

## Private Hospitals 2004

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 2004

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.

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.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

### GENERAL RULES

### SCHEDULE

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 5 hereof, are applicable to both categories of such hospitals and unattached operating theatre units.
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.
E.1	Procedure for the classification of hospitals:
E.1.1	Inspections private hospitals or unattached operating theatre units/day clinics 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.
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.
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.
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.
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.
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.
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.
1	ACCOMMODATION
	Ward fees
	<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>
1.1	General Wards

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Code	Description	57/58	77
001	Surgical cases: per day.	R822.70	
002	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	R864.40	
003	Psychiatric general ward fee, per day	R681.10	
004	Medical and neurological cases: per day.	R822.70	
005	Paediatric cases (under 14 years of age)	R1015.50	
	Day admissions - all patients admitted as day patients and discharged before 23h00 on the same day		
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	R526.50	R450.00
014	Overnight fee - Medical practitioner to pre-authorise all overnight admissions		R198.30
019	Out-patients facility fee for ambulatory admission - chargeable for patients admitted for local anaesthetic procedures - No ward fees applicable. Note: Each account should be accompanied by a report from the practitioner indicating the nature of the complication.  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	R243.60	R243.60
022	Out-patient wound care facility	R120.10	R120.10
	Maternity		

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

**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 (see list under point 8).

**But EXCLUDE**

Sections 5.1 to 5.3;  
Sections 5.7 to 5.8 (Gases); and

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 Reference Price List for private hospitals and the rules of the relevant scheme pertaining to such dependants.

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.

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.

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 Reference Price List shall be applied to such neonate 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, '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.

The second day is calculated as starting from 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 following list of surgicals (maternity basket) are 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

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	Natural births		
009	First day (Day of confinement).	R3980.00	
010	Subsequent day(s).Per day	R1371.00	
017	Subsequent day(s) excluding nursery fee.	R997.30	
	Caesarean		
012	First day (Day of confinement).	R6182.30	
013	Subsequent day(s). Per day	R1359.30	
	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.	R386.10	
016	Delivery room.  This item is not applicable for deliveries by registered nurses in private practice.	R1659.60	
018	Subsequent day(s) excluding nursery fee	R980.10	
	Epidural fee		
011	Use of epidural anaesthesia for MATERNITY CASES ONLY. (Note: This item includes all surgicals and nursing but no ethicals)	R604.60	
	Birthing Unit		
	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 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.		
030	Global fee for a Birthing Unit (Accredited or Approved by BHF)	R2486.80	
1.2	Private Wards		
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-authorisation. General ward fees are applicable to isolation.	R1063.30	
021	Private ward on member's request or for convenience of hospital will be funded at scale of benefits for general ward.		
1.3	Special Care Units		
	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.		
	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-authorisation.  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.		
200	Specialised ICU (As approved by BHF according to General Rule E.1.1) Per day	R4450.70	
	(Subject to a maximum of 1 day. Pre-authorisation required for every additional day thereafter. Item 201 will apply if no pre-authorisation 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).		
201	Intensive Care Unit: Per day.	R3387.40	

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202	Neonatal Intensive Care Unit: Per day.	R4217.4 0	
	(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.	R2169.8 0	
216	Neonatal High Care Ward 'A' (Intensive nursing and monitoring)	R2356.8 0	
217	Neonatal High Care Ward 'B' (Standard nursing and monitoring)	R1540.8 0	
218	Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).	R1015.5 0	
	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.		
2	EMERGENCY UNIT		
2.1	Emergency Unit Fee		
105	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by BHF	R1046.2 0	
301	For all consultations including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.		
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.	R240.30	R240.30
	Note: The procedure room fee (071) cannot be charged in addition to 302		
2.2	THEATRE FEES		
061	Excimer Laser Theatre fee, per minute	R14.80	R14.80
	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.		
	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.		
	Time in minor theatre		
071	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	R11.40	R9.76
	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		
2.3	Major theatre		
	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 undermentioned 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		
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 (Surgery on the brain and spinal cord only, excludes neurolysis)	R1102.1 0	

