



HEALTHMAN OPHTHALMOLOGY COSTING GUIDE 2013

COMPARATIVE TARIFFS: Scheme Rates

		Base Rates										
		Average Duration Professional	2013 HealthMan Practice Cost Tariff (VAT Incl.)	HealthMan RCF	2013 Discovery Tariffs (VAT incl.)	DH RCF	2013 FedHealth (VAT Incl.)	FedHealth RCF	2013 GEMS Tariffs (VAT Incl.)	GEMS RCF	2013 Profmed	Profmed RCF
		<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>
Consultations:												
See the Notes below for All Tariffs												
0109	Hospital follow-up visit	15.00	589.80	39.321	170.20	11.347	241.00	16.070	243.60	16.243	244.50	16.298
0129	Prolonged first/follow-up consultation : 15 min	15.00	589.80	39.321	237.40	15.827	241.00	16.070	243.60	16.243	244.50	16.298
0132	Repeat Script	5.00	196.60	39.321	79.10	15.820	80.50	16.091	81.20	16.243	81.50	16.298
0145	Consultation : Away from doctor's room	6.00	235.90	39.321	95.10	15.850	96.50	16.091	97.50	16.243	97.80	16.298
0146	Unscheduled consultation: Emergency (cons.room)	8.00	314.60	39.321	126.60	15.825	128.70	16.091	129.90	16.243	130.30	16.290
0147	Unscheduled consultation:Emergency(not cons.room)	14.00	550.50	39.321	221.70	15.836	225.30	16.091	227.40	16.243	228.20	16.298
0148	Elective after-hours services(+50%)	-	-	39.321	-	-	-	-	-	-	-	16.298
0149	Emergency after-hours services(+25%)	-	-	39.321	-	-	-	-	-	-	-	16.298
0173	Hospital Consultation	15.00	589.80	39.321	269.40	17.960	273.20	18.211	276.10	18.408	423.70	28.247
0174	Hospital Consultation	30.00	1,179.60	39.321	269.40	8.980	273.20	9.105	276.10	11.028	423.70	14.123
0175	Hospital Consultation	45.00	1,769.40	39.321	269.40	5.987	273.20	6.070	276.10	7.352	423.70	9.416
0190	Consultation	15.00	589.80	39.321	303.10	20.207	273.20	18.211	276.10	18.408	423.70	28.247
0191	Consultation	30.00	1,179.60	39.321	303.10	10.103	273.20	9.105	276.10	11.028	423.70	14.123
0192	Consultation	45.00	1,769.40	39.321	303.10	6.736	273.20	6.070	276.10	7.352	423.70	9.416
0199	Chronic Medicine Forms	21.43	842.60	39.321	339.20	15.828	344.30	16.066	348.10	16.243	349.30	16.298
Procedures												
3003	Fundus contact lens or 90 D lens examination	7.00	275.20	39.321	68.60	9.801	69.60	9.949	70.40	10.060	70.70	10.093
3004	Peripheral fundus examination with indirect Ophthalmoscope	7.00	275.20	39.321	68.60	9.801	69.60	9.949	70.40	10.060	70.70	10.093
3006	Keratometry	7.00	275.20	39.321	68.60	9.801	69.60	9.949	70.40	10.060	70.70	10.093
3009	Basic capital equipment used in own rooms by ophthalmologists.	11.68	117.50	10.060	114.50	9.801	116.30	9.956	117.50	10.060	117.90	10.093
3013	Ocular motility assessment: Comprehensive examination	12.00	471.90	39.321	117.60	9.801	119.50	9.955	120.70	10.060	121.10	10.093
3014	Tonometry per test with maximum of 2 tests for provocative tonometry	7.00	275.20	39.321	68.60	9.801	69.60	9.949	70.40	10.060	70.70	10.093
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	74.00	744.40	10.060	725.30	9.801	736.40	9.951	744.40	10.060	746.90	10.093
3018	Retinal threshold trend evaluation	16.00	629.10	39.321	156.80	9.801	159.20	9.951	161.00	10.060	161.50	10.093
3020	Special eye investigations:Pachymetry:Only when own instrument is used, per eye. Only in addition to corneal surgery.	46.00	462.70	10.060	450.80	9.801	457.80	9.952	462.70	10.060	464.30	10.093
3021	Special eye investigations:Retinal funtion assessment including refraction after ocular surgery.Within four months,max 2 exams.	9.00	353.90	39.321	88.20	9.801	89.50	9.940	90.50	10.060	90.80	10.093
3022	Digital fluorescein video angiography	68.00	684.10	10.060	666.50	9.801	676.60	9.950	684.10	10.060	686.30	10.093
3027	Fundus photography	21.00	211.30	10.060	205.80	9.801	209.00	9.954	211.30	10.060	212.00	10.093
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula:Per eye	40.00	402.40	10.060	392.00	9.801	398.00	9.951	402.40	10.060	403.70	10.093
3036	Corneal topography:For pathological corneas only on special motivation. For refractive surgery.	36.00	1,415.60	39.321	352.80	9.801	358.20	9.949	362.10	10.060	363.30	10.093
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	306.90	12,067.60	39.321	3,007.90	9.801	3,054.00	9.951	3,087.30	10.060	3,097.50	10.093
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye.	105.00	4,128.70	39.321	1,029.10	9.801	1,044.80	9.951	1,056.30	10.060	1,059.80	10.093


