



MEDI-CLINIC

Private hospital group

The Medi-Clinic Private Tariff Schedule 2009

*TARIFFS WITH EFFECT FROM 1 JANUARY 2009 IN RESPECT OF ALL MEDI-CLINIC PRIVATE HOSPITALS
(PRACTICE NUMBERS "57", "58", "76" or "77")*

GENERAL RULES

SCHEDULE:

A The Tariffs are set out as follows:

Sections 1 - 8 shall apply in respect of Medi-Clinic private hospitals with practice code numbers commencing with the digits 57, 58, or 77.

B The charges relating to each type of hospital/unattached operating theatre unit are indicated in the relevant column opposite the item codes.

C The charges indicated in Section 7 hereof, are applicable to both categories of such hospitals.

D Procedure for the classification of hospitals:

D1 Inspections of private hospitals having practice code numbers commencing with the digits 57, 58 or 77 will be conducted by an independent agency on behalf of BHF.

D2 This will also apply to all approved specialised intensive care units, specialised theatres, catheterisation laboratories and trauma units.

E All accounts submitted by Medi-Clinic will 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.

1 ACCOMMODATION

Ward fees

Hospitals shall indicate the exact time of admission and discharge on all accounts.

In the case of hospitals, the day admission fee (code 007) shall be charged in respect of all patients admitted as day patients and discharged before 23h00 on the same date.

Ward fees (items 001 to 006, 015, 020, 200, 201, 202 and 215 to 218) shall be charged at the full daily rate if admission takes place before 12h00 and at half the daily rate if admission takes place after 12h00. At discharge, ward fees shall be charged at half the daily rate if the discharge takes place before 12h00 and at the full daily rate if the discharge takes place after 12h00.

Two half-day fees would be applicable when a patient is transferred internally between any ward and any specialised unit.

The Medi-Clinic clinical criteria shall be used to determine the level of care.

Sub Acute Facility:-

The definition of a patient in this facility is as follows:

The patient should be stable and does not require high technological diagnoses and treatment or surgery. The case mix typically consists of post operative, restorative, medical transitional, chronic or long term patients.

DESCRIPTION

1.1 General Wards

- 001 Surgical cases: per day.
 002 Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day.
 003 Psychiatric general ward fee: per day.
 004 Medical and neurological cases: per day.
 005 Paediatric cases (under 14 years of age)
 006 Sub Acute Facility
 007 Day admission (which includes all patients discharged by 23h00 on date of admission)
 019 Outpatients' facility fee for ambulatory admission - chargeable for patients admitted for local anaesthetic procedures - No ward fees applicable.
 008 Rehab fee
 951 Haematology ward 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.
 014 Overnight fee

57/58		77
VAT Incl.	Rc	VAT Incl.

R	2,009.50	
R	2,172.70	
R	1,811.20	
R	2,009.50	
R	2,409.80	
R	1,374.60	
R	1,284.00	R 913.40
R	634.10	R 428.30

R	945.80	
R	2,215.50	

R	-	R 563.60
---	---	----------

Maternity

1 The maternity fees are a fixed per diem fee and replace all other charges:

INCLUDES:

- 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;
- Photo therapy;
- Theatre and theatre equipment fees; and
- Surgical items (see list under point 8).

But EXCLUDES:

- Sections 5.1 to 5.4;
- Sections 5.7 to 5.8 (Gases); and
- 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 contracted fees and the rules the relevant scheme pertaining to such dependants.

A neonate requiring specialised treatment in an ICU shall be considered to be a patient in its own right and, for that reason, the Contracted tariffs shall be applied to such neonate.

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 an epidural pack, all consumables used, as well as nursing time.

3 An uncomplicated stay in a nursery is included in the fee, as well as phototherapy and routine high care observation for a period of one hour after delivery for the newborn baby.

4 If the baby needs admission into a ward, High Care or ICU, such a baby becomes a patient in his/her own right and an account may be rendered on a fee for service basis.

In such cases, the fixed fee per day remains applicable until the mother is discharged, but the amount of item 015, per day must be deducted from the fixed fee (comprising the nursery fee component)

5 If the mother is admitted into High Care or ICU, the full account is rendered on a fee for service basis, as this is clearly not an uncomplicated delivery. The codes for the nursery fee (item 015) and the delivery room (item 016) must be used to cover these specific services.

