



HEALTHMAN GENERAL PRACTITIONERS COSTING GUIDE 2014

COMPARATIVE TARIFFS: Scheme Rates

Code		Average Duration	HealthMan Private	HealthMan	Discovery	DH	Discovery	DHGP	GEMS	GEMS	Profmed	Profmed	
		Professional	Tariff	RCF	Tariffs	RCF	Tariffs	RCF	(VAT incl.)	RCF	RCF	RCF	RCF
		Units	(VAT Incl.)	RCF	(VAT incl.)	RCF	RCF	RCF	RCF	RCF	RCF	RCF	RCF
Consultations:													
	See the Notes below for All Tariffs												
0107	Newborn Attendance -Visit in Ward	33	866.20	26.250	553.60	16.776	561.50	17.015	550.00	16.665	639.20	19.368	
0109	Hospital follow-up visit	15	393.70	26.250	180.40	12.027	183.00	12.200	250.00	16.665	290.50	19.368	
0113	Newborn Attendance - emergency at all hours	45	1,181.20	26.250	754.90	16.776	765.60	17.013	749.90	16.665	871.60	19.368	
0129	Prolonged first/follow-up consultation : for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes	15	393.70	26.250	251.60	16.773	255.20	17.013	250.00	16.665	290.50	19.368	
0130	Telephone consultation (all hours) <i>(Refer to rules and interpretation)</i>	12	315.00	26.250	201.40	16.783	204.30	17.025	200.00	16.665	232.40	19.368	
0131													
0132	Consulting Service, e.g. Repeat Script	5	131.20	26.250	83.80	16.760	85.00	17.000	83.30	16.665	96.80	19.368	
0133	Writing of special motivations and treatment	9	236.20	26.250	150.80	16.756	152.90	16.989	150.00	16.665	174.30	19.368	
0145	Consultation AWAY from doctor's home or rooms (non-emergency). Add to consultation	6	157.50	26.250	100.80	16.800	102.20	17.033	100.00	16.665	116.20	19.368	
0146	Unscheduled emergency consultation at doctor's home or rooms. Add to consultation	8	210.00	26.250	134.20	16.775	136.10	17.013	133.30	16.665	155.00	19.372	
0147	Unscheduled emergency consultation AWAY from doctor's home or rooms. Add to consultation	14	367.50	26.250	235.00	16.786	238.30	17.021	233.30	16.665	271.20	19.368	
0148	Elective after-hours services on request of patient or family (non-emergency). Add 50% of consultation fee		-	26.250			-	-	-	-	-	-	
0149	After-hours bona fide emergency consultation. Add 25% of consultation fee. (21:00 to 06:00)		-	26.250			-	-	-	-	-	-	
0151	Pre-anaesthetic assessment of patient: between 10 and 20 minutes		-	26.250	283.40	-	287.40	-	-	-	-	-	
0152	Pre-anaesthetic assessment of patient: between 20 and 35 minutes		-	26.250	283.40	-	287.40	-	-	-	-	-	
0173	First Hospital Consultation <i>(of an average duration and/or complexity)</i>	15	393.70	26.250	282.30	18.820	286.30	19.087	280.30	18.688	290.50	19.370	
0174	First Hospital Consultation <i>(of a moderately above average duration and/or complexity)</i>	30	787.50	26.250	282.30	9.410	286.30	9.543	280.30	11.487	290.50	9.685	
0175	First Hospital Consultation <i>(of long duration and/or high complexity)</i>	45	1,181.20	26.250	282.30	6.273	286.30	6.362	280.30	7.658	290.50	6.457	
0190	Consultation of new or established patient <i>(of an average duration and/or complexity)</i>	15	393.70	26.250	309.50	20.633	345.00	23.000	280.30	18.688	290.50	19.370	
0191	Consultation of new or established patient <i>(of a moderately above average duration and/or complexity)</i>	30	787.50	26.250	309.50	10.317	345.00	11.500	280.30	11.487	290.50	9.685	
0192	Consultation of new or established patient <i>(of long duration and/or high complexity)</i>	45	1,181.20	26.250	309.50	6.878	345.00	7.667	280.30	7.658	290.50	6.457	
0199	Completion of Chronic Medication Forms on behalf of a 3rd party funder	21.43	562.50	26.250	359.60	16.780	364.70	17.018	357.10	16.665	415.10	19.368	
Procedures:													
0017*	Subsequent Injections as part of a planned series of injections for the same condition, administered by practitioners: <i>(not chargeable together with a consultation item)</i>	7.5	125.00	16.665	125.90	16.780	130.00	17.333	125.00	16.665	145.30	19.368	
0202	Setting of sterile tray	10	262.50	26.250	103.90	10.389	105.40	10.540	103.20	10.321	107.00	10.699	
0205	Intravenous treatment/infusion: cut down or push in for patients under 3 yrs	12	315.00	26.250	124.70	10.389	128.80	10.733	123.90	10.321	128.40	10.699	
0206	Intravenous treatment/infusion: chargeable once per 24 hours <i>(by medical doctor personally)</i>	6	157.50	26.250	62.30	10.389	64.40	10.733	61.90	10.321	64.20	10.699	
0207	Intravenous treatment/infusion: cut down for patients over 3 yrs <i>(by medical doctor personally)</i>	8	210.00	26.250	83.10	10.389	85.90	10.738	82.60	10.321	85.60	10.699	
0208	Venesection: Therapeutic venesection <i>(Not to be used when blood is drawn for the purpose of laboratory investigations)</i>	6	157.50	26.250	62.30	10.389	64.40	10.733	61.90	10.321	64.20	10.699	
0210	Collection of blood specimen(s) by the medical doctor for pathology per venesection	3.25	85.30	26.250	33.80	10.389	34.90	10.738	33.50	10.321	34.80	10.699	
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	4	105.00	26.250	41.60	10.389	43.00	10.750	41.30	10.321	42.80	10.699	
0227	Special treatment of severe acne cases, including draining of cysts, expressing of cleaning of Comedones and/or steaming, abrasive cleaning of skin and UVR per session	8	210.00	26.250	83.10	10.389	85.90	10.738	82.60	10.321	85.60	10.699	


