

HOSPITAL AUTHORITY ORDINANCE (Chapter 113)

Sections 18(1) and 18(2)

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 Section 18(1) and (2) of the Hospital Authority Ordinance, determined that :-

1.
 - (a) the fees payable for hospital services to be provided by public hospitals (save and except for the fees payable for the hospital services specified in paragraph 1(b) below) shall as from 1 January 2026 be those specified in the List of Public Charges set out in Appendix I unless otherwise specified;
 - (b) in respect of those public hospitals which provide non-subsidised inpatient and/or outpatient services, the fees payable for hospital services to be provided to non-subsidised inpatients and/or outpatients shall as from 1 January 2026 be those specified in the List of Non-Subsidised Charges set out in Appendix II; and
 - (c) administrative charges shall continue to be imposed on and payable by patients on outstanding fees for hospital services provided by public hospitals as follows: -
 - (i) an administrative charge of 5% of the amount of fees outstanding on the expiry of 60 days from the date of issuance of each bill shall be imposed and payable forthwith on the expiry of the said 60 days, subject to a maximum administrative charge of \$1,000 for each such bill; and
 - (ii) an additional administrative charge of a further 10% of the amount of fees (excluding any administrative charge) outstanding on the expiry of 90 days from the date of issuance of each bill shall be imposed and payable forthwith on the expiry of the said 90 days, subject to a maximum additional administrative charge of \$10,000 for each such bill.
2. For the purposes of the said List of Public Charges:-
 - (a) Only patients falling into the following categories are eligible for the rates of charges applicable to 'Eligible Persons': -
 - (i) Holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid;
 - (ii) children who are Hong Kong residents and under 11 years of age; or
 - (iii) other persons approved by the Chief Executive of the Hospital Authority.

- (b) For other patients, the rates of charges applicable to 'Non-Eligible Persons' shall apply.
- 3. The Chief Executive of the Hospital Authority will determine the appropriate rates of charges to be applied to a patient.
- 4. The Chief Executive of the Hospital Authority may require a deposit of part or the whole of the hospital fees likely to be incurred by any patient.
- 5. Unless otherwise specified or agreed by the Chief Executive of the Hospital Authority, all fees referred to in this notice are payable in advance or on demand by the Chief Executive of the Hospital Authority.
- 6. The Chief Executive of the Hospital Authority may, subject to the Hospital Authority Ordinance, in any case reduce, waive or refund in whole or in part any fee for a hospital service provided by public hospitals or any administrative charge.

31 October 2025

Henry FAN Hung-ling *Chairman, Hospital Authority*

APPENDIX I

LIST OF PUBLIC CHARGES

TABLE OF CONTENTS

1. Eligible Persons

- 1.1 Inpatient charges for public wards
- 1.2 Inpatient charges for special accommodation wards
- 1.3 Outpatient charges
- 1.4 Day hospital / day procedure charges
- 1.5 Charges for community services
- 1.6 Charges for non-urgent radiology services

2. Non-eligible Persons

- 2.1 Inpatient charges for public wards
- 2.2 Outpatient charges
- 2.3 Charges for day procedure
- 2.4 Charges for day hospitals
- 2.5 Charges for community services
- 2.6 Charges for obstetrics services
- 2.7 Charges for non-urgent radiology services

3. General

- 3.1 Diseases under the International Health Regulations (IHR) of the World Health Organization (WHO)
- 3.2 Mentally handicapped patients
- 3.3 Tuberculosis, sexually transmitted diseases and leprosy
- 3.4 Transfers
- 3.5 Privately purchased medical items
- 3.6 Organs / hematopoietic stem cells transplantation

PUBLIC CHARGES – ELIGIBLE PERSONS

1.1 Inpatient charges for public wards

(a) Public ward maintenance fee includes charges for clinical, biochemical and pathology investigations (including consultation, urgent radiology services 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.

(b) The rates of maintenance fee per day or part thereof are as follows:

	\$
(i) Acute general beds	300
(ii) Convalescent/Rehabilitation, Infirmary and Psychiatric beds	200

(c) Children under twelve years of age are charged half the maintenance fees appropriate to the type of bed occupied. All other fees are the same as those for adults.

(d) Babies who cannot be discharged at the same time as their mothers are charged half the maintenance fee appropriate to the type of bed occupied. All other fees are the same as those for adults.

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

	\$
(i) Acute general beds	300
(ii) Convalescent/Rehabilitation, Infirmary and Psychiatric beds	200

(f) The rate of maintenance fee per month for patients occupying an infirmary bed in Cheshire Home, Chung Hom Kok or Cheshire Home, Shatin is \$3,500.

(g) 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 apply:

	\$
Special Asian Diet	200
European Diet	400

1.2 Inpatient charges for special accommodation wards

(a) For patients admitted to special accommodation wards, the rate of maintenance fee per day or part thereof charged for such wards is \$4,400.

(b) Special accommodation ward maintenance fee includes charges for clinical, biochemical and pathology investigations (including consultation, urgent radiology services 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.

