72			
1013	Outpatient Consultation – Nursing practitioner	Visit	18			
1014	Outpatient Consultation – Allied health practitioner	Visit	19			
1020	Emergency Consultation – Facility Fee	Visit		57	57	68
1021	Emergency Consultation – General medical practitioner	Visit	47			
1022	Emergency Consultation – Specialist medical practitioner	Visit	108			
1023	Emergency Consultation – Nursing practitioner	Visit	28			
1024	Emergency Consultation – Allied health practitioner	Visit	28			
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		28	28	34
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	31			
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	72			
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	18			
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	19			
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		13	13	16
1111	Minor Procedure Cat A – General medical practitioner	Procedure	47			
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	89			
1120	Minor Procedure Cat B – Facility Fee	Procedure		31	31	38
1121	Minor Procedure Cat B – General medical practitioner	Procedure	69			
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	155			
1130	Minor Procedure Cat C – Facility Fee	Procedure		31	31	38
1131	Minor Procedure Cat C – General medical practitioner	Procedure	108			
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	242			
1140	Minor Procedure Cat D – Facility Fee	Procedure		34	34	42

APPROVED UPFS 2018 FEE SCHEDULE FOR H3 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
1141	Minor Procedure Cat D – General medical practitioner	Procedure	285			
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	643			
12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		411	602	695
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	44			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	85			
1220	Theatre Procedure Cat B – Facility Fee	Procedure		622	913	1,051
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	65			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	147			
1230	Theatre Procedure Cat C – Facility Fee	Procedure		1,069	1,569	1,810
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	103			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	230			
1240	Theatre Procedure Cat D – Facility Fee	Procedure		2,741	4,021	4,634
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	271			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	611			
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		17	17	21
1313	Supplementary Health Treatment- Nurse practitioner	Contact	15			
1314	Supplementary Health Treatment – Allied health practitioner	Contact	15			
1320	Supplementary Health Group Treatment – Facility Fee	Contact		14	14	15
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	11			
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		57	57	57
1420	Basic life support – Facility Fee	50km		156	156	156
1430	Intermediate life support – Facility Fee	50km		210	210	210
1440	Advanced life support– Facility Fee	50km		350	350	350
1450	Emergency service standby – Facility Fee	Once-Off		503	503	503
1451	Emergency service standby – General medical practitioner	Hour	675	1,178	1,178	1,178
1452	Emergency service standby – Specialist medical practitioner	Hour	908	1,411	1,411	1,411
1453	Emergency service standby – Nursing practitioner	Hour	383	886	886	886
1454	Emergency service standby – Emergency care practitioner	Hour	N/A			
1455	Emergency service standby – Basic life support practitioner	Hour	158	661	661	661
1456	Emergency service standby – Intermediate life support practitioner	Hour	242	745	745	745
1457	Emergency service standby – Advanced life support practitioner	Hour	424	927	927	927
1460	Rescue – Facility Fee	Once-Off	N/A	167	167	167
1461	Rescue – General medical practitioner	Incident	250	417	417	417
1462	Rescue – Specialist medical practitioner	Incident	374	541	541	541
1463	Rescue – Nursing practitioner	Incident	167	334	334	334

