

## DRAFT Private Hospitals 2007

<b>NATIONAL REFERENCE PRICE LIST IN RESPECT OF PRIVATE HOSPITALS (PRACTICE NUMBERS "57" OR "58") AND UNATTACHED OPERATING THEATRE UNITS/DAY CLINICS (PRACTICE NUMBER "77") WITH EFFECT FROM 1 JANUARY 2007</b>		
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>		
<b>GENERAL RULES</b>		
B	The charges relating to each type of hospital/unattached operating theatre unit are indicated in the relevant column opposite the item codes.	04.00
C	The charges indicated in Section 5 hereof, are applicable to both categories of such hospitals and unattached operating theatre units.	04.00
D	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
E.1	Procedure for the classification of hospitals:	04.00
E.1.1	Inspections private hospitals or unattached operating theatre units/dayclinics having practice code numbers commencing with the digits 057, 058 or 077 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	04.00
E.3.2	The provisions referred to in E.1.1 shall apply mutatis mutandis to all approved specialised intensive care units, specialised theatres, catheterisation laboratories and trauma unit.	04.00
F.1	Procedures to consider applications by institutions to be classified as unattached operating theatre units having a practice code number commencing with the digits 77 and for the reclassification of unattached operating theatre units with 76 practice numbers.	04.00
F.1.1	Inspections of new unattached theatre operating units and units having practice code numbers commencing with the digit 76, to be reclassified as approved unattached operating theatre units having practice numbers commencing with the digits 77 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.	04.00
G	All accounts submitted by private and unattached operating theatre units/day clinics shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.	04.00
H	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the hospital/unattached operating theatre unit concerned.	04.00
I	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.	04.00
J	<p>Accommodation fees include the services listed below:</p> <p>The minimum services that are required are:</p> <ol style="list-style-type: none"> <li>1. Pre-authorisation (up to the date of admission) of: <ul style="list-style-type: none"> <li>- length of stay</li> <li>- level of care</li> <li>- theatre procedures</li> </ul> </li> <li>2. Provision of ICD-10 and procedural codes when requesting pre-authorisation</li> <li>3. Notification of admission</li> <li>4. Immediate notification of changes to: <ul style="list-style-type: none"> <li>- length of stay</li> <li>- level of care</li> <li>- theatre procedures</li> </ul> </li> <li>5. Reporting of length of stay and level of care <ul style="list-style-type: none"> <li>- In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.</li> </ul> </li> <li>6. Discharge ICD-10 and procedural coding <ul style="list-style-type: none"> <li>- In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.</li> <li>- Including coding of complications and co-morbidity, the definition of which will be negotiated between the two parties early in the year 2000.</li> </ul> </li> </ol> <p>To be done as accurately as practically possible by the hospital.</p>	07.00

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics		
				RVU	Fee	RVU	Fee	RVU	Fee	
	<p>7. Case management by means of standard documentation and liaison between scheme and hospital appointed case managers  - Standard documentation to be agreed at BHF/HASA level.</p> <p>Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital.</p> <p>If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital.</p>									
<b>SCHEDULE</b>										
<b>1</b>	<b>ACCOMMODATION</b>									
<b>Ward fees</b>										
	<p>Hospitals and unattached operating theatre units shall indicate the exact time of admission and discharge on all accounts.</p> <p>In the case of hospitals, the day admission fee (code 007) shall be charged in respect of all patients admitted as day patients and discharged before 23h00 on the same date.</p> <p>The following will be applicable to items 001 to 005, 015, 020, 200, 201, 202 and 215 to 218:</p> <p>On the day of admission:  If accommodation is less than 12 hours from time of admission : half the daily rate  If accommodation is more than 12 hours from time of admission: full daily rate</p> <p>Two half day fees would be applicable when a patient is transferred internally between any ward and any specialised unit.</p> <p>On day of discharge:  If accommodation is less than 12 hours: half the daily rate  If accommodation is more than 12 hours: full daily rate</p> <p>The items listed as non-recoverable in Annexure B shall be deemed to be included in ward fees, and no charge in respect thereof may be levied.</p>									04.00
<b>1.1</b>	<b>General Wards</b>									
Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics		
				RVU	Fee	RVU	Fee	RVU	Fee	
001	Surgical cases: per day.	04.00		36.063	948.80 (832.30)	36.063	948.80 (832.30)	-	-	
002	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	04.00		37.888	996.80 (874.40)	37.888	996.80 (874.40)	-	-	
003	Psychiatric general ward fee, per day	04.00		29.854	785.40 (688.90)	29.854	785.40 (688.90)	-	-	
004	Medical and neurological cases: per day.	04.00		36.063	948.80 (832.30)	36.063	948.80 (832.30)	-	-	
005	Paediatric cases (under 14 years of age)	04.00		44.513	1171.10 (1027.30)	44.513	1171.10 (1027.30)	-	-	
007	Day admission (irrespective of type of ward patient is admitted to, i.e. general, neurosurgical or paediatric) which includes all patients discharged by 23h00 on date of admission	04.00		23.079	607.20 (532.60)	23.079	607.20 (532.60)	19.725	518.90 (455.20)	
014	Overnight fee: only applicable to patients admitted to a day clinic/unattached operating theatre unit for theatre procedures - Medical practitioner to pre-authorise all overnight admissions	07.00		-	-	-	-	8.692	228.70 (200.60)	
019	Out-patients facility fee for ambulatory admission - chargeable for patients admitted for local anaesthetic procedures - No ward fees applicable.	07.00		10.679	281.00 (246.50)	10.679	281.00 (246.50)	10.679	281.00 (246.50)	

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	Definition: Item 019 may only be used in conjunction with item 071 for pre-booked patients and may not be used in conjunction with items 301, 302, 061 and 335. Note: Each account should be accompanied by a report from the practitioner indicating the nature of the complication.	07.00							
022	Out-patient wound care facility	04.00		5.263	138.50 (121.50)	5.263	138.50 (121.50)	5.263	138.50 (121.50)
	Definition Item 022: Out-patient wound care facility for the treatment of complicated wound or burns. Please note that post-operative aftercare is included in the procedure fee for medical practitioners and this code may not be used for routine post operative care - Refer to Rule G in the NHRPL for Medical Practitioners.	07.00							
<b>Maternity</b>									
	<p>1. The maternity fees are a fixed per diem fee and replace all other charges:</p> <p>INCLUDING: Charges such as multiple births (nursery fee for 2nd baby excluded); After-hour deliveries (including caesareans); Labour ward or other ward fees, nursery fees; Incubators; Phototherapy; Theatre and equipment fees; and Surgical items: Section 5.2, 5.3, 5.9 and 5.10</p> <p>EXCLUDING Sections 5.1, 5.7 to 5.8 (Gases) and 5.14 (Blood Charges)</p> <p>1. The costs of special treatment of newly born infants, e.g. circumcision certified as necessary by the attending practitioner, which shall be dealt with in accordance with the National Health Reference Price List for private hospitals and the rules of the relevant scheme pertaining to such dependants.</p> <p>2. If an epidural anaesthetic is given for either a vaginal delivery or a caesarean section, an additional fee (item 011) may be charged. This comprises of an epidural pack, all consumables used, as well as nursing time.</p> <p>3. An uncomplicated stay in a nursery for routine observation is included in the maternity fee, as well as phototherapy and routine high care observation after delivery for the new born baby.</p> <p>4. A neonate requiring specialised treatment in a ward, high care or ICU shall be considered to be a patient in its own right and, for that reason, the National Health Reference Price List shall be applied to such neonate and an account may be rendered on a fee for service basis.</p> <p>In such cases, the fixed fee per day remains applicable until the mother is discharged, but the amount of item 015, per day must be deducted from the fixed fee (comprising the nursery fee component).</p> <p>5. If the mother is admitted into high care or ICU, the full account is rendered on a fee for service basis, as this is clearly not an uncomplicated delivery. The codes for the nursery fee (item 015) and the delivery room (item 016) must be used to cover these specific services.</p> <p>6. The first day fee includes the cost of admitting the mother, 'prepping' and 'staging' etc, admission into the delivery room, the delivery and post natal period up until midnight. This includes any cost incurred during the early stages of an uncomplicated delivery, even if prolonged labour occurs.</p> <p>The second day is calculated as starting from midnight following the birth of the neonate on the day of the delivery.</p> <p>If however, the mother needs admission for stabilisation or treatment of a medical condition such as diabetes, pre-eclampsia or urinary tract infection, such an admission falls outside the scope of the maternity fixed fee. An account will then be rendered on a fee for service basis, until such time that the baby is delivered. If delivery itself is uncomplicated, then the first day (fixed) fee will be chargeable on the date of delivery, and second and subsequent days until the mother is discharged.</p>	07.00							