- (c) Children under twelve years of age admitted into the special accommodation ward are charged half the maintenance fee. All other fees are the same as those for adults.
- (d) Babies who cannot be discharged at the same time as their mothers are charged half the maintenance fee. All other fees are the same as those for adults.
- (e) A daily maintenance fee of \$300 will apply for persons accompanying a patient and occupying a bed.
- (f) Where a patient is admitted into a special accommodation 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 apply:

	\$
Special Asian Diet	200
European Diet	400

1.3 Outpatient charges

- (A) The charges for medical attention and treatment (including telehealth) which include the costs of prescriptions (except for the costs of prescriptions relating to attendance at a specialist clinic (including integrated clinic and allied health clinic) and a family medicine clinic (including integrated clinic)), pathology investigations (except for investigations relating to attendance at a specialist clinic (including integrated clinic and allied health clinic) and a family medicine clinic (including integrated clinic)), urgent radiology services and other examinations are as follows:

	\$
(a) Attendance at an Accident & Emergency Department	400
(b) Attendance at a family medicine clinic (including integrated clinic)	150
(c) Attendance at a specialist clinic (including integrated clinic and allied health clinic)	250
(d) Attendance at a clinic or hospital for injection or dressing	50
(e) Attendance at a hospital for ante-natal or post-natal care, or attendance at a tuberculosis and chest clinic	No charge

Patients triaged as Category I (critical) to II (emergency) will be exempted from charge for attendance at an Accident & Emergency Department. Patients triaged as Category III (urgent), IV (semi-urgent) and V (non-urgent) who leave before medical consultation at an Accident & Emergency Department can apply for a refund of \$350.

- (B) A charge per item will apply for prescriptions relating to attendance at the following clinics:
- (a) Family medicine clinic (including integrated clinic) 5
- (b) Specialist clinic (including integrated clinic and allied health clinic) 20
- (C) For patients attending a specialist clinic (including integrated clinic and allied health clinic) receiving pathology services, the following rates of charges per item of investigation will apply according to the following item categories:

	\$
(i) Basic	No charge
(ii) Intermediate	50
(iii) Advanced	200

For patients attending a family medicine clinic (including integrated clinic) receiving basic and intermediate pathology services, the rates of charges per item of investigation will follow the rates as specified above.

(D) At Tung Wah Eastern Hospital, Tung Wah Hospital and Kwong Wah Hospital:

- (a) No charge for attendance or prescription will be made for Eligible Persons attending a family medicine clinic (excluding integrated clinic);
- (b) No charge for attendance will be made for Eligible Persons who are (i) aged 75 or above, or aged 12 or below; and (ii) attending a specialist clinic (excluding integrated clinic and allied health clinic).

1.4 Day hospital / day procedure charges

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

	\$
(a) Psychiatric day hospital	No charge
(b) Geriatric day hospital	100
(c) Rehabilitation day hospital	100

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

	\$
Special Asian Diet	160
European Diet	320

No additional charge will apply for meals with Asian Diet.

- (B) For each attendance for day procedure and treatment at a Clinical Oncology clinic or Renal clinic/centre, a fee of \$250 will be charged.**
- (C) Other than (B), each attendance for day procedure and treatment in an ambulatory facility will be charged at the rate of \$250.**

1.5 Charges for community services

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

	\$
(a) Community nursing service (per visit)	100
(b) Community allied health service (per treatment)	100
(c) Community geriatric assessment team service (per visit)	100

A charge at \$20 per item will apply for prescriptions relating to a visit by community

geriatric assessment team.

No charge will be made for the provision of community psychiatric nursing service.

1.6 Charges for non-urgent radiology services

For patients receiving non-urgent radiology services (except for services relating to attendance at a family medicine clinic (including integrated clinic)) in addition to the services as specified in sections 1.1 to 1.5 above, the following rates of charges per item of examination or procedure will apply according to the following item categories:

	\$
(i) Basic	No charge
(ii) Intermediate	250
(iii) Advanced	500

PUBLIC CHARGES – NON-ELIGIBLE PERSONS

2.1 Inpatient charges for public wards

(a) Public ward maintenance fee includes charges for clinical, biochemical and pathology investigations (including consultation, urgent radiology services and other examinations), vaccines and general nursing, where such examinations or treatments are necessary, and prescriptions (other than antiviral drugs prescribed for the treatment of coronavirus disease 2019 (COVID-19)) within the scale provided at the hospitals and clinics.

(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	7,400
Intensive care wards/units	35,600
High dependency wards/units	21,000
Nursery	3,100
(ii) Psychiatric hospitals	3,100

(c) A daily maintenance fee of \$1,200 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	200
European Diet	400

2.2 Outpatient charges

(A) The charges for medical attention and treatment (including telehealth) which include the costs of prescriptions (except for antiviral drugs prescribed for the treatment of COVID-19, and the costs of prescriptions relating to attendance at a specialist clinic (including integrated clinic and allied health clinic) and a family medicine clinic (including integrated clinic)), pathology investigations (except for investigations relating to attendance at a specialist clinic (including integrated clinic and allied health clinic) and a family medicine clinic (including integrated clinic)), urgent radiology services and other examinations are as follows:

	\$
(a) Attendance at an Accident & Emergency Department	2,100
(b) Attendance at a family medicine clinic (including integrated clinic)	500
(c) Attendance at a specialist clinic (including integrated clinic and allied health clinic)	850
(d) Attendance at a clinic or hospital for injection or dressing	250

Patients who leave before medical consultation at an Accident & Emergency Department can apply for a refund of \$1,850.