APPROVED UPFS 2018 FEE SCHEDULE FOR H3 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1464	Rescue – Emergency care practitioner	Incident								
1465	Rescue – Basic life support practitioner	Incident	26	193		193		193		
1466	Rescue - Intermediate life support practitioner	Incident	30	197		197		197		
1467	Rescue – Advanced life support practitioner	Incident	69	236		236		236		
1470	Emergency transport air services fixed wing	Flying Hour		1,533		1,533		1,533		
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		1,683		1,683		1,683		
1490	Emergency service standby – Facility Fee	Additional 50km		232		232		232		
15	Assistive Devices & Prosthesis									
1510	Assistive Devices	Item		See Annexure						
1520	Prosthetic Devices	Item								
1530	Dental laboratory	Item								
1540	Assistive Devices, Prosthesis, Dental and Optical - Repairs	Item								
1550	Optical Devices	Item								
16	Cosmetic Surgery									
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2,884		2,884		3,294		
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1,663							
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	2,490							
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6,484		6,484		7,411		
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1,970							
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	2,955							
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		10,472		10,472		11,970		
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	3,330							
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	4,994							
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		17,690		17,690		20,216		
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	3,736							
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	5,497							
17	Laboratory Services (NHLS)									
1700	Drawing of Blood	Per Contact		11		11		11		
1710	Laboratory Test	Varies								
18	Radiation Oncology (Refer to proposed list)									
1800	Radiation Oncology	Item								
19	Nuclear Medicines									
1900	Itemisation of Isotopes	Item								
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		194		194		194		
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	96							
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		194		194		194		
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	291							
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		194		194		194		
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	581							
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		194		194		194		

APPROVED UPFS 2018 FEE SCHEDULE FOR H3 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	872							
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		377		377		377		
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	1,132							
20	Ambulatory Procedures									
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		41		41		50		
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	15							
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	29							
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	9							
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	9							
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		41		41		50		
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	21							
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	32							
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	12							
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	12							
21	Blood and Blood Products (SANBS etc)									
2100	Blood and Blood Products	Varies		Refer to Annexure						
22	Hyperbaric Oxygen Therapy									
2200	Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)	Session		141		141		141		
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session		427		427		427		
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	180							
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	180							
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		430		430		430		
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	263							
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	263							
23	Consumables (Not included in Facility Fee) Buy-outs									
2300	Consumables not included in the facility fee	Item								
24	Autopsies									
2410	Autopsy– Facility Fee	Per case		89		89		107		
2411	Autopsy- General Practitioner	Per case	99							
2412	Autopsy- Specialist Practitioner	Per case	229							
25	Port Health and Travel Clinics									
2510	Consultation – Facility Fee	Visit		107		107		107		
2511	Consultation – General medical practitioner	Visit	99							
2513	Consultation – Nursing practitioner	Visit	57							
2520	Emergency Consultation – Facility Fee	Visit		216		216		216		
2521	Emergency Consultation - General medical practitioner	Visit	150							
2523	Emergency Consultation - Nursing practitioner	Visit	87							
0810	Medication Fee – Facility Fee	Prescription		32		32		40		
0837	Pharmaceutical - Travel Medicines	Item								

UPFS TARIFFS 2018

APPROVED UPFS 2018 FEE SCHEDULE FOR H3 PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE							
				LEVEL 1		LEVEL 2		LEVEL 3			
				R	c	R	c	R	c		

UNIFORM PATIENT FEE SCHEDULE 2018

TARIFFS FOR EXTERNALLY FUNDED PATIENTS
(Medical Schemes, IoD, SAPS, G4s, Correctional Services, RAF, Ex-Miners and Private Patients)
EFFECTIVE 01ST JUNE 2018

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	223								
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	336								
0121	Anaesthetics Cat B – General medical practitioner	Procedure	381								
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	573								
0131	Anaesthetics Cat C – General medical practitioner	Procedure	1,340								
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	2,011								
02	Confinement										
0210	Natural Birth – Facility Fee	Incident			4,136		4,136			4,815	
0211	Natural Birth – General medical practitioner	Incident	2,244								
0212	Natural Birth – Specialist medical practitioner	Incident	2,896								
0213	Natural Birth – Nursing practitioner	Incident	2,714								
0220	Caesarean Section – Facility Fee	Incident			6,512		6,512			7,579	
0221	Caesarean Section – General medical practitioner	Incident	2,244								
0222	Caesarean Section – Specialist medical practitioner	Incident	2,896								
03	Dialysis										
0310	Haemo – Facility Fee	Day			1,483		1,483			1,699	
0311	Haemo-dialysis – General medical practitioner	Day	281								
0312	Haemo-dialysis – Specialist medical practitioner	Day	353								
0313	Haemo-dialysis- Nursing Practitioner	Day	227								
0320	Peritoneal Dialysis – Facility Fee	Session			229		229			260	
0321	Peritoneal Dialysis – General medical practitioner	Session	46								
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	55								
0323	Peritoneal Dialysis – Nursing practitioner	Session	31								
0330	Plasmapheresis - Facility Fee	Session			1,483		1,483			1,699	
0331	Plasmapheresis - General medical practitioner	Session	281								
0332	Plasmapheresis - Specialist medical practitioner	Session	353								
04	Medical Reports										
0410	Medical Report – Facility Fee	Report			143		143			175	
0411	Medical Report – General medical practitioner	Report	269								
0412	Medical Report – Specialist medical practitioner	Report	412								
0420	Copies of Medical Report – Facility Fee	Copy			143		143			175	
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	134								
0422	Copies of Medical Report, records, X-Rays, completion of	Copy	207								

