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<p>IPAF voorsien die tariewe soos saamgestel deur IPAF as 'n diens aan ons lede en onderhewig aan die beperkings soos gestel. IPAF self onderhandel; aanvaar of skryf geensins tariewe voor nie, en dit staan elke individuele lid van IPAF vry om enige besluit rondom tariewe en/of kontrakte te neem.</p>			
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<p>RED CELLS - NEW CHANGES</p>			
<p>GREEN CELLS - PREVIOUS CHANGES</p>			
AECI MEDICAL AID SOCIETY	Medscheme Limited	REPI ² category I participating doctor at R 394,80. REPI ² category II participating doctor at R334,10. REPI ² category III participating doctor at scheme rate = R303,70.	Doctors are allowed to balance bill.
AECI MEDICAL AID SOCIETY BASIC OPTION	Universal Healthcare Administrators		
AFROX MEDICAL AID SOCIETY	Discovery Health Administrators		Merged with Discovery Health from 1st May 2014.
ALLIANCE MIDMED MEDICAL SCHEME	Private Health Administrators	Tariff for consultation rate of 0190 is R365,30	No balance billing allowed.
ANGLOVAAL GROUP MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
BANKMED	Metropolitan Health Risk Management	PMB and Basic Plans - CareCross Network. All other plans, Bankmed IPA Affiliated GPs paid at R364,80. Bankmed Network Non-IPA Affiliated Doctors paid at R335,50. Non-contracted doctors paid at R308.	For Bankmed contracted doctors, completion of PHA for R216,10, HIV Counselling & testing (HCT) for R253,70 for both IPA and non-IPA Affiliated GPs. Non-network doctors not re-implemented for PHA and HCT. A PAP smear consultation is provided from insured benefits to the value of R375.
BARLOWORLD MEDICAL SCHEME	Medscheme Limited	Consultation tariff for 0190 reimbursed at R303,70.	Doctors are allowed to balance bill.
BESTMED MEDICAL SCHEME	Bestmed	Bestmed GP Network doctors will be paid R347,00 for 0190-1092. Contracted providers in Cat 1 will be paid R380,00 and Cat 2 will be paid R354,00. Non-network GPs will be paid at R313,00.	
BESTMED MEDICAL SCHEME PULSE 1 OPTION	CareCross Health	Non-dispensing doctors reimbursed at R295,00. Dispensing doctors reimbursed at R401,00.	Additional Procedures per fee structure for 2015 in Carecross Health GP Guide 2015.
BESTMED MEDICAL SCHEME PULSE 2 OPTION	ONECARE Health	Non-dispensing doctors reimbursed at R295,00. Dispensing doctors reimbursed at R401,00.	Additional Procedures per fee structure for 2015 in OneCare Health GP Guide 2015.
BMW EMPLOYEES MEDICAL AID SOCIETY	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
BONITAS MEDICAL AID	Medscheme Limited	REPI ² category I participating doctor at R 341,50. REPI ² category II participating doctor at R321,80. REPI ² category III participating doctor at scheme rate = R302,20.	No balance billing allowed.
BONITAS MEDICAL AID BONCAP OPTION	Medscheme Limited	Non-dispensing doctors reimbursed at R289,00. Dispensing doctors reimbursed at R342,70.	No balance billing allowed.
BP MEDICAL AID SOCIETY	Metropolitan Health Risk Management	Consultation rate for network doctors is R347,00 and R330,00 for IPA and non-IPA doctors respectively. Scheme rate is R315,00 and consultation rates for non-network doctors is R252,00.	Doctors are allowed to balance bill.
BUILDING AND CONSTRUCTION INDUSTRY MEDICAL AID FUND (BCIMA)	Universal Healthcare Administrators		
CAPE MEDICAL PLAN	Self Administered	Tariff for consultation rate of 0190 is R317,00	
CHARTERED ACCOUNTANTS (SA) MEDICAL AID FUND (CAMAF)	Sanlam Healthcare Management	Tariff for consultation rate of 0190 is R309,70	
COMMUNITY MEDICAL AID SCHEME (COMMED)	Allcare Administrators	Tariff for consultation rate of 0190 is R308,00	
COMPCARE WELLNESS MEDICAL SCHEME	Universal Healthcare Administrators		
DE BEERS BENEFIT SOCIETY	De Beers Benefit Society	Tariff for consultation rate of 0190 is R311,60	Balance billing is allowed.

