

HOSPITAL AUTHORITY ORDINANCE (Chapter 113)

REVISION TO LIST OF CHARGES

LIST OF PRIVATE 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 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	6,650	4,430
(ii) Other Hospitals – Private Wards	6,120	4,080
		\$
(iii) Intensive Care Wards / Units		15,350
(iv) High Dependency Wards / Units		9,500
(v) Nursery		1,190

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	1,300	870

1.2 Doctor Fee

Medical Attendance / Consultation (per visit per specialty)	\$	680 – 2,780
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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	790 – 2,210
(ii) For each subsequent follow up consultation	640 – 1,990

- (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 Outpatient / Day Procedure Charges

- (a) Diagnostic services and therapeutic treatments performed outside an operating theatre and without general anaesthesia will be charged the private 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 private charge rates as specified in Section 6. Rehabilitation and outreach services will be charged the private 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	1,730 – 3,860
(ii) Cytology	580 – 3,480
(iii) Post-mortem Examination	13,650
(iv) Case Review and Special Procedures	580 – 13,650
(b) Microbiology	
(i) General Bacteriology	155 – 1,730
(ii) Serology	245 – 920
(iii) Parasitology	315 – 710
(iv) Virology	135 – 1,240
(c) Chemical Pathology	
(i) Blood	120 – 1,860
(ii) Dynamic Function Tests	245 – 13,800
(iii) Cerebrospinal Fluid	125 – 745
(iv) Urine	125 – 1,240
(v) Other Body Fluids	125 – 745
(vi) Miscellaneous	125 – 1,860
(d) Haematology and Serology	
(i) Blood Group Serology	75 – 2,480
(ii) Routine Haematology	75 – 315
(iii) Coagulation	135 – 2,240
(iv) Special Haematology (Red Cell)	110 – 745
(v) Special Haematology (Others)	125 – 1,990
(vi) Conventional Cytogenetic Studies	9,300
(e) Immunology	
(i) Serology	125 – 1,630

(ii) Special Immunology and Cell Function	150 – 1,860
(f) Special Pathology	
(i) Molecular Cancer Testing	930 – 46,500
(ii) Molecular Genetics	1,860 – 22,050
(iii) Molecular Microbiology and Infection	680 – 2,480
(iv) Transplantation and Immunogenetics	620 – 4,340
(v) Miscellaneous Special Tests	680 – 9,300

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	210 – 6,860
(b) Group II (Conventional Special Radiology), each examination	830 – 6,300
(c) Group III (Vascular Radiology), each examination	2,890 – 24,800
(d) Group IV (Ultrasonography), each examination	1,000 – 6,210
(e) Group V (Special Studies of Skeletal System)	350 – 4,160
(f) Group VI (Nuclear Medicine)	2,560 – 19,850
(g) Group VII (Interventional Radiology Procedure), per procedure	645 – 51,900
(h) Group VIII (Computed Tomography), per examination, per region	740 – 5,480
(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)	1,260 – 4,610

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 470 – 1,650
- (b) Invasive 785 – 5,000

5.2 Cardiology

(a) Ambulatory Studies / Procedures :

- (i) Category I 770 – 2,360
- (ii) Category II 2,830
- (iii) Category III 4,390 – 9,910

(b) Invasive Studies / Procedures (Devices and stents etc. are charged separately)

- (i) Category I 9,610 – 27,300
- (ii) Category II 21,000 – 44,850
- (iii) Category III 16,450 – 87,750
- (iv) Category IV 45,050 – 152,500

5.3 Respiratory Medicine

(a) Lung Function Tests:

- (i) Minor 1,260
- (ii) Major 2,830

- (b) Allergy Test 2,360 – 5,500

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) 3,290
- (c) Extra-corporeal shockwave lithotripsy (ESWL) (one side) 16,450
- (d) Urodynamics investigation :
 - (i) Basic 795 – 1,650
 - (ii) Special 1,650 – 7,870
- (e) Tenckhoff catheter insertion 10,950
- (f) Tenckhoff catheter exit site care 305
- (g) Continuous renal replacement therapy 6,580

5.5 Neuro-electrophysiology 1,200 – 22,500

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

- (a) Endoscopy

(i) Category I	1,570
(ii) Category II	1,570 – 7,870
(iii) Category III	7,870 – 40,000
(iv) Category IV	30,000 – 90,000
(b) Biopsy	
(i) Category I	785
(ii) Category II	785 – 6,290

Note: Pathology services are charged separately.

