

The Mediclinic Southern Africa Private Tariff Schedule 2025

TARIFFS WITH EFFECT FROM 1 January 2025 IN RESPECT OF MEDICLINIC'S HOSPITALS LOCATED IN SOUTH AFRICA
(PRACTICE NUMBERS "57", "58", "77", "55", "49" and "59")

GENERAL RULES

SCHEDULE:

A The Tariffs are set out as follows:

Sections 1 - 8 shall apply in respect of Mediclinic private hospitals with practice code numbers commencing with the digits 57, 58 and 77.

Section 9 shall apply to Mental Health Institutions registered in terms of the Mental Health Act, 1973, with practice code numbers commencing with the digits 55.

Section 10 shall apply to Sub-Acute facilities with practice code numbers commencing with the digits 49.

Section 11 shall apply to Physical Rehabilitation facilities with practice code numbers commencing with the digits 59.

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 7 hereof, are applicable to both categories of such hospitals.

D Procedure for the classification of hospitals:

D1 Inspections of private hospitals having practice code numbers commencing with the digits 57, 58, 77, 55 or 49 will be conducted by an independent agency on behalf of BHF.

D2 This will also apply to all approved specialised intensive care units, specialised theatres, catheterisation laboratories and trauma units in the case of 57 and 58 hospitals.
In respect of 49 facilities, inspections will also apply to post-natal units, rehabilitation units and psychiatric units.

E All accounts submitted by Mediclinic will comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1998. Where possible, such accounts shall also reflect the practice code number of the hospital, as well as the names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation, and of any assistant surgeon

1 ACCOMMODATION

Ward fees

Hospitals shall indicate the exact time of admission and discharge on all accounts.

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.

Ward fees (items 001 to 006, 015, 020, 200, 201, 202 and 215 to 218) shall be charged at the full daily rate if admission takes place before 12h00 and discharge takes place after 12h00. Similarly, the full daily rate will apply if admission takes place after 12h00 and discharge takes place before 12h00 the next day.

Two half-day fees would be applicable when a patient is transferred internally between any ward and any specialised unit.

The Mediclinic clinical criteria shall be used to determine the level of care.

Sub Acute Facility:-

The definition of a patient in this facility is as follows:

The patient should be stable and does not require high technological diagnoses and treatment or surgery. The case mix typically consists of post operative, restorative, medical transitional, chronic or long term patients.

DESCRIPTION

1.1 General Wards

- 001 Surgical cases: per day.
- 002 Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day
- 003 Psychiatric general ward fee: per day.
- 004 Medical and neurological cases: per day.
- 005 Paediatric cases (under 12 years of age)
- 006 Sub Acute Facility
- 007 Day admission (which includes all patients discharged by 23h00 on date of admission)
- 019 Outpatients' facility fee for ambulatory admission - chargeable for patients admitted for local anaesthetic procedures - No ward fees applicable.
- 219 Day Clinic Tariff - for admission to a 57 & 58 Practices only.
Please contact the hospital to confirm if the procedure which has been booked by the doctor will qualify for this tariff.
- 008 Rehab fee
- 951 Haematology ward fee
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.
Note: Each account should be accompanied by a report from the practitioner indicating the nature of the complication.
- 014 Overnight fee (Only applies at 77 Practices)

57/58		77	
VAT Incl.	Rc	VAT Incl.	

R	4 978.30		
R	5 382.90		
R	4 487.40		
R	4 978.30		
R	5 970.10		
R	3 405.90		
R	3 181.50	R	1 704.00
R	1 728.30	R	1 244.20
R	-		
R	2 072.00		
R	-		
R	-		
R	2 931.60		
R	5 489.10		

	R	1 488.50
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Maternity

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

INCLUDES:

- 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;
- Photo therapy;
- Theatre and theatre equipment fees; and
- Surgical items (see list under point 8).

But EXCLUDES:

- Sections 5.1 to 5.4;
- Sections 5.7 to 5.8 (Gases); and
- 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 relevant fees.

A neonate requiring specialised treatment in an ICU shall be considered to be a patient in its own right and, for that reason, the Contracted tariffs shall be applied to such neonate.

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 an epidural pack, all consumables used, as well as nursing time.

