



HEALTHMAN OPHTHALMOLOGY COSTING GUIDE 2016

COMPARATIVE TARIFFS: Scheme Rates

		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:														
See the Notes below for All Tariffs														
0109	Hospital follow-up visit	15.00	609.50	40.632	288.40	19.227	200.80	13.387	284.10	18.940	287.40	19.160	292.50	19.503
0129	Prolonged first/follow-up consultation : 15 min	15.00	609.50	40.632	288.40	19.227	280.00	18.667	284.10	18.940	287.40	19.160	292.50	19.503
0132	Repeat Script	5.00	203.20	40.632	96.20	19.240	92.20	18.640	94.70	18.940	95.90	19.180	97.50	19.503
0145	Consultation : Away from doctor's room	6.00	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)	8.00	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)	14.00	568.80	40.632	269.70	19.264	261.60	18.686	265.20	18.940	268.30	19.164	273.00	19.503
0148	Elective after-hours services(+50%)	-	-	40.632	-	-	-	-	-	-	-	-	-	-
0149	Emergency after-hours services(+25%)	-	-	40.632	-	-	-	-	-	-	-	-	-	-
0173	Hospital Consultation	15.00	609.50	40.632	326.80	21.787	317.80	21.187	322.60	21.505	317.60	21.173	507.00	33.800
0174	Hospital Consultation	30.00	1 219.00	40.632	326.80	10.893	317.80	10.593	322.60	10.753	317.60	10.587	507.00	16.900
0175	Hospital Consultation	45.00	1 828.40	40.632	326.80	7.262	317.80	7.062	322.60	7.168	317.60	7.058	507.00	11.267
0190	Consultation	15.00	609.50	40.632	326.80	21.787	357.60	23.840	322.60	21.505	317.60	21.173	507.00	33.800
0191	Consultation	30.00	1 219.00	40.632	326.80	10.893	357.60	11.920	322.60	10.753	317.60	10.587	507.00	16.900
0192	Consultation	45.00	1 828.40	40.632	326.80	7.262	357.60	7.947	322.60	7.168	317.60	7.058	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
Procedures														
3003	Fundus contact lens or 90 D lens examination	7.00	284.40	40.632	83.36	11.908	80.90	11.563	82.00	11.710	83.10	11.869	84.50	12.078
3004	Peripheral fundus examination with indirect Ophthalmoscope	7.00	284.40	40.632	83.36	11.908	80.90	11.563	82.00	11.710	83.10	11.869	84.50	12.078
3006	Keratometry	7.00	284.40	40.632	83.36	11.908	80.90	11.563	82.00	11.710	83.10	11.869	84.50	12.078
3009	Basic capital equipment used in own rooms by ophthalmologists.	11.68	138.60	11.869	139.09	11.908	135.10	11.563	136.80	11.710	138.60	11.869	141.10	12.078
3013	Ocular motility assessment: Comprehensive examination	12.00	487.60	40.632	142.90	11.908	138.80	11.563	140.50	11.710	142.40	11.869	144.90	12.078
3014	Tonometry per test with maximum of 2 tests for provocative tonometry	7.00	284.40	40.632	83.36	11.908	80.90	11.563	82.00	11.710	83.10	11.869	84.50	12.078
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	74.00	878.30	11.869	881.19	11.908	855.70	11.563	866.50	11.710	878.30	11.869	893.80	12.078
3018	Retinal threshold trend evaluation	16.00	650.10	40.632	190.53	11.908	185.00	11.563	187.40	11.710	189.90	11.869	193.20	12.078
3020	Special eye investigations:Pachymetry:Only when own instrument is used, per eye. Only in addition to corneal surgery.	46.00	546.00	11.869	547.77	11.908	531.90	11.563	538.70	11.710	546.00	11.869	555.60	12.078
3021	Special eye investigations:Retinal funtion assessment including refraction after ocular surgery.Within four months,max 2 exams.	9.00	365.70	40.632	107.17	11.908	104.10	11.563	105.40	11.710	106.80	11.869	108.70	12.078
3022	Digital fluorescein video angiography	68.00	807.10	11.869	809.74	11.908	786.30	11.563	796.30	11.710	807.10	11.869	821.30	12.078