6 The first day fee includes the cost of admitting the mother, and 'prepping' and 'staging' etc. until admission into the delivery room. This includes any costs incurred during the early stages of an uncomplicated delivery, even if prolonged labour occurs. The second day is calculated as starting from the midnight following the birth of the neonate on the day of the delivery.

If however, the mother needs admission for stabilisation or treatment of a medical condition such as diabetes, pre-eclampsia or urinary tract infection, such an admission falls outside the scope of the maternity fixed fee. An account will then be rendered on a fee for service basis, until such time that the baby is delivered. If delivery itself is uncomplicated, then the first day (fixed) fee will be chargeable on the date of delivery, and second and subsequent days until the mother is discharged.

If however, the mother is admitted to ICU or High Care the full account must be rendered on a fee for service basis. If the baby needs admission - see (4).

7 Admission for suppression of premature labour is not an uncomplicated delivery, and an account must be rendered on a fee for service basis.

8 The list of surgicals (maternity basket) is included in the per diem fee.

THEATRE SURGICALS FOR NORMAL VAGINAL DELIVERIES

THEATRE CHARGES

1 X Amnihook
1 X Continue Flo
1 X Cord Clamp
3 X Gloves Surgical St
8 X Gloves Sterile
4 X I D Bands
0.5 X Jaques Catheter
1 X Jelco IV
1 X KY Jelly Sachet
20 X Maternity Pad
5 X Preptic Swabs
1 X Spiral Electrode
1 X Spinocan
1 X Suction Catheter St
1 X Swabbing Tray
1 X Tegaderm 1626
1 X Vaginal Plug
2 X Water for irrigation
1 X Stockinette
2 X Silicone Tubing
1 X Add a Line

SUTURES

0.25 X Suture W734
0.25 X Suture W758
0.25 X Suture W727
0.25 X Suture W734
0.25 X Suture W758
0.25 X Suture W770
0.25 X Suture W759
0.25 X Suture W441

SYRINGES

1 X Syringe 1ml
1 X Syringe 20ml
3 X Syringe 2ml
2 X Syringe 5ml

DRESSINGS

2 X Cotton Wool Balls L/s

THEATRE SURGICALS FOR CAESARS WITH GENERAL ANAESTHETIC

THEATRE CHARGES

- 1 X Amniahook
- 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

DRAIN

- 1 X Corrugated Drain

DRESSINGS

- 15 X Abominal Swabs
- 3 X Cotton Wool Balls L/s
- 5 X Gauze Sterile Xray
- 1 X Telfa Dressing
- 1 X Steripad
- 1 X Tegaderm 1627
- 5 X Paint Balls

SYRINGES

- 1 X Syringe 1ml
- 1 X Syringe 20ml
- 1 X Syringe 10ml
- 8 X Syringe 2ml
- 2 X Syringe 5ml

Natural births

- 009 First day (Day of confinement).
- 010 Subsequent day(s). Per day
- 017 Subsequent day(s) excluding nursery fee.

R	6,816.30	
R	2,325.20	
R	1,347.30	

Caesarean

- 012 First day (Day of confinement).
- 013 Subsequent day(s). Per day
- 018 Subsequent day(s) excluding nursery fee

R	9,941.60	
R	2,270.10	
R	1,292.20	

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

- 015 Nursery fee.
- 016 Delivery room.

R	977.90	
R	3,275.00	

Epidural fee

- 011 Use of epidural anaesthesia for MATERNITY CASES ONLY. (Note: This item includes all surgicals and nursing but no ethicals)

R	1,380.80	
---	----------	--

Birthng Unit

- 030 The birthing unit fee may only be charged by an approved maternity unit in a hospital.

R	5,650.00	
---	----------	--

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 is chargeable when a nurse in private practice uses the labour ward in the hospital and the patient is discharged on the same day.

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.

1.2 Private Wards

020 Private ward

R	2,452.90	
---	----------	--

Hospitals shall obtain a certificate motivating the necessity for accommodation in a private ward from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme together with the account.

021 Private ward on member's request or for convenience of hospital will be funded at scale of benefits for general ward.

