

**COMPENSATION FUND****SCALE OF FEES FOR PRIVATE HOSPITALS (57/58) (PER DIEM TARIFF)  
WITH EFFECT FROM 1 APRIL 2019****SCALE OF FEES FOR PSYCHIATRIC AND PRIVATE REHABILITATION HOSPITALS (55/59)  
(PER DIEM TARIFF)  
WITH EFFECT FROM 1 APRIL 2019****ACCOMMODATION**

The day admission fee shall be charged in respect of all patients admitted as day patients and discharged before 23:00 on the same date.

Ward fees shall be charged at the full day rate if admission takes place before 12:00 and at the half daily rate if admission takes place after 12:00. At discharge, ward fees shall be charged at half the daily rate if the discharge takes place before 12:00 and the full daily rate if the discharge takes place after 12:00.

**Ward fees are inclusive of all pharmaceuticals and equipment that are provided in the accommodation, theatre, emergency room and procedure rooms.**

**Note: Fees include VAT**

	DESCRIPTION	PRACTICE CODE 57/58
<b>1.1</b>	<b>General Wards</b>	
H001	Surgical cases: per day	3433.44
H002	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	3433.44
H004	Medical and neurological cases: per day	3433.44
H007	Day admission which includes all patients discharged by 23:00 on date of admission	1469.47
		<b>PRACTICE CODE 55</b>
H008	<b>General Ward for Psychiatric Hospitals (Inclusive fee: Ward fee, Pharmaceuticals, Occupational Therapy)</b>	2674.81
<b>1.2</b>	<b>General ward for Rehabilitation Hospitals</b>	
H010	General Rehabilitation ward ( Inclusive fee: ward fee, general rehabilitaion management ( Physiotherapy, Doctors, Nursing, Occupational Therapy)	5735.71

**SCALE OF FEES FOR SUB-ACUTE REHABILITATION (49) (PER DIEM TARIFF)****General Rules for Rehabilitation Hospitals**

1. Maximum period for a patient stay at acute rehabilitation ward is 3 months (12 weeks), then to be discharged or referred to Subacute rehabilitation (practice 49)

2. All patients transferred from Acute Rehabilitation (practice 59) to Subacute Rehabilitation (practice 49), notification letter is required by the Compensation Fund for proper case management.

3. All practice 49 institutions must have a Rehabilitation plan for all patients admitted. This Rehabilitation plan must be submitted to Compensation Fund When requested.

H020	Sub-Acute Rehabilitation ward ( Daily ) Professionals are charged separately i.e. Physiotherapy, Rehabilitation Doctors, Nursing, Occupational Therapy, speech Therapist, Clinical Psychologist, social workers )	3433.44
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	DESCRIPTION	PRACTICE CODE 57/58
1.3	<b>Special Care Units</b>  Hospitals shall obtain a doctor's report stating the reason for accommodation in an intensive care unit or a high care ward from the attending medical practitioner, and such report including the date and time of admission and discharge from the unit shall be forwarded to the Commissioner together with the account. Pre-drafted and standard certificates of authorisation will not be acceptable.	
H201	Intensive Care Unit: per day	23015.00
H215	High Care Ward: per day	11876.81
2.	<b>Theatres and Emergency Unit</b>	
2.1	<b>Theatre and Emergency fees are inclusive of all consumables and equipment. The after hours fee are included in the normal theatre fee.</b>  <b>Emergency fee</b> Rule: Emergency fee - excluding follow-up visits.	
H301	For all emergencies including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	824.18
H302	For all emergencies which require the use of a procedure room, e.g. for application of plaster, stitching of wounds.	1672.09
H303	<u>Follow-up visits:</u>  The Compensation Fund. will reimburse hospitals for all materials used during follow-up visits. No consultation or facility fee is chargeable. The account is to be billed as for fee for service.	
H105	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by the Board of Healthcare Funders.	6543.18
2.2	<b>Minor Theatre Fee</b>  A facility where simple procedures which require limited instrumentation and drapery, minimum nursing input and local anaesthetic procedures are carried out. No sophisticated monitoring is required but resuscitation equipment must be available.	
	DESCRIPTION	PRACTICE CODE 57/58
H071	The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows:  Charge per minute	99.30
2.3	<b>Major Theatre</b>  The exact time of admission to and discharge from the theatre shall be	
H081	Charge per minute	293.83

5.9	<p><b>Prosthesis</b></p> <p><u>Prosthesis Pricing:</u></p> <p><b>Note:</b> A ceiling price of R1496.93 per prosthesis is included in the theatre tariff. The combined value of all the components including cement in excess of R1496.93 should be charged separately.</p> <p>A prosthesis is a fabricated or artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral part of the device so implanted, and shall be charged as a single unit.</p> <p>Reimbursement will be at the lowest available manufacturer's price (inclusive of VAT).</p>	
H286	<p><b>Internal Fixators (surgically implanted)</b></p> <p>Reimbursement will be at the lowest available manufacturer's price inclusive of VAT.</p> <p>Hospitals / unattached operating theatre units shall show the name and reference number of each item. The suppliers' invoices, each containing the manufacturer's name, should be attached to the account and the components specified on the account should appear on the invoice.</p> <p><b>External Fixators</b></p> <p>Reimbursement will be at 33% of the lowest available manufacturer's price inclusive of VAT.</p>	
	<b>DESCRIPTION</b>	<b>PRACTICE CODE</b>
		57/58
5.10	<p>Hospitals / unattached operating theatre units shall show the name and reference number of each item. The suppliers' invoices, each containing the manufacturer's name, should be attached to the account and the components specified on the account should appear on the invoice.</p> <p><b>Medical artificial items (non-prosthesis)</b></p> <p>Examples of items included hereunder shall be artificial limbs, wheelchairs, crutches and excretion bags. Copies of invoices shall be supplied to the Commissioner. Reimbursement will be at the lowest available manufacturer's price inclusive of VAT.</p> <p><b>Further Non-Prosthetic Medical Artificial items:</b>  Sheepskins  Abdominal Binders  Orthopaedic Braces (ankle, knee, wrist, arm)  Anti-Embolism Stockings  Futuro Supports  Corsets  Crutches  Clavicle Braces  Toilet Seat Raisers  Walking Aids  Walking Sticks  Back Supports  Elbow / Hand Cradles</p>	
H287		

5.11	<b>Serious Burns</b>	
	Billed at normal fee for service. The following items are applicable and must be accompanied by a written motivation from the treating doctor.	
H289	Serious Burns: Fee for service (Inclusive of all services e.g. accommodation, theatre, etc.) except medication whilst hospitalised.	
H290	Serious Burns: Item for medication used during hospitalisation excluding the TTO's. <i>Note: TTO's should be charged according to item H288</i>	
5.12	<b>TTO</b>	
H288	TTO scripts will be reimbursed by the Commissioner for a period of two (2) weeks. A script that covers a period of more than two (2) weeks must have a doctor's motivation attached.	