

# HEALTHMAN GENERAL PRACTITIONERS COSTING GUIDE 2011

## COMPARATIVE TARIFFS



Code	Terminology	Average Duration Professional	2011 HMan Tariffs (VAT incl.)	HM RCF	2011 GEMS Tariffs (VAT Incl.)	GEMS RCF	2011 Discovery Tariffs (VAT incl.)	DH RCF	2011 Discovery Tariffs (VAT incl.) on DHGP Network	DH RCF
		<u>Units</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
		<b>Consultations:</b>								
	<b>See the Notes below for All Tariffs</b>									
0107	Newborn Attendance -Visit in Ward	33	720.50	21.834	476.40	14.436	469.30	14.221	469.30	14.221
0109	Hospital follow-up visit	15	327.50	21.834	216.50	14.436	152.90	10.193	152.90	10.193
0113	Newborn Attendance - Emergency at all hours	45	982.50	21.834	649.60	14.436	639.90	14.220	639.90	14.220
0129	Prolonged first/follow-up consultation : for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes	15	327.50	21.834	216.50	14.436	213.30	14.220	213.30	14.220
0130	Telephone consultation (all hours)	12	262.00	21.834	173.20	14.436	170.70	14.225	170.70	14.225
0132	Repeat Script	5	109.20	21.834	72.20	14.436	71.10	14.220	71.10	14.220
0133	Writing of special motivations	9	196.50	21.834	129.90	14.436	127.90	14.211	127.90	14.211
0145	Consultation : Away from doctor's room	6	131.00	21.834	86.60	14.436	85.40	14.233	85.40	14.233
0146	Unscheduled consultation: Emergency (cons.room)	8	174.70	21.834	115.50	14.436	113.70	14.213	113.70	14.213
0147	Unscheduled consultation:Emergency(not cons.room)	14	305.70	21.834	202.10	14.436	199.10	14.221	199.10	14.221
0148	Elective after-hours services(+50%)		-	21.834	-	-	-	-	-	-
0149	Emergency after-hours services(+25%)		-	21.834	-	-	-	-	-	-
0151	Pre-anaesthetic assessment: 10 and 20 minutes		-	21.834	-	-	240.30		240.30	
0152	Pre-anaesthetic assessment: 20 and 35 minutes		-	21.834	-	-	240.30		240.30	
0173	Hospital Consultation	15	327.50	21.834	242.80	16.188	239.20	15.947	239.20	15.947
0174	Hospital Consultation	30	655.00	21.834	242.80	8.619	239.20	7.973	239.20	7.973
0175	Hospital Consultation	45	982.50	21.834	242.80	5.746	239.20	5.316	239.20	5.316
0190	Consultation	15	327.50	21.834	242.80	16.188	264.00	17.600	285.00	19.000
0191	Consultation	30	655.00	21.834	242.80	8.619	264.00	8.800	285.00	9.500
0192	Consultation	45	982.50	21.834	242.80	5.746	264.00	5.867	285.00	6.333
0199	Chronic Medicine Forms	21.43	467.90	21.834	309.40	14.436	304.70	14.218	304.70	14.218
<b>Procedures:</b>										
0017	Injections administered by practitioners:(not chargeable together with a consultation item)	7.5	108.30	14.436	108.30	14.436	106.70	14.227	106.70	14.227
0202	Setting of sterile tray	10	218.30	21.834	89.40	8.941	88.10	8.806	88.10	8.806
0205	Intravenous infusion: cut down or push in for patients under 3 yrs	12	262.00	21.834	107.30	8.941	105.70	8.806	105.70	8.806
0206	Intravenous treatment: - chargeable once per 24 hours	6	131.00	21.834	53.60	8.941	52.80	8.806	52.80	8.806
0207	Intravenous infusion: cut down for patients over 3 yrs	8	174.70	21.834	71.50	8.941	70.40	8.806	70.40	8.806
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	6	131.00	21.834	53.60	8.941	52.80	8.806	52.80	8.806
0210	Collection of specimen(s) for pathology per venesection	3.25	71.00	21.834	29.10	8.941	28.60	8.806	28.60	8.806
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	4	87.30	21.834	35.80	8.941	35.20	8.806	35.20	8.806
0227	Special treatment of severe acne cases, including draining	8	174.70	21.834	71.50	8.941	70.40	8.806	70.40	8.806
0241	Treatment lesion/chemo-cryotherapy: first lesion	6	131.00	21.834	53.60	8.941	52.80	8.806	52.80	8.806