APPROVED UPFS 2018 FEE SCHEDULE FOR FULL PAYING PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
	certificates / Forms - Specialist medical practitioner									
0425	Copies of X-rays films, ultrasounds etc.	Copy	127							
0430	Functional Assessment Report - Facility Fee	Report		286		286		349		
0431	Functional Assessment Report – General medical practitioner	Report	808							
0432	Functional Assessment Report – Specialist medical practitioner	Report	1,650							
0434	Functional Assessment Report – Allied health practitioner	Report	808							
0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copy		1,052		1,052		1,052		
05	Imaging									
0510	Radiology, Cat A – Facility Fee	Procedure		76		76		84		
0511	Radiology, Cat A – General medical practitioner	Procedure	70							
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	131							
0514	Radiology, Cat A – Allied health practitioner	Procedure	69							
0520	Radiology, Cat B – Facility Fee	Procedure		207		207		237		
0521	Radiology, Cat B – General medical practitioner	Procedure	199							
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	387							
0524	Radiology, Cat B – Allied health practitioner	Procedure	194							
0530	Radiology, Cat C – Facility Fee	Procedure		480		548		480		
0531	Radiology, Cat C – General medical practitioner	Procedure	309							
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	947							
0540	Radiology, Cat D – Facility Fee	Procedure		959		959		1095		
0541	Radiology, Cat D – General medical practitioner	Procedure	615							
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	1891							
0550	Radiology, Cat E – Facility Fee	Procedure		2445		2445		2795		
0551	Radiology, Cat E – General medical practitioner	Procedure	2264							
0552	Radiology, Cat E – Specialist medical practitioner	Procedure	4721							
06	Inpatients									
0610	Inpatient General ward – Facility Fee	Day		761		969		1,832		
0611	Inpatient General Ward – General medical practitioner	Day	158							
0612	Inpatient General Ward – Specialist medical practitioner	Day	276							
0620	Inpatient High care – Facility Fee	12 hours		1,179		1,474		2,111		
0621	Inpatient High Care – General medical practitioner	12 hours	81							
0622	Inpatient High Care – Specialist medical practitioner	12 hours	157							
0630	Inpatient Intensive care – Facility Fee	12 hours		3,873		3,873		4,630		
0631	Inpatient Intensive Care – General medical practitioner	12 hours	92							
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	175							
0640	Inpatient Chronic care – Facility Fee	Day		446		446		446		
0641	Inpatient Chronic care – General medical practitioner	Day	52							