3 An uncomplicated stay in a nursery is included in the fee, as well as phototherapy and routine high care observation for a period of one hour after delivery for the newborn baby.

4 If the baby needs admission into a ward, High Care or ICU, such a baby becomes a patient in his/her own right 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, and 'prepping' and 'staging' etc. until admission into the delivery room. This includes any costs incurred during the early stages of an uncomplicated delivery, even if prolonged labour occurs. The second day is calculated as starting from the 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 list of surgicals (maternity basket) is 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
1 X KY Jelly Sachet
20 X Maternity Pad
5 X Preptic Swabs
1 X Spiral Electrode
1 X Spinocan
1 X Suction Catheter St
1 X Swabbing Tray
1 X Tegaderm 1626
1 X Vaginal Plug
2 X Water for irrigation
1 X Stockinette
2 X Silicone Tubing
1 X Add a Line

SUTURES

0.25 X Suture W734
0.25 X Suture W758
0.25 X Suture W727
0.25 X Suture W734
0.25 X Suture W758
0.25 X Suture W770
0.25 X Suture W759
0.25 X Suture W441

SYRINGES

1 X Syringe 1ml
1 X Syringe 20ml
3 X Syringe 2ml
2 X Syringe 5ml

DRESSINGS

2 X Cotton Wool Balls L/s

THEATRE SURGICALS FOR CAESARS WITH GENERAL ANAESTHETIC

THEATRE CHARGES

1 X Amnihook
1 X Airway
1 X Sterile Tray
2 X Continue Flo
1 X Cord Clamp
1 X Diathermy Plate Dispo
6 X Water for irrigation
1 X Stockinette
2 X Silicone Tubing
2 X Opticlud
1 X Add a Line

1 X ET Tube	
3 X Electrodes Red Dot	<u>SUTURES</u>
1 X Foley catheter	0.06 X Suture W441
8 X Gloves Surgical St	0.30 X Suture 8623G
5 X Gloves Sterile	0.11 Suture W791
4 X I D Bands	0.30 X Suture W9999
1 X Jelco IV	2.20 X Suture W493
2 X KY Jelly Sachet	0.17 X Suture W795
20 X Maternity Pad	0.17 X Suture W797
10 X Preptic Swabs	0.30 X Suture W439
1 X Sheet _	0.17 X Suture W434
1 X Spiral Electrode	0.17 X Suture W445
1 X Spinocan	1 X Suture W728
1 X Suction Catheter St	1 X Suture V518G
1 X Swabbing Tray	1 X Suture V486G
1.2 X Tegaderm 1626	0.20 X Suture V523G
1 X Urine Dm Bag	0.30 X Suture V523G
1 X Vent Pump Set	<u>DRAIN</u>
1 X Yankuer Suction	1 X Corrugated Drain

DRESSINGS

15 X Abdominal Swabs
3 X Cotton Wool Balls L/s
5 X Gauze Sterile Xray
1 X Telfa Dressing
1 X Steripad
1 X Tegaderm 1627
5 X Paint Balls

SYRINGES

1 X Syringe 1ml
1 X Syringe 20ml
1 X Syringe 10ml
8 X Syringe 2ml
2 X Syringe 5ml

Natural births

- 009 First day (Day of confinement).
010 Subsequent day(s). Per day
017 Subsequent day(s) excluding nursery fee.

R	17 472.40	
R	5 577.40	
R	3 174.50	

Caesarean

- 012 First day (Day of confinement).
013 Subsequent day(s). Per day
018 Subsequent day(s) excluding nursery fee

R	22 042.50	
R	5 577.40	
R	3 174.50	

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.
016 Delivery room.

R	2 402.90	
R	8 113.70	

Epidural fee

- 011 Use of epidural anaesthesia for MATERNITY CASES ONLY. (Note: This item includes all surgicals and nursing but no ethicals)

R	3 421.20	
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Birth Unit

- 030 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.

R	13 998.30	
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This fee may not be charged together with the per diem fees for maternity; and is not applicable to medical practitioners or other professions.

1.2 Private Wards

- 020 Private ward (Medically Necessary/Doctor's Auth): Isolation

R	6 077.10	
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The Mediclinic clinical criteria shall be used to determine the level of care.

- 021 Private ward on member's request or for convenience of hospital will be funded at scale of benefits for general ward.