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	If however, the mother is admitted to ICU or high care the full account must be rendered on a fee for service basis. If the baby needs admission - see (4).								
7.	Admission for suppression of premature labour is not an uncomplicated delivery, and an account must be rendered on a fee for service basis.								
8.	The items listed in Appendix E (maternity basket) are included in the per diem fee.								
<b>Natural births</b>									
009	First day (Day of confinement). Refer to Point 6 in Maternity Section above.	07.00		174.458	4589.80 (4026.10)	174.458	4589.80 (4026.10)	-	-
010	Subsequent day(s). Per day. Refer to Point 6 in Maternity Section above.	07.00		60.096	1581.10 (1386.90)	60.096	1581.10 (1386.90)	-	-
017	Subsequent day(s) excluding nursery fee.	07.00		43.717	1150.20 (1008.90)	43.717	1150.20 (1008.90)	-	-
<b>Caesarean</b>									
012	First day (Day of confinement). Refer to Point 6 in Maternity Section above.	07.00		270.992	7129.50 (6253.90)	270.992	7129.50 (6253.90)	-	-
013	Subsequent day(s). Per day. Refer to Point 6 in Maternity Section above.	07.00		59.583	1567.60 (1375.10)	59.583	1567.60 (1375.10)	-	-
	Note: The following fees (items 015 and 016) are included in the above per diem fees, and may only be charged on a fee for service account	04.00							
015	Nursery fee.	04.00		16.925	445.30 (390.60)	16.925	445.30 (390.60)	-	-
016	Delivery room. This item is not applicable for deliveries by registered midwives in private practice. Refer to codes 030, 031 and 032 (Birthing unit).	07.00		72.746	1913.90 (1678.90)	72.746	1913.90 (1678.90)	-	-
018	Subsequent day(s) excluding nursery fee	04.00		42.963	1130.30 (991.50)	42.963	1130.30 (991.50)	-	-
<b>Epidural fee</b>									
011	Use of epidural anaesthesia for MATERNITY CASES ONLY. (Note: This item includes all surgicals and nursing but no ethicals)	04.00		26.500	697.20 (611.60)	26.500	697.20 (611.60)	-	-
<b>Birthing Unit</b>									
	The birthing unit fee may only be charged by an approved maternity unit in a hospital. It includes preparation, labour room, recovery ward fee for mother and baby and the maternity basket. The only additional charge that may be levied is for pharmaceuticals.								
	This fee may not be charged for together with the per diem fees for maternity and is not applicable to medical practitioners or other professions.								
030	Global fee for a Birthing Unit (Accredited or Approved by BHF). This fee is chargeable when a nurse in private practice uses the labour ward in the hospital and the patient is discharged within 12 hours from birth.	05.03		109.004	2867.80 (2515.60)	109.004	2867.80 (2515.60)	-	-
031	Global fee for a Birthing Unit (Accredited or Approved by BHF) This fee is chargeable when a nurse in private practice uses the labour ward in the hospital and the patient stay exceed 12 hours and is discharged within 24 hours from birth.	05.03		169.100	4448.90 (3902.50)	169.100	4448.90 (3902.50)	-	-
032	Additional Birthing Unit fee chargeable for every additional 12 hours of patient stay beyond the 24 hours contemplated in code 031	05.03		30.026	790.00 (693.00)	30.026	790.00 (693.00)	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
<b>1.2</b>	<b>Private Wards</b>								
020	Private ward  Hospitals shall obtain a certificate motivating for the necessity for accommodation in a private ward, including reversed barrier nursing, from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme for pre-authorization. General ward fees are applicable to isolation.	04.00		46.608	1226.20 (1075.60)	46.608	1226.20 (1075.60)	-	-
021	Private ward on member's request or for convenience of hospital e.g isolation (Appendix C) will be funded at the general ward fee.	07.00		-	-	-	-	-	-
<b>1.3</b>	<b>Special Care Units</b>								
	Specialised units are defined as: Intensive Care Unit (ICU), Cardio-Thoracic Intensive Care Unit (CTICU), Neonatal Intensive Care Unit (NICU), High Care (HC), Neonatal High Care (NHC), A & B.								04.00
	Hospitals shall obtain a certificate stating the reason for accommodation in any specialised or other intensive care unit or in high care ward including neonatal intensive care and high care from the attending practitioner, and such certificate showing the date and time of admission and discharge from the unit shall be forwarded to the relevant medical scheme for pre-authorization.  No charge may be levied to medical schemes for special or private nursing.  Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by BHF.								04.00
200	Specialised ICU (As approved by BHF according to General Rule E.1.1) Per day	04.00		195.088	5132.60 (4502.30)	195.088	5132.60 (4502.30)	-	-
	(Subject to a maximum of 1 day and pre-authorization required for every additional day thereafter. Item 201 will apply if no pre-authorization is obtained. Use of this unit shall be limited to cardio-thoracic surgery, major vascular surgery and neuro-surgery cases involving surgery on the brain and spinal cord).	07.00							
201	Intensive Care Unit: Per day.	04.00		148.479	3906.30 (3426.60)	148.479	3906.30 (3426.60)	-	-
202	Neonatal Intensive Care Unit: Per day.	04.00		184.863	4863.60 (4266.30)	184.863	4863.60 (4266.30)	-	-
	(The charges referred to under items 200, 201 and 202 include the use of all equipment except: Bennett MA, Servo and Bear ventilators or equivalent apparatus plus the cost of oxygen)	04.00							
215	High Care Ward, Per day.	04.00		95.108	2502.20 (2194.90)	95.108	2502.20 (2194.90)	-	-
216	Neonatal High Care Ward `A' (Intensive nursing and monitoring)	04.00		103.308	2717.90 (2384.10)	103.308	2717.90 (2384.10)	-	-
217	Neonatal High Care Ward `B' (Standard nursing and monitoring)	04.00		67.538	1776.90 (1558.70)	67.538	1776.90 (1558.70)	-	-
218	Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).	04.00		44.513	1171.10 (1027.30)	44.513	1171.10 (1027.30)	-	-
	Note: Once the baby has been stabilised and no longer requires ICU care but is not ready to be returned to the general nursery, no additional equipment charges, eg phototherapy may be charged.  All admissions to units/wards referred to under 201 to 202 shall be confirmed with the relevant scheme for each 72 hours and 215 to 218 shall be confirmed weekly with the relevant scheme.	04.00							
<b>2</b>	<b>EMERGENCY, OUT-PATIENT AND THEATRE UNITS</b>								
<b>2.1</b>	<b>Emergency or Out-Patient Facilities</b>								
105	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by BHF	04.00		45.858	1206.50 (1058.30)	45.858	1206.50 (1058.30)	-	-
301	For all consultations including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	04.00		-	-	-	-	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
302	For all consultations which require the use of a procedure room or nursing input, e.g. for application of plaster of Paris, stitching of wounds, insertion of IV Therapy. Includes the use of the procedure room. No per minute charge may be levied.	04.00		10.533	277.10 (243.10)	10.533	277.10 (243.10)	10.533	277.10 (243.10)
	Note: The procedure room fee (071) cannot be charged in addition to 302. Post-operative aftercare is included in the procedure fee for medical practitioners and code 301 and code 302 may not be used for routine post-operative care - Refer to Rule G in the NHRPL for Medical Practitioners.	07.00							
<b>2.2</b>	<b>THEATRE FEES</b>								
061	Excimer Laser Theatre fee, per minute	04.00		0.650	17.10 (15.00)	0.650	17.10 (15.00)	0.650	17.10 (15.00)
	The items listed as non-recoverable in Annexure B shall be deemed to be included in theatre fees, and no charge in respect thereof may be levied.	04.00							
<b>Minor Theatre, regardless of type of theatre available, the incident is procedure driven and not facility driven</b>									
	A facility where simple procedures which require limited instrumentation and drapery, minimum nursing input and short or no general anaesthetic, are carried out. No sophisticated monitoring is required but resuscitation equipment (trolley) must be available in the procedure room. Conscious sedation by arrangement with scheme.								04.00
<b>Time in minor theatre</b>									
071	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	04.00		0.500	13.20 (11.60)	0.500	13.20 (11.60)	0.429	11.30 (9.91)
	The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows	04.00							
<b>2.3</b>	<b>Major theatre</b>								
	In addition to the theatre charge calculated as above, a surcharge (modifier 0002 and/or 0003) shall be allowed in cases where specialised theatres referred to in General Rule E.1.1 are utilised for the performance of any of the under mentioned procedures, whether carried out individually or in combination with each other, this surcharge shall be deemed to cover the equipment in the criteria.  Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by BHF								04.00
0002	Modifier 0002: Orthopaedic, Neurosurgical and Vascular: · Joint replacements (only hip, knee, shoulder ankle or elbow) · Femoral popliteal bypasses · Carotid endarterectomies · Aortic Aneurysm repair and arterial grafts · Neurosurgery (Procedures applicable only to the cranium or spine where surgical penetration of the dura mater is required)	07.00		48.309	1270.96 (1114.88)	48.309	1270.96 (1114.88)	-	-
0003	Modifier 0003: Cardiac surgery  Cardio-thoracic and Cardio-vascular surgery  · All open heart surgery, with or without the insertion of a prosthesis, coronary artery bypass grafts and heart transplants. Includes all equipment (except item 513), no additional fees may be charged  NOTE: The above surcharge will also be applicable to approved provincial hospitals	04.00		110.688	2912.09 (2554.46)	110.688	2912.09 (2554.46)	-	-
<b>Time in Theatre</b>									
081	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	04.00		1.554	40.90 (35.90)	1.554	40.90 (35.90)	1.329	35.00 (30.70)
	The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows	04.00							

