

HEALTHMAN OPHTHALMOLOGY COSTING GUIDE 2011

COMPARATIVE TARIFFS



Code	Terminology	Average Duration	2011 HMan Tariffs	HMan RCF	2011 GEMS Tariffs	GEMS RCF	2011 Discovery Tariffs	DH RCF	DH Prem A In Hos	DH Prem A Out Hos	DH Prem B	DH Exec Plan	DH Classic Rate	
		Professional	(VAT incl.)		(VAT Incl.)		(VAT incl.)			136%	161%	146%	300%	216%
		Units	R	R	R	R	R	R	R	R	R	R	R	R
Consultations:														
	See the Notes below for All Tariffs													
0109	Hospital follow-up visit	15.00	520.00	34.669	216.50	14.436	152.90	10.193	207.90	246.00	223.20	458.70	330.30	
0129	Prolonged first/follow-up consultation : 15 min	15.00	520.00	34.669	216.50	14.436	213.30	14.220	290.10	343.00	311.40	639.90	460.70	
0132	Repeat Script	5.00	173.30	34.669	72.20	14.436	71.10	14.220	96.70	114.00	103.80	213.30	153.60	
0145	Consultation : Away from doctor's room	6.00	208.00	34.669	86.60	14.436	85.40	14.233	116.10	137.00	124.70	256.20	184.50	
0146	Unscheduled consultation: Emergency (cons.room)	8.00	277.40	34.669	115.50	14.436	113.70	14.213	-	183.00	166.00	341.10	-	
0147	Unscheduled consultation:Emergency(not cons.room)	14.00	485.40	34.669	202.10	14.436	119.10	8.507	162.00	192.00	173.90	357.30	257.30	
0148	Elective after-hours services(+50%)	-	-	-	-	-	-	-	-	-	-	-	-	
0149	Emergency after-hours services(+25%)	-	-	-	-	-	-	-	-	-	-	-	-	
0173	Hospital Consultation	15.00	520.00	34.669	245.40	17.423	242.10	16.140	329.30	-	353.50	726.30	522.90	
0174	Hospital Consultation	30.00	1,040.10	34.669	245.40	8.712	242.10	8.070	329.30	-	353.50	726.30	522.90	
0175	Hospital Consultation	45.00	1,560.10	34.669	245.40	5.808	242.10	5.380	329.30	-	353.50	726.30	522.90	
0190	Consultation	15.00	520.00	34.669	245.40	17.423	271.00	18.067	-	436.00	395.70	813.00	-	
0191	Consultation	30.00	1,040.10	34.669	245.40	8.712	271.00	9.033	-	436.00	395.70	813.00	-	
0192	Consultation	45.00	1,560.10	34.669	245.40	5.808	271.00	6.022	-	436.00	395.70	813.00	-	
0199	Chronic Medicine Forms	21.43	743.00	34.669	309.40	14.436	304.70	14.218	414.40	491.00	444.90	914.10	658.20	
Procedures														
3003	Fundus contact lens or 90 D lens examination	7.00	242.70	34.669	62.60	8.941	61.60	8.806	83.80	99.00	90.00	184.90	133.10	
3004	Peripheral fundus examination with indirect Ophthalmoscope	7.00	242.70	34.669	62.60	8.941	61.60	8.806	83.80	99.00	90.00	184.90	133.10	
3006	Keratometry	7.00	242.70	34.669	62.60	8.941	61.60	8.806	83.80	99.00	90.00	184.90	133.10	
3009*	Basic capital equipment used in own rooms by ophthalmologists.	11.68	104.40	8.941	104.40	8.941	102.90	8.806	139.90	166.00	150.20	308.60	222.20	
3013	Ocular motility assessment: Comprehensive examination	12.00	416.00	34.669	107.30	8.941	105.70	8.806	143.70	170.00	154.30	317.00	228.30	
3014	Tonometry per test with maximum of 2 tests for provocative tonometry	7.00	242.70	34.669	62.60	8.941	61.60	8.806	83.80	99.00	90.00	184.90	133.10	
3017*	Retinal threshold test inclusive of computer disc storage for Delta of Statp	74.00	661.60	8.941	661.60	8.941	651.60	8.806	886.20	1,049.00	951.40	1,954.90	1,407.60	
3018	Retinal threshold trend evaluation	16.00	554.70	34.669	143.10	8.941	140.90	8.806	191.60	227.00	205.70	422.70	304.30	
3020*	Special eye investigations:Pachymetry:Only when own instrument is used, per eye. Only in addition to corneal surgery.	46.00	411.30	8.941	411.30	8.941	405.10	8.806	550.90	652.00	591.40	1,215.20	875.00	
3021	Special eye investigations:Retinal funtion assessment including refraction after ocular surgery.Within four months,max 2 exams.	9.00	312.00	34.669	80.50	8.941	79.30	8.806	107.80	128.00	115.70	237.80	171.20	
3022*	Digital fluorescein video angiography	68.00	608.00	8.941	608.00	8.941	598.80	8.806	814.40	964.00	874.30	1,796.40	1,293.40	
3027*	Fundus photography	21.00	187.80	8.941	187.80	8.941	184.90	8.806	251.50	298.00	270.00	554.80	399.40	
3028*	Optical Coherent Tomography (OCT) of Optic nerve or macula:Per eye	40.00	357.60	8.941	357.60	8.941	352.20	8.806	479.00	567.00	514.30	1,056.70	760.80	
3036	Corneal topography:For pathological corneas only on special motivation. For refractive surgery.	36.00	1,248.10	34.669	321.90	8.941	317.00	8.806	431.10	510.00	462.80	951.00	684.80	
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	306.90	10,640.00	34.669	2,743.90	8.941	2,702.60	8.806	3,675.50	4,351.00	3,945.70	8,107.70	5,837.50	
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye.	105.00	3,640.30	34.669	938.80	8.941	924.60	8.806	1,257.50	1,489.00	1,350.00	2,773.90	1,997.20	
3041	Pan retinal photocoagulation (per eye): Done in one sitting	150.00	5,200.40	34.669	1,341.10	8.941	1,320.90	8.806	1,796.40	2,127.00	1,928.50	3,962.70	2,853.10	
3047	Cataract: Extra-capsular (including capsulotomy	210.00	7,280.60	34.669	1,877.50	8.941	1,849.30	8.806	2,515.00	2,977.00	2,699.90	5,547.80	3,994.40	
3049	Insertion of lenticulus in addition to item 3045 or item 3047 cost on lens excluded	57.00	1,976.20	34.669	509.60	8.941	501.90	8.806	682.60	808.00	732.80	1,505.80	1,084.20	
3052	Laser capsulotomy	105.00	3,640.30	34.669	938.80	8.941	924.60	8.806	1,257.50	1,489.00	1,350.00	2,773.90	1,997.20	
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed	210.00	7,280.60	34.669	1,877.50	8.941	1,849.30	8.806	2,515.00	2,977.00	2,699.90	5,547.80	3,994.40	
3061	Drainage operation	247.60	8,584.10	34.669	2,213.70	8.941	2,180.40	8.806	2,965.30	3,510.00	3,183.30	6,541.10	4,709.60	
3075	Strabismus (whether operation performed on 1 eye or both. Operation on 1 or 2 muscles	175.60	6,087.90	34.669	1,570.00	8.941	1,546.30	8.806	2,103.00	2,490.00	2,257.60	4,639.00	3,340.10	

