

Registered Nurses In Private Practice and Nursing Agencies 2007

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES, EFFECTIVE FROM 1 JANUARY 2007		
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>		
A	GENERAL INFORMATION	
<p>The “RegN” column (Practice Type 48800) of this schedule is a reference price list for registered nurses and midwives only (not enrolled nurses) in private practice, and may only be charged by the registered nurse performing the procedure, and whose practice number is reflected on the account.</p> <p>The “NAgen” column (Practice Type 48000) of this schedule is a reference price list for registered accredited nursing agencies and accredited home health care organizations only (not nurses in private practice), i.e. if employed at a nursing agency or home health care organization the private nurse practitioner may not submit claims on his / her practice number.</p> <p>A registered nurse or midwife is a nurse or midwife registered with the South African Nursing Council in terms of the Nursing Act 50 of 1978 (as amended).</p> <p>1. Agency refers to:</p> <p>a) An accredited business registered / licensed with the S A Nursing Council carrying out the business of providing Registered and supervised Enrolled Nursing services, as well as surgicals and equipment.</p> <p>b) The agency should also be registered with a representative professional governing body.</p> <p>2. Home health care organisations refers to:</p> <p>a) An accredited business that provides registered and supervised Enrolled Nursing services, as well as surgicals and equipment for home care.</p> <p>b) The accredited home care organisation should also be registered with a representative professional governing body.</p> <p>All accounts must be presented with the following information clearly stated:</p> <p>i. Name of nurse practitioner, agency or home health care organization (whichever is applicable);</p> <p>ii. Pre-authorisation code, when applicable</p> <p>iii. Qualifications of the nurse practitioner</p> <p>iv. BHF practice number</p> <p>v. Section 22A permit number (if applicable)</p> <p>vi. Postal address and telephone number</p> <p>vii. Dates on which services were provided</p> <p>viii. The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.</p> <p>ix. Surname and initials of the member</p> <p>x. First name of the patient</p> <p>xi. Name of the scheme</p> <p>xii. Membership number of the member</p> <p>xiii. Where the account is a photocopy of the original, certification by way or rubber-stamp and signature of the nurse, or in the case of “80” practice numbers, the appropriate representative agent</p> <p>xiv. A statement of whether the account is in accordance with the National Health Reference Price List</p> <p>xv. Where the after care is taken over by the nurse practitioner, a letter of referral from the doctor with the diagnosis and treatment should be attached.</p>		
B	GENERAL RULES	
01	<p>CONSULTATION, COUNSELING, PLANNING AND/OR ASSESSMENT:</p> <p>Consultation, counseling and / or assessment (codes 001 and 002 below) encompasses consultation, history taking, patient examination and assessment, observation, treatment planning, after care treatment planning, discharge planning and/or counseling.</p> <p>If a consultation and one or more procedures are performed in the visit, both a consultation code and the relevant procedure code(s) may be charged but the time spent on the procedure shall not be included in the consultation period for purposes of determining the consultation fee.</p> <p>A consultation may not be charged where the sole purpose of the visit was to perform a procedure.</p>	04.00
02	<p>EMERGENCY VISITS</p> <p>Bona-fide, justifiable emergency nursing services rendered to a patient, at any time, may attract an additional fee as specified in item 014. These specifically relate to home visits for procedures which become necessary outside those which have been pre-arranged, such as but not exclusively, blocked urinary catheters, IV therapy which tissues or wound(s) which are draining excessively and require additional dressing. These should be accompanied by a written motivation.</p> <p>NOTE THAT THIS FEE IS ONLY APPLICABLE TO REGISTERED NURSES IN PRIVATE PRACTICE, AND NOT TO NURSING AGENCIES.</p>	04.00

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
021	<p>SUNDAYS AND PUBLIC HOLIDAYS</p> <p>When codes 036, 037 or 038 are charged for services rendered on a Sunday, the fee in respect of these codes shall be inflated by 50%. Modifier 0007 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.</p> <p>When codes 036, 037 or 038 are charged for services rendered on a public holiday, the fee in respect of these codes shall be inflated by 100%. Modifier 0001 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.</p> <p>NOTE THAT THIS FEE IS ONLY APPLICABLE TO NURSING AGENCIES AND NOT TO REGISTERED NURSES IN PRIVATE PRACTICE.</p>						05.03
03	<p>PROCEDURES</p> <p>If a composite fee or general hourly rate is charged, no additional fee for procedures may be charged.</p> <p>The fee in respect of more than one procedure performed at the same time shall be the fee in respect of the major procedure plus 50% of the fee of each subsidiary or additional procedure. Modifier 0002 to be quoted.</p>						04.00