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
<b>Specialised Theatre Modifiers</b>									
<b>3</b>	<b>PROCEDURAL FEES</b>								
	The fees quoted for items 052, 053 and 055 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for items 515, 529, 533, 535 and any items chargeable in terms of Section 4 and 5 hereof.								
	NOTE: Ward fees may however be chargeable together with items 053 and 055.								
<b>3.1</b>	<b>Procedures</b>								
052	Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.	04.00		14.342	377.30 (331.00)	14.342	377.30 (331.00)	14.342	377.30 (331.00)
053	Angiogram - Diagnostic	07.00		14.342	377.30 (331.00)	14.342	377.30 (331.00)	-	-
055	Electroconvulsive therapy (ECT)	04.00		14.342	377.30 (331.00)	14.342	377.30 (331.00)	14.342	377.30 (331.00)
<b>3.2</b>	<b>Catheterisation laboratory procedures</b>								
	Note: A certificate indicating the level of the catheterisation laboratory used, should be signed by the relevant doctor, indicating the information if required by the medical scheme.								
	The fees quoted for items 054, 056, 070 and 073 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for items 515, 529, 533 and 535 and any items chargeable in terms of Section 4 and 5 hereof.								
	NOTE: ward fees may however be chargeable together with items 054, 055, 056, 070 and 073.								
054	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1	07.00		51.446	1353.50 (1187.30)	51.446	1353.50 (1187.30)	-	-
	Note: For EPS studies, the Bard Apparatus (item 529) must be charged additionally.								
056	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1	04.00		96.929	2550.10 (2236.90)	96.929	2550.10 (2236.90)	-	-
070	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1.	07.00		251.804	6624.70 (5811.10)	251.804	6624.70 (5811.10)	-	-
	Note: EPS for cardiac ablations - items 529 must be charged additionally.								
073	Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1	04.00		186.233	4899.60 (4297.90)	186.233	4899.60 (4297.90)	-	-
075	Catheterisation laboratory film price (once per procedure)	04.00		5.546	145.90 (128.00)	5.546	145.90 (128.00)	-	-
<b>3.3</b>	<b>Radiation Oncology</b>								
	<b>Simulation - Fixed custom made</b>								
902	Simple - Simulation of a single area with either a single port or parallel opposed ports. Simple or no blocking or use of custom/home made simulation	04.00		15.263	401.60 (352.30)	15.263	401.60 (352.30)	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
903	Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.	04.00		23.283	612.60 (537.40)	23.283	612.60 (537.40)	-	-
904	Complex - Simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocks, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast	04.00		30.525	803.10 (704.50)	30.525	803.10 (704.50)	-	-
905	Computerised Tomographic.	04.00		30.525	803.10 (704.50)	30.525	803.10 (704.50)	-	-
<b>Treatment Planning</b>									
906	Manual.	04.00		-	-	-	-	-	-
907	Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking	04.00		14.383	378.40 (331.90)	14.383	378.40 (331.90)	-	-
908	Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints	04.00		21.942	577.30 (506.40)	21.942	577.30 (506.40)	-	-
909	Computerised (complex) - Planning requiring highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations or a combination of therapeutic modalities	04.00		28.742	756.20 (663.30)	28.742	756.20 (663.30)	-	-
<b>Technical Aids</b>									
910	Control films (As per radiology film price list).	04.00		-	-	-	-	-	-
911	Dosimetric procedures.	04.00		0.838	22.00 (19.30)	0.838	22.00 (19.30)	-	-
912	Artefacts: Simple - design and construction (simple block or bolus)	04.00		2.096	55.10 (48.30)	2.096	55.10 (48.30)	-	-
913	Artefacts: intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus).	04.00		5.704	150.10 (131.70)	5.704	150.10 (131.70)	-	-
914	Artefacts: complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts)	04.00		11.404	300.00 (263.20)	11.404	300.00 (263.20)	-	-
<b>Linear accelerator treatment</b>									
915	Photon treatment, single field.	04.00		22.288	586.40 (514.40)	22.288	586.40 (514.40)	-	-
916	Photon treatment, multiple fields	04.00		32.100	844.50 (740.80)	32.100	844.50 (740.80)	-	-
917	Electron treatment.	04.00		22.288	586.40 (514.40)	22.288	586.40 (514.40)	-	-
919	Brachytherapy - global fee per patient.	04.00		169.388	4456.40 (3909.10)	169.388	4456.40 (3909.10)	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
<b>3.4</b>	<b>Stereotactic radiosurgery</b>								
	Included in item 430 Stereotactic frames and attachments Linear Accelerator Specialised graphic planning, hardware and software Simulator and dark rooms 10 dental films Stereotactic masks All disposables 4 to 20 Graphic transparencies (including 1 week of planning) 2 trained radiographers Fixation and immobilisation Nuclear Specialist Medical Physicist Duration 1 - 4 hours 2 treatment radiographers Excluded from fee Other medical practitioners CT & MRI								04.00
399	Linear Accelerator radiosurgery - Global Fee	04.00		3682.96 3	96895.10 (84995.70)	3682.96 3	96895.10 (84995.70)	-	-
	Item 399 is an all-inclusive single global radiosurgery fee, payable to a hospital. This item includes item 430, all imaging and all clinical fees. The hospital is responsible for reimbursement of all fees to all the professional providers of service involved in the treatment rendered under this item.	04.00							
430	Global fee for stereotactic radiosurgery	04.00		2520.60 0	66314.50 (58170.60)	2520.60 0	66314.50 (58170.60)	-	-
<b>4</b>	<b>STANDARD CHARGES FOR EQUIPMENT</b>								
220	Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	04.00		18.700	492.00 (431.60)	18.700	492.00 (431.60)	18.700	492.00 (431.60)
221	Ballistic Lithotripsy/Lithoclast: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	04.00		12.454	327.70 (287.50)	12.454	327.70 (287.50)	12.454	327.70 (287.50)
222	Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	04.00		124.638	3279.10 (2876.40)	124.638	3279.10 (2876.40)	124.638	3279.10 (2876.40)
223	Laser Lithotripsy: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	04.00		83.021	2184.20 (1916.00)	83.021	2184.20 (1916.00)	83.021	2184.20 (1916.00)
224	Stone basket (reusable) for the removal of kidney-, bladder- or gallstones: Per case	04.00		50.263	1322.40 (1160.00)	50.263	1322.40 (1160.00)	50.263	1322.40 (1160.00)
225	Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case	04.00		48.033	1263.70 (1108.50)	48.033	1263.70 (1108.50)	-	-
226	Continuous Passive Exerciser: Per day.	04.00		3.808	100.20 (87.90)	3.808	100.20 (87.90)	3.808	100.20 (87.90)
227	Operating microscope - motorised. This is applicable to a binocular operating microscope with motorised focusing, positioning and zoom magnification changer. Spinal, intra-cranial and ophthalmic surgery only (all ENT and other surgery excluded): Per case	04.00		10.604	279.00 (244.70)	10.604	279.00 (244.70)	10.604	279.00 (244.70)
228	Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only. Per case	04.00		5.242	137.90 (121.00)	5.242	137.90 (121.00)	5.242	137.90 (121.00)