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		Base Rates										
		Average Duration Professional	2013 HealthMan Practice Cost Tariff (VAT Incl.)	HealthMan RCF	2013 Discovery Tariffs (VAT incl.)	DH RCF	2013 FedHealth (VAT Incl.)	FedHealth RCF	2013 GEMS Tariffs (VAT Incl.)	GEMS RCF	2013 Profmed	Profmed RCF
		<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>
3041	Pan retinal photocoagulation (per eye): Done in one sitting	150.00	5,898.20	39.321	1,470.20	9.801	1,492.70	9.951	1,509.00	10.060	1,514.00	10.093
3047	Cataract: Extra-capsular (including capsulotomy)	210.00	8,257.40	39.321	2,058.20	9.801	2,089.80	9.951	2,112.50	10.060	2,119.50	10.093
3049	Insertion of lenticulus in addition to item 3045 or item 3047 cost on lens excluded	57.00	2,241.30	39.321	558.70	9.801	567.20	9.951	573.40	10.060	575.30	10.093
3052	Laser capsulotomy	105.00	4,128.70	39.321	1,029.10	9.801	1,044.80	9.951	1,056.30	10.060	1,059.80	10.093
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed	210.00	8,257.40	39.321	2,058.20	9.801	2,089.80	9.951	2,112.50	10.060	2,119.50	10.093
3061	Drainage operation	247.60	9,735.90	39.321	2,426.70	9.801	2,463.90	9.951	2,490.80	10.060	2,499.00	10.093
3075	Strabismus (whether operation performed on 1 eye or both. Operation on 1 or 2 muscles)	175.60	6,904.80	39.321	1,721.10	9.801	1,747.30	9.950	1,766.50	10.060	1,772.30	10.093
3097	Anterior vitrectomy	280.00	11,009.90	39.321	2,744.30	9.801	2,786.20	9.951	2,816.70	10.060	2,826.00	10.093
3098	Removal of silicon from globe	280.00	11,009.90	39.321	2,744.30	9.801	2,786.20	9.951	2,816.70	10.060	2,826.00	10.093
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	419.00	16,475.50	39.321	4,106.60	9.801	3,335.50	7.961	4,215.00	10.060	4,229.00	10.093
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	5,898.20	39.321	1,470.20	9.801	1,492.70	9.951	1,509.00	10.060	1,514.00	10.093
3121	Corneal graft (lamellar or full thickness)	289.00	11,363.80	39.321	2,832.50	9.801	2,875.80	9.951	2,907.20	10.060	2,916.90	10.093
3125	Keratectomy	127.00	4,993.80	39.321	1,244.70	9.801	1,263.90	9.952	1,277.60	10.060	1,281.80	10.093
3130	Pterygium or conjunctival cyst or conjunctival tumour.No conjunctival flap or graft used	96.90	3,810.20	39.321	949.70	9.801	964.30	9.951	974.80	10.060	978.00	10.093
3131	Cornea: Paracentesis	53.00	2,084.00	39.321	519.50	9.801	527.40	9.950	533.20	10.060	534.90	10.093
3132	Lamellar keratectomy for refractive surgery (LK,ALK,MLK)	150.00	5,898.20	39.321	1,470.20	9.801	1,492.70	9.951	1,509.00	10.060	1,514.00	10.093
3134	Pterygium or conjunctival cyst or conjunctival tumour.Conjunctival flap or graft used - stand alone procedure	116.30	4,573.00	39.321	1,139.90	9.801	1,157.30	9.951	1,169.90	10.060	1,173.80	10.093
3163	Excision of superficial lid tumour	47.00	1,848.10	39.321	460.60	9.801	467.80	9.953	472.80	10.060	474.40	10.093
3171	Excision of Meibomian cyst.Additional fee for sterile tray	20.40	802.10	39.321	199.90	9.801	203.00	9.950	205.20	10.060	205.90	10.093
3181	Entropion or ectropion by Open operation	111.50	4,384.30	39.321	1,092.80	9.801	1,109.60	9.952	1,121.70	10.060	1,125.40	10.093
3196	Diamond Knife: Use of own diamond knife during intraocular surgery	12.00	120.70	10.060	117.60	9.801	119.50	9.955	120.70	10.060	121.10	10.093
3198	Excimer laser: Hire fee (per eye)	284.13	2,858.30	10.060	2,784.80	9.801	2,827.30	9.951	2,858.30	10.060	2,867.70	10.093
3201	be used with IOL Master.	109.00	1,096.50	10.060	1,068.30	9.801	1,084.60	9.950	1,096.50	10.060	1,100.10	10.093
3202	Phako emulsification apparatus: Hire fee	109.00	1,096.50	10.060	1,068.30	9.801	1,084.60	9.950	1,096.50	10.060	1,100.10	10.093
3203	Vitrectomy apparatus: Hire fee	120.00	1,207.20	10.060	1,176.10	9.801	1,194.10	9.951	1,207.20	10.060	1,211.20	10.093
3631	Ophthalmic examination	50.00	479.40	9.589	467.20	9.343	474.20	9.485	479.40	9.589	481.10	9.621
3632	Axial length measurement and calculation of intra ocular lens power.Per eye. Not to be used with item 3034	50.00	479.40	9.589	467.20	9.343	474.20	9.485	479.40	9.589	481.10	9.621
4980	Corneal transplant: Endothelial	274.80	10,805.40	39.321			-	-	2,764.40	10.060	2,773.60	10.093
4981	Preparation of corneal endothelial allograft prior to transplantation (backbench)		-	39.321			-	-	-	10.060	-	10.093
4983	Lamellar corneal surgery keratome and equipment		-	10.060			-	-	-	10.060	-	10.093
4985	Corneal cross linking	150.00	5,898.20	39.321			-	-	1,509.00	10.060	1,514.00	10.093
4986	Cross linking equipment hire	54.00	543.20	10.060			-	-	543.20	10.060	545.00	10.093
4988	Endothelial specular microscope for donor corneas		-	10.060			-	-	-	10.060	-	10.093
4989	Endothelial specular microscope for clinical use		-	10.060			-	-	-	10.060	-	10.093

