

HOSPITAL AUTHORITY ORDINANCE (Chapter 113)**REVISIONS TO LIST OF CHARGES**

In accordance with Section 18(4) of the Hospital Authority Ordinance, it is hereby notified that in respect of the public hospitals set out in Schedules 1 and 2 of the Hospital Authority Ordinance, the Hospital Governing Committees and the Hospital Authority have, in exercise of their respective powers under Sections 18(1) and (2) of the Hospital Authority Ordinance, determined that the fees payable for hospital services as set out in S.S. No. 4 to Gazette No. 13/2003 (G.N.(S.) 44 of 2003) as amended by G.N. 4094 to Gazette No. 34/2005 and G.N. 626 to Gazette No. 4/2007 and G.N. 6864 to Gazette No. 43/2007 and G.N. 4419 to Gazette No. 28/2010 and G.N. 7020 to Gazette No. 45/2010 and G.N. 3179 to Gazette No. 19/2012 and G.N. 3499 to Gazette No. 20/2012 will be revised with effect from 1 April 2013 as follows:

- (a) Appendix I to the amended S.S. No. 4 to Gazette No. 13/2003 (G.N.(S.) 44 of 2003) – under the provision for Public Charges – Non-Eligible Persons will be revised by replacing those fees set out in Sections 2.1 to 2.5 as follows:-

2.1 Inpatient charges for public wards

- (a) Public ward maintenance fee includes charges for clinical, biochemical and pathology investigations (including consultation, diagnostic imaging and other examinations), vaccines and general nursing, where such examinations or treatments are necessary, and prescriptions within the scale provided at the hospitals and clinics. However, no charge will be made in respect of patients admitted into public wards for those acute infectious diseases as set out in Section 3.1.

- (b) The rates of maintenance fee per day or part thereof for public wards, including patients using day wards, are as follows:

	\$
(i) General hospitals:	
General wards	4,680
Intensive care wards/units	23,000
High dependency wards/units	12,000
Nursery	1,110
(ii) Psychiatric hospitals	1,940

- (c) A daily maintenance fee of \$740 will apply for persons accompanying a patient and occupying a bed.

- (d) Where a patient is admitted into a public ward of a hospital and provided with Special Asian Diet or European Diet meals, the following charges in addition to the daily maintenance fee specified above will be made:

	\$
Special Asian Diet	105
European Diet	210

2.2 Outpatient charges

(A) The charges for medical attention and treatment which include the costs of prescriptions, pathology investigations, radiology and other examinations are as follows:

	\$
(a) Attendance at an Accident & Emergency Department	990
(b) Attendance at a general clinic	385
(c) Attendance at a specialist clinic (including allied health clinic)	1,110
(d) Attendance at a clinic or hospital for injection or dressing	100

(B) For patients attending a Clinical Oncology clinic or an Ophthalmic clinic for day procedures and treatments, the following charges will be made :

	\$
Clinical oncology clinic	800
Ophthalmic clinic	660

The above charges exclude charges for prescriptions, radiology, pathology services and diagnostic/therapeutic procedures which will be made at the rates prescribed in the List of Private Charges as set out in Appendix II.

2.3 Charges for Haemodialysis

For each treatment session, the following fees will apply:

	\$
(a) Chronic	3,000
(b) Acute	6,000

The above fees exclude charges for prescriptions, radiology and pathology services which will be made at the rates prescribed in the List of Private Charges as set out in Appendix II.

2.4 Charges for day hospitals

For each attendance at a day hospital, the following rates of charges per attendance will apply:

	\$
(a) Psychiatric day hospital	1,150
(b) Geriatric day hospital	1,850
(c) Rehabilitation day hospital	1,250

Where a meal or meals are provided, the following charges in addition to the attendance fee specified above will be made for each attendance:

	\$
with Special Asian Diet	83
with European Diet	165

No additional charge will apply for meals with Asian Diet.