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0003	<p>Modifier 0003: Cardiac surgery</p> <p>Cardio-thoracic and Cardio-vascular surgery</p> <p>· 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</p> <p>NOTE: The above surcharge will also be applicable to approved provincial hospitals</p>	R2525.20	
	Time in Theatre		
081	Charge per minute (which includes 0.16c per minute for those items in the surgical basket).	R35.50	R30.30
	The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows		
	Specialised Theatre Modifiers		
3	PROCEDURAL FEES		
	<p>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.</p> <p>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 items 515, 529, 533, 535 and any items chargeable in terms of Section 4 and 5 hereof.</p> <p>NOTE: Ward fees may however be chargeable together with items 053, 054, 055, 056, 070 and 073.</p>		
3.1	Procedures		
052	Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.	R327.20	R327.20
053	Angiograms.	R327.20	
055	Electroconvulsive therapy (ECT)	R327.20	R327.20
3.2	Catheterisation laboratory procedures		
054	<p>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</p> <p>NB: For EPS studies, the Bard Apparatus (item 529) must be charged additionally.</p>	R1173.70	
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	R2211.30	
070	<p>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.</p> <p>NB: EPS for cardiac ablations - items 529 must be charged additionally.</p>	R5744.60	
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	R4248.70	
075	Catheterisation laboratory film price (once per procedure)	R126.50	
3.3	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	R348.20	
903	Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.	R531.20	
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	R696.40	
905	Computerised Tomographic.	R696.40	
	Treatment Planning		
906	Manual.		

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907	Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking	R328.10	
908	Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints	R500.60	
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	R655.70	
	Technical Aids		
910	Control films (As per radiology film price list).		
911	Dosimetric procedures.	R19.10	
912	Artefacts: Simple - design and construction (simple block or bolus)	R47.80	
913	Artefacts: intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus).	R130.10	
914	Artefacts: complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts)	R260.20	
	Linear accelerator treatment		
915	Photon treatment, single field.	R508.50	
916	Photon treatment, multiple fields	R732.30	
917	Electron treatment.	R508.50	
919	Brachytherapy - global fee per patient.	R3864.40	
3.4	Stereotactic radiosurgery		
	<p>Included in item 430</p> <p>Stereotactic frames and attachments</p> <p>Linear Accelerator</p> <p>Specialised graphic planning, hardware and software</p> <p>Simulator and dark rooms</p> <p>10 dental films</p> <p>Stereotactic masks</p> <p>All disposables</p> <p>4 to 20 Graphic transparencies (including 1 week of planning)</p> <p>2 trained radiographers</p> <p>Fixation and immobilisation</p> <p>Nuclear Specialist Medical Physicist</p> <p>Duration 1 - 4 hours</p> <p>2 treatment radiographers</p> <p>Excluded from fee</p> <p>Other medical practitioners</p> <p>CT &amp; MRI</p>		
399	Linear Accelerator radiosurgery - Global Fee	R84022.00	
	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.		
430	Global fee for stereotactic radiosurgery	R57504.20	
4	STANDARD CHARGES FOR EQUIPMENT		
220	Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	R426.60	R426.60
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)	R284.10	R284.10
222	Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	R2843.40	R2843.40
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)	R1894.00	R1894.00
224	Stone basket (reusable) for the removal of kidney-, bladder- or gallstones: Per case	R1146.70	R1146.70

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225	Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case	R1095.80	
226	Continuous Passive Exerciser: Per day.	R86.90	R86.90
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	R241.90	R241.90
228	Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case	R119.60	R119.60
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	R91.70	R91.70
	Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours in ward 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		
231	Cardiac monitors - in private, general and high care wards only - not to be charged for routine ECG's: Per day or part thereof	R99.70	
232	Bird or equivalent free standing nebuliser (excluding oxygen): Per day	R71.40	R71.40
233	Croupettes (excluding oxygen): Per day or part thereof	R20.40	
234	Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day or part thereof	R38.20	
235	Oxygen tents (excluding oxygen): Per day or part thereof	R33.30	
236	Mechanical ventilator or equivalent (only in ICU and high care ward where no ICU is available) (excluding oxygen): Per day or part thereof	R318.50	
237	CUSA (plus CUSA pack as per section 5).	R1546.90	
238	Lasers - Argon or Holium (ophthalmic).	R479.20	R479.20
239	Lasers - CO2 (surgical).	R619.10	R619.10
241	Lasers - Candella (Rates by arrangement with the scheme concerned)		
242	Occutomes.	R203.80	R203.80
243	Lasers - YAG (ophthalmic).	R540.30	R540.30
244	Lasers - YAG (surgical).	R672.80	R672.80
245	First Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment for one or more stones in same kidney which are eliminated in one treatment.	R6225.00	R6225.00
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)	R4146.00	R4146.00
	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.		
249	C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies).	R201.10	R201.10
250	Ultrasonic imaging equipment.	R336.20	R336.20
	(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)  Note: May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341.	R453.60	R453.60
252	Gastroscope (fibre optic/flexible only).	R265.00	R265.00
253	Colonoscope (fibre optic/flexible only)	R296.40	R296.40
254	Duodenoscope (fibre optic/flexible only).	R280.80	R280.80
255	Sigmoidoscope (fibre optic).	R227.70	R227.70