<i>Hospital Specific</i>		
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1.3 Special Care Units

- 200 Specialised ICU: Per day.
201 Intensive Care Unit: Per day.
202 Neonatal Intensive Care Unit: Per day.

R	24 706.40	
R	20 848.00	
R	22 013.20	

(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.
216 Neonatal High Care Ward 'A' (Intensive nursing and monitoring)
217 Neonatal High Care Ward 'B' (Standard nursing and monitoring)
218 Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).

R	12 274.40	
R	13 337.00	
R	8 291.20	
R	6 053.70	

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, e.g. phototherapy may be charged.

2 EMERGENCY UNIT**Emergency Unit Fee**

Tariffs (801-804) are fixed fees based on the patient's acuity and the level of input provided to stabilise/treat the patient. These fees include the facility fee, stock, equipment used, nursing input etc. TTO's and Doctor's fees are however excluded.

801 EU Triage: Green	R	415.00	
802 EU Triage: Yellow	R	1 035.00	
803 EU Triage: Orange	R	2 615.00	
804 EU Triage: Red	R	4 225.00	
805 EC Global Fee: Green *	R	1 230.00	
806 EC Global Fee: Yellow *	R	2 075.00	
807 EC Global Fee: Orange *	R	3 940.00	
808 EC Global Fee: Red *	R	6 280.00	
022 Out Patient Wound Care Facility Fee	R	500.50	

* Fee only applies at certain Mediclinic Emergency Centres (Refer to ANNEXURE A).

3 HAEMATOLOGY FEES

The following fees would be charged in respect of treatment received at Mediclinic facilities which provides specialised outpatient haematology services.

824 Venesection	R	964.50	
825 Bone Marrow Biopsy	R	1 010.70	
826 J-Line	R	1 399.70	
827 Chemo	R	4 571.90	
828 Lumbar Puncture	R	3 607.60	
829 Stabilised Human Serum	R	2 985.70	
830 Iron Infusion	R	4 291.80	
831 Plasma Apheresis	R	9 827.70	
832 Stem Cell Collect	R	9 205.70	

4 THEATRE FEES

061 Excimer Laser Theatre fee: per minute	R	73.10	
212 Day Clinic Theatre fee: per minute - for admission to a 57 & 58 Practice only Application of this fee is subject to the Rules defined in ANNEXURE B. A copy of ANNEXURE B is available on request, due to the size of the file.	R	194.10	

The items under code 181 that are listed as non-recoverable under section 5.4 shall be deemed to be included in major theatre or minor 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 upon advice from doctor.

4.1 Minor Theatre**Time in Theatre**

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

071 Charge per minute	R	111.00	R	71.70
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4.2 Major theatre**Specialised Theatre Modifiers**

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 under mentioned procedures, whether carried out individually or in combination with each other, this surcharge shall be deemed to cover the equipment in the criteria.

Note: For Specialised intensive care units and specialised theatres.

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 (Brain and spinal cord surgery only, excludes neurolysis)	R	7 715.90	
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0003 Modifier 0003: Cardiac surgery Cardio-thoracic and Cardio-vascular surgery -All open heart surgery, with or without the insertion of a prosthesis, coronary artery bypass grafts and heart transplants. Includes all equipment, no additional fees may be charged	R	22 805.60	
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Time in Theatre

The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows

081 Charge per minute	R	320.60	R	161.90
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5 PROCEDURAL FEES

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 any items chargeable in terms of Section 5 hereof.

NOTE: Ward fees may however be chargeable together with items 053, 054, 055, 056, 070 and 073.

5.1 Procedures

- 052 Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.
 053 Angiogram
 055 Electroconvulsive therapy (ECT)
 290 IVF Treatment
 901 Home nursing

R	1 573.50	
R	1 573.50	
R	1 573.50	
R	-	
R	673.90	

5.2 Catheterisation laboratory procedures:

- 054 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.
 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.
 056 Cardiac angiographies 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.
 070 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.
 075 Catheterisation laboratory film price (once per procedure)

R	5 641.70	
R	31 227.80	
R	10 624.00	
R	42 224.80	
R	544.50	

5.3 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
 903 Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.
 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
 905 Computerised Tomographic

Treatment Planning

- 906 Manual
 907 Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking
 908 Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints
 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