3097	Anterior vitrectomy	280.00	9,707.40	34.669	2,503.40	8.941	2,465.70	8.806	3,353.30	3,970.00	3,599.90	7,397.00	5,325.90
3098	Removal of silicon from globe	280.00	9,707.40	34.669	2,503.40	8.941	2,465.70	8.806	3,353.30	3,970.00	3,599.90	7,397.00	5,325.90
3099	Posterior vitrectomy including anterior vitrectomy,encircling of globe and vitreous replacement	419.00	14,526.50	34.669	3,746.10	8.941	3,689.70	8.806	5,018.00	5,940.00	5,387.00	11,069.10	7,969.80
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK - Use item 3201	150.00	5,200.40	34.669	1,341.10	8.941	1,320.90	8.806	1,796.40	2,127.00	1,928.50	3,962.70	2,853.10
3121	Corneal graft (lamellar or full thickness)	289.00	10,019.50	34.669	2,583.90	8.941	2,544.90	8.806	3,461.10	4,097.00	3,715.60	7,634.80	5,497.10
3125	Keratectomy	127.00	4,403.00	34.669	1,135.50	8.941	1,118.40	8.806	1,521.00	1,801.00	1,632.80	3,355.10	2,415.70
3130	Pterygium or conjunctival cyst or conjunctival tumour.No conjunctival flap or graft used	96.90	3,359.50	34.669	866.40	8.941	853.30	8.806	1,160.50	1,374.00	1,245.80	2,559.90	1,843.10
3131	Cornea: Paracentesis	53.00	1,837.50	34.669	473.90	8.941	466.70	8.806	634.70	751.00	681.40	1,400.20	1,008.10
3132	Lamellar keratectomy for refractive surgery (LK,ALK,MLK)	150.00	5,200.40	34.669	1,341.10	8.941	1,320.90	8.806	1,796.40	2,127.00	1,928.50	3,962.70	2,853.10
3134	Pterygium or conjunctival cyst or conjunctival tumour.Conjunctival flap or graft used - stand alone procedure	116.30	4,032.10	34.669	1,039.80	8.941	1,024.10	8.806	1,392.80	1,649.00	1,495.20	3,072.40	2,212.10
3163	Excision of superficial lid tumour	47.00	1,629.50	34.669	420.20	8.941	413.90	8.806	562.90	666.00	604.30	1,241.60	894.00
3171	Excision of Meibomian cyst.Additional fee for sterile tray	20.40	707.30	34.669	182.40	8.941	179.60	8.806	244.30	289.00	262.30	538.90	388.00
3181	Entropion or ectropion by Open operation	111.50	3,865.60	34.669	996.90	8.941	981.90	8.806	1,335.30	1,581.00	1,433.50	2,945.60	2,120.80
3196*	Diamond Knife: Use of own diamond knife during intraocular surgery	12.00	107.30	8.941	107.30	8.941	105.70	8.806	143.70	170.00	154.30	317.00	228.30
3198*	Excimer laser: Hire fee (per eye)	284.13	2,540.30	8.941	2,540.30	8.941	2,502.00	8.806	3,402.80	4,028.00	3,653.00	7,506.10	5,404.40
	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master.	109.00	974.50	8.941	974.50	8.941	959.90	8.806	1,305.40	1,545.00	1,401.40	2,879.60	2,073.30
3201*	Phako emulsification apparatus: Hire fee	109.00	974.50	8.941	974.50	8.941	959.90	8.806	1,305.40	1,545.00	1,401.40	2,879.60	2,073.30
3202*	Vitrectomy apparatus: Hire fee	120.00	1,072.90	8.941	1,072.90	8.941	1,056.70	8.806	1,437.10	1,701.00	1,542.80	3,170.20	2,282.50
3203*	Ophthalmic examination	50.00	426.10	8.522	426.10	8.522	419.70	8.394	570.80	676.00	612.80	1,259.10	906.60
3631*	Axial length measurement and calculation of intra ocular lens power.Per eye. Not to be used with item 3034	50.00	426.10	8.522	426.10	8.522	419.70	8.394	570.80	676.00	612.80	1,259.10	906.60
3632*													