(B) A charge per item will apply for prescriptions relating to attendance at the following clinics:

	\$
(a) Family medicine clinic (including integrated clinic)	40
(b) Specialist clinic (including integrated clinic and allied health clinic)	90

(C) For patients attending a specialist clinic (including integrated clinic and allied health clinic) receiving pathology services, the following rates of charges per item of investigation will apply according to the following item categories:

	\$
(i) Basic	400
(ii) Intermediate	800
(iii) Advanced	16,100

For patients attending a family medicine clinic (including integrated clinic) receiving basic and intermediate pathology services, the rates of charges per item of investigation will follow the rates as specified above.

2.3 Charges for day procedure

(A) For patients attending day procedure and treatment session for Haemodialysis at a Renal clinic/centre or other ambulatory facility, the following charges will apply per attendance:

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

The above charges do not cover charges for prescriptions, radiology, pathology and diagnostic/therapeutic procedures, which will be made at the rates prescribed in the List of Non-Subsidised Charges as set out in Appendix II.

(B) For patients attending a Clinical Oncology clinic or an Ophthalmic clinic for day procedure and treatment, the following charges will apply per attendance:

	\$
(a) Clinical Oncology clinic	1,300
(b) Ophthalmic clinic	950

The above charges do not cover charges for prescriptions, radiology, pathology and diagnostic/therapeutic procedures, which will be made at the rates prescribed in the List of Non-Subsidised Charges as set out in Appendix II.

(C) Other than (A) and (B), each attendance for day procedure and treatment in an ambulatory facility will be charged at the rate same as inpatient charges for general wards as specified in section 2.1(b)(i).

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	1,800
(b) Geriatric day hospital	2,700
(c) Rehabilitation day hospital	1,900

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	160
with European Diet	320

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)	800
(b) Community psychiatric nursing service (per visit)	2,000
(c) Community allied health service (per visit)	2,000
(d) Community geriatric assessment team service (per visit)	850

A charge at \$90 per item will apply for prescriptions relating to a visit by community geriatric assessment team.

2.6 Charges for obstetrics services

(i) (a) For patients who make a booking arrangement with the Hospital Authority for antenatal checkup and delivery for the concerned pregnancy before having a delivery in Hospital Authority hospitals, clinics or Accident and Emergency Departments, a minimum rate of \$74,000 will be charged on booking. It covers the charges for one antenatal attendance at a Hospital Authority specialist outpatient clinic, the delivery (vaginal or operative) and the first three days of hospitalization in general wards (i.e. a two-night stay) for the concerned delivery. This minimum rate is non-refundable except in those circumstances set out below where a full refund may be considered upon application subject to deduction of those charges for the hospital services which the patient has received for the concerned pregnancy :-

(1) in cases involving miscarriage, termination of pregnancy, stillbirth or (2) in cases involving a change in the patient's status from a Non-Eligible Person to Eligible Person after payment of this minimum rate but before the delivery.

- (b) For patients who have a delivery or have received delivery care service in Hospital Authority hospitals, clinics or Accident and Emergency Departments without prior booking arrangement as referred to in section 2.6(i)(a) for the concerned pregnancy and/or without having attended any antenatal attendance at a Hospital Authority specialist outpatient clinic during the concerned pregnancy, a minimum rate of \$130,000 will be charged. This minimum rate covers the charges for the delivery (vaginal or operative) and the first three days of hospitalization in general wards (i.e. a two-night stay) for the concerned delivery.
- (ii) Where a patient is admitted to general wards for a period exceeding the coverage, the rate of maintenance fee for general wards set out in section 2.1(b)(i) will be charged for the extra day(s).
- (iii) Other inpatient charges for public wards set out in section 2.1(b) to (d), outpatient charges set out in section 2.2 and charges for non-urgent radiology services set out in section 2.7 apply separately.

2.7 Charges for non-urgent radiology services

For patients receiving non-urgent radiology services in addition to the services as specified in sections 2.1 to 2.2, 2.3(C), and 2.4 to 2.6 above, the following rates of charges per item of examination or procedure will apply according to the following item categories:

	\$
(i) Basic	400
(ii) Intermediate	1,600
(iii) Advanced	4,700

GENERAL

3.1 Diseases under the International Health Regulations (IHR) of the World Health Organization (WHO)

No charge will be made for attendance at an Accident and Emergency Department or admission into a public ward for patients suffering from or suspected to be suffering from:-

- (a) diseases that may constitute a public health emergency of international concern for which under the mechanism of WHO a single case, irrespective of context, requires immediate notification to the WHO; or
- (b) diseases that have demonstrated the potential to cause a serious health impact and to spread rapidly across borders.

as specified under the prevailing IHR.

Note: A list of diseases as specified under the prevailing IHR is available at the website of the Hospital Authority ((<http://www.ha.org.hk>) > Patients > Service Guides > Fees and Charges).

3.2 Mentally handicapped patients

No charge will be made for Eligible Persons admitted as inpatients to the Mentally Handicapped Wards of public hospitals.

3.3 Tuberculosis, sexually transmitted diseases and leprosy

No charge will be made for Eligible Persons for any investigation or treatment relating to tuberculosis, sexually transmitted diseases or leprosy.