Different per hospital

1.3 Special Care Units

200 Specialised ICU: Per day.

R	9,972.10	
---	----------	--

201 Intensive Care Unit: Per day.

R	8,414.80	
---	----------	--

202 Neonatal Intensive Care Unit: Per day.

R	8,885.10	
---	----------	--

(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)

215 High Care Ward: Per day.

R	4,954.30	
---	----------	--

216 Neonatal High Care Ward `A' (Intensive nursing and monitoring)

R	5,383.10	
---	----------	--

217 Neonatal High Care Ward `B' (Standard nursing and monitoring)

R	3,346.50	
---	----------	--

218 Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).

R	2,443.40	
---	----------	--

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, e.g. phototherapy may be charged.

2 EMERGENCY UNIT

Emergency Unit Fee

The Emergency Unit fee structure below replaces the previous 301 and 302 fees. Tariffs (801-804) are fixed fees based on the patient's acuity and the level of input provided to stabilise/treat the patient. These fees include the facility fee, stock, equipment used, nursing input etc. TTO's and Doctor's fees are however excluded.

801 EU Triage: Green

R	110.00	
---	--------	--

802 EU Triage: Yellow

R	350.00	
---	--------	--

803 EU Triage: Orange

R	920.00	
---	--------	--

804 EU Triage: Red

R	1,530.00	
---	----------	--

022 Out Patient Wound Care Facility Fee

R	202.10	
---	--------	--

3 HAEMATOLOGY FEES

The following fees would be charged in respect of treatment received at a Medi-Clinic facility which provides specialised haematology services.

824 Venesection
 825 Bone Marrow Biopsy
 826 J-Line
 827 Chemo
 828 Lumbar Puncture
 829 Stabilised Human Serum
 830 Iron Infusion
 831 Plasma Apheresis
 832 Stem Cell Collect

R	389.20	
R	407.90	
R	564.90	
R	1,845.30	
R	1,456.10	
R	1,205.10	
R	1,732.30	
R	3,966.70	
R	3,715.60	

4 THEATRE FEES

061 Excimer Laser Theatre fee: per minute

R	29.40	
---	-------	--

The items under code 181 that are listed as non-recoverable under section 5.4 shall be deemed to be included in major theatre or minor theatre fees, and no charge in respect thereof may be levied

Minor Theatre, regardless of type of theatre available, the incident is procedure driven and not facility driven

A facility where simple procedures, which require limited instrumentation and drapery, minimum nursing input and short or no general anaesthetic, are carried out.

No Sophisticated monitoring is required but resuscitation equipment (trolley must be available in the procedure room. Conscious sedation by arrangement with scheme.

4.1 Minor Theatre

Time in Theatre

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

071 Charge per minute

R	27.20	R	19.50
---	-------	---	-------

4.2 Major theatre

Specialised Theatre Modifiers

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: For Specialised intensive care units and specialised theatres.

0002 Modifier 0002: Orthopaedic, Neurosurgical and Vascular:

R	3,114.30	
---	----------	--

- Joint replacements (only hip, knee, shoulder ankle or elbow)
- Femoral popliteal bypasses
- Carotid endarterectomies
- Aortic Aneurysm repair and arterial grafts
- Neurosurgery (Brain and spinal cord surgery only, excludes neurolysis)

0003 Modifier 0003: Cardiac surgery

R	9,205.00	
---	----------	--

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, no additional fees may be charged

Time in Theatre

The exact time of admission to and discharge from theatre shall be stated, upon which

the theatre charge shall be calculated as follows

081 Charge per minute

R	129.50	R	82.00
---	--------	---	-------

5 PROCEDURAL FEES

The fees quoted for items 052 to 056, 070 and 073 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for any items chargeable in terms of Section 5 hereof.

NOTE: Ward fees may however be chargeable together with items 053, 054, 055, 056, 070 and 073.

5.1 Procedures

052 Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.

R	635.10		
---	--------	--	--

053 Angiogram

R	635.10		
---	--------	--	--

055 Electroconvulsive therapy (ECT)

R	635.10		
---	--------	--	--

5.2 Catheterisation laboratory procedures:

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.

R	2,277.10		
---	----------	--	--

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.