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
230	Patient-controlled analgesia pump, being a programmable reusable analgesia infusion system, providing patient control and/or continuous analgesia modes with mechanisms to limit self administration per time period and with lockout interval. Applicable only to administration of analgesics: Per day	04.00		4.021	105.80 (92.80)	4.021	105.80 (92.80)	4.021	105.80 (92.80)
	Not chargeable in specialised units, ICU and High Care units. The rule is also applicable to anaesthetists where the hospital is not charging Chargeable 1 per patient for maximum of 48 hours in ward for the following instances: - Major joint replacement - Open, upper abdominal surgery - Severe burns - Paediatrics in special cases on motivation - Thoracotomies (motivation by practitioner) - Intractable pain associated with malignancy	07.00							
231	Cardiac monitors - in private, general and high care wards only - not to be charged for routine ECG's: Per day or part thereof	04.00		4.371	115.00 (100.90)	4.371	115.00 (100.90)	-	-
232	Bird or equivalent free standing nebuliser (excluding oxygen): Per day	04.00		3.129	82.30 (72.20)	3.129	82.30 (72.20)	3.129	82.30 (72.20)
233	Croupettes (excluding oxygen): Per day or part thereof	04.00		0.896	23.60 (20.70)	0.896	23.60 (20.70)	-	-
234	Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day or part thereof	04.00		1.675	44.10 (38.70)	1.675	44.10 (38.70)	-	-
235	Oxygen tents (excluding oxygen): Per day or part thereof	04.00		1.458	38.40 (33.70)	1.458	38.40 (33.70)	-	-
236	Mechanical ventilator or equivalent (only in ICU and high care ward where no ICU is available) (excluding oxygen): Per day or part thereof	04.00		13.963	367.40 (322.30)	13.963	367.40 (322.30)	-	-
237	CUSA (plus CUSA pack as per section 5).	04.00		67.804	1783.90 (1564.80)	67.804	1783.90 (1564.80)	-	-
238	Lasers - Argon or Holium (ophthalmic).	04.00		21.004	552.60 (484.70)	21.004	552.60 (484.70)	21.004	552.60 (484.70)
239	Lasers - CO2 (surgical).	04.00		27.138	714.00 (626.30)	27.138	714.00 (626.30)	27.138	714.00 (626.30)
241	Lasers - Candella (Rates by arrangement with the scheme concerned)	04.00		-	-	-	-	-	-
242	Occutomes.	04.00		8.933	235.00 (206.10)	8.933	235.00 (206.10)	8.933	235.00 (206.10)
243	Lasers - YAG (ophthalmic).	04.00		23.683	623.10 (546.60)	23.683	623.10 (546.60)	23.683	623.10 (546.60)
244	Lasers - YAG (surgical).	04.00		29.492	775.90 (680.60)	29.492	775.90 (680.60)	29.492	775.90 (680.60)
245	First Extra Corporal Shock Wave Lithotripsy (ESWL) treatment for one or more stones in same kidney which are eliminated in one treatment.	04.00		272.863	7178.80 (6297.20)	272.863	7178.80 (6297.20)	272.863	7178.80 (6297.20)
246	Second Extra Corporal Shock Wave Lithotripsy (ESWL) treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	04.00		181.733	4781.20 (4194.00)	181.733	4781.20 (4194.00)	181.733	4781.20 (4194.00)
	Note: The fees in respect of items 220 to 223, 245 to 246 and 339 to 341 are inclusive of all equipment and components but exclusive of theatre fees and items chargeable under Section 5.  The C-arm (item 249) and screening table (item 251) are not chargeable with these equipment fees.	04.00							
249	C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies).	04.00		8.817	232.00 (203.50)	8.817	232.00 (203.50)	8.817	232.00 (203.50)
250	Ultrasonic imaging equipment.	04.00		14.738	387.70 (340.10)	14.738	387.70 (340.10)	14.738	387.70 (340.10)

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	(Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or Doppler ultrasound for vascular anatomy and haemodynamics) Note: This can be used for infertility treatment	04.00							
251	Screening table - fixed base urology table (including all radiographic equipment) (See item 249) Note: May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341.	04.00		19.883	523.10 (458.90)	19.883	523.10 (458.90)	19.883	523.10 (458.90)
252	Gastroscope (fibre optic/flexible only).	04.00		11.617	305.60 (268.10)	11.617	305.60 (268.10)	11.617	305.60 (268.10)
253	Colonoscope (fibre optic/flexible only)	04.00		12.992	341.80 (299.80)	12.992	341.80 (299.80)	12.992	341.80 (299.80)
254	Duodenoscope (fibre optic/flexible only).	04.00		12.308	323.80 (284.00)	12.308	323.80 (284.00)	12.308	323.80 (284.00)
255	Sigmoidoscope (fibre optic).	04.00		9.979	262.50 (230.30)	9.979	262.50 (230.30)	9.979	262.50 (230.30)
256	Bronchoscope (flexible/fibre optic, adults).	04.00		8.200	215.70 (189.20)	8.200	215.70 (189.20)	8.200	215.70 (189.20)
257	Laryngoscope (fibre optic/flexible excluding intubation)	04.00		4.788	126.00 (110.50)	4.788	126.00 (110.50)	4.788	126.00 (110.50)
258	Sinoscope (rigid only)	04.00		5.463	143.70 (126.10)	5.463	143.70 (126.10)	5.463	143.70 (126.10)
259	Oesophagoscope (rigid only)	04.00		2.725	71.70 (62.90)	2.725	71.70 (62.90)	2.725	71.70 (62.90)
261	Hysteroscope	04.00		3.429	90.20 (79.10)	3.429	90.20 (79.10)	3.429	90.20 (79.10)
262	Colposcope (Not chargeable when item 239 applies)	04.00		4.788	126.00 (110.50)	4.788	126.00 (110.50)	4.788	126.00 (110.50)
263	Cysto Urethroscope	04.00		4.108	108.10 (94.80)	4.108	108.10 (94.80)	4.108	108.10 (94.80)
264	Arthroscope (including basic reusable instruments and equipment)	04.00		11.200	294.70 (258.50)	11.200	294.70 (258.50)	11.200	294.70 (258.50)
	Note: The basic reusable instruments and equipment (which would always include the equivalent to the items named) are included in the fee of item 264 (see list below) :  - Telescope, light source, cable - Monitor - Electrosurgical instrument - High frequency cord - Obturator - Camera - Focussing camera coupler - Control console, footswitch - Probe, scissors, (hooked, parrot beak), grasper, forceps (punch basket, duckbill), camelback handle, powered arthroplasty system, handpiece.	04.00							
294	Transcranial Doppler	04.00		24.417	642.40 (563.50)	24.417	642.40 (563.50)	-	-
295	Ultrasonic Cutting and Coagulating Devices (See section 5.3.3)	04.00		6.721	176.80 (155.10)	6.721	176.80 (155.10)	6.721	176.80 (155.10)