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Code	Terminology	<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>	


Note:

1. Codes, Descriptors and Unit Values have been extracted from the SAMA Doctors Billing Manual
2. The Healthman tariff for codes that relate to equipment have been retained at GEMS rate*
3. Tariffs may differ due to rounding
4. Above codes are the most frequently used codes and is not all inclusive of all the codes
5. Increases from 2012 are as follow:
 - a. GEMS = 2012 Scheme Tariff +5.5%
 - b. HealthMan Tariff = 2012 Tariff +7%
 - c. Discovery Health = 2012 Tariff +5.5% for procedures & 6% for consultations (Note that this increase is for the DH Rate only)
 - d. Profmed = 2012 Tariff +6%
 - e. Fedhealth = 2012 Tariff +6%
6. Discovery Premier A Procedure Rates have NOT been split between In-Hospital & Out-Hospital. Use as appropriate.
7. Please take note that the HealthMan Practice Cost Tariff is based on our 2008 Cost Studies adjusted with inflation indexes
8. All Tariffs are inclusive of VAT

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 the use of this schedule.

Legend:
 DH = Discovery Health
 DPA = Direct Payment Arrangement
 Prem = Premier
 R = Rand
 RCF = Rand Conversion Factor (Rand Value per Unit)
 VAT = Value Added Tax