5.7 Clinical Genetics

(a) Chromosomal studies	4,390 – 5,490
(b) Molecular cytogenetics	5,490 – 21,950
(c) Molecular genetics	3,290 – 32,900

5.8 Gynaecology

(a) Colposcopy (Histopathology services are charged separately)	2,740 – 14,250
(b) Diagnostic hysteroscopy	7,680 – 18,650
(c) Operative hysteroscopy	16,450 – 23,050
(d) Endometrial sampling / Vabra aspiration	550 – 2,190
(e) IUCD insertion / removal	550 – 2,190
(f) Mirena insertion	1,650 – 3,290
(g) Mirena removal	550 – 2,190
(h) Endometrial ablation	23,050
(i) Urodynamic study	795 – 9,000
(j) Cystoscopy +/- biopsy	6,580
(k) Assisted reproduction (Drugs are charged separately)	
(i) Cycle monitoring (including scanning and hormonal assays + / - ovarian stimulation, and intrauterine insemination)	2,250 – 19,750
(ii) Intra-uterine insemination	5,490 – 6,690
(iii) Oocyte retrieval, gamete handling and embryo culture	9,980 – 37,500
(iv) Embryo transfer procedure	2,300 – 5,270
(v) Laboratory charge for intracytoplasmic sperm injection / Embryos freezing / Embryos thawing	3,730 – 12,050
(vi) Gametes freezing (sperm)	1,100 – 5,490
(vii) Gametes freezing (oocyte)	3,730 – 40,000
(viii) Gametes thawing (sperm)	550 – 2,190
(ix) Gametes thawing (oocyte)	3,730 – 21,950

5.9 Obstetrics

(a) Antenatal exercise and education (per program)	2,740
(b) Antenatal diagnosis and monitoring of fetal well-being	880 – 5,590
(c) Intrapartum diagnosis and monitoring of fetal well-being	2,740
(d) Prenatal diagnosis procedures	9,000 – 15,050
(e) Fetal interventional procedures	10,950 – 62,550

5.10 Neonatology and Paediatrics

(a) Standby / Treatment at delivery	4,720
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(b) Special diagnostic / therapeutic procedures	4,720 – 12,550
(c) Neonatal transport service	12,550
(d) Developmental assessment	3,930 – 7,870
(e) Renal dialysis	3,290 – 6,580
(f) Sedation for imaging by paediatricians for radio–imaging, imaged guided biopsy and radiotherapy	7,950
(g) Peripheral blood stem cell harvest	12,000
(h) Neonatology procedures (per day)	12,000
(i) Extracorporeal photodynamic therapy	3,290 – 6,580
(j) Haploid transplant (cell selection)	3,290 – 6,580
(k) Exhaled NO / Spirometry	1,270
(l) ECMO catheter insertion	16,450 – 54,850
(m) Sweat test	3,840

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	160 – 785
(b) Contact lens fitting / related optometric service	250 – 1,570
(c) Orthoptic assessment	235 – 1,570
(d) Specialized ophthalmic investigations	470 – 2,360
(e) Ophthalmic photography	470 – 1,260
(f) Electro-physiological studies	1,570 – 4,720
(g) Specialized ophthalmic photography	945 – 3,150
(h) A Scan with Keratometry / Intraocular lens (IOL) power measurement	315 – 785
(i) Perimetry studies	600 – 1,600
(j) Electrolysis procedures (Trichiasis)	1,570 – 3,150
(k) Photodynamic therapy (Drugs are charged separately)	7,870 – 12,550
(l) Incision and curettage for Chalazion (where general anaesthesia is not required)	1,570 – 7,870
(m) Botulinum toxin injection (Drugs are charged separately)	1,570 – 4,720
(n) Laser procedures (excluding Laser assisted in-situ keratomileusis [LASIK] / other laser refractive procedures)	3,150 – 14,150
(o) Optical coherence tomography	600 – 1,600
(p) Probing with / without syringing	550 – 1,100
(q) Intravitreal injection (Drugs are charged separately)	2,190 – 3,290
(r) Cataract	15,100