APPROVED UPFS 2018 FEE SCHEDULE FOR FULL PAYING PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
0642	Inpatient Chronic care – Specialist medical practitioner	Day	121							
0643	Inpatient Chronic care – Nursing practitioner	Day	31							
0650	Day patient – Facility Fee	Day		633		800		1,170		
0651	Day patient – General medical practitioner	Day	158							
0652	Day patient – Specialist medical practitioner	Day	276							
0653	Day patient – Nursing practitioner	Day	92							
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		363		363		363		
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	31							
0670	Inpatient General ward – Facility Fee	12 hours		381		487		915		
0671	Inpatient General Ward – General medical practitioner	12 hours	79							
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	136							
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	52							
0680	Inpatient Chronic care – Facility Fee	12 hours		223		223		223		
0681	Inpatient Chronic care – General medical practitioner	12 hours	24							
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	57							
0683	Inpatient Chronic care – Nursing practitioner	12 hours	19							
07	Mortuary									
0710	Mortuary – Facility Fee	Day		194		194		220		
0720	Cremation Certificate – Facility Fee	Certificate		194		194		220		
08	Pharmaceutical									
0810	Medication Fee – Facility Fee	Prescription		34		34		42		
0815	Pharmaceutical - IP	Item								
0816	Pharmaceutical –TTO	Item								
0817	Pharmaceutical - Chronic OPD	Item								
0818	Pharmaceutical - Oncology IP	Item								
0819	Pharmaceutical – Immune Suppressant Drugs IP	Item								
0820	Pharmaceutical Flat Fee – Chronic OPD	Item								
0825	Pharmaceutical Flat Fee – IP	Item								
0827	Pharmaceutical - Acute OPD	Item								
0828	Pharmaceutical – Oncology OPD	Item								
0829	Pharmaceutical – Immune Suppressant Drugs OPD	Item								
0830	Pharmaceutical Flat Fee Acute OPD	Item								
0835	Pharmaceutical - Chronic IP	Item								
0836	Pharmaceutical - Repeat scripts	Item								
0837	Pharmaceutical - Travel Medicines	Item								
09	Oral Health									
0910	Oral Care Cat A – Facility Fee	Procedure		28		28		32		
0911	Oral Care Cat A – General medical practitioner	Procedure	42							
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	50							

APPROVED UPFS 2018 FEE SCHEDULE FOR FULL PAYING PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
0914	Oral Care Cat A – Allied health practitioner	Procedure	37							
0920	Oral Care Cat B – Facility Fee	Procedure		86		86		102		
0921	Oral Care Cat B – General medical practitioner	Procedure	98							
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	155							
0924	Oral Care Cat B – Allied health practitioner	Procedure	79							
0930	Oral Care Cat C – Facility Fee	Procedure		535		535		614		
0931	Oral Care Cat C – General medical practitioner	Procedure	592							
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	1,018							
0940	Oral Care Cat D – Facility Fee	Procedure		2,107		2,107		2,412		
0941	Oral Care Cat D – General medical practitioner	Procedure	1,819							
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	3,732							
0950	Oral Care Cat E – Facility Fee	Procedure		7,099		7,099		8,112		
0951	Oral Care Cat E – General medical practitioner	Procedure	6,117							
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	12,554							
10	Consultations									
1010	Outpatient Consultation – Facility Fee	Visit		94		94		113		
1011	Outpatient Consultation – General medical practitioner	Visit	104							
1012	Outpatient Consultation – Specialist medical practitioner	Visit	241							
1013	Outpatient Consultation – Nursing practitioner	Visit	60							
1014	Outpatient Consultation – Allied health practitioner	Visit	62							
1020	Emergency Consultation – Facility Fee	Visit		189		189		227		
1021	Emergency Consultation – General medical practitioner	Visit	158							
1022	Emergency Consultation – Specialist medical practitioner	Visit	361							
1023	Emergency Consultation – Nursing practitioner	Visit	92							
1024	Emergency Consultation – Allied health practitioner	Visit	94							
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		94		94		113		
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	104							
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	241							
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	60							
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	62							
11	Minor Theatre Procedures									
1110	Minor Procedure Cat A – Facility Fee	Procedure		446		446		534		
1111	Minor Procedure Cat A – General medical practitioner	Procedure	155							
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	297							
1120	Minor Procedure Cat B – Facility Fee	Procedure		446		446		534		
1121	Minor Procedure Cat B – General medical practitioner	Procedure	229							
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	517							
1130	Minor Procedure Cat C – Facility Fee	Procedure		446		446		534		
1131	Minor Procedure Cat C – General medical practitioner	Procedure	360							