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256	Bronchoscope (flexible/fibre optic, adults).	R187.10	R187.10
257	Laryngoscope (fibre optic/flexible excluding intubation)	R109.20	R109.20
258	Sinoscope (rigid only)	R124.60	R124.60
259	Oesophagoscope (rigid only)	R62.20	R62.20
261	Hysteroscope	R78.20	R78.20
262	Colposcope (Not chargeable when item 239 applies)	R109.20	R109.20
263	Cysto Urethroscope	R93.70	R93.70
264	Arthroscope (including basic reusable instruments and equipment)	R255.50	R255.50
	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) :  <ul style="list-style-type: none"> <li>- Telescope, light source, cable</li> <li>- Monitor</li> <li>- Electrosurgical instrument</li> <li>- High frequency cord</li> <li>- Obturator</li> <li>- Camera</li> <li>- Focussing camera coupler</li> <li>- Control console, footswitch</li> <li>- Probe, scissors, (hooked, parrot beak), grasper, forceps (punch basket, duckbill), camelback handle, powered arthroplasty system, handpiece.</li> </ul>		
294	Transcranial Doppler	R557.00	
295	Ultrasonic Cutting and Coagulating Devices (See section 5.3.3)	R153.30	R153.30
335	Excimer laser: Hire fee per eye	R1690.30	R1690.30
337	Microkeratome used with an excimer laser, per operation.	R310.50	R310.50
339	Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	R188.90	R188.90
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)	R126.00	R126.00
343	Sigmoidoscope (rigid, adults)	R46.80	R46.80
345	Sigmoidoscope (rigid, paediatrics)	R37.80	R37.80
347	Bronchoscope (flexible/fibre optic, paediatrics)	R187.10	R187.10
	Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.		
348	Bronchoscope (rigid, adults)	R74.90	R74.90
349	Bronchoscope (rigid, paediatrics)	R109.20	R109.20
360	Category 1 - Laparoscopy and thoracoscopy, per case. See Annexure A	R612.00	R612.00
364	Category 2 - Interventional Laparoscopic and Thorascopic procedures, per case. See Annexure A	R727.00	R727.00
507	Argon Beamer (See section 5.3.2)	R62.10	R62.10
	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)	R374.70	R374.70
511	Colour Doppler (external)	R1121.70	R1121.70
513	Transoesophageal Colour Doppler. (May be charged together with Modifier 0003)	R1353.40	R1353.40
515	Cardiorhythm Ablater. (May be charged in addition to the catheterisation Laboratory).	R737.20	R737.20
517	Phaco emulsifier	R397.00	R397.00
519	Uretho Reno Fibroscope, per case	R334.50	R334.50
521	OAS Frameless Stereotaxy	R3944.70	
523	OPD Tacography (Includes paper)	R63.90	
525	RFG3C Lesion Generator (Rhizotomy)	R1277.10	
527	Swift Lase Kit (Tonsillectomy)	R248.90	

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529	Bard Apparatus  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.	R955.40	
531	Densitometer	R589.00	
533	Civus (Cardiac Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation laboratory).	R1599.60	
535	Ivus (Intra-vascular Ultrasound) (This may be charged in addition to the catheterisation laboratory).	R3513.70	
537	Reusable patient return electrode/grounding pad using a capacitive coupling technique for use in electrosurgery.	R14.70	
	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 (UNDER REVIEW)		
	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 R12010.00 per procedure unless otherwise motivated for. Core needle and vacuum assisted core needle would therefore be capped at R 4 804.00 and fine needle at R 3 603.00. The disposables for the ABBI are included in the equipment fee.		
540	Stereotactic guided digital imaged breast biopsy procedure	R6450.10	
541	Stereotactic guided digital imaged cover needle biopsy	R3794.40	
542	Stereotactic guided digital imaged vacuum assisted core needle biopsy.	R3794.40	
543	Stereotactic guided digital imaged fine needle aspiration	R2657.10	
544	Mammotome Stereotactic Driver - vacuum assisted core needle biopsy. (UNDER REVIEW)		
545	Mammotome Hand Held ultrasound vacuum assisted vacuum core needle biopsy. (UNDER REVIEW)		
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	R4124.10	
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)		
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).		
570	Comes 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	R5847.70	
580	Sequential compression device, per case		
582	Selector ultrasonic aspirator		
584	Cryosurgery acuprobe		
594	Motility machine		
596	Ph recorder		
606	Epilepsy monitoring system		
608	Lynx ultrasound scanner		
610	Intra-operative multi-frequency probe		
612	Flexible laparoscopic probe		
5	STANDARD DRUG, MATERIAL, CONSUMABLE AND DISPOSABLE CHARGES		