3027	Fundus photography	21.00	249.20	11.869	250.07	11.908	242.80	11.563	245.90	11.710	249.20	11.869	253.60	12.078
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula:Per eye	40.00	474.80	11.869	476.32	11.908	462.50	11.563	468.40	11.710	474.80	11.869	483.10	12.078
3036	Corneal topography:For pathological corneas only on special motivation. For refractive surgery.	36.00	1 462.80	40.632	428.69	11.908	416.30	11.563	421.60	11.710	427.30	11.869	434.80	12.078
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	306.90	12 470.00	40.632	3 654.57	11.908	3 548.70	11.563	3 593.80	11.710	3 642.60	11.869	3 706.70	12.078
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye.	105.00	4 266.40	40.632	1 250.34	11.908	1 214.10	11.563	1 229.60	11.710	1 246.20	11.869	1 268.20	12.078
3041	Pan retinal photocoagulation (per eye): Done in one sitting	150.00	6 094.80	40.632	1 786.20	11.908	1 734.50	11.563	1 756.50	11.710	1 780.40	11.869	1 811.70	12.078
3047	Cataract: Extra-capsular (including capsulotomy)	210.00	8 532.70	40.632	2 500.68	11.908	2 428.20	11.563	2 459.10	11.710	2 492.50	11.869	2 536.40	12.078
3049	Insertion of lenticulus in addition to item 3045 or item 3047 cost on lens excluded	57.00	2 316.00	40.632	678.76	11.908	659.10	11.563	667.50	11.710	676.50	11.869	688.40	12.078
3052	Laser capsulotomy	105.00	4 266.40	40.632	1 250.34	11.908	1 214.10	11.563	1 229.60	11.710	1 246.20	11.869	1 268.20	12.078
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed	210.00	8 532.70	40.632	2 500.68	11.908	2 428.20	11.563	2 459.10	11.710	2 492.50	11.869	2 536.40	12.078
3061	Drainage operation	247.60	10 060.50	40.632	2 948.42	11.908	2 863.00	11.563	2 899.40	11.710	2 938.80	11.869	2 990.50	12.078
3075	Strabismus (whether operation performed on 1 eye or both. Operation on 1 or 2 muscles	175.60	7 135.00	40.632	2 091.04	11.908	2 030.50	11.563	2 056.30	11.710	2 084.20	11.869	2 120.90	12.078
3097	Anterior vitrectomy	280.00	11 377.00	40.632	3 334.24	11.908	3 237.60	11.563	3 278.80	11.710	3 323.30	11.869	3 381.80	12.078
3098	Removal of silicon from globe	280.00	11 377.00	40.632	3 334.24	11.908	3 237.60	11.563	3 278.80	11.710	3 323.30	11.869	3 381.80	12.078
3099	Posterior vitrectomy including anterior vitrectomy,encircling of globe and vitreous replacement	419.00	17 024.80	40.632	4 989.45	11.908	4 844.90	11.563	4 906.50	11.710	4 973.10	11.869	5 060.70	12.078
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	6 094.80	40.632	1 786.20	11.908	1 734.50	11.563	1 756.50	11.710	1 780.40	11.869	1 811.70	12.078
3121	Corneal graft (lamellar or full thickness)	289.00	11 742.60	40.632	3 441.41	11.908	3 341.70	11.563	3 384.20	11.710	3 430.10	11.869	3 490.50	12.078

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COMPARATIVE TARIFFS: Scheme Rates

Code		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

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

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

Code		Terminology	Average Duration Professional	HealthMan Private Tariff (VAT Incl)	HealthMan RCF	Payment Arrangments												
						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
						110%	135%	150%	200%	215%	137%	162%	147%	217%	300%	165%	210%	300%
			Units	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R

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