APPROVED UPFS 2018 FEE SCHEDULE FOR FULL PAYING PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	808							
1140	Minor Procedure Cat D – Facility Fee	Procedure		446		446			534	
1141	Minor Procedure Cat D – General medical practitioner	Procedure	950							
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	2,142							
12	Major Theatre Procedures									
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1,442		2,111			2,436	
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	155							
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	297							
1220	Theatre Procedure Cat B – Facility Fee	Procedure		2,182		3,202			3,686	
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	229							
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	517							
1230	Theatre Procedure Cat C – Facility Fee	Procedure		3,749		5,501			6,348	
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	360							
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	808							
1240	Theatre Procedure Cat D – Facility Fee	Procedure		9,613		14,100			16,248	
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	950							
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	2,142							
13	Treatments									
1310	Supplementary Health Treatment – Facility Fee	Contact		60		60			73	
1313	Supplementary Health Treatment- Nurse practitioner	Contact	53							
1314	Supplementary Health Treatment – Allied health practitioner	Contact	53							
1320	Supplementary Health Group Treatment – Facility Fee	Contact		47		47			52	
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	37							
14	Emergency Medical Services									
1410	Patient transport service – Facility Fee	100km		400		400			400	
1420	Basic life support – Facility Fee	50km		1,091		1,091			1,091	
1430	Intermediate life support – Facility Fee	50km		1,475		1,475			1,475	
1440	Advanced life support- Facility Fee	50km		2,453		2,453			2,453	
1450	Emergency service standby – Facility Fee	Once-Off		529		529			529	
1451	Emergency service standby – General medical practitioner	Hour	710							
1452	Emergency service standby – Specialist medical practitioner	Hour	955							
1453	Emergency service standby – Nursing practitioner	Hour	403							
1454	Emergency service standby – Emergency care practitioner	Hour	0							
1455	Emergency service standby – Basic life support practitioner	Hour	166							
1456	Emergency service standby – Intermediate life support practitioner	Hour	255							
1457	Emergency service standby – Advanced life support practitioner	Hour	446							
1460	Rescue – Facility Fee	Once-Off		1,168		1,168			1,168	

APPROVED UPFS 2018 FEE SCHEDULE FOR FULL PAYING PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1461	Rescue – General medical practitioner	Incident	1,752							
1462	Rescue – Specialist medical practitioner	Incident	2,625							
1463	Rescue – Nursing practitioner	Incident	1,168							
1464	Rescue – Emergency care practitioner	Incident	0							
1465	Rescue – Basic life support practitioner	Incident	179							
1466	Rescue - Intermediate life support practitioner	Incident	214							
1467	Rescue – Advanced life support practitioner	Incident	487							
1470	Emergency transport air services fixed wing	Flying Hour		10,749		10,749		10,749		
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		11,806		11,806		11,806		
1490	Emergency service standby – Facility Fee	Additional 50km		244		244		244		
15	Assistive Devices & Prosthesis									
1510	Assistive Devices	Item	Varies							
1520	Prosthetic Devices	Item	Varies							
1530	Dental laboratory	Item	Varies							
1540	Assistive Devices, Prosthesis, Dental and Optical - Repairs	Item	Varies							
1550	Optical Devices	Item	Varies							
16	Cosmetic Surgery									
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		3,034		3,034		3,465		
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1,749							
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	2,619							
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6,821		6,821		7,796		
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	2,072							
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	3,109							
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		11,017		11,017		12,592		
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	3,503							
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	5,254							
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		18,610		18,610		21,267		
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	3,930							
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	5,783							
17	Laboratory Services (NHLS)									
1700	Drawing of Blood	Per Contact		37		37		37		
1710	Laboratory Test	Varies								
18	Radiation Oncology (Refer to proposed list)									
1800	Radiation Oncology	Item	Varies							
19	Nuclear Medicines									
1900	Itemisation of Isotopes	Item								
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		682		682		682		
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	338							
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		682		682		682		