2.5 Charges for community services

For the provision of community services, the following rates of charges will apply:

	\$
(a) Community nursing service (per visit)	430
(b) Community psychiatric nursing service (per visit)	1,380
(c) Community allied health service (per visit)	1,730

(b) Appendix II to the amended S.S. No. 4 to Gazette No. 13/2003 (G.N.(S.) 44 of 2003) – under the provision for Private Charges will be revised by i) replacing the table of contents with the table of contents set out in (i) below, ii) replacing the fees in Sections 1 to 7 with the fees set out in (ii) below and iii) deleting Annexes I to V from pages D4651 to D4708:-

(i) **LIST OF PRIVATE CHARGES**

TABLE OF CONTENTS

1. Inpatient Charges

- 1.1 Inpatient Maintenance Fee
- 1.2 Doctor Fee
- 1.3 Charges for services not covered by Inpatient Maintenance Fee

2. Outpatient Charges

- 2.1 Consultation Fee
- 2.2 Charges for Nursing Procedures
- 2.3 Other Outpatient Charges

3. Charges for Pathology Services

4. Charges for Radiology Services

5. Charges for Diagnostic / Therapeutic Procedures

- 5.1 Minor Studies / Procedures
- 5.2 Cardiology
- 5.3 Respiratory Medicine
- 5.4 Nephrology / Urology
- 5.5 Neuro-electrophysiology
- 5.6 Endoscopy and Biopsy

- 5.7 Clinical Genetics
 - 5.8 Gynaecology
 - 5.9 Obstetrics
 - 5.10 Neonatology and Paediatrics
 - 5.11 Ophthalmology
 - 5.12 Clinical Oncology
 - 5.13 Psychiatry
 - 5.14 Anaesthesiology
 - 5.15 Dentistry
6. Charges for Operations
7. Charges for Rehabilitation and Outreach Services
- 7.1 Allied Health
 - 7.2 Day Rehabilitation Programme
 - 7.3 Community Outreach
8. General
- 8.1 Transfers
 - 8.2 Privately Purchased Medical Items

- Annex I Pathology Services*
- Annex II Radiology Services*
- Annex III Diagnostic / Therapeutic Procedures*
- Annex IV Operations*
- Annex V Rehabilitation and Outreach Services*

*Note: Annexes I to V are available at the website of the Hospital Authority (<http://www.ha.org.hk> > Patients > Service Guides > Fees and Charges).

(ii)

1. INPATIENT CHARGES

1.1 Inpatient Maintenance Fee

- (a) Inpatient maintenance fee includes charges for general nursing, core pathology investigations (as defined in section 3.1(a)), catering, and domestic services. The maintenance fee for newborns also covers basic examination by obstetricians, and basic immunization and injections (Bacille Calmette-Guerin(BCG), Polio, Hepatitis B, and Vitamin K1). Doctor fees and other services are charged separately as per sections 1.2 and 1.3.
- (b) The rates of maintenance fee per day or part thereof, including patients using day wards, are as follows:

	<i>1st Class</i>	<i>2nd Class</i>
	\$	\$
(i) Acute Hospitals – Private Wards	5,640	3,760
(ii) Other Hospitals – Private Wards	5,610	3,740
		\$
(iii) Intensive Care Wards / Units		14,600
(iv) High Dependency Wards / Units		9,500
(v) Nursery		925

Note: Acute hospitals are hospitals which provide accident and emergency services.

(c) For persons accompanying a patient and occupying a bed, the following daily maintenance fee will apply:

	<i>1st Class</i>	<i>2nd Class</i>
	\$	\$
All Hospitals	1,180	795

1.2 Doctor Fee

	\$
Medical Attendance / Consultation (per visit per specialty)	680 – 2,780

1.3 Charges for services not covered by Inpatient Maintenance Fee

- The charges will be made at the rates as specified in Sections 3 to 7. A detailed list is available at the admission office / finance office of hospitals / website of the Hospital Authority.
- Medication and prostheses will be charged separately at cost.
- The charge for a treatment or test item not specifically listed in Sections 3 to 7 and Annexes I to V* will be determined by the consultant attending the patient on the basis of market rate, which should at least be at full cost.
- Where the charge for a service is specified in a range, the amount to be paid by a patient will be determined by the consultant attending the patient, taking into account the nature of the treatment.
- Where a patient is required to be treated as an outpatient, the outpatient charges stipulated in Section 2 will apply.