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	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.		
5.1	STANDARD DRUG CHARGES		
	(Only substances controlled by the Medicines and Related Substances Control Act, Act 101 of 1965, as amended/Medicine Control Council)		
5.1.1	Inpatients and day patients: Dispensed items including ampoules, over the counter and proprietary items issued to inpatients, day patients and TTO's		
	Not to be charged for consumable, disposable and surgical items		
	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		
273	To take out		
278	Ward stock		
282	Theatre		
5.1.2	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.		
	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.		
	Not to be charged for consumable, disposable and surgical items		
407	Pharmacy		
411	Theatre		
413	To take out		
5.2	Consumable, disposable, and surgical items used in ward, theatre or emergency room		
	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.		
266	Large disposable sterile trays - per tray (excluding theatre)		
267	Sterile disposable swabbing and ENT trays - per tray (excluding theatre)		
269	Soluble bags for barrier nursing only, limited to 2 per patient, per day		
415	Emergency room		
417	Pharmacy		
419	Ward stock		
421	Theatre		
5.3	Fractional charges		
	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.		
	Note: Fractional charges can only apply to reusable and limited life reusable/responsible products.		
5.3.1	Drills, burrs, cutters, blades		
280	Neuro/Craniotomy	33.33%	33.33%
432	Arthroscopy	20.00%	20.00%
433	Orthopaedic	33.33%	33.33%
437	Mastoidectomy and major ear surgery	33.33%	33.33%
439	Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth)	33.33%	33.33%
5.3.2	Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Limited life re-usable components)		
	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		

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281	Vascular surgery	100%	100%
443	General surgery	12.5%	12.5%
445	Gynaecology	12.5%	12.5%
447	Ophthalmic	12.5%	12.5%
449	Urology	12.5%	12.5%
451	ENT	12.5%	12.5%
453	Orthopaedic	12.5%	12.5%
5.3.3	Ultrasonic Cutting and Coagulating Devices (Limited life re-usable)		
	General surgery, Gynaecology, Cardio-Vascular and Urology		
455	Handpiece and Cable Assembly (one unit)	1%	1%
456	Coagulating Shear (Laparoscopic/open)	33.33%	33.33%
458	Coagulating Shear - Single use (Laparoscopic/open) Refer to Section 5.2		
457	Blades (sharp hook, dissecting hook, ball)	12.5%	12.5%
459	Blades - Single use (sharp hook, dissecting hook, ball) Refer to 5.2	-	-
5.3.4	Warm air blankets		
429	Warm air blanket may be charged in the following cases and limited to 1 per stay  - Infants - Elderly patients over 65, - Patients exposed for a long period of time in theatre longer than 2 hours - Post traumatic hypothermia - one per stay - Cardio-thoracic hypothermic patients in recovery and ICU - one per stay	100%	100%
5.3.5	Diathermy pencils, laryngeal masks and fluoroshield gloves		
431	Diathermy pencils	33.33%	33.33%
435	Laryngeal masks	2.5%	2.5%
441	Fluoroshield gloves (1 pair per procedure)	33.33%	33.33%
5.7	Gases		
	Price increases: Should a change occur in the manufacturer's price of any item listed hereunder, the new price shall be as notified		
	Oxygen and Nitrous Oxide		
	For both gases together, per minute		
283	PWV area	R2.51	R2.51
701	Cape Town	R3.45	R3.45
702	Port Elizabeth	R3.06	R3.06
703	East London	R3.39	R3.39
704	Durban	R3.15	R3.15
705	Other areas	R2.81	R2.81
	Oxygen, ward use		
	Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex		
284	PWV area	R3.69	R3.69
710	Cape Town	R6.12	R6.12
711	Port Elizabeth	R5.87	R5.87
712	East London	R5.65	R5.65
713	Durban	R4.78	R4.78
714	Other areas	R4.55	R4.55
	Oxygen, recovery room or emergency room		
	Flat rate for oxygen per case		
720	PWV area	R7.34	R7.34
721	Cape Town	R12.20	R12.20
722	Port Elizabeth	R11.70	R11.70
723	East London	R11.20	R11.20