New Procedures for 2011

4980	Corneal transplant: Endothelial Preparation of corneal endothelial allograft prior to transplantation (backbench)	274.80	9,527.20	34.669	2,456.90	8.941							
4981			-	34.669	-	8.941							
4983	Lamellar corneal surgery keratome and equipment		-	8.941	-	8.941							
4985	Corneal cross linking	150.00	5,200.40	34.669	1,341.10	8.941							
4986	Cross linking equipment hire	54.00	482.80	8.941	482.80	8.941							
4988	Endothelial specular microscope for donor corneas		-	8.941	-	8.941							
4989	Endothelial specular microscope for clinical use		-	8.941	-	8.941							

Notes:

1. The Healthman tariff for codes that relate to equipment have been retained at GEMS rate*
2. Tariffs may differ due to rounding
3. Above codes are the most frequently used codes and is not all inclusive of all the codes
4. Increases from 2010 is as follow:
 - a. GEMS = 2010 Scheme Tariff +6.5%
 - b. HealthMan Tariff = 2010 Tariff +6.5%
 - c. Discovery Health = 2010 Tariff +4.9% (Note that this increase is for the DH Rate only)
5. Discovery Premier A Procedure Rates have NOT been split between In-Hospital & Out-Hospital. Use as appropriate.

Disclaimer:

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