Technical Aids

- 910 Control films (As per radiology film price list)
 911 Dosimetric procedures
 912 Artefacts: Simple - design and construction (simple block or bolus)
 913 Artefacts: intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus)
 914 Artefacts: complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, moulds or casts)

Linear accelerator treatment

- 915 Photon treatment, first field
 916 Global fee for additional fields (to be charged once only)
 917 Electron treatment
 919 Brachytherapy - global fee per patient

5.4 Stereotactic radiosurgery

Included in item 430:

- Stereotactic frames and attachments
- Linear Accelerator
- Specialised graphic planning, hardware and software
- Simulator and dark rooms
- 10 dental films
- Stereotactic masks
- All disposables
- 4 to 20 Graphic transparencies (including 1 week of planning)
- 2 trained radiographers
- Fixation and immobilisation
- Nuclear Specialist Medical Physicist
- Duration 1 - 4 hours
- 2 treatment radiographers

Excluded from fee:

- Other medical practitioners
- CT & MRI

430 Global fee for stereotactic radiosurgery

399 Linear Accelerator radiosurgery - Global Fee

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.

6 STANDARD CHARGES FOR EQUIPMENT AND MATERIALS

224 Stone basket (reusable) for the removal of kidney-, bladder- or gallstones: Per case	R	5 718.00	
225 Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case	R	5 467.30	
226 Continuous Passive Exerciser: Per day.	R	432.90	
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	R	1 208.90	
228 Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case	R	594.90	
360 Category 1 - Diagnostic laparoscopy and thoracoscopy, Sterilisation; Saplingectomy; Cyst Aspiration, per case. See Annexure A for category list. Includes Re-usable laparoscopic Instrumentation as below: -Light guide Cable -Hi Frequency Cord -Graspers -Dissector -Electro Surgical Instrument	R	4 673.80	
364 Category 2 - Including all other laparoscopic procedures and this includes Thoracic and Urological procedures, per case. Includes the following Re-usable/responsible Laparoscopic Instrumentation: -Light Guide Cable -Hi Frequency Cord -Endoscopic Needle Holder (2) -Graspers -Grasper – a-traumatic -Dissectors -Scissors -Suction Irrigation -Instrument Suction/ Cautery instrument -Electro Surgical Instrument	R	7 267.00	
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 Note: 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 Not applicable in ICU and specialised units. 1 per patient for maximum of 48 hours in ward	R	458.90	
231 Cardiac monitors – (in private, general and high care wards only): Per day or part thereof	R	499.20	
232 Bird or equivalent free standing nebuliser (excluding oxygen): Per day	R	356.80	
233 Croupettes (excluding oxygen): Per day or part thereof	R	99.20	
234 Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day	R	188.30	
235 Oxygen tents (excluding oxygen): Per day or part thereof	R	165.60	
236 Mechanical ventilator or equivalent (only in adult and neonatal ICU; and High Care ward where no ICU is available). (This fee excludes the charges for the oxygen): Per day or part thereof	R	2 335.30	
	R	-	

237 CUSA (plus CUSA pack as per Section 5)	R	7 713.10	
238 Lasers - Argon (ophthalmic)	R	2 388.70	
239 Lasers - CO2 (surgical)	R	3 088.70	
241 Lasers - Candella	R	7 855.50	
304 Covid-19 Screening Fee	R	301.00	
335 Excimer laser: Hire fee per eye	R	8 430.10	
337 Microkeratome used with an excimer laser, per operation	R	1 549.10	
242 Occutomes	R	1 013.90	
243 Lasers - YAG (ophthalmic)	R	2 695.20	
244 Lasers - YAG (surgical)	R	3 352.60	
220 Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	R	2 127.50	
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)	R	1 416.90	
339 Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	R	940.90	
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)	R	627.80	
222 Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment. Holmium Laser.	R	14 177.50	
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)	R	9 447.90	
245 First Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment for one or more stones in same kidney which are eliminated in one treatment	R	31 037.90	
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)	R	20 675.70	

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, lasers 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).	R	1 723.80	
604 C-Arm (Modular)	R	1 723.80	
250 Ultrasonic imaging equipment	R	1 674.80	

(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) (May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341)	R	2 262.60	
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252 Gastroscope (fibre optic/flexible only)	R	1 321.40	
253 Colonoscope (fibre optic/flexible only)	R	1 480.00	
254 Duodenoscope (fibre optic/flexible only)	R	1 400.50	
255 Sigmoidoscope (fibre optic)	R	1 136.40	
343 Sigmoidoscope (rigid, adults)	R	234.90	
345 Sigmoidoscope (rigid, paediatrics)	R	188.30	
256 Bronchoscope (flexible/fibre optic, adults)	R	934.90	
347 Bronchoscope (flexible/fibre optic, paediatrics)	R	934.90	

Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.

