



HEALTHMAN PHYSICIAN COSTING GUIDE 2016

COMPARATIVE TARIFFS: Scheme Rates

Code	 Terminology	Base Rates												
		Average Duration Professional	HealthMan Private Tariff (VAT Incl)	HealthMan RCF	BankMed (VAT Incl)	BankMed RCF	Discovery Tariffs (VAT Incl)	DH RCF	FedHealth (VAT Incl)	FedHealth RCF	GEMS Tariffs (VAT Incl)	GEMS RCF	Profmed (Incl VAT)	Profmed RCF
		Units	R	R	R	R	R	R	R	R	R	R	R	R
Consultations:														
	<i>See the Notes below for All Tariffs</i>													
0109	Hospital follow-up visit	15	609.50	40.632	288.40	19.227	200.80	13.387	284.10	18.940	287.40	19.160	292.50	19.503
0113	Newborn Attendance - Emergency at all hours	45	1 828.40	40.632	865.20	19.227	840.20	18.671	852.30	18.940	862.20	19.160	877.60	19.503
0129	Prolonged first/follow-up consultation : 15 min	15	609.50	40.632	288.40	19.227	280.00	18.667	284.10	18.940	287.40	19.160	292.50	19.503
0130	Telephone consultation (all hours)	12	487.60	40.632	346.10	28.842	336.30	28.025	227.30	18.940	336.30	28.025	234.00	19.503
0132	Repeat Script	5	203.20	40.632	92.20	18.440	93.20	18.640	94.70	18.940	95.90	19.180	97.50	19.503
0145	Consultation : Away from doctor's room	6	243.80	40.632	115.30	19.217	112.10	18.683	113.60	18.940	115.00	19.167	117.00	19.503
0146	Unscheduled consultation: Emergency (cons.room)	8	325.10	40.632	153.70	19.213	149.40	18.675	151.50	18.940	153.40	19.175	156.00	19.503
0147	Unscheduled consultation:Emergency(not cons.room)	14	568.80	40.632	269.10	19.221	261.60	18.686	265.20	18.940	268.30	19.164	273.00	19.503
0149	Emergency after-hours services(+25%)		-	-	-	-	-	-	-	-	-	-	-	-
0173	Hospital Consultation	15	609.50	40.632	499.90	33.327	486.70	32.447	493.20	32.880	485.70	32.380	507.00	33.800
0174	Hospital Consultation	30	1 219.00	40.632	499.90	16.663	486.70	16.223	493.20	16.440	485.70	16.190	507.00	16.900
0175	Hospital Consultation	45	1 828.40	40.632	499.90	11.109	486.70	10.816	493.20	10.960	485.70	10.793	507.00	11.267
0190	Consultation	15	609.50	40.632	499.90	33.327	513.60	34.240	493.20	32.880	485.70	32.380	507.00	33.800
0191	Consultation	30	1 219.00	40.632	499.90	16.663	513.60	17.120	493.20	16.440	485.70	16.190	507.00	16.900
0192	Consultation	45	1 828.40	40.632	499.90	11.109	513.60	11.413	493.20	10.960	485.70	10.793	507.00	11.267
0199	Chronic Medicine Forms	21.43	870.70	40.632	412.20	19.235	400.30	18.679	405.90	18.940	361.50	16.869	417.90	19.503
	Casualty Evaluation Code													
CAS18	(Executive & Classic Plans) (Refer to Note 10)	-	-	-	-	-	-	-	-	-	-	-	-	-
	Casualty Evaluation Code													
CAS18	(Excl. Executive & Classic Plans) (Refer to Note 10)	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospital Discharge Management Code (instead of 0109)													
HDM1	(Executive & Classic Plans) (Refer to Note 10)	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospital Discharge Management Code (instead of 0109)													
HDM1	(Excl. Executive & Classic Plans) (Refer to Note 10)	-	-	-	-	-	-	-	-	-	-	-	-	-
Procedures														
1186	Flow volume test: Inspiration/expiration	30	1 219.00	40.632	357.24	11.908	346.90	11.563	351.30	11.710	356.10	11.869	362.30	12.078
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator	50	2 031.60	40.632	595.40	11.908	578.20	11.563	585.50	11.710	593.50	11.869	603.90	12.078
1204	Intensive care: Category 1 (High Care)	30	1 219.00	40.632	357.24	11.908	346.90	11.563	351.30	11.710	356.10	11.869	362.30	12.078
1205	Intensive care: Category 2 (ICU): Cases requiring active system support First day	100	4 063.20	40.632	1 190.80	11.908	1 156.30	11.563	1 171.00	11.710	1 186.90	11.869	1 207.80	12.078
	Intensive care: Category 2 (ICU): Cases requiring active system support													
1206	Subsequent days, per day	50	2 031.60	40.632	595.40	11.908	578.20	11.563	585.50	11.710	593.50	11.869	603.90	12.078
1208	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	137	5 566.60	40.632	1 631.40	11.908	1 584.10	11.563	1 604.30	11.710	1 626.10	11.869	1 654.70	12.078
	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)													
1210	Subsequent days, per day	50	2 031.60	40.632	595.40	11.908	578.20	11.563	585.50	11.710	593.50	11.869	603.90	12.078
1213	Ventilation: Subsequent days, per day	50	2 031.60	40.632	595.40	11.908	578.20	11.563	585.50	11.710	593.50	11.869	603.90	12.078
1232*	Electrocardiogram: Without effort	9	106.80	11.869	107.17	11.908	104.10	11.563	105.40	11.710	106.80	11.869	108.70	12.078
1235*	Multi-stage treadmill test	60	712.10	11.869	714.48	11.908	693.80	11.563	702.60	11.710	712.10	11.869	724.70	12.078
1252	Left heart catheterisation with coronary angiography	140	5 688.50	40.632	1 667.12	11.908	1 618.80	11.563	1 639.40	11.710	1 661.70	11.869	1 690.90	12.078
1587	Upper gastro-intestinal endoscopy: Hospital equipment	48.75	1 980.80	40.632	580.52	11.908	563.70	11.563	570.90	11.710	578.60	11.869	588.80	12.078
1653	Total colonoscopy: With hospital equipment (including biopsy)	90	3 656.90	40.632	1 071.72	11.908	1 040.70	11.563	1 053.90	11.710	1 068.20	11.869	1 087.00	12.078
1847	Haemodialysis: Per hour or part thereof	21	853.30	40.632	250.07	11.908	242.80	11.563	245.90	11.710	249.20	11.869	253.60	12.078
1851	Haemodialysis: Thereafter per week	55	2 234.80	40.632	654.94	11.908	636.00	11.563	644.10	11.710	652.80	11.869	664.30	12.078
3620*	Cardiac examination plus Doppler colour mapping	50	565.60	11.312	567.55	11.351	551.20	11.023	559.00	11.180	565.60	11.312	575.70	11.513
3621*	Cardiac examination (MMode)	25	282.80	11.312	283.78	11.351	275.60	11.023	279.50	11.180	282.80	11.312	287.80	11.513
3622*	Cardiac examination: 2 Dimensional	50	565.60	11.312	567.55	11.351	551.20	11.023	559.00	11.180	565.60	11.312	575.70	11.513
3625*	Cardiac examinations + doppler	50	565.60	11.312	567.55	11.351	551.20	11.023	559.00	11.180	565.60	11.312	575.70	11.513
3627*	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated	60	678.70	11.312	681.06	11.351	661.40	11.023	670.80	11.180	678.70	11.312	690.80	11.513