04	<p>FEES</p> <p>The rate that may be charged in respect of rendering a service not listed in this benefit schedule shall be based on the rate in respect of a comparable service. Modifier 0003 to be quoted with the description of service rendered and the applicable item number used.</p>						04.00
05	<p>COST OF MEDICINES AND MATERIALS</p> <p>The amount charged in respect of medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965).</p> <p>In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus -</p> <p>* 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and</p> <p>* a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.</p> <p>Item 301 is to be quoted except for stomal products where item 205 is to be quoted.</p>						04.00
051	<p>MEDICINES</p> <p>Scheduled medicines may not be supplied by an institution. Intramuscular/Intravenous injection and OPAT may only be administered by a registered nurse.</p>						05.03
06	<p>EQUIPMENT (HIRE AND SALES)</p> <p>Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied. To be billed in terms of item 302. Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme.</p> <p>For equipment that is sold to a member, the net acquisition cost of the equipment may be charged (item 303). This should be on a separate invoice attached to the account as the cost of these items are refunded to the member and not paid to the supplier.</p>						04.00
07	<p>MIDWIFERY</p> <p>The global fee is to be charged where the midwife and any assistants attend to the entire four stages of delivery. Item 399 or 403 to be quoted. No additional service fee may be levied, but pharmaceuticals may be charged under item 301.</p> <p>Where intravenous infusions (including blood or blood cellular products) are administered as part of the after treatment after confinement, no extra fees will be charged as this is included in the global maternity fees. Should the attending midwife prefer to ask a medical practitioner to perform intravenous infusion, then the midwife (and not the patient) is responsible for remunerating such practitioner for the infusions.</p> <p>When a registered midwife treats a patient in the antenatal period and after starting the confinement requests a doctor to take over the case, the registered midwife shall calculate the fee for work done up to the handover of the case.</p> <p>Should a midwife be required to hand over the case to a medical practitioner due to complications during a home delivery and she is required to assist, item 410 may be used.</p> <p>Where the confinement has not started and the midwife requests a doctor to take over the case, the fee for the visits during early labour shall be charged as item 406. This may not be combined with item 400.</p> <p>Antenatal/postnatal exercise or education classes are generally not covered by the schemes and payment is the responsibility of the member.</p>						05.03
08	<p>TRAVEL FEE</p> <p>Please note that generally schemes do not accept the responsibility for transport expenses, as they are deemed to be included in the fee.</p>						04.00
09	<p>WELL BABY CLINICS</p> <p>Where vaccines are issued free by the state, no charge may be levied for the product.</p> <p>Vaccines may only be purchased, stored and dispensed by nurses with a Section 22A (15) permit.</p> <p>Emergency equipment must be available in the clinic.</p>						05.06
10	<p>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.</p>						04.00
MODIFIERS							
0001	Public holidays, add 100%. Nursing agencies only.						05.03
0002	Only 50% of the fee in respect of subsidiary/additional procedures may be charged.						04.00
0003	The fee that may be charged in respect of the rendering of a service not listed in this recommended benefit schedule, shall be based on the fee in respect of a fee for a comparable service. Motivation must be attached.						04.00
0007	Sundays add 50%. Nursing agencies only.						05.03

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
ITEMS							
CONSULTATIONS (the Pathology/Diagnosis must be stated)							
Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
001	Individual consultation, counseling, planning and/or assessment. 30 - 45 minutes.	06.03		10.300	73.60 (64.60)	37.500	166.40 (146.00)
002	Individual consultation, counseling, planning and/or assessment. 46+ minutes.	06.03		14.200	101.40 (88.90)	52.500	232.90 (204.30)
014	For emergency consultation/visit, all hours - See General Rule 2.	04.00				7.700	55.00 (48.20)
SPECIMENS.							
020	This must form part of a consultation when a consultation is charged. Where a consultation was not performed and the nurse visited or attended to the patient with the sole purpose of obtaining a specimen, and dispatching to a laboratory or using own machine to test – please state specimen type and, where applicable, machine and test performed.	04.00		4.600	32.90 (28.90)	4.600	32.90 (28.90)
OBSERVATIONS. (Temperature, Pulse Respiration and B.P.)							