348 Bronchoscope (rigid, adults)	R	373.60	
349 Bronchoscope (rigid, paediatrics)	R	544.80	
257 Laryngoscope (fibre optic/flexible excluding intubation)	R	544.80	
258 Sinoscope (rigid only)	R	621.00	
259 Oesophagoscope (rigid only)	R	307.20	
261 Hysteroscope	R	390.10	
262 Colposcope (Not chargeable when item 239 applies)	R	544.80	
263 Cysto Urethroscope	R	466.00	
519 Uretho Reno Fibroscope, per case	R	1 668.20	
264 Arthroscope (including basic reusable instruments and equipment)	R	1 169.40	

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):

- Telescope, light source, cable
- Monitor
- Electrosurgical instrument
- High frequency cord
- Obturator
- Camera
- Focussing camera coupler
- Control console, footswitch
- Probe, scissors, (hooked, parrot beak), gasper, forceps (punch basket, duckbill), camelback handle, powered arthroplasty system, handpiece.

266 Large disposable sterile trays - per tray (only chargeable in ward, not theatre).	<i>applicable pharmacy pricing</i>		
267 Sterile disposable swabbing and ENT trays - per tray (only chargeable in ward, not theatre).	<i>applicable pharmacy pricing</i>		
269 Soluble bags for barrier nursing only, limited to 2 per patient per day.	<i>applicable pharmacy pricing</i>		

294 Transcranial Doppler
 295 Ultrasonic Cutting and Coagulating Devices e.g. Harmonic Scalpel or equivalent

R	2 778.10	
R	763.40	

507 Argon Beamer

R	284.00	
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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)
 511 Colour Doppler (external)
 513 Transoesophageal Colour Doppler
 515 Cardiorhythm Ablater
 517 Phaco emulsifier
 521 OAS Frameless Stereotaxy
 523 Tacograph
 525 RFG3C Lesion Generator (Rhizotomy)
 527 Swift Lase Kit (Tonsillectomy)
 529 Bard Apparatus (can be charged with 054)
 531 Densitometer
 533 Cibus (Cardiac Intra-vascular Ultrasound)(May be charged in addition to catheterization)
 535 Ivus (Intra-vascular Ultrasound)
 537 Electrode/Grounding pad: Reusable patient return electrode/grounding pad using a capacitive coupling technique for use in electrosurgery.

R	1 869.60	
R	5 592.50	
R	6 748.40	
R	3 676.80	
R	1 816.90	
R	19 671.30	
R	317.40	
R	6 368.50	
R	1 242.20	
R	4 763.70	
R	2 936.40	
R	7 974.40	
R	17 520.80	
R	72.50	

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).

540 Stereotactic guided digital imaged breast biopsy procedure
 541 Stereotactic guided digital imaged cover needle biopsy
 542 Stereotactic guided digital imaged vacuum assisted core needle biopsy
 543 Stereotactic guided digital imaged fine needle aspiration
 560 Low pressure hyperbaric oxygen treatment protocol. (By arrangement)
 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).
 950 Cool Tip Radio Frequency Ablation System
 570 Comex 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
 580 AV 6000 impulse foot pump: per case
 582 Selector ultrasonic aspirator
 584 Cryosurgery acuprobe
 590 ESWL Soft Tissue Tendons
 592 ESWL Bone Knitting
 594 Motility machine
 596 PH recorder
 606 Epilepsy monitoring system
 608 Lynx ultrasound scanner
 610 Intra-operative multi-frequency probe
 612 Flexible laparoscopic probe
 613 Oscillating ventilator
 614 Urodynamic unit
 616 Cryotherapy Global Fee