2. OUTPATIENT CHARGES

2.1 Consultation Fee

- Patients referred from private medical practitioners or discharged from private wards and attending designated private specialist outpatient sessions will be charged the private outpatient consultation fee as follows :

	\$
(i) For initial consultation	680 – 2,160
(ii) For each subsequent follow up consultation	555 – 1,420

- (b) Private ward patients requiring outpatient follow up after discharge will be charged the follow up consultation rate.
- (c) The consultation fee does not include the supply of medicines, prostheses, diagnostic services or therapeutic treatments referred to in Sections 3 to 7. Medication and prostheses will be separately charged at cost. Alternatively, patients may purchase the medication and prostheses privately.

2.2 Charges for Nursing Procedures

Patients attending a clinic or hospital for minor nursing procedures (such as dressing or injection) only (i.e. without the need for doctor consultation) will be charged at \$360 per attendance.

2.3 Other Outpatient Charges

- (a) Diagnostic services and therapeutic treatments will be charged the private charge rates as specified in Sections 3 to 7.
- (b) The charge for a treatment or test item not specifically listed in Sections 3 to 7 and Annexes I to V* will be determined by the consultant attending the patient on the basis of market rate, which should at least be at full cost.
- (c) Where the charge for a service is specified in a range, the amount to be paid by a patient will be determined by the consultant attending the patient, taking into account the nature of the treatment.

3. CHARGES FOR PATHOLOGY SERVICES

(A reference list of services covered is at Annex I*.)

- 3.1 (a) For inpatients, core pathology investigations are covered by the daily maintenance fee and not separately charged. The core pathology investigations include:
 - (i) Complete blood count
 - (ii) Liver function test profile (Alkaline phosphatase, Bilirubin (total), Alanine aminotransferase (Serum glutamate pyruvate transaminase)(ALT(SGPT)), Total protein and Albumin)
 - (iii) Renal function test profile (Creatinine, Potassium, Sodium and Urea)
 - (iv) Cord blood Glucose 6-phosphate dehydrogenase (G6PD) and Thyroid stimulating hormone (TSH)

All other pathology services will be charged separately.

- (b) For outpatients, all pathology services, including core pathology investigations, will be charged separately.

3.2 Charges for Pathology Investigations by Discipline

	\$
(a) Anatomical Pathology	
(i) Histopathology	1,580 – 2,490
(ii) Cytology	530 – 3,170
(iii) Post-mortem Examination	12,450
(iv) Case Review and Special Procedures	530 – 12,450
(b) Microbiology	
(i) General Bacteriology	145 – 1,580
(ii) Serology	225 – 510
(iii) Parasitology	285 – 645
(iv) Virology	125 – 1,130
(c) Chemical Pathology	
(i) Blood	115 – 1,700
(ii) Dynamic Function Tests	225 – 12,600
(iii) Cerebrospinal Fluid	115 – 680
(iv) Urine	115 – 1,130
(v) Other body fluids	115 – 680
(vi) Miscellaneous	115 – 1,700
(d) Haematology and Serology	
(i) Blood Group Serology	68 – 2,260
(ii) Routine Haematology	68 – 285
(iii) Coagulation	125 – 2,040
(iv) Special Haematology (Red Cell)	100 – 680
(v) Special Haematology (Others)	115 – 1,810
(vi) Conventional Cytogenetic studies	8,480
(e) Immunology	
(i) Serology	115 – 1,490
(ii) Special Immunology and Cell Function	135 – 1,700
(f) Special Pathology	
(i) Molecular Cancer Testing	850 – 42,400
(ii) Molecular Genetics	1,700 – 20,100
(iii) Molecular Microbiology and Infection	620 – 2,260
(iv) Transplantation and Immunogenetics	565 – 3,960
(v) Miscellaneous Special Tests	620 – 8,480

Note:

1. The Consultant Pathologists may refuse any sample that is considered not suitable for examination.
2. Samples submitted for examination will remain the property of the Hospital Authority and may be disposed of in any way considered suitable by the Consultant Pathologists.
3. The above charges include the issue of one copy of examination report.