R	12,604.30		
---	-----------	--	--

056 Cardiac angiographies 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.

R	4,288.10		
---	----------	--	--

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.

R	17,043.00		
---	-----------	--	--

075 Catheterisation laboratory film price (once per procedure)

R	219.70		
---	--------	--	--

5.3 Radiation Oncology

Simulation - Fixed custom made

902 Simple - Simulation of a single area with either a single port or parallel opposed ports.

Simple or no blocking or use of custom/home made simulation

903 Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.

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

905 Computerised Tomographic

Treatment Planning

906 Manual

907 Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking

908 Computerised (intermediate) - Planning requiring three or more ports, two separate

treatment areas, multiple blocks or special time dose constraints

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

Technical Aids

- 910 Control films (As per radiology film price list)
- 911 Dosimetric procedures
- 912 Artefacts: Simple - design and construction (simple block or bolus)
- 913 Artefacts: intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus)
- 914 Artefacts: complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts)

Linear accelerator treatment

- 915 Photon treatment, first field
- 916 Global fee for additional fields (to be charged once only)
- 917 Electron treatment
- 919 Brachytherapy - global fee per patient

5.4 Stereotactic radiosurgery

Included in item 430:

- Stereotactic frames and attachments
- Linear Accelerator
- Specialised graphic planning, hardware and software
- Simulator and dark rooms
- 10 dental films
- Stereotactic masks
- All disposables
- 4 to 20 Graphic transparencies (including 1 week of planning)
- 2 trained radiographers
- Fixation and immobilisation
- Nuclear Specialist Medical Physicist
- Duration 1 - 4 hours
- 2 treatment radiographers

Excluded from fee:

- Other medical practitioners
- CT & MRI

430 Global fee for stereotactic radiosurgery

399 Linear Accelerator radiosurgery - Global Fee

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.

6 STANDARD CHARGES FOR EQUIPMENT AND MATERIALS

224 Stone basket (reusable) for the removal of kidney-, bladder- or gallstones: Per case

R	2,172.90	
R	2,077.50	

225 Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case

226 Continuous Passive Exerciser: Per day.

R	164.50	
R	459.40	

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

228 Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification

R	226.00	
---	--------	--

changer. Microscopic surgery only: Per case

- 360 Category 1 - Diagnostic laparoscopy and thoracoscopy, Sterilisation; Saplingectomy; Cyst Aspiration, per case.
See Annexure A for category list. Includes Re-usable laparoscopic Instrumentation as below:
- Light guide Cable
 - Hi Frequency Cord
 - Graspers
 - Dissector
 - Electro Surgical Instrument

R	1,776.20	
---	----------	--

- 364 Category 2 - Including all other laparoscopic procedures and this includes Thoracic and Urological procedures, per case. Includes the following Re-usable/responsible Laparoscopic Instrumentation:

R	2,761.60	
---	----------	--

- Light Guide Cable
- HI Frequency Cord
- Endoscopic Needle Holder (2)
- Graspers
- Grasper – a-traumatic
- Dissectors
- Scissors
- Suction Irrigation
- Instrument Suction/ Cautery instrument
- Electro Surgical Instrument

- 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

R	174.50	
---	--------	--

Note: Chargeable in the following instances

- Major joint replacement
- Open, upper abdominal surgery
- Severe burns
- Paediatrics in special cases on motivation
- Thoracotomies (motivation by practitioner)
- Intractable pain associated with malignancy

Not applicable in ICU and specialised units. 1 per patient for maximum of 48 hours in ward

- 231 Cardiac monitors – (in private, general and high care wards only): Per day or part thereof

R	189.60	
---	--------	--

- 232 Bird or equivalent free standing nebuliser (excluding oxygen): Per day

R	135.50	
---	--------	--

- 233 Croupettes (excluding oxygen): Per day or part thereof

R	37.70	
---	-------	--

- 234 Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day

R	71.60	
---	-------	--

- 235 Oxygen tents (excluding oxygen): Per day or part thereof

R	62.80	
---	-------	--

- 236 Mechanical ventilator or equivalent (only in ICU and High Care ward where no ICU is available) (excluding oxygen): Per day or part thereof

