

AMBULANCE GAZETTE 2026

| AMBULANCE TARIFF OF FEES AS FROM 1 APRIL 2026 (PRACTICE TYPE 009, 011, 013) | | | | |
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| General Rules | | | | |
| Rule | Rule Description | | | |
| 001 | Road ambulances: Long distance claims (items 111, 129 and 141) will be rejected unless the distance travelled with the patient is reflected. Long distance charges may not include item codes 100,102,103,125,127,131 or 133. Long distance claims (items 112, 130 and 142) to be rejected unless the distance is reflected. | | | |
| 002 | No after hours fees may be charged. | | | |
| 003 | Road ambulances: Item code 151 (resuscitation) may only be charged for services provided by a second vehicle (either ambulance or response vehicle) and shall be accompanied by a motivation. Disposables and drugs used are included unless specified as additional cost items. (Refer to Section 7: Nationally approved medication) | | | |
| 004 | A BLS (Basic Life Support) practice (Pr. No. starting with 13) may not charge for ILS (Intermediate Life Support) or ALS (Advanced Life Support); an ILS practice (Pr. No. starting with 11) may not charge for ALS . An ALS practice (Pr. No. starting with 09) may charge for all codes . | | | |
| 005 | A second patient is transferred at 50% reduction of the basic call cost. Rule 005 MUST be quoted if a second patient is transported in any vehicle or aircraft in addition to another patient. Refer to Aeromedical transfers section 5. | | | |
| 006 | Guidelines for information required on each ambulance invoice: | | | |
| | <p>Road and air ambulance invoices</p> <ul style="list-style-type: none"> · Name and ID number of the employee. · Diagnosis of the employee's condition. · The date on which the service was rendered. · Summary of all equipment used if not covered in the basic tariff. · Summary of medical procedures undertaken on patient and vital signs of patient. · Name, practice number and HPCSA registration number of the medical doctor. · Response vehicle: details of the vehicle driver and the intervention undertaken on patient. · Place and time of departure and arrival at the destination as well as the exact distance travelled (Air ambulance: exact time travelled from base to scene, scene to hospital and back to base. Road Ambulance: exact time travelled from base to scene, scene to hospital). · Details of the trip sheet should be captured in a medical report provided for on the COID system. <p>PLEASE NOTE: VAT cannot be added on the following codes 102,103,111,125,127,129,131,133 and 141.</p> | | | |
| | Definitions of Ambulance Patient Transfer | | | |
| | <p>Basic Life Support - A callout where the patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered Basic Ambulance Assistant whilst the patient is in transit.</p> <p>Intermediate Life Support - A callout where the patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered Ambulance Emergency Assistant (AEA), e.g. initiating and/or maintaining IV therapy, nebulisation etc. whilst the patient is in transit.</p> <p>Advanced Life Support - A callout where the patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered paramedic (Critical Care Assistant (CCA) and NDIP) whilst the patient is in transit.</p> <p>NOTES: If a hospital or doctor requires a paramedic to accompany the patient on a transfer in the event of the patient needing ALS / ILS intervention, the doctor requesting the paramedic must write a detailed motivational letter in order for ALS / ILS fees to be charged for the transfer of the patient.</p> <ul style="list-style-type: none"> · In order to bill an Advanced Life Support call, a registered Advanced Life Support provider must have examined, treated and monitored the patient whilst in transit to the hospital. · In order to bill an Intermediate Life Support call, a registered Intermediate Life Support provider must have examined, treated and monitored the patient whilst in transit to the hospital. · When an ALS provider is in attendance at a callout but does not do any interventions on the patient at an ALS level, the billing should be based on a lesser level, dependent on the care given to the patient.(E.g. if a paramedic sites an IV line or nebulises the patient with a B-agonist which falls within the scope of practice of an AEA, the call is to be billed as an ILS call and not an ALS call.) · Where the management undertaken by a paramedic or AEA falls within the scope of practice of a BAA the call must be billed at a BLS level. | | | |