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DISCOVERY HEALTH MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00. Executive option is paid at R438,00 for Discovery Health Network and non-network doctors. All other rates in and out of GP network will increase at 6%.	No balance billing for network doctors. For patients using a Discovery GP network doctor, there are unlimited GP visits paid for on Executive, Comprehensive, Priority options, and a defined number of visits on Saver series. Using the HealthID app (access patient's EHR at least 20% of the time, and submit 75% of CIBs) will ensure an extra R50 for Discovery Health member consults. An extended consultation fee can be billed for a chronic patient with an extended consultation for which you will be paid R600 from the Scheme risk pool. Personal Health Programme (PHP) monthly fee of R50 per month per PHP patient provided you meet the targets as set in the Quality Scorecard will be paid.
DISCOVERY HEALTH KEYCARE (INCLUDING LA KEYPLUS, QUANTUM KEYPLUS & KEYCARE ACCESS)	Discovery Health Administrators	Fee for service (dispensing) = R304,80, FFS (non-dispensing) = R231,60, Capitation dispensing = R152,40, Capitation non-dispensing = R115,90.	No balance billing for network doctors. Each dependant on a membership is entitled to three emergency visits at their chosen GP during the year. Using the HealthID app (access patient's EHR at least 20% of the time, and submit 75% of CIBs) will ensure an extra R25 for Discovery KeyCare member consults. An extended consultation fee can be billed for a chronic patient with an extended consultation for which you will be paid an additional R225 from the Scheme risk pool over and above your standard consultation rate. Personal Health Programme (PHP) monthly fee of R50 per month per PHP patient provided you meet the targets as set in the Quality Scorecard will be paid.
DOMESTICARE	CareCross Health	Non-dispensing doctors reimbursed at R295,00. Dispensing doctors reimbursed at R401,00.	Additional Procedures per fee structure for 2015 in Carecross Health GP Guide 2015.
ENGEN MEDICAL BENEFIT FUND	Metropolitan Health Risk Management		
FEDHEALTH MEDICAL SCHEME	Medscheme Limited	REPI ² category I participating doctor at R332,90. REPI ² category II participating doctor at R317,70. REPI ² category III participating doctor at scheme rate = R302,60.	No balance billing allowed.
FEDHEALTH BLUE DOOR	Medscheme Limited	Non-dispensing doctors reimbursed at R220,30. Dispensing doctors reimbursed at R302,60.	No balance billing allowed. Fedhealth recognises the Family Practitioner (FP) as the coordinator of care and have implemented FP Nomination and Specialist Referral for the Blue Door, Maxima Saver and Maxima EntrySaver options. These members will be required to choose one FP for their FP visits for the benefit year and must obtain a specialist referral authorisation prior to visiting a Specialist in order for the claim to be paid.
FISHING INDUSTRY MEDICAL SCHEME (FISH-MED)	Metropolitan Health Risk Management		
GENESIS MEDICAL SCHEME	Self Administered	Consultation tariff for 0190 reimbursed at R313,80	Doctors are allowed to balance bill.
GLENCORE MEDICAL AID	Medscheme Limited	REPI ² category I participating doctor at R330,90. REPI ² category II participating doctor at R315,80. REPI ² category III participating doctor at scheme rate = R300,80.	No balance billing allowed.
GOLDEN ARROWS EMPLOYEES MEDICAL BENEFIT FUND	Metropolitan Health Risk Management		
GOLD FIELDS MEDICAL SCHEME	Providence Healthcare Risk Managers		
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS) - BERYL & SAPPHIRE OPTIONS	Medscheme Limited	Dispensing doctors will be paid R315,20, R302,50 and R275,60 for REPI Cat 1, 2 and 3 respectively. Non-dispensing, doctors will be paid R237,40, R237,40, and R220,80 respectively for REPI Cat 1, 2 and 3.	Doctors are allowed to balance bill.
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS) - ONYX, EMERALD & RUBY OPTIONS	Medscheme Limited	GEMS REO Network rate is R329,70 and non-network rate is R299,24. GEMS REO Cat 1 GP enhanced fee is R353,90 for network doctors only.	Doctors are allowed to balance bill.
SAAB GRINTEK ELECTRONICS MEDICAL AID SCHEME	Universal Healthcare Administrators		
HARMONY HEALTH SERVICES	Providence Healthcare Risk Managers		
HORIZON MEDICAL SCHEME	Medscheme Limited		
HORIZON MEDICAL SCHEME MAJOR MEDICAL PLAN	CareCross Health	Non-dispensing doctors reimbursed at R295,00. Dispensing doctors reimbursed at R401,00.	Additional Procedures per fee structure for 2015 in Carecross Health GP Guide 2015.