025	Where a consultation was not performed and the nurse attended to the patient with the sole purpose of doing an observation.	04.00		4.600	32.90 (28.90)	4.600	32.90 (28.90)
ADMINISTRATION OF MEDICATION.							
030	Where a consultation was not performed and the nurse attended to or visited the patient with the sole purpose of administering intramuscular or intravenous medication. The route of administration of medication to be stated, as well as the name of the medication. Oral, rectal, vaginal medication excluded as well as the application of topical medicine.	04.00		4.600	32.90 (28.90)	4.600	32.90 (28.90)
452	Immunisation	04.00				3.000	21.40 (18.80)
OPAT (Antibiotics, Chemotherapy, Blood Products and Dehydration)							
035	All inclusive global fee for the setting up of an IV line and administration of intravenous therapy by a registered nurse.	05.02		24.300	173.60 (152.30)	24.300	173.60 (152.30)
036	When a SRN returns to add medication to an existing IV infusion	05.02		12.200	87.10 (76.40)	12.200	87.10 (76.40)
COMPOSITE FEES							
	Note : These fees may only be charged by members of an accredited home healthcare organisation for services rendered at patient's home. (Care givers are not included in the fee).						05.03
	This includes all post hospitalisation/nursing care during a 24 hour period or part thereof. Motivation by a medical practitioner required. Single procedures/visits are not to be charged as a composite fee.						
032	Low intensity care (Presenting problem(s) that are of low severity. The patient is stable, recovering or improving).	05.02		42.700	305.00 (267.50)		
033	Medium intensity care (Presenting problem(s) that are of moderate severity. The patient is responding inadequately to therapy or has developed a minor complication).	05.02		61.700	440.70 (386.60)		
034	High intensity care (this item presenting problem(s) that are of high complexity. The patient is unstable or has developed a significant new problem). By arrangement with scheme.	05.02		-	-		
	The above fees includes : all nursing intervention in a 24 hour period; all visits of a supervisory nature; non-recoverable items e.g. disinfectants, soaps, towellets, hibitane, aprons, fractions of strapping etc.; all travelling costs; all administrative costs; delivery/courier costs where these are necessary but excludes : any drugs and surgicals required; equipment sale or hire; auxiliary services by paraprofessionals, e.g. OT's and physiotherapists.	05.03					
	Note : Item 035 should not represent more than 4% of all claims received.						05.03
RECOMMENDED HOURLY RATES FOR REGISTERED NURSING AGENCIES							
039	Enrolled nursing assistant, per hour	05.02		3.700	26.40 (23.20)		
037	Enrolled nurse, per hour	05.03		5.100	36.40 (31.90)		
038	Registered nurse, per hour	05.03		6.460	46.10 (40.40)		

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
	1. The fee for 24 hour daily care may not exceed R 420.00 per day (or R 630.00 on a Sunday or R 840.00 on a public holiday) and no other procedure may be charged. 2. In the case of litigation, the registered nurse will be co-responsible for the practice of the enrolled nurse. 3. All services to be re-negotiated with the scheme every 7 days or such lesser period as stipulated in pre-authorisation.	05.03					
CARE OF WOUNDS (The pathology must be stated).							
040	Treatment of simple wounds/burns requiring dressing only.	04.00		8.800	62.90 (55.20)	8.800	62.90 (55.20)
041	Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc.	04.00		12.400	88.60 (77.70)	12.400	88.60 (77.70)
042	Treatment of moderate wounds/Burns eg drains or fistulas and inserting of sutures	04.00		11.000	78.60 (68.90)	11.000	78.60 (68.90)
045	Laser treatment for wound healing where prescribed by medical practitioner	04.00		7.670	54.80 (48.10)	7.670	54.80 (48.10)
RESPIRATORY SYSTEM.							
050	Nebulization/Inhalation.	04.00		3.800	27.10 (23.80)	3.800	27.10 (23.80)
051	Tracheostomy care.	04.00		7.900	56.40 (49.50)	7.900	56.40 (49.50)
052	Peak flow measurement.	04.00		3.100	22.10 (19.40)	3.100	22.10 (19.40)
	For ICU trained nurses registered with SANC as such and nurses working in the occupational health setting but not for a company. (Item 053)	04.00					
053	Flow volume test: inspiration/expiration using ELF/similar machine.	04.00				13.100	93.60 (82.10)
CARDIO-VASCULAR SYSTEM.							