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| | <p>Please Note</p> <ul style="list-style-type: none"> · The amounts reflected in the COIDA Tariff Schedule for each level of care are inclusive of any disposables (except for pacing pads, Heimlich valves, high capacity giving sets, dial-a-flow and intra-osseous needles) and drugs used in the management of the patient, as per the attached nationally approved medication protocols. · Haemaccel and colloid solution may be charged for separately. · An ambulance is regarded by the Compensation Fund as an emergency vehicle that administers emergency care and transport to those employees with acute injuries and only such emergency care and transport will be paid for by the Compensation Fund. A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment. · Claims for transfers between hospitals or other service providers must be accompanied by a motivation from the attending doctor who requested such transport. The motivation should clearly state the medical reasons for the transfer. Motivation must also be provided if ILS or ALS is needed and it should be indicated what specific medical assistance is required on route. This is also applicable for air ambulances. · Transportation of an employee from his home to a service provider, this includes outpatients between two service providers, if not in an emergency situation, it is not payable. In emergency cases such transport should be motivated for and the attending doctor should indicate what specific medical assistance is required on route. · Claims for the transport of a patient discharged home will only be accepted if accompanied by a written motivation from the attending doctor who requested such transport, clearly stating the medical reasons why an ambulance is required for such transport. It should be indicated what specific medical assistance the patient requires on route. If such a request is approved only BLS fees will be payable. Transport of a patient for any other reason than a MEDICAL reason, (e.g. closer to home, do not have own transport) will not be entertained. |
| | <p>DEFINITION: RESPONSE VEHICLES</p> |
| 1. | <p>Response vehicles only - Advance Life Support (ALS)</p> <p>A clear distinction must be drawn between an acute primary response and a booked call.</p> <p>An Acute Primary Response is defined as a response to a call that is received for medical assistance to an employee injured at work or in a public area e.g. motor vehicle accident. If a response vehicle is dispatched to the scene of the emergency and the patient is in need of advanced life support and such support is rendered by the ALS Personnel e.g. CCA or National Diploma, the response vehicle service provider shall be entitled to bill item 131 for such service. However, the same or any other ambulance service provider which is then transporting the patient shall not be able to levy a bill as the cost of transportation is included in the ALS fee under item 131. Furthermore, the ALS response vehicle personnel must accompany the patient to the hospital to entitle the original response vehicle service provider to bill for the ALS services rendered.</p> |
| 2. | <p>In the event of a response vehicle service provider rendering ALS and not having its own ambulance available in which to transport the patient to a medical facility, and makes use of another ambulance service provider, only the bill for the response vehicle service may be levied as the ALS bill under item 131. Since the ALS tariff already includes transportation, the response vehicle service provider is responsible for the bill for the other ambulance service provider, which will be levied at a BLS rate. This ensures that there is only one bill levied per patient.</p> |
| 3. | <p>Should a response vehicle go to a scene and not render any ALS treatment then a bill may not be levied for the said response vehicle.</p> |
| 4. | <p>Notwithstanding 3, item 151 applies to all ALS resuscitation as per the notes in this schedule.</p> |