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		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>	<u>R</u>
		Code											
0241	Treatment of benign lesion/chemo-cryotherapy: first lesion	6	157.50	26.250	62.30	10.389	64.40	10.733	61.90	10.321	64.20	10.699	
0242	Subsequent benign lesion (each)	3	78.70	26.250	31.20	10.389	32.20	10.733	31.00	10.321	32.10	10.699	
0243	Treatment of benign lesion/chemo-cryotherapy: Maximum for multiple additional lesions	42	1,102.50	26.250	436.30	10.389	450.80	10.733	433.50	10.321	449.30	10.699	
0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	14	367.50	26.250	145.40	10.389	150.20	10.729	144.50	10.321	149.80	10.699	
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	7	183.70	26.250	72.70	10.389	75.10	10.729	72.20	10.321	74.90	10.699	
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	20	525.00	26.250	207.80	10.389	214.70	10.735	206.40	10.321	214.00	10.699	
0259	Removal of foreign body superficial to deep fascia (except hands)	20	525.00	26.250	207.80	10.389	214.70	10.735	206.40	10.321	214.00	10.699	
0261	Removal of foreign body deep to deep fascia (except hands)	31	813.70	26.250	322.10	10.389	332.80	10.735	320.00	10.321	331.70	10.699	
0300	Stitching of soft-tissue injuries: Stitching of wound: including normal aftercare	14	367.50	26.250	145.40	10.389	150.20	10.729	144.50	10.321	149.80	10.699	
0301	Stitching of soft tissue injuries: Additional wounds stitched at same session	7	183.70	26.250	72.70	10.389	75.10	10.729	72.20	10.321	74.90	10.699	
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	64	1,680.00	26.250	664.90	10.389	687.00	10.734	660.60	10.321	684.70	10.699	
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	120	3,150.00	26.250	1,246.70	10.389	1,288.10	10.734	1,238.50	10.321	1,283.80	10.699	
0304	Major debridement of wound, sloughectomy or secondary suture	50	1,312.50	26.250	519.50	10.389	526.90	10.538	516.10	10.321	534.90	10.699	
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	27	708.70	26.250	280.50	10.389	289.80	10.733	278.70	10.321	288.90	10.699	
0308	Each additional small procedure done at the same time	14	367.50	26.250	145.40	10.389	150.20	10.729	144.50	10.321	149.80	10.699	
0310	Radical excision of nailbed	38	997.50	26.250	394.80	10.389	407.90	10.734	392.20	10.321	406.50	10.699	
0316	Fine needle aspiration for soft tissue (all areas)	15	393.70	26.250	155.80	10.389	161.00	10.733	154.80	10.321	160.50	10.699	
0661	Aspiration of joint or intra-articular injection. (Excludes aftercare)	9	236.20	26.250	93.50	10.389	96.60	10.733	92.90	10.321	96.30	10.699	
0853	Excision: Small bursa or ganglion	80.9	2,123.60	26.250	840.50	10.389	868.40	10.734	835.00	10.321	865.50	10.699	