0242	Subsequent benign lesion, each	3	65.50	21.834	26.80	8.941	26.40	8.806	26.40	8.806
0243	Maximum for multiple additional benign lesions	42	917.00	21.834	375.50	8.941	369.90	8.806	369.90	8.806
0245	Removal benign lesion: curretting: first lesion	14	305.70	21.834	125.20	8.941	123.30	8.806	123.30	8.806
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	7	152.80	21.834	62.60	8.941	61.60	8.806	61.60	8.806
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	20	436.70	21.834	178.80	8.941	176.10	8.806	176.10	8.806
0259	Removal of foreign body superficial to deep fascia (except hands)	20	436.70	21.834	178.80	8.941	176.10	8.806	176.10	8.806
0261	Removal of foreign body deep to deep fascia (except hands)	31	676.80	21.834	277.20	8.941	273.00	8.806	273.00	8.806
0300	Stitching of soft-tissue injuries	14	305.70	21.834	125.20	8.941	123.30	8.806	123.30	8.806
0301	Stitching of minor soft tissue wound: additional at same visit	7	152.80	21.834	62.60	8.941	61.60	8.806	61.60	8.806
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	64	1,397.30	21.834	572.20	8.941	563.60	8.806	563.60	8.806
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	120	2,620.00	21.834	1,072.90	8.941	1,056.70	8.806	1,056.70	8.806
0304	Major debridement of wound, sloughectomy or secondary suture	50	1,091.70	21.834	447.00	8.941	440.30	8.806	440.30	8.806
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	27	589.50	21.834	241.40	8.941	237.80	8.806	237.80	8.806
0308	Each additional small procedure done at the same time	14	305.70	21.834	125.20	8.941	123.30	8.806	123.30	8.806
0310	Radical excision of nailbed	38	829.70	21.834	339.70	8.941	334.60	8.806	334.60	8.806
0316	Fine needle aspiration for soft tissue (all areas)	15	327.50	21.834	134.10	8.941	132.10	8.806	132.10	8.806
0661	Aspiration of joint or intra-articular injection. Meds separate	9	196.50	21.834	80.50	8.941	79.30	8.806	79.30	8.806
0853	Excision: Small bursa or ganglion	80.9	1,766.30	21.834	723.30	8.941	712.40	8.806	712.40	8.806
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	9	196.50	21.834	80.50	8.941	79.30	8.806	79.30	8.806
0887	Plaster (incl after care) limb cast - no modif 5	13	283.80	21.834	116.20	8.941	114.50	8.806	114.50	8.806
0922	Removal of foreign body requiring incision & local anaesthetic	19	414.80	21.834	169.90	8.941	167.30	8.806	167.30	8.806
1063	Removal of foreign bodies from nose: At rooms	10	218.30	21.834	89.40	8.941	88.10	8.806	88.10	8.806
1101	Tonsillectomy (dissection of the tonsils)	75	1,637.50	21.834	670.60	8.941	660.50	8.806	660.50	8.806
1136	Nebulisation (in rooms)	12	262.00	21.834	107.30	8.941	105.70	8.806	105.70	8.806
1186	Flow volume test: Inspiration/expiration	30	655.00	21.834	268.20	8.941	264.20	8.806	264.20	8.806
1188	Flow volume test: (1 Consultation then 1186 applies)	50	1,091.70	21.834	447.00	8.941	440.30	8.806	440.30	8.806
1192	Peak Expiratory Flow	5	109.20	21.834	44.70	8.941	44.00	8.806	44.00	8.806
1232*	Electrocardiogram: Without effort	9	80.50	8.941	80.50	8.941	79.30	8.806	79.30	8.806
1234*	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	40	357.60	8.941	357.60	8.941	352.20	8.806	352.20	8.806
1235*	Multi-stage treadmill test	60	536.40	8.941	536.40	8.941	528.40	8.806	528.40	8.806
1461	All dental procedures	-	-	21.834	-	8.941	-	8.806	-	8.806
1705	Incision and drainage of peri-anal abscess	40	873.30	21.834	357.60	8.941	352.20	8.806	352.20	8.806
1725	Drainage of external thrombosed pile	12.5	272.90	21.834	111.80	8.941	110.10	8.806	110.10	8.806
1995	Percutaneous aspiration of bladder	10	218.30	21.834	89.40	8.941	88.10	8.806	88.10	8.806
1996	Bladder catheterisation: Male (not at operation)	6	131.00	21.834	53.60	8.941	52.80	8.806	52.80	8.806
2137	Circumcision: Surgical excision other than by clamp or dors	60	1,310.00	21.834	536.40	8.941	528.40	8.806	528.40	8.806
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	18	393.00	21.834	160.90	8.941	158.50	8.806	158.50	8.806
2565	Implantation hormone pellets (excluding after-care)	3	65.50	21.834	26.80	8.941	26.40	8.806	26.40	8.806
2614	Global obstetric care (6 Weeks)	225.6	4,925.70	21.834	2,017.00	8.941	1,986.60	8.806	1,986.60	8.806
2615	Global obstetric care (All Hours)	213.6	4,663.60	21.834	1,909.70	8.941	1,881.00	8.806	1,881.00	8.806
3204	Removal of foreign object from ear (16 minutes)	21.58	471.20	21.834	192.90	8.941	219.70	10.180	219.70	10.180
3445*	Chest X-ray code 3601 included	9.4	119.10	12.665	119.10	12.665	117.30	12.474	117.30	12.474
3615*	Routine obstetric ultrasound at 10- 20 weeks	50	426.10	8.522	426.10	8.522	419.70	8.394	419.70	8.394
3617*	Routine obstetric ultrasound detailed at 10- 20 weeks	50	426.10	8.522	426.10	8.522	419.70	8.394	419.70	8.394
3618*	Pelvic organs ultrasound transabdominal probe	40	340.90	8.522	340.90	8.522	335.80	8.394	335.80	8.394
3627*	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated	60	511.30	8.522	511.30	8.522	503.60	8.394	503.60	8.394

