



HEALTHMAN OPHTHALMOLOGY COSTING GUIDE 2012

COMPARATIVE TARIFFS

Code	 Terminology	Average Duration Professional	2012 HealthMan Practice Cost Tariff (VAT Incl.)	HealthMan RCF	2012 Medscheme Tariffs (VAT Incl.)	Medscheme RCF	2012 GEMS Tariffs (VAT Incl.)	GEMS RCF	2012 FedHealth (VAT Incl.)	FedHealth RCF	2012 Discovery Tariffs (VAT incl.)	DH RCF
		<i>Units</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>	<i>R</i>
		Consultations:										
	See the Notes below for All Tariffs											
0109	Hospital follow-up visit	15.00	551.20	36.749	227.40	15.160	230.90	15.396	227.40	15.160	161.30	10.753
0129	Prolonged first/follow-up consultation : 15 min	15.00	551.20	36.749	227.40	15.160	230.90	15.396	227.40	15.160	225.00	15.000
0132	Repeat Script	5.00	183.70	36.749	75.90	15.180	77.00	15.396	75.90	15.180	75.00	15.000
0145	Consultation : Away from doctor's room	6.00	220.50	36.749	-	-	92.40	15.396	-	-	90.10	15.017
0146	Unscheduled consultation: Emergency (cons.room)	8.00	294.00	36.749	-	-	123.20	15.396	-	-	120.00	15.000
0147	Unscheduled consultation:Emergency(not cons.room)	14.00	514.50	36.749	-	-	215.50	15.396	-	-	210.10	15.007
0148	Elective after-hours services(+50%)	-	-	-	-	-	-	-	-	-	-	-
0149	Emergency after-hours services(+25%)	-	-	-	-	-	-	-	-	-	-	-
0173	Hospital Consultation	15.00	551.20	36.749	257.70	17.180	261.70	17.449	257.70	17.180	255.40	17.027
0174	Hospital Consultation	30.00	1,102.50	36.749	257.70	8.590	261.70	9.908	257.70	8.590	255.40	8.513
0175	Hospital Consultation	45.00	1,653.70	36.749	257.70	5.727	261.70	6.605	257.70	5.727	255.40	5.676
0190	Consultation	15.00	551.20	36.749	257.70	17.180	261.70	17.449	257.70	17.180	285.90	19.060
0191	Consultation	30.00	1,102.50	36.749	257.70	8.590	261.70	9.908	257.70	8.590	285.90	9.530
0192	Consultation	45.00	1,653.70	36.749	257.70	5.727	261.70	6.605	257.70	5.727	285.90	6.353
0199	Chronic Medicine Forms	21.43	787.50	36.749	324.80	15.156	329.90	15.396	324.80	15.156	321.50	15.002
Procedures												
3003	Fundus contact lens or 90 D lens examination	7.00	257.20	36.749	65.70	9.386	66.70	9.535	65.70	9.386	65.00	9.290
3004	Peripheral fundus examination with indirect Ophthalmoscope	7.00	257.20	36.749	65.70	9.386	66.70	9.535	65.70	9.386	65.00	9.290
3006	Keratometry	7.00	257.20	36.749	65.70	9.386	66.70	9.535	65.70	9.386	65.00	9.290
3009*	Basic capital equipment used in own rooms by ophthalmologists.	11.68	111.40	9.535	109.70	9.392	111.40	9.535	109.70	9.392	108.50	9.290
3013	Ocular motility assessment: Comprehensive examination	12.00	416.00	34.669	112.70	9.392	114.40	9.535	112.70	9.392	111.50	9.290
3014	Tonometry per test with maximum of 2 tests for provocative tonometry	7.00	242.70	34.669	65.70	9.386	66.70	9.535	65.70	9.386	65.00	9.290
3017*	Retinal threshold test inclusive of computer disc storage for Delta of Statpal	74.00	705.60	9.535	694.70	9.388	705.60	9.535	694.70	9.388	687.50	9.290
3018	Retinal threshold trend evaluation	16.00	554.70	34.669	150.20	9.388	152.60	9.535	150.20	9.388	148.60	9.290
3020*	Special eye investigations:Pachymetry:Only when own instrument is used, per eye. Only in addition to corneal surgery.	46.00	438.60	9.535	431.90	9.389	438.60	9.535	431.90	9.389	427.30	9.290
3021	Special eye investigations:Retinal funtion assessment including refraction after ocular surgery.Within four months,max 2 exams.	9.00	312.00	34.669	84.40	9.378	85.80	9.535	84.40	9.378	83.60	9.290
3022*	Digital fluorescein video angiography	68.00	648.40	9.535	638.30	9.387	648.40	9.535	638.30	9.387	631.70	9.290
3027*	Fundus photography	21.00	200.20	9.535	197.20	9.390	200.20	9.535	197.20	9.390	195.10	9.290
3028*	Optical Coherent Tomography (OCT) of Optic nerve or macula:Per eye	40.00	381.40	9.535	375.50	9.388	381.40	9.535	375.50	9.388	371.60	9.290
3036	Corneal topography:For pathological corneas only on special motivation. For refractive surgery.	36.00	1,248.10	34.669	337.90	9.386	343.30	9.535	337.90	9.386	334.40	9.290
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	306.90	10,640.00	34.669	2,881.10	9.388	2,926.40	9.535	2,881.10	9.388	2,851.10	9.290
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye.	105.00	3,640.30	34.669	985.70	9.388	1,001.20	9.535	985.70	9.388	975.50	9.290
3041	Pan retinal photocoagulation (per eye): Done in one sitting	150.00	5,200.40	34.669	1,408.20	9.388	1,430.30	9.535	1,408.20	9.388	1,393.50	9.290
3047	Cataract: Extra-capsular (including capsulotomy	210.00	7,280.60	34.669	1,971.50	9.388	2,002.40	9.535	1,971.50	9.388	1,950.90	9.290