R	887.40	
---	--------	--

- 237 CUSA (plus CUSA pack as per Section 5)

R	2,931.10	
---	----------	--

- 238 Lasers - Argon (ophthalmic)

R	907.60	
---	--------	--

- 239 Lasers - CO2 (surgical)

R	1,173.70	
---	----------	--

- 241 Lasers - Candella (Rates by arrangement with the scheme concerned)

R	2,985.10	
---	----------	--

- 335 Excimer laser: Hire fee per eye

R	3,203.50	
---	----------	--

- 337 Microkeratome used with an excimer laser, per operation

R	588.70	
---	--------	--

- 242 Occutomes

R	385.30	
---	--------	--

- 243 Lasers - YAG (ophthalmic)

R	1,024.30	
---	----------	--

- 244 Lasers - YAG (surgical)

R	1,274.10	
---	----------	--

- 220 Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment

R	808.40	
---	--------	--

- 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)

R	538.50	
---	--------	--

- 339 Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in

R	357.70	
---	--------	--

same kidney which are eliminated in one treatment

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)	R	238.60	
222 Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	R	5,387.70	
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)	R	3,590.10	
245 First Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment for one or more stones in same kidney which are eliminated in one treatment	R	11,794.60	
246 Second Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	R	7,856.80	

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.

249 C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies).	R	359.00	
250 Ultrasonic imaging equipment	R	636.40	

(Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or Doppler ultrasound for vascular anatomy and haemo-dynamics)

Note: This can be used for infertility treatment

251 Screening table - fixed base urology table (including all radiographic equipment) (See item 249) (May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341)	R	859.80	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---	--------	--

252 Gastroscope (fibre optic/flexible only)	R	502.10	
253 Colonoscope (fibre optic/flexible only)	R	562.30	
254 Duodenoscope (fibre optic/flexible only)	R	532.20	
255 Sigmoidoscope (fibre optic)	R	431.80	
343 Sigmoidoscope (rigid, adults)	R	89.20	
345 Sigmoidoscope (rigid, paediatrics)	R	71.60	
256 Bronchoscope (flexible/fibre optic, adults)	R	355.20	
347 Bronchoscope (flexible/fibre optic, paediatrics)	R	355.20	

Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.

348 Bronchoscope (rigid, adults)	R	141.90	
349 Bronchoscope (rigid, paediatrics)	R	207.10	
257 Laryngoscope (fibre optic/flexible excluding intubation)	R	207.10	
258 Sinoscope (rigid only)	R	235.90	
259 Oesophagoscope (rigid only)	R	116.80	
261 Hysteroscope	R	148.10	
262 Colposcope (Not chargeable when item 239 applies)	R	207.10	
263 Cysto Urethroscope	R	177.00	
519 Uretho Reno Fibroscope, per case	R	633.90	
264 Arthroscope (including basic reusable instruments and equipment)]	R	444.40	

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), gasper, forceps (punch basket, duckbill), camelback handle, powered arthroplasty system, handpiece.

- 266 Large disposable sterile trays - per tray (excluding theatre). (See section 5.6)
- 267 Sterile disposable swabbing and ENT trays - per tray (excluding theatre).
(See section 5.6)
- 269 Soluble bags for barrier nursing only, limited to 2 per patient per day. (See Section 5.6)
(See Section 5.6)
- 294 Transcranial Doppler
- 295 Ultrasonic Cutting and Coagulating Devices e.g. Harmonic Scalpel or equivalent
(See section 5.5.3 for reusable components)
- 507 Argon Beamer (See section 5.5.2 for reusable and responsible components)

R	1,055.70	
R	290.00	

R	107.90	
---	--------	--

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.

- 509 Endometrial Resection (Radio frequency)
- 511 Colour Doppler (external)
- 513 Transoesophageal Colour Doppler
- 515 Cardiorhythm Ablater
- 517 Phaco emulsifier
- 521 OAS Frameless Stereotaxy
- 523 OPD Tacography
- 525 RFG3C Lesion Generator (Rhizotomy)
- 527 Swift Lase Kit (Tonsillectomy)
- 529 Bard Apparatus (can be charged with 054)
- 531 Densitometer
- 533 Civus (Cardiac Intra-vascular Ultrasound)(May be charged in addition to catheterization)
- 535 Ivus (Intra-vascular Ultrasound)
- 537 Reusable patient return electrode/grounding pad using a capacitive coupling technique for use in electrosurgery.