	Only for ICU trained nurses registered as such with SANC. A medical practitioner must be available in the event of a resuscitation being required. (Items 062 and 063).						04.00
060	Cardiopulmonary resuscitation.	04.00				23.000	164.30 (144.10)
061	Performing ECG only.	04.00				4.600	32.90 (28.90)
062	Effort test - bicycle.	04.00				16.900	120.70 (105.90)
063	Effort test - multistage treadmill.	04.00				38.400	274.30 (240.60)
MUSCULOSKELETAL SYSTEM.							
070	Application or removal splints and prosthesis.	04.00		3.900	27.90 (24.50)	3.900	27.90 (24.50)
071	Application or removal of traction	04.00		7.700	55.00 (48.20)	7.700	55.00 (48.20)
072	Application of skin traction	04.00		7.700	55.00 (48.20)	7.700	55.00 (48.20)
GASTRO INTESTINAL SYSTEM.							
080	Nasogastric tube insertion, feeding and removal.	04.00		9.200	65.70 (57.60)	9.200	65.70 (57.60)
082	Enema administration	04.00		4.800	34.30 (30.10)	4.800	34.30 (30.10)
083	Aspiration of stomach/gastric lavage.	04.00				6.900	49.30 (43.20)
084	Faecal impaction/manual removal.	04.00		8.700	62.10 (54.50)	8.700	62.10 (54.50)
URINARY SYSTEM.							
090	Any urinary tract procedure including catheterisation, bladder stimulation and emptying.	04.00		9.500	67.90 (59.60)	9.500	67.90 (59.60)
091	Condom catheter application, penile dressing, catheter care including bag change or catheter removal.	04.00		5.800	41.40 (36.30)	5.800	41.40 (36.30)
093	Incontinence management (30 minutes) This fee includes intermittent catheterisation, external sheath drainage, taking of history, providing literature and teaching.	04.00		9.500	67.90 (59.60)	9.500	67.90 (59.60)
GENERAL CARE.							
100	This includes all aspects of elementary nursing care performed at a patient's home which may include : Bath/ bedbath, getting patient out of bed, making of bed, hairwash, mouth hygiene, nail care, shave, put patient back to bed, pressure area care, per visit. (irrespective of time spent)	04.00		16.100	115.00 (100.90)	16.100	115.00 (100.90)

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
STOMALTHERAPY NURSING.							
	Applicable to stomal therapy trained registered nurses who are working as private practitioners and not for a company other than a registered nursing agency.						05.02
	Please Note: Items 200, 201, 202, 204, 205, 079 and 081 may not be used in conjunction with items 230, 234, 238 and 250						04.00
079	Stomal irrigation - 60 minutes. May not be used in conjunction with the global fees.	04.00		4.800	34.30 (30.10)	4.800	34.30 (30.10)
	Colonic lavage - may be performed by all nurse practitioners but only when prescribed by a medical practitioner, and the written prescription is attached.	04.00					
081	Colonic lavage	04.00		4.800	34.30 (30.10)	4.800	34.30 (30.10)
200	Simple stoma - a well constructed, sited stoma which is easy to pouch. Very little or no peristomal skin excoriation.	04.00		8.800	62.90 (55.20)	8.800	62.90 (55.20)
201	Complex stoma - a poorly constructed, non-sited stoma requiring convexity or build up. Difficult to pouch. Severe peristomal skin excoriation.	04.00		12.400	88.60 (77.70)	12.400	88.60 (77.70)
202	Moderate stoma - a fairly well constructed, sited stoma which may require straight forward convexity or build up. Mild to moderate peristomal skin excoriation.	04.00		11.000	78.60 (68.90)	11.000	78.60 (68.90)
205	Stoma products charged in accordance with rule 05.	04.00		-	-	-	-
230	Global fee - Simple Stoma - Permanent: Includes the following: 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	04.00		124.900	892.20 (782.60)	124.900	892.20 (782.60)
234	Global fee - Moderate Stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	04.00		137.200	980.00 (859.60)	137.200	980.00 (859.60)
238	Global fee: Complex stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	04.00		159.900	1142.20 (1001.90)	159.900	1142.20 (1001.90)
250	Clinic visits after 6 months per half hour plus one procedure - eg irrigation, enema, etc. - plus material	04.00		10.000	71.40 (62.60)	10.000	71.40 (62.60)
EQUIPMENT							
	Applicable only to registered nurses who are working as private practitioners and not for a company other than a registered nursing agency.						05.02