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)	1,260
(ii) Planning using conventional simulator (per session)	2,360
(iii) Planning using conventional simulator and cystogram (per session)	3,930
(iv) Computer tomography simulation (per session)	

- One region (Head, neck, thorax, abdomen, pelvis or extremity)	3,930
- Each additional region	470
- 4D CT	7,500
(v) Magnetic resonance simulation (per session)	
- One region (Head, neck, thorax, abdomen, pelvis or extremity)	5,000
- Each additional region	600
(vi) Computer tomography simulation with gating (per session)	7,500
(vii) Computer planning - 2D radiotherapy (per session)	5,660
(viii) Computer planning - 3D conformal radiotherapy (per session)	15,750
(ix) Advanced computer planning – 3D conformal radiotherapy (per session)	18,000
(x) Computer planning - Intensity modulated arc / radiotherapy (per session)	26,700
(xi) Computer planning - Intensity modulated booster treatment (per session)	15,750
(xii) Computer planning - Stereotactic radiosurgery / radiotherapy (per session)	34,600
(xiii) Computer planning - Stereotactic booster treatment (per session)	14,150
(xiv) Respiratory gating for simulation / trial / training (per session)	1,730
(xv) Injection of opaque markers for IGRT radiotherapy (per session)	12,200 – 18,500
(xvi) Target localization	
- 2D contouring (per session)	5,860 – 18,500
- 3D conformal contouring (per session)	18,500 – 36,050
- Intensity modulated contouring (per session)	36,050 – 57,150
(xvii) General anaesthesia for simulation (per session)	5,000
 (b) Moulding	
(i) Mould-shell preparation	
- Simple	3,150
- Complex	6,600
(ii) Mould arising from plan change	
- Simple	1,570
- Complex	3,300
(iii) Making of compensator	
- Simple	235
- Complex	1,730
(iv) Body immobilization with vacuum cushion / foam	1,420
(v) Casting of shielding blocks	
- Simple	1,260
- Complex	2,830
(vi) Special mould or shielding for brachytherapy	5,040
(vii) Moulding for stereotactic radiotherapy	5,510
(viii) Lead mask for superficial X-ray	3,930
(ix) Minor mould room tasks	
- Simple	315
- Complex	1,570

(x) General anaesthesia for moulding (per session)	5,000
(c) Teletherapy	
(i) Superficial X-ray therapy (per session)	2,590
(ii) Deep X-ray / Electron therapy (per session)	
- 1 to 2 fields / arcs	1,570
- 3 to 5 fields / arcs	2,360
- over 5 fields / arcs	3,150
(iii) Intensity modulated arc / radiotherapy (per session)	4,250
(iv) Total body / skin irradiation (per session)	9,430
(v) Stereotactic fractionated radiotherapy	
- first session	34,600
- each subsequent session	5,510
(vi) Stereotactic radiotherapy, booster treatment (per session)	5,510
(vii) Stereotactic radiosurgery using linear accelerator based system (per session)	39,350
(viii) Dose delivery quality assurance (per session)	2,740
(ix) Treatment verification (per session)	
- with portal films	945
- with electronic portal imaging / on board imaging	825
- with computed tomography	1,100
- with stereotactic imaging	4,390
(x) Irradiation of blood / blood products (per session)	1,570
(xi) Precise positioning device for treatment setup (per session)	1,260
(xii) Respiratory gating for treatment (per session)	1,730
(xiii) Cardiac monitoring for radiotherapy (per session)	785
(xiv) General anaesthesia for treatment delivery (per session)	5,000
(d) Brachytherapy	
(i) Target localisation for 3D / image guided brachytherapy (per session)	18,500 – 36,050
(ii) Brachytherapy computer 2D planning (per session)	6,290
(iii) Brachytherapy computer 3D planning (per session)	18,000 – 31,550
(iv) Afterloading brachytherapy (per session)	
- Insertion of applicators under local / topical anaesthesia	5,860 – 9,010
- Intracavitary insertion of applicators under general anaesthesia	9,430
- Interstitial insertion of applicators under general anaesthesia	28,300
- Remote / manual afterloading of radioactive sources into applicators	3,460
(v) Preload brachytherapy (per session)	
- Insertion under local anaesthesia	5,810
- Insertion under general anaesthesia	31,450
(vi) Systemic radioisotope / radio-pharmaceutical treatment (per course) as out-patient	3,770
(vii) Systemic radioisotope / radio-pharmaceutical treatment (per course) as in-patient	7,870
(viii) Endo-vascular brachytherapy	7,870
(ix) Local / regional injection or instillation of radioisotope / radiopharmaceutical substance	7,870
(x) Selective internal radiotherapy	7,870