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		<u>Units</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
3049	Insertion of lenticulus in addition to item 3045 or item 3047 cost on lens excluded	57.00	1,976.20	34.669	535.10	9.388	543.50	9.535	535.10	9.388	529.50	9.290
3052	Laser capsulotomy	105.00	3,640.30	34.669	985.70	9.388	1,001.20	9.535	985.70	9.388	975.50	9.290
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed	210.00	7,280.60	34.669	1,971.50	9.388	2,002.40	9.535	1,971.50	9.388	1,950.90	9.290
3061	Drainage operation	247.60	8,584.10	34.669	2,324.40	9.388	2,360.90	9.535	2,324.40	9.388	2,300.20	9.290
3075	Strabismus (whether operation performed on 1 eye or both. Operation on 1 or 2 muscles	175.60	6,087.90	34.669	1,648.40	9.387	1,674.40	9.535	1,648.40	9.387	1,631.30	9.290
3097	Anterior vitrectomy	280.00	9,707.40	34.669	2,628.50	9.388	2,669.90	9.535	2,628.50	9.388	2,601.20	9.290
3098	Removal of silicon from globe	280.00	9,707.40	34.669	2,628.50	9.388	2,669.90	9.535	2,628.50	9.388	2,601.20	9.290
3099	Posterior vitrectomy including anterior vitrectomy,encircling of globe and vitreous replacement	419.00	14,526.50	34.669	3,146.70	7.510	3,995.30	9.535	3,933.40	9.388	3,892.50	9.290
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK - Use item 3201	150.00	5,200.40	34.669	1,408.20	9.388	1,430.30	9.535	1,408.20	9.388	1,393.50	9.290
3121	Corneal graft (lamellar or full thickness)	289.00	10,019.50	34.669	2,713.00	9.388	2,755.70	9.535	2,713.00	9.388	2,684.80	9.290
3125	Keratectomy	127.00	4,403.00	34.669	1,192.40	9.389	1,211.00	9.535	1,192.40	9.389	1,179.80	9.290
3130	Pterygium or conjunctival cyst or conjunctival tumour.No conjunctival flap or graft used	96.90	3,359.50	34.669	909.70	9.388	924.00	9.535	909.70	9.388	900.20	9.290
3131	Cornea: Paracentesis	53.00	1,837.50	34.669	497.50	9.387	505.40	9.535	497.50	9.387	492.40	9.290
3132	Lamellar keratectomy for refractive surgery (LK,ALK,MLK)	150.00	5,200.40	34.669	1,408.20	9.388	1,430.30	9.535	1,408.20	9.388	1,393.50	9.290
3134	Pterygium or conjunctival cyst or conjunctival tumour.Conjunctival flap or graft used - stand alone procedure	116.30	4,032.10	34.669	1,091.80	9.388	1,108.90	9.535	1,091.80	9.388	1,080.40	9.290
3163	Excision of superficial lid tumour	47.00	1,629.50	34.669	441.30	9.389	448.20	9.535	441.30	9.389	436.60	9.290
3171	Excision of Meibomian cyst.Additional fee for sterile tray	20.40	707.30	34.669	191.50	9.387	194.50	9.535	191.50	9.387	189.50	9.290
3181	Entropion or ectropion by Open operation	111.50	3,865.60	34.669	1,046.80	9.388	1,063.20	9.535	1,046.80	9.388	1,035.80	9.290
3196*	Diamond Knife: Use of own diamond knife during intraocular surgery	12.00	114.40	9.535	112.70	9.392	114.40	9.535	112.70	9.392	111.50	9.290
3198*	Excimer laser: Hire fee (per eye)	284.13	2,709.20	9.535	2,667.30	9.388	2,709.20	9.535	2,667.30	9.388	2,639.60	9.290
3201*	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master.	109.00	1,039.30	9.535	1,023.20	9.387	1,039.30	9.535	1,023.20	9.387	1,012.60	9.290
3202*	Phako emulsification apparatus: Hire fee	109.00	1,039.30	9.535	1,023.20	9.387	1,039.30	9.535	1,023.20	9.387	1,012.60	9.290
3203*	Vitrectomy apparatus: Hire fee	120.00	1,144.20	9.535	1,126.50	9.388	1,144.20	9.535	1,126.50	9.388	1,114.80	9.290
3631*	Ophthalmic examination	50.00	454.40	9.089	447.40	8.948	454.40	9.089	447.40	8.948	442.80	8.856
3632*	Axial length measurement and calculation of intra ocular lens power.Per eye. Not to be used with item 3034	50.00	454.40	9.089	447.40	8.948	454.40	9.089	447.40	8.948	442.80	8.856