3.4 Transfers

- (a) Subject to (b) and (c) below, a patient transferring at his/her own request from one class of accommodation to another will pay the maintenance fee appropriate to the class and/or type of ward/unit from the date of transfer. For non-subsidised charges, please refer to the List of Non-Subsidised Charges as set out in Appendix II.
- (b) An eligible person transferring at his/her own request to a private ward from a public ward or a special accommodation ward will pay all doctor fee, medication, treatment, investigation and operation fees at the non-subsidised charge rates prescribed in Appendix II from the original date of admission to the hospital, unless the Chief Executive of the Hospital Authority or the relevant Hospital Governing Committee directs otherwise.
- (c) A non-eligible person transferring at his/her own request to a private ward from a public ward will pay all doctor fee, medication, treatment, investigation and operation

fees at the non-subsidised charge rates prescribed in Appendix II, from the date of transfer to the private ward.

3.5 Privately purchased medical items

Patients will be asked to purchase privately purchased medical items at their own expense. Where Hospital Authority hospitals or clinics purchase such items on behalf of patients or otherwise provide such items, charges will be imposed on patients at cost pursuant to the rates as may be notified to patients or published by the Hospital Authority from time to time.

The categories of privately purchased medical items for which patients will be asked to purchase at their own expense are as follows:

- (a) Medical devices used in interventional procedures
- (b) Prostheses
- (c) Appliances for allied health services
- (d) Home use equipment, appliances and consumables
- (e) Advanced medical procedures
- (f) Other medical items as may be notified to patients or published by the Hospital Authority from time to time

3.6 Organs/haematopoietic stem cells transplantation

- (a) Subject to (c), no fee is to be charged to potential living organ donors and potential living haematopoietic stem cells donors for investigations solely related to the assessment of their suitability to donate the required organ or haematopoietic stem cells;
- (b) Subject to (c), no fee is to be charged to living organ donors and living haematopoietic stem cells donors for pre-harvesting workup/investigation, organ removal or haematopoietic stem cells harvesting operation/procedures and subsequent clinical follow-up consultation/treatment as determined by a clinician to be directly related to the organ removal or haematopoietic stem cells harvesting; and
- (c) If non-subsidised inpatient and/or outpatient services are provided to the donors, the fees payable by them shall be those specified in the List of Non-Subsidised Charges set out in Appendix II.

APPENDIX II

LIST OF NON-SUBSIDISED 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 / Day Procedure Charges
 - 2.1 Consultation Fee
 - 2.2 Charges for Nursing Procedures
 - 2.3 Outpatient / Day Procedure 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
 - 5.16 Haematology and Haemopoietic Stem Cell Transplant
 - 5.17 Hyperbaric Oxygen Therapy (HBOT)
 - 5.18 General
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).

NON-SUBSIDISED CHARGES

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 doctors, and basic immunization and injections (Bacille Calmette-Guerin (BCG), 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	6,960	4,640
(ii) Other Hospitals – Private Wards	5,810	3,870
	\$	\$
(iii) Intensive Care Wards / Units	22,450	
(iv) High Dependency Wards / Units	12,650	
(v) Nursery	2,630	

Note: Acute hospitals are (a) hospitals that provide accident and emergency services and (b) Hong Kong Children's Hospital.

(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	\$	\$

1.2 Doctor Fee

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

1.3 Charges for services not covered by Inpatient Maintenance Fee

(a) The charges not covered by inpatient maintenance fee 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.

(b) Medication and prostheses will be charged separately at cost.

(c) The charge for a treatment or test item not specifically listed in sections 3 to 7 will be determined by the consultant attending the patient on the basis of market rate, which should at least be at full cost.

- (d) 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.
- (e) Where a patient is required to be treated as an outpatient, the outpatient charges stipulated in section 2 will apply.

2. OUTPATIENT / DAY PROCEDURE CHARGES

2.1 Consultation Fee

- (a) 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	1,090 – 2,580
(ii) For each subsequent follow up consultation	950 – 2,350

- (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 \$450 per attendance.

2.3 Outpatient / Day Procedure Charges

- (a) Diagnostic services and therapeutic treatments performed outside an operating theatre and without general anaesthesia will be charged the non-subsidised charge rates as specified in sections 3 to 5. Whereas procedures performed in an operating theatre and / or under general anaesthesia will be charged the non-subsidised charge rates as specified in section 6. Rehabilitation and outreach services will be charged the non-subsidised charge rates as specified in section 7.
- (b) The charge for a treatment or test item not specifically listed in sections 3 to 7 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	2,560 – 5,990
(ii) Cytology	860 – 5,150
(iii) Post-mortem Examination	20,200
(iv) Case Review and Special Procedures	860 – 20,200
(b) Microbiology	
(i) General Bacteriology	230 – 2,560
(ii) Serology	360 – 1,360
(iii) Parasitology	465 – 1,050
(iv) Virology	200 – 1,830
(c) Chemical Pathology	
(i) Blood	175 – 2,750
(ii) Dynamic Function Tests	360 – 20,400
(iii) Cerebrospinal Fluid	185 – 1,100
(iv) Urine	185 – 1,830
(v) Other Body Fluids	185 – 1,100
(vi) Miscellaneous	185 – 2,750
(d) Haematology and Serology	
(i) Blood Group Serology	110 – 3,670
(ii) Routine Haematology	110 – 510
(iii) Coagulation	200 – 3,310
(iv) Special Haematology (Red Cell)	165 – 1,100
(v) Special Haematology (Others)	185 – 2,940
(vi) Conventional Cytogenetic Studies	13,750