4. CHARGES FOR RADIOLOGY SERVICES

(A reference list of services covered is at Annex II*.)

	\$
(a) Group I (Radiography), each examination, each region	190 – 6,860
(b) Group II (Conventional Special Radiology), each examination	755 – 6,040
(c) Group III (Vascular Radiology), each examination	2,690 – 22,600
(d) Group IV (Ultrasonography), each examination	1,000 – 5,660
(e) Group V (Special Studies of Skeletal System)	350 – 3,110
(f) Group VI (Nuclear Medicine)	2,560 – 18,100
(g) Group VII (Interventional Radiology Procedure), per procedure	2,450 – 51,900
(h) Group VIII (Computed Tomography), per examination, per region	950 – 4,500
(i) Group IX (Magnetic Resonance Imaging), per examination, per region	3,000 – 20,000
(j) Group X (Interpretation of a set of films referred by a private medical practitioner)	1,150 – 4,200

Note:

1. For examinations in Groups II, III and VII which may be conducted together with an operation, the operation will be charged separately.
2. For Groups III, VI and VII, specific consumables or radio-pharmaceuticals are charged separately in addition to the charge of examination.
3. Where a radiology examination has to be repeated due to technical failure, there will be no extra charge.
4. All films remain the property of the Hospital Authority.

5. CHARGES FOR DIAGNOSTIC / THERAPEUTIC PROCEDURES

(A reference list of services covered is at Annex III*.)

	\$
5.1 Minor Studies / Procedures (Pathology services are charged separately)	
(a) Non-Invasive	430 – 1,500
(b) Invasive	2,150
5.2 Cardiology	
(a) Ambulatory Studies / Procedures :	
(i) Category I	1,090 – 1,150
(ii) Category II	2,580
(iii) Category III	4,000 – 8,350
(b) Invasive Studies / Procedures (Devices and stents etc. are charged separately)	
(i) Category I	8,760 – 25,000

	(ii) Category II	25,000 – 41,000
	(iii) Category III	41,000 – 80,000
	(iv) Category IV	80,000 – 139,000
5.3	Respiratory Medicine	
	(a) Lung Function Tests:	
	(i) Minor	1,150
	(ii) Major	2,580
	(b) Allergy Test	1,150 – 2,580
5.4	Nephrology / Urology	
	(a) Haemodialysis	
	For each treatment session, the following fees will apply:	
	(i) Chronic	3,000
	(ii) Acute	6,000
	Note: Prescriptions, radiology and pathology services will be charged separately	
	(b) Extra-corporeal shockwave lithotripsy (ESWL) (one side)	15,000
	(c) Urodynamics investigation :	
	(i) Basic	725 – 1,500
	(ii) Special	1,500 – 7,170
	(d) Tenckhoff catheter insertion	10,000
	(e) Tenckhoff catheter exit site care	280
5.5	Neuro-electrophysiology	2,180 – 20,500
5.6	Endoscopy and Biopsy (where general anaesthesia is not required)	
	(a) Endoscopy	
	(i) Category I	1,430
	(ii) Category II	1,430 – 7,170
	(iii) Category III	7,170 – 14,350
	(b) Biopsy	
	(i) Category I	715
	(ii) Category II	1,430 – 5,730
	Note: Pathology services are charged separately.	
5.7	Clinical Genetics	
	(a) Chromosomal studies	4,000 – 5,000
	(b) Molecular cytogenetics	5,000 – 20,000
	(c) Molecular genetics	3,000 – 30,000
5.8	Gynaecology	
	(a) Colposcopy (Histopathology services are charged separately)	2,500 – 13,000
	(b) Diagnostic hysteroscopy	7,000 – 17,000