R	710.50	
R	2,125.20	
R	2,564.50	
R	1,397.20	
R	690.50	
R	7,475.20	
R	120.50	
R	2,420.10	
R	472.00	
R	1,810.10	
R	1,115.90	
R	3,030.30	
R	6,658.00	
R	27.60	

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).

Equipment fees for automated, stereotactic, digital imaged surgical breast biopsy

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 R10 700.00 per procedure unless otherwise motivated for. Core needle and vacuum assisted core needle would therefore be capped at R4280.00 and fine needle at R3 210.00. The disposables for the ABBI are included in the equipment fee.

- 540 Stereotactic guided digital imaged breast biopsy procedure
- 541 Stereotactic guided digital imaged cover needle biopsy
- 542 Stereotactic guided digital imaged vacuum assisted core needle biopsy
- 543 Stereotactic guided digital imaged fine needle aspiration
- 544 Mammotome Stereotactic Driver - vacuum assisted core needle biopsy. (UNDER REVIEW)
- 545 Mammotome Hand Held ultrasound vacuum assisted vacuum core needle biopsy. (UNDER REVIEW)
- 560 Low pressure hyperbaric oxygen treatment protocol. (By arrangement)
- 562 Standard pressure hyperbaric oxygen treatment protocol. (By arrangement)
- 564 US Navy TT5 treatment protocol. (By arrangement)
- 566 US Navy TT6 treatment protocol. (By arrangement)
- 568 US Navy TT6 extended treatment protocol. (By arrangement).
- 950 Cool tip Radio Frequency Ablation System

R	12,221.40	
R	7,190.20	
R	7,190.20	
R	5,035.00	
R	-	

R	-	
---	---	--

R	571.20	
R	854.80	
R	2,280.90	
R	3,420.60	
R	6,841.30	
R	2,377.50	

570 Comex 30 treatment protocol. (By arrangement)
 572 US Navy Table 6A treatment protocol. (By arrangement)
 574 Pressure relieving mattress hire fee, per day
 576 Infrared Coagulator: per use
 578 Prostatic hyperthermia and thermotherapy: per case
 580 AV 6000 impulse foot pump: per case
 582 Selector ultrasonic aspirator
 584 Cryosurgery acuprobe
 594 Motility machine
 596 Ph recorder
 604 C-Arm Mobile
 606 Epilepsy monitoring system
 608 Lynx ultrasound scanner
 610 Intra-operative multi-frequency probe
 612 Flexible laparoscopic probe
 613 Oscillating ventilator
 614 Urodynamic unit
 616 Cryotherapy Global Fee

R	-	
R	-	
R	-	
R	-	
R	11,470.80	
R	-	
R	-	
R	-	
R	-	
R	2,859.50	
R	2,107.60	
R	2,290.90	
R	1,141.00	
R	1,652.00	
R	4,394.70	
R	2,506.80	
R	123,289.90	

833 Anaesthetic Machine
 952 Cartoelectroph 3D Mapping
 837 Centrifuge
 839 Choledocho-Fiberscope
 550 Image Guided Surgery System

R	-	
R	8,583.60	
R	512.90	
R	844.30	
R	6,902.80	

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 and ENT procedures, per procedure

843 Intra-operative Nerve Monitor
 836 Lead Point Generator & Work Station
 840 Liposuction Device
 838 Micro-drive
 834 Thrombectomy System
 835 Vascular Pressure & Flow Measuring Device
 842 Vessel Sealing & Tissue Fusion Device

R	918.20	
R	7,737.10	
R	964.20	
R	1,561.10	
R	1,778.70	
R	2,479.30	
R	290.70	

7 STANDARD DRUG, MATERIAL, CONSUMABLE AND DISPOSABLE CHARGES

(Only substances controlled by the South African Medicines and Medical Devices Regulatory Authority/Medicine Control Council)

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 correct NAPPi code is supplied on the account. The prices and Nappi codes on the Medi-Kredit Product File under the jurisdiction of the NAB (Nappi Advisory Board) shall apply.