(e) Immunology		
(i) Serology		185 – 2,410
(ii) Special Immunology and Cell Function		220 – 2,750
(f) Special Pathology		
(i) Molecular Cancer Testing		1,380 – 68,750
(ii) Molecular Genetics		2,750 – 32,900
(iii) Molecular Microbiology and Infection		1,010 – 3,670
(iv) Transplantation and Immunogenetics		915 – 6,420
(v) Miscellaneous Special Tests		795 – 13,750

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	240 – 9,530
(b) Group II (Conventional Special Radiology), each examination	1,050 – 8,270
(c) Group III (Vascular Radiology), each examination	2,300 – 31,200
(d) Group IV (Ultrasonography), each examination	490 – 7,100
(e) Group V (Special Studies of Skeletal System)	260 – 4,830
(f) Group VI (Nuclear Medicine)	2,690 – 34,100
(g) Group VII (Interventional Radiology Procedure), per procedure	855 – 64,800
(h) Group VIII (Computed Tomography), per examination, per region	880 – 8,280
(i) Group IX (Magnetic Resonance Imaging), per examination, per region	1,100 – 15,850

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	695 – 2,440
	(b) Invasive	1,160 – 7,400
5.2	Cardiology	
	(a) Ambulatory Studies / Procedures :	
	(i) Category I	1,140 – 3,490
	(ii) Category II	4,190
	(iii) Category III	6,490 – 14,650
	(b) Invasive Studies / Procedures (Devices and stents etc. are charged separately)	
	(i) Category I	14,200 – 40,400
	(ii) Category II	31,050 – 66,350
	(iii) Category III	24,350 – 129,800
	(iv) Category IV	66,650 – 225,500
5.3	Respiratory Medicine	
	(a) Lung Function Tests:	
	(i) Minor	1,860
	(ii) Major	4,190
	(b) Allergy Test	530 – 8,130
5.4	Nephrology / Urology	
	(a) Haemodialysis	
	For each treatment session, the following fees will apply:	
	(i) Chronic	3,290
	(ii) Acute	6,580
	Note: Prescriptions, radiology and pathology services will be charged separately	
	(b) Automated peritoneal dialysis (for each treatment session)	4,870
	(c) Extra-corporeal shockwave lithotripsy (ESWL) (one side)	24,350
	(d) Urodynamics investigation:	
	(i) Basic	1,180 – 2,440
	(ii) Special	2,440 – 11,650
	(e) Tenckhoff catheter insertion	16,200
	(f) Tenckhoff catheter exit site care	450
	(g) Continuous renal replacement therapy	7,170
	(h) Peritoneum equilibrium test	13,750
	(i) Intraperitoneal (IP) antibiotics	12,100
5.5	Neuro-electrophysiology	1,770 – 33,300

5.6 Endoscopy and Biopsy (where general anaesthesia is not required)

(a) Endoscopy	
(i) Category I	2,320
(ii) Category II	2,320 – 11,650
(iii) Category III	11,650 – 59,150
(iv) Category IV	44,350 – 133,100
(b) Biopsy	
(i) Category I	1,160 – 5,150
(ii) Category II	1,160 – 9,300

Note: Pathology services are charged separately.

5.7 Clinical Genetics

(a) Chromosomal studies	6,490 – 8,120
(b) Molecular cytogenetics	8,120 – 32,450
(c) Molecular genetics	4,870 – 48,650

5.8 Gynaecology

(a) Colposcopy (Histopathology services are charged separately)	4,050 – 21,100
(b) Diagnostic hysteroscopy	11,350 – 27,600
(c) Operative hysteroscopy	24,350 – 34,100
(d) Endometrial sampling / Vabra aspiration	815 – 3,240
(e) IUCD insertion / removal	815 – 3,240
(f) Mirena insertion	2,440 – 4,870
(g) Mirena removal	815 – 3,240
(h) Endometrial ablation	34,100
(i) Urodynamic study	1,180 – 13,300
(j) Cystoscopy +/- biopsy	9,730
(k) Assisted reproduction (Drugs are charged separately)	
(i) Cycle monitoring (including scanning and hormonal assays +/- ovarian stimulation, and intrauterine insemination)	3,330 – 29,200
(ii) Intra-uterine insemination	8,120 – 9,890
(iii) Oocyte retrieval, gamete handling and embryo culture	14,750 – 55,450
(iv) Embryo transfer procedure	3,400 – 7,790
(v) Laboratory charge for intracytoplasmic sperm injection / Embryos freezing / Embryos thawing	5,520 – 17,800
(vi) Gametes freezing (sperm)	1,630 – 8,120
(vii) Gametes freezing (oocyte)	5,520 – 59,150
(viii) Gametes thawing (sperm)	815 – 3,240
(ix) Gametes thawing (oocyte)	5,520 – 32,450