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
335	Excimer laser: Hire fee per eye	04.00		74.092	1949.30 (1709.90)	74.092	1949.30 (1709.90)	74.092	1949.30 (1709.90)
337	Microkeratome used with an excimer laser, per operation.	04.00		13.608	358.00 (314.00)	13.608	358.00 (314.00)	13.608	358.00 (314.00)
339	Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	04.00		8.279	217.80 (191.10)	8.279	217.80 (191.10)	8.279	217.80 (191.10)
341	Ballistic lithotripsy magnetic: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	04.00		5.525	145.40 (127.50)	5.525	145.40 (127.50)	5.525	145.40 (127.50)
343	Sigmoidoscope (rigid, adults)	04.00		2.050	53.90 (47.30)	2.050	53.90 (47.30)	2.050	53.90 (47.30)
345	Sigmoidoscope (rigid, paediatrics)	04.00		1.658	43.60 (38.20)	1.658	43.60 (38.20)	1.658	43.60 (38.20)
347	Bronchoscope (flexible/fibre optic, paediatrics)	04.00		8.200	215.70 (189.20)	8.200	215.70 (189.20)	8.200	215.70 (189.20)
	Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.	04.00							
348	Bronchoscope (rigid, adults)	04.00		3.283	86.40 (75.80)	3.283	86.40 (75.80)	3.283	86.40 (75.80)
349	Bronchoscope (rigid, paediatrics)	04.00		4.788	126.00 (110.50)	4.788	126.00 (110.50)	4.788	126.00 (110.50)
360	Category 1 - Laparoscopy and thoracoscopy, per case. See Annexure A	04.00		26.825	705.70 (619.00)	26.825	705.70 (619.00)	26.825	705.70 (619.00)
364	Category 2 - Interventional Laparoscopic and Thoroscopic procedures, per case. See Annexure A	04.00		31.867	838.40 (735.40)	31.867	838.40 (735.40)	31.867	838.40 (735.40)
507	Argon Beamer (See section 5.3.2)	04.00		2.721	71.60 (62.80)	2.721	71.60 (62.80)	2.721	71.60 (62.80)
	Note: The Argon Beamer will not apply where a standard electrosurgery unit is used. It can only be used with surgery on internal organs and in neurosurgery.	04.00							
509	Endometrial Resection (Radio frequency)	04.00		16.425	432.10 (379.00)	16.425	432.10 (379.00)	16.425	432.10 (379.00)
511	Colour Doppler (external)	04.00		49.167	1293.50 (1134.60)	49.167	1293.50 (1134.60)	49.167	1293.50 (1134.60)
513	Transoesophageal Colour Doppler. (May be charged together with Modifier 0003)	04.00		59.325	1560.80 (1369.10)	59.325	1560.80 (1369.10)	59.325	1560.80 (1369.10)
515	Cardiorhythm Ablater. (Maybe charged in addition to the catheterisation Laboratory).	04.00		32.313	850.10 (745.70)	32.313	850.10 (745.70)	32.313	850.10 (745.70)
517	Phaco emulsifier	04.00		17.400	457.80 (401.60)	17.400	457.80 (401.60)	17.400	457.80 (401.60)
519	Urethro Reno Fibroscope, per case	04.00		14.663	385.80 (338.40)	14.663	385.80 (338.40)	14.663	385.80 (338.40)
521	OAS Frameless Stereotaxy	04.00		172.908	4549.00 (3990.40)	172.908	4549.00 (3990.40)	-	-
523	OPD Tacography (Includes paper)	04.00		2.800	73.70 (64.60)	2.800	73.70 (64.60)	-	-
525	RFG3C Lesion Generator (Rhizotomy)	04.00		55.979	1472.80 (1291.90)	55.979	1472.80 (1291.90)	-	-
527	Swift Laser Kit (Tonsillectomy)	04.00		10.908	287.00 (251.80)	10.908	287.00 (251.80)	-	-
529	Bard Apparatus	04.00		41.879	1101.80 (966.50)	41.879	1101.80 (966.50)	-	-
	1. For EPS studies the analogue monoplane unit (item 054) must be charged additionally. 2. EPS studies for cardiac ablations - the digital bi-plane unit (item 070) must be charged additionally.								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
531	Densitometer	04.00		25.817	679.20 (595.80)	25.817	679.20 (595.80)	-	-
533	Civus (Cardiac Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation laboratory).	04.00		70.117	1844.70 (1618.20)	70.117	1844.70 (1618.20)	-	-
535	Ivus (Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation laboratory).	04.00		154.017	4052.00 (3554.40)	154.017	4052.00 (3554.40)	-	-
	Disposable cover is non-chargeable. This item may not be charged together with any disposable monitoring style gel pads or when techniques other than electrosurgery are used. (e.g. not to be charged with the ultrasonic cutting and coagulating device or equivalent).	04.00							
	Equipment fees for automated, stereotactic, digital imaged surgical breast biopsy (UNDER REVIEW)								04.00
	Note: For the purpose of a 6 month trial cost analysis, the manufacturer of the ABBI equipment recommends that the total breast biopsy procedure, inclusive of all fees, disposables and professional charges should not exceed the current conventional open excisional procedures. The recommendation is to cap the amount at R12634.50 per procedure unless otherwise motivated for. Core needle and vacuum assisted core needle would therefore be capped at R 5053.80 and fine needle at R 3790.40. The disposables for the ABBI are included in the equipment fee.								05.03
540	Stereotactic guided digital imaged breast biopsy procedure	04.00		282.729	7438.30 (6524.80)	282.729	7438.30 (6524.80)	-	-
541	Stereotactic guided digital imaged cover needle biopsy	04.00		166.321	4375.70 (3838.30)	166.321	4375.70 (3838.30)	-	-
542	Stereotactic guided digital imaged vacuum assisted core needle biopsy.	04.00		166.321	4375.70 (3838.30)	166.321	4375.70 (3838.30)	-	-
543	Stereotactic guided digital imaged fine needle aspiration	04.00		116.471	3064.20 (2687.90)	116.471	3064.20 (2687.90)	-	-
544	Mammotome Stereotactic Driver - vacuum assisted core needle biopsy. (UNDER REVIEW)	04.00		-	-	-	-	-	-
545	Mammotome Hand Held ultrasound vacuum assisted vacuum core needle biopsy. (UNDER REVIEW)	04.00		-	-	-	-	-	-
550	Equipment fee for dynamic (non-frame based - StealthStation) stereotactic image guided referencing surgery and treatment planning used in conjunction with CT or MRI imaging in pre-authorised cranial, spinal cord and ENT procedures, per procedure	04.00		180.775	4756.00 (4171.90)	180.775	4756.00 (4171.90)	-	-
560	Low pressure hyperbaric oxygen treatment protocol. (By arrangement) Only for Prescribed Minimum Benefits Code 277S: Anaerobic infections - life threatening (when no state facility is available)	04.00		-	-	-	-	-	-
562	Standard pressure hyperbaric oxygen treatment protocol. (By arrangement).	04.00		-	-	-	-	-	-
564	US Navy TT5 treatment protocol. (By arrangement)	04.00		-	-	-	-	-	-
566	US Navy TT6 treatment protocol. (By arrangement)	04.00		-	-	-	-	-	-
568	US Navy TT6 extended treatment protocol. (By arrangement).	04.00		-	-	-	-	-	-
570	Comes 30 treatment protocol. (By arrangement).	04.00		-	-	-	-	-	-
572	US Navy Table 6A treatment protocol. (By arrangement)	04.00		-	-	-	-	-	-
576	Infrared Coagulator: per use	04.00		-	-	-	-	-	-
578	Prostatic hyperthermia and thermotherapy: per case	04.00		256.325	6743.70 (5915.50)	256.325	6743.70 (5915.50)	-	-
580	Sequential compression device, per case	04.00		-	-	-	-	-	-
582	Select or ultrasonic aspirator	04.00		-	-	-	-	-	-
584	Cryosurgery acuprobe	04.00		-	-	-	-	-	-
594	Motility machine	04.00		-	-	-	-	-	-
596	Ph recorder	04.00		-	-	-	-	-	-
606	Epilepsy monitoring system	04.00		-	-	-	-	-	-
608	Lynx ultrasound scanner	04.00		-	-	-	-	-	-
610	Intra-operative multi-frequency probe	04.00		-	-	-	-	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
612	Flexible laparoscopic probe	04.00		-	-	-	-	-	-
<b>5</b>	<b>STANDARD MEDICINE AND SURGICAL PRODUCTS</b>								
	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.								04.00
<b>5.1</b>	<b>STANDARD MEDICINE CHARGES</b>								
	(Only substances controlled by the Medicines and Related Substances Control Act, Act 101 of 1965, as amended/Medicine Control Council)								04.00
<b>5.1.1</b>	<b>Inpatients and day patients: Dispensed items including ampoules, over the counter and proprietary items issued to inpatients, day patients and TTO's</b>								
	Not to be charged for Surgical Items.								07.00
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor). All items which patients take home as TTO's must be shown on accounts.								04.00
272	Pharmacy	04.00							
273	To take out	04.00							
278	Ward stock	04.00		-	-	-	-	-	-
282	Theatre	04.00		-	-	-	-	-	-
<b>5.1.2</b>	<b>Emergency Room: Dispensed items including ampoules, over the counter and proprietary items and TTO's issued to patients treated in the emergency room (Items 301 and 302) when not admitted to a ward.</b>								
	The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor). All items which patients take home as TTO's must be shown on accounts.								04.00
	Not to be charged for consumable, disposable and surgical items								04.00
407	Pharmacy	04.00		-	-	-	-	-	-
411	Theatre	04.00		-	-	-	-	-	-
413	To take out	04.00		-	-	-	-	-	-
<b>5.2</b>	<b>Surgical Products used in ward, theatre or emergency room</b>								
	When used in ward or theatre Net acquisition price inclusive of VAT (unless the facility is not a registered VAT vendor). Items to be fully specified See consumable and disposable list.								04.00
415	Emergency room	04.00		-	-	-	-	-	-
417	Pharmacy	04.00		-	-	-	-	-	-
419	Ward stock	04.00		-	-	-	-	-	-
421	Theatre	04.00		-	-	-	-	-	-
<b>5.3</b>	<b>Fractional charges</b>								
	Net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor) to be charged per case at the fractional rates indicated below.								04.00
	Note: Fractional charges can only apply to reusable and limited life reusable/responsible products.								04.00
<b>5.3.1</b>	<b>Drills, burrs, cutters, blades</b>								
280	Neuro/Craniotomy	04.00		-	33.33%	-	33.33%	-	33.33%
432	Arthroscopy	04.00		-	20.00%	-	20.00%	-	20.00%
433	Orthopaedic	04.00		-	33.33%	-	33.33%	-	33.33%
437	Mastoidectomy and major ear surgery	04.00		-	33.33%	-	33.33%	-	33.33%
439	Maxillo-Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth)	04.00		-	33.33%	-	33.33%	-	33.33%