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		<u>Units</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>New Procedures for 2011</u>												
4980	Corneal transplant: Endothelial	274.80	9,527.20	34.669	2,577.30		2,620.30	9.535				
4981	Preparation of corneal endothelial allograft prior to transplantation (backbench)		-	34.669	-		-	9.535				
4983	Lamellar corneal surgery keratome and equipment		-	9.535	-		-	9.535				
4985	Corneal cross linking	150.00	5,200.40	34.669	1,406.80		1,430.30	9.535				
4986	Cross linking equipment hire	54.00	514.90	9.535	506.50		514.90	9.535				
4988	Endothelial specular microscope for donor corneas		-	9.535	-		-	9.535				
4989	Endothelial specular microscope for clinical use		-	9.535	-		-	9.535				

Note:

1. The Healthman tariff for codes that relate to equipment have been retained at GEMS rate*
2. Tariffs may differ due to rounding
3. Above codes are the most frequently used codes and is not all inclusive of all the codes
4. Increases from 2011 is as follow:
 - a. GEMS = 2011 Scheme Tariff +6.65%
 - b. HealthMan Tariff = 2011 Tariff +6%
 - c. Discovery Health = 2011 Tariff +5.5% (Note that this increase is for the DH Rate only)
5. Discovery Premier A Procedure Rates have NOT been split between In-Hospital & Out-Hospital. Use as appropriate.
6. Please take note that the HealthMan Practice Cost Tariff is based on our 2008 Cost Studies adjusted with inflation

Disclaimer:

The above schedule is based on information available to HealthMan and HealthMan will NOT be held responsible for any losses incurred by practitioners resulting from this schedule.