APPROVED UPFS 2018 FEE SCHEDULE FOR FULL PAYING PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	1,019							
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		682		682		682		
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	2,037							
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		682		682		682		
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	3,056							
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		1,322		1,322		1,322		
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	3,969							
20	Ambulatory Procedures									
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		143		143		175		
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	52							
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	103							
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	31							
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	31							
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		143		143		175		
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	74							
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	113							
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	42							
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	42							
21	Blood and Blood Products (SANBS etc)									
2100	Blood and Blood Products	Itemisation	Varies							
22	Hyperbaric Oxygen Therapy									
2200	Hyperbaric Oxygen Therapy- Facility Fee (Flat Fee)	Session		495		495		495		
2210	Hyperbaric Oxygen Therapy- Facility Fee	Session		1,496		1,496		1,496		
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	632							
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	632							
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		1,506		1,506		1,506		
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	921							
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	921							
23	Consumables (Not included in Facility Fee) Buy-outs									
2300	Consumables not included in the facility fee	Item	Varies							
24	Autopsies									
2410	Autopsy- Facility Fee	Per case		94		94		113		
2411	Autopsy- General Practitioner	Per case	104							
2412	Autopsy- Specialist Practitioner	Per case	241							
25	Port Health and Travel Clinics									
2510	Consultation – Facility Fee	Visit		113		113		113		
2511	Consultation – General medical practitioner	Visit	104							
2513	Consultation – Nursing practitioner	Visit	60							
2520	Emergency Consultation – Facility Fee	Visit		227		227		227		

Annexure A1

APPROVED UPFS 2018 FEE SCHEDULE FOR FULL PAYING PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
2521	Emergency Consultation - General medical practitioner	Visit	158			
2523	Emergency Consultation - Nursing practitioner	Visit	92			
0810	Medication Fee – Facility Fee	Prescription		34	34	42
0837	Pharmaceutical - Travel Medicines	Item				

CHEMOTHERAPY				
	Facility Fee Code	Facility Fee	Prof Fee Code	Prof Fee
In-Patient per day	0610	R 1 832	0612	R 276
Outpatient	1010	R 113	1012	R 241
Non Infusion Chemotherapy	5791	R 261	5790	R 460
Infusion Chemotherapy	5794	R 848	5793	R 1 713

EXTERNAL RADIOTHERAPY	Facility code	Facility Fee	Prof Code	Hosp. Prof Fee
Radiation Oncology –Radio pharmacology drugs	0810	R 36	0818	R
Planning				
<i>Manual Planning:</i>				
-Single volume	5601	R 1 295	5801	R 545
-Multiple volumes	5602	R 1 707	5802	R 731
-Special Technique	5603	R 2 332	5803	R 999
<i>Conventional(Sim only):</i>				
-Single volume	5608	R 5 180	5808	R 2 209
-Multiple volume	5609	R 7 254	5809	R 3 063
-Special Technique	5610	R 9 068	5810	R 3 884
<i>3D Planning (with CT):</i>				
-Single volume	5620	R 12 743	5820	R 3 133
-Multiple volumes	5621	R 17 843	5821	R 5 318
-Special Technique (+MLC)	5622	R 22 303	5822	R 7 229
<i>IMRT Planning procedure:</i>				
-Radical course (excl CT+MRI)	5623	R 25 001	5823	R 8 227
-Booster (excl CT + MRI)	5625	R 12 501	5825	R 3 028
-CT Scan with MRI or similar imaging fusion	5626	R 28 360	5826	R 9 826
-CT scan planning	0540	R 1 095	0542	R 1 891
Kilovoltage Treatment:				
Weekly/part thereof	5634	R 1 493	5834	R 639
Megavoltage Radiation:				
<i>Short course (3# or less) :</i>				
Single Volume	5635	R 3 218	5835	R 1 289
Multiple Volumes	5636	R 4 505	5836	R 1 931
Special Technique	5637	R 5 792	5837	R 2 482
<i>Conventional Radiation Weekly (4# or more):</i>				