(c) Operative hysteroscopy	15,000 – 21,000
(d) Endometrial sampling / Vabra aspiration	500 – 2,000
(e) IUCD insertion / removal	500 – 2,000
(f) Mirena insertion	1,500 – 3,000
(g) Mirena removal	500 – 2,000
(h) Endometrial ablation	21,000
(i) Urodynamic study	725 – 8,200
(j) Cystoscopy +/- biopsy	6,000
(k) Assisted reproduction (Drugs are charged separately)	
(i) Cycle monitoring (including scanning and hormonal assays + / - ovarian stimulation, and intrauterine insemination)	2,050 – 18,000
(ii) Intra-uterine insemination	5,000 – 6,100
(iii) Oocyte retrieval, gamete handling and embryo culture	9,100 – 34,200
(iv) Embryo transfer procedure	2,100 – 4,800
(v) Laboratory charge for intracytoplasmic sperm injection / Embryos freezing / Embryos thawing	3,400 – 11,000
(vi) Gametes freezing (sperm)	1,000 – 5,000
(vii) Gametes freezing (oocyte)	3,400 – 20,000
(viii) Gametes thawing (sperm)	500 – 2,000
(ix) Gametes thawing (oocyte)	3,400 – 20,000

5.9 Obstetrics

(a) Antenatal exercise and education (per program)	2,500
(b) Antenatal diagnosis and monitoring of fetal well-being	800 – 5,100
(c) Intrapartum diagnosis and monitoring of fetal well-being	2,500
(d) Prenatal diagnosis procedures	8,200 – 13,700
(e) Fetal interventional procedures	10,000 – 57,000

5.10 Neonatology and Paediatrics

(a) Standby / Treatment at delivery	4,300
(b) Special diagnostic / therapeutic procedures	4,300 – 11,450
(c) Neonatal transport service	11,450
(d) Developmental assessment	3,580 – 7,170
(e) Renal dialysis	3,000 – 6,000
(f) Sedation for imaging by paediatricians for radio-imaging, imaged guided biopsy and radiotherapy	7,250
(g) Peripheral blood stem cell harvest	10,950
(h) Neonatology procedures (per day)	10,950
(i) Extracorporeal photodynamic therapy	3,000 – 6,000
(j) Haploid transplant (cell selection)	3,000 – 6,000
(k) Exhaled NO / Spirometry	1,160
(l) ECMO catheter insertion	15,000 – 50,000
(m) Sweat test	3,500

Note: For items (i) and (j), infusion kit and cell selection kit will be charged separately at cost.

5.11 Ophthalmology

(a) Refractive assessment / optometric service / low vision service	145 – 715
(b) Contact lens fitting / related optometric service	230 – 1,430
(c) Orthoptic assessment	215 – 1,430
(d) Specialized ophthalmic investigations	430 – 2,150
(e) Ophthalmic photography	430 – 1,150
(f) Electro-physiological studies	1,430 – 4,300
(g) Specialized ophthalmic photography	860 – 2,870
(h) A Scan with Keratometry / Intraocular lens (IOL) power measurement	285 – 715
(i) Perimetry studies	285 – 1,430
(j) Electrolysis procedures (Trichiasis)	1,430 – 2,870
(k) Photodynamic therapy (Drugs are charged separately)	7,170 – 11,450
(l) Incision and curettage for Chalazion (where general anaesthesia is not required)	1,430 – 7,170
(m) Botox (Botulinum toxin) injection (Drugs are charged separately)	1,430 – 4,300
(n) Laser procedures (excluding Laser assisted in-situ keratomileusis [LASIK] / other laser refractive procedures)	2,870 – 12,900

Note: For items (a), (b) and (h), spectacles, contact lenses, intraocular lens and low vision aids are charged separately.