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724	Durban	R9.57	R9.57
725	Other areas	R9.07	R9.07
	Oxygen in Theatre		
	Fee for oxygen per minute in the operating theatre when no other gas administered		
730	PWV area	R0.23	R0.23
731	Cape Town	R0.40	R0.40
732	Port Elizabeth	R0.39	R0.39
733	East London	R0.39	R0.39
734	Durban	R0.30	R0.30
735	Other areas	R0.29	R0.29
	Carbon Dioxide		
291	Per minute	R0.45	R0.45
	Laser Mix		
292	Per minute	R8.82	R8.82
	Entonox		
293	Per 30 minutes	R83.80	R83.80
5.8	Inhalation anaesthetics		
	Price increases: Should a change occur in the manufacturer's price of any item listed hereunder, the new price shall be as notified		
285	Halothane (Halothane): per minute	R0.94	R0.94
752	Ethrane (Enflurane): per minute	R4.98	R4.98
753	Forane (Isoflurane): per minute	R4.68	R4.68
754	Isofor (Isoflurane): per minute	R4.25	R4.25
755	Ultane (Sevoflurane): per minute	R8.58	R8.58
756	Suprane (Desflurane), per minute	R7.31	R7.31
757	Aerrane (Isoflurane): per minute	R3.81	R3.81
758	Alyrane (Enflurane): per minute	R3.83	R3.83
759	Fluothane (Halothane), per minute	R0.90	R0.90
5.9	Prostheses (Surgically implanted)		
286	<p>A 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.</p> <p>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.</p> <p>Net acquisition price on suppliers invoice, inclusive of VAT (unless the facility is not a registered VAT vendor), by prior arrangement with scheme.</p>		
5.10	Medical artificial items (non-prostheses)		
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.		
5.14	Blood charges		
288	<p>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.</p> <p>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.</p>		
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 14.00 per collection, plus R 2.94 per kilometre travelled. This fee is applicable to all modes for collecting blood including hospital ambulances		
297	Emergency collection - R 442.30 per collection in metropolitan area. Claims for this item code must be supported by documentary evidence of the patient's condition	R442.30	

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5.15	Incise drapes		
298	Incise drapes (See Annexure B)		
299	Ophthalmic drapes. (See Annexure B)		
300	Non-incise drapes (isolation, fluid-collection and combination)		
	Chargeable in the following procedures: Hip, knee, shoulder and elbow joint replacements Open heart and cardiac bypass surgery Vascular surgery (excluding catheterisation laboratory procedures) Neuro-surgery (Brain and spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery		
	Note: The name, item number and cost must be shown.		
5.16	Disposable Patient Controlled Analgesia Pump		
	Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours in ward  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		
6	NON STANDARD ITEMS/SERVICES		
	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		
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		
	Procedures : Open heart, cardiac by-pass surgery and all organ transplants		
121	Benefits to be pre-authorised with the scheme concerned		
	ANNEXURES		
	ENDOSCOPIC (laparoscopic & thoracoscopic) GENERIC LIST <<Insert object table here>> Notes: Refer to detailed Endoscopic Disposable Product list. Procedure to be applied per CPT code – list attached.  Comments 1. Optical, blunt, Hasson cannula, trocar – may substitute the primary port trocar and eliminate the use of verres needles. 2. Harmonic scalpel shears and blades – not to be charged together with disposable electrosurgical probes, argon beam coagulator, clip appliers, bipolar forceps and Tripolar forceps. 3. Harmonic scalpel shears and blades – not to be used for laparoscopic cholecystectomy and sterilisation 4. Tripolar forceps – not to be used together with electrosurgical probes, harmonic scalpel, clip appliers 5. Autosuture Endostitch – to be motivated and 1 suture assistant per procedure allowed. 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.		