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HOSMED DSP GP NETWORK - ESSENTIAL & ACCESS OPTION	Thebe-ya-bophelo Healthcare	Consultations reimbursed at R254,00 and acute medication reimbursed at R111,00.	
IMPALA MEDICAL PLAN	Providence Healthcare Risk Managers	Consultation tariff for 0190 reimbursed at R307,20	
IMPERIAL GROUP MEDICAL SCHEME - BUDGET OPTION	Metropolitan Health Risk Management	Consultation rate for IPA GPs participating in the Metropolitan GP Network is R337,60. Rates for non-IPA GPs participating in the GP network is R322,30 and payment for non-GP network doctors is R306,90.	Doctors are allowed to balance bill.
KEYHEALTH	PMSA	Consultation tariff for 0190-0192 reimbursed at R319,00.	
LA-HEALTH	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
LIBCARE MEDICAL SCHEME	V Medical Aid Administrators	Consultation tariff for 0190 reimbursed at R468,60	
LIBERTY MEDICAL SCHEME	V Medical Aid Administrators	Consultation tariff for 0190-0192 for network doctors reimbursed at R355,80, and non-network doctors at R309,40.	Reimbursement for code 0133 is R165,60. Members on Complete and Saver options have access to two additional GP consultations once their medical savings is depleted.
LIBERTY MEDICAL SCHEME TRADITIONAL STANDARD	CareCross Health	Non-dispensing doctors reimbursed at R295,00. Dispensing doctors reimbursed at R401,00.	Additional Procedures per fee structure for 2015 in Carecross Health GP Guide 2015.
LIBERTY MEDICAL SCHEME TRADITIONAL BASIC	Prime Cure		
LONMIN MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R329,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
MALCOR MEDICAL SCHEME	Discovery Health Administrators		Administered by Discovery Health from 1 Jan 2015.
MASSMART HEALTH PLAN	Universal Healthcare Administrators		
MBMED MEDICAL AID FUND	Medscheme Limited	REPI ² category I participating doctor at R 328,10. REPI ² category II participating doctor at R315,40. REPI ² category III participating doctor at scheme rate = R302,80.	No balance billing allowed.
MEDIHELP	Strata Healthcare Management	Consultation tariff for 0190 reimbursed at R310,00	Doctors are allowed to balance bill.
MEDIHELP NICESSE OPTION	Strata Healthcare Management	Non-contracted GPs - not benefit. Non-dispensing IPA GPs will be paid at R267,00, R240,00 and R213,00 for Cat 1, 2 and 3 respectively. Dispensing IPA GPs will be paid at R346,00, R320,00 and R314,00 for Cat 1, 2 and 3 respectively. Non-dispensing non- IPA GPs will be paid at R235,00, R229,00 and R208,00 for Cat 1, 2 and 3 respectively. Dispensing non-IPA GPs will be paid at R314,00, R304,00 and R298,00 for Cat 1, 2 and 3 respectively.	
MEDIMED MEDICAL SCHEME	Providence Healthcare Risk Managers	Consultation tariff for 0190 reimbursed at R307,20	
MEDIPOS MEDICAL SCHEME	Metropolitan Health Risk Management	Consultation tariff for 0190 reimbursed at R310,00	
MEDSHIELD	Full Circle Health	Consultation rate for Medshield-IPAF network doctors is R308, and non-network doctors is R292,30.	
METROPOLITAN MEDICAL SCHEME - PREMIER OPTION	Metropolitan Health Risk Management	Consultation rate for IPA GPs participating in the Metropolitan GP Network = R343,90. Non-IPA GPs participating in the GP network = R328,30 and payment for non-GP network doctors is R312,70.	Doctors are allowed to balance bill.
MOMENTUM HEALTH MEDICAL SCHEME - CUSTOM, INCENTIVE, EXTENDER AND SUMMIT OPTIONS.	Momentum Medical Scheme Administrators	Tariff for 0190 - 0192 for Momentum Health Cat 1 - R365, Cat 2 - R335, Cat 3, 4 and 5 - R305.	No balance billing for network doctors. All dispensed medicines (including unscheduled) are priced according to the SEP / List Cost Price + 30% to a maximum of R23.40 per item. All unscheduled consumable products (0201) used during procedures are priced according to List Cost Price + 31% mark-up. All scheduled consumable products (schedule 0 to 8) used during procedures are priced according to SEP + 30% to a maximum of R23.40 per item.