| 4.1 | <p>Response vehicle only - Intermediate Life Support (ILS)</p> <p>A clear distinction must be drawn between the acute primary response and a booked call.</p> <p>An Acute Primary Response is defined as a response to a call that is received for medical assistance to an employee injured at work or in a public area e.g. motor vehicle accident. If an ILS response vehicle is dispatched to the scene of the emergency and the patient is in need of intermediate life support and such support is rendered by the ILS Personnel e.g. AEA, the response vehicle service provider shall be entitled to bill item 125 for such service. However, the same or any other ambulance service provider which is then transporting the patient shall not be able to levy a bill as the cost of transportation is included in the ILS fee under item 125. Furthermore, the ILS response vehicle personnel must accompany the patient to the hospital to entitle the original response vehicle service provider to bill for the ILS services rendered.</p> |

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| 4.2 | In the event of a response vehicle service provider rendering ILS and not having its own ambulance available in which to transport the patient to a medical facility, and makes use of another ambulance service provider, only the bill for the response vehicle service may be levied as the ILS bill under item 125. Since the ILS tariff already includes transportation, the response vehicle service provider is responsible for the bill for the other ambulance service provider, which will be levied at a BLS rate. This ensures that there is only one bill levied per patient. | | | |
| 4.3 | Should a response vehicle go to a scene and not render any ILS treatment then a bill may not be levied for the said response vehicle. | | | |
| * PLEASE NOTE: VAT cannot be added on the following codes: 102, 103, 111, 125, 127, 129, 131, 133 and 141. VAT will only be paid with confirmation of a VAT registration number on the account. | | | | |
| Code | Code Description | Practice 13 | Practice 11 | Practice 9 |
| 1. | Basic Life Support (Rule 001: Metropolitan area and long distance codes may not be claimed simultaneously) | | | |
| Metropolitan area (less than 100 kilometres) No invoice may be billed for the distance back to the base in the metropolitan area | | | | |
| 100 | Up to 45 minutes | 2280.57 | 2280.57 | 2280.57 |
| *102 | Up to 60 minutes | 3074.96 | 3074.96 | 3074.96 |
| *103 | Every 15 minutes thereafter or part thereof, where specially motivated | 769.66 | 769.66 | 769.66 |
| Long distance (more than 100 km) | | | | |
| *111 | Per km DISTANCE TRAVELLED WITH PATIENT | 38.31 | 38.31 | 38.31 |
| 112 | Per km NON PATIENT CARRYING KILOMETRES (With maximum of 400 km) | 17.22 | 17.22 | 17.22 |
| * Vat Exempted codes | | | | |
| 2. | Intermediate Life Support (Rule 001: metropolitan area and long distance codes may not be claimed simultaneously) | | | |
| Metropolitan area (less than 100 kilometres) No invoice may be billed for the distance back to the base in the metropolitan area | | | | |
| *125 | Up to 60 minutes | -- | 4063.73 | 4063.73 |
| *127 | Every 15 minutes thereafter or part thereof, where specially motivated | -- | 1038.73 | 1038.73 |
| Long distance (more than 100 km) | | | | |
| *129 | Per km DISTANCE TRAVELLED WITH PATIENT | -- | 51.88 | 51.88 |
| 130 | Per km NON PATIENT CARRYING KILOMETRES (With maximum of 400 km) | -- | 17.22 | 17.22 |
| * Vat Exempted codes | | | | |
| 3. | Advanced Life Support/Intensive Care Unit (Rule 001: Metropolitan area and long distance codes may not be claimed simultaneously) | | | |
| Metropolitan area (less than 100 kilometres) No invoice may be billed for the distance back to the base in the metropolitan area | | | | |
| *131 | Up to 60 minutes | -- | -- | 6449.28 |
| *133 | Every 15 minutes thereafter or part thereof, where specially motivated | -- | -- | 2105.33 |
| Long distance (more than 100 km) | | | | |
| *141 | Per km DISTANCE TRAVELLED WITH PATIENT | -- | -- | 93.34 |
| 142 | Per km NON PATIENT CARRYING KILOMETRES (With maximum of 400 km) | -- | -- | 17.22 |
| * Vat Exempted codes | | | | |

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| 4. | ADDITIONAL VEHICLE OR STAFF FOR INTERMEDIATE LIFE SUPPORT, ADVANCED LIFE SUPPORT AND INTENSIVE CARE UNIT | | | |