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	9	236.20	26.250	93.50	10.389	96.60	10.733	92.90	10.321	96.30	10.699	
0887	Long leg cast (Femur to toes, humerus) (excluding after-care) (modifier 0005 not applicable)	13	341.20	26.250	135.10	10.389	139.60	10.738	134.20	10.321	139.10	10.699	
0922	Removal of foreign body: requiring incision: under local anaesthetic	19	498.70	26.250	197.40	10.389	204.00	10.737	196.10	10.321	203.30	10.699	
1063	Removal of foreign bodies from nose: At rooms	10	262.50	26.250	103.90	10.389	107.30	10.730	103.20	10.321	107.00	10.699	
1101	Tonsillectomy (dissection of the tonsils)	75	1,968.70	26.250	779.20	10.389	805.10	10.735	774.10	10.321	802.40	10.699	
1136	Nebulisation (in rooms)	12	315.00	26.250	124.70	10.389	128.80	10.733	123.90	10.321	128.40	10.699	
1186	Flow volume test: Inspiration/expiration	30	787.50	26.250	311.70	10.389	322.00	10.733	309.60	10.321	321.00	10.699	
1188	Flow volume test: Inspiration/Expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	50	1,312.50	26.250	519.50	10.389	536.70	10.734	516.10	10.321	534.90	10.699	
1192	Peak Expiratory Flow only	5	131.20	26.250	51.90	10.389	53.60	10.720	51.60	10.321	53.50	10.699	
1232*	Electrocardiogram: Without effort (interpretation included)	9	92.90	10.321	93.50	10.389	96.60	10.733	92.90	10.321	96.30	10.699	
1234*	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus (interpretation included)	40	412.80	10.321	415.60	10.389	429.40	10.735	412.80	10.321	427.90	10.699	
1235*	Multi-stage treadmill test (interpretation included)	60	619.30	10.321	623.30	10.389	644.00	10.733	619.30	10.321	641.90	10.699	
1461	All dental procedures (Anesthesia Administered equals 4 units)	-	-	26.250	-	10.389	-	-	-	10.321	-	10.699	
1705	Incision and drainage of peri-anal abscess	40	1,050.00	26.250	415.60	10.389	421.50	10.538	412.80	10.321	427.90	10.699	
1725	Drainage of external thrombosed pile	12.5	328.10	26.250	129.90	10.389	134.20	10.736	129.00	10.321	133.70	10.699	
1995	Percutaneous aspiration of bladder	10	262.50	26.250	103.90	10.389	107.30	10.730	103.20	10.321	107.00	10.699	
1996	Bladder catheterisation: Male (not at operation)	6	157.50	26.250	62.30	10.389	64.40	10.733	61.90	10.321	64.20	10.699	
2137	Circumcision: Surgical excision other than by clamp or dors	60	1,575.00	26.250	623.30	10.389	644.00	10.733	619.30	10.321	641.90	10.699	
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	18	472.50	26.250	187.00	10.389	193.20	10.733	185.80	10.321	192.60	10.699	
2565	Implantation hormone pellets (excluding after-care)	3	78.70	26.250	31.20	10.389	537.30	179.100	31.00	10.321	32.10	10.699	
2614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	225.6	5,922.00	26.250	2,343.80	10.389	2,421.60	10.734	3,500.00	15.514	2,413.60	10.699	