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MOMENTUM HEALTH MEDICAL SCHEME - INGWE AND ACCESS OPTIONS.	Momentum Medical Scheme Administrators		
MOTO HEALTH	Metropolitan Health Risk Management		
MOTO HEALTH CUSTOM AND ESSENTIAL	CareCross Health		
NASPERS MEDICAL FUND MMED OPTIONS	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
NASPERS MEDICAL FUND N OPTIONS	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
NEDGROUP MEDICAL AID SCHEME	Medscheme Limited	Consultation tariff for 0190 reimbursed at R286,50.	Doctors are allowed to balance bill.
NEDGROUP MEDICAL AID SCHEME TRADITIONAL PLUS PLAN	ONECARE Health		
NETCARE MEDICAL SCHEME	Metropolitan Health Risk Management	Consultation tariff for 0190 reimbursed at R305,10	
OCSACARE	CareCross Health		
OLD MUTUAL STAFF MEDICAL AID SCHEME	Medscheme Limited	Consultation rate for 0190 is R285,90.	Doctors are allowed to balance bill.
OLD MUTUAL STAFF MEDICAL AID SCHEME NETWORK PLAN	CareCross Health		
PARMED MEDICAL AID SCHEME	Medscheme Limited	Consultation rate for 0190 is R302,60	Doctors are allowed to balance bill.
PG BISON MEDICAL AID SOCIETY	Discovery Health Administrators		Merged with Discovery Health from 1st May 2014.
PG GROUP MEDICAL SCHEME	Metropolitan Health Risk Management		
PHAROS MEDICAL PLAN	Private Health Administrators		
PICK & PAY MEDICAL SCHEME	Metropolitan Health Risk Management	Consultation tariff for 0190 reimbursed at R306,60	Doctors are allowed to balance bill.
PLATINUM HEALTH	Self Administered		
PLATINUM HEALTH PLATCAP	CareCross Health		
PROFMED	PMSA	Consultation rate for GPs is R372,75 for Prosecure and Prosecure Plus. Consultation rate for ProPinnacle is R1118,30. Consultation rate for PMB conditions is R372,75. ProActive and ProActive Plus. Procedures will be Profmed Tariff plus 20% for GPs.	Doctors are allowed to balance bill.
QUANTUM MEDICAL AID SOCIETY	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
RAND WATER MEDICAL SCHEME	Metropolitan Health Risk Management		
REMEDEI MEDICAL AID SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
RESOLUTION HEALTH MEDICAL SCHEME	Agility Administrators		
RETAIL MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
RHODES UNIVERSITY MEDICAL SCHEME	Providence Healthcare Risk Managers	Consultation tariff for 0190 reimbursed at R307,20	Doctors are allowed to balance bill.
SA BREWERIES MEDICAL AID SOCIETY	Metropolitan Health Risk Management		
SABC MEDICAL SCHEME	Medscheme Limited	Consultation tariff for 0190 reimbursed at R302,30	Doctors are allowed to balance bill.
SAMWUMED	Metropolitan Health Risk Management		
SASOLMED	Medscheme Limited	REPI ² category I participating doctor at R375,30. REPI ² category II participating doctor at R352,80. REPI ² category III participating doctor at scheme rate = R302,20.	No balance billing allowed.
SEDMED	Self Administered		
SELFMED MEDICAL SCHEME	Self Administered	Consultation tariff for 0190 reimbursed at R305	Doctors are allowed to balance bill.
SISONKE MEDICAL AID	Providence Healthcare Risk Managers	Consultation tariff for 0190 reimbursed at R307,20	
SIZWE MEDICAL FUND	Sechaba Medical Solutions	Consultation tariff for 0190 reimbursed at R310,10	Doctors are allowed to balance bill.
SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (POLMED)	Metropolitan Health Risk Management	Consultation rate for Network doctors and non-network doctors is R335,00 and R305,00 respectively.	