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			HealthMan Private Tariff (VAT Incl)	HealthMan RCF	BankMed (VAT Incl)	BankMed RCF	Discovery Tariffs (VAT Incl)	DH RCF	FedHealth (VAT Incl)	FedHealth RCF	GEMS Tariffs (VAT Incl)	GEMS RCF	Profmed (Incl VAT)	Profmed RCF
			Units	R	R	R	R	R	R	R	R	R	R	R
Consultations:														

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).
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 2015 are as follow:
 - a. HealthMan = 2015 Tariff + 7.2%
 - b. Bankmed = New to Schedule
 - c. Discovery Health = 2015 Tariff +5%
 - d. Fedhealth = 2015 Tariff +5.5%
 - e. GEMS = 2015 Tariff +5%
 - f. Profmed = 2015 Tariff +6%
6. Payment Arrangement Rates have NOT been split between In-Hospital & Out-Hospital. Use as appropriate.
7. The Healthman tariff for codes that relate to equipment have been retained at GEMS rate*
8. All Tariffs are inclusive of VAT
9. Please note that GEMS published no Consultation Codes at Scheme Rate and that the GEMS Non-Contracted rates were used
10. Codes CAS18 & HDM1 only applies to FCPSA members participating in the Physician Quality Network (Contact FCPSA for more information)

Disclaimer:


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

Legend:

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

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COMPARATIVE TARIFFS: Scheme Rates