If a product is charged on a Nappi code, no further documentation eg copies of invoices would be supplied to the Funder.

If a product specific Nappi code can not be allocated to an item eg Prostheses, Imported products and special authorised Ethicals, the applicable "non specific" Nappi code as on the Medi-Kredit File should be used and a Funder may request a copy of the invoice.

7.1 Inpatients and day patients: Dispensed items including ampoules, over the counter and proprietary items issued to inpatients, day patients and TTO's

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.

272 Pharmacy
 278 Ward stock

- 282 Theatre
- 273 To take out

7.2 Emergency Room: Dispensed items including ampoules, over the counter and proprietary items and TTO's issued to patients treated in the emergency room

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.

- 407 Pharmacy
- 411 Theatre
- 413 To take out

7.3 Recommended Guide to Reimbursement for Consumable and Disposable Items charged by Private Hospitals and Same Day Surgery Facilities List

- 182 Consumable and Disposable items charged in respect of Wards, High Care and all Intensive Care Units and Emergency Rooms.
- 181 Consumable and Disposable items charged in respect of Theatre.

7.4 Fractional charges

Note: Fractional charges can only apply to reusable and resposable products

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.

7.4.1 Resuable/Resposable drills, burrs, cutters, guide pins, blades (e.g. Stryker or equivalent)

280 Neuro/Craniotomy	33.3%
432 Arthroscopy	20.0%
433 Orthopaedic	33.3%
437 Mastoidectomy and major ear surgery	33.3%
439 Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth)	33.3%

7.4.2 Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Resuable/resposable components)

281 Vascular surgery	100.0%
443 General surgery	12.5%
445 Gynaecology	12.5%
447 Ophthalmic	12.5%
449 Urology	12.5%
451 ENT	12.5%
453 Orthopaedic	12.5%

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

7.4.3 Ultrasonic Cutting and Coagulating Devices (reusable and resposable components)
General surgery, Gynaecology, Cardio-Vascular and Urology

455 Handpiece and Cable Assembly (one unit)	1.0%
456 Coagulating Shear (Laparoscopic/open)	33.3%
458 Coagulating Shear - Single use (Laparoscopic/open) Refer to 5.6	-
457 Blades (sharp hook, dissecting hook, ball)	12.5%
459 Blades - Single use (sharp hook, dissecting hook, ball) Refer to 5.6	-

7.4.4 Reusable/resposable warm air blankets, laryngeal masks, fluoroshield gloves and diathermy pencils - Further information refer to section 5.4.

The warm air blanket should be charged in the following cases:

- Infants

- Elderly patients,
- Patients exposed for a long period of time e.g. orthopaedic table
- Post traumatic hypothermia (items 429 or 436)
- Cardio-thoracic hypothermic patients in recovery and ICU (items 429 or 436)

429 Disposable warm air blanket - Single use - for above cases only	100.0%
431 Diathermy pencils re-usable	33.3%
Diathermy Pencil Single use	100.0%
435 Laryngeal masks (re-usable)	2.5%
Laryngeal Masks Single use	100.0%
436 Reusable/responsible warm air blankets - for above cases only	33.3%
441 Fluoroshield gloves (1 pair per procedure)	33.3%
7.4.5 Single use laparoscopic instrumentation	100.0%
7.4.6 Semi disposable endoscopic equipment	
Veress needle	10.0%
Trocar Sleeves	1.0%
Graspers	5.0%
Dissectors	5.0%
Babcock	5.0%
Babcock inserts	100.0%
Scissors	10.0%
Handle for Grasper, Scissors	1.0%
Single use scissor / babcock / dissector tips to be used with handle	100.0%
Re-usable tips Scissor / babcock etc	10.0%
Clip Applier Cartridges single use	100.0%
Clip Applier re-usable handle	5.0%
7.4.7 Semi disposable Skin Staplers	
Handle	10.0%
Cartridge (single use)	100.0%
7.4.8 Re-usable Theatre gowns	
Charnley Type	5.0%
Barrier type eg. Goretex; Priontex	5.0%
7.4.9 Stone Stone Baskets semi-re-usable	
Re-usable handle	20.0%
Sheath single use	100.0%