302	Equipment hire per day, charged according to rule 06.	04.00					
303	Equipment sold to a member should be net acquisition cost. This should be on a separate invoice attached to the account as the cost of these items are refunded to the member, and not paid to the supplier.	05.03		-	-	-	-
MIDWIFERY							
Global Obstetric Fees							
	This is charged where the midwife managed the entire four stages of delivery.						04.00
399	Global midwife delivery fee in hospital / birthing unit. Includes all care from the time of admission of the patient in labour until discharge from hospital.	04.00				210.900	1506.50 (1321.50)
403	Global obstetric fee – home birth. (to be charged if the entire confinement is completed at home). Includes all care from commencement of labour until 1 hour after delivery.	04.00				275.500	1967.90 (1726.20)
407	Global fee for childbirth education. By arrangement with scheme/patient.	04.00				-	-
Where the global fee is not applicable, the following will apply:							
400	First Stage Monitoring	04.00				73.800	527.20 (462.50)

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
401	Second and Third stage labour. Vaginal delivery including episiotomy/tear and repair and general obstetric care.	04.00				90.200	644.30 (565.20)
402	Fourth Stage.	04.00				12.300	87.90 (77.10)
405	Phototherapy, per day	04.00				15.400	110.00 (96.50)
406	Visit to patient during first stage labour (may not be charged in conjunction with item 400)	04.00				10.000	71.40 (62.60)
410	Assisting at delivery (if a medical practitioner is requested to take over delivery due to complications during a home delivery)	04.00				27.600	197.10 (172.90)
420	Ante natal visits (excluding ante-natal exercises), per visit	04.00				7.700	55.00 (48.20)
421	Post natal visits (excluding post- natal exercises), per visit	04.00				11.500	82.10 (72.00)
425	Ante-natal or post-natal exercise classes, per patient	06.03				6.200	44.30 (38.90)
For advanced midwives registered with SANC only:							
404	Cardiotocography	04.00				10.000	71.40 (62.60)
WELL BABY CLINICS							
	Emergency equipment must be available in the baby clinic						04.00
450	Consultation	04.00				4.800	34.30 (30.10)
454	Supply of Vaccine (only for nurses with Section 22A (15) Permit)	05.06				-	-
PSYCHIATRIC NURSING THERAPY							
	Psychiatric Nursing Therapy may only be performed by a nurse with a psychiatric nursing qualification registered as such with the SANC						05.02
500	Individual interview/assessment. Adult, child, school, employer - per hour.	04.00				21.600	154.30 (135.40)
501	Individual therapy. (irrespective of time)	04.00				30.700	219.30 (192.40)
502	Family/marital/group per patient - specify number.	04.00				6.200	44.30 (38.90)
503	Play therapy/Home stimulation programme.	04.00				16.900	120.70 (105.90)
504	Co-therapist.	04.00				16.900	120.70 (105.90)
RENAL DIALYSIS							
092	Peritoneal dialysis per day	04.00		16.900	120.70 (105.90)	16.900	120.70 (105.90)
608	Home dialysis training in centre per 30 minutes	04.00		16.000	114.30 (100.30)	16.000	114.30 (100.30)
610	Home dialysis training or follow up at patient's home per 30 minutes (to maximum of 24 hours)	04.00		28.200	201.40 (176.70)	28.200	201.40 (176.70)
612	Home dialysis 1. Preparation of extra corporeal equipment 2. Preparation of needling patient's fistula and attaching patients to Haemodialysis machine or using subclavian catheter/permanent catheter/femoral catheter 3. Observation of patient whilst on dialysis 4. Monitoring Haemodialysis machine readings 5. Doing necessary nursing procedures to patient as required e.g. catheter site/wounds/mouth care, nursing care in general/helping to feed/prepare light meal/tea etc for patient whilst on dialysis 6. Termination of procedures e.g. giving blood back to patient and disposable of extra corporeal lines etc 7. Port dialysis observation of patient 8. Cleaning and sterilisation of dialysis machine and Reverse Osmosis machine	04.00		64.000	457.20 (401.10)	64.000	457.20 (401.10)
MEDICINES AND MATERIALS							
301	Consumables used, and charged according to rule 05	05.03		-	-	-	-