APPROVED UPFS 2018 FEE SCHEDULE FOR FULL PAYING PATIENTS

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
EXTERNAL RADIOTHERAPY		Facility code	Facility Fee	Prof Code		Hosp. Prof Fee			
Radiation Oncology –Radio pharmacology drugs		0810	R 36	0818		R			
Planning									
Single volume		5639	R 5 143	5839		R 2 202			
Multiple Volume		5640	R 7 509	5840		R 3 218			
Special Techniques		5641	R 8 415	5841		R 3 610			
Advanced Techniques Weekly:									
MLC Single Volume		5649	R 7 188	5849		R 3 079			
MLC Multiple Volumes		5650	R 10 064	5850		R 4 314			
MLC Special Technique		5651	R 12 940	5851		R 5 545			
IMRT		5654	R 10 616	5854		R 4 551			
Total Body/similar		5655	R 25 163	5855		R 10 783			
Brachytherapy									
Isotope/Applicator:									
-Low Complexity		5670	R 962	5870		R 480			
-Intermediate Complexity		5672	R 1 920	5872		R 962			
-High Complexity		5673	R 5 326	5873		R 2 664			
Implants:									
-Low Complexity(Single guide tube, <8 dwell points)		5682	R 1 908	5882		R 953			
-Intermediate Complexity (>1guide tube or >8dwell points, or <8 points but general anesthetics)		5683	R 6 973	5883		R 3 487			
-High Complexity (Inclusive for implant under local or general anesthetics)		5685	R 9 295	5885		R 4 649			
Brachytherapy Treatment:									
Global fee: Manual after loading		5690	R 5 434	5890		R 2 716			
Global fee: Remote after loading		5893	R 12 939	5892		R 5 518			
Brachytherapy Imaging (add to any code other than 5883 or 5885)		5695	R 1 389	5895		R 694			
Stereotactic Radiation:									
Single/ up to 4#: Prof Fee		5660	R 113 195	5860		R 48 511			
5/more #:		5661	R 130 177	5861		R 55 789			

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 27.00
HALF-YEARLY	R 678.00
YEARLY	R 1 356.00

SUBSCRIPTION: (OVER THE COUNTER / E-MAIL)

PRICE PER COPY	R 19.00
HALF-YEARLY	R 470.00
YEARLY	R 940.00

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 08:00 (Tuesday), three working days** prior to the publication of the Gazette. Advertisements received **after 08:00 on the Tuesday of the publication week**, will be held over for publication in the issue of the following week, or if specifically requested by the advertiser, will be published as a "Special Publication". In such cases, the advertisement must be delivered to the Officer in Charge **not later than 12:00 on the Thursday** preceding the publication of the Gazette and double rate will be charged for that advertisement. No advertisements will be received and published on the same day, unless accompanied by a direct instruction from the top levels of the management of that department / institution.

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: **R 36.00** 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 27.00
HALFJAARLIKS	R 678.00
JAARLIKS	R 1 356.00

INTEKENGELD: (OOR DIE TOONBANK / E-POS)

PRYS PER EKSEMPLAAR	R 19.00
HALFJAARLIKS	R 470.00
JAARLIKS	R 940.00

Seëls word nie aanvaar nie.

Sluitingstyd vir die Aanname van Kopie

Alle advertensies moet die Beampte belas met die Provinsiale Koerant bereik **nie later nie as 08:00 (Dinsdag), drie werksdae** voordat die Koerant uitgegee word. Advertensies wat na **08:00 op die Dinsdag van die publikasie week** ontvang word, word oorgehou vir publikasie in die uitgawe van die volgende week, of as die adverteerder dit verlang, sal dit geplaas word in 'n "Buitengewone Koerant". In sulke gevalle moet die advertensie aan die Beampte oorhandig word **nie later nie as 12:00 op die Donderdag** voordat die Koerant gepubliseer word en dubbeltarief sal vir dié advertensie gevra word. Geen advertensies sal gepubliseer word op die selfde dag as ontvangs, indien daar nie 'n skriftelike versoek van die topbestuur van daardie departement / instansie ontvang is nie.

'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: **R 36.00** 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