		Payment Arrangments															
		Average Duration Professional	HealthMan Private Tariff (VAT Incl)	HealthMan RCF	BankMed Entry Plan Network	BankMed Traditional & Comprehensive Network (IH)	BankMed Traditional & Comprehensive Network (OH)	BankMed Plus Network (IH)	BankMed Plus Network (OH)	DH Prem A (IH)	DH Prem A (OH)	DH Prem B	DH Classic Rate	DH Exec Rate	FedHealth DPA	FedHealth DPA	FedHealth DPA
		Units	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Consultations:																	
	<i>See the Notes below for All Tariffs</i>																
0109	Hospital follow-up visit	15	609.50	40.632	317.20	389.30	432.60	576.80	620.10	275.10	325.30	295.20	435.70	602.40	468.80	596.60	852.30
0113	Newborn Attendance - Emergency at all hours	45	1 828.40	40.632	951.70	1 168.00	1 297.80	1 730.40	1 860.20	1 151.10	1 361.10	1 235.10	1 823.20	2 520.60	1 406.30	1 789.80	2 556.90
0129	Prolonged first/follow-up consultation : 15 min	15	609.50	40.632	317.20	389.30	432.60	576.80	620.10	383.60	453.60	411.60	607.60	840.00	468.80	596.60	852.30
0130	Telephone consultation (all hours)	12	487.60	40.632	380.70	467.20	519.20	692.20	744.10	460.70	544.80	494.40	729.80	1 008.90	375.00	477.30	681.90
0132	Repeat Script	5	203.20	40.632	101.40	124.50	138.30	184.40	198.20	127.70	151.00	137.00	202.20	279.60	156.30	198.90	284.10
0145	Consultation : Away from doctor's room	6	243.80	40.632	126.80	155.70	173.00	230.60	247.90	153.60	181.60	164.80	243.30	336.30	187.40	238.60	340.80
0146	Unscheduled consultation: Emergency (cons.room)	8	325.10	40.632	169.10	207.50	230.60	307.40	330.50	204.70	242.00	219.60	324.20	448.20	250.00	318.20	454.50
0147	Unscheduled consultation:Emergency(not cons.room)	14	568.80	40.632	296.00	363.30	403.70	538.20	578.60	358.40	423.80	384.60	567.70	784.80	437.60	556.90	795.60
0149	Emergency after-hours services(+25%)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0173	Hospital Consultation	15	609.50	40.632	549.90	674.90	749.90	999.80	1 074.80	666.80	-	715.40	1 056.10	1 460.10	813.80	1 035.70	1 479.60
0174	Hospital Consultation	30	1 219.00	40.632	549.90	674.90	749.90	999.80	1 074.80	666.80	-	715.40	1 056.10	1 460.10	813.80	1 035.70	1 479.60
0175	Hospital Consultation	45	1 828.40	40.632	549.90	674.90	749.90	999.80	1 074.80	666.80	-	715.40	1 056.10	1 460.10	813.80	1 035.70	1 479.60
0190	Consultation	15	609.50	40.632	549.90	674.90	749.90	999.80	1 074.80	-	832.00	755.00	1 114.50	1 540.80	813.80	1 035.70	1 479.60
0191	Consultation	30	1 219.00	40.632	549.90	674.90	749.90	999.80	1 074.80	-	832.00	755.00	1 114.50	1 540.80	813.80	1 035.70	1 479.60
0192	Consultation	45	1 828.40	40.632	549.90	674.90	749.90	999.80	1 074.80	-	832.00	755.00	1 114.50	1 540.80	813.80	1 035.70	1 479.60
0199	Chronic Medicine Forms	21.43	870.70	40.632	453.40	556.50	618.30	824.40	886.20	400.30	400.30	400.30	400.30	400.30	669.70	852.40	1 217.70
CAS18	Casualty Evaluation Code (Executive & Classic Plans) (Refer to Note 10)	-	-	-	-	-	-	-	-	1 423.40	n/a	1 527.30	2 254.60	-	-	-	-
CAS18	Casualty Evaluation Code (Excl. Executive & Classic Plans) (Refer to Note 10)	-	-	-	-	-	-	-	-	1 423.40	n/a	1 527.30	1 039.00	-	-	-	-
HDM1	Hospital Discharge Management Code (instead of 0109) (Executive & Classic Plans) (Refer to Note 10)	-	-	-	-	-	-	-	-	550.20	n/a	590.30	871.50	-	-	-	-
HDM1	Hospital Discharge Management Code (instead of 0109) (Excl. Executive & Classic Plans) (Refer to Note 10)	-	-	-	-	-	-	-	-	550.20	n/a	590.30	401.50	-	-	-	-
Procedures																	
1186	Flow volume test: Inspiration/expiration	30	1 219.00	40.632	393.00	482.30	535.90	714.50	768.10	475.20	562.00	509.90	752.80	1 040.70	579.60	737.70	1 053.90