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SPECTRAMED	V Medical Aid Administrators		
SUREMED HEALTH	Providence Healthcare Risk Managers	Consultation tariff for 0190 reimbursed at R307,20	Doctors are allowed to balance bill.
THEBE-MED DSP GP NETWORK - UNIVERSAL OPTION	Thebe-ya-bophelo Healthcare	Consultations reimbursed at R254,00 and acute medication reimbursed at R111,00.	Doctors are allowed to balance bill.
THEBE-MED DSP GP NETWORK - ENERGY OPTION	Thebe-ya-bophelo Healthcare	Consultations reimbursed at R299,00 and acute medication reimbursed at R177,00.	Doctors are allowed to balance bill.
TIGER BRANDS MEDICAL SCHEME	Universal Healthcare Administrators		
TOPMED NETWORK OPTION	CareCross Health		
TRANSMED MEDICAL FUND	Metropolitan Health Risk Management	Consultation tariff for 0190 reimbursed at R308,10	Doctors are allowed to balance bill.
TRANSMED MEDICAL FUND - STATE OPTION	Universal Healthcare Administrators	Consultation tariff for 0190 reimbursed at R311,60	Doctors are allowed to balance bill.
TRUWORTHS FOSCHINI GROUP MEDICAL AID SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
TSOGO SUN GROUP MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
UMVUZO HEALTH MEDICAL SCHEME - STANDARD AND ULTRA AFFORDABLE OPTIONS	Universal Healthcare Administrators	Consultation tariff for 0190 reimbursed at R316,10	Doctors are allowed to balance bill.
UNIVERSITY OF KWA-ZULU NATAL MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R366,00, non-GP Network = R329,00.	No balance billing allowed if network doctor.
UNIVERSITY OF WITWATERSRAND MEDICAL FUND	Discovery Health Administrators		Administered by Discovery Health from 1 Jan 2015.
WITBANK COALFIELDS MEDICAL AID SCHEME	Witbank Coal Medical Aid Society		
WOOLTRU HEALTHCARE FUND	Metropolitan Health Risk Management	Consultation tariff for 0190 reimbursed at R312,40	Doctors are allowed to balance bill.
WOOLTRU HEALTHCARE FUND CORE OPTION	CareCross Health		

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Insurance Tariffs 2015

Medical examinations

General Practitioners		Note: Fee includes VAT.	
Tariff code	Description	Units	Fee (R)
A1101	Standard Medical Report including copies of specialist reports or special	25	657.90
A1102	Standard Medical Report without any copies of specialist reports or special investigations	20	526.30
A1103	Short Medical Report or abbreviated variations thereof	10	263.20
A1105	Cardiovascular examination and report only	10	263.20
A1106	Three blood pressure recordings during one visit	10	263.20

Specialist Physicians

Tariff code	Description	Units	Fee (R)
A2100	Standard Medical Report including copies of specialist reports or special investigations	30	945.50
A2200	Standard Medical Report with resting ECG only - 12 leads	40	1235.00
A2300	Standard Medical Report with Effort ECG (resting, post-effort, 3- and 6 minutes post recovery tracings)	45	1366.60
A2401	Examination and completion of questionnaire on cardiovascular system	18	567.30
A2402	Examination and completion of questionnaire on cardiovascular system, including resting 12-lead ECG	27	851.10
A2403	Examination and completion of questionnaire on cardiovascular system, including effort ECG	32	1008.60

Nurses (doctor delegated exams, in fulltime employment of a doctor)

Tariff code	Description	Units	Fee (R)
A1103	Short Medical Report or abbreviated variations thereof	10	263.20
A1104	Body mass index (BMI) assessment	2	51.50
A1106	Three blood pressure recordings during one visit	10	263.20

Sample collection

General Practitioners and Specialist Physicians

Tariff code	Description	Units	Fee (R)
A1202	Collection of blood sample(s) for pathological examination(s), per venesection	4	105.30

Electrocardiograms

General Practitioners and Specialist Physicians

Tariff code	Description	Units	Fee (R)
A1301	Resting ECG only - 12 leads	11	289.50
A1302	Effort ECG (including resting, immediately post-effort, 3- and 6 minutes post-effort tracings)	16	421.10

Lung function tests

General Practitioners

Tariff code	Description	Units	Fee (R)
A1306	Lung function test with vitalometer (no interpretation or report)	10	263.20

Specialist Physicians

Tariff code	Description	Units	Fee (R)
A1307	Lung function test with vitalometer (no interpretation or report)	11	263.20

Extracts from records/special questionnaires

General Practitioners

Tariff code	Description	Units	Fee (R)
A1401	Personal Medical Attendant Report	12	315.80
A1402	Copies of previous reports	8	210.50
A1403	Completion of specific reports (e.g. Diabetes, psychological/nervous disorders questionnaire etc.)	10	263.20
A1404	Loan of one or more ECG,s	4	105.30
A1405	Report for deceased estate	12	315.80
A4104	Personal Medical Attendant Report for sportspeople by team doctor	18	489.60

Counselling

General Practitioners and Specialist Physicians

Tariff code	Description	Units	Fee (R)
A1501	HIV Post-Test Counselling	20	526.30

Radiology

Specialist Radiologists

Tariff code	Description	Units	Fee (R)
A3101	X-Ray chest PA and lateral	18	567.20
A3103	X-Ray chest PA only	14	441.20