R	32 160.70	
R	18 921.70	
R	18 921.70	
R	13 250.00	
R	1 503.00	
R	2 249.20	
R	6 002.20	
R	9 001.60	
R	18 003.60	
R	6 256.90	
R	-	
R	-	
R	-	
R	-	
R	30 186.30	
R	-	
R	-	
R	-	
R	17 772.50	
R	28 435.70	
R	-	
R	-	
R	5 546.40	
R	6 029.10	
R	3 002.70	
R	4 347.40	
R	3 252.30	
R	4 081.30	
R	324 447.20	

833 Anaesthetic Machine
 952 Cartoelectroph 3D Mapping
 837 Centrifuge
 839 Cholelocho-Fiberscope
 550 Image Guided Surgery System

R	-	
R	22 588.50	
R	1 555.50	
R	2 561.00	
R	20 936.20	

Equipment fee for dynamic (non-frame based - Stealth Station) stereotactic image guided referencing surgery and treatment planning used in conjunction with CT or MRI imaging in pre-authorized cranial, spinal and ENT procedures, per procedure

843 Intra-operative Nerve Monitor
 878 aEEG Monitor
 884 ECMO (Extracorporeal Membrane Oxygenation)
 885 Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
 836 Lead Point Generator & Work Station
 840 Liposuction Device
 838 Micro-drive
 834 Thrombectomy System
 835 Vascular Pressure & Flow Measuring Device
 841 Surgical Gamma Detection
 842 Vessel Sealing & Tissue Fusion Device
 844 Double-Balloon Enteroscope
 850 PPE: General Ward Modifier (per day fee for Covid-19 patients)
 851 PPE: High Care Modifier (per day fee for Covid-19 patients)
 852 PPE: Intensive Care Unit (ICU) Modifier (per day fee for Covid-19 patients)
 954 3D Ultrasound
 963 Cooling Therapy Device
 500 EKOS Endovascular System
 859 Ventilation: High Flow Nasal Oxygen (HFNO)

R	3 341.00	
R	7 112.00	
R	11 367.30	
R	3 001.70	
R	23 466.90	
R	2 924.30	
R	4 735.10	
R	5 394.50	
R	7 519.70	
R	3 090.00	
R	881.70	
R	4 975.10	
R	-	
R	-	
R	-	
R	6 118.20	
R	10 065.20	
R	4 147.40	
R	260.00	

7 STANDARD DRUG, MATERIAL, CONSUMABLE AND DISPOSABLE CHARGES

Ethical products are billed at the Single Exit Price (SEP), as indicated on the price list of the manufacturer, endorsed by the Department of Health. No Dispensing fee will be charged as per tariff agreements.

Surgical products will be billed at Mediclinic's nett acquisition price (inclusive of VAT).

7.1 Inpatients and Day Patients: Ethical items, including over the counter and proprietary items issued. Only Substances controlled by the South African Medicines and Related Substances Control Act, Act 101 of 1965, as amended through the Medicine Control Council.

- 272 Pharmacy
- 278 Ward stock
- 282 Theatre
- 273 To Take Out (TTO) / Take Home Medication
All items which patients take home as TTO's must be shown on accounts.

7.2 Emergency Centre Patients: Ethical items, including over the counter and proprietary items issued. Only Substances controlled by the South African Medicines and Related Substances Control Act, Act 101 of 1965, as amended through the Medicine Control Council.

- 407 Pharmacy
- 411 Theatre
- 413 To Take Out (TTO) / Take Home Medication
All items which patients take home as TTO's must be shown on accounts.

7.3 Recommended Guide to Reimbursement for Consumable and Disposable Items charged by Private Hospitals and Same Day Surgery Facilities List

- 182 Consumable and Disposable items charged in respect of Wards, High Care and all Intensive Care Units and Emergency Rooms.
- 181 Consumable and Disposable items charged in respect of Theatre.