5.12 Clinical Oncology

(a) Planning	
(i) Simple planning (per session)	1,150
(ii) Planning using conventional simulator (per session)	2,150
(iii) Planning using conventional simulator and cystogram (per session)	3,580
(iv) Computer tomography simulation (per session)	
- One region (Head, neck, thorax, abdomen, pelvis or extremity)	3,580
- Each additional region	430
- 4D CT	6,840
(v) Computer tomography simulation with gating (per session)	6,840
(vi) Computer planning - 2D radiotherapy (per session)	5,160
(vii) Computer planning - 3D conformal radiotherapy (per session)	14,350
(viii) Advanced computer planning – 3D conformal radiotherapy (per session)	16,400
(ix) Computer planning - Intensity modulated arc / radiotherapy (per session)	24,350
(x) Computer planning - Intensity modulated booster treatment (per session)	14,350
(xi) Computer planning - Stereotactic radiosurgery /	

radiotherapy (per session)	31,550
(xii) Computer planning - Stereotactic booster treatment (per session)	12,900
(xiii) Respiratory gating for simulation / trial / training (per session)	1,580
(xiv) Injection of opaque markers for IGRT radiotherapy (per session)	11,100 – 16,850
(xv) Target localization	
- 2D contouring (per session)	5,340 – 16,850
- 3D conformal contouring (per session)	16,850 – 32,850
- Intensity modulated contouring (per session)	32,850 – 52,100
(b) Moulding	
(i) Mould-shell preparation	
- Simple	2,870
- Complex	6,020
(ii) Mould arising from plan change	
- Simple	1,430
- Complex	3,010
(iii) Making of compensator	
- Simple	215
- Complex	1,580
(iv) Body immobilization with vacuum cushion / foam	1,290
(v) Casting of shielding blocks	
- Simple	1,150
- Complex	2,580
(vi) Special mould or shielding for brachytherapy	4,590
(vii) Moulding for stereotactic radiotherapy	5,020
(viii) Lead mask for superficial X-ray	3,580
(ix) Minor mould room tasks	
- Simple	285
- Complex	1,430
(c) Teletherapy	
(i) Superficial X-ray therapy (per session)	2,360
(ii) Deep X-ray / Electron therapy (per session)	
- 1 to 2 fields / arcs	1,430
- 3 to 5 fields / arcs	2,150
- over 5 fields / arcs	2,870
(iii) Intensity modulated arc / radiotherapy (per session)	3,870
(iv) Total body / skin irradiation (per session)	8,600
(v) Stereotactic fractionated radiotherapy	
- first session	31,550
- each subsequent session	5,020
(vi) Stereotactic radiotherapy, booster treatment (per session)	5,020
(vii) Stereotactic radiosurgery using linear accelerator based system (per session)	35,850
(viii) Dose delivery quality assurance (per session)	2,500
(ix) Treatment verification (per session)	
- with portal films	860

- with electronic portal imaging / on board imaging	750
- with computed tomography	1,000
- with stereotactic imaging	4,000
(x) Irradiation of blood / blood products (per session)	1,430
(xi) Precise positioning device for treatment setup (per session)	1,150
(xii) Respiratory gating for treatment (per session)	1,580
(xiii) Cardiac monitoring for radiotherapy (per session)	715
 (d) Brachytherapy	
(i) Brachytherapy computer planning (per session)	5,730
(ii) Afterloading brachytherapy (per session)	
- Insertion of applicators under local / topical anaesthesia	5,340 – 8,210
- Intracavitary insertion of applicators under general anaesthesia	8,600
- Interstitial insertion of applicators under general anaesthesia	25,800
- Remote / manual afterloading of radioactive sources into applicators	3,150
(iii) Preload brachytherapy (per session)	
- Insertion under local anaesthesia	5,300
- Insertion under general anaesthesia	28,650
(iv) Systemic radioisotope treatment with sealed/unsealed source (per course)	3,440
(v) Systemic radio-pharmaceutical treatment injection (per course)	16,850 – 32,850
(vi) Endo-vascular brachytherapy	7,170

Note:

1. Radio-pharmaceuticals required are charged separately at cost.
2. Any associated surgical, cardiology and radiological procedures, and pathology investigations are charged separately.