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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>R</u>
		2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit). See modifier 0011 for emergency caesarean section (all hours)	213.6	5,607.00	26.250	2,219.10	10.389	2,292.80	10.734	3,500.00	16.386	2,285.20
3204	External ear canal: Removal of foreign body at rooms with use of microscope	21.58	566.50	26.250	-	-	-	-	222.70	10.321	230.90	10.699	
3445*	Chest X-ray code 3601 included	9.4	137.40	14.621	138.30	14.717	140.30	14.926	137.40	14.621	142.50	15.156	
3615*	Routine obstetric ultrasound at 10- 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	50	491.90	9.838	495.20	9.904	502.20	10.044	491.90	9.838	509.90	10.198	
3617*	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	50	491.90	9.838	495.20	9.904	502.20	10.044	491.90	9.838	509.90	10.198	
3618*	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	40	393.50	9.838	396.20	9.904	401.80	10.045	393.50	9.838	407.90	10.198	
3627*	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)	60	590.30	9.838	594.20	9.904	602.60	10.043	590.30	9.838	611.90	10.198	
3762*	Haemoglobin estimation	1.2	14.30	11.927	14.40	12.010	14.50	12.083	14.30	11.927	14.80	12.368	
4025*	CHOL/HDL/LDL/TRIG	18.05	215.30	11.927	216.80	12.010	217.90	12.072	215.30	11.927	223.20	12.368	
4027*	Cholesterol Total	3.56	42.50	11.927	42.80	12.010	43.00	12.079	42.50	11.927	44.00	12.368	
4050*	Glucose strip-test with photometric reading	1.2	14.30	11.939	14.40	12.010	14.50	12.083	14.30	11.939	14.80	12.368	
4053*	Glucose tolerance test (4 specimens)	11.58	138.10	11.927	139.10	12.010	139.80	12.073	138.10	11.927	143.20	12.368	
4057*	Glucose: Quantitative	2.41	28.80	11.939	28.90	12.010	29.10	12.075	28.80	11.939	29.80	12.368	
4188*	Urine dipstick, per stick (irrespective of the number of tests on stick)	1	11.90	11.927	12.00	12.010	12.10	12.100	11.90	11.927	12.40	12.368	
4213*	Protein: Quantitative	1.5	17.90	11.939	18.00	12.010	18.10	12.067	17.90	11.939	18.60	12.368	
4448*	HCG: Latex agglutination: Qualitative (side room)	2.67	31.90	11.939	32.10	12.010	32.30	12.097	31.90	11.939	33.00	12.368	
4451*	HCG: Monoclonal immunological: Quantitative	8.27	98.60	11.927	99.30	12.010	99.80	12.068	98.60	11.927	102.30	12.368	
4561*	Sputum, all body fluids and tumour aspirates: first unit	8.9	122.50	13.762	123.30	13.852	123.80	13.910	122.50	13.762	127.00	14.264	
4563*	Sputum, all body fluids and tumour aspirates: each additional unit	5.2	71.50	13.750	72.00	13.852	72.30	13.904	71.50	13.750	74.20	14.264	
5007	Travelling: Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof (Refer to Rule P of SAMA eMDCM)	18	472.50	26.250	187.00	10.389	189.70	10.539	185.80	10.321	192.60	10.699	
5100*	Pelvic organs ultrasound: Transvaginal or trans rectal probe	50	491.90	9.838	495.20	9.904	502.20	10.044	491.90	9.838	509.90	10.198	
5103*	Ultrasound soft tissue any region	50	491.90	9.838	495.20	9.904	502.20	10.044	491.90	9.838	509.90	10.198	

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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>

Note:

1. Codes, Descriptors and Unit Values have been extracted from the SAMA Electronic Medical Doctors Coding Manual (eMDCM) previously known as the SAMA Doctors Billing Manual (DBM).
Please note that many of the descriptors are shortened versions. For the full descriptors please refer to the 2014 SAMA eMDCM
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 2013 are as follow:
 - a. GEMS = 2013 Scheme Tariff +2.6%
 - b. Discovery Health = 2013 Tariff +6%
 - c. Profmed = 2013 Tariff +6%
 - e. The HealthMan Private Tariff = 2013 Tariff +6%
5. The Healthman tariff for codes that relate to equipment have been retained at GEMS rate*
6. Please note that GEMS increased its' tariifs for codes 2614 and 2615 to R3500 in order to compensate for the increase in Malpractice Insurance
7. All Tariffs are inclusive of VAT

Disclaimer:

The above schedule is based on information avaiable 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
 DHGP = Discovery Health General Practitioners Network
 R = Rand
 RCF = Rand Conversion Factor (Rand Value per Unit)
 VAT = Value Added Tax