7.4 Consumable, Disposable and Surgical Items

Net acquisition price inclusive of VAT (unless the facility is not a registered VAT vendor). Items to be fully specified

- 415 Emergency Centre
- 417 Pharmacy
- 419 Ward stock
- 421 Theatre

7.5 Gasses

Oxygen and Nitrous Oxide
(For both gases together, per minute)

- 283 PWV area
- 701 Cape Town
- 702 Port Elizabeth
- 703 East London
- 704 Durban
- 705 Other areas

R	-
R	-
R	-
R	-
R	-
R	-

Oxygen, ward use
(Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex)

- 284 PWV area
- 710 Cape Town
- 711 Port Elizabeth
- 712 East London
- 713 Durban
- 714 Other areas

R	-
R	-
R	-
R	-
R	-
R	-

Oxygen, recovery room
(Flat rate for oxygen per case)

- 720 PWV area
- 721 Cape Town
- 722 Port Elizabeth
- 723 East London
- 724 Durban
- 725 Other areas

R	-
R	-
R	-
R	-
R	-
R	-

Oxygen in Theatre
(Fee for oxygen per minute in the operating theatre when no other gas administered)

- 730 PWV area
- 731 Cape Town
- 732 Port Elizabeth
- 733 East London
- 734 Durban
- 735 Other areas

R	-
R	-
R	-
R	-
R	-
R	-

Oxygen in respect of Covid-19 patients
(Flat rate per day)

- 854 Oxygen: High Care Modifier
- 855 Oxygen: Intensive Care Unit (ICU) Modifier

R	-
R	-

Carbon Dioxide

- 291 Per minute

R	-
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Laser Mix

- 292 Per minute

R	-
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Entonox

- 293 Per 30 minutes

R	-
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7.6 Inhalation anaesthetics

285	Halothane (Halothane): per minute
752	Ethrane (Enflurane): per minute
753	Forane (Isoflurane): per minute
755	Ultane (Sevoflurane): per minute
756	Suprane (Desflurane), per minute
759	Fluothane (Halothane), per minute
760	Sojourn (Sevoflurane), per minute
762	Torrane (Desflurane), per minute

R	-
R	-
R	-
R	-
R	-
R	-
R	-
R	-

7.7 Prostheses Implants (Surgically implanted)

Prostheses shall mean a device to replace a missing part of the body due to disease or trauma,

286	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. This may be temporary or permanent.
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7.8 Transportation Charges

An additional charge may be made to cover the cost of railage paid on items sent to areas outside the supplier's free delivery area (Not applicable to instruments)

7.9 Blood charges

289	Routine blood charges, when incurred in respect of blood or related products procured from a recognised blood bank for transfusion purposes (fixed fee)
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R	373.60
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297	Emergency collection – _____ per collection in metropolitan area. Claims for this item code must be supported by documentary evidence of the patient's condition
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R	2 259.40
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288	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.
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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.

8 NON STANDARD ITEMS/SERVICES

849	ICU Add-On: Per day (only applicable at Wits Donald Gordon Medical Centre)
871	Organ Transplant Harvesting Fixed Fee - Cadaver (only applicable at Wits Donald Gordon Medical Centre)
872	Liver Transplant: Global Fee (only applicable at Wits Donald Gordon Medical Centre)
873	Transplant Theatre: Modifier (only applicable at Wits Donald Gordon Medical Centre)
961	Cardiac Cryo System (only applicable at Mediclinic Panorama and Mediclinic Midstream)

R	1 210.10
R	33 688.00
R	1 748 017.00
R	94.90
R	18 475.20

970	Da Vinci Surgical System (only applicable at Mediclinic Durbanville)
95100	Da Vinci - Prostatectomy: Global Fee (only applicable at Mediclinic Durbanville)
95101	Da Vinci - Prostatectomy: Fixed Fee (only applicable at Mediclinic Durbanville)
95103	Da Vinci - Hemicolectomy: Fixed Fee (only applicable at Mediclinic Durbanville)
95105	Da Vinci - Pelvic Floor Surgery: Fixed Fee (only applicable at Mediclinic Durbanville)
95107	Da Vinci - Pyeloplasty: Fixed Fee (only applicable at Mediclinic Durbanville)
95109	Da Vinci - Partial Nephrectomy: Fixed Fee (only applicable at Mediclinic Durbanville)

R	22 769.10
	N/A
R	140 052.00
R	175 065.00
R	132 625.00
R	143 700.00
R	190 980.00

97399	TAVI: Global Fee
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	N/A
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59105	Rehabilitation: Global Fee (only applicable at Mediclinic Muelmed)
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	Please contact the hospital
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9 MENTAL HEALTH INSTITUTIONS (Psychiatric Hospitals) REGISTERED WITH PRACTICE CODE NUMBER "55"

The following fees apply to facilities with practice code number "55" and registered in terms of the Mental Health Act of 1973.