5.9 Obstetrics

(a) Antenatal exercise and education (per program)	4,050
(b) Antenatal diagnosis and monitoring of fetal well-being	1,300 – 8,270
(c) Intrapartum diagnosis and monitoring of fetal well-being	4,050

(d) Prenatal diagnosis procedures	13,300 – 22,250
(e) Fetal interventional procedures	16,200 – 92,500

5.10 Neonatology and Paediatrics

(a) Standby / Treatment at delivery	6,980
(b) Special diagnostic / therapeutic procedures	6,980 – 18,550
(c) Neonatal transport service	18,550
(d) Developmental assessment	5,810 – 11,650
(e) Renal dialysis	4,870 – 9,730
(f) Sedation for imaging by paediatricians for radio-imaging, imaged guided biopsy and radiotherapy	11,750
(g) Peripheral blood stem cell harvest	17,750
(h) Neonatology procedures (per day)	17,750
(i) Extracorporeal photodynamic therapy	4,870 – 9,730
(j) Haploid transplant (cell selection)	4,870 – 9,730
(k) Exhaled Nitric Oxide (NO) / Spirometry	1,880
(l) Extracorporeal Membrane Oxygenation Therapy (ECMO) catheter insertion	24,350 – 81,100
(m) Sweat test	5,680
(n) Critical Care	
(i) Special diagnostic / therapeutic procedures	745 – 6,930
(ii) Ventilation therapy	2,600 – 3,460
(iii) Advanced ventilation therapy (such as high frequency oxygenation ventilation)	4,410
(iv) Inhaled nitric oxide therapy (consumption of nitric oxide is separately charged)	2,020
(v) Mechanical Circulatory Support (daily charge)	6,930 – 24,500
(vi) Therapeutic plasmapheresis	2,020
(vii) Procedural sedation by paediatrician	3,700 – 13,850
(viii) Paediatric miscellaneous procedures (per day)	1,500 – 13,850
(ix) Impedance study	1,100
(x) Peritoneal dialysis	4,780
(xi) Point of care ultrasound	3,540
(o) Paediatric Cardiology	4,190
(p) Paediatric Haematology & Oncology	1,180 – 1,600
(q) Dermatology	2,470
(r) Paediatric Respiratory Medicine	3,540

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

For items (l), (n)(v) and (n)(vi), consumables (such as circuit kit) will be charged separately at cost.

5.11 Ophthalmology

(a) Refractive assessment / optometric service / low vision service	235 – 1,160
(b) Contact lens fitting / related optometric service	370 – 2,320
(c) Orthoptic assessment	350 – 2,320

(d) Specialised ophthalmic investigations	695 – 3,490
(e) Ophthalmic photography	695 – 1,860
(f) Electro-physiological studies	2,320 – 6,980
(g) Specialized ophthalmic photography	1,400 – 4,660
(h) A Scan with Keratometry / Intraocular lens (IOL) power measurement	465 – 1,160
(i) Perimetry studies	885 – 2,370
(j) Electrolysis procedures (Trichiasis)	2,320 – 4,660
(k) Photodynamic therapy (Drugs are charged separately)	11,650 – 18,550
(l) Incision and curettage for Chalazion	2,320 – 11,650
(m) Botulinum toxin injection (Drugs are charged separately)	2,320 – 6,980
(n) Laser procedures (excluding Laser assisted in-situ keratomileusis LASIK / other laser refractive procedures)	4,660 – 20,950
(o) Optical coherence tomography	885 – 2,370
(p) Probing with / without syringing	815 – 1,630
(q) Intravitreal injection (Drugs are charged separately)	3,240 – 4,870
(r) Cataract	22,350

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

5.12 Clinical Oncology

(a) Planning	
(i) Simple planning (per session)	1,860
(ii) Planning using conventional simulator (per session)	3,490
(iii) Planning using conventional simulator and cystogram (per session)	5,810
(iv) Computer tomography simulation (per session)	
- One region (Head, neck, thorax, abdomen, pelvis or extremity)	5,810
- Each additional region	695
- 4D CT	11,100
(v) Magnetic resonance simulation (per session)	
- One region (Head, neck, thorax, abdomen, pelvis or extremity)	7,400
- Each additional region	885
(vi) Computer tomography simulation with gating (per session)	11,100
(vii) Computer planning - 2D radiotherapy (per session)	8,370
(viii) Computer planning - 3D conformal radiotherapy (per session)	23,300
(ix) Advanced computer planning – 3D conformal radiotherapy (per session)	26,600
(x) Computer planning - Intensity modulated arc / radiotherapy (per session)	39,500
(xi) Computer planning - Intensity modulated booster treatment (per session)	23,300
(xii) Computer planning - Stereotactic radiosurgery / radiotherapy (per session)	51,150