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
<b>5.3.2</b>	<b>Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited life re-usable components)</b>								
	Hospitals/unattached operating theatre units shall show the name and reference number of each item together with the manufacturer's name, and schemes shall have the right to call for such invoices from the institution concerned								04.00
281	Vascular surgery	04.00		-	100%	-	100%	-	100%
443	General surgery	04.00		-	12.5%	-	12.5%	-	12.5%
445	Gynaecology	04.00		-	12.5%	-	12.5%	-	12.5%
447	Ophthalmic	04.00		-	12.5%	-	12.5%	-	12.5%
449	Urology	04.00		-	12.5%	-	12.5%	-	12.5%
451	ENT	04.00		-	12.5%	-	12.5%	-	12.5%
453	Orthopaedic	04.00		-	12.5%	-	12.5%	-	12.5%
<b>5.3.3</b>	<b>Ultrasonic Cutting and Coagulating Devices (Limited life re-usable)</b>								
	<b>General surgery, Gynaecology, Cardio-Vascular and Urology</b>								
455	Handpiece and Cable Assembly (one unit)	04.00		-	1%	-	1%	-	1%
456	Coagulating Shear (Laparoscopic/open)	04.00		-	33.33%	-	33.33%	-	33.33%
458	Coagulating Shear - Single use (Laparoscopic/open) Refer to Section 5.2	04.00		-	-	-	-	-	-
457	Blades (sharp hook, dissecting hook, ball)	04.00		-	12.5%	-	12.5%	-	12.5%
459	Blades - Single use (sharp hook, dissecting hook, ball) Refer to 5.2	04.00		-	-	-	-	-	-
<b>5.3.4</b>	<b>Diathermy pencils</b>								
431	Diathermy pencils	04.00		-	33.33%	-	33.33%	-	33.33%
<b>5.7</b>	<b>Gases</b>								
	Price increases: Should a change occur in the manufacturer's price of any item listed hereunder, the new price shall be as notified								04.00
	<b>Oxygen and Nitrous Oxide</b>								
	For both gases together, per minute								04.00
283	PWV area	04.00		0.110	2.89 (2.54)	0.110	2.89 (2.54)	0.110	2.89 (2.54)
701	Cape Town	04.00		0.151	3.97 (3.48)	0.151	3.97 (3.48)	0.151	3.97 (3.48)
702	Port Elizabeth	04.00		0.134	3.53 (3.10)	0.134	3.53 (3.10)	0.134	3.53 (3.10)
703	East London	04.00		0.149	3.92 (3.44)	0.149	3.92 (3.44)	0.149	3.92 (3.44)
704	Durban	04.00		0.138	3.63 (3.18)	0.138	3.63 (3.18)	0.138	3.63 (3.18)
705	Other areas	04.00		0.123	3.24 (2.84)	0.123	3.24 (2.84)	0.123	3.24 (2.84)
	<b>Oxygen, ward use</b>								
	Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex								04.00
284	PWV area	04.00		0.162	4.26 (3.74)	0.162	4.26 (3.74)	0.162	4.26 (3.74)
710	Cape Town	04.00		0.268	7.05 (6.18)	0.268	7.05 (6.18)	0.268	7.05 (6.18)
711	Port Elizabeth	04.00		0.258	6.79 (5.96)	0.258	6.79 (5.96)	0.258	6.79 (5.96)
712	East London	04.00		0.248	6.52 (5.72)	0.248	6.52 (5.72)	0.248	6.52 (5.72)
713	Durban	04.00		0.210	5.52 (4.84)	0.210	5.52 (4.84)	0.210	5.52 (4.84)
714	Other areas	04.00		0.200	5.26 (4.61)	0.200	5.26 (4.61)	0.200	5.26 (4.61)
	<b>Oxygen, recovery room or emergency room</b>								
	Flat rate for oxygen per case								04.00
720	PWV area	04.00		0.322	8.47 (7.43)	0.322	8.47 (7.43)	0.322	8.47 (7.43)
721	Cape Town	04.00		0.533	14.00 (12.30)	0.533	14.00 (12.30)	0.533	14.00 (12.30)
722	Port Elizabeth	04.00		0.513	13.50 (11.80)	0.513	13.50 (11.80)	0.513	13.50 (11.80)

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
723	East London	04.00		0.492	12.90 (11.30)	0.492	12.90 (11.30)	0.492	12.90 (11.30)
724	Durban	04.00		0.421	11.10 (9.74)	0.421	11.10 (9.74)	0.421	11.10 (9.74)
725	Other areas	04.00		0.398	10.50 (9.21)	0.398	10.50 (9.21)	0.398	10.50 (9.21)
<b>Oxygen in Theatre (Including Oxygen and Air)</b>									
	Fee for oxygen per minute in the operating theatre when no other gas administered								04.00
730	PWW area	04.00		0.010	0.26 (0.23)	0.010	0.26 (0.23)	0.010	0.26 (0.23)
731	Cape Town	04.00		0.018	0.47 (0.41)	0.018	0.47 (0.41)	0.018	0.47 (0.41)
732	Port Elizabeth	04.00		0.017	0.45 (0.39)	0.017	0.45 (0.39)	0.017	0.45 (0.39)
733	East London	04.00		0.017	0.45 (0.39)	0.017	0.45 (0.39)	0.017	0.45 (0.39)
734	Durban	04.00		0.013	0.34 (0.30)	0.013	0.34 (0.30)	0.013	0.34 (0.30)
735	Other areas	04.00		0.013	0.34 (0.30)	0.013	0.34 (0.30)	0.013	0.34 (0.30)
<b>Carbon Dioxide</b>									
291	Per minute	04.00		0.020	0.53 (0.46)	0.020	0.53 (0.46)	0.020	0.53 (0.46)
<b>Laser Mix</b>									
292	Per minute	04.00		0.387	10.20 (8.95)	0.387	10.20 (8.95)	0.387	10.20 (8.95)
<b>Entonox</b>									
293	Per 30 minutes	04.00		3.675	96.70 (84.80)	3.675	96.70 (84.80)	3.675	96.70 (84.80)
<b>5.8 Inhalation anaesthetics</b>									
	Price increases: Should a change occur in the manufacturer's price of any item listed hereunder, the new price shall be as notified								04.00
285	Halothane (Halothane): per minute	04.00		0.041	1.08 (0.95)	0.041	1.08 (0.95)	0.041	1.08 (0.95)
752	Ethrane (Enflurane): per minute	04.00		0.218	5.74 (5.04)	0.218	5.74 (5.04)	0.218	5.74 (5.04)
753	Forane (Isoflurane): per minute	04.00		0.205	5.39 (4.73)	0.205	5.39 (4.73)	0.205	5.39 (4.73)
754	Isofor (Isoflurane): per minute	04.00		0.186	4.89 (4.29)	0.186	4.89 (4.29)	0.186	4.89 (4.29)
755	Ultane (Sevoflurane): per minute	04.00		0.376	9.89 (8.68)	0.376	9.89 (8.68)	0.376	9.89 (8.68)
756	Suprane (Desflurane), per minute	04.00		0.320	8.42 (7.39)	0.320	8.42 (7.39)	0.320	8.42 (7.39)
757	Aerrane (Isoflurane): per minute	04.00		0.167	4.39 (3.85)	0.167	4.39 (3.85)	0.167	4.39 (3.85)
758	Alyrane (Enflurane): per minute	04.00		0.168	4.42 (3.88)	0.168	4.42 (3.88)	0.168	4.42 (3.88)
759	Fluothane (Halothane), per minute	04.00		0.040	1.05 (0.92)	0.040	1.05 (0.92)	0.040	1.05 (0.92)
<b>5.9 Implantable Surgical Devices</b>									
<b>5.9.1 Prostheses (Surgically implanted)</b>									
286	Prostheses (Skeletal Surgically Implanted) A skeletal prosthesis shall mean a fabricated or artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral and necessary part of the device so implanted, and shall be charged as a single unit. Pins, rods, screws, plates or similar items, when used independently of a prosthesis and for the purpose of furthering any healing process, shall be chargeable.  Hospitals/unattached operating theatre units shall show the name and reference number of each item. The manufacturer's name, and suppliers invoices should be attached to the account and the components should be specified on the account.  Net acquisition price on suppliers invoice, inclusive of VAT (unless the facility is not a registered VAT vendor), by prior arrangement with scheme.	07.00		-	-	-	-	-	-