3762	Haemoglobin estimation	1.2	128.10	10.332	12.40	10.332	12.20	10.180	12.20	10.180
4025	CHOL/HDL/LDL/TRIG	18.05	1,926.80	10.332	186.50	10.332	183.70	10.180	183.70	10.180
4027	Cholesterol Total	3.56	380.20	10.332	36.80	10.332	36.20	10.180	36.20	10.180
4050	Glucose strip-test with photometric reading	1.2	128.20	10.342	12.40	10.342	12.20	10.180	12.20	10.180
4053	Glucose tolerance test (4 specimens)	11.58	1,235.70	10.332	119.60	10.332	117.90	10.180	117.90	10.180
4057	Glucose: Quantitative	2.41	257.50	10.342	24.90	10.342	24.50	10.180	24.50	10.180
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	1	106.40	10.332	10.30	10.332	10.20	10.180	10.20	10.180
4213	Protein: Quantitative	1.5	160.30	10.342	15.50	10.342	15.30	10.180	15.30	10.180
4448	HCG: Latex agglutination: Qualitative (side room)		-	-	-	-	-	10.180	-	10.180
4451	HCG: Monoclonal immunological: Quantitative	8.27	882.30	10.332	85.40	10.332	84.20	10.180	84.20	10.180
4561	Sputum, all body fluids and tumour aspirates: first unit	8.9	1,264.90	11.921	106.10	11.921	104.50	11.741	104.50	11.741
4563	Sputum, all body fluids and tumour aspirates: each additional unit	5.2	737.30	11.911	61.90	11.911	61.10	11.741	61.10	11.741
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof	18	393.00	21.834	160.90	8.941	158.40	8.800	158.40	8.800
5100*	Pelvic organs ultrasound (not in pregnancy)	50	426.10	8.522	426.10	8.522	419.70	8.394	419.70	8.394
5103*	Ultrasound soft tissue any region	50	426.10	8.522	426.10	8.522	419.70	8.394	419.70	8.394

**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)

**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.