(xiii) Computer planning - Stereotactic booster treatment (per session)	20,950
(xiv) Respiratory gating for simulation / trial / training (per session)	2,560
(xv) Injection of opaque markers for IGRT radiotherapy (per session)	18,050 – 27,350
(xvi) Target localization - 2D contouring (per session)	8,670 – 27,350
- 3D conformal contouring (per session)	27,350 – 53,300
- Intensity modulated contouring (per session)	53,300 – 84,500
(xvii) General anaesthesia for simulation (per session)	7,400
 (b) Moulding	
(i) Mould-shell preparation - Simple	4,660
- Complex	9,760
(ii) Mould arising from plan change - Simple	2,320
- Complex	4,880
(iii) Making of compensator - Simple	350
- Complex	2,560
(iv) Body immobilization with vacuum cushion / foam	2,100
(v) Casting of shielding blocks - Simple	1,860
- Complex	4,190
(vi) Special mould or shielding for brachytherapy	7,450
(vii) Moulding for stereotactic radiotherapy	8,150
(viii) Lead mask for superficial X-ray	5,810
(ix) Minor mould room tasks - Simple	465
- Complex	2,320
(x) General anaesthesia for moulding (per session)	7,400
 (c) Teletherapy	
(i) Superficial X-ray therapy (per session)	3,830
(ii) Deep X-ray / Electron therapy (per session) - 1 to 2 fields / arcs	2,320
- 3 to 5 fields / arcs	3,490
- Over 5 fields / arcs	4,660
(iii) Intensity modulated arc / radiotherapy (per session)	6,290
(iv) Total body / skin irradiation (per session)	13,950
(v) Stereotactic fractionated radiotherapy - first session	51,150
- each subsequent session	8,150
(vi) Stereotactic radiotherapy, booster treatment (per session)	8,150
(vii) Stereotactic radiosurgery using linear accelerator based system (per session)	58,200
(viii) Dose delivery quality assurance (per session)	4,050

(ix) Treatment verification (per session)	
- with portal films	1,400
- with electronic portal imaging / on board imaging	1,220
- with computed tomography	1,630
- with stereotactic imaging	6,490
(x) Irradiation of blood / blood products (per session)	2,320
(xi) Precise positioning device for treatment setup (per session)	1,860
(xii) Respiratory gating for treatment (per session)	2,560
(xiii) Cardiac monitoring for radiotherapy (per session)	1,160
(xiv) General anaesthesia for treatment delivery (per session)	7,400

(d) Brachytherapy

(i) Target localisation for 3D / image guided brachytherapy (per session)	27,350 – 53,300
(ii) Brachytherapy computer 2D planning (per session)	9,300
(iii) Brachytherapy computer 3D planning (per session)	26,600 – 46,650
(iv) Afterloading brachytherapy (per session)	
- Insertion of applicators under local / topical anaesthesia	8,670 – 13,350
- Intracavitary insertion of applicators under general Anaesthesia	13,950
- Interstitial insertion of applicators under general anaesthesia	41,850
- Remote / manual afterloading of radioactive sources into Applicators	5,120
(v) Preload brachytherapy (per session)	
- Insertion under local anaesthesia	8,590
- Insertion under general anaesthesia	46,500
(vi) Systemic radioisotope / radio-pharmaceutical treatment (per course) as out-patient	5,580
(vii) Systemic radioisotope / radio-pharmaceutical treatment (per course) as in-patient	11,650
(viii) Endo-vascular brachytherapy	11,650
(ix) Local / regional injection or instillation of radioisotope / radiopharmaceutical substance	11,650
(x) Selective internal radiotherapy	11,650

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

Chemotherapy preparation and administration (per day)	3,550
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Note:

1. Chemotherapeutic drugs* will be separately charged at cost.

*Including cytotoxic agents, targeted drugs, immunotherapeutic agents, etc.

2. For inpatient/day patient case where inpatient maintenance fee has been charged, chemotherapy preparation and administration will not be separately charged as already covered by the inpatient maintenance fee.

5.13 Psychiatry

(a) Electroconvulsive therapy under general anaesthesia (per session)	14,400
(b) Psychotherapy (per session)	4,660
(c) Electroencephalograph (per session)	4,240
(d) Psychological testing (per session)	8,150
(e) Evoked potential investigation (per session)	3,020
(f) Biofeedback (per session)	3,490
(g) Sleep investigation	
- Sleep electroencephalography (EEG)	4,870
- Polysomnography	6,660
- Actigraphy	4,870
- Sleep high-density electroencephalography (EEG)	33,300
- Multiple Sleep Latency Test	4,870 – 6,660
- Maintenance of Wakefulness Test	4,870 – 6,660

5.14 Anaesthesiology

(a) Interventional Pain (Relief) Procedure	4,660 – 50,000
(b) For the administration of Epidural Analgesia during labour for pain relief	
(i) Up to 4 hours	11,650
(ii) Up to 8 hours	17,450
(iii) Over 8 hours	23,300
(c) Patient Controlled Anaesthesia (PCA)	
(i) Day 0	4,660
(ii) Subsequent visit	2,000
(d) Epidural Anaesthesia and other regional techniques (EA/RA)	
(i) Day 0	9,300
(ii) Subsequent visit	2,000
(e) Anaesthetic Care for simple procedure	
(i) For the first hour	8,550
(ii) For each subsequent hour	5,950
(f) Anaesthetic care for intermediate procedure and/or intermediate risk patient	
(i) For the first hour	10,250
(ii) For each subsequent hour	7,130
(g) Anaesthetic care for complex procedure and/or high risk patient	
(i) For the first hour	11,950
(ii) For each subsequent hour	8,330