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) 2,400

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)	9,720
(b) Psychotherapy (per session)	3,150
(c) Electroencephalograph (per session)	2,870
(d) Psychological testing (per session)	5,510
(e) Evoked potential investigation (per session)	2,040
(f) Biofeedback (per session)	2,360
(g) Sleep investigation	
- Sleep electroencephalography (EEG)	3,290
- Polysomnography	4,500
- Actigraphy	3,290

5.14 Anaesthesiology

(a) Interventional Pain (Relief) Procedure	3,150 – 33,800
(b) For the administration of Epidural Analgesia during labour for pain relief	
(i) Up to 4 hours	7,870
(ii) Up to 8 hours	11,800
(iii) Over 8 hours	15,750
(c) Administration of anaesthetics (special request) (per hour)	4,000
(d) Patient Controlled Anaesthesia (PCA)	
(i) Day 0	3,150
(ii) Subsequent visit	1,350
(e) Epidural Anaesthesia and other regional techniques (EA/RA)	
(i) Day 0	6,290
(ii) Subsequent visit	1,350
(f) Deep sedation for simple procedure	
(i) For the first hour	5,780
(ii) For each subsequent hour	4,020
(g) Deep sedation for intermediate procedure and/or intermediate risk patient	
(i) For the first hour	6,930

(ii) For each subsequent hour	4,820
(h) Deep sedation for complex procedure and/or high risk patient	
(i) For the first hour	8,090
(ii) For each subsequent hour	5,630

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.

5.16 Haematology and Haemopoietic Stem Cell Transplant

(a) Single donor platelet collection	6,580
(b) Leukapheresis	6,580

5.17 General

(a) Bone Marrow Examination	2,390
(b) Removal of Hickman Catheter	2,390
(c) Management of occlusion of Hickman Catheter	2,390
(d) Repair of Hickman Catheter	2,390
(e) Therapeutic Plasma Exchange – Chronic	3,290
(f) Therapeutic Plasma Exchange – Acute	6,580

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	6,070 – 12,750
(b) Minor II	12,750 – 19,350
(c) Intermediate I	19,350 – 30,450
(d) Intermediate II	30,450 – 37,800
(e) Major I	37,800 – 48,850
(f) Major II	48,850 – 59,950
(g) Major III	59,950 – 72,050
(h) Ultra-major I	72,050 – 88,300
(i) Ultra-major II	88,300 – 110,600
(j) Ultra-major III	110,600 – 471,700

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 consultation / modalities / procedures / items / appliances:

(1) Allied health special consultation / modalities / procedures

280 – 5,980

(2) Allied health items / appliances

190 – 10,800

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

2,400

(2) Subsequent general consultation

1,200

(3) Special consultation category I

4,000

(4) Special consultation category II

7,200

(5) Special consultation category III

11,200

(c) Bereavement Counselling (per session)

1,180

7.2 Day Rehabilitation Programme

(a) General Day Programme

(i) Half day

1,560

(ii) Full day

1,760

(b) Psychiatric Day Programme

1,260

7.3 Community Outreach (per visit)

(a) Community Allied Health Services (including hospice service)

1,730

(b) Community Nursing Services

730

(c) Hospice Home Care / Palliative Home Care Services

(i) Nurse

1,150

(ii) Doctor and team

3,330

(d) Psychiatric Services

(i) Nurse

1,990

(ii) Doctor

4,790

(iii) Doctor and team

6,380