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator	50	2 031.60	40.632	654.90	803.80	893.10	1 190.80	1 280.10	792.10	936.60	849.90	1 254.60	1 734.50	966.10	1 229.60	1 756.50
1204	Intensive care: Category 1 (High Care)	30	1 219.00	40.632	393.00	482.30	535.90	714.50	768.10	475.20	562.00	509.90	752.80	1 040.70	579.60	737.70	1 053.90
1205	Intensive care: Category 2 (ICU): Cases requiring active system support First day Intensive care: Category 2 (ICU): Cases requiring active system support Subsequent days, per day	100	4 063.20	40.632	1 309.90	1 607.60	1 786.20	2 381.60	2 560.20	1 584.10	1 873.20	1 699.80	2 509.20	3 468.90	1 932.20	2 459.10	3 513.00
1206	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	50	2 031.60	40.632	654.90	803.80	893.10	1 190.80	1 280.10	792.10	936.60	849.90	1 254.60	1 734.50	966.10	1 229.60	1 756.50
1208	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	137	5 566.60	40.632	1 794.50	2 202.40	2 447.10	3 262.80	3 507.50	2 170.30	2 566.30	2 328.70	3 437.60	4 752.40	2 647.10	3 369.00	4 812.90
1210	Ventilation: Subsequent days, per day	50	2 031.60	40.632	654.90	803.80	893.10	1 190.80	1 280.10	792.10	936.60	849.90	1 254.60	1 734.50	966.10	1 229.60	1 756.50
1213	Electrocardiogram: Without effort	9	106.80	11.869	117.90	144.70	160.80	214.30	230.40	142.60	168.60	153.00	225.80	312.20	173.90	221.30	316.20
1235*	Multi-stage treadmill test	60	712.10	11.869	785.90	964.50	1 071.70	1 429.00	1 536.10	950.50	1 123.90	1 019.90	1 505.50	2 081.30	1 159.30	1 475.50	2 107.80
1252	Left heart catheterisation with coronary angiography	140	5 688.50	40.632	1 833.80	2 250.60	2 500.70	3 334.20	3 584.30	2 217.80	2 622.50	2 379.70	3 512.80	4 856.50	2 705.00	3 442.70	4 918.20
1587	Upper gastro-intestinal endoscopy: Hospital equipment	48.75	1 980.80	40.632	638.60	783.70	870.80	1 161.00	1 248.10	772.30	913.20	828.60	1 223.20	1 691.10	942.00	1 198.90	1 712.70
1653	Total colonoscopy: With hospital equipment (including biopsy)	90	3 656.90	40.632	1 178.90	1 446.80	1 607.60	2 143.40	2 304.20	1 425.70	1 685.90	1 529.80	2 258.30	3 122.00	1 738.90	2 213.20	3 161.70
1847	Haemodialysis: Per hour or part thereof	21	853.30	40.632	275.10	337.60	375.10	500.10	537.60	332.70	393.40	356.90	526.90	728.50	405.70	516.40	737.70
1851	Haemodialysis: Thereafter per week	55	2 234.80	40.632	720.40	884.20	982.40	1 309.90	1 408.10	871.30	1 030.30	934.90	1 380.00	1 907.90	1 062.80	1 352.60	1 932.30
3620*	Cardiac examination plus Doppler colour mapping	50	565.60	11.312	624.30	766.20	851.30	1 135.10	1 220.20	755.10	892.90	810.20	1 196.00	1 653.50	922.40	1 173.90	1 677.00
3621*	Cardiac examination (MMode)	25	282.80	11.312	312.20	383.10	425.70	567.60	610.10	377.50	446.40	405.10	598.00	826.70	461.20	587.00	838.50
3622*	Cardiac examination: 2 Dimensional	50	565.60	11.312	624.30	766.20	851.30	1 135.10	1 220.20	755.10	892.90	810.20	1 196.00	1 653.50	922.40	1 173.90	1 677.00
3625*	Cardiac examinations + doppler	50	565.60	11.312	624.30	766.20	851.30	1 135.10	1 220.20	755.10	892.90	810.20	1 196.00	1 653.50	922.40	1 173.90	1 677.00
3627*	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated	60	678.70	11.312	749.20	919.40	1 021.60	1 362.10	1 464.30	906.10	1 071.40	972.20	1 435.20	1 984.10	1 106.80	1 408.70	2 012.40

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		Units	R	R	R	110%	135%	150%	200%	215%	137%	162%	147%	217%	300%	165%	210%	300%

Consultations:

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 RCF = Rand Conversion Factor (Rand Value per Unit)
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