DESCRIPTION

004	General ward fee: with overnight stay
005	General ward fee: without overnight stay
006	General ward fee: under 5 hours stay

55	
VAT Incl.	Rc
R	3 680.60
R	2 723.50
R	1 398.50

055	Electroconvulsive Therapy (ECT). (No theatre fee chargeable)
231	Monitor

R	1 573.50
R	499.20

045	Ward and Dispensary drugs
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	Applicable pharmacy pricing
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10 SUB-ACUTE FACILITIES REGISTERED WITH PRACTICE CODE NUMBER "49"

The following fees apply to facilities with practice code number "49".

Ward fees

Sub-Acute facilities shall indicate the exact time of admission and discharge on all accounts.

Sub Acute Facility:-

The definition of a patient in this facility is as follows:

The patient should be stable and does not require high technological diagnoses and treatment or surgery. The case mix typically consists of post operative, restorative, medical transitional, chronic or long term patients.

DESCRIPTION

001	Ward fee: Sub-Acute (per day)
020	Private ward (Medically Necessary/Doctor's Auth): Isolation
850	PPE: General ward modifier (per day)

49	
VAT Incl.	Rc
R	3 260.40
R	4 315.50
	N/A

10.1 Rehabilitation Units (59 practices)

The following high function rehabilitation impairment categories will be treated in recognised and accredited specialised rehabilitation units of private Sub-Acute facilities: Stroke, brain dysfunction, (traumatic and

non-traumatic), spinal cord dysfunction (traumatic and non-traumatic), orthopaedic (lower joint replacements), amputation (lower extremity), cardiac, pulmonary, major multiple trauma. Other neurological or orthopaedic impairments will require specific letters of motivation.

100	Out Patients; 3 Hours per Day	R	1 396.00
101	Out Patients; 6 Hours per Day	R	2 907.70
102	Sub-Acute Rehabilitation	R	3 443.10
105	Acute Physical Rehabilitation Facility	R	5 814.40
107	Rehab High Care	R	6 861.10
020	Private Ward Doctors Auth	R	7 287.20
022	Out-Patient Wound Care Facility Fee	R	500.50
715	Oxygen Ward per 15 Min	R	22.10

10.2 Psychiatric Rehabilitation Unit

The following psychiatric categories will be treated in recognised and accredited specialised psychiatric units of private Sub-Acute facilities: Depression, bipolar mood disorder, anxiety disorder, organic mood disorder, dementia, psychological behavioural disorder, schizophrenia. Mental retardation, eating disorder, non-organic sleep disorder, sexual dysfunction (not by organic disorder) and mental behaviour disorder (associated with puerperium, will require specific letters of motivation. The fee is inclusive of all specialised psychiatric equipment, monitors etc.

003	Ward fee: with overnight stay	R	4 411.60
005	General ward fee: under 5 hours stay	R	-
007	General ward fee: without overnight stay	R	-

10.3 Ward Stock

Ethical products are billed at the Single Exit Price (SEP), as indicated on the price list of the manufacturer, endorsed by the Department of Health. No Dispensing fee will be charged as per tariff agreements.

Surgical products will be billed at Mediclinic's nett acquisition price (inclusive of VAT).

419	Ward stock	Applicable pharmacy pricing	
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10.4 Gasses

Oxygen, ward use
(Fee for oxygen, per quarter hour or part thereof.)

Refer to Section 7.5

11 GLOBAL FEE FOR REHABILITATION FOR FACILITIES REGISTERED WITH A PRACTICE CODE NUMBER "59"

This section is only applicable to facilities registered as Physical Rehabilitation Hospitals and not Sub-Acute facilities.

The following rehabilitation categories will be treated in recognised and accredited rehabilitation hospitals: Stroke, Brain dysfunction, (traumatic and non-traumatic), Spinal cord dysfunction (traumatic and non-traumatic), orthopaedic (lower joint replacements), Amputation (lower extremity), Cardiac, Pulmonary, Major multiple trauma. Other neurological or orthopaedic impairments will Require specific letters of motivation.