| 151 | Resuscitation fee, per incident, for a second vehicle with paramedic and / or other staff (all materials and skills included) | -- | -- | 7077.10 |
| | <p>Note: A resuscitation fee may only be billed for when a second vehicle (response vehicle or ambulance) with staff (including a paramedic) attempt to resuscitate the patient using full ALS interventions. These interventions must include one or more of the following:</p> <ul style="list-style-type: none"> · Administration of advanced cardiac life support drugs. · Cardioversion- synchronised or unsynchronised (defibrillation). · External cardiac pacing. · Endotracheal intubation (oral or nasal) with assisted ventilation. <p>Note applies to both resuscitation by ALS provider and Doctor.</p> | | | |
| 153 | Doctor per hour | -- | -- | 2033.78 |
| | <p>Note: Where a doctor callout fee is charged, the name, HPCSA registration number and BHF practice number of the doctor must appear on the Invoice. Medical motivation for the callout must be supplied. Note applies to both resuscitation by ALS provider and Doctor.</p> | | | |
| 5. | Aeromedical Transfers | | | |
| | Rotorwing Rates (Wings spins to provide aerodynamic lift e.g. helicopter) | | | |
| | Definitions: | | | |
| | <ol style="list-style-type: none"> 1. Helicopter rates are determined according to the aircraft type. 2. Daylight operations are defined from sunrise to sunset (and night operations from sunset to sunrise). 3. If flying time is mostly in night time (as per definition above), then night time operation rates (type C) should be billed. 4. The call out charge includes the basic call cost plus other flying time incurred. Staff and consumables cost can only be charged if a patient was treated. 5. Should a response aircraft respond to a scene (at own risk) and not render any treatment, an invoice may not be levied for the said response. 6. Flying time is billed per minute but a minimum of 30 minutes applies to the payment. 7. A second patient is transferred at 50% reduction of the basic call and flight costs, but staff and consumables costs remain billed per patient, only if the aircraft capability allows for multiple patients. Rule 005 must be quoted on the invoice. 8. Rates are calculated according to time; from throttle open, to throttle closed. 9. Group A – C must fall within the Cat 138 Ops as determined by the Civil Aviation Authority. 10. Hot loads are restricted to 8 minutes ground time and must be indicated and billed for separately with the indicated code (time NOT to be included in actual flying time). | | | |
| | All published tariffs exclude VAT. VAT can be charged on air ambulances if a VAT registration number is supplied. | | | |
| | AIRCRAFT TYPE A: (typically a single engine aircraft) | | | |
| | HB206L, HB204/205, HB407, AS360, EC120, MD600, AS350, A119 | | | |
| | AIRCRAFT TYPE B & Ca (DAY OPERATIONS): (typically a twin engine aircraft) | | | |
| | BO105, 206CT, AS355, A109 | | | |
| | AIRCRAFT TYPE Cb (NIGHT OPERATIONS): (typically a specially equipped craft for night flying) | | | |
| | HB222, HB212/ 412, AS365, S76, HB427, MD900, BK117, EC135, BO105 | | | |
| | AIRCRAFT TYPE D (RESCUE) | | | |
| | H500, HB206B, AS350, AS315, FH1100, EC130, S316 | | | |
| | Air Ambulance : Rotorwing | | | |
| Code | Code Description | Practice 13 | Practice 11 | Practice 9 |
| | Rotorwing Type A: Transport | | | |
| 300 | Basic call cost | -- | -- | 14718.07 |
| | Plus Flying time | -- | -- | |
| 301 | Cost per minute up to 120 minutes Minimum cost for 30 minutes (R7025,53) applicable | -- | -- | 234.18 |
| 302 | > 120 minutes Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes | -- | -- | 234.18 |

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| 303 | Hot load (A very quick and rushed load into the aircraft usually at the accident scene), (per minute) – maximum 8 minutes (R1873,47) | -- | -- | 234.18 |
| Rotorwing Type B and C (Day Operations): Transport | | | | |
| 310 | Basic call cost | -- | -- | 25867.87 |
| Plus Flying time | | | | |
| 311 | Cost per minute up to 120 minutes | -- | -- | 404.10 |
| Minimum cost for 30 minutes (R12122,90) applicable | | | | |
