

HEALTHMAN RHEUMATOLOGY COSTING GUIDE 2011

COMPARATIVE TARIFFS

Code	Terminology	Average Duration Professional	2011	2011	2011	2011	2011	2011	DH Prem A	DH Prem A	DH Prem B	DH Exec Plan	DH Classic Rate
			HMan Tariffs (VAT incl.)	HMan RCF	GEMS Tariffs (VAT Incl.)	GEMS RCF	Discovery Tariffs (VAT incl.)	DH RCF	In Hos	Out Hos			
			Units	R	R	R	R	R	R	R	R	R	R
Consultations:													
	See the Notes below for All Tariffs												
0109	Hospital follow-up visit	15	379.40	25.292	216.50	14.436	152.90	10.193	207.90	246.20	223.20	458.70	330.30
0129	Prolonged first/follow-up consultation : 15 min	15	379.40	25.292	216.50	14.436	213.30	14.220	290.10	343.40	311.40	639.90	460.70
0130	Telephone consultation (all hours)	12	303.50	25.292	259.90	23.066	256.10	21.342	348.30	412.30	373.90	768.30	553.20
0132	Repeat Script	5	126.50	25.292	72.20	14.436	71.10	14.220	96.70	114.50	103.80	213.30	153.60
0133	Writing of special motivations	9	227.60	25.292	129.90	14.436	127.90	14.211	173.90	205.90	186.70	383.70	276.30
0145	Consultation : Away from doctor's room	6	151.80	25.292	86.60	14.436	85.40	14.233	116.10	137.50	124.70	256.20	184.50
0146	Unscheduled consultation: Emergency (cons.room)	8	202.30	25.292	115.50	14.436	113.70	14.213	-	183.10	166.00	341.10	-
0147	Unscheduled consultation:Emergency(not cons.room)	14	354.10	25.292	202.10	14.436	199.10	14.221	270.80	320.60	290.70	597.30	430.10
0173	Hospital Consultation	15	379.40	25.292	375.30	26.646	370.60	24.707	504.00	-	541.10	1,111.80	800.50
0174	Hospital Consultation	30	758.80	25.292	375.30	13.323	370.60	12.353	504.00	-	541.10	1,111.80	800.50
0175	Hospital Consultation	45	1,138.20	25.292	375.30	8.882	370.60	8.236	504.00	-	541.10	1,111.80	800.50
0190	Consultation	15	379.40	25.292	375.30	26.646	389.30	25.953	-	626.80	568.40	1,167.90	-
0191	Consultation	30	758.80	25.292	375.30	13.323	389.30	12.977	-	626.80	568.40	1,167.90	-
0192	Consultation	45	1,138.20	25.292	375.30	8.882	389.30	8.651	-	626.80	568.40	1,167.90	-
0199	Chronic Medicine Forms	21.43	542.00	25.292	309.40	14.436	304.70	14.218	414.40	490.60	444.90	914.10	658.20
Procedures													
0215	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous infusion technique: Per injection.	14	354.10	25.292	125.20	8.941	123.30	8.806	167.70	198.50	180.00	369.90	266.30
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	9	227.60	25.292	80.50	8.941	79.30	8.806	107.80	127.60	115.70	237.80	171.20
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	7.5	189.70	25.292	67.10	8.941	66.00	8.806	89.80	106.30	96.40	198.10	142.70
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	4	101.20	25.292	35.80	8.941	35.20	8.806	47.90	56.70	51.40	105.70	76.10
0763	Muscle and tendon repair: Tendon or ligament injection	9	227.60	25.292	80.50	8.941	79.30	8.806	107.80	127.60	115.70	237.80	171.20
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	9	227.60	25.292	80.50	8.941	79.30	8.806	107.80	127.60	115.70	237.80	171.20
1186	Flow volume test: Inspiration/expiration	30	758.80	25.292	268.20	8.941	264.20	8.806	359.30	425.30	385.70	792.50	570.60
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator	50	1,264.60	25.292	447.00	8.941	440.30	8.806	598.80	708.90	642.80	1,320.90	951.00
1205	Intensive care: Category 2 (ICU): Cases requiring active system support First day	100	2,529.20	25.292	894.10	8.941	880.60	8.806	1,197.60	1,417.80	1,285.70	2,641.80	1,902.10
1206	Intensive care: Category 2 (ICU): Cases requiring active system support Subsequent days, per day	50	1,264.60	25.292	447.00	8.941	440.30	8.806	598.80	708.90	642.80	1,320.90	951.00
1235*	Multi-stage treadmill test	60	536.40	8.941	536.40	8.941	528.40	8.806	718.60	850.70	771.40	1,585.10	1,141.30
2802	Procedures for pain relief: Peripheral nerve block	25	632.30	25.292	223.50	8.941	220.20	8.806	299.40	354.40	321.40	660.50	475.50
3604*	Bone densitometry (to be charged once only for one or more levels done at the same session)	77	975.10	12.664	975.10	12.664	960.50	12.474	1,306.30	1,546.40	1,402.30	2,881.50	2,074.70
3622*	Cardiac examination: 2 Dimensional	50	426.10	8.522	426.10	8.522	419.70	8.394	570.80	675.70	612.80	1,259.10	906.60
3625*	Cardiac examinations + doppler	50	426.10	8.522	426.10	8.522	419.70	8.394	570.80	675.70	612.80	1,259.10	906.60
5102*	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	50	426.10	8.522	426.10	8.522	419.70	8.394	570.80	675.70	612.80	1,259.10	906.60

5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	42.65	1,078.70	25.292	381.30	8.941	375.60	8.806	510.80	604.70	548.30	1,126.70	811.20
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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.