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### APPENDIX A

#### LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES

##### CATEGORY 1 (CPT4 2000 code numbers included where possible)

Diagnostic laparoscopy (49320)

Laparoscopy, surgical; with fulgeration of oviducts (with/without transection) (58670)

Laparoscopy, surgical; with occlusion of oviducts (e.g.band, clip, Falope ring) (58771)

Hysteroscopy diagnostic (58555)

Hysteroscopy, with sampling of endometrium and/or polypectomy, with/without D&C (58558)

##### THORACOSCOPY, DIAGNOSTIC

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 fulgeration or excision of the ovary, pelvic viscera or peritoneal surface, any method (58662)

Laparoscopy, surgical; with lysis of adhesions (changed 1998 to salpigolysis, ovariolysis) (58660)

Laparoscopy, surgical; with removal leiomyomata (58551)

Laparoscopy surgical; withenterolysis (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 with cholangiography (47563)

Laparoscopy, surgical; cholecystectomy with explor, common bile duct (47564)

Laparoscopy, surgical; cholecystectomy (47565)

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### APPENDIX B

#### PRINCIPLES

The following principles are applicable:

1. At all times best clinical practice must be adhered too.
2. Items listed in the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities are described generically according to product classification and function. Trade names may be included, by means of example, for clarification purposes only. Photocopies of all documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documentation at the hospital/sameday surgical facilities concerned. The Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Sub-Acute Facilities, Private Hospitals and Sameday Surgery Facilities will be reviewed half-yearly.
3. The cost of consumable and disposable items used on a patient in a hospital must be recovered by means of a charge mechanism as follows:
  - ¢ Items included in the per minute theatre fee.
  - ¢ Items included in the per day ward or unit fee.
  - ¢ Items are charged to the patient's account where reimbursement is not granted by a medical scheme.
4. Any agreed difference on the basic interpretation of the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities list will be made in accordance with the approval of the duly appointed representatives of the individual contractor, medical aid, MCO and representatives of private hospitals. Such approval shall be ratified in writing and circulated to all parties concerned. Where the hospital uses an excessively priced product, a review process should be conducted, and appropriate price adjustment made.
5. Disposable items are single use only and must never be reused.
  - ¢ Single use items will be charged at 100%.
  - ¢ Hospitals will sign an ethical undertaking that single use items will only be used once. If a hospital does not conform it may be reported to the group head office. If an acceptable explanation is not supplied within 14 days, payment on that account may be withheld.
6. Limited life re-usable products are products intended for multiple use and endorsed as such by the manufacturers. Such products will be charged according to the "Fractional" charges as detailed and are under continual review. The item will be considered life re-usable (limited multiple use) if it can re re-used less than 100 times (endorsed as such by the manufacturer).
7. Where a hospital uses an excessively priced product, a review process with the parties as listed under 3 above should be conducted, and appropriate price adjustment made.
8. TTO's will be issued and charged according to the rules of the scheme.
9. All prescribed items will be recoverable according to the rules of the scheme.

#### Key Indicators

The different key indicators in the Recommended Guide to Reimbursement for Consumable and Disposable Items charged by Private Hospitals and Same Day Surgery Facilities List are as follows:

All prescribed items dispensed in wards or theatre are fully recoverable according to scheme's rules.

Key	Description
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THR	Theatre consumable and disposable items
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WRD	Ward consumable and disposable items
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NR	Item is non-recoverable
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C	Item is chargeable under certain circumstance
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R	Item is recoverable
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P	Item is recoverable from patient
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	<p>APPENDIX C</p> <p>Infectious Diseases</p> <p>CONDITION</p> <p>Acute Flaccid Paralysis</p> <p>Anthrax</p> <p>Chicken Pox</p> <p>Diphtheria</p> <p>Haemophyllis Influenza</p> <p>Haemorrhagic fevers of Africa:</p> <p>    ¢    Crimean-Congo Ebola</p> <p>    ¢    Lassa</p> <p>    ¢    Marburg</p> <p>    ¢    Rift Valley</p> <p>    ¢    Dengue</p> <p>Herpes Zoster</p> <p>HIV/AIDS</p> <p>Legionnaires Disease</p> <p>Measles:</p> <p>    ¢    Rubeola</p> <p>    ¢    Rubella</p> <p>Meningococcal infections</p> <p>Multi-drug Resistant Bacteria:</p> <p>    ¢    MRSA</p> <p>    ¢    VRE</p> <p>    ¢    MRSE</p> <p>Poliomyelitis</p> <p>Pyrexia unknown origin</p> <p>Rabies</p> <p>Small Pox</p> <p>Tuberculosis Pulmonary</p> <p>Typhus Fever</p> <p>Viral Hepatitis</p> <p>Whooping Cough (Pertussis)</p> <p>Note: The above is a general list and the clinical appropriate use of items for specific conditions is subject to Case Management.</p>		
	<p>APPENDIX D</p> <p>Medically Prescribed Meals:</p>		