| 312 | > 120 minutes Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes | -- | -- | 404.10 |
| 313 | Hot load (A very quick and rushed load into the aircraft usually at the accident scene), (per minute) – maximum 8 minutes (R3232,77) | -- | -- | 404.10 |
| Rotorwing Type B and C (Night Operations): Transport | | | | |
| 315 | Basic call cost | -- | -- | 36794.40 |
| Plus Flying time | | | | |
| 316 | Cost per minute up to 120 minutes | -- | -- | 404.10 |
| Minimum cost for 30 minutes (R12122,90) applicable | | | | |
| 317 | > 120 minutes Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes | -- | -- | 404.10 |
| 318 | Hot load (A very quick and rushed load into the aircraft usually at the accident scene), (per minute) – maximum 8 minutes (R3232,77) | -- | -- | 404.10 |
| Rotorwing Type A, B and C: Staff and consumables | | | | |
| 320 | 0 - 30 minutes | -- | -- | 2282.15 |
| 321 | 31 - 60 minutes | -- | -- | 4564.28 |
| 322 | 61 - 90 minutes | -- | -- | 6846.66 |
| 323 | 91 minutes or more | -- | -- | 9128.54 |
| Rotorwing Type D: Transport | | | | |
| 330 | Basic call cost | -- | -- | 31041.10 |
| Plus Flying time | | | | |
| 331 | Cost per minute up to 120 minutes | -- | -- | 481.92 |
| Minimum cost for 30 minutes (R14457,49) applicable | | | | |
| 332 | > 120 minutes Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes | -- | -- | 481.92 |
| 333 | Hot load (A very quick and rushed load into the aircraft usually at the accident scene), (per minute) – maximum 8 minutes (R3855,33) | -- | -- | 481.92 |
| Other Cost | | | | |
| 340 | Winching (per lift) | | | 3979.89 |
| 400 | Beechcraft Duke | -- | -- | 80.60 |
| 401 | Lear 24F | -- | -- | 91.49 |
| 402 | Lear 35 | -- | -- | 91.49 |
| 403 | Falcon 10 | -- | -- | 105.82 |
| 404 | King Air 200 | -- | -- | 83.83 |
| 405 | Mitsubishi MU2 | -- | -- | 91.49 |
| 406 | Cessna 402 | -- | -- | 50.89 |
| 407 | Beechcraft Baron | -- | -- | 43.95 |

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| 408 | Citation 2 | -- | -- | 69.50 |
| 409 | Pilatus PC12 | -- | -- | 69.50 |
| Fixed wing Group A: Staff cost | | | | |
| 420 | Doctor – cost per minute spent with the patient Minimum cost for 30 minutes (R3295,67) applicable | -- | -- | 109.86 |
| 421 | ICU Registered Nurse – cost per minute spent with the patient Minimum cost for 30 minutes (R1203,90) applicable | -- | -- | 40.13 |
| 422 | Paramedic – cost per minute spent with the patient Minimum cost for 30 minutes (R1203,90) applicable | -- | -- | 40.13 |
| Fixed wing Group A: Equipment cost | | | | |
| 430 | Per patient – cost per minute Minimum cost for 30 minutes (R981,60) applicable | -- | -- | 32.72 |
| Fixed wing Group B: Emergency charters | | | | |
| <p>1. No staff and equipment fee are allowed. 2. Cost will be reviewed per case. 3. Payment of emergency transport will only be allowed if a Group A aircraft is not available within an optimal time period for transportation and stabilisation of the patient.</p> | | | | |
| 450 | Services rendered should be clearly specified with cost included. Each case will be reviewed and assessed on merit. **Only applicable on the date of injury **Emergency Inter-Hospital transfers (Pre-Authorised) **** | | | |
| 6. | NATIONALLY APPROVED MEDICATION WHICH MAY BE ADMINISTERED BY HPCSA-REGISTERED AMBULANCE PERSONNEL ACCORDING TO HPCSA-APPROVED PROTOCOLS | | | |
| Registered Basic Ambulance Assistant Qualification | | | | |
| <ul style="list-style-type: none"> · Oxygen · Entonox · Oral Glucose | | | | |
| Registered Ambulance Emergency Assistant Qualification | | | | |
| As above, plus <ul style="list-style-type: none"> · Intravenous fluid therapy · Intravenous dextrose 50% · B2 stimulant nebuliser inhalant solutions (Hexoprenaline, Fenoterol, Sulbutamol) · Ipratropium bromide inhalant solution · Soluble Aspirin | | | | |
| Registered Paramedic Qualification | | | | |
| As above, plus <ul style="list-style-type: none"> · Oral Glyceryl Trinitrate · Clopidogrel · Endotracheal Adrenaline and Atropine · Intravenous Adrenaline, Atropine, Calcium, Corticosteroids, Hydrocortisone · Lignocaine, Naloxone, Sodium Bicarbonate 8,5%, Metaclopramide · Intravenous Diazepam, Flumazenil, Furosemide, Glucagon, Lorazepam · Magnesium, Midazolam, Thiamine, Morphine, Promethazine · Pacing and synchronised cardioversion | | | | |