Reports

Specialist Physicians

Tariff code	Description	Units	Fee (R)
A4101	Copies of previous reports	8	252.10
A4102	PMA by a Specialist	12	378.20
A4103	PMA by a Specialist with copies of previous reports and test results	15	472.70
A1450	Completion of specific reports (Psychological/Nervous disorders questionnaire/blood pressure treatment)	10	315.10



KeyCare Consultation Rates

Procedure Code	Description	FFS Dispensing	FFS Non Dispensing	Cap Dispensing	Cap Non Dispensing
0190 – 0192	Consultation	R 304.80	R 231.60	R 152.40	R 115.90
0146	Emergency Consultation at doctors' rooms	R 98.70	R 98.70	R 98.70	R 98.70
0147	Emergency Consultation away from doctors' rooms	R 173.70	R 173.70	R 173.70	R 173.70

KeyCare Capitation rates per age band

Age (years)	Dispensing		Non-dispensing	
	Female	Male	Female	Male
0	R 56.06	R 63.60	R 48.02	R 52.74
1 - 4	R 50.52	R 53.84	R 41.76	R 44.67
5 - 9	R 32.22	R 32.53	R 26.88	R 26.88
10 – 19	R 28.81	R 23.04	R 22.61	R 18.09
20 - 24	R 54.73	R 34.73	R 40.60	R 26.36
25 - 29	R 61.20	R 43.79	R 44.20	R 31.26
30 – 34	R 63.38	R 47.22	R 46.04	R 33.42
35 - 54	R 60.03	R 49.93	R 43.77	R 35.11
55 - 64	R 62.69	R 57.62	R 46.27	R 39.63
65 - 74	R 67.88	R 64.70	R 48.11	R 44.44
75+	R 67.46	R 76.10	R 47.43	R 52.28

There will be a weighted average increase of 6% on procedures commonly performed in the rooms. Doctors will be reimbursed irrespective of which network they are on, for the following procedures:

KeyCare Minor baskets

Code	Description	Reimbursement
0255	Drainage of abscess	R 308.70
0259	Removal of foreign body	R 339.30
0300	Stitching of wound	R 330.80
0301	Stitching of additional wound	R 76.00
0307	Excision and repair	R 383.40
0308	Each additional small procedure done at the same time	R 154.10
0887	POP	R 313.60
2133	Circumcision: Clamp procedure	R 574.00
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	R 912.50
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	R 558.70

The additional procedures indicated below, will also be funded for KeyCare when performed in the rooms effective from January 2015.

Code	Description	Reimbursement
0206	Intravenous treatment: Intravenous infusions: Insertion of cannula – chargeable once per 24 hours	R 244.10
0244	Repair of nail bed	R 533.60
0922	Removal of foreign bodies requiring incision	R 450.30
1136	Nebulization (in rooms)	R 224.20
1192	Peak expiratory flow only	R 99.60
1996	Bladder catheterization: Male(not at operation)	R 177.10
1997	Bladder catheterization: Female (not at operation)	R 144.10

ECG's for KeyCare

Code	Description	Reimbursement
1228	General Practitioner's fee for taking of an ECG only: Without effort: ½ (item 1232)	R 92.70
1229	General Practitioner's fee for taking of an ECG only: Without and with effort: ½ (item 1233)	R 114.80
1232	Electrocardiogram: Without effort	R 142.30
1233	Electrocardiogram: With and without effort	R 186.30
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	R 483.60
1235	Multi – stage treadmill test	R 704.00
1236	Electrocardiogram without effort: under 4 years old	R 241.40

CARECROSS GP TARIFFS FOR 2015

PROCEDURE CODE	DESCRIPTION	TARIFF 2015	
		Dispensing	Scripting
190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity.	R 281.00	R 207.00
191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity.	R 281.00	R 207.00
192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity.	R 281.00	R 207.00

• The fee includes the completion of a chronic application form.

PROCEDURE CODE	DESCRIPTION	TARIFF 2015
Procedures		
300	Stitching of wound	R 331.00
301	Stitching of additional wound	R 74.00
307	Excision and repair	R 441.00
308	Each additional small procedure done at the same time	R 146.00
255	Drainage of subcutaneous abscess & Avulsion of nail	R 269.00
259	Removal of foreign body superficial to Deep fascia	R 368.00
2133	Circumcision - clamp	R 551.00
887	Limb cast - Inclusive of cost of P.O.P. and other material	R 368.00

Electrocardiogram

1232	Without effort - Limited to High Risk Patients (Please refer to Desk Reference for further details)	R 100.00
1233	With and without effort - Limited to High Risk Patients (Please refer to Desk Reference for further details)	R 146.00

• The fees are inclusive of 14% VAT.