5.15 Dentistry

(a) Oral-Dental Examination	600 – 2,500
(b) Conservative treatment	
(i) Selective dental grinding	500 – 1,000

(ii)	Temporary dental filling	500 – 1,000
(iii)	Pulpotomy	1,500 – 3,000
(iv)	Pulpectomy	1,500 – 4,000
(c)	Periodontal treatment	
(i)	Dental scaling	500 – 1,500
(ii)	Periodontal surgical manipulation	5,200 – 10,000
(d)	Dental radiographs	
(i)	Intraoral dental radiograph	180
(ii)	Extraoral dental radiograph	600 – 1,500
(iii)	Panoramic dental radiograph	600
(iv)	Cone Beam Computed Tomography (CT) dental radiograph	800 – 1,500
(e)	Orthodontic Treatment	
(i)	Orthodontic consultation including treatment planning	2,000 – 3,000
(ii)	Orthodontic management (per arch)	24,700 – 70,000
(iii)	Orthodontic retainer (per arch) (per visit)	1,500 – 2,500
(iv)	Repair of orthodontic appliance	1,300 – 2,800
(v)	Emergent management of orthodontic treatment such as management of dislodged arch wire etc.	2,000 – 3,000
(f)	Others (e.g. jaw exercise for temporomandibular disorder)	As determined by Dental Officer

Note: Prosthetic appliances are charged separately at cost.

5.16 Haematology and Haemopoietic Stem Cell Transplant

(a)	Single donor platelet collection	9,730
(b)	Leukapheresis	9,730

5.17 Hyperbaric Oxygen Therapy (HBOT)

(a)	Pre-assessment	3,020
(b)	HBOT session (up to 140 minutes)	7,580 – 22,000

5.18 General

(a)	Bone Marrow Examination	3,530
(b)	Removal of Hickman Catheter	3,530
(c)	Management of occlusion of Hickman Catheter	3,530
(d)	Repair of Hickman Catheter	3,530
(e)	Therapeutic Plasma Exchange – Chronic	4,870
(f)	Therapeutic Plasma Exchange – Acute	9,730
(g)	Therapeutic venesection	7,480

6. CHARGES FOR OPERATIONS

(Applicable to procedures performed in an operating theatre and / or under general anaesthesia. A reference list of services covered is at Annex IV*.)

	\$
(a) Minor I	8,980 – 18,850
(b) Minor II	18,851 – 28,600
(c) Intermediate I	28,601 – 45,050
(d) Intermediate II	45,051 – 55,900
(e) Major I	55,901 – 72,250
(f) Major II	72,251 – 88,650
(g) Major III	88,651 – 106,600
(h) Ultra-major I	106,601 – 130,600
(i) Ultra-major II	130,601 – 163,600
(j) Ultra-major III	163,601 – 697,600

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	750
	(ii) Special consultation / modalities / procedures / items / appliances:	
	(1) Allied health special consultation / modalities / procedures	345 – 7,680
	(2) Allied health items / appliances	235 – 13,400
	Note: Material costs or consumables used by the individual patient are charged separately.	
(b)	Clinical Psychology service	
	Consultation fee including assessment / treatment / counselling / report writing	
	(1) First general consultation	3,080
	(2) Subsequent general consultation	1,540
	(3) Special consultation category I	4,620
	(4) Special consultation category II	7,700
	(5) Special consultation category III	12,300
(c)	Bereavement Counselling (per session)	1,250

7.2	Day Rehabilitation Programme	
	(a) General Day Programme	
	(i) Half day	2,240
	(ii) Full day	2,440
	(b) Psychiatric Day Programme	1,820
7.3	Community Outreach (per visit)	
	(a) Community Allied Health Services (including hospice service)	1,990
	(b) Community Nursing Services	1,000
	(c) Hospice Home Care / Palliative Home Care Services	
	(i) Nurse	1,360
	(ii) Doctor and team	3,920
	(d) Psychiatric Services	
	(i) Nurse	2,440
	(ii) Doctor	5,630
	(iii) Doctor and team	7,590

8. GENERAL

8.1 Transfers

- (a) A patient transferring at his/her own request from one class of accommodation to another will pay the maintenance fees appropriate to the type of ward/unit and/or bed from the date of transfer. For public charges, please refer to the List of Public Charges as set out in Appendix I.
- (b) A patient transferring at his/her own request to a private ward from a public ward or a special accommodation ward will pay all doctor fee, medication, treatment, investigation, and operation fees at the non-subsidised charge rates as listed in this Appendix, from the original date of admission to the hospital, unless the Chief Executive of the Hospital Authority or the relevant Hospital Governing Committee directs otherwise.

8.2 Privately Purchased Medical Items

Patients will be asked to purchase privately purchased medical items at their own expense. Where Hospital Authority hospitals or clinics purchase such items on behalf of patients or otherwise provide such items, charges will be imposed on patients at cost pursuant to the rates as may be notified to patients or published by the Hospital Authority from time to time.

The categories of privately purchased medical items for which patients will be asked to purchase at their own expense are as follows :

- (a) Medical devices used in interventional procedures
- (b) Prostheses

- (c) Appliances for allied health services
- (d) Home use equipment, appliances and consumables
- (e) Advanced medical procedures
- (f) Other medical items as may be notified to patients or published by the Hospital Authority from time to time