7.5 Consumable, disposable, and surgical items

(including sutures, skin graft blades, trephines, external fixators and Beaver blades (Beaver blades not chargeable in myringotomy) and disposable small and large dressing trays, and items not otherwise dealt with in section 5)
(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

- 417 Pharmacy
- 419 Ward stock
- 421 Theatre

7.6 Gasses

Oxygen and Nitrous Oxide

(For both gases together, per minute)

283 PWV area	R	-
701 Cape Town	R	-
702 Port Elizabeth	R	-
703 East London	R	-
704 Durban	R	-

705 Other areas

R	-
---	---

Oxygen, ward use

(Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex)

284 PWV area

R	-
---	---

710 Cape Town

R	-
---	---

711 Port Elizabeth

R	-
---	---

712 East London

R	-
---	---

713 Durban

R	-
---	---

714 Other areas

R	-
---	---

Oxygen, recovery room

(Flat rate for oxygen per case)

720 PWV area

R	-
---	---

721 Cape Town

R	-
---	---

722 Port Elizabeth

R	-
---	---

723 East London

R	-
---	---

724 Durban

R	-
---	---

725 Other areas

R	-
---	---

Oxygen in Theatre

(Fee for oxygen per minute in the operating theatre when no other gas administered)

730 PWV area

R	-
---	---

731 Cape Town

R	-
---	---

732 Port Elizabeth

R	-
---	---

733 East London

R	-
---	---

734 Durban

R	-
---	---

735 Other areas

R	-
---	---

Carbon Dioxide

291 Per minute

R	-
---	---

Laser Mix

292 Per minute

R	-
---	---

Entonox

293 Per 30 minutes

R	-
---	---

7.7 Inhalation anaesthetics

285 Halothane (Halothane): per minute

R	-
---	---

752 Ethrane (Enflurane): per minute

R	-
---	---

753 Forane (Isoflurane): per minute

R	-
---	---

754 Isofor (Isoflurane): per minute

R	-
---	---

759 Fluothane (Halothane), per minute

R	-
---	---

758 Alyrane (Enflurane): per minute

R	-
---	---

757 Aerrane (Isoflurane): per minute

R	-
---	---

756 Suprane (Desflurane), per minute

R	-
---	---

755 Ultane (Sevoflurane): per minute

R	-
---	---

7.80 Prostheses Implants (Surgically implanted)

Prostheses shall mean a device to replace a missing part of the body due to disease or trauma,

286 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. Cement with Antibiotic to be excluded from Prostheses. 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. Implant : A device to assist the body in maintaining normal function and or healing of an injured part. This may be temporary or permanent.

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.

7.9 Medical artificial items (non-prostheses)

287 According to agreement with schemes concerned. (Examples of items included hereunder shall be wheelchairs, crutches and stoma accessories. Copies of invoices shall be supplied to schemes.

7.10 Transportation Charges

An additional charge may be made to cover the cost of railage paid on items sent to areas outside the supplier's free delivery area (Not applicable to instruments)

7.11 Price increases

There would be no price increases for any item listed under .283 to .285 and .291 to .292. for the tariff period concerned.

7.12 Blood charges

289 Routine blood charges, when incurred in respect of blood or related products procured from a recognised blood bank for transfusion purposes (fixed fee)

R	141.90
---	--------

297 Emergency collection – _____ per collection in metropolitan area. Claims for this item code must be supported by documentary evidence of the patient's condition

R	858.60
---	--------

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.

7.13 Disposable Patient Controlled Analgesia Pump

Chargeable in the following instances

- Major joint replacement
- Major surgery eg hysterectomies, lower abdominal surgery (motivation by practitioner)
- Open, upper abdominal surgery
- Severe burns
- Paediatrics in special cases on motivation
- Thoracotomies (motivation by practitioner)
- Intractable pain associated with malignancy

The PCA pump will be limited to 1 per patient per 48 hours.

8 NON STANDARD ITEMS/SERVICES

Such items are not covered by the Benchmark Tariff and schemes reserve the right to decide individually how these items/services will be dealt with. If not payable according to scheme rules, the patient shall be billed.

Procedures: Open heart, cardiac by-pass surgery and all organ transplants.

121 Benefits to be pre-authorised with the scheme concerned.