• The tariff for the procedure is in addition to the normal consultation fee.

• IF THE PROCEDURE IS BOOKED FOR A DAY OTHER THAN THE DAY OF THE DIAGNOSIS AND DECISION ON TREATMENT PLAN, NO ADDITIONAL CONSULTATION FEE SHOULD BE CHARGED.

• The fee includes tariff codes 0202 & 0201 (setting of sterile tray & material).

PROCEDURES NECESSITATING HOSPITAL ADMISSION

Should any of the above or similar procedures be performed in a hospital, the following process comes into effect:

• Authorization to perform the procedure should be obtained from the relevant medical scheme.

• Accounts pertaining to procedures for which authorization were obtained from the medical scheme, should be rendered to the said medical scheme. The medical schemes will reimburse the doctor directly.

CARECROSS SMALL PROCEDURES PERFORMED IN ROOMS - INCLUDED IN CONSULTATION FEE

PROCEDURE CODE	DESCRIPTION
201	Cost of material
202	Setting of Sterile Tray
206	Intravenous infusion (push-in) patients over 2 years: Insertion of cannula : chargeable once per 24 hours
207	Intravenous infusion (cutdown) patients over 2 years: Cutdown and Insertion of cannula : chargeable once per 24 hours

Intralesional Injection into areas of pathology	
222	Single
223	Multiple
227	Special treatment of severe acne cases
Treatment of benign skin lesion chemo-cryotherapy	
241	First Lesion
242	Subsequent Lesion, each
243	Maximum for multiple additional lesions
Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery	
245	First Lesion
246	Subsequent Lesion, each
317	Aspiration of cyst or tumour
1136	Nebulisation
Pulmonary function tests	
1192	Peak expiratory flow only
Physical Treatment	
3287	Spinal joint and ligament injection
3304	Other physical treatments

GP TARIFFS FOR 2015

Scripting provider: ONECARE Health will pay R295.00 per consultation which includes the additional small procedures as stipulated in this document. This is excluding acute medication. Px are to be directed to the nearest Scriptpharm Pharmacy with their scripts.
 Dispensing provider: ONECARE Health will pay R401.00 per consultation. Inclusive in this fee is the dispensing of acute medication as per the ONECARE Acute Formulary as well as the additional small procedures as stipulated in the manual.

PROCEDURE CODE	DESCRIPTION	TARIFF 2015	
		Dispensing	Scripting
190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity.	R401.00	R295.00
191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity.	R401.00	R295.00
192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity.	R401.00	R295.00
Applicable to all contracts			
145	For consultation/visit away from the doctor's home or rooms : add to 0190 - 0192		MSR
146	For emergency or unscheduled consultation/visit, all hours : add to 0190-0192		MSR
147	For emergency or unscheduled consultation/visit away from doctor's rooms : add to 0190-0192		MSR

ADDITIONAL PROCEDURES FEE STRUCTURE 2015

PROCEDURE CODE	DESCRIPTION	ONECARE TARIFF
201	Cost of Material	As claimed with NAPPI code
202	Setting of sterile tray	MSR
GP Fee for the taking of an ECG only		
1228	Without effort	MSR
1229	Without effort and with effort	MSR
Electrocardiogram		

1232	Without effort	MSR
1233	Without and with effort	MSR
1234	Effort electrocardiogram	MSR
1235	Multi Stage treadmill test	MSR
Plasters		
887	Limb Cast	MSR
201	Material Cost	As claimed with NAPPI code
Removal of malignant lesions		
255	Drainage of subcutaneous abscess onychia,paronychia, pulp space or avulsion of nail	MSR
259	Removal of foreign body superficial to deep fascia	MSR
Stitching of soft tissue injuries		
300	Stitching of wound	MSR
301	Additional wounds stitched at same session	MSR
307	Excision and repair by direct suture	MSR
308	Each additional and procedure done at the same time	MSR
Circumcision		
2133	Clamp procedure	MSR
<ul style="list-style-type: none"> • The fees are inclusive of 14% VAT • If the above procedures are performed in the doctor's rooms rather than in the hospital the tariff for the procedure is in addition to the normal consultation fee. • If the procedure is booked for a day other than the day of the diagnosis, no additional consultation fee should be charged. • The fee includes the completion of a chronic application form. <p>PROCEDURES NECESSITATING HOSPITAL ADMISSION</p> <p>Should any of these procedures or similar procedures be performed in hospital, the following procedures should be followed:</p> <ul style="list-style-type: none"> • Authorisation to perform the procedure in hospital should be obtained from ONECARE on 0860 102 183. • Accounts pertaining to procedures for which authorisation was obtained from the medical scheme, should be submitted to the said scheme at the National Health Tariffs rate. The medical scheme will reimburse the doctor directly. 		