 (e) Chemotherapy	
(i) Chemotherapy preparation and injection / short infusion (per session)	715
(ii) Chemotherapy preparation and long infusion : over 3 hours (per session)	1,150
(iii) Cardiac monitoring for chemotherapy (per session)	715
(iv) Chemotherapy injection through a central line (per session)	1,370 – 1,780

Note: Chemotherapy charges are applicable to outpatients only.

Chemotherapeutic drugs will be separately charged at cost for both inpatients and outpatients.

5.13 Psychiatry

(a) Electroconvulsive therapy under general anaesthesia (per session)	8,860
---	-------

(b) Psychotherapy (per session)	2,870
(c) Electroencephalograph (per session)	2,620
(d) Psychological testing (per session)	5,020
(e) Evoked potential investigation (per session)	1,860
(f) Biofeedback (per session)	2,150
(g) Sleep investigation	
- Sleep electroencephalography (EEG)	3,000
- Polysomnography	4,100
- Actigraphy	3,000

5.14 Anaesthesiology

(a) Interventional Pain (Relief) Procedure	5,340 – 30,800
(b) For the administration of Epidural Analgesia during labour for pain relief	
(i) Up to 4 hours	7,170
(ii) Up to 8 hours	10,750
(iii) Over 8 hours	14,350

5.15 Dentistry

Charges for the following dental services will be determined by the Dental Officer attending the patient having due regard to the nature of the treatment :

- (a) Conservative treatment
- (b) Periodontal treatment
- (c) Oral and maxillofacial surgical treatment
- (d) Dental radiographs

Note: Prosthetic appliances are charged separately at cost.

6. CHARGES FOR OPERATIONS

(A reference list of services covered is at Annex IV*.)

	\$
(a) Minor I	5,530 – 11,600
(b) Minor II	11,600 – 17,650
(c) Intermediate I	17,650 – 27,750
(d) Intermediate II	27,750 – 34,450
(e) Major I	34,450 – 44,550
(f) Major II	44,550 – 54,650
(g) Major III	54,650 – 65,700
(h) Ultra-major I	65,700 – 80,500
(i) Ultra-major II	80,500 – 100,800
(j) Ultra-major III	100,800 – 430,000

Note: The charge covers surgeon fee, administration of anaesthetics, medicines used in operation, and operating theatre expenses. Special consumables such as implants, prostheses and devices used by the individual patient,

and disposable laparoscopic instruments used in the operation are charged separately.

7. CHARGES FOR REHABILITATION AND OUTREACH SERVICES

(A reference list of services covered is at Annex V*.)

	\$
7.1 Allied Health	
(a) Audiology, Dietetics, Occupational Therapy, Physiotherapy, Prosthetic and Orthotics, Podiatry, Speech Therapy services	
(i) Consultation fee including assessment / treatment / counselling	550
(ii) Special modalities / procedures / items:	
(1) Allied health modalities / procedures	280 – 5,000
(2) Allied health items / appliances	450 – 9,500
Note: Material costs or consumables used by the individual patient are charged separately.	
(b) Clinical Psychology service	
(i) General consultation fee	
(1) First session	2,400
(2) Each subsequent session	1,200
(ii) Special consultation / assessment (per session)	
(1) Category I	4,000
(2) Category II	7,200
(3) Category III	11,200
(c) Bereavement Counselling (per session)	1,090
7.2 Day Rehabilitation Programme	
(a) General Day Programme	
(i) Half day	1,470
(ii) Full day	1,670
(b) Psychiatric Day Programme	1,130
7.3 Community Outreach (per visit)	
(a) Community Allied Health Services (including hospice service)	1,730
(b) Community Nursing Services	670
(c) Hospice Home Care	
(i) Nurse	1,070
(ii) Doctor and team	2,790
(d) Psychiatric Service	
(i) Nurse	1,850
(ii) Doctor	4,140
(iii) Doctor and team	5,600