Payment Arrangments									
Code	 HealthMan <small>ADDING BUSINESS ACUMEN TO YOUR PROFESSIONAL EXPERTISE</small> Terminology	Average Duration	DH Prem A	DH Prem A Out	DH	DH Classic	DH	FedHealth	FedHealth
		Professional	In Hosp.	Hosp.	Prem B	Rate	Exec Rate	DPA	DPA
			137%	162%	147%	217%	300%	165%	210%
		<u>Units</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
Consultations:									
See the Notes below for All Tariffs									
0109	Hospital follow-up visit	15.00	233.20	276.00	250.20	369.30	510.60	397.70	506.10
0129	Prolonged first/follow-up consultation : 15 min	15.00	325.20	385.00	349.00	515.20	712.20	397.70	506.10
0132	Repeat Script	5.00	108.40	128.00	116.30	171.60	237.30	132.80	169.10
0145	Consultation : Away from doctor's room	6.00	130.30	154.00	139.80	206.40	285.30	159.20	202.70
0146	Unscheduled consultation: Emergency (cons.room)	8.00	-	205.00	186.10	274.70	379.80	212.40	270.30
0147	Unscheduled consultation:Emergency(not cons.room)	14.00	303.70	359.00	325.90	481.10	665.10	371.70	473.10
0148	Elective after-hours services(+50%)	-	-	-	-	-	-	-	-
0149	Emergency after-hours services(+25%)	-	-	-	-	-	-	-	-
0173	Hospital Consultation	15.00	369.10	-	396.00	584.60	808.20	450.80	573.70
0174	Hospital Consultation	30.00	369.10	-	396.00	584.60	808.20	450.80	573.70
0175	Hospital Consultation	45.00	369.10	-	396.00	584.60	808.20	450.80	573.70
0190	Consultation	15.00	-	491.00	445.60	657.70	909.30	450.80	573.70
0191	Consultation	30.00	-	491.00	445.60	657.70	909.30	450.80	573.70
0192	Consultation	45.00	-	491.00	445.60	657.70	909.30	450.80	573.70
0199	Chronic Medicine Forms	21.43	464.70	550.00	498.60	736.10	1,017.60	568.10	723.00
Procedures									
3003	Fundus contact lens or 90 D lens examination	7.00	94.00	111.00	100.90	148.90	205.80	114.80	146.20
3004	Peripheral fundus examination with indirect Ophthalmoscope	7.00	94.00	111.00	100.90	148.90	205.80	114.80	146.20
3006	Keratometry	7.00	94.00	111.00	100.90	148.90	205.80	114.80	146.20
3009	Basic capital equipment used in own rooms by ophthalmologists.	11.68	156.80	185.00	168.30	248.40	343.40	191.90	244.20
3013	Ocular motility assessment: Comprehensive examination	12.00	161.10	191.00	172.90	255.20	352.80	197.20	251.00
3014	Tonometry per test with maximum of 2 tests for provocative tonometry	7.00	94.00	111.00	100.90	148.90	205.80	114.80	146.20
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	74.00	993.60	1,175.00	1,066.20	1,573.80	2,175.80	1,215.10	1,546.40
3018	Retinal threshold trend evaluation	16.00	214.80	254.00	230.50	340.30	470.40	262.70	334.30
3020	Special eye investigations:Pachymetry:Only when own instrument is used, per eye. Only in addition to corneal surgery.	46.00	617.70	730.00	662.70	978.30	1,352.50	755.40	961.40
3021	Special eye investigations:Retinal funtion assessment including refraction after ocular surgery.Within four months,max 2 exams.	9.00	120.80	143.00	129.70	191.40	264.60	147.70	188.00
3022	Digital fluorescein video angiography	68.00	913.10	1,080.00	979.70	1,446.20	1,999.40	1,116.40	1,420.90
3027	Fundus photography	21.00	282.00	333.00	302.60	446.60	617.50	344.90	438.90
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula:Per eye	40.00	537.10	635.00	576.30	850.70	1,176.10	656.70	835.80
3036	Corneal topography:For pathological corneas only on special motivation. For refractive surgery.	36.00	483.40	572.00	518.70	765.70	1,058.50	591.00	752.20
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	306.90	4,120.90	4,873.00	4,421.70	6,527.20	9,023.80	5,039.10	6,413.40
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye.	105.00	1,409.90	1,667.00	1,512.80	2,233.20	3,087.30	1,723.90	2,194.10

Payment Arrangments									
Code	 HealthMan <small>ADDING BUSINESS ACUMEN TO YOUR PROFESSIONAL EXPERTISE</small> Terminology	Average Duration Professional	DH Prem A In Hosp.	DH Prem A Out Hosp.	DH Prem B	DH Classic Rate	DH Exec Rate	FedHealth DPA	FedHealth DPA
			137%	162%	147%	217%	300%	165%	210%
		<u>Units</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<p>Note:</p> <ol style="list-style-type: none"> Codes, Descriptors and Unit Values have been extracted from the SAMA Doctors Billing Manual The Healthman tariff for codes that relate to equipment have been retained at GEMS rate* Tariffs may differ due to rounding Above codes are the most frequently used codes and is not all inclusive of all the codes Increases from 2012 are as follow: <ol style="list-style-type: none"> GEMS = 2012 Scheme Tariff +5.5% HealthMan Tariff = 2012 Tariff +7% Discovery Health = 2012 Tariff +5.5% for procedures & 6% for consultations (Note that this increase is for the DH Rate) Profmed = 2012 Tariff +6% Fedhealth = 2012 Tariff +6% Discovery Premier A Procedure Rates have NOT been split between In-Hospital & Out-Hospital. Use as appropriate. Please take note that the HealthMan Practice Cost Tariff is based on our 2008 Cost Studies adjusted with inflation and All Tariffs are inclusive of VAT <p>Disclaimer: The above schedule is based on information available to HealthMan and HealthMan will NOT be held responsible for any</p> <p>Legend: DH = Discovery Health DPA = Direct Payment Arrangement Prem = Premier R = Rand RCF = Rand Conversion Factor (Rand Value per Unit) VAT = Value Added Tax</p>									