SMALL PROCEDURES PERFORMED IN ROOMS – INCLUDED IN CONSULTATION FEE

PROCEDURE CODE	DESCRIPTION
206	Intravenous infusions (push-in) patients over 2 years : Insertion of cannula - chargeable once per 24 hours
207	Intravenous infusions(cutdown) patients over 2 year s: Cutdown and insertion of cannula - chargeable once per 24 hours
Intralesional Injection into areas of pathology	
222	Single
223	Multiple
225	Epilation : per session
227	Special treatment of severe acne cases,
228	PUVA treatment :Max of 21 treatments
229	PUVA :Follow-up or maintenance once a week
230	UVR Treatment
231	UVR follow-up
Biopsy without suturing	
233	First Lesion
234	Subsequent Lesion, each
235	Maximum for multiple additional lesions
237	Deep skin biopsy by surgical incision
Treatment of benign skin lesion by chemo-cryotherapy	
241	First Lesion
242	Subsequent Lesion, each
243	Maximum for multiple additional lesions
244	Repair of nail bed

Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery	
245	First Lesion
246	Subsequent Lesion, each
316	Fine Needle aspiration
317	Aspiration of cyst or tumour
1037	Diathermy nose under local
1136	Nebulisation
Removal of foreign body	
1063	Removal of foreign body from nose: At rooms
3204	External ear canal: Removal of foreign body: At rooms
Pulmonary function tests	
1186	Flow volume test : Inspiration/expiration
1188	Flow volume test : Inspiration/expiration pre and post bronchodilator
1189	Forced expirogram only
1191	N2 single breath distribution
1192	Peak expiratory flow only
Destruction of condylomata : chemo or cryotherapy	
2125	Limited number
2127	Multiple extensive
Electrodesiccation	
2129	Limited number
2131	Multiple extensive

Female Genital System	
2271	Removal of tag or polyp
2272	Removal of small superficial benign lesions
Destruction of condylomata by chemo-, cryo-, or electrotherapy or harmonic scalpel	
2316	First Lesion
2317	Limited repeat
2318	Widespread
2392	Cryo- or electrocautery of cervix
2399	Punch Biopsy
2400	Biopsy during pregnancy
2403	Wedge biopsy: Cervix
2404	Biopsy : Wedge during pregnancy
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment (TENS)
Medical Psychotherapy	
2957	Individual psychotherapy - short session
2974	Individual psychotherapy
2975	Individual psychotherapy
2958	Psychoanalytic therapy
2962	Directive therapy
2963	Pairs, marriage Therapy
2976	Intermediate therapy
2977	Extended treatment

2968	Group therapy
2970	Electro Convulsive therapy
2971	Intravenous anti-depressive medication through infusion
2972	Narco-analysis
2973	Psychometry
Eyes	
3145	Repair of caniculus
3171	Excision Meibomian cyst eyelid
Physical treatment	
3287	Spinal joint and ligament injection
3304	Other physical treatments
	Any diagnostic pathology tests done in surgery

IPA Foundation CDE	(Centre for Diabetes & Endocrinology)	
Medical Aid Doctors Enhanced Fee	Reimbursement rates (Doctors belonging to IPAF <u>and</u> a participating IPA:	
	<u>Healthcare Provider Grade</u>	<u>CDE Reimbursement Rate for code 0190</u>
	A	R 470.00 per consultation, including VAT
	B	R 450.00 per consultation, including VAT
	C	R 430.00 per consultation, including VAT
	Reimbursement rates (Doctors belonging to IPAF and <u>not</u> to IPA:	
	<u>Healthcare Provider Grade</u>	<u>CDE Reimbursement Rate for code 0190</u>
	A	R 410.00 per consultation, including VAT
	B	R 390.00 per consultation, including VAT
	C	R 370.00 per consultation, including VAT
	Retainer Fee Rates:	
	<u>Healthcare Provider Grade</u>	<u>CDE Retainer Fee Rate</u>
	A	R 70 per member per month, including VAT
	B	R 50 per member per month, including VAT
C	R 37 per member per month, including VAT	