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
<b>5.9.2</b>	<b>Fixation (Internal/External Surgically Implanted)</b>								
760	Pins, rods, screws, plates or similar items, when used independently of prosthesis and for the purpose of furthering any healing process, shall be chargeable.  Hospitals/unattached operating theatre units shall show the name and reference number of each item. The manufacturer's name, and suppliers' invoices should be attached to the account and the components should be specified on the account.  Net acquisition price on suppliers' invoice, inclusive of VAT (unless the facility is not a registered VAT vendor) and by prior arrangement with relevant medical scheme.	07.00							
<b>5.9.3</b>	<b>Other Implantable surgicals/devices</b>								
765	Other implantable surgicals/devices shall include any surgically implanted product other than skeletal prostheses and fixation.	07.00							
<b>5.10</b>	<b>External Medical Items</b>								
287	According to agreement with schemes concerned. (Examples of items included hereunder shall be wheelchairs, crutches and excretion bags). Copies of invoices shall be supplied to schemes.	04.00			-	-	-	-	-
<b>5.14</b>	<b>Blood charges</b>								
288	Emergency non-crossmatched blood ex hospital (i.e. on stand-by) - Number of units and nature of emergency to be specified and copy of invoice included.  This item is only chargeable when a private hospital supplies O-negative whole blood to a patient in an emergency situation. A motivation stating the reason for administering the O-negative blood must accompany the account and no mark-up is permitted on this item.	04.00			-	-	-	-	-
289	Routine blood charges, when incurred in respect of blood or related products procured from a recognised blood bank for transfusion purposes, may be charged at R 14.70 per collection, plus R 3.09 per kilometre travelled. This fee is applicable to all modes for collecting blood including hospital ambulances	05.03			-	-	-	-	-
297	Emergency blood collection. Claims for this item code must be supported by documentary evidence of the patient's condition	06.00		19.388	510.10 (447.50)	19.388	510.10 (447.50)	-	-
<b>6</b>	<b>NON STANDARD ITEMS/SERVICES</b>								
	Such items are not covered by the National Reference Price List and schemes reserve the right to decide individually how these items/services will be dealt with								04.00
290	Items/services e.g. telephone calls/hire, television hire, boarding, extra meals, dry cleaning of clothing, extra nursing in ward etc. The nature of each service shall be specified	04.00			-	-	-	-	-
<b>Procedures : Open heart, cardiac by-pass surgery and all organ transplants</b>									
121	Benefits to be pre-authorised with the scheme concerned	04.00			-	-	-	-	-
<b>ANNEXURES</b>									
	ENDOSCOPIC (laparoscopic & thoracoscopic) GENERIC LIST								04.00
	<b>Category1 Procedures</b> Laparoscopy and Thoracoscopy, per case								
	<b>Standard Charges</b>								
	<ul style="list-style-type: none"> <li>360 Laparoscopic Equipment Fee, per case</li> <li>- Telescope</li> <li>- Light Guide Cable</li> <li>- Camera</li> <li>- Monitor</li> <li>- Hi-frequency Cord</li> </ul>								
	<b>Category2 Procedures</b> Interventional laparoscopy, Thoracic and Urological procedures, per case								
	<b>Standard Charges:</b>								
	<ul style="list-style-type: none"> <li>364 Laparoscopic Equipment Fee, per case</li> <li>- Telescope</li> <li>- Light Guide Cable</li> <li>- Camera</li> <li>- Monitor</li> <li>- Hi-frequency Cord</li> </ul>								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics		
				RVU	Fee	RVU	Fee	RVU	Fee	
	<ul style="list-style-type: none"> <li><b>Includes</b> laparoscopic instrumentation, per case. All equivalents included               <ul style="list-style-type: none"> <li>- Scissors</li> <li>- Graspers (clamp, clinch, babcock)</li> <li>- Dissectors</li> <li>- Electro surgical Instrument</li> <li>- Suction irrigation shafts</li> </ul> </li> </ul>									
	<ul style="list-style-type: none"> <li><b>INCLUDES</b> Laparoscopic Instrumentation, per case. All equivalents included               <ul style="list-style-type: none"> <li>- Endoscopic needle holder and knot pusher</li> <li>- Scissors</li> <li>- Graspers (clamp, clinch, babcock)</li> <li>- Dissectors</li> <li>- Retractors</li> <li>- Suction irrigation shaft</li> <li>- Electro surgical Instrument</li> </ul> </li> </ul>									
	<b>Recoverable Disposable Products "single-use" allowed</b> <ul style="list-style-type: none"> <li>• Insufflation Needle</li> <li>• Trocars</li> </ul>									
	<b>Recoverable Disposable Products "single-use" allowed</b> <ul style="list-style-type: none"> <li>• Insufflation Needle</li> <li>• Trocars</li> <li>• Ligating Clip Applicators</li> <li>• Ultrasonic or electro surgical cutting and coagulation accessories (instrumentation and accessories)</li> <li>• <b>Endoscopic Staplers/Cutters</b></li> </ul>									
	<b>NOTE:</b> <ul style="list-style-type: none"> <li>• Category 1 procedures are predominantly diagnostic and the listed re-usable instruments are considered relevant and appropriate for category 1 procedures</li> </ul>									
	<ul style="list-style-type: none"> <li>• Should a diagnostic procedure move to a 'therapeutic intervention', then the procedure would become a category 2 procedure</li> </ul>									
	<b>Part Chargeable Products:</b> <ul style="list-style-type: none"> <li>• Ultrasonic Handpiece and Cable = 1%</li> </ul>									
	<p>Notes: Refer to detailed Endoscopic Disposable Product list. Procedure to be applied per CPT code – list attached.</p> <p>Comments</p> <ol style="list-style-type: none"> <li>1. Optical, blunt, Hasson cannula, trocar – may substitute the primary port trocar and eliminate the use of verres needles.</li> <li>2. Harmonic scalpel shears and blades – not to be charged together with disposable electrosurgical probes, argon beam coagulator, clip applicators, bipolar forceps and Tripolar forceps.</li> <li>3. Harmonic scalpel shears and blades – not to be used for laparoscopic cholecystectomy and sterilisation</li> <li>4. Tripolar forceps – not to be used together with electrosurgical probes, harmonic scalpel, clip applicators</li> <li>5. Autosuture Endostitch – to be motivated and 1 suture assistant per procedure allowed.</li> <li>6. Specimen retrieval bags – to motivate use (used when specimen needs to be captured and removed to avoid site contamination); procedure related – histology report required.</li> </ol>									
	<p>APPENDIX A</p> <p>LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES</p> <p>CATEGORY 1 (CPT4 2000 code numbers included where possible)</p> <p>Diagnostic laparoscopy (49320) Laparoscopy, surgical; with fulguration of oviducts (with/without transection) (58670) Laparoscopy, surgical; with occlusion of oviducts (e.g.band, clip, Falope ring) (58671) Hysteroscopy diagnostic (58555) Hysteroscopy, with sampling of endometrium and/or polypectomy, with/without D&amp;C (58558)</p> <p>THORACOSCOPY, DIAGNOSTIC</p>									07.00

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	THORACOSCOPY, DIAGNOSTIC with biopsy								
	THORACOSCOPY, DIAGNOSTIC lungs and pleural space, with biopsy								
	THORACOSCOPY, DIAGNOSTIC pericardial sac, without biopsy								
	THORACOSCOPY, DIAGNOSTIC pericardial sac with biopsy								
	THORACOSCOPY, DIAGNOSTIC mediastinal space without biopsy								
	THORACOSCOPY, DIAGNOSTIC mediastinal space with biopsy								
	CATEGORY 2								
	Laparoscopy, surgical; with salpingostomy (salpingoneostomy) (58673)								
	Laparoscopy, surgical; with fimbrioplasty (58672)								
	Laparoscopy, surgical; with fulguration or excision of the ovary, pelvic viscera or peritoneal surface, any method (58662)								
	Laparoscopy, surgical; with lysis of adhesions (changed 1998 to salpingolysis, ovariolysis) (58660)								
	Laparoscopy, surgical; with removal leiomyomata (58551)								
	Laparoscopy surgical; with enterolysis (freeing intestinal adhesion) (44200)								
	Laparoscopy, surgical; with retroperitoneal node sampling (biopsy) (38570)								
	Laparoscopy,surgical, abdomen, peritoneum, omentum; with drainage lymphocele to peritoneal cavity (49323)								
	Laparoscopy, surgical; appendectomy (44970)								
	Laparoscopy, surgical, abdomen, peritoneum and omentum; with biopsy (49321)								
	Laparoscopy, surgical, abdominal, peritoneum and omentum; with aspiration of cavity or cyst (e.g. ovarian cyst) single or multiple (49322)								
	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) (58661)								
	Laparoscopy, surgical; orchiopexy for intra-abdominal testis (54692)								
	Laparoscopy, surgical; ligation spermatic veins for varicocele (55550)								
	Laparoscopy, surgical; ablation of renal cysts (50541)								
	Laparoscopy, surgical; urethral suspension for stress incontinence (51990)								
	Laparoscopy, surgical; sling operation for stress incontinence (51992)								
	Hysteroscopy with lysis intra-uterine adhesions (58559)								
	Hysteroscopy with removal impacted foreign body (58562)								
	Hysteroscopy with removal leiomyomata \ (58561)								
	Hysteroscopy with endometrial ablation \ (58563)								
	Laparoscopic treatment of ectopic pregnancy, without salpingectomy and/or oophorectomy (59150)								
	Laparoscopic treatment of ectopic pregnancy, with salpingectomy and/or oophorectomy (59151)								
	Laparoscopy, surgical; with vaginal hysterectomy. (Lap assisted vag. Hyst) (58550)								
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy (38571)								
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy) (38572)								
	Laparoscopy with adrenalectomy (60650)								
	Laparoscopy, surgical; pyeloplasty (50544)								
	Laparoscopy, surgical; nephrectomy (50540)								
	Laparoscopy, surgical; donor nephrectomy (50547)								
	Laparoscopically assisted nephroureterectomy (50548)								
	Laparoscopy, surgical, ureterolithotomy (50945)								
	Laparoscopy, surgical; transection of Vagus nerve, truncal (43651)								
	Laparoscopy, surgical; transection of Vagus nerves, selective or highly selective (43652)								
	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy (47560)								
	Laparoscopy, surgical; with guided transhepatic cholangiography, with biopsy (47561)								
	Laparoscopy, surgical; cholecystoenterostomy (47570)								
	Laparoscopy, surgical cholecystectomy (47562)								
	Laparoscopy, surgical; cholecystectomy with cholangiography (47563)								
	Laparoscopy, surgical; cholecystectomy with explor, common bile duct (47564)								
	Laparoscopy, surgical; splenectomy (38120)								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (e.g. Stamm procedure) (43653)								
	Laparoscopy, surgical; jejunostomy (44201)								
	Laparoscopy, surgical; intestinal resection, with anastomosis (44202)								
	Laparoscopy, surgical; oesophagogastric fundoplasty eg Nissen, Toupet procedures) (43280)								
	Unlisted laparoscopic procedure, uterus (58578)								
	Unlisted hysteroscopy procedure, uterus (58579)								
	Unlisted laparoscopic procedure, oviduct, ovary (58679)								
	Unlisted laparoscopic spleen procedure (38129)								
	Unlisted laparoscopic lymphatic procedure (38589)								
	Unlisted laparoscopic oesophagus procedure (43289)								
	Unlisted laparoscopic stomach procedure (43659)								
	Unlisted laparoscopic intestinal procedure (except rectum) (44209)								
	Unlisted laparoscopic appendix procedure (44979)								
	Unlisted laparoscopic biliary tract procedure (47579)								
	Unlisted laparoscopy procedure, abdomen, peritoneum & omentum (49329)								
	Unlisted laparoscopic hernia procedure (49659)								
	Unlisted laparoscopic renal procedure (50549)								
	Unlisted laparoscopic procedure, testis (54699)								
	Unlisted laparoscopic procedure, spermatic cord (55559)								
	Unlisted laparoscopic procedure, maternity care and delivery (59898)								
	Unlisted laparoscopic endocrine procedure (60659)								
	THORACOSCOPY, SURGICAL								
	THORACOSCOPY, SURGICAL pleurodesis								
	THORACOSCOPY, SURGICAL partial pulmonary decortication								
	THORACOSCOPY, SURGICAL total pulm. Decortication								
	THORACOSCOPY, SURGICAL removal interpleural foreign body								
	THORACOSCOPY, SURGICAL control traum. Haemorrhage								
	THORACOSCOPY, SURGICAL exc./plication bullae								
	THORACOSCOPY, SURGICAL parietal pleurectomy								
	THORACOSCOPY, SURGICAL wedge resection								
	THORACOSCOPY, SURGICAL removal clot/foreign body from pericardial space								
	THORACOSCOPY, SURGICAL creation pericardial window								
	THORACOSCOPY, SURGICAL total pericardectomy								
	THORACOSCOPY, SURGICAL exc pericard. Cyst, tumor, mass								
	THORACOSCOPY, SURGICAL exc mediastinal cyst, tumor, mass								
	THORACOSCOPY, SURGICAL lobectomy, total or segmental								
	THORACOSCOPY, SURGICAL with sympathectomy								
	THORACOSCOPY, SURGICAL with esophagomyotomy								
	New codes for Category 2								
	CPT42000 CPT4 2001								
	Laparoscopy, surgical; radical nephrectomy 50545								
	Laparoscopy, surgical; nephrectomy including partial ureterectomy 50546								
	Laparoscopy, surgical; nephrectomy with total ureterectomy 50548								
	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement 50948								
	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement 50948								
	Unlisted laparoscopic procedure, ureter 50949								



Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
P	Item is recoverable from patient								
F	Fractional (re-usable) and is charged out on a pro-rata basis (as per 5.5.1-5.5.4).								
N/A	Not used/not applicable								
Disposable	Means the manufacturer states one time use only. S/U(Single use) Item=Payable 100%								
Medical Prescribed Meals	See List								
Practice Code	References to the NHRPL include 57/58, 76 and 77								
	APPENDIX C								04.00
	Infectious Diseases								
	CONDITION								
	Acute Flaccid Paralysis								
	Anthr ax								
	Chicken Pox								
	Diphtheria								
	Haemophyllis Influenza								
	Haemorrhagic fevers of Africa:								
	- Crimean-Congo Ebola								
	- Lassa								
	- Marburg								
	- Rift Valley								
	- Dengue								
	Herpes Zoster								
	HIV/AIDS								
	Legionnaires Disease								
	Measles:								
	- Rubeola								
	- Rubella								
	Meningococcal infections								
	Multi-drug Resistant Bacteria:								
	- MRSA								
	- VRE								
	- MRSE								
	Poliomyelitis								
	Pyrexia unknown origin								
	Rabies								
	Small Pox								
	Tuberculosis Pulmonary								
	Typhus Fever								
	Viral Hepatitis								
	Whooping Cough (Pertussis)								
	Note: The above is a general list and the clinical appropriate use of items for specific conditions is subject to Case Management.								

Code	Description		Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics		
					RVU	Fee	RVU	Fee	RVU	Fee	
	APPENDIX D										04.00
	Medically Prescribed Meals:										
	ORAL SUPPLEMENTS	Standard	Ensure								
	(oral and tube feeds)		Fortisip								
			Fortimel								
			Fresubin Original drink (Vanilla)								
			Nutren And Nutren Jnr (Gluten -free)								
		Standard & Fibre	Ensure with Fibre								
			Nutren with Fibre								
		Isotonic	Fresubin Original								
		Isotonic & Fibre	Fresubin Original Fibre								
			Jevity								
			Osmolite								
		Low Residue	Modulen N								
			Osmolite HN								
			Peptamen & Peptamen Jnr								
		High Energy, High Protein & Fibre	Fresubin Energy Fibre drink (Lemon, Banana, Chocolate & Capuchino)								
		High Energy & High Protein	Fresubin Energy drink								
			(Strawberry & Vanilla)								
	TUBE FEEDS	Semi-Elemental	Alitraq								
			Peptamen & Peptamen Jnr RTH								
			Peptisorb								
			Survimed OPD (Liquid)								
			Vital								
		Standard	Nutren RTH								
			Nutrison								
			Nutrison Energy								
			Nutrison Paediatric								
		High Energy & High Protein	Fresubin 750 MCT(HP Energy)								
		Semi-Elemental High Protein & High Fibre	Perative,								
			Nutren Fibre RTH								
	DISEASE SPECIFIC	Maximum Glucose Tolerance	Fresubin Diabetes								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	Glucerna								
	Nutren Diabetes								
	Pulmonary Insufficiency								
	Renal Failure								
	HIV/Aids								
	Cancer Patients								
MODULAR	Protein								
	MCT Oil								
	Glutamine								
	Food thickener								
	Carbohydrate								
Note: Or generic equivalents. All tubes feeds subject to Case Management									
APPENDIX E									07.00
THEATRE SURGICALS FOR NORMAL VAGINAL DELIVERIES									
THEATRE CHARGES					SUTURES				
1 X Amnihook					0.25 X Suture W734				
1 X Continue Flo					0.25 X Suture W758				
1 X Cord Clamp					0.25 X Suture W727				
3 X Gloves Surgical St					0.25 X Suture W734				
8 X Gloves Sterile					0.25 X Suture W758				
4 X I D Bands					0.25 X Suture W770				
0.5 X Jaques Catheter					0.25 X Suture W759				
1 X Jelco IV					0.25 X Suture W441				
1 X KY Jelly Sachet					SYRINGES				
20 X Maternity Pad					1 X Syringe 1ml				
5 X Preptic Swabs					1 X Syringe 20ml				
1 X Spiral Electrode					3 X Syringe 2ml				

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	1 X Spinocan 1 X Suction Catheter St 1 X Swabbing Tray 1 X Tegader m 1626 1 X Vaginal Plug 2 X Water for irrigation 1 X Stockinette 2 X Silicone Tubing 1 X Add a Line								
	2 X Syringe 5ml DRESSINGS 2 X Cotton Wool Balls L/s								
	THEATRE SURGICALS FOR CAESARS WITH GENERAL ANAESTHETIC								
	THEATRE CHARGES 1 X Amnihook 1 X Airway 1 X Sterile Tray 2 X Continue Flo 1 X Cord Clamp 1 X Diathermy Plate Dispo 1 X ET Tube 3 X Electrodes Red Dot 1 X Foley catheter 8 X Gloves Surgical St 5 X Gloves Sterile 4 X I D Bands 1 X Jelco IV 2 X KY Jelly Sachet 20 X Maternity Pad 10 X Preptic Swabs 1 X Sheet _ 1 X Spiral Electrode 1 X Spinocan 1 X Suction Catheter St 1 X Swabbing Tray 1.2 X Tegaderm 1626 1 X Urine Drn Bag 1 X Vent Pump Set 1 X Yankuer Suction 6 X Water for irrigation 1 X Stockinette 2 X Silicone Tubing 2 X Opticlude 1 X Add a Line	SUTURES 0.06 X Suture W441 0.30 X Suture 8623G 0.11 Suture W791 0.30 X Suture W9999 2.20 X Suture W493 0.17 X Suture W795 0.17 X Suture W797 0.30 X Suture W439 0.17 X Suture W434 0.17 X Suture W445 1 X Suture W728 1 X Suture V518G 1 X Suture V486G 0.20 X Suture V523G 0.30 X Suture V523G							
		SYRINGES 1 X Syringe 1ml 1 X Syringe 20ml 1 X Syringe 10ml 8 X Syringe 2ml 2 X Syringe 5ml							
		DRAIN 1 X Corrugated Drain							
		DRESSINGS 15 X Abominal Swabs 3 X Cotton Wool Balls L/s 5 X Gauze Sterile Xray 1 X Telfa Dressing 1 X Steripad 1 X Tegader m 1627							

